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Programme Committee

BELGIAN CONGO AND RUANDA URUNDI

Recommendation of the Executive Director
to Continue Assistance to the Nutrition
Programme for Children and Mothers

1. In this paper the Administration recommends, subject to the availability of funds, an apportionment to the Belgian Congo and the Trust Territory of Ruanda Urundi of \$48,000 from the Africa Area allocation, for the provision of dry skim milk to the Belgian Congo and of whole milk to the Belgian Congo and Ruanda Urundi to continue for a second year, through 1954, the assistance being given by UNICEF to a nutrition programme for mothers and children. Freight for the milk will cost UNICEF an additional \$5,700. From 1955 on the Government will carry on the milk distribution within the limits of budgetary possibilities.
2. If this Recommendation is approved, it will represent therefore a continuation of the programme now in operation, for which \$175,000 were apportioned in May 1952 (E/ICEF/R.324) for a first year. The preceding Recommendation foresaw continued UNICEF support for a second year, the amount of which was to be determined on the basis of the first year's experience (para. 21). This paper records the experience gained and states the plan for continuation in 1954.
3. In March and September 1952 the Board apportioned \$4,000 on each occasion to reimburse WHO for the cost of the visit by the WHO member of the joint FAO/WHO/UNICEF Mission, as explained below. The total allocation by UNICEF to this programme to date is therefore \$183,000.

4. The nutritional conditions prevailing in both countries and the problem of protein malnutrition were explained in some detail in the original Recommendation. It is not to be expected that supplementary milk feeding for a period of only a little over one year would produce appreciable effects on the population as a whole, although it has clearly been of benefit to a relatively large number of children. The following paragraphs therefore do not attempt to restate the problem, but will summarize the developments and experience of the first period, August 1952 through the year 1953.

Developments in the first period

5. The distribution throughout 1953 of skim milk in liquid form in the two Belgian Congo provinces of Leopoldville and the Kasai, and in Ruanda Urundi, which are the regions where protein deficiencies were considered to be the most prevalent, was based on plans and recommendations made by nutrition specialists of FAO and WHO in consultation with the local authorities, and particularly by the joint FAO/WHO/UNICEF Mission which spent two weeks in the two countries in October 1952. The distribution has been exclusively to children under 5 years of age, and to pregnant women and nursing mothers, suffering from or likely to contract the disease generally known as kwashiorkor and locally called "M'Buaki" or "Diboba". The areas covered in the Belgian Congo have some 2,000,000 inhabitants, or 18% of the country's total population.

6. In the province of Leopoldville, the responsibility for the distribution of milk has been assigned to the "Fonds Reine Elisabeth pour l'assistance medicale aux indigenes" (FOREAMI) and to the "Mission Medicale du Kwango (MMK). In the province of Kasai, the distribution zones cover the whole district of Kasai and a section of a neighbouring district through Government services. In Ruanda Urundi the distribution is done through sixty Government dispensaries. Whole milk is being /distributed

distributed by "L'Aide aux Maternites et Dispensaries Congolais" (AMDC).

7. The Government's decision to entrust the execution of much of the programmes to the non-governmental organizations mentioned above has produced impressive results. These agencies, through their long experience and devoted service to the people of the areas where they work, have been largely responsible for the success of the milk distribution so far attained. They have conducted the campaign with exceptional determination in difficult physical circumstances.

8. FOREAMI has played an important role in this project and most of the tentative conclusions reached to date are the result of their thorough control. FOREAMI has been at work for eleven years in the same district, and has followed a carefully planned development scheme in the years since 1946. Its principal fields of activity are the establishment of a comprehensive network of well-staffed public health and medical centres, and campaigns against sleeping sickness, leprosy, yaws, malaria, TB, etc. The FOREAMI scheme is in fact an over-all health demonstration project, of which the goal is not only the general wellbeing of 750,000 inhabitants but adequate services and follow up of each individual.

9. Whilst FOREAMI organized some part of the distribution of milk mainly by mobile units with European and African personnel, the distribution in most sectors is carried out at fixed centres and by African personnel. Hospitals, dispensaries, Mother and Child Centres, etc., are used as centres for distribution. The whole programme is supervised by the Territorial Direction of Medical Services and in each sub-section the organization of the distribution is controlled by the medical officer in charge who ensures a rational allocation of milk to the different centres. The pattern is summarized for clarity as follows :

Area	Administering Organization	Milk
<u>Belgian Congo</u>		
Leopoldville Province (Kwango District)	(a) FOREAMI Sectors	Skimmed
	(b) MMK Sectors	"
Kasai Province (Kasai District)	(c) Government	"
	(d) AMDC	Whole
<u>Ruanda Urundi</u>		
Countrywide	(e) Government	Skimmed
	(f) AMDC	Whole

10. Initially the plan provided for 228 tons of skim milk for the Belgian Congo, and 114 tons for Ruanda Urundi, but the total has been redistributed. The Belgian Congo has in fact received 294 tons (52 tons to the MMK, 98 tons to FOREAMI and 144 tons to the Kasai) and Ruanda Urundi 48 tons. At every centre the milk has been consumed on the spot in liquid form. Although daily distributions were originally planned, in fact only about 15 distributions have taken place each month, due to the material difficulties encountered in the first year in organizing a daily distribution and to the fact that the interest of the people in such a new addition to the dietary must be stimulated over a period of time by educational measures, the most effective of which is seeing the benefit in their own children.

11. The number of potential beneficiaries was originally estimated at 65,000 for the Belgian Congo. It is very difficult to give exactly the number of mothers and children who have received milk over varying periods, but the figures are certainly below those originally estimated. The highest number was attained in April 1953, with 31,160. The monthly average for the period 1 August 1952 to 31 July 1953 was 25,615.

12. Mobile units for distribution by vehicles and porters, as at first organized in parts of the FOREAMI sector, were most effective as far as the benefit to individuals was concerned, because they reached the people in their villages, but this method proved to be very arduous and expensive and was considered inadvisable as the basis of a long-term programme. Distribution from fixed centres, covering more limited areas, is easier to develop, is less costly and requires fewer staff, and it is along these lines that the general programme will be developed in the future.

13. In Ruanda Urundi the plan foresaw 32,500 beneficiaries, but the actual monthly average for the period September 1952 to July 1953 was only 12,084. The relative smallness of the numbers reached was due, in the main, to the fact that the population is greatly dispersed and their dwellings isolated. It was found, in fact, that there was less kwashiorkor in the Territory than had been believed, and it proved impossible to bring people together in sufficient numbers and with sufficient regularity to carry out an effective programme. General distribution in Ruanda Urundi was therefore discontinued, in agreement with UNICEF, at the end

of August, and the undistributed stock of milk has since been used exclusively for hospitalized cases of Kwashiorkor.

14. The skim milk recommended in this document is therefore for continuation of the distribution in the Belgian Congo only. The whole milk is for both the Belgian Congo and for Ruanda Urundi.

15. The problems of adequate packaging to protect the milk during the long hauls in extreme tropical conditions of humidity and heat have been overcome. The milk must, for certain destinations, travel by river vessels and trucks for 2 to 4 months after leaving Leopoldville. UNICEF is providing half in metal tins packed in wooden cases and half in small fiber drums, lined with highly protective materials.

16. From the carefully recorded and assessed results in the FOREAMI sector particularly, it can be concluded that rations of 30 - 40 grams per day have had a good effect on the weight and general state of health of the children. Endemic kwashiorkor is decreasing. The weight of babies at birth, and their growth, have benefitted notably where the mothers have received milk during pregnancy and lactation. The women formerly believed that milk would make them sterile, and having overcome that fear, have started to eat other foods that were also taboos, such as fish and the meat of domestic animals.

17. Besides the contribution of skim milk, 55 tons of whole milk were allocated to the Belgian Congo and to Ruanda Urundi for the feeding of 2,000 orphans under the age of two. Most of them are in the care of AMDC in the main population centres of the two territories. From the beginning of this campaign, in September 1952, up to the end of September 1953, whole milk has been distributed to 1,364 orphans in approximately 150 centres in the Belgian Congo. In Ruanda Urundi 29 centres have distributed whole milk to 214 children. This makes a total of 1,578 orphans, each one having received during the 13 months an average of 18 kgs, or 1.4 kg per child per month.

18. The whole milk has been very much appreciated and messages of thanks have been received confirming the improved health of the children. UNICEF has thus made a gratifying contribution to the work of the voluntary societies working in this field, particularly to AMDC, who have distributed the major part of the whole

/ milk

milk supplied.

19. The Government has followed up its initiative in this programme by active participation, supplying staff, material, vehicles and railway and river transport. Since the beginning of the campaign up to the end of December 1953, the total cost to the Belgian Congo, not including the administrative expenses, amounted to Belgian Congo Francs (BCF) 12,258,000 and to Ruanda Urundi BCF 2,771,880, a total of BCF 15,030,780, equivalent to US\$300,615.

Government Request

20. In view of the results obtained from the distribution of skim and whole milk, the Belgian Ministry of Colonies and the Authorities of the Belgian Congo have requested the continuation of UNICEF assistance through 1954. The Administrator General of Colonies, on behalf of the Minister of Colonies, formalized this request in his letter of 26 November 1953, stating that the Government wishes that the programme should continue uninterrupted through 1954, thus covering the second year, as agreed with UNICEF. The request is for skimmed milk to the Belgian Congo and whole milk for the Belgian Congo and Ruanda Urundi, for continuation of the preventive and curative treatment of mothers and young children in areas where protein deficiency diseases are particularly prevalent. The quantities of milk requested are based on the prior use of the stocks already available.

21. Ruanda Urundi has sufficient skimmed milk supplies to maintain treatment of hospitalized Kwashiorkor cases in 1954. Kasai Province has also sufficient skimmed milk stocks throughout 1954. This recommendation therefore refers only to supplementary requirements for the Kwango District, Leopoldville Province, administered by FOREAMI and MMK, and to whole milk for orphaned infants in Belgian Congo and Ruanda Urundi.

Plan of Operations

22. In accordance with the original recommendation, a plan of operations was drafted in agreement with the Belgian Government, and has served as the basis for the project to date. Appropriate revisions will be made if this Recommendation is approved.

23. The main elements of the plan of operations are proposed as follows and are subject to the recommendations of the joint Mission.

/ Beneficiaries

Beneficiaries

24. Beneficiaries in the Kwango district to receive UNICEF milk rations from this new apportionment will be chosen from nursing, pregnant mothers and children who come for consultation to the health stations, first priority being given to patients who suffer from severe protein deficiency. UNICEF rations will continue to be provided to the following categories :

Skimmed Milk

- (a) Pregnant women for the last 2 months of pregnancy, at the rate of 40 grams per day.
- (b) Nursing women for the first 10 months of lactation, at the rate of 40 grams per day.
- (c) Infants up to 2 years of age, who will receive supplementary milk according to indicated need at the rate of 20 to 40 grams per day.
- (d) Children from 2 to 5 years of age, who, as regards protein deficiencies, are the largest group, and at the same time present the most special problems. They will receive milk at the rate of 40 grams per day.
- (e) Children hospitalized for Kwashiorkor, to be treated with high doses of dried milk, averaging 100 grams per day, for a period of 2 months.

Whole Milk

Approximately 2,000 orphaned babies under 2 years of age, who will be given 75 grams daily, throughout the year, before being released for family care.

25. The estimated number of beneficiaries in the Kwango District is approximately 9,000. In the Province of Kasai, milk of the first allocation will continue to be distributed, and although the number of beneficiaries will be lower than the 8,000 originally expected, they are now being more carefully selected and much better results should be obtained.

Administration

26. This programme will continue to be under the supervision of the Territorial Direction of Medical Services, and distribution of milk, in liquid form, will be made through the Government's medical services and through the same organizations which have been cooperating with these services to date.

/ Costs

Costs

27. Expenses incurred in the milk distribution will continue to be borne by the Government and by the organizations and the Government will continue to ensure free medical care to all mothers and children who come for consultations and milk rations.

Milk Distribution

28. The method of distribution will not be altered. Distribution from the Government's medical depots to district and local warehouses will be controlled according to UNICEF practices.

Records and Reports

29. Medical Officers will, as local circumstances permit, continue to keep records of cases treated, and will comment regularly on the progress of the campaign. A report will be prepared at the end of 1954, evaluating the entire campaign which UNICEF has been assisting. The following information will in particular be included in this report :

- (a) The mortality rate among hospitalized cases in comparison with the mortality rate before milk was available for treatment;
- (b) The duration of hospitalization for such cases before and after the institution of milk treatment;
- (c) A comparison of the weight of infants born to mothers who were given milk rations for two months of pregnancy and the weight of other infants;
- (d) The influence of the milk ration on the weight and height and general health of infants in the post-weaning period;
- (e) The influence of milk rations on children from 2 - 5 years of age.

UNICEF Commitments

30. If this recommendation is approved, UNICEF will provide 120 tons of skin milk and 49 tons of whole milk for 1954, at an estimated total cost of \$48,000. Both types of milk are to be packed in the special tropical pack which has given excellent results in 1953 (See para. 15). Freight for the milk will cost UNICEF an additional \$5,700.

Technical Assistance of FAO/WHO

31. FAO and WHO having collaborated in the initiation of the programme, and in the October 1952 joint Mission, are in agreement with the continuation. A joint FAO/WHO/UNICEF Mission will study the campaign on the spot during 1954.

Government Commitments

32. The Government will undertake to meet the following commitments for the carrying out of this programme :

(a)	All expenses in connection with milk distribution within the Territories and of the administration of this programme will be borne by the Government or by the private organizations participating. The estimated costs of the Government for 1954 are as follows :	
(b)	<u>Personnel:</u>	<u>Bel. Congo Francs</u>
	Salaries	4,000,000
	Travel expenses	1,200,000
	Transport of milk from the Regional depots to the small centres	<u>700,000</u>
		5,900,000
(c)	<u>General Expenses:</u>	
	Handling and wharfage at Leopoldville railways, storage and river transport	142,000
(d)	<u>Equipment:</u>	
	Pots, stoves, sugar, mugs, etc.	406,000
	New Vehicles	<u>200,000</u>
		606,000
	Total B.C.F.	<u>6,648,000</u>
	Equivalent to	US\$ 133,000

(Other general administrative expenses not included in the above figures)

33. With regard to the future development of programmes to combat protein deficiency diseases, including the milk distribution programme, the Government is carrying out a 10 years' plan to increase the quantity and quality of animal and vegetable protein foods locally produced, as was described in paragraphs 7 - 15 of document E/ICEF/R.324. The present scheme of milk distribution was conceived and is being continued as an immediate yet interim measure to protect and save many thousands of children whose health is threatened by severe nutritional deficiencies.

The Government, therefore, besides continuing its 10-year plan undertakes to :

- (a) Continue from 1955 on, and within the limit of its budgetary possibilities, the distribution of milk and to carry on the programme of public education on nutritional requirements for infants and children;
- (b) Continue to assure free medical care to all mothers and children benefitting from the milk distribution;
- (c) Provide by all means possible a scientific evaluation of the results of the campaign which will be made available to UNICEF, FAC and WHO.

Target Time Schedule

- | | | |
|-----|-------------------|---|
| 34. | March 1954 | - Finalization of the plan of operations |
| | 31 March 1954 | - Delivery of further supplies of milk |
| | 30 September 1954 | - Delivery of balance of milk |
| | Spring 1955 | - Evaluation of the whole campaign and continuation as explained in No. 33 above. |

Previous Allocations

35. Previous allocations to the Belgian Congo have been as follows :

Child Nutrition	Approved May 1952	\$175,000
	" March 1953	4,000
	" Sept. 1953	4,000
	Total	<u>\$183,000</u>

Representation

36. UNICEF is represented in the Belgian Congo in frequent visits made by the UNICEF representative for the Africa Area, whose headquarters are in Brazzaville.

Recommendation

37. The Administration recommends, subject to the availability of funds :
- (a) an apportionment of \$48,000 to the Belgian Congo and Ruanda Urundi from the Africa Area allocation for the purchase of skim milk and whole milk;
 - (b) that the Administration be authorized to approve a plan of operations as outlined above.