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Annex B/4

INTERNATIONAL CHILDREN'S EMERGENCY FUND

MISSION TO THE FAR EAST

REPORT ON INDIA AND PAKISTAN

Because of the recent partition of India, accurate statistics are not available for each country separately. The Mission, therefore, presents certain general information for India before partition, compiled by the Ministry of Health of India and accepted as accurate by the Ministry of Health of Pakistan. These data will serve as background and introduction to the reports on each country.

STATISTICAL DATA.

The total population of India at the 1941 census (before partition) was 388,997,955. Of this the territory known as British India contained 295,808,722. On partition British India became divided into the two Dominions of Pakistan and India with their populations in the ratio of approximately 23 : 77. Since that date a number of Indian States acceded to the two Dominions, those which joined the Indian Dominions being much larger in number than those which linked themselves up with Pakistan. At present the populations of the Indian Union (the territory of divided India plus the territories of the States which have acceded to it) and of Pakistan are estimated to be in the ratio of 100 : 17.1/2.

After partition, the population for the Indian Union (excluding States, Andamans and Piploda) according to 1941 census has been calculated to be 230,050,063. The estimated 1946 corresponding population is 245,193,100. The population of the territory now embraced by Pakistan was estimated in 1948 at 68,000,000.

PROBLEM OF REFUGEES.

The transcendent fact concerning the health problems of children and mothers both in India and Pakistan is the migration of the refugees between the two countries, beginning in August 1947. This mass movement of population, probably unparalleled in human history, was of course precipitated by uprisings of Muslims against Hindus and Hindus against Muslims, in both countries. The

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loss of life was substantial, although no accurate figures are available. In addition, large numbers of women were abducted. These now create special problems of repatriation. While no accurate figures are available as to the number of refugees involved, they certainly exceeded 10,000,000.

An enormous job of emergency care, feeding and epidemic prevention has been and is being done. A substantial proportion of the refugees, however, are being rehabilitated and have vacated the refugee camps. Again no accurate data are available. (Possibly as many as 80 per cent have been dispersed from the refugee camps; only a small percentage have been resettled).

As an example of the magnitude of the refugee problem, 300,000 were concentrated in one camp in Kurukshetra, about one hundred miles north of Delhi. The Government took immediate steps for the feeding and medical care of the very large numbers who were pouring in every day, mobilizing for the purpose doctors and nurses from all over the country. As a result, no serious epidemics occurred.

In Pakistan, there has been a serious shortage of health personnel since partition because traditionally the Muslims have not undertaken studies in medicine and nursing to the same extent as the Hindus.

Even though the governments brought to bear all possible measures to aid the refugees in starting life anew, it will be years before the effects of the mass migration will have been overcome - not only from the health but from every other point of view.

REPORT ON INDIA

The following is an abstract from the OUTLINE OF THE REQUEST FOR AID prepared by the Ministry of Health.

TOTAL CHILDREN UNDER 18 YEARS OF AGE.

No data is available except for two provinces in the 1941 census. Based upon these samples, it is estimated that the persons under 20 years of age formed about 48 per cent of the total population.

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EXPECTANT MOTHERS.

A careful calculation based upon birth rates, fatal deaths and still births places the estimate of the number of expectant mothers in undivided India in 1945 at approximately 16.45 millions.

NURSING MOTHERS.

Based upon certain assumptions concerning specific death rates, for instance, it is estimated that for 1945 the number equalled 12.9 million for undivided India.

BIRTH AND DEATH RATES.

For 1945 also the total death rate for undivided India was 21.5; the birth rate, 27.3 for the populations. The infant mortality rate was 150.9 per 1,000 live births.

SPECIFIC DEATH RATES.

Specific death rates by age groups are not available. They have been calculated from the two areas and are set forth in the India Application, page 6.

MATERNAL DEATH RATE.

A few years ago a special committee estimated 20 per 1,000 as a reasonable index.

SIGNIFICANT DISEASES OF CHILDREN.

While no specific rates are available, tuberculosis rates are high. Trachoma is widespread among children and is an important cause of blindness. Data concerning the venereal diseases are not reliable, but health examinations in refugee camps revealed an unusually high incidence among women and children who were recovered after abduction. Malaria in India, as in other parts of South East Asia, is an extremely prevalent disease and is a frequent cause of death among children. It has been estimated that prior to partition malaria caused one million deaths each year in India.

CHILDREN AND MOTHERS IN INSTITUTIONS.

The India Application presents data as to the number of such institutions in various parts of the country: "very small as compared with the requirements". The same is true of institutions of handicapped children.
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Maternity and child welfare centers are found mainly in the urban areas. There are 323 in the United Provinces, 118 in Bombay, 84 in the Central Provinces and Berar, 61 in East Punjab, 39 in Orissa, and 21 in Bihar. Undivided Bengal had 37 centers. No information is available regarding the provinces of Madras, while Assam has no center at all. Therefore excluding the provinces of Bengal, Madras, and Assam, there are 650 centers working in the provinces of the India Union.

OTHER SCHOOLS

	Indian Provinces	
	<u>No. of institutions</u>	<u>No. of Students</u>
Inter colleges	168	105,215
High, Middle & Primary Schools	184,149	14,560,993
Schools for the handicapped	58	1,847

CURRENT FOOD POSITION

India is a deficit country as regards food, requiring large imports from abroad. Only a small portion of the population is under ration. The scale of ration allowed to children is 4 to 6 ounces of cereals per day; for mothers about 8 to 12 ounces in different parts of the country. Cereals contribute 80 to 90 per cent of the calories, and a very small quantity of protective foods is consumed in the majority of homes. There is no system of special ration for the vulnerable groups of the population. In the few urban areas, however, some milk is made available at subsidized rates for mothers and children in low income groups. Some 150,000 indigent children are in refugee camps; 10 to 15 per cent of these receive 8 ounces of fluid milk per day "wherever possible".

MILK AND MILK PRODUCTS

A recent computation shows that the total production of milk from cows and buffaloes is estimated to be 17,733,000 metric tons, of which less than 30% is consumed as fluid milk. Milk is a popular commodity, yet pure milk is hardly available in the open market. Surveys in

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middle-class homes have shown the daily consumption of milk and buttermilk to range between 0.2 and 2.0 ounces per head. It has been estimated that the average supply of fluid milk available per individual is only 1.09 ounces per day.

EVIDENCE OF UNDER NUTRITION.

A casual visit to any village, town or city, is sufficient to convince a trained observer that malnutrition and under-nutrition is widely prevalent amongst the child population of this country. In 1947 a nutrition was carried out in ten different areas in the Province of Bihar. The recorded rates of "poor nutrition" varied from 5 to 68 percent of the children in the different areas.

ADMINISTRATION OF PROPOSED PROGRAM.

The Ministry of Health will be the responsible government authority. In so far as refugees are concerned, the coordinating ministry or authority is the Relief and Rehabilitation Ministry. Since responsibility for health and welfare services resides in the provincial governments, and the local authorities working under them, the provincial governments, therefore, will be responsible for administration of the programs in the provinces. Maternity and child welfare programs in local areas are under the control of the local authorities. Also the Indian Red Cross plays an important part as regards medical relief for refugees. These organizations will be coordinated by the government authorities.

The Central Government bears the entire financial responsibility for refugee relief in camps which it maintains and the major responsibility in camps under provincial control.

The average expenditure by government per capita per day is in the neighbourhood of 35 cents.

Supplies received from the ICEF and other supplies will be distributed directly where the central government is concerned, and through provincial governments to the centers under their charge.

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STATEMENT REGARDING PROPOSED PROGRAM

The following is quoted in full from the India Application for Aid from the International Children's Emergency Fund:

"The needs of the child population of India in respect of nutrition and of medical care are, even under normal conditions, immense. These needs have been considerably increased as the results of recent events following the partition of the country into the two Dominions of India and Pakistan and the subsequent large scale migration of population between the two Dominions. Large numbers of children have been rendered half orphans or total orphans as the result of the death of one or both of the parents. In regard to mothers, expectant and nursing, the problem is of equal magnitude and intensity. The nutritional status of this section of the people has invariably been low and inadequacy of medical attention has been a common feature throughout the country. The refugees who migrated to India from Pakistan had to undergo considerable hardship and the adverse effects of such hardship were much greater on women and children than on men. An appreciable proportion of these women and children had to go through the harrowing experiences associated with abduction and maltreatment. In the circumstances the measures proposed for relief and rehabilitation will have to be developed on a very large scale. As indicated elsewhere Governments in India are spending enormous sums for the care and rehabilitation of these refugees. Their best efforts are, however, inadequate to meet the needs of refugees, particularly women and children.

"It is recognized that the help which the ICEF may be able to place at the disposal of this country is likely to be limited in view of the many demands from different countries which that Fund will be called upon to meet. In presenting a budget for consideration by the ICEF it has therefore been considered desirable to put forward only certain immediate and important requirements, with special emphasis on the needs of refugees.

Aid is required from the ICEF for the purpose specified below:

(a) Scholarships:

It is requested that help be given for training medical officers and ancillary personnel for maternity and child welfare work as well for treatment and rehabilitation of children disabled through diseases such as poliomyelitis and tuberculosis. The personnel selected for training will be from the staff of the centrally administered areas and of the provinces. The governments concerned will pay their basic salaries during the training and they will be re-employed, on return, on specific duties for which they will be trained abroad. Unit cost for training is estimated at 4,000 dollars per year and it is requested that sanction be given for 15 scholarships.

(b) Health Propaganda Material:

Health education of the people in regard to mother craft, infant welfare and other matters is of great importance. A considerable amount of health education is being done by the Central and Provincial Governments as well as by local health authorities. At the centre and in the provinces there are health propaganda bureaux in charge of officers especially trained for the purpose. What is desired is that such work should be supplemented by grants from the ICEF. Two vans at a cost of \$5,000 will, it is considered, be necessary. They will have to be equipped with posters, loudspeakers, films, film strips (both preferably 16 m/m) and suitable projecting apparatus. An additional sum of \$5,000 is suggested for the purchase of these articles.

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(c) Hospital Equipment and Health Supplies:

The types of hospital equipment and medical supplies that are desired are described below:

Tuberculosis control - A mass miniature radiography set is considered necessary in connection with an anti-tuberculosis campaign which is being developed under governmental auspices at Madanapalli in Southern India. Here, there is a tuberculosis sanatorium which is considered the best in the country. With the help of W.H.O., a B.C.G. vaccination scheme is also being developed in the area. Two tuberculosis experts, Dr. Gellner and Dr. Lind, deputed by the W.H.O. have already arrived in the country and a laboratory is being established at the King Institute, Guindy, Madras, for the preparation of the vaccine. An Indian bacteriologist and a technician have been sent to Copenhagen for training and, on return, they will take over the preparation of the vaccine. It is also proposed that, with the cooperation of Dr. Gellner, the B.C.G. vaccination program should be extended to four or five other centers in the country within the next few months. The mass miniature radiographic set will be utilized first for the anti-tuberculosis campaign in Madanapalli and later elsewhere. At present no such set is available in the country and at least one is considered eminently desirable.

Prenatal and congenital syphilis. Reference has already been made to the high incidence of venereal diseases among the refugee population particularly among abducted women and children. It is estimated that the number of such women to be treated will be at least 4,000 and children 2,000. The use of penicillin for speedy and effective treatment of these persons is necessary. It is estimated that 3,000,000 of penicillin will be required for each case of prenatal syphilis and one half of that amount for a child. (Estimate based on cost of U.S. \$2.40 per one million units).

Health Center Equipment and Drugs. In the Maternity and Child Welfare centers of the country (about 650) an urgent need is the provision of weighing machines for infants and toddlers. They are very difficult to procure and it is suggested that some 200 weighing machines, each costing approximately \$40, might be supplied.

Anaemia is a pronounced condition requiring urgent attention particularly in respect of expectant mothers among the refugee population. The provision of some quantities of liver extract and of iron fersolate tablets has therefore been suggested.

Budget for Medical Equipment, Appliances and Drugs.

Mass miniature radiography set complete with electrical generator	\$27,000
Penicillin (Sodium crystalline)	\$36,000
Weighing Machines with adjustable bar for recording heights	\$ 8,000
Liver extract (Iron Fersolate tablets)	<u>\$ 4,000</u>
	\$75,000

Clothing.

The need for warm clothing in the winter, particularly in North-Western India, is so great for refugee children and mothers that it has been considered desirable to suggest an allocation of at least \$100,000 for this purpose. It is recognized that the amount so set apart may not be able to secure clothing for more than about 20,000 children (at the rate of \$5 per child) while the number of refugee indigent children in Northern India is approximately 100,000.

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Supplementary Nutrition:

As pointed out in the previous paragraph, there are about 100,000 refugee children in Northwest India, and taking the country as a whole, there are about 150,000 such children. They are in great need of supplementary food. Governments, Central and Provincial, have been doing their best to make available to these children such supplies of fluid milk as can be secured in the country. A considerable amount of imported milk has also been distributed during the last ten months to these children. A system of priority has been adopted in order to ensure that such supplies of milk as are available are utilized to the best advantage by sick children and expectant mothers. Even so, the total amount of milk produced in the country is wholly inadequate to meet the requirements of the people. In this connection attention is invited to the remarks on pages 12-14 (item 5c) of this note regarding milk and milk products. Assistance is requested from the ICEF for supplying supplementary milk food for at least 75,000 of these refugee children for a period of six months at the rate of \$10 per child per year (\$375,000) and an additional amount for 25,000 children attending the various maternity and child welfare centers in different parts of the country which number about 650 (\$125,000).

A summary of the budget is shown below:

1. Overseas scholarships for 15 scholars, each course lasting one year	\$ 60,000
2. Health propaganda material	\$ 15,000
3. Hospital equipment and medical supplies	\$ 75,000
4. Clothing	\$100,000
5. Supplementary nutrition	\$500,000
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	\$750,000

The Mission recommends that approval be given the above proposal and that if funds are available, the full amount of the request be granted. The amount of money represents a bare fraction of the total needs of children in India. In fact, if one assumes that the needs of the population of this country on the average equals that of other countries of the world, India would be entitled to nearly one-fifth of the total budget of the UNICEF.

REPORT ON PAKISTAN

General statistical data for India and Pakistan and percentage estimates of population for both countries have been presented separately.

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Regarding differences between the two countries, it should be pointed out that Pakistan does not have the advantage of a long established health administration. It has been necessary for Pakistan to organize, in what was before Partition a provincial capital, a new national health administration. An added handicap is the geographic separation of East Pakistan (East Bengal) from the capital in Karachi. Added to this is the further handicap that, in proportion to population, there are fewer qualified physicians including medical officers of health, nurses, and other health personnel. Then confronted suddenly with the enormous health problems caused by the refugees, it is understandable that in the few months since Partition, no great progress has been possible in the orderly organization of health and welfare services for the child population as a whole. In fact, the health facilities for care of refugees have been less adequate than in India.

Recognizing current shortcomings, the Ministry of Health in Pakistan welcomes the immigration of qualified physicians from other countries and desires all possible technical assistance from the International Children's Emergency Fund in connection with its program of aid.

REQUEST FOR AID FROM ICEF

Because of the abstract form in which the Pakistan request is presented, it is quoted below in full:

I. Statement for need of Aid and Present Requirements.

1. Population by age groups.

a)	Total population (1941) approximately	68 millions
b)	Total children under 18 years of age	
	(1) Under 1 year	Approximately 2 millions
	(2) 1 to 4 years	Approximately 6 millions
	(3) 5 to 9 years	" 7 millions
	(4) 10 to 14 years	" 8 millions
	(5) 15 to 18 years	" 9 millions
c)	Total mothers:	
	(1) Expectant	Not known
	(2) Nursing	" "

2. Current and pre-war Birth and Death Rates.

a)	Birth rate	28.9
b)	Infant death rate:	
	(1) Under 1 year	134.6
	(2) 1 to 4 years	37.1
	(3) 5 to 14 years	17.1
	(4) 15 to 24 years	6.1 (These are all approximate figures worked out from the figures of combined India.)
(c)	Maternal death rate	Not known.

3. Significant disease rates for children.

No figures for these are available but the following diseases are very common amongst children in Pakistan

- Diarrhoea
- Dysentery
- Tuberculosis
- Trachoma
- Malaria
- Blindness, due to Gonorrhoeal Ophthalmia
is also common

4. Total number of children and mothers in Institutions.

- a) Orphans: Half orphans:
Figures are not known but it is estimated that about 100,000 such children are being cared for in Refugee and Allied organizations.
- b) Special schools or homes for handicapped children.
Figures are not known but there are very few institutions of this type. There are about 4 blind schools in the whole of Pakistan.
- c) Day and Night Nurseries Nil.
- d) Day Nurseries Nil.
- e) Mother and Baby Centres - milk stations. These centers are found in most of the towns in Pakistan but it is difficult to give correct figures for them.
- f) Kindergarten and nursery schools. Nil.
- g) Primary schools No figures are available
- h) Secondary schools " " "
- i) University schools Not known

5. Current Food Position.

- a) Expected number of calories from indigenous sources for general ration in period for which aid is asked.
There is no shortage of principal foodgrains in Pakistan but the caloric value in these has not been worked out. Most of the calories are derived from cereals.
- b) Special rations for children and mothers from indigenous sources.
There are a few WELFARE centers where the children are being given extra food in the form of milk but their number is not very large. No other form of extra food is being given.
- c) Milk and milk products.
 - (1) Indigenous production: The amount of milk produced in the country is not sufficient for the requirements of the country. Exact figures are not known.
 - (2) Processing: There are few dairies where pasteurisation is done but their number is not very large. There are no factories for canning milk and cheese. Butter is canned in a number of dairies but their exact number is not known.
 - (3) Uses of indigenous fluid milk: Milk is mainly used as part of diet by both children and adults. The form in which it is mainly used in West Pakistan is sour milk which is drunk mostly by adults. Ghee i.e. clarified butter, is prepared from the milk so most of the milk sold to the public contains less fat than it ought to have. No special arrangements confining the distribution of milk to mothers and children exist.
 - (4) Dried, Evaporated or Condensed milk: These are mostly used in tea by adults and for feeding infants only when mothers cannot nurse them.
 - (5) Cheese: Cheese is not much used in this country.
 - (6) Butter: Mostly used in the form of ghee for cooking purposes.

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- d) Effect on child feeding projects of withdrawal of UNRRA foods; No UNRRA food is received in this country.
 - e) Requirements for Food:
 - (1) Priorities: Dried Milk.
 - (2) Consideration to be given to age groups of children; etc. Special consideration to children and expectant mothers in Refugee camps.
 - f) Evidence of undernutrition: This is very manifest when one walks amongst children in refugee camps and even among the settled population in most parts of Eastern Pakistan. No correct figures are available.

6. Clothing Position.

Pakistan is very short of clothing as it has got very few textile mills. We are specially short of warm clothing for children.

7. Requirements for Medical and Hospital Supplies.

These have been given in Section III - Statement of Proposed Program.

8. Requirements for other Equipment and Supplies.

Given in Section III - Statement of Proposed Program.

II. Statement Regarding Administration of Proposed Program

- 1. Agreement between ICEF and responsible government authority. The Ministry of Health, Pakistan Government, will enter into agreement with ICEF.
- 2. Responsible Government authority. Ministry of Health, Pakistan Government.
 - a) Coordinating Ministry or Authority: This in Pakistan will be the Refugees Ministry and the Ministry of Education.
 - b) Government agencies responsible for specified parts of program: These will be the Provincial Governments and District Authorities.
 - c) What voluntary agencies to be brought in and lines of responsibility to government agency: The Pakistan Red Cross Society and the organization for the U.N.A.C. in Pakistan.
 - d) Methods of control by Ministries of Health, Welfare, Education, Supply (food), including operation of program or parts of program by local authorities or voluntary agencies; The Ministries of Health and Education will control the activities through their officials and the members of voluntary organisations.
- 3. Contribution to program by Government or local authorities.
 - a) Supplies: By Central Government or voluntary bodies.
 - b) Personnel: Central Government officials and members of voluntary bodies.
- 4. Basis of distribution of ICEF food supplies. The only supply of food asked for by Pakistan is dried milk and this will be distributed through various Child Welfare centres which are controlled by Provincial Governments and Voluntary bodies in the Provinces.

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III. Statement Regarding Proposed Program

The help required by the children and expectant mothers in Pakistan is of great magnitude as the conditions prevalent since partition have caused severe strain on these sections of the population. A very large number of persons migrated to Pakistan under most tragic conditions which were severer than those seen in the countries devastated by the last war. The nutrition and health of both the children and expectant mothers amongst the refugees suffered enormously and in spite of all the help the Pakistan Government could give them a lot more is required to be done in this respect. The refugees mostly came to the Western Pakistan where this help is required most but in Eastern Pakistan too the nutritional condition is not considered very satisfactory and has always been so. For these reasons there is great stress in the suggested programme on supplementary nutrition through dried milk.

The next problem which faces the children and expectant mothers in Pakistan is that of Tuberculosis which has become much more prevalent owing to the distress to which they were subjected during the migration. In the Eastern Pakistan also the problem of tuberculosis is acute and owing to the density of population and poor condition of housing the disease is prevalent in almost all parts of the Eastern Pakistan. For these reasons Pakistan wants to start a campaign against tuberculosis in both the Western and Eastern Pakistan. For this purpose we want a Mass Miniature Radiography set with films and X-ray chemicals. We want also to have large scale inoculations with B.C.G. and will open a B.C.G. laboratory in one of the Sections of the Bureau of Laboratories at Karachi. For this we will require equipment and some experts from abroad to teach our men the methods of its production. We will also like to send some of our men to learn this work abroad so that when they come back they could teach more of our people in the methods of its production as well as mass inoculation. We will, therefore, require equipment for mass inoculation in the form of Sterilizers, Needles, Syringes, etc.

There is also a certain amount of Syphilis amongst expectant mothers and infants both in the Western and Eastern Pakistan and for this purpose we are organising centres of treatment in various parts of the country for which we require Penicillin and Sterilizers, Needles and Syringes etc. Another distressing disease prevalent amongst expectant mothers is anaemia and to combat this disease we have asked for Liver Extracts and Fersolate tablets. For our Maternity and Child Welfare Centres which are already working in the various parts of Pakistan we want some weighing machines which we are unable to get from the market. Lastly we also require warm clothing for the children especially in Western Pakistan where the winter is very severe. Our requirement of warm clothing is very great but we have asked for a very modest sum for this purpose as we feared that the funds at our disposal would be very limited, in view of the demands from other parts of the world. We therefore submit the following items for which we require aid of I.C.E.F.: -

A. Supplementary Nutrition.

Pakistan has got a huge population of children numbering something like 15,000,000, the majority of whom are poorly nourished and those belonging to the refugees are in the worst plight. It is not possible to supplement the food of all the children in Pakistan but we have a scheme of supplementary food for selected children in various centres in Pakistan. Milk supply in Pakistan,

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is very inadequate for the need of the population and therefore it is necessary that we get dried milk from abroad. Assistance is therefore required from ICEF to the value of \$150,000.

It is estimated that there are about 1,00,000 children in the Refugee Camps. It will not be possible to supply milk to all this number and it is estimated that about 15% of these i.e. 15,000 or so are very poorly nourished and it is these whom it is essential to give extra feed of milk daily. Experience in feeding children with dried milk in other countries has shown that it costs about \$10 per child per year for this purpose. Accordingly the cost of feeding 15,000 children per day for a year will amount to \$150,000 which is the amount we asked ICEF to spend.

B. Equipment and Other Medical Supplies

1. Tuberculosis. As mentioned above we have a programme for lodging a campaign against tuberculosis which is very prevalent in both the Eastern and Western Pakistan. For this purpose we require a mass miniature radiography set valued at \$27,000 with films and X-Ray chemical for it to the value of \$5,000. For prophylactic vaccination by B.C.G. we want to start its manufacture at the Bureau of Laboratories at Karachi. We want the help of ICEF to send two experts to train our men in the methods of its production. We also want to send our men to learn this work abroad for which purpose a sum of \$16,000 may be given. For mass inoculation with B.C.G. we require equipment in the form of Sterilizers, Needles, Syringes, etc. which will cost about \$5,000. A building for this purpose is available and the remaining cost of the B.C.G. will be borne by the Government.

2. Syphilis. We have a programme for providing centres for the treatment of venereal diseases with special reference to congenital syphilis amongst infants and syphilis amongst expectant mothers. For this purpose we want the supply of penicillin to the value of \$20,000. The estimated number of expectant mothers requiring treatment will be about 2,500 and the estimated number of infants requiring this treatment will be about 600. The cost of treating one adult comes to \$7.20 and that of treating a child comes to \$3.60. This will come to about \$21,000. According to our scheme for treatment of venereal diseases, adult males suffering from syphilis will be treated in Venereal centres, the cost of which will be borne by the Government. Here we have only given the requirements for expectant mothers and children suffering from congenital syphilis.

3. Anemia: It is very common amongst the women in Eastern Pakistan and is very common amongst women especially those who are expectant mothers amongst the refugees in the Western Pakistan. For this purpose we require large quantities of liver extract and Fersolate tablets costing about \$4,000.

C. Equipment for Maternity and Child Welfare Centre.

We find great difficulty in procuring weighing machines for these centres and for this purpose we want about 100 machines at a cost of about \$4,000.

D. Warm Clothing.

The need for warm clothing in Western Pakistan amongst the children of refugees during the winter is very great. The sources of supply of warm clothing in Pakistan are very few. We would have liked to ask for a large sum to be allotted to us for this purpose but owing to limitations of the fund we have asked for a very modest sum of \$14,000 to be spent on warm clothing for the children.

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B U D G E T

1.	For supplementary nutrition - Dried Milk to the value of	...	\$ 150,000
2.	Mass Miniature Radiography Set	...	\$ 27,000
3.	Films and X-Ray chemicals for the above	...	\$ 5,000
4.	Equipment for B.C.G. Laboratory costing	...	\$ 5,000
5.	Equipment for mass inoculation, sterilizers, needles, syringes, etc.	...	\$ 5,000
6.	For scholarships for training of B.C.G. workers	...	\$ 16,000
7.	Cost of Penicillin	...	\$ 20,000
8.	Cost of Liver Extract)	...
9.	Cost of Fersolate Tablets		
10.	Cost of Weighing Machines	...	\$ 4,000
11.	Cost of warm clothing	...	\$ 14,000
	Total		<u>\$ 250,000</u>

RECOMMENDATIONS OF THE MISSION

It is recommended that favourable consideration be given to the allocation by the ICEF of \$250,000 for aid to Pakistan. Of this amount, it is recommended that the item for supplementary nutrition of the mal-nourished refugee children be approved in the amount requested, viz. \$150,000. Because of the urgency of the need the first shipments of milk should be made as promptly as possible.

Regarding tuberculosis control, specified in the budget above in Items 2 - 6 inclusive, the Mission recommends:

- a) That the scholarships for training for tuberculosis workers including two for training in B.C.G. be approved.
- b) That regarding the miniature radiography set, chemicals, X-Ray film and equipment for a B.C.G. laboratory, and equipment and supplies for operating the above programme, that total expenditure amounting to \$42,000 be approved subject to further development by the Pakistan authorities of more complete plans. If such plans are developed and

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and are satisfactory to the administrative authorities of the ICEF, aid should be provided. It should be pointed out that the time available to the Mission in Pakistan was limited. It seemed urgent to present a request to the forthcoming meeting of the ICEF Program Committee. Because of the limited time available, however, it was not possible to develop complete justifications for this part of the Pakistan proposals.

Regarding the request for penicillin, it is obvious that this drug is needed for treatment of syphilitic pregnant women and children of refugee camps. The Mission is not convinced, however, that there are an adequate number of doctors in the refugee camps to administer the drug and to prevent its possible diversion. On this item also, the Mission recommends that approval be given in principle, subject to more complete documentation by Pakistan, of the programme contemplated and the methods of administering it.

It is recommended that approval be given to the small items for liver extract, fersolate, and weighing machines. The need is great for warm clothing for indigent refugee children in camps, especially in West Punjab. Approval therefore should be given to this item.

June 24, 1948

signed: THOMAS PARRAN

C. K. LAKSHMANAN

NOTE: After the above recommendations were prepared, the mission reviewed them in Geneva with Col. M. Jafar, Public Health Commissioner with the Government of Pakistan. Col. Jafar agrees that the plans for the tuberculosis control program need to be developed more fully, and will undertake to do this. He also asks that sufficient flexibility be allowed in the action by the ICEF so that the number of scholarships may be increased. He has emphasized particularly the need of training child health and welfare workers. The mission concurs in this request.

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