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INTERNATIONAL CHILDREN'S EMERGENCY FUND

PROGRAMME COMMITTEE

REPORT OF THE SURVEY MISSION TO THE FAR EAST (OTHER THAN CHINA)

C O N T E N T S

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ORIGINAL: ENGLISH

MALAYAN FEDERATION

A. REPORT OF UNICEF MISSION

GENERAL

This country suffered greatly during Japanese occupation, especially because of high mortality among forced labor used in building Siam-Burma Ry and seizure of fishing vessels on East Coast depriving natives means of livelihood. Medical treatment and public health measures were neglected, rice imports were cut off.

Energetic measures by British since liberation have improved conditions greatly, although health and nutrition still below pre-war Standards. Food conditions in East Coast Provinces of Tryngannu and Klatan and parts of West Coast South of Malacca continue to be bad. In these areas infant mortality is more than double the Federation average and working ability thirty-five percent of pre-war.

Government has established public restaurants in all larger cities, also is giving weekly food rations to needy families.

A school milk program is operated by health department, more than one half of all school children receiving a cup of reconstituted skim milk daily at cost of 2,500,000 Straits dollars (nearly ---- US $1,250,000).

ICEF aid is requested for feeding children in most depressed areas. Such aid is desired for the importation of dried skim milk and dried whole milk to supplement existing government feeding scheme. The Mission suggested that estimates be based upon approximately $50,000 U.S. The governmental authorities in their application have not made quantative estimates.

B. C. G.

Much interest was shown by the authorities in developing a B.C.G. program in Malaya. Australia is starting such a program, and within a few weeks will be producing the vaccine. Subject to making suitable arrangements with Australia the Malayan Health Department proposes to send two medical officers there to study the procedures, arrange for air shipments of vaccine and upon return inaugurate a pilot program of B.C.G. vaccination. ICEF aid would be requested for travel of the medical officers and for supply of the vaccine. (See special note in Malayan application.) A rough estimate of cost to ICEF for 1 year would be $3,600 to $5,000 (U.S.).

Administration of feeding scheme will be by Department of Social Welfare with technical guidance by nutrition officer, Health Department. Strong Central Welfare Council will act in advisory capacity and furnish some voluntary service.

The B.C.G. program would be administered by the Health Department.

The Mission recommends approval of the child feeding program in amount $50,000. Also the B.C.G. program if definitive proposal is developed as described above.

(Thomas Parran) _____
(C.K. Lakshmanan) _____

7 June 1948

B. PROPOSALS OF FEDERATION OF MALAYA

SUGGESTED OUTLINE FOR REQUEST FOR AID FROM ICEF

1. Statement of Need for Aid and Present Requirements

1. Population by Age Groups

a. Total population . . . 4,877,678

b. Total children under 18 years of age . . . 1,858,000

(1) under 1 year .. 188,000
(2) 1 - 4 years .. 390,000
(3) 5 - 9 years .. 470,000
(4) 10-14 years .. 440,000
(5) 15-18 years .. 370,000

c. Total mothers ..
(1) expectant .. 157,500
(2) nursing .. 150,000

2. Current and Pre-war Birth and Death Rates

	Birth Rate	Total Death Rate
1940	39.7	18.6
1947	43.2	19.5

a. Infantile Mortality Rate

1940	1947
134	102

b. Of the total of 95,145 deaths 34,199 or nearly 36% occurred in the age below 5 years.

c. Maternal mortality rate is 7 per 1000 live births.

3. i. Tuberculosis is significant in very young children and infants and the mortality especially amongst Chinese children is believed to be high from this cause although a relatively small proportion of these deaths are so diagnosed. Tuberculosis of bones and joints is relatively uncommon. Again it is found most frequently amongst Chinese children in towns but the number of such cases is probably well under 1 in 1000 of population.

ii. Syphilis is relatively unimportant as a cause of mortality. Congenital syphilis in Chinese infants is seen frequently as a contributory factor in children suffering from other conditions. Beyond the stage of infancy however congenital syphilis is not regarded as important.

iii. Enteritis and dysentery are widespread.

iv. Malaria remains the most important single cause of illness amongst children in most of the rural areas. The incidence differs according to the locality but it would be a fair estimate to say that 10% of all the children in the country have been or are affected by Malaria.

v. Intestinal parasites are very important as contributory factor in lowering the level of health. Probably about 70% of all children are affected by round worms. In most cases the degree of infestation is low; about 30%

are affected . . .

are affected with hook worms. Here again evident illhealth due to hook worm alone is relatively rare.

vi. Beriberi - In the infantile form is a most important cause of death especially during the first 3 months of infancy. It is believed that infantile beriberi is the principal cause of the wide differences in infantile mortality in different parts of the country. This high infantile mortality is particularly noticeable in those parts where there is large Malay population depending for its living on fishing. This is evident on the Malacca Coast districts and in Trengganu where the infantile mortality both before war and now was around 200 per 1000.

4. Total number of children (by age groups) and Mothers in Institutions:

a. Orphans (total)
(1) In institutions
= 4,300

Half Orphans (total)

It is Government policy that Half orphans are cared for by the parent whenever possible unless the mother is dead.

No statistics for age groups are available - the age range is from one week to 14 years of age.

There are no institutions for mothers and children together.

(2) In foster homes:
(i) the number of orphans in foster homes is impossible to calculate. I put the figures as:
(a) In unofficial foster homes = 20,000
(b) In "official" foster homes i.e. those of which the Dept. of Social Welfare is aware = 1,000

A "foster home" system is now working.

(ii) In addition the Department of Social Welfare has the care of

		ages	
Widows	7,460		
Orphans (half)	10,303	0 - 14	in charge of parent (widows)
Orphans (full)	4,000	0 14	in charge of relative

These figures are for Rubber Estates and Mining concerns only.

(iii) There are other orphans full and half in the rural areas for which statistics are not available. The rough conservative estimate is 20,000. Roughly 75% of these receive direct assistance from Government and Voluntary Agencies.

b. There are no special schools for handicapped children except the St. Nicholas Home for the Blind in Penang. Handicapped children - mental and physical - are included in the figures given in a (i) above.

c. Day and Night nurseries are found in all orphanages

d.....

d. Day nurseries are attached to orphanages. Few parents use the nurseries.

e. Mother and Baby Centres - milk stations = 1000

f. Kindergarten and nursery schools = None

g. Primary Schools

English Schools (Primary and Middle Schools)
Primary I to Standard V

	Age Groups 6 - 12		Age Groups 12 - 22	
Males	14,886	Males	13,494	
Females	8,587	Females	5,824	
	23,473		19,318	42,791

Malay Schools

	Males	Females	Total
Age groups 5-6 Std. I to Std. III	11,936	1,979	13,915
Age groups 7-8 Std. I to Std. IV	42,952	6,184	49,136
Age groups 9 - 12 Std. I to Std. VI	54,654	6,442	61,096
Age groups 13 - 14 above	12,189	700	12,889
Total	121,731	15,305	137,036

Chinese Schools

Kindergarten (age 7)	1,581	
Primary (age 9 - 16 1/2)	164,771	
Junior Middle (age 17 1/2-19)	2,149	
Senior Middle (age 20-21)	264	168,765

Indian Schools (No age groups available) 33,466

h. Secondary Schools
English Schools.
Standard VI to Senior Certificate and Commercial Classes

Age groups 12 -22			
Males	5,589		
Females	1,621		7,210
Post Secondary			
Age group above 18			
Technical College	54		
Commercial Schools	205		
School of Agriculture	31	290	
Vocational Schools:-			
Trade Schools and Techni-Factory		125	415
Total			7,625

i. University Student Schools - none (Singapore)

5. Current Food Position:

a. Expected number of calories from indigenous sources for general ration in period for which aid is asked.

600 - 700 calories

b. c.
No significant production of milk or milk products. Skimmed milk powder is used extensively in school feeding and large quantities of special full cream milk have been ordered for use in infant welfare centres for distribution to mothers who are unable to breast feed their children and cannot afford to buy suitable substitutes.

d. Effect on child feeding projects of withdrawal of UNRRA foods - see II 3(c) below.

e. Requirements for Food:

(1) Priorities--
(a) by urgency of need:

Urgent need for food for East Coast populations who at the present time are quite unable from their own resources to feed themselves. Semi-starvation is common and the death rate of 30.9 per mille compared with the general death rate over the whole country of 19.5 per mille is very largely due to this factor.

(b) by food substances:

The need for a good protein and the B vitamins is largely met by skim milk and this particular foodstuff should be given priority.

(2) Rural populaces generally are in poor condition. In a typical area which has been under review for one year the following intake was recorded.

Calor.	Prot.	Ca.	Fe.	Vit.A.	Vit.B.	Ribo.	Niacin	Vit.C.
1630	47	0.6	12	2390	0.9	0.5	8.6	40

Their estimated requirements are:

2100	60	0.9	10	4000	1.1	1.5	10	30

In the poorer households the calorie intake was about 1200. The people in this area are much better off than the great majority on the East Coast.

f. The following comparable figures for admission to hospital for diseases either entirely or partly due to malnutrition:-

	1936	1938	1946	1947
Beri beri	586	1262	564	380
Anaemia	1621	2186	3213	2473
Skin Ulcers	2756	3271	7156	3530

The following are figures for minor signs of malnutrition before and after the war in different groups of school children.

	1939	1940	1947
Xerosis conjunctivae	4%	Not recorded	1%
Bitot's Spots	2%	1.3%	0.1%
Follicular hyperkeratosis	1%	nil	0.7%
Angular stomatitis	6%	15%	2.2%
Xerosis of the Skin	7%	Not recorded	25%
Geographism of the tongue	4%	Not recorded	3%
Gingivitis	Not recorded	35%	38%

It is probable that with the exception of the population in certain areas the people in Malaya generally are no worse nourished than they were before the war.

6. Clothing position
Needs in order or urgency including infants' clothing and shoes

No observations

7. Requirements for Medical and Hospital Supplies (Urgent needs only).
Equipment, special medicines, and supplies

No observations

8. Requirements for Other Equipment and Supplies
   a. Institutions for children, or for mothers and children -- day nurseries, as play materials, cooking utensils, bedding etc.
   b. For school meals, cooking equipment, etc.

No observations

II Statement re Administration of Proposed Program

1. Agreement between ICEF and responsible government authority

Federal Government through Colonial Office.

2. a. The Department of Social Welfare is the coordinating authority with the cooperation of Medical Services.

   b. Department of Education.
   The three departments mentioned above will be responsible for all managements for implementing the program.

   c. The Central Welfare Council a lively, influential and effective body is composed of its sub-divisions the State/Settlement Welfare Committees and District Welfare Committees supported by the Women's Service League whose organization is Federal wide. All voluntary agencies are coordinated and work in close cooperation with the Social Welfare Department's organization throughout the Federation. This organization, which includes arrangements for the scattered and isolated aboriginal tribes, is now in touch with every district and village.

d. Control of supplies will be under joint control of Social Welfare and Medical Departments. Distribution will be arranged through the State/Settlement Welfare Agencies. The technical, health; nutrition and social welfare aspects will be supervised by the Senior Nutrition Officer, Medical Officers of Health in the States and Settlements with the full assistance of all Social Welfare Officers particularly those who have benefited by special training courses. The Department of Education and its staff will assist.
It is essential to note that much of the responsibility will cover rural areas, the pre-school child and the child not attending school - some 350,000.

5. Contribution to program by Government or local authorities
(a) Supplies:

(i) For the current year the Federal Government has voted $2,169,800 to Social Welfare for the Government services to assist orphans, children and other vulnerable categories.

(ii) $400,000 has been expended on the establishment of Public Restaurants and feeding centres with the objectives of providing meals, dietary reinforcement, group feeding and dietary education. These schemes are supplementary to domiciliary feeding through distribution of food parcels. Diets and meals are supplied in compliance with the recommendations of the Senior Nutrition Officer.

(iii) $2,500,000 has been voted for free meals and milk for children in schools from which approximately 287,000 children benefit. The milk is supplied to Schools in the most needy and not in the most accessible areas.

(iv) The Central Welfare Council has contributed $211,000 of publicly subscribed money to reinforce social welfare services. To this sum must be added the total of other monetary and gift in kind donations in each State/Settlement. The total expenditure is approximately $5,000,000 per annum. There is a public drive by the Central Welfare Council to raise further funds.

Supplies have been and are being allocated from the sum total available as follows:
(1) milk
(2) Food meals either prepared or uncooked e.g. rice, oatmeal, vegetables, dried fish, vegetable oils.
According to agreed diet sheets compiled by the Senior Nutrition Officer.
Supplies are mainly from imports. The Federation relies on imports.

(b) Personnel
(i) A Social Welfare Department has been established.
(ii) The staffs of the Medical Service and of Education are available.
(iii) In each District, State/Settlement and centrally there are reinforcements from voluntary agencies which are numerous, active and expanding.

(c) Other. UNRRA and Red Cross Supplies in large quantities of unknown valuation tided over the interim period between the Reoccupation and the setting-up of the Central Welfare Council and the Department of Social Welfare.

4. The basis of distribution of ICEF food supplies is that given in section 3(a) above for which an established organization is in being and ready and capable of expansion to deal with any contribution from ICEF. There is a general awareness of the seriousness of the malnutrition problem which will allow extension of facilities.

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Special Note:

The areas where the need is greatest are in Trengganu, population: 226,000, Kelantan, 440,000, portions of Pahang and in the outlying districts of the preponderately Malay States. There is a special area in the Settlement of Malacca where a special survey of 12 months duration has been made from which survey conclusive medical evidence of malnutrition and its effects is now available. Special mention must be made of aboriginal tribes which are still heavily affected by the results of the Japanese occupation.

Through the efforts of Government and Voluntary Agencies conditions in these areas are improving but Reports from Medical Officers; Officers of the Department of Social Welfare, Voluntary Agencies, Welfare Committees and articles in the Press there is abundant and convincing evidence of widespread malnutrition amounting to semi-starvation in the worst areas. The worst areas are in the East Coast States among the fishing communities and village dwellers. In these the very young children and pregnant and nursing mothers suffer most. Communications are difficult: the rural economy is inadequate to provide sufficient food: there are wide seasonal fluctuations, and much remains to be done by way of rehabilitation.
The priority need is for milk.

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III Statement re Proposed Program.

1. Feeding program (in detail)
   a. Total group s of mothers and children now being served
      (a) by Government:
      Data as given in Section I 4 and sub-divisions above.

      (b) by voluntary agencies:
      (i) the voluntary agencies assist but do not independently manage feeding schemes with the exception of the provision of feeding arrangements for Tuberculosis patients in the Kuala Lumpur Hospital.
      (ii) There is an important Federal Anti-T.B. movement which assists Department of Social Welfare domiciliary schemes for aid to dependent children of T.B. sufferers.
      (iii) In the East Coast and up-country areas the group feeding schemes have the assistance of organized village committees which are supervised by Social Welfare Officers assisted by the Headmen and religious leaders. The Committees look after the group feeding kitchens and, also, assist in the distribution of food parcels.
      (iv) The milk in Schools scheme is manned by teachin staff of the Department of Education.

      (c) Geographic distribution is that listed in the "Special Note" above. Malnutrition in varying degree affects the rural population at large.

..... (d)

(d) Types of Institutions:-
(a) Orphanages and Homes both Government and Government aided. A grant-in-aid system - $239,000 per annum - is established to assist institutions and schemes voluntarily maintained.
(b) Public Restaurants. (c) Feeding Centres.
(d) Schools.
(e) Infant Welfare Centres and ante-natal clinics.

If and when ICEF supplies are available it is proposed to extend the Government programme by extension of the facilities and organization outlined in II 2 a,b,c,d and II 3 (a) and (b) above.

b. Groups to be supplemented by ICEF assistance.

i. Those in the East Coast States, in Pahang, the up-country rural areas in preponderately Malay States and in the Settlement of Malacca.

ii. a. The non-school child
b. The pre-school child
c. Pregnant and nursing mothers, through (a) and (b)

The selection of priority groups will be on the advice of the Medical Authorities, Social Welfare Officers and others with special knowledge.
There is no discrimination and will be none.

Groups to be selected: The age groups will be those included between birth and 16 years of age. Pregnant and nursing mothers in all vulnerable areas.

Period of feeding: The malnutrition supplementary feeding will reinforce and extend permanent Government schemes until such time as Economic conditions improve and it becomes possible to extend the Governments permanent feeding schemes. The effort will be to break the cumulative vicious circle in the vulnerable areas which is now at its worst. The services provided by Government (and the proposed extensions thereto) have been established since the war and are new and extraordinary measures primarily set-up to meet the serious deterioration resulting therefrom.

c. The feeding program for groups designated in (b) above will be similar to that set out in Section II 3 a (i) * and page 6, 3 a (ii) above. As a special priority whatever contribution can be given by ICEF will be supplied to the East Coast groups, in particular, in the form of milk meals to supplement the Government programme.
Frequency of feeding will be the same as under the Government scheme; the qantity per capita to be fed will be the same as in the Government scheme. The number benefiting will depend on the amount received from ICEF. The amounts provided by Government are set out in II 3 (a) above.
The methods, agencies responsible and administrative machinery is as set out in II 2(d) above.

d. Technical supervision is dealt with in II 2(d) above.

2. Clothing: No observations.

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Kuala Lumpur,
19 May 1948

CPR/CSK

Chief Social Welfare Officer,
Federation of Malaya.
(HON'BLE DR. C.P.RAWSON)