

RESTRICTED

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1 JULY 1948

REPORT OF UNICEF MISSION  
ON NETHERLANDS EAST INDIES

GENERAL

Health conditions throughout the country, never at a high level, deteriorated during the war. Food production pre-war was barely sufficient to meet the needs. The Japanese explored the country during occupation. As a result there was widespread malnutrition, malaria became epidemic, yaws increased greatly and is now a leading health problem. Tuberculosis increased, especially among children.

The political and military disturbances following the Japanese surrender aggravated all health and welfare problems among children. In the Republican-controlled territory, comprising 40% of the population, the blockade by the Dutch preventing export of products effectively shuts off imports including medical supplies, drugs, clothing.

Considerable effort has been made by the Dutch in the territory under their control to improve conditions, but needs continue to be great.

A social welfare program has been inaugurated; health and medical expenditures have increased six fold over pre-war. In the Republic likewise there is a health and a welfare ministry which although staffed by competent personnel are handicapped by lack of ability to travel into West Java and Sumatra territories.

The Dutch authorities gave every assurance that the "non-discrimination" requirements of ICEF would be met fully. Specifically they will forward the Republican request for aid with their endorsement and include it as a part of the total Netherlands request. Entry of ICEF supplies into Republican territory will be permitted. Republican fellows will not be hampered in leaving the country.

PROGRAM AND BUDGET.

The Mission suggested that the total amount requested should be limited to \$800,000, 40% being for Republican territory.

The authorities emphasized the urgency of dealing with the epidemic of yaws (frambosia). This syphilis-like disease of the rural tropics is spread by household contact, attacking children especially aged 2-6. If untreated it causes disability, deformity or death. It responds readily to treatment with the arsenio-benzols (neo-arsphenamine, etc.). Three treatments produce apparent cure. Prior to the war, the Dutch carried on a persistent campaign against yaws. No drugs were available during Japanese occupation. The disease became epidemic throughout the villages and rural areas. Infectious cases estimated at 6%, non-infectious cases, 9%. In some villages more than 1/3 of population infected.

Since ICEF program (Poland) includes anti-syphilis measures, Mission encouraged Indonesian authorities to expect anti-yaws aid in form of drugs, and in Republican territory motor transportation in addition.

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FOOD

Although there is much malnutrition in severe form no mass feeding program is proposed due to (1) overall limits of funds for Far Eastern territories allocated by ICEF, and (2) impossibility of administering feeding program over whole area, and (3) prior needs for other programs explained later. However, in Dutch territory aid is asked for limited areas where crop failure necessitates feeding provisions. Dried skimmed milk and cod liver oil for 40,000 children. Estimates prepared in consultation with nutrition expert until recently on staff of FAO, now acting director Eikman Institute. Dutch now are supplying milk to young malnourished children attending clinics and health centers and in hospitals. Republicans have practically no milk for such children and this item plus cod liver oil is an urgent need.

Clothing in Republican territory is terribly lacking. No imports since before the war. Lack of cotton goods and other supplies in hospitals makes good child care impossible. Sheets, bandages, catgut, medicines, vitamin concentrates, X-ray films, rubber sheeting, thermometers, etc., all are needed.

Training of Personnel is desired by both groups. The Republicans propose to train six (or more if funds were available). Doctors, nurses, midwives will be sent to train others for child health service. Because of need for trained personnel to educate families in dietary habits, including food selection, preparation, etc., the Dutch propose to organize a one-year course at the Eikman Institute for high school graduates. Aid from the ICEF in amount half the cost for the first year will ensure prompt government support for the scheme.

Rural reconstruction. The Dutch request a small amount of aid in paying the salary of a public health nurse and providing equipment for a small health center. Some of the milk requested will be used to feed needy children in the project. This is a small part of a scheme of an overall village reconstruction project, involving improved agriculture, housing, education, social welfare, and health.

B.C.G. The prevalence of tuberculosis is high here as in other countries. However, because of the unsettled conditions and the lack of trained personnel, it was agreed by the health authorities that a BCG program is not feasible at this time.

Administration. In the Dutch-controlled territory the program will be administered by the Department of Social Welfare except the anti-yaws campaign and training of dietitians which will be undertaken by the Department of Health. In the feeding program in the depressed areas the civil organization (supplies) will also collaborate.

The Department of Social Welfare in this territory will be responsible for transfer of supplies for use in Republican territory to that area.

In the Republican-controlled territory, the Ministry of Health will administer the whole program, except the distribution of supplies for orphanages which will be done by the Ministry of Social Welfare. The latter and the Ministry of Education will cooperate in the program. The Indonesian Red Cross, the Mohammedan Social Organizations and the Protestant and Roman Catholic churches will collaborate.

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Summary of Budget

I - Dutch-controlled Territory

1. Dried skim milk for 40,000 children for one year	\$ 300,000
2. Cod liver oil for 40,000 children for one year	36,000
3. Arsenicals for treatment of yaws	100,000
4. Drugs for scabies and intestinal worms	30,000
5. Training of dietitians	9,000
6. Half the salary of Public Health nurse and half cost of equipment for Health Center in the Village Demonstration project	4,000
7. Reserve for adjustment	<u>21,000</u>
Total	\$500,000

II - Republican-controlled Territory

1. Anti-yaws campaign (drugs, syringes, etc. and motor vehicles for transport)	\$115,000
2. Essential supplies for hospitals and orphanages (cotton goods, sheets, towels, diapers, blankets, etc.)	30,000
3. Drugs (sulpha drugs, anthelmintics), vitamin concentrates, X-ray films, thermometers, rubber sheeting, etc.	50,000
4. Milk - dry skim, dry whole, buttermilk, dextromaltose and lactic acid for infants and children in hospitals and clinics	50,000
5. Cod liver oil	20,000
6. Training fellowships for doctors, nurses, and mid-wives (six persons), at \$4,000	24,000
7. Reserve for adjustment	<u>11,000</u>
	\$300,000

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The final application of the Netherlands East Indies authorities was not completed at the time of the departure of the Mission. It was agreed that it would be taken by the Social Welfare Adviser to the Home Government and thence to the ICEF New York office where he expected to be about June 10th.

The programs and budgets are presented above. The Mission recommends approval by ICEF.

(Thomas Parran)

(C.K. Lakshmanan)

7 June 1948

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