

UNITED NATIONS
ECONOMIC
AND
SOCIAL COUNCIL



LIMITED

E/ICEF/L.744
25 February 1955
ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND

Programme Committee

Recommendation of the Executive Director for an Apportionment to

IRAN

Maternal and Child Welfare

1. The Administration recommends an apportionment to Iran of \$192,000 to help strengthen and consolidate maternal and child welfare services in rural and semi-rural areas. UNICEF aid would be used for the establishment of 57 additional MCW centres, strengthening and expansion of six main provincial health centres and two maternity homes; expansion of MCW training for nurses, midwives and health visitors; and continuation of distribution of drug and diet supplements and soap through the MCW network for which the Board apportioned \$75,000 (exclusive of freight) in September 1952. This programme is part of a more comprehensive long-term plan for MCW work to cover the whole country.
2. UNICEF would provide for this programme for the next two years:
 - a) For 57 semi-rural MCW centres: basic equipment, midwifery kits, bicycles and drug and diet supplements and soap. (para. 19 below)
 - b) For six Main Health Centres: a jeep and spares for each. (para 20 below)
 - c) For two maternity homes attached to rural centres: instruments and equipment for delivery rooms and for routine laboratory work. (para 18 below).
 - d) Drugs and diet supplements and soap to continue distribution begun with UNICEF aid in 1953 with the expectation of reaching 60,000 beneficiaries with skim milk through MCW centres, schools, orphanages and other institutions; 2000 with whole milk, 25,000 with fish liver oil capsules and 10,000 with soap. The milk distribution plan will be coordinated with the feeding programme allied to the UNICEF-assisted milk conservation project. (para. 23 below).
 - e) Teaching equipment for three midwifery schools. (paras. 22 a) and c)).
 - f) Stipends of \$12.50 monthly for 180 health visitors to take MCW training for twelve months each during 1955 and 1956 (para. 22 b)).

/g) Reimbursement to WHO

- g) Reimbursement to WHO for provision of a midwife-tutor and a midwifery nurse during 1955 and 1956. (para. 22 c) and para. 25).

An additional request may be made to the Board later for an apportionment to provide equipment and supplies for forty rural MCW centres.

3. Costs to the Government in matching for the two year period for which UNICEF aid is proposed is estimated as \$355,000 for capital expenditures and recurring costs.

Iran's Health Problems

4. Iran has a population of 19,500,000 of which more than three-fourths is in rural areas. Malaria is a great scourge in many provinces and other important health problems are dysentery, bronchitis, eye diseases, broncho-pneumonia, venereal diseases, and skin diseases. Malnutrition is widespread and nutritional deficiency diseases are frequent among mothers and children. In spite of improvement in public health services over the past fifteen years, infant mortality is still very high (more than 200 deaths per 1,000 live births in the first year of life). The mortality rate in the age group 1 to 4 is also exceptionally high.

Development of Maternal and Child Welfare Services

5. As the Board was informed in September 1952 (E/ICEF/R/363) the poor infant and child health picture is due to a complex of unfavorable conditions occurring in pregnancy as well as during infancy and in the post-weaning period, also to lack of proper quantity and quality of foods and to generally poor sanitation.
6. Maternal and child welfare services and the Government's plans for their expansion were outlined in document E/ICEF/R.363 referred to above. The subsequent eighteen months, because of the country's financial stringency, have not brought the expected developments in the maternal and child welfare organization. With a return to more normal conditions, however, the Government is now concerned to reorganize its health services on a long-term basis and to coordinate the various independent maternal and child welfare activities in the country within the framework of a sound plan. This recommendation is concerned with the initial phase of these efforts for which UNICEF aid is requested.
7. A number of rural health centres run by para-governmental organizations have, during recent years, extended their activities from what were essentially elementary dispensaries providing some health education, to include maternal and child welfare. By the end of 1954 there were about 95 such centres, 25 run by the Red Lion and Sun Organization and the remainder by the Imperial Organization for Social Services.

8. During 1953, some 15 rural health centres, combining curative and preventive work, were established by the Public Health Cooperative Organization. This organization (PHCO) is the Division of Preventive Medicine of the Ministry of Health assisted by U.S. Foreign Operations Administration, whose impact upon public health developments in the country has been of great significance during the past three years. Training courses for health aids were given in these PHCO centres and valuable experience has been gained which, in the opinion of the WHO Regional maternal and child welfare adviser, has an important bearing on future planning.

9. Under the previous apportionment, UNICEF dried milk, vitamin capsules, soap and drugs, which have been distributed through the para-governmental and PHCO centres, have considerably stimulated the activity of the centres. The visiting UNICEF representative reports lively interest in the distributions and an enthusiasm on the part of the workers as to their value. In some places the increased attendances have necessitated opening new centres in order to provide simple health services for the enlarged numbers of mothers coming along.

The Government's Ten-Year Plan.

10. The Ministry of Health is at present considering draft proposals for a ten-year comprehensive plan of public health organization which would include as a first priority the development of maternal and child welfare services throughout the country. These proposals are only tentative at this stage and could be finalized only after adequate plans are completed for training of personnel.

11. The proposed scheme envisages the creation of a high-grade demonstration and training health centre in each of the ten ostans (provinces) of the country. Each centre would include the various departments for all preventive and curative health functions. On the district level, a further ninety smaller but similar health centres would be set up. In the 300 sub-districts (semi-rural areas) basic health centres would be established, and some 600 centres would be established for rural areas which would service outlying villages by means of sessional sub-centres.

12. The long term plan has not been finalized as yet but its outline indicates the direction in which health planning is likely to move in Iran over the next few years and the lines along which further international aid might be requested. As a preliminary step toward realization of such plans, the Government has agreed in cooperation with the related para-governmental bodies, upon a modest programme for expansion and re-organization of some 90 rural and semi-rural MCW centres over the

/next three years

next three years and has requested UNICEF's aid to achieve this end. The experience acquired during this three-year phase will be of significant value in developing the longer term plan. (The present recommendation is concerned with the first two years of the three-year project).

Long-Term Objectives

13. The general long-term objectives of the Government's proposed plan may be summarized as follows:

- a) To strengthen governmental and non-governmental MCW services and to consolidate these services as functional elements in the country's health programme.
- b) To train medical and paramedical personnel and provide refresher courses for already trained staff in the various aspects of maternal and child care so as to ensure suitable staff for the staffing of centres and for supervisory work.
- c) To aim at an early consolidation of the present heterogeneous and uncoordinated rural maternal and child welfare services within the scope of a more comprehensive longterm plan for MCW work over the whole country.

Plan of Action

14. The immediate proposal falls into three parts:

- a) Reorganizing during 1955 and 1956 of 57 semi-rural MCW Centres for which UNICEF would provide equipment, midwifery kits and expendables.
- b) A two-year programme of MCW training for nurse-midwives and health visitors for which UNICEF would provide teaching equipment and stipends. Sanitary aides will be trained in rural health and sanitation, including demonstration work, at the Near East Foundation School of Palash. Doctors and assistant doctors will receive one month refresher training in MCW at the WHO assisted demonstration centre in Teheran.
- c) Continuation of food supplements, drugs and soap through MCW centres for which UNICEF would provide expendables for two years (1955-56).

/Additional MCW Centres

Additional MCW Centres

15. During 1955, 1956 and 1957 the following additional centres will be staffed and organized to provide Maternal and Child Welfare Services of a regulated standard:

	1955	1956		1957	
	Semi-Rural Centre	Rural Centre	Semi-rural Centre	Rural Centre	Semi-rural Centre
Imperial Organization Social Services (re-organized)		10		10	
Red Lion and Sun Society (re-organized)	17		20		20
Ministry of Health (new)				20	
Total	17	10	20	30	20

The present request includes provision for equipment and supplies for the 57 semi-rural centres; aid may be asked at a later time for the 40 new rural centres.

Rural Centres

16. Each of the forty new rural centres will be staffed by a medical doctor or assistant doctor (or bedhar), 1 nurse or mid-wife, 2 health visitors and 1 sanitary aid. Each centre will serve a population of between 10,000 and 20,000. Their functions will be divided between curative and preventive work since it will be necessary for a considerable time under Iranian rural conditions to provide polyvalent services on the village level. In addition to outpatient curative clinics, each rural centre will provide:

- a) Ante-natal and post-natal care;
- b) Home visiting and care;
- c) Special care for nutrition of mothers and children, including milk distribution;
- d) Health and welfare of mothers, infants and pre-school children, including personal and community hygiene;
- e) Extended vaccination programmes directed against the main causes of infant and child morbidity and mortality;
- f) Co-operation with local social and welfare services and responsibility for school health services;
- g) Fundamental health education programme with community participation;
- h) Co-ordination with hospitals, other curative services and public health services existing in the area.

Rural Centres and School Health

17. The rural health centres will also be responsible for continuing health care of children in the village schools. A scheme is already in operation in some of the PHCO centres which has had most encouraging results among children and parents. Pupils are examined and records of their health maintained; treatment is given where necessary and immunizations are carried out. Lectures on health and hygiene are given to the children and health committees arranged among them. The school sanitary conditions are evaluated; hygienic latrines and a safe water supply are constructed under the direction of the sanitarian, usually with the help of the scholars and the parents-teachers' associations. Similar work in school sanitation is being done by the Near East Foundation in the Varamin area. The widespread application of this scheme for an efficient school health service is at present under study by the Administration and WHO. The Government has intimated its desire to develop a programme along these lines during the next year, and it intends to request UNICEF assistance when an acceptable plan of operations is drawn up.

18. Maternity Homes attached to Rural Centres: Attached to each of the rural centres in Nichapour and Yazd is a 12-bed Maternity Home already equipped with ward furniture, but unable to operate for lack of medical and surgical equipment for delivery room and routine laboratory work. UNICEF is asked to provide the equipment required to enable these two maternity homes to function. The Red Lion and Sun Society in co-operation with the Ministry of Health is ready to provide for both institutions, doctors, nurses, midwives and laboratory assistants.

19. Semi-Rural Centres: UNICEF would provide basic MCW equipment, drugs and diet supplements, kits and two bicycles, for each of the fifty-seven semi-rural centres. These centres are to be upgraded by the Red Lion and Sun Society and each will be staffed in the first phase by a doctor (or bedhar) and two nurses or nurse-midwives. The second phase, which will be realized as personnel become available from the training programme, will increase the staff to that of the rural centres by the addition of two health visitors and a sanitarian. The functions of the centres will follow the pattern outlined above for rural centres. They will serve communities usually located around or near the main highways of the country where the basis of a municipality exists but where no established services or town amenities have yet been organized. The fairly large populations involved, averaging 30,000 to 40,000 are often somewhat dispersed, but home-visiting and midwifery service can be carried out by bicycle.

/20. Main (Ostan Health Centres

20. Main (Ostan) Health Centres: UNICEF would provide one jeep for each of six main health centres for supervisory work. The work now being developed at the main PHCO centres referred to in paragraph 8, one of which is in each of the ten Ostans, is of a type which may well emerge into the eventual "Ostan" level envisaged in the proposed 10-year plan. A staff of 10-15 people is maintained in each centre, capable of providing short-term refresher courses in public health for bedhars, and for training auxiliary health visitors and sanitary aids. At the same time polyvalent health services of a demonstration and training type are provided for the surrounding community. In the present plan it is proposed that six of these centres in six different ostans, (at Babulzar, Isfahan, Kermanshah, Meshed, Shiraz and Tabriz) will be organized as main health centres for the co-ordination and supervision of maternal and child welfare activities in the rural and semirural centres.

21. Supervision: There is at present before the Iranian Parliament a law for the supervision of all health activities. It is regarded as an important step towards the ultimate co-ordination of health work and the effective supervision of the diverse and widespread activities in the rural and semi-rural centres. The supervisor functions of the Main Health Centres will thus receive legislative support. Supervision by the Main Health Centres will extend to all the centres where MCW activities are carried out.

22. Training: UNICEF assistance in the training and up-grading of personnel for MCW work will include provision of stipends and teaching equipment, and reimbursement to WHO for a midwife tutor and midwifery nurse during 1955 and 1956. The following group will receive training:

- a) Rural Midwives. The rural midwifery school at Shiraz is, at present, the only one of its kind in the country. 24 students are now under training. The course lasts two years and 12 new students can be accommodated annually. In addition the Board of the Medical Faculty of Meshed, in cooperation with the Ministry of Health, plans to operate in 1955-56 a new rural midwifery school to accommodate 25 to 30 students per year for a two-year course. UNICEF would provide teaching equipment and a supply of midwifery kits for graduate midwives.
- b) Health Visitors. Training of Health Visitors has been organized at each of the six Main Health Centres referred to in paragraph 20 above. The course is of 12 months' duration. The curriculum has been agreed between WHO and the Ministry of Health, taking into consideration the experience already gained through PHCO and the para-governmental institutions. It will include a special emphasis on maternal and child care. Each of the six centres will train 10 students during 1955, 20 in 1956 and 20 in 1957. Girls will be recruited from the villages where they

/are later to work

are later to work and they will be trained at the nearest Main Centre. The cost of stipends for these students amounts to 2,000 rials (about \$25) per head per month, one half of which will be paid by the institutions where they will work. UNICEF is requested to contribute the remaining 50% for the years 1955, 1956, i.e. for 180 health visitors, - 60 to be trained during 1955 and 120 during 1956.

- c) Nurse-Midwives. Training of nurses in midwifery has been almost at a standstill since 1951, when the Midwifery School of Teheran was temporarily closed. Since November 1954, a WHO midwife tutor has been engaged at the University Women's Hospital and the Ashraf School of Nursing in Teheran in preparation for the re-opening of the Midwifery School. It has now been arranged to re-open the school in summer 1955 and the WHO tutor will be joined by a second WHO midwife tutor during the latter half of the year, thus providing facilities for the expanding requirements. 20 students are expected to be trained in 1955/6. The course will last for one year and the annual output of the school is expected to rise to 30 graduates. A small amount of additional teaching equipment is required for the new school, which UNICEF is asked to provide. Refresher courses of three months' duration for about 6-8 nurses and nurse-midwives per session will be provided at the Kadnajouri MCW demonstration centre in Teheran, which is being run with WHO assistance, in collaboration with the Government and the Red Lion and Sun Society. Three WHO experts are engaged at the centre: one social pediatrician, one public health nurse and one midwife tutor.
- d) Sanitary Aids. Training of sanitary aids in courses lasting nine months (which includes three months' practical experience) will be carried out at the Near East Foundation School of Palasht at Varamin (40 kms. east of Teheran). The Foundation is carrying out valuable work in rural health and sanitation in the surrounding area. In the course of demonstrations and training activities, local participation in the form of labour and materials has been stimulated and some 70 rural schools have been provided with simple privies and water pumps. 30 students will be trained at the Foundation in 1955 and 50 in 1956 and 1957.
- e) Doctors and Bedhars will receive refresher courses with special emphasis on MCW, of one month's duration at the WHO-assisted Kadjanouri MCW Demonstration Centre at Teheran (para. 24). Three or four doctors can be accommodated each month.

Distribution of Expendables

23. Continued distribution of UNICEF milk, vitamins, drugs and soap would be made on the following lines:

- a) Soap. Distribution for infants will continue to be made through all MCW centres on the basis of 2 blocks (4 oz) per month for the first year of life. An estimated 10,000 beneficiaries will be involved, which would call for about 54 tons of soap for the period of this plan.

/b) Fish Oil Capsules.

- b) Fish Oil Capsules. About 25,000 beneficiaries will receive an issue of fish liver oil capsules provided by UNICEF at the rate of 1 capsule per day for infants and toddlers, and every other day for expectant and nursing mothers, for 100 days each year. About 5 million capsules are requested.
- c) Whole Milk. Distribution of whole milk for infants requiring supplementary feeding is made through centres, mainly in powder form to selected beneficiaries (about 2,000) on medical indication. The powder has been used sparingly and frequently is proportioned with skim milk powder. A total of 45 tons of dry whole milk is requested for continuation of this type of distribution.
- d) Skim Milk. The distribution plan covers about 20,000 children receiving a supplementary ration of 40 grs. per day through MCW centres and about 40,000 beneficiaries in children's hospitals, orphanages, creches and institutions, including some 12,000 school children in the Teheran area. This distribution of skim milk is merged with that relating to the UNICEF Milk Conservation Project (E/ICEF/184 paras. 175-183) as a unified effort combining health and nutritional aspects as a common objective. A total of 1000 tons of skim milk is requested for the 2-year period, by which time the Teheran plant is expected to be operating.

WHO Participation and Technical Approval

24. This programme has the technical approval of WHO and has been worked out following joint visits with the Regional MCW Adviser and other WHO experts. The WHO experts attached to the MCW demonstration project and the WHO Regional Advisers will continue to co-operate in the preparation and implementation of the detailed plan of operations for this project. A pediatrician, a public health nurse and a public health midwife as well as certain training supplies are being provided by WHO for the Teheran Kadjanouri MCW demonstration centre. Costs for provision of these personnel have been budgeted by WHO under Technical Assistance Priority I.

25. One midwife-tutor and one midwifery nurse for the Teheran Midwifery School will also be supplied by WHO. Reimbursement would be made to WHO by UNICEF for these two posts for 1955 and 1956.

/UNICEF Commitments

UNICEF Commitments

26. UNICEF would provide the following:

<u>Equipment for MCW Centres</u>	<u>US \$</u>
a) <u>Rural Centres</u> Supplementary equipment for two Maternity Homes attached to Rural Centres at Nichapour and Yazd (para. 18)	1,500
b) <u>Semi-Rural Centres</u> (para. 19)	
i) Basic MCH equipment for 57 centres	10,500
ii) DDS (excluding milk and capsules) for 57 centres	6,000
iii) Midwifery kits, 57	1,500
iv) Bicycles, 114	3,500
c) <u>Main Health Centres</u> (para. 20) 6 jeeps and spares	<u>11,000</u>
Total equipment for Centres	34,000

Training Equipment and Stipends

a) <u>Health Visitors</u> (para. 22 b) Stipends of \$12.50 per month for 12 months to 180 health visitors	27,000
b) <u>Nurse-Midwives</u> (para. 22 c) Teaching equipment (models, charts, books, epidiascopes and routine laboratory equipment) for the Midwifery School of Teheran	1,000
c) <u>Rural Midwives</u> (para. 22 a) Teaching equipment (models, charts, books, epidiascopes) for midwifery schools at Meshed and Shiraz	<u>1,500</u>
Total for Training	29,500

Expendables (para. 23)

a) Soap - 54 tons	10,200
b) Fish Oil Capsules - 5,000,000	12,800
c) Dried Whole Milk - 40 tons	25,000
d) Dried Skim Milk - 1,200 tons	<u>No cost</u>
Total for Expendables	48,000

/Reimbursement to WHO (para 25)

Reimbursement to WHO (para. 25)

1 Midwife-Tutor and 1 Midwifery Nurse
during 1955 and 1956 29,000

Contingencies 3,500

Sub-Total \$144,000

Freight: Skim Milk 40,000

Freight: Other 8,000

Total \$192,000

Government Commitments

27. If this recommendation is approved, the Government will undertake to carry out the commitments implied in the plan of operations. The financial expenditure involved is estimated as follows:

a) <u>Expansion of MCW Centres</u>	<u>Recurring Annual Costs</u> <u>rials</u>	<u>Total</u> <u>one-time expenditure</u> <u>rials</u>
Reorganization of health centres in collaboration with para-governmental organizations during 1955/56 and establishment of new centres	1955 - 4,300,000 1956 - 12,000,000	10,000,000
b) <u>Training of MCW Personnel</u>		
Improvement and expansion of training programme and increase of national MCW staffs, stipends, (excluding UNICEF proportions), etc.	1955 - 800,000 1956 - 1,800,000	
c) <u>Distribution of Expendables</u>		
Costs of matching foods, transportation, warehousing and distribution expenses	1955 - 1,500,000 1956 - 1,500,000	
	<u>Total: Rials</u> 21,900,000	<u>10,000,000</u>

Thus the total Government matching for the two years amounts to 32,000,000 Rials, or approximately \$355,000*.

Target Time Schedule

28. Equipment for 17 semi-rural centres, six supervisory vehicles, training equipment and about one-third of the expendables are required to arrive in Iran before the end of 1955. The remaining items will be called forward as the programme develops during 1956.

* At the rate of Rials 90 to \$1.00