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UNITED NATIONS CHILDREN'S FUND

Programme Committee

Recommendation of the Executive Director for an Apportionment  
EGYPT  
Maternal and Child Welfare Programme

1. The Administration recommends an apportionment of \$183,000 to Egypt for the provision of basic equipment, drugs, fish liver oil capsules and soap, nurses' and midwives' kits and some training aids to continue and expand the MCW programme during 1956 and 1957. The Board approved \$180,000 (exclusive of freight) for this programme in March 1953 (E/ICEF/227, paras. 445-465).
2. The assistance which would be provided by UNICEF in 1956 and 1957 would contribute to the following aspects of the expanding MCW programme:
  - a) to upgrade and strengthen 170 existing centres of the Ministry of Social Welfare and to assist 150 new centres to be opened in 1956. The new centres would receive standard equipment from UNICEF; both the existing and new centres would receive UNICEF fish liver oil capsules, drugs and nurses' and midwives' kits;
  - b) to encourage expansion of the services of 275 rural and urban centres of the Ministry of Health by provision of vitamins, drugs and kits;
  - c) to expedite the beginning operation of the 200 new collective rural centres by provision of equipment, drugs, vitamins and nurses' and midwives' kits; (See paragraph 3 below.)
  - d) to provide equipment, kits, drugs, vitamins and soap to the 19 child welfare centres in the Calioub training and demonstration project; (See paragraph 17 below.)
  - e) to provide vitamins and soap for distribution through 80 voluntary welfare centres supervised and subsidized by the Ministry of Social Affairs.

/UNICEF assistance.....

UNICEF assistance for the collective rural centres and for the centres in the Calicut training project would be for one year, for the centres of the Ministries of Health and Social Welfare and voluntary welfare centres for two years.

3. The two-year phase of the programme covered in this recommendation includes the beginning of overall co-ordination of rural MCW services. The Government's five-year plan for improvement of social welfare services to rural areas foresees the establishment by 1960 of 1000 collective rural centres. One such centre, co-ordinating services in all aspects of social welfare, including maternal and child welfare services, would serve a community of approximately 15,000 people. Thus by 1960 a total rural population of about 15 million would be served by these centres. As indicated above in paragraph 2 c) the apportionment recommended in this paper would include provision for supplies and equipment which would facilitate the early opening of the first two hundred of these centres. Depending upon experience during the first phase of the collective rural centre plan, a further request may be made to the Board at a later time.

4. Matching commitments of the Government in connexion with this programme over the two-year period for which UNICEF help is requested are estimated at the equivalent of \$1,000,000.

#### The problem

5. A general statement on the status of maternal and child welfare in Egypt was presented to the Board in March 1953 in document E/ICEF/R.421. It need only be recalled here that the fast growing population of Egypt, which increases yearly by some 400,000 to 450,000 and is a relatively "young" population with a low economic status, is confronted with a serious problem of malnutrition and disease. Earnest efforts are being made by the Government to effect improvements, especially for the rural population, in the face of complex difficulties.

/Present MCW organization

Present MCW organization

6. At the present time maternal and child welfare work is carried out in 744 centres temporarily operating under the following authorities: 275 health centres (190 rural and 85 urban) under the authority of the Ministry of Public Health; 170 co-operative health centres of the Ministry of Social Affairs; 80 rural centres run by voluntary organizations; 19 rural centres within the Calicub Demonstration project; and 200 collective centres under the Permanent Council of Public Services scheduled to be in operation by the end of 1955.

Government five-year plan for rural areas

7. The Government of Egypt has recently set up a permanent Council for Public Welfare Services with a view to raising the living standard in rural areas through the provision of guidance and material assistance in some basic fields of social services, particularly public health (including maternal and child welfare) education, municipal affairs, agriculture and town planning. The Council is composed of representatives of several Ministries and is aided by a group of technicians who plan and supervise the execution of projects. Utilising past experience of the various government departments, the Council has drawn up a five-year plan envisaging the eventual absorption of all existing rural public welfare services into a new and comprehensive framework. Existing rural centres, re-organized, expanded and closely co-ordinated, will be integrated into this framework, and new centres will be set up in hitherto unserved areas.

8. Collective rural centres: The plan is designed to provide ultimately every rural community of about 15,000 people with one "collective centre" to render assistance in all the basic fields of social welfare including maternal and child services. In order to encourage communal effort and the sense of responsibility which is essential for the continuation and development of these services, the framers of the plan have given local communities (through delegation of authorities to the Provincial Councils) a large degree of autonomy in running these centres thus emphasizing the decentralized character of welfare activities. The aim is to avoid over-lapping and duplication and to co-ordinate under one authority a number of activities which were previously carried out independently by representative bodies of various ministries. Thus over-lapping and duplication will be eliminated.

/9. One of the important features .....

9. One of the important features of the collective centre plan is that it provides inducement in facilities, remuneration and accommodation to ensure qualified staff remaining resident in rural areas. The Government intends to secure minimum contractual undertakings from the personnel who are trained and posted to these centres so as to maintain their services and counteract the natural tendency toward a drift to the cities.

10. During each of the first three years of the operation of the five-year plan, 200 new collective rural centres will be established, all in areas hitherto completely or substantially lacking services. In the fourth year, the 194 rural centres under the Ministry of Health will be taken over and combined with other services to form standard collective centres. Six additional new centres are to be built in that year to complete the two hundred target. In the fifth year, the remaining Social Welfare Centres are to be absorbed into collective centres in their respective areas. All rural health and welfare services would thus become collective centres by 1960.

11. By the end of June 1955 construction of the buildings for 35 new collective rural centres had been completed. The report of a visit to the first of these centres to be opened, by the UNICEF representative and the Senior WHO Public Health Adviser in Egypt, notes with approval the modest but adequate construction of the various sections and the apparent satisfaction of the personnel to remain stationed at the centre. The medical staff of each health unit comprises: one doctor; one hakima (senior midwife-nurse); one sanitary inspector; one laboratory assistant; one assistant nurse; two assistant midwives and five medical orderlies.

12. The projected re-organization will extend to all existing centres listed under para. 6 above, including those presently run by voluntary organizations.

#### The training programme

13. For the training programme for nursing personnel, UNICEF has been requested to provide some teaching aids including audio-visual equipment and basic equipment, midwives' kits and expendables for nineteen centres in the Calioub training and demonstration project.

/14. Annex I to this paper .....

14. Annex I to this paper shows the anticipated output and absorption of trained staff over the next four or five years. There will be significant shortages of hakimas, assistant nurses and assistant midwives in the first three years of the five-year programme, but by 1959 the trained personnel will exceed requirements in each of these categories.

15. At the request of the Government, in March 1955 a special WHO Consultant on maternal and child health accompanied the Regional Nursing Adviser on a study of the five-year plan for collective rural welfare centres. These consultants made it clear in their report that the principles of the plan, based on team work and local effort are sound. They are satisfied that adequate funds for the construction of centres and for their maintenance can be assured; that, in relation to personnel requirements for Health units, doctors are being trained in sufficient numbers and auxiliary nursing and other staff can doubtless be trained as required.

16. A new training centre for doctors and social workers has already been commenced in one of the first completed collective centres. The first part of the rural training for doctors will be organized as a formal course; the latter part and the training of nursing staff will be in the form of orientation and practical participation in the work of the existing rural centres.

17. A major problem is the scarcity and inadequate preparation of the professional nursing staff. Recommendations made by the WHO consultants for the improvement of training of nurses, assistant nurses and midwives have since been fully accepted by the Government and plans are being made for their application. The services of a special WHO adviser to the Government are now being arranged on a long-term basis to assist and advise on all aspects of training, organization and upgrading of the nursing services. Several new schools and training centres are being opened this year and more are planned. By the end of 1955 two new nursing schools and ten new schools for assistant midwives will be in operation. All medical curricula are being revised with special regard to the needs of rural areas. It is intended that trainees of all types shall spend part of their training period in selected rural areas.

/18. In developing its training plans .....

18. In developing its training plans for rural health personnel, the Government is anxious to make fullest use of the WHO-assisted Health Demonstration Project in the Caliouba area. This project is now under close study by WHO and the Governmental authorities and further UNICEF assistance may be requested at an early date in order to accelerate the training possibilities of this project and utilize them to a greater extent within the five-year plan.

Proposed plan of operation

19. The general objectives of the present plan are:

- a) to help realize ultimate co-ordination and standardization of MCW work throughout the country;
- b) to develop training schemes for MCW personnel;
- c) to extend health education throughout the country;
- d) to stimulate the work being carried out in the field of MCW in rural areas.

20. The Ministries of Health and Social Welfare will continue to make available quantities of expendable supplies from their own resources, which will be used together with those to be provided by UNICEF. Upon exhaustion of the UNICEF supplies after the two-year period, these ministries will examine the possibility of meeting the entire requirements of the centres from their own resources.

21. Plan of distribution: The broad lines on which UNICEF supplies are to be used are as follows:

- a) Vitamins to be distributed through 875 MCW centres, including those attached to the Ministries of Health and Social Welfare, collective rural centres, and voluntary organization centres. Vitamin A and D capsules are issued to mothers over a period of four months for infant feeding in quantities to last until the next scheduled visit.
- b) Soap for 80 voluntary agency centres and 19 centres in the Caliouba Training Area. Distribution of soap is generally confined to mothers on the birth of a child and on a reasonable number of subsequent visits to the centre.

/c) Penicillin .....

- c) Penicillin for 795 centres (those attached to the Ministries of Health and Social Welfare and to collective rural centres). Penicillin provided by UNICEF is distributed through centres where adequate supervision of a qualified physician exists and is used primarily for the treatment of maternal and congenital syphilis and secondarily for serious infections of mothers and of children. The Government will continue its policy of increasing the provision of penicillin out of its own resources for adult males.
- d) Basic equipment will be issued to 150 new centres of the Ministry of Social Welfare, 200 centres of collective units and 19 centres in the Calioub training area in accordance with standard requirements lists. The provision of basic equipment for the new centres will accelerate their opening, which would otherwise be delayed for want of items which must be imported.
- e) Kits - Nineteen public health nurses' kits will be provided for nurses in the Calioub training and demonstration area, and 403 midwifery kits will be provided for centres under the Ministries of Health and Welfare, collective rural units and those in the Calioub training project.
- f) Weighing scales: 119 infant weighing scales will be distributed to specified centres now lacking this equipment.

22. No supplies of skim milk have been included in the request to UNICEF as sufficient quantities will be provided out of U.S. surplus stocks through the CARE organization. The first consignment of milk from CARE arrived in Egypt in June 1955.

/UNICEF commitments.

UNICEF Commitments

23. UNICEF would provide the following:

a) Standard equipment for 369 MCW centres	\$ 69,000
b) Infant scales, 119	1,000
c) Public health nurses' kits, 19	500
d) Midwifery kits, 403	11,000
e) Drugs, miscellaneous	4,000
f) Penicillin, 95,400 vials	21,000
g) Fish liver oil capsules, 15.5 million	36,000
h) Soap, 128,900 pounds	11,000
i) Teaching and training equipment	2,000
j) Contingencies	<u>11,500</u>
Total supplies and equipment	167,000
k) Freight	<u>16,000</u>
Total UNICEF commitment	183,000

WHO approval and participation

24. WHO has given technical approval to this programme, and has provisionally budgetted to provide a nursing adviser during 1956 and 1957 for which costs are expected to be covered under Technical Assistance, Priority I.

Government commitments and matching

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25. Estimated expenditure by the Government in carrying out the programme described herein amounts to approximately \$5,000,000 in recurring annual costs out of which about \$1,000,000 is estimated to be matching expenditure for the two-year period for which UNICEF aid is requested.

26. The Government of Egypt will undertake the following:

- a) to ensure and maintain adequately trained staff and MCW facilities at all centres covered by this plan;
- b) to maintain and increase the present scale of distribution of appropriate expendables through MCW centres;
- c) to avail itself of the services of a WHO special adviser on nursing and to re-organize and upgrade the standards of its training programme for medical and para-medical personnel, along the lines of the WHO expert's report and in close technical cooperation with the WHO Regional Office;
- d) to aim at the earliest possible co-ordination of rural health services and their upgrading and expansion on a scale commensurate with the country's needs, as envisaged by the five-year plan for rural areas.

ANNEX I - EGYPT

Medical and Para-Medical Staff  
Personnel Requirements of Five Year  
Plan compared with Expected Availability

Doctors

1. The output of doctors will be 600 for each of the years 1955 and 1956 and about 1,000 for the following years. This approximately matches requirements, especially as the market for private practitioners in the cities is reported to be rather saturated.

2. In the past, doctors did not willingly go out into rural areas. One reason was that the low salaries offered were inadequate for reasonable living. Private practice was encouraged as a source of supplementing income and this always reacted detrimentally on their official responsibilities. The salary offered under the 5-year plan is quite attractive. Private practice will not be allowed to Government employees but they will receive additional benefits including free good living accommodation within the Centre area.

Hakimas

3. As shown in the following table there will be a shortage of hakimas, - 50 each year, - for 1955, 1956 and 1957.

	<u>No. expected to graduate</u>	<u>No. to be employed by MCH and other depts.</u>	<u>Balance of Graduates available</u>	<u>No. reqd. for Collective Units</u>	<u>Unmet Require- ments</u>	<u>Excess over Require- ments</u>
1955	209	59	150	200	50	-150
1956	241	91	150	200	50	-150
1957	172	22	150	200	50	-150
1958	439	200	239	6	-	+ 233
1959	439	14	425	68	-	+ 357

The shortage of hakimas for the first three years will be met from a total number of 61 hakimas expected to graduate each year from two private training institutions. A new Ministry of Health school for hakimas will be opened in October 1955 for 50 graduate students per annum.

/Assistant Nurses

Assistant nurses

4. There will be a shortage of midwives for the first four years, an unmet need for 90 in 1955, 80 in 1956 and 1957 and 6 in 1958,

	<u>No. expected to graduate</u>	<u>No. to be employed by MCH and other depts.</u>	<u>Balance available</u>	<u>No. reqd. for Collective Units</u>	<u>Unmet Requirements</u>	<u>Excess over Requirements</u>
1955	255	135	120	200	90	-
1956	233	113	120	200	80	-
1957	233	113	120	200	80	-
1958	233	227	6	6	6	-
1959	233	148	85	68	-	17

Assistant midwives

5. For the first three years there will be a shortage ranging from 140 to 200.

	<u>No. expected to graduate</u>	<u>No. to be employed by MCH and other depts.</u>	<u>Balance available</u>	<u>No. reqd. for Collective Units</u>	<u>Unmet Requirements</u>	<u>Excess over Requirements</u>
1955	400	140	260	400	140	-
1956	200	-	200	400	200	-
1957	200	-	200	400	200	-
1958	200	171	29	12	-	17
1959	200	48	152	68	-	84

Sanitary inspectors

6. An average of 100 is expected to graduate each year, which equals the approximate requirements per annum.

Social workers

7. Training of the first batch of 70 social workers started in the first combined centre in Bernahst during the second quarter of 1955. This centre is meant to cover eight villages and a population of 16,000 inhabitants. The training is carried out through eight qualified social workers and agriculturalists and lasts ten months. The trainees, who are graduates in agriculture and social welfare work, will, on completion of their course become leaders, and will in turn train others. It is expected that by the end of 1956 there will be about 200 trained leaders.