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Programme Committee

Recommendation of the Executive Director for an Allocation

EGYPT

Maternal and Child Welfare

1. The Executive Director recommends an allocation to Egypt of \$32,000 for the provision of basic equipment, drugs, fish-liver-oil capsules and soap, and midwives' kits to continue and expand the UNICEF-assisted maternal and child welfare programme during 1958. The Board has previously approved a total of \$342,400 for this programme (exclusive of freight) the most recent allocation having been made in September 1955 (E/ICEF/L.787). The Government commitments for 1958 in connexion with this programme are estimated at the equivalent of US\$5,452,000 of which \$100,000 is considered as matching the proposed UNICEF allocation for this year. Beginning in 1959 after the exhaustion of the UNICEF allocation now proposed, the Government intends to provide expendable supplies for this programme from its own resources.

2. With the proposed additional assistance UNICEF would contribute to the following aspects of the expanding Maternal and Child Welfare (MCW) programme during 1958:

- a) to further expansion of the services of 200 collective rural centres and nineteen child welfare centres in the Calioub training and demonstration project by provision of vitamins, drugs and soap;
- b) to expedite the beginning of operation of 50 new collective rural centres for an additional 5,000 mothers and children by provision of equipment, drugs, vitamins and midwives' kits.

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3. Distribution of UNICEF equipment and supplies, approved by the Board in September 1955, has been made to the 275 existing health centres (190 rural and 85 urban) under the authority of the Ministry of Public Health, to 320 co-operative health centres of the Ministry of Social Affairs, and to nineteen rural centres within the Calioub demonstration project. Distribution is made to the new collective centres as they are constructed and put into operation.

4. The programme is now providing services to 35,000 mothers and children. With the proposed additional aid from UNICEF this number would be increased to 40,000. The Government continues to provide the programmes with additional quantities of expendable supplies from its own resources which are distributed together with those provided by UNICEF. Stocks of drugs, fish-liver-oil capsules and soap on hand in the country and under procurement will permit continuation of distribution to the 575 centres belonging to the Ministry of Health and Social Welfare and voluntary organizations until October 1958, and to 200 collective units and to nineteen Calioub centres until December 1957.

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, and again in September 1955 in document E/ICEF/L.787. It need only be recalled here that the fast growing population of Egypt, still with a low economic status, is confronted with a serious problem of malnutrition. The Government continues to make special efforts to improve conditions of the population in this respect, particularly in rural areas.

The programme to date

6. In document E/ICEF/L.787 a description was given of the Government's Five-Year Plan for improvement of social welfare services which includes the plan to establish by 1960 about 1,000 collective rural centres, 600 of these in new buildings, at the rate of 200 centres to be constructed each year. Construction

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of the collective rural centres has progressed more slowly than anticipated, mainly because the Government diverted funds originally allocated for this purpose to meet other priority needs such as national defence. The construction of the first 200 collective centres, scheduled to begin in 1955, started only in 1956 and was completed in May 1957. The plan is now to construct 50 additional units during 1957 (See Annex I).^{a/} Building plans for subsequent years have, for the time being, been suspended. This change in policy will not, however, affect or delay the absorption of some of the social welfare centres and centres belonging to the Ministry of Health into the new comprehensive framework of MCW services as originally planned. The original target of one collective centre for each rural community of about 15,000 people to render assistance in all the basic fields of social welfare including maternal and child services, must now be changed so that each centre will serve more than 15,000 people. The Government is, therefore, strengthening each centre with additional staff and medicaments and other expendables for which extra budgetary provision has been made. (See Annex II). ^{a/}

7. Although all of the other services (social, welfare, educational, agricultural and industrial) have been inaugurated progressively within the 200 centres so far constructed, only 130 of the health units were functioning in these centres as of 1 May 1957. All health units were expected to go into operation by June 1957. The 50 additional centres now under construction will be ready for operation toward the latter part of 1957.

8. Encouragement of communal effort and development of a local sense of responsibility for the new programme are being fostered by giving local communities a large degree of autonomy in running those centres, thus emphasizing the decentralized character of welfare activities.

^{a/} This Annex appears only in the English version of this document.

9. All the health units within collective centres are staffed by a doctor, one hakima (nurse-midwife), one sanitary engineer, one laboratory assistant, one assistant nurse, two assistant midwives and five medical orderlies. Because of the recent closing down of the Egyptian universities for a period of three months, delays were experienced in the recruitment of doctors. This is one of the main reasons why it was not possible for the Government to start the operation of all 200 health units at one time. One of the important features of the collective centre plan is that it has provided inducement, facilities, remuneration and accommodation to qualified staff to take up residence in rural areas.

Co-ordination and administration of services

10. New Government Planning Committee: Recently, the services of the Egyptian Permanent Council for Social Welfare Services and the Permanent Council for Production, the two main development bodies of the Government, were unified into a single body, "The Planning Committee". This committee has been established to assume the overall responsibility of the two Councils and, at the same time, to assist the Council of Ministers in an advisory capacity. The following sections are under its jurisdiction: Industry, Agriculture, Transport, Trade, Economics and Finance and Services. The Services Section will represent what is now called the Permanent Social Council. The Government believes that the integration of these services will greatly facilitate the planning and execution of programmes, mainly because of the participation of all the sections within the Government which are responsible for the national income.

11. The method of administration of the combined centres and their working relationship with the different ministries as revised and reorganized has now been formulated into a law which establishes the various committees and defines their respective responsibilities and duties. The main feature of the law is the co-ordination of the services of all the Government departments.

Staff and training

12. By early 1956, the Government fulfilled their original schedule of putting into operation two new nursing schools (to make a total of ten) and eleven new schools for assistant midwives. No shortages were experienced with regard to the availability of assistant nurses and assistant midwives. In fact, a surplus of the latter category of personnel was experienced. In spite of this surplus, the Government has decided to continue the School of Assistant Midwives so that surplus graduates from this school could be placed in rural areas under the direction of collective centres in order to gradually replace the existing dias (traditional midwives) and thus make available a midwifery service of better quality.

13. All medical curricula have been revised with special regard to the needs of rural areas.

14. Due to budgetary limitations, the services of a special WHO adviser to the Government (on a long-term basis to assist and advise on all aspects of training, organization and up-grading of the nursing services) could not be made available in 1956. Such an expert is expected to be made available in the country in late 1957.

Distribution of equipment and supplies

15. Distribution of the equipment and supplies which were approved by the Board in September 1955 has been made to 275 health centres (190 rural and 85 urban) under the authority of the Ministry of Public Health, 320 co-operative health centres of the Ministry of Social Affairs, and nineteen rural centres within the Calicut Demonstration Project. Distribution to the 200 collective centres was also made as they were put into operation. Distribution through the 80 voluntary welfare centres was, however, delayed. Since the start of distribution of supplies close to 35,000 mothers and children were reached. According to reports from the local UNICEF representative, by providing these

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centres with improved services through the addition of equipment and more ample supplies of food, drug and diet supplements and soap, the material inducement to mothers to visit the centres regularly for consultation and the use and efficacy of these centres has been appreciably increased. One of the special features is that the provision of penicillin by UNICEF has encouraged the Government to make penicillin available from its own resources to replace bismuth and arsenicals, so that no such drugs are now in use.

The proposed plan of operations

16. The general objectives of the 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 stimulate the work being carried out in the field of MCW in rural areas;
- d) to extend health education throughout the country.

Organization

17. The programme will be implemented through 250 collective centres located in seventeen Provinces and nineteen MCW centres in Caliouba, and will reach 40,000 beneficiaries. It will continue under the direct responsibility of the "Services Section" of the Government High Planning Committee. At the rural level, the combined services programme of the collective centres **will** be administered by a Rural Managing Board composed of the heads of the various sections of the Combined Units and six members from the locality itself. The Rural Managing Board will be responsible to a Provincial Council in each Province. The "Council" will be composed of Heads of the the different Government Departments within the Province, and three non-Governmental members from the community. This Council will be responsible to an Executive Committee at a Central Government level. The Executive Committee will be composed of the Under-Secretaries of all the Ministries, including Finance and Economics, which have

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activities in the Combined Units. The Executive Committee will be supervised by a Superior Committee which will be composed of the Ministers of Municipal and Rural Affairs, Social Affairs and Labour, Education, Finance and Economics, Health, Agriculture, and the Secretary-General of Common Services. The Superior Committee will operate under the Presidency of the Prime Minister.

18. Training: The Government wants to continue and strengthen the training Programmes with a view to ensuring the adequacy of trained hakimas (nurse-midwives), assistant-midwives, assistant nurses, sanitarians and other staff. For this purpose, the advice of the WHO special expert to be assigned to the programme will be sought. The WHO expert will also study the possibility of working out a long-term country-wide MCW programme.

19. WHO will provide a special adviser to the Government on a long-term basis to assist and advise on all aspects of training, organization and up-grading of the nursing services. One of the primary duties will be to advise on the appropriate functions of the hakimas and assistant midwives and on their necessary preparation for these services, such as refresher courses, in-service education or revision of their basic nursing education.

20. Expendable supplies: The Government will continue to make available quantities of expendable supplies from its own resources which will be used together with those being provided by UNICEF. Upon the exhaustion of UNICEF supplies after the one-year period, the Government intends to meet the entire requirements of the centres from its own resources.

Distribution of UNICEF supplies and equipment

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

- a) Vitamins are to be distributed through 269 MCW centres, including those attached to the collective rural centres and the Calioub Demonstration Centre. Distribution of vitamin A and D capsules for infants are made to mothers over a period of four months each year.

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- b) Soap is to be distributed to 269 MCW centres (nineteen MCW centres in the Caliouba Training area plus 250 collective centres). 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 will go to 269 collective 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 secondly, for serious infections of mothers and children. The Government will continue its policy of increasing the provision of penicillin for adult males out of its own resources.
- d) Basic equipment will be issued to 50 new centres of the collective units. The provision of basic equipment for the new centres will accelerate their opening which would otherwise be delayed for want of items which would have to be imported.
- e) Midwifery bags. Fifty midwifery bags will be distributed to the 50 new collective units.

UNICEF commitments

22. UNICEF would provide the following to cover the requirements for one year:

	<u>US\$</u>
a) <u>Fish-liver-oil capsules</u>	
Round brown type, 3,228,000 capsules	7,263
b) <u>Penicillin procaine G in oil, 16,140 capsules</u>	3,875
With two per cent aluminum monostearate	
300,000 international units per cc., 10cc vials	
c) <u>Soap - all purpose, 65,000 pounds</u>	5,525
In four-ounce cakes	
d) <u>Basic equipment for Type A MCW centres, 50 sets</u>	8,200
e) <u>Midwifery kits, 50 kits</u>	1,140
f) <u>Drugs and diet supplements</u>	1,200
g) <u>Contingencies</u>	<u>1,797</u>
Total supplies and equipment	29,000
h) <u>Freight</u>	<u>3,000</u>
Total recommended allocation	32,000

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WHO approval and participation

23. This project has the technical approval of WHO which will provide the services of a nursing adviser during 1957 and 1958. WHO would also provide one fellowship and limited funds for teaching equipment. Expenditures budgetted for 1958, under Technical Assistance Priority I, total \$16,129.

Government commitments and matching

24. The Government of Egypt would undertake:

- 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 the MCW units;
- 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 recommendations and in close technical co-operation with the WHO Regional Office;
- d) to aim at the earliest possible co-ordination of rural health services and their upgrading and expansion;
- e) to attempt to meet the entire requirements of the centres from its own resources after the exhaustion of UNICEF supplies.

25. Estimated expenditures by the Government for carrying out the expanded programme would be approximately Egyptian £1,948,000, equivalent to US\$5,452,000 for 1958. Of this total approximately US\$100,000 is estimated as the matching expenditure for the one-year period for which UNICEF aid is now requested.

ANNEX I

Egypt: Maternal and Child Welfare

Geographical Distribution of 250 Collective Centres

	<u>Number of Centres</u>
Cairo	-
Giza	15
Fayoum	14
Beni Suef	14
El Menya	22
Assyut	16
Sohag	28
Kena	22
Aswan	5
El Behera	15
Kafr El Sheikh	8
Munifia	13
Qalubia	14
Gharbia	19
Dakahlia	22
Damiette	5
Sharkia	18
Port Said	-
<u>Total</u>	<u>250</u>

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ANNEX II

Government's Annual Budget for 250 Collective Centres

	<u>£ Egyptian</u>
General expenditures(see detail below)	996,000
Cost of personnel for 200 centres	562,600
Cost of personnel for 50 new units	140,650
General expenditure for 50 new units	<u>249,000</u>
Total annual expenditure for 250 centres	1,948,250
	equivalent to US\$5,452,500

Detail of General Expenditures

	<u>£ Egyptian</u>		
	<u>Health Services</u>	<u>Special Service</u>	<u>Total</u>
Travel and travel allowance	6,000	10,000	16,000
Food supplies for patients and staff	240,000	--	240,000
Water, electricity and sewage	11,200	--	11,200
Telephone and telegraph	2,800	2,800	5,600
Miscellaneous expenses	5,600	89,200	94,800
General supplies	36,000	--	36,000
Drugs	240,000	--	240,000
Clothing allowances	9,600	--	9,600
Maintenance of equipment and electric generators	9,600	--	9,600
Transportation	6,000	--	6,000
Fuel	40,000	--	40,000
Maintenance of buildings	--	20,000	20,000
Wages	--	27,200	27,200
Special assistance to families	--	240,000	240,000
	<u>606,800</u>	<u>289,200</u>	<u>996,000</u>