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UNITED NATIONS CHILDREN'S FUND  
Programme Committee

Recommendation of the Executive Director for an Apportionment to  
ISRAEL

Maternal and Child Welfare Services Including Premature Care

1. The Administration recommends an apportionment of \$54,000 to assist Israel in further expansion of its maternal and child welfare training and services over the next three years. UNICEF would provide supplies, equipment and transport for: the establishment of nine new rural health centres to serve areas of predominantly Arab, Druze and Bedouin population; the establishment of three units with facilities for the care of 59 premature babies at a time, in areas where there are no such services at present; and continuation of the fish liver oil capsules distribution through the winter of 1956/57. Previous UNICEF aid to Israel for maternal and child welfare services and training totals \$136,800 (not including freight). Costs to the Government for the proposed expansion are estimated at \$1,414,000 for capital expenditures and recurring costs over a three year period.

Development of MCW Services in Israel

2. A full description of the development of maternal and child welfare services in Israel was given to the Board in March 1953 (E/ICEF/R.413). Substantial progress has been made in the expansion of these services with a resultant decrease in infant mortality from 51.9 out of 1,000 live births in 1949 to 35.8 in 1953.

3. Maternal and child welfare services have been expanded continuously since the establishment of the State of Israel with the object of providing complete preventive health services to the whole country. At the end of 1953 there were 357 maternal and child welfare centres in Israel, and by the end of 1954 the number had increased to 392. The intention is to bring the total up to 500 centres within the next three years. As a result of improved services, an appreciable improvement in the health of mothers and children has been noted during 1953 and 1954.

4. Assistance from UNICEF has been an important element in the development of these maternal and child welfare centres: through the provision of transport which permitted the extension of services of doctors and nurses to sessional clinics in immigrant camps and new rural settlements; and through the provision of equipment and supplies for the opening of additional centres as new villages were set up (E/ICEF/184 Rev. 1 paras. 184-189 and E/ICEF/227 paras. 505-514).

5. The general objectives of the Government's plans for the period from July 1955 to July 1958 are: to further develop maternal and child welfare services; to lower the infant mortality rate; and to raise the standard of maternal and child health and nutrition, particularly in the rural areas. The expanded rural health service will emphasize health education and community planning to provide the framework within which preventive and curative care will be developed.

#### Plan of Action

##### Nine Rural Health Centres

6. UNICEF would provide basic equipment, 9 jeep-type vehicles and 27 midwifery kits for the nine new rural health centres to be established in the Sharon Valley, Galilee and Negev where they would serve predominantly Arab, Druze and Bedouin populations. The two centres in the south (Negev) are to be established for the Nomadic Bedouin tribes who are being encouraged to settle permanently in areas of their own selection. These nine new centres are to provide maternity beds, comprehensive pre-natal, delivery and post-natal services as well as infant and child health services, both preventive and curative. In such centres it is expected that higher standards will be achieved than in the isolated delivery rooms which were previously tried out unsuccessfully among the new immigrant population.

7. Each rural health centre will include a maternal and child welfare clinic with ante- and post-natal care and infant and child health services, a six-bed maternity unit, six children's beds and six adults emergency beds. Each rural centre will link together an average of five maternal and child welfare centres, serving up to 4,000 people in the surrounding villages. Each centre will be staffed by: one doctor, four public health nurses (trained in general nursing, public health and midwifery), one health educator (trained in public health and health education), one sanitary inspector and twelve or thirteen others including nursing aids, kitchen personnel, clerks, drivers, etc. Medical personnel of the centres will visit the MCW centres at regular periods, and the services will include home visiting and school health supervision. For these functions one vehicle is required for each /centre.

centre. Facilities will be available for health education and diet demonstrations and one room in the rural centre is to be set aside for lectures and instruction to mothers and pregnant women.

8. The building of the rural centres will be the responsibility of the Ministry of Health which will initially be responsible for their maintenance. The participation of the local community will gradually increase from 25% during the first year until, after an estimated period of 5 years, the communities will assume full responsibility.

9. The Government plans to complete two centres in 1955, three in 1956 and four in 1957. During this period the Government intends to establish four additional rural health centres for new immigrants for which no UNICEF assistance has been requested.

#### Three Units for Care of Prematures

10. The Ministry of Health will establish and provide trained staff for three new units for care of premature infants to serve areas where no such facilities exist, -at Tiberias, Haifa and Jaffa/Tel-Aviv. UNICEF would provide 19 stationary incubators, 6 portable incubators, dietary kitchen equipment and miscellaneous instruments and apparatus. The first unit, at the Wizo Baby Home in Tel-Aviv would be established by October 1955, the other two in April 1956.

11. There is at present no properly equipped premature unit operating under Government auspices. The four existing units with trained personnel are operated by voluntary organizations and have accommodation for only 54 premature infants. Premature infants are cared for in most hospitals, but in over-crowded rooms, together with normal births, and by staff without special training.

12. The mortality rate of prematurely born infants is not available for the country as a whole. However, reports from maternity wards in the three principal hospitals indicate a relatively high rate of deaths among infants weighing less than 2 kilos at birth.

Infants weighing less than 1 kilo at birth	died in	90 to 100%	of the cases.
" " 1 to 1 1/2 kilos	" " " "	48 to 67%	" " "
" " 1 1/2 to 2 kilos	" " " "	17 to 28%	" " "

An analysis of the causes of 1586 recorded infant deaths in 1953 showed that 907 infants (more than 57% of the recorded cases) died because of malformations and other conditions related to pre-natal disturbances and early infancy. Of these, 370 were prematurely born.

13. Based on 1953 records (when 3675 births, -7% of the total births in Israel that year, -were premature), accommodation is required for 130 to 150 prematures, that is, 75 to 95 more than exist at present. Infants weighing less than 2,000 grammes would be admitted to premature centres, and the average stay is calculated as four weeks. The three new premature units to be established would provide facilities for 59 infants at a time. At the Tiberias Hospital which averages 150 to 160 deliveries monthly a new building will be erected with space for a premature unit to accommodate twelve infants. The Haifa Government Hospital which averages 190 to 200 births monthly will make structural modifications to provide space for a unit to accommodate seventeen prematures. The new premature unit to be established at the Wizo Baby Home in the Jaffa/Tel-Aviv area will accommodate 25 to 30 infants and will serve most of the area south of Hadera, also Beersheba, Jerusalem and the Corridor. This area accounted for 150,000 births in 1953 of which more than 1,000 were premature.

#### Fish Oil Capsule Distribution

14. Nutrition experts and public health advisers who have been investigating the status of nutrition among young children, particularly of the immigrant population, have repeatedly stressed the familiar syndromes of nutritional failure: rickets, pellagra and anaemia. Under the proposed new apportionment UNICEF would provide 3,450,000 fish liver oil capsules to be distributed for 150 days each year for two years to 11,500 selected infants and children. The Government has been very satisfied with results so far observed of the distribution of UNICEF vitamin capsules through infant welfare centres in the immigrant camps and settlements and in poorer sections of the community. The proposed UNICEF apportionment would provide capsules for continuation of distribution through the winter seasons 1955/56 and 1956/57 after which the Government would provide for continuation of the programme.

/15. UNICEF Commitments

15. UNICEF CommitmentsFor 9 Rural Health Centres

a) Basic Equipment	3,600	
b) Transport - Jeep type, 9 vehicles	16,000	
c) Midwifery Kits, 27	<u>750</u>	20,350

For 3 Premature Centres

d) Incubators, stationary, 19	9,300	
e) Incubators, portable, 6	1,900	
f) Miscellaneous instruments	1,300	
g) Dietary Kitchen Equipment for 3 Premature Centres	5,750	
Nursing bottle autoclaves, 3		
Nursing bottle cleaners and washers, 3		
Refrigerators, 3		
Nursing bottles, 1000		
h) Air-conditioning Unit for 1 Centre	<u>400</u>	18,650

Fish Oil Capsules

i) For 11,500 infants daily during five months of the year for two years, 3,450,000 capsules		8,800
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Contingencies

	<u>1,700</u>
Sub-Total	49,500
Freight	<u>4,500</u>
Total	54,000

WHO Approval and Participation

16. WHO has given its technical approval to this programme and has made provision in regular and Technical Assistance budgets to cover the following costs:

- Visit to Israel of an expert in premature baby care in December 1954.  
The WHO recommendations have provided the basis for the establishment of the premature project as outlined above;
- Fellowships for two nurses in 1955 to study the nursing of prematures.

Government Commitments

17. The Government has undertaken the following in connection with the expansion of its maternal and child welfare programme as outlined above:

/Rural Health Centres

<u>Rural Health Centres</u>	<u>£ Israeli</u>	
a) Erection of 9 buildings to accommodate rural health centres	900,000	
b) Maintenance of 9 centres including salaries, drugs, feeding of patients, vehicle maintenance and fuel for 3 years	945,000	
c) Furnishings and general services equipment	<u>90,000</u>	1,935,000
<u>Units for Premature Baby Care</u>		
a) Erection of one building	25,000	
Structural modification of two buildings	6,000	
b) Provision of all supplies and equipment necessary to the project and not supplied by UNICEF	15,000	
c) Salaries for three years	400,000	
d) Provision of transport to carry pre-matures to and from the centres	15,000	
e) Re-distribution of existing incubators to maternity centres where premature deliveries may occur or to paediatric wards for care of prematures with infectious diseases		
f) Maintenance of the three centres for 3 years	<u>150,000</u>	<u>611,000</u>
Total	I. £	2,546,000
		(Approximately \$1,414,000)

Target Time Schedule

18. It is the intention of the Israeli Government to establish two rural health centres in 1955, three in 1956 and a further four centres in 1957. UNICEF equipment and supplies should be available by December 1955 for the first two centres, December 1956 for the next three and December 1957 for the four other centres.

19. One premature unit (Wizo Tel-Aviv) will be established in October 1955 and the two others in April 1956.

20. Half of the UNICEF fish liver oil capsules should be available before August 1955, the balance by mid-1956.