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**Recommendation by Executive Director for an Apportionment to Israel for Maternal and Child Welfare Services**

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RESTRICTED

E/ICEF/R.244  
10 October 1951

ORIGINAL: ENGLISH

UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND

Programme Committee

RECOMMENDATION BY EXECUTIVE DIRECTOR  
FOR AN APPORTIONMENT TO ISRAEL  
FOR MATERNAL AND CHILD WELFARE SERVICES

1. In this paper the Administration recommends, subject to the availability of funds, the apportionment to Israel of \$20,000 from the Eastern Mediterranean area allocation\* for the purchase of supplies and equipment for maternal and child welfare services. This project calls for the provision by UNICEF of general medical equipment and supplies to enable special teams of Israeli doctors and nurses to provide medical services and preventive health education to children and mothers residing in isolated villages and settlements. If this recommendation is approved it will mark the first assistance by UNICEF to Israel for a long-range programme of child care. Previous allocations to Israel, totalling \$505,000, have all been for emergency supplies, predominantly foodstuffs, to meet emergency conditions created by problems of large-scale immigration.

The Problem and the Solution Proposed

(a) The Problem

2. In three years, Israel has grown from a population of 650,000 to a reported 1,700,000 in January, 1951. Immigration has been at a rate in some periods of 20,000 and more immigrants per month. Emergency services to feed and care for the immigrants have necessarily taken priority over the establishment of long-term organizations for health and welfare. Notwithstanding the economic tasks imposed

\* recommendation for an Eastern Mediterranean area allocation is presented in a separate document.

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in the new state in absorbing this vast immigration, health and welfare services have been systematically expanded so that there is now practically no settlement or village in Israel without some such services. The Government sees the possibility of stabilizing and strengthening its permanent scheme of health and welfare services, and is particularly anxious to tackle the problem of health education and of care for mothers, infants and children. One of the first steps will be to give further support to the preventive services for control of infant mortality and child morbidity rates which have increased because of the influx of immigrants.

3. The new immigrants have brought with them a number of diseases which had long since been brought under control in Israel. Figures shown below will give some indication of the effects of the immigration on infant mortality:

	<u>1948</u>	<u>1949</u>	<u>1950</u>
Births (number)	17,569	30,186	36,004
Birth rate (per 1,000)	26.08	29.71	32.64
Infant deaths (number)	618	1,572	604 (Jan to March only)
Infant Mortality rate (per 1,000 live births)	35.98	51.87	46.58
General deaths (number)	4,348	7,403	2,471 (Jan to March only)
General Mortality Rate	6.46	6.97	7.76 (Jan to March only)

4. Although the figure of 46.58 infant deaths per 1,000 live births in 1950 shows a finite decline from the figure of 51.87 in 1949, the present rate is far above the previous good record of infant mortality in Israel. Most of the newcomers are of a low standard of health and with little knowledge of family and personal hygiene requirements. During the period of improvised camp existence, childhood diseases have increased sharply. Twenty per cent of infant deaths in 1950 were due to gastro-intestinal diseases, while fifteen percent were from diseases of the respiratory tract. Since such infant diseases are largely preventable, the Government places great

/ stress on establishment ...

st :ss on establishment of prophylactic services.

(b) The Solution

5. There are 244 child health stations already in existence in Israel. The Government is making plans to improve the services provided by these centres by extending the numbers of trained public health personnel. In addition the Government desires to improve the equipment and supplies available at these centres.

/ 6. The Government ....

6. The Government addressed a request to UNICEF on 23 August 1951 for continued assistance in an infant and school feeding programme and for assistance with the following health programmes: maternal and child health services; prevention and care of premature infants; handicapped children services including post-poliomyelitis rehabilitation and care for deaf, mute, blind and mentally deficient children.

7. Of the various plans for which assistance in the health field is requested it is considered that the project most ready for implementation and which would have highest priority in terms of the criteria laid down by the Executive Board is the project to assist maternal and child health preventive services by the provision of supplies. The remaining requests of the Government are under further detailed discussion by the Administration, WHO and the Government.

#### THE NEED FOR UNICEF ASSISTANCE

8. Although the Government has been able to balance its annual internal budget (which totalled 63.5 million Israeli pounds in 1950/51), it has had to import most of its foodstuffs, raw materials and basic equipment against scarce foreign currency resources. The continued absorption of vast immigration does not permit the Government to expand health and welfare services entirely from its own resources, particularly where such extension calls for foreign currency expenditures. The Government is therefore requesting UNICEF aid for certain imported equipment for the extension of MCW services to rural areas as part of a plan to establish a permanent country-wide organization for MCW services.

#### PLAN OF OPERATIONS

9. The plan of operations provides for the following:

##### (a) Objectives

To provide essential equipment for existing and anticipated expansion of Mother and Child Health Centers.

/To increase

To increase the personnel for such services by emphasis on training of public health doctors and nurses.

(b) What is to be Done

The Government's plan is to ensure a minimum standard of preventive health services throughout the country, even in the most outlying settlements. The method of approach will be as follows:

(i) Training of nursing personnel which is already well developed in the several training schools in the country will be increased in quantity, and emphasis will be placed upon specific training for public health nurses to serve in rural areas.

(ii) Mobile teams of doctors and nurses will be attached to the large health centres and will visit centres in the rural districts. The teams will include a pediatrician, public health nurses, a sanitary inspector and a social worker and will be able to call on other specialist services when occasion demands. These teams are already operating on a limited basis.

(iii) A MCW Center will be a focal point within its assigned area for pre- and post-natal care, care of infants and children, hygiene education, vaccinations and inoculations, prevention of rickets, detection of trachoma and trychophytia as well as sanitary supervision and welfare service.

(iv) Supervision will be undertaken by the District Medical Officer, the District Supervising Nurse and the Welfare Officer in each area who will also have to be provided with transportation.

(v) In many of the centers facilities and services for MCW work exist. In all of the settlements there exists a modest

building for MCW work. In a small percentage, a resident staff and adequate services have been installed. In the remainder, services are only available through mobile MCW teams. It is the Government's intention eventually to assign permanent staff to all centers where possible. To assist the Government, essential supplies and equipment will be necessary for the centers.

(c) Administration and Assignment of Responsibility

The overall responsibility for this project will rest with the Ministry of Health. The social worker assigned to a team will be responsible administratively to the Ministry of Social Welfare but for purposes of team work will be under the supervision of the team leader.

(d) Government Commitments

244 child health centers are already established throughout Israel. The Government's total annual expenditure for organization and personnel for this project is estimated at 144,000 Israeli Pounds (about \$403,000 US) not including medical supplies.

(e) UNICEF Commitment

UNICEF is requested to provide medical supplies and equipment at \$20,000 which will be delivered as early as possible in 1952.

(f) WHO Approval

WHO's specialist in MCH services has reviewed the proposed plan with the Israel Government and has given valuable counsel in the development of the scheme. The plan has the technical approval of WHO.

Request of the Israeli Government for Transport

10 The initial request of the Government of Israel for this project also included a request for 10 vehicles for mobile teams of health personnel and supervisors to visit outlying settlements and villages operating out of key city public health centers. These teams of 10 to 12 people would include pediatricians, nurses, sanitary inspectors and social workers and a roster of specialists would be on call as needed.

11 Because of the relative abundance of such trained people in Israel (there was one doctor per 400 inhabitants in 1950) and because of the small size of the country the Administration intends to review this transport request with the Government.

UNICEF has previously given some transport assistance in countries where there were relatively few trained personnel and distances were great from main cities and health centers to outlying areas. Although WHO considered that in the immediate present Israel might need to use mobile teams for certain rural health work, WHO also commented that for a basic public health system including MCW work, the permanent settlement of trained personnel in the communities where they would work was the solution of choice. For these reasons the Administration of UNICEF wishes further discussion of this question with the local authorities.

International Staffing

12 UNICEF concluded an agreement with the Israel Government in February 1948. Israel is included in the zone of UNICEF Chief Representative in the Eastern Mediterranean who maintains one member of his staff in Haifa for permanent liaison with the Government.

Previous Allocations

13 If this recommendation is approved the total allocations and apportionments to Israel will amount to \$525,000.

/Project

<u>Project</u>	<u>When Approved</u>	<u>Shipped</u>	
		<u>1948-50</u>	<u>1951 and after</u>
Feeding	Nov. 1949, June 1950	\$270,000	\$131,000
Leather for Shoes	Nov. 1950, May 1951	-	25,000
Emergency Medical Supplies	June 1950	15,000	64,000
MCW Centers	(this paper)	-	20,000
		<u>\$285,000</u>	<u>\$240,000</u>

commendations

The Administration recommends, subject to the availability of funds:

A. An apportionment of \$20,000 from the Eastern Mediterranean area allocation Israel for equipment and supplies for child welfare services.

B. That the Administration be authorized to approve a plan of operations as outlined in this paper.