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E/ICEF/R.244/Rev.1
7 November 1951

ORIGINAL: ENGLISH

U TED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND

P)gramme Committee

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

In this paper the Administration recommends, subject to the availability ' funds, the apportionment to Israel of $40,000 from the Eastern Mediterranean 'ea allocation for the purchase of supplies and equipment for maternal and child :lfare services. This project calls for the provision by UNICEF of general :dical equipment and supplies and transport to enable special teams of sraeli doctors and nurses to provide medical services and preventive health ducation to children and mothers residing in isolated villages and settle-ents. If this recommendation is approved it will mark the first assistance y UNICEF to Israel for a long-range programme of child care. Previous alloca-ions to Israel, totalling $505,000, have all been for emergency supplies, redominantly foodstuffs, to meet emergency conditions created by problems of arge-scale immigration.

he Problem and the Solution Proposed

(a) The Problem

2. In three years, Israel has grown from a population of 650,000 to a reported 1,370,000 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 upon the new state in absorbing this vast immigration,

/health and ...

h lth and welfare services have been systematically expanded so that there is n practically no settlement or village in Israel without some such services. Tl Government sees the possibility of stabilizing and strengthening its permanent sc eme of health and welfare services and is particularly anxious to tackle the pr blem 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 cc rol of infant mortality and child morbidity rates which have increased be use of the influx of immigrants.

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

	1948	1949	1950	
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 sh s a definite decline from the figure of 51.87 in 1949, the present rate is fa above the previous good record of infant mortality in Israel. Most of the ne omers are of a low standard of health and with little knowledge of family an personal hygiene requirements. During the period of improvised camp existence, chi lhood diseases have increased sharply. Twenty per cent of infant deaths in 19 were due to gastroenteric diseases, while fifteen per cent were from diseases of e respiratory tract. Since such infant diseases are largely preventable, the Government places great stress on establishment of prophylactic services.

(b) The Solution

5. There are 244 child health stations already in existence in Israel. The

/Government is ...

G ernment is making plans to improve the services provided by these centres by e anding the numbers of trained public health personnel. In addition the G ernment desires to improve the equipment and supplies available at these c tres.

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

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

THE NEED FOR UNICEF ASSISTANCE

Although the Government has been able to balance its annual internal udget (which totalled 63.5 million Israeli pounds in 1950/51), it has had to mport most of its foodstuffs, raw materials and basic equipment against scarce oreign currency resources. The continued absorption of vast immigration does ot permit the Government to expand health and welfare services entirely from its wn resources, particularly where such extension calls for foreign currency expen- itures. The Government is therefore requesting UNICEF aid for certain imported quipment and transport 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 ...

PLAN OF OPERATIONS

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 in rural settlements.

To enable mobile teams to pay frequent and regular visits to MCW Centres in the rural settlements.

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 ...

(b) What is to be Done (Continued)

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 rural centers where possible and practical. However some settlements will not warrant permanent staff, and it will be economical to continue mobile teams to cover a number of small communities. To assist the Government, essential supplies and equipment will be necessary for the centers; and transport will be required to move the teams about.

(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 ...

(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 and transport valued at $40,000 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 request of the Government of Israel for this project includes a request for vehicles for mobile teams of health personnel and supervisors to visit outlying settlements and villages operating out of key city public health centres. 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. The Executive Board has in the past approved transport for mass health campaigns, i.e., BCG, malaria, yaws, bejel, etc. For training projects and for the transport of international personnel the Fund has also given certain mobile equipment. For Poland and Yugoslavia transport was approved for rural MCW

/centers to ...

...

ce ;ers to enable them to serve the surrounding districts. Exceptional circum-
sj ces in these two cases were that almost one half the doctors in each country
h been killed during the war, and there was therefore an emergency need for
m ile services; and secondly, the Fund had contributions that could be most
e ectively used in the form of transport.

1 The present proposal for Israel is the first government request for trans-
p t for individual operating MCW rural teams. The Administration recommends this
r quest for the following special reasons:

a. The team personnel are full-time employees in the specialized field of MCW.

b. This transport will permit a national policy of the Government to be implemented in full and it is the Government's policy to continually operate and maintain this transport and to replace it as required on a permanent basis.

c. There are special emergency conditions in Israel, with a rapidly expanding immigrant population, which threaten the health and welfare of the existing population in the country.

d. While there is an abundance of doctors in Israel, there is a shortage of the nurses who will also be members of the team. The supply of team personnel is such that expansion of services in rural areas is possible without depriving equivalent populations elsewhere of services. In areas of sizable population the Government is establishing stationary MCW services. In many small communities it is more economical to establish a mobile system of MCW visiting teams.

ıternational Staffing

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

revious allocations

4. If this recommendation is approved the total allocations and apportionments o Israel will amount to $545,000.

/Project ...

Project	When Approved	Shipped 1948-50	Shipped 1951 & after
Feeding	Nov. 1949, June 1950 Nov. 1950, May 1951	$270,000	$131,000
Leather for Shoes	June 1950	—	25,000
Emergency Medical Supplies	June 1950	15,000	64,000
MCW Centers	(this paper)	—	40,000
		$285,000	$260,000

ecommendations

The Administration recommends, subject to the availability of funds:

A. An apportionment of $40,000 from the Eastern Mediterranean area llocation to Israel for equipment, supplies and transport for child welfare ervices.

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

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