

SEMINAR ON THE PROVISION OF HEALTH
SERVICES FOR THE PRE-SCHOOL CHILD

Mogadishu, 21 - 26 July 1974

22 July 1974

COUNTRY REPORT ON PRE-SCHOOL HEALTH SERVICES
IN EGYPT

by

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The health policy of the Arab Republic of Egypt considers the health services for children as economic investment of high return. Therefore, all positive attempts at upgrading and promotion of these services are taking place. The health and social services in Egypt for the pre-school children are carried out and distributed in the urban and rural areas through the following ways:

The health service outlets:

The health service outlets for pre-school children are integrated with social services. The ratio of each component varies according to the consuming child population. It has a higher ratio of health services for those below the third year of life, while the social part dominates for those older than that up to the sixth year of age. The type of services offered to the pre-school children are both preventive and curative in an integrated way. There are clinics for those below one year of age and others for those above. Both healthy and sick children are looked after daily.

The Maternal and Child Health Centres

These are present in urban areas responsible for care of the pre-school children besides the mothers in the ante-natal, natal and post-natal periods. Each centre serves 50 000 population or more in big cities. It is staffed by the following:

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1. Medical Officer who might be one or two according to the magnitude of the population served.
2. Dentists.
3. Pharmacist.
4. Social Worker.
5. Nurses and midwives and assistant midwives.
6. Nutritionist in some centres.
7. Clerks.
8. Aids and servants.

The services delivered by these centres to the pre-school child are as follows:

1. Medical care and periodic check-up of both the healthy and sick children on the basis of the out-patient services. They are supplied with medical consultation as well as pharmaceutical drugs.
2. Vaccination which is obligatory during the first year of life against smallpox, B.C.G., poliomyelitis, triple vaccine and measles. Besides, booster doses as well are given in day care nurseries.
3. Dental care.
4. Food supplements as powdered milk, vitamins A and D, iron and a mixture of plant proteins commercially called Supramine.
5. Circumcision for male children.
6. Oral rehydration therapy for cases of mild gastro-enteritis.
7. As regards the premature infants whose birth weight ranges between 2 - 2½ kgm., periodic home visits are performed until they reach 3 kgm., while those with birth weight below 2 kgm. are cared for by the hospital.
8. As for the illegitimate infants they are breast-fed by wet-nurses under the control of MCH centres up to 2 years of age after which they are looked after by the Ministry of Social Affairs.

9. Social services in MCH centres include health education, nutrition education and Family planning.
10. Recently, units for early detection of hearing defects are attached to some MCH centres.

All these services offered to the pre-school child in MCH centres are free of charge.

The Rural Health Centres

These are scattered all over the rural areas giving comprehensive health services for a limited target population of 5 000 to 15 000^{*} each. They are now 2 069 centres. Services for mother and child are among the services which each centre has to offer. Such services follow the same pattern forecsaid about the urban MCH centres.

Hospitals

In every hospital whether district, governorate, central or University hospital there is a paediatric section for children of all ages including the pre-school children. In the in-patient wards of these hospitals as well, several beds are used by children.

Besides, there are hospitals which are specialized for the care of children. The out-patient departments of these hospitals receive the sick children who are self-reporting through their parents or referred cases from the MCH centres or rural health centres.

The Specialized Medical Care Units

Besides the general hospital care for pre-school children, there are institutes specialized in certain health problems. They serve children of different ages and adults as well. These are:

1. The Institute of Poliomyelitis and Physical Medicine: It is a specialized medical care centre for treatment and rehabilitation of children suffering from poliomyelitis or one of its sequelae.
2. The Institute of Audiology and speech therapy: Its main job is the detection of the hearing defects and its causes, speech therapy for hard of hearing cases if complicated with difficulty in speech.

3. The Nutrition Institute: It is mainly research centre for nutritional problems - These of the children generally and the pre-school child specifically has a great part of the research activities of this unit.
4. The Institute of Trachoma: This is a research institute dealing with Trachoma in Egypt, which is one of the major eye problems affecting the pre-school children.
5. The Institute of Chest and Heart Surgery: Where chest and heart operations are performed.
Besides, there are institutes for Tropical diseases, Diabetes and for Burns.

Social Services

The Ministry of Social Affairs cooperates with and coordinates its efforts with those of the Ministry of Health to provide the following services for the pre-school children:

1. Day-care nurseries:

These nurseries are intended for taking care of infant and children of mainly the working mothers. They are of two types:

One for children from birth up to 3 years of age and the second from 3 - 6 years.

Each nursery serves 25 - 100 children.

The staff consists of a medical officer, social worker, assistants, nurses, and dadas.

This kind of nurseries are attached to hospitals, combined units, social units and to some factories and schools.

Private nurseries are increasing in Egypt owing to the increase in the number of working mothers.

2. Internal nurseries:

These provide care to children up to 6 years of age of unfit mothers or those with difficult social circumstances.

These nurseries are organized to give supervised play, nutritional care and looking after those young children in the absence of their mothers. Socialization is conducted through organized outdoors and indoors play, music classes, simple plays and novel telling by the day care social worker. The Medical care - conducted by a medical officer who visits the nurseries two to three times/week. These children are given booster vaccinations, screening of vision and hearing capacity and treatment of common diseases.

Services for the Handicapped Pre-school Children

1. The socially handicapped

These are either the illegitimate or those of broken families. Different systems of care to such children have been established. These are:

a) Substitutional care

This type of care aims to provide the natural family life mainly to the illegitimate children. The infant up to 2 years of age is taken care of by MCH centres. He is breast-fed by a wet-nurse after this age he is delivered to the substitute family through the Ministry of Social Affairs till the age of 21 years or more if he is attending a university course. A regular follow-up of the rearing process within the substitute family takes place by the social worker and these children have to visit the corresponding MCH centres regularly for medical check-up and developmental follow-up.

b) Institutional care

This is achieved for the children of the broken families from 6 -18 years of age. Each institution serves about 30-100 children with a staff consisting of social worker, nurses, night supervisors and a physician (3 times a week). Primary schools are attached to some of these institutions while work shops are attached to others.

2. The physically handicapped

The most common physical disabilities among pre-school children are due to paralytic poliomyelitis.

The forecited institute for poliomyelitis and physical medicine has been established for this purpose in Cairo, where services are offered in both the out-patient and in-patient sections.

All services provided to children by the institute are free of charge except in rare cases when braces and prosthesis are sold at a minimum cost.

3. Mentally handicapped children of pre-school age are served through child guidance clinics found in all governorate hospitals and in some district hospitals. Those who need institutional care are served through special private agencies supervised by the Ministry of Social Affairs.

The degree of coverage of pre-school children by health services

The quantitative supply of the services needed for the pre-school children is still behind any complete coverage. To achieve this completion the service needs manpower, finance and the proper technique which is fit for the local situations.

The major problem facing the pre-school child care in Egypt is the very high turnover of personnel active in this field; a phenomenon which is worthy to be studied. Another major problem is the continuity of care from infancy to school age care.

The different screening techniques are worthy to be remodelled and tried to fit these children and give the best of their active participation, so that a true picture about their individual health as early as possible could be detected.

Family Planning

The family planning services are integrated in the ongoing social and health services provided by the Ministries of Social Affairs and Health, i.e. Hospitals, MCH centres, Health bureaus, social units and combined units.

Population education in schools and in faculties is taking place.

<u>Provinces</u>	<u>Census in 1972</u>	<u>Estimated in 1974</u>
	(figures are in millions)	
Punjab including Capital territory, Islamabad	37.6	40.0
Sind	14.0	14.0
North West Frontier including Tribal Areas	10.9	11.6
Baluchistan	<u>2.4</u>	<u>2.6</u>
PAKISTAN	64.9	69.1
Birth rate is high	- 45-50/1000	
Crude death rate is	- 15/1000	
Annual rate of growth during inter-census period 1960-1972	3.6%	
Population under 5 years of age i.e. pre-school children	11 millions	15.5% of total population
Population of children up to 12 years of age		12.0% of total population
Population of women in child bearing age (15 to 49)	15 millions	21.3% of total population
Total population of children under 5 years and women of child bearing age	26 millions	36.8% of total population

There are the following institutions in the country for providing health care to the pre-school children:

1. Maternity and child health/family planning centres functioning in the province - 700.
2. Family planning clinics providing family planning service.

3. Rural health centres / 117 (686 beds).
4. Sub-centres/basic health units attached to the above Rural Health Centres. 51
5. General hospitals - 521 (32 139 beds)
6. Dispensaries - 2566 (3 198 beds)
7. Maternity hospitals - 12 (580 beds)
8. Maternity units in hospitals - 82 (2 24/ beds)
9. Children hospitals - 27 (629 beds)
10. Out-patient departments of all the general hospitals, children hospitals, rural health centres and dispensaries.

Pakistan consists of four provinces which are as under:

1. North West Frontier;
2. Punjab;
3. Sind;
4. Baluchistan.

The Provinces are further divided into administrative units as under:

1. Divisions;
2. Districts;
3. Tehsils.

In Rural Areas the administrative units are:

Union Councils with approximate population 8 000 to 10 000

In Urban Areas the administrative units are:

- a) Town Committees with population 10 000 approximatel
- b) Union Committees with population 10 000 approximatel

Administrative Units in the Provinces of Pakistan

<u>PROVINCE</u>	<u>DISTRICT</u>	<u>UNION COUNCILS</u>	<u>UNION COMMITTEES</u>	<u>TOWN COMMITTEES</u>
Punjab	19	2 268	168	103
Sind	11	558	255	76
NWFP	15	435	75	27
Baluchistan	10	153	11	15
	55	3 414	809	221

For providing preventive health care and clinical services to the pre-school children, there are the following training programmes operating in the country:

- | | | |
|--|-----|--|
| 1. Diploma in Maternity and Child Health:) | | In the Institute of Hygiene and Preventive Medicines |
| |) | |
| 2. Diploma in Public Health | | |
| 3. Diploma in Child Health | | Course are given in KEMC, Lahore and Jinnah Post-graduate Medical Centre, Karachi. |
| 4. Sanitary Inspectors | 162 | Institute of Hygiene & preventive Medicine |
| 5. Dispensers (Medical Technicians) | | In all Hospitals. |

6. LADY HEALTH VISITORS:

There are six Public Health Schools for the training of 3/5 Lady Health Visitors per year.

Training period is two years and it covers, Midwifery, Child Health, Nutrition, Family Planning and Public Health etc.

7. PUBLIC HEALTH NURSES :

Public Health Nurses are trained in the Public Health Schools 10-12/ year.

8. INSTITUTIONS FOR THE TRAINING OF MIDWIVES :

Midwives are trained in Obstetric and Gynaec Hospitals and General Hospitals with these Section .. '32/ year

9. DAIS Dais are trained in all Maternity and Child Health Centres and Rural Health Centres 1000/year.

In Pakistan, Public Health as well as medical facilities are the accepted responsibilities of Government. Every citizen is, therefore, entitled to health care. The health services are mostly governmental. There are medical practitioners, most of whom are located in urban areas.

Some services are offered by voluntary agencies. Although the number of such voluntary agencies is increasing, it is meagre as compared to the need.

MATERNITY AND CHILD HEALTH CENTRES: Mothers and children can utilize general health services provided by a community. However, by virtue of special need associated with motherhood, birth, childhood, child growth and development, it is universal practice that a service with a clearer objective and specific focus has been considered essential. These services (M.C.H.) for mother and children in Pakistan are offered to the following groups :-

- a) Women during pregnancy;
- b) Infants 0-1 years;
- c) Pre-school child: 1-5 years.

The M.C.H. Services have been in existence in Pakistan for more than fifty years. These services are designed to function primarily as educational and preventive.

It is an accepted fact that preventive maternal and child care services provide the maximum support against hazards of motherhood, infancy, and childhood. The services are based in M.C.H. centres, Rural Health Centres, Basic Health Units and Hospitals in the out-patient departments of the Obstetric and Paediatric Hospitals,

The accepted responsibilities of Maternity and Health Centres and the Rural Health Centres are:-

- a) Antenatal care;
- b) Supervision of home deliveries
- c) - and actual conduction frequently.
- d) Post-natal care of the mothers.
- e) Family Planning services.
- f) Care of the new born.
- g) Infant care.
- h) Pre-school care.
- i) Health Education.
- j) Food and Nutrition guidance.
- k) Protection against communicable disease, through immunization, where-ever possible.
- l) Home visiting to follow up children at home, and the advice given

practical demonstration and guidance to the mothers/families.

Each M.C.H. Unit has been staffed with:

1. Health Visitors.
2. Trained indigenous dai
3. Part-time service of a medical doctor are also available usually a woman doctor, if available.

Rural Health Centres also have Maternity and Child Health

Sections which are staffed with :-

- a) Doctor - who looks after curative as well preventive services in the Rural Health Centres.
- b) Health Visitor.
- c) Midwife.
- d) Health Technician and a Sanitarian etc.

The Health Visitors and Dayas work in close co-operation with the other dayas in each of M.C.H. Centres and Rural Health Centres .

In the Sub-Centres attached to the Rural Health Centres, there is a Dispenser and a Midwife to provide all types of care. These Sub-Centres are visited thrice a week by the Rural Health Centre Doctor and the Health Visitors, turn by turn.

Maternity and Child Health Centres are usually based in a large unit of population, which varies in various places. It is usually more than 10,000 people, often more.

The population served by a Rural Health Centre is 10 to 50 thousand people. This population includes the population of the three to four Sub-Centres.

From the very early days emphasis has been on control of infant and maternal mortality and morbidity, which as compared to many developing countries are still high.

So far, the Health Visitors, assisted by a daya, is a Chief M.C.H. Worker in the field of Preventive Paediatrics and Preventive Obstetrics. She has not been keenly aware of the needs and importance of Pre-school child and she lacked proper orientation and adequate supervision. Therefore, a pre-school child has been neglected.

Although the work load still remains the same, but she is being oriented to meet the various needs of the 'pre-school' child, in the M.C.H. Centre/Area in which she works.

The close supervision and guidance she requires is still inadequate, as there is only one Supervisor - M.C.H. Physician for a whole Province. She is assisted by an Assistant one per Division who is a senior Health Visitor and also has under her, M.C.H. workers of 3-4 districts.

The performance of a Health Visitors can improve tremendously, if she is given a smaller work load, i.e. an area of not more than 5000 people, and if a M.C.H. Physician is available for not only meeting the clinical requirements of the mothers, infants and pre-school children, but playing an overall leadership role.

PRE-SCHOOL CHILD AND HIS HEALTH CARE

In Pakistan, as in many other parts of the world, mortality in the pre-school child is lower than infants, but morbidity is fairly high. The bulk of the pre-school children per centre is larger and therefore, the total case load is considerable. Repeated ill health, retards the physical, mental and social development of this group, as a result of which the entire family health and economic disadvantages.

This also results in, below par adult manpower, who can neither develop their potentialities nor lead a proper economic or social life.

CLINICAL SERVICES FOR THE PRE-SCHOOL CHILD

Clinical services are offered to the Pre-school children, through:-

1. Children's Hospital;
2. Paediatric Sections of the General Hospitals;
3. General Hospitals without Paediatric Sections.
4. Rural Health Centres.
5. Maternity and child Health Centres, where medical doctors are available.
6. Dispensaries.
7. Out-patient Departments.

8. By Doctors in Private Practice.
9. Tabib and Hakims.

PRE-SCHOOL CHILD REQUIRES THE
PROVISION OF FOLLOWING SERVICES .-

1. Proper Health care and supervision which should be continuous and regular care, with the objective to promote growth and development, to protect children against illness and disease, prevention and correction of disabilities.
2. Proper nutrition.
3. Immunization against preventable disease.
4. Treatment of minor ailments.
5. Prompt and early treatment of illness for purposes of prevention of chronicity and disability.
6. Proper environmental sanitation at home and outside the home.

Food and Nutrition guidance: Is an important activity of all Maternity and Child Health Centre, guidance is provided to their mothers/families by the Lady Health Visitors, who not only give the practical guidance, but practical demonstration to mothers/families not only in the Institutions but in their homes.

Home Visiting Service: Home visiting is an important function of a M.C.H. Centre. Children who receive health care in the Institutions like Maternity and Child Welfare Centres, and Basic Health Units are visited at homes to follow them up and see that whatever advice is given to the mothers, in the Centre regarding Health Care and treatment is carried out by them in the home. Home visits are also paid to give practical demonstration to the mothers according to the requirements of the children.

Home visits are also paid to follow-up the Children who fail to attend the clinics in order to help them.

50% of the working time is devoted to this activity.

Protection of children against Preventable.

Diseases through immunization : There is no organized programme in the

country. Children are protected against the following diseases:

- a) Small-pox which is compulsory.
- b) T.B. - B.C.G. - about 30 million children have been vaccinated.
- c) Diphtheria
- d) Polio.
- e) Whooping cough.

About 90% children are protected against small-pox through Primary and revaccination against Small-pox which is compulsory. Protection against T.B. is given through B.C.G. which is provided to a large number of pre-school children every year through B.C.G. Campaigns functioning in different provinces. This service is also available in some of the Hospitals and M.C.H. Centres.

Protection against the remaining diseases is given only to a small percentage of children through a very small number of Institutions - Hospitals and Maternity and Child Welfare Centres.

Mumps causes lot of havoc among children, much more than caused by any other diseases. But for a long time to come we have to depend upon the general preventive measures and Health Education of the families as control measures, Mumps vaccine being expensive and not available.

Health Education

Health Education is very important activity of all the Institutions where Health Visitors are working for providing health care.

2. FAMILY SUPPORTIVE SOCIAL/EDUCATIONAL SERVICE:

Family supportive social/education services and service for the handicapped are very limited for children under 5 years of age and are provided at the moment, mostly by Private Social Welfare Organizations, most of these organizations get grants-in-aid from Government.

As Community Development Proceeds the special needs required by these groups of children.

2.1 Creches, Day-care nurseries:

There are very few such Institutions.

Karachi has - 4

Lahore - 1

They are maintained by the Social Welfare Departments/Private Welfare Organizations

2.2. Kindergartens: There are very few Kindergartens which are maintained either by Education Department or by Private Agencies.

2.3: (a) Nutrition rehabilitation and (ii) mother-craft centres:

a-(i) There are hardly a few Nutrition Rehabilitation Centres in the country and these are also maintained by Private Agencies and some Paediatric Hospitals.

About 80% Health Visitors working in the Maternity and Child Welfare Centres and Rural Health Centres in the country have received a special training in the Nutrition, specially in relation to infants and pre-school child - 2 weeks special course have been held for them. Even teachers, teaching in the Public Health Schools i.e. training Institution for Lady Health Visitors, M.C.H. Supervisors/Public Health Nurses, Medical Doctors - the senior administrative in the Public Health Field have all received special training in Nutrition, especially, in relation to nutrition of expectant and nursing mothers, infants and pre-school children. This programme started in January, 1965 and is continuing regularly.

a-(ii) Mother-craft: There are ^{are} no mother-crafts centres as such in the country but every MCH Centre in the country functions as a mother-craft Centre and mother-craft classes are held there as a regular feature of M.C.H.

3. Services for the handicapped pre-school child:

3.1: Specially handicapped -

Number of socially handicapped
Institutions.

Out of these there are 10 such Institutions in the Province of Punjab, 1 in the Province of North West Frontier and 20 for the Pre-school children and the remaining are all for older children.

3.2: Physically handicapped:

Number of physically handicapped
Institutions: 54

North West/Frontier: = 3
Sind: = 19
Punjab = 32
Total: 54

These are maintained by :-

1. Education Department;
2. Social Welfare Department;
3. West Pakistan Association for Deaf and Dumb;
4. Blind Welfare Association;
5. The Society for the Rehabilitation of
crippled children

Almost all Private Welfare Agencies get Grants-in-aid of variable amounts from Government.

Most of these Institutions are for older children and hardly a few for pre-school age group of children.

3.3: Mentally handicapped:

Number of mentally handicapped Institutions: = 4
Sind 3
Punjab: 1

These Institutions are maintained by Private Agencies and they are also for older children.

Future plans to provide Health care to Pre-School children are as follows:-

- (1) To establish a net work of R.H. Centres all over the country in a phased manner.
- 2) To establish Basic Health Units at each union Council level in the Rural areas.
- 3) In urban areas, establish Basic Health units at each union Committee and Town Committee level.

- 4) Provide children section in all the District and Tehsil H. A. Hospitals, some of them already have.
- 5) Attach MCH Clinics as demonstration Centres to all Paediatric Hospitals and teaching Institutions where undergraduates are trained.
- 6) Expand Hospitals i.e. provide more beds and also more beds for children.
- 7) Establish more training Institutions which train MCH workers viz establishment of Health visitor's schools, at each Divisional Head quarter, for training more and more Health visitors, JHO and the Chief MCH Workers. There 7 such schools functioning now.
- 8) Establishment of more midwifery training schools i.e at each District, Head quarter Hospital.
- 9) Establish more Nursing Schools i.e. at each C.H. Hospital.
- 10) Training more Inyes.
- 11) Raise the basic educational qualification of each of the above category of workers viz. From matriculate to intermediate F-A, Fac. Preference is given to F-A, Fac, girls for Health visitors and nursing training.
Matriculation, in case of midwives
Primary to middle in case of Inyes, who used to be illiterate
- 12) Train more and more , Sanitarions and medical Technicians.
- 13) Establish more medical Colleges for the training of doctors to provide curative services. There are 12 medical Colleges, which train about 2500, doctors a year. 5 such colleges have been recently established.
- 14) Increase facilities in postgraduate training.