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UNITED NATIONS CHILDREN'S FUND
Programme Committee

YUGOSLAVIA

Recommendation of the Executive Director
For an Apportionment for Maternal and Child Welfare
Services and Training

1. In this paper the Administration recommends, subject to the availability of funds, the apportionment to Yugoslavia of \$140,000 from the European Area allocation for the provision of supplies and equipment for the second phase of an expansion of maternal and child welfare services.
2. The assistance requested from UNICEF includes equipment for Demonstration Centres, 30 Public Health Centres (Dom Narodnog Zdravlje - "Homes for Health"), 120 Health Stations (Stanice) together with nursing and midwifery school equipment, fish liver oil capsules, milk kitchen equipment and dried milk, books and literature. As was shown in document E/ICEF/R.381 of 18 September 1952, the Government of Yugoslavia has in hand a scheme for a complete national service. E/ICEF/R.381 recommended assistance for what can now be termed Phase I of that scheme. This submission is concerned with Phase II. National coverage, which is the Government's ultimate aim, is still a distant goal (it would call for about 650 Public Health Centres and some 4,000 Health Stations) but with international help suitably phased, is now seen as definitely attainable.

The Nature of the Need

3. In document E/ICEF/R.381 and in earlier submissions to the Board, a general outline has been given of the circumstances of the country. There is a
/high infant

high infant mortality, as figures for the last three available years show. In 1950, it was 116.5 per thousand live births; in 1951 it was 140.2, and in 1952, 195. This is partly accounted for by the circumstances of delivery, since at least half the children are delivered without any professional aid. The recorded figures for 1950 (which cannot be taken as complete insofar as unassisted deliveries are concerned) illustrate this situation:

<u>Total number of recorded deliveries</u>		-	<u>504,000</u>
Deliveries in obstetrical wards	67,300		
Deliveries in small maternity centres	19,400		
Deliveries attended by midwives	50,400		
Deliveries attended by professional help	<u>116,100</u>		
			253,200
<u>Deliveries without qualified help</u>			250,800

The records of polyclinics show that grave nutritional defects still exist. The school medical services in Belgrade recorded in 1950/51 that 31.2% of the children were anaemic and tuberculosis was very prevalent. The present submission, therefore, is concerned not only with raising the standards and spreading the coverage of curative and preventive medical work, but also with improving nutrition by supplying vitamin supplements and by establishing milk kitchens. In addition, it is concerned with the education of parents and older children in preventive measures and healthy living. This is a very important aspect of the scheme because the high infant mortality is not confined solely to the poorer areas of the country; there are comparatively well-to-do areas, as for example the Vojvodina, where the material circumstances do not explain the morbidity and mortality found.

Implementation of Phase I

4. E/ICEF/R.381 summed up the achievements of the Government in starting an MCH service up to that date. In the calendar year 1953, 28 Public Health Centres and 83 Mental Health Stations were established.

a) UNICEF Action: Since the Board action in September 1952, a joint WHO/UNICEF team, consisting of a Social Paediatrics Consultant, a Public Health Nurse and the WHO Medical Adviser to the Regional Office of UNICEF, spent a month in Yugoslavia. Following their recommendations, and agreement reached with the Federal and Republican Governments, UNICEF has procured the requirements to which the Fund was committed for the first phase of the plan, covering a total of 41 Public Health Centres, 153 Health Stations, 11 Midwifery and 16 Nursing Schools, as well as 1 Demonstration and Training Centre. (The Board will note that the numbers of centres in the different categories have been modified from those in E/ICEF/R.381. This is due to local developments in the meantime in Yugoslavia and to the on-the-spot study made by the consulting team referred to above.)

b) Government Action: The Government of Yugoslavia has enacted in the Constitutional Law of 13 January 1953, measures decentralizing executive responsibility in health, as in other fields. District Councils are now responsible for the health services including the Public Health Centres and MCH Stations, the subject of this submission. Funds are assured through the taxing powers of the districts and through the Social Insurance system, which pays capitation fees.

Government Request

5. The Government's request is based on the following considerations:

a) It is desired to keep pace with both the actual possibilities of establishment of new centres in this next phase of development, and with the production of subordinate trained staff. This latter consideration is linked with the previous establishment and proper functioning of the Demonstration Centres.

b) The necessity of keeping material expansion in step with the growth of public health and social paediatric concepts among the staff in the middle levels of leadership. This consideration is linked to the necessity of the previous

establishment and proper functioning of the Social Paediatrics Course in Zagreb designed especially for this cadre.

For these reasons, the present request for Phase II of the programme has been limited to the following:

		\$
Demonstration Centres	2	25,000
Public Health Centres	30	50,000
Health Stations (Stanice)	120	30,000
Milk Kitchens	60	15,000
Nursing & Midwifery School Equipment		15,000
Books, Literature P.H. Centres		5,000
Total		<u>\$140,000</u>

Plan of Operations proposed for Phase II

6. Demonstration Centres: These will be under the direct control of two Councils of Public Health and Social Welfare in Republics to be selected when the detailed Plan of Operations is written. They are to serve as models in the Republics concerned, and as training places for the staff of Public Health Centres and Health Stations under the control of District Councils. In the words of the Government request: "the demonstration centres will develop the work of cadres in the following directions:

- (i) preventive aid to expectant mothers - ante-natal care;
- (ii) preventive therapeutic care of children up to 7 years of age;
- (iii) care of school children and youth;
- (iv) nutrition of mothers, children and youth.

All the directions are aimed at taking special consideration of the health educational work with parents."

The Regional Office for Europe of WHO has paid particularly close attention to working out the activities of these Centres.

7. Public Health Centres: The 30 Public Health Centres (doms) will each supervise a dependent group of Health Stations. They have both a curative and a

/preventive side

preventive side, offering general out-patient service as well as MCH work, school clinics, sanitary inspection and laboratory services, and dental services. The WHO MCH Consultant, writing of conditions observed in June 1953, remarked:

"The doms are becoming more and more popular and some of them are housed in the finest buildings of the community. Mostly the community authorities show a vivid interest also in the preventive side of the work."

The staff for these Centres is drawn from the medical practitioners already resident in the locality, and will include newly-qualified doctors doing their compulsory two years' service in the rural areas after graduation. Both medical and nursing staff of the Centres will visit the Health Stations in the neighbouring villages. Since the staff is composed of persons of different backgrounds, Demonstration Centres will play an important part in securing an effective alignment of the work of the Health Centres. Further details on these Centres can be found in E/ICEF/R.381, paras. 21 to 25.

8. Health Stations: These Stations are extensions of the Public Health Centres and centralize the general medical activity in villages of 2,000 to 5,000 inhabitants. In the words of the Government request:

"Their main task is to carry out prophylactic measures whereby the maternal and child health service assumes first priority. For this reason they are a very important factor in the promotion of the MCH service, and the approach of the health service and health assistance to the people is best realized through them.

"Full-time employees in these Stations are a nurse and a midwife, while some Stations also have their own physician. For the present in most cases the physician from the Public Health Centres comes on definite days to examine the patients and give instructions for work to the full-time personnel."

It is suggested that UNICEF should equip 120 such Stations. This would keep the proportion of Stations to Centres at 4 to 1.

9. Milk Kitchens: It is proposed to provide for some 60 Milk Kitchens at a

/total cost

total cost of \$15,000. The Yugoslav idea of these kitchens transcends that of a simple milk distribution point. In the words of the Government:

"...we imagine these Kitchens primarily as educative institutions which will prepare, in addition to milk mixtures and vegetables, other foods for infants and small children, because the lack of knowledge in preparing children's feedings during periods of dietary transition is one of the paramount problems of dietetics in our country.

"The Republics and People's Committees have envisaged in their budgets 3 to 4 million dinars for the opening of every Milk Diet Kitchen".

The present request is for a simple household type of equipment for the smaller communities.

10. A and D Vitamin Capsules: Reference has been made above to widespread dietetic deficiencies. The request includes substantial quantities of fish liver oil capsules in the supplies of the Public Health Centres and Health Stations covered in paragraphs 7 and 8 above.

11. Nursing and Midwifery School Equipment: In Phase I, UNICEF help was approved to 16 schools of nursing and 11 schools of midwifery. One of the essential conditions for successful expansion of the net of Health Centres and Stations is the efficient functioning of these schools and the request calls for a further \$15,000 of urgently needed training equipment.

12. Books and Literature: The Public Health Centres are in most cases distant from any sort of medical library service. Many members of staffs of these Centres are required to practice social medicine of a type not included in their medical education; furthermore, since 1941, few doctors have had much opportunity of following medical developments in other countries. It is therefore desired to provide the Health Centres with basic literature and reference works for the use of the staff. A sum of \$5,000 was suggested for this purpose and will be expended on all Centres, not only those with which this submission is chiefly concerned.

/13. Professional

13. Professional Guidance: With so many new activities entrusted either to recently trained personnel or to older personnel with but little previous experience of Public Health work, there is a great need for consultant advice. The administrative structure of the Government does not permit the enforcement of directives on the local Health Services and it is thought that in any case advisory guidance is more effective. It is the intention of the Federal Government to appoint a social paediatrician and an obstetrician to coordinate the standards and the advice given in the different Republics. Each Republic will also appoint a social paediatrician to supervise, stimulate and coordinate MCH activities, especially those of the Health Centres and Stations.

14. Public Health Courses: It is planned to have in the School of Public Health in Zagreb a series of courses in social paediatrics. The trainees will be doctors and nurses from leading posts in the MCH field. The Government is ready to provide stipends for the trainees from the different Republics. It is also hoped that WHO will help the course with international staff. In addition to the course in social paediatrics, the School of Public Health in Zagreb is to have a six-months' course for the Directors of Public Health Centres who lack post-graduate public health training. The Government will provide stipends for these as well.

15. WHO Consultant Advice: The Government intends to call upon WHO for further short-term consultant advice in Public Health Nursing and MCH. It will be recalled that a WHO short-term consultant in social paediatrics has been associated with the development of MCH work in Yugoslavia for over two years. This present submission largely derives from the very satisfactory relationships of this consultant with the Public Health authorities of Yugoslavia. Other consultant services will be called for from WHO as required.

16. Vital

16. Vital Statistics: The Government is prepared to ensure a complete survey and evaluation, including a statistical analysis, of the progress and results achieved in order to determine, after the end of the first year of the programme, what the future scope and extent of the project should be. This will be a task of considerable difficulty and will depend for its success upon the efficiency of the Vital Statistics Section of each of the Public Health Centres. It is recognized on all sides that the only true guide for the development of this scheme is that found in an analysis of fresh data concerning infant and maternal morbidity and mortality, together with an analysis of the prevailing socio-medical circumstances of the group concerned. The Government is prepared to undertake this and, in so doing, may call upon WHO for consultant help as envisaged in Para 15 above.

Government Matching

17. The Government's request states that financial provision has been made as follows for the capital cost and running expenses of the Centres and Stations for which UNICEF help is asked.

P.R. Serbia	82,359,000	dinars
P.R. Croatia	259,745,000	"
P.R. Slovenia	21,265,000	"
P.R. Bosnia and Herzegovina	1,505,700,000	"
P.R. Macedonia	14,280,000	"
P.R. Montenegro	22,485,000	"
Total -	1,907,834,000	dinars

Equivalent to U.S. \$6,360,000.

This sum has not been raised by the single budgetary action of a legislature or by an administrative allotment in a national treasury. It represents the sum of hundreds of separate actions by individual District Councils animated by a desire to expand the locally available Health Services. It is therefore both a measure and a test of local enthusiasm. The Government mentions:

/"...that

"...that the UNICEF part in the programme has proved to be a stimulus for securing the funds for the upbuilding of these institutions; thus our Health Services have acknowledged the great significance of UNICEF assistance in this line..."

WHO Commitments and Technical Approval

18. WHO consultants have taken extensive part in the preparation of this project, and WHO's formal technical approval is expected shortly. Subject to the availability of funds, WHO will provide the following:-

a) A public health nurse adviser and an MCH expert as short-term consultants together with such other consultant services as may be required.

b) Two fellowships for nursing tutors, and two fellowships for public health nurses.

c) Three to four visiting experts for assistance to the course in social paediatrics mentioned above.

Target Time Schedule

19. a) Deliveries to be completed by the end of 1954.

b) Centres to be activated or upgraded as deliveries are made. It must be borne in mind that many of the Centres are working with sub-standard equipment.

c) Two consultant visits by a WHO Adviser in Social Paediatrics are planned; the first in the late summer of 1954 for advice in connection with activation, and the second in the Spring of 1955 to assist in evaluation and for discussion of Phase III.

UNICEF Commitments

20. If this recommendation is approved, UNICEF would provide supplies and equipment for the Centres and Stations to be created in Phase II of the Government's scheme, to a cost estimated at \$140,000, sub-divided as described above in paragraph 5. Detailed supply lists would be established in agreement with the Government and WHO when the detailed plan of operations is concluded.

/Previous UNICEF

Previous UNICEF Aid

21. Aid approved to Yugoslavia thus far is given in E/ICEF/L.550, "Recommendation of Executive Director for An Additional Apportionment for Milk Conservation".

Recommendation

22. The Administration recommends, subject to the availability of funds,
- a) an apportionment of \$140,000 to Yugoslavia from the European Area allocation for supplies and equipment for the expansion of maternal and child welfare services;
 - b) that the Administration be authorized to approve an extension of the plan of operations as outlined above.