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UNITED NATIONS CHILDREN'S FUND  
Programme Committee

Recommendation of the Executive Director for an Apportionment  
YUGOSLAVIA  
Maternal and Child Welfare

1. The Administration recommends an apportionment to Yugoslavia of \$250,000 for supplies and equipment for Phase IV (1956) of Yugoslavia's five-year programme for extension of maternal and child welfare services throughout the country. The new apportionment would be used for supplies and equipment to carry out the following additional activities: (a) extension of the basic MCW services to 200 additional communities, bringing to 720 the total number of centres to receive UNICEF equipment and expendables; (b) establishment of two additional training and demonstration centres, one at Skoplje, the capital of Macedonia, and the other at Nis, the second largest city of Serbia; (c) development of school polyclinics in connexion with 60 MCW centres so that MCW services, now limited to mothers and pre-school children, may be extended to school children; (d) provision on a pilot basis of comprehensive school health services in rural areas along the lines proposed by the Executive Director to the Board in March 1954, ("Expanding UNICEF Aid to Rural Primary School Services", E/ICEF/249).
2. The Board has previously approved apportionments totalling \$498,000 for the first three phases of this programme to provide equipment for: 121 major MCW centres, 393 village MCW stations, 4 republican training and demonstration centres, 27 nurse training schools, and 14 midwives' training schools. Progress during the first three phases up to the present time is reported in Annex I to this document. The problem of maternal and child health in Yugoslavia and the Government's overall plan for maternal and child welfare have been outlined to the Board in previous recommendation papers (E/ICEF/R.381, L.573, L.676).

/3. The Government's

3. The Government's commitments in connexion with Phase IV of the programme, similar to those for the earlier phases, are outlined in paragraph 6 below. The Federal Government accepts, on behalf of republican and local governments, commitments equivalent to approximately \$5,000,000 to be incurred in direct relation to the centres and schools which UNICEF will assist in 1956. This estimate includes the cost of buildings to be specially constructed for the programme, locally available supplies, internal freight, and the post-graduate training of medical staff in social pediatrics and obstetrics, but does not include certain additional costs for aspects of the programme not directly related to UNICEF's contribution.

#### Plan of operations

4. The aspects of Phase IV for which UNICEF aid is requested, as outlined in paragraph 1 above, include the following:

- a) MCW Centres: The Government proposes to establish an additional 100 major public health centres and 100 MCW village stations in 1956. For these UNICEF would provide standard equipment and fish-liver oil capsules as well as 221 bicycles for midwives providing domiciliary service and operating out of the major centres. More than 100 towns and 100 villages have requested assistance and have met the conditions for such assistance, so that financing and staffing of these projects are already assured for 1956. As in previous phases of the programme, a close coordination will be maintained between the establishment of the major public health centres and the setting up of village MCW stations. The major centre must be established in advance so as to be in a position to provide effective supervision over the village stations. From 1956 on, as the programme approaches full development, the Federal and republican officials will supervise the major centres more closely and the major centres will, in turn, exercise increasing care in the supervision of the village stations and in reporting on their operation. To facilitate supervision, UNICEF vehicles provided for this programme under previous allocations are being subjected to major overhaul and will be gradually reassigned to the larger health centres.

.b) Demonstration

- b) Demonstration Centres: UNICEF will provide equipment for the new training and demonstration centres to be established at Skoplje, the capital of Macedonia, and at Nis, the second largest city of Serbia. Skoplje will erect a new building to house its demonstration centre which will become operative in 1956 and, in conjunction with the medical faculty and its clinics, will serve as the training base of maternal and child welfare developments in the republic.

UNICEF has previously provided equipment for training and demonstration to the Institute for Maternal and Child Welfare at Belgrade, <sup>as</sup> the capital of Serbia. However, since the demands for training of Serbian and Montenegrin personnel could not be met by the facilities existing in Belgrade, an auxiliary training centre has been set up at Nis which is already providing complementary training for nurses and midwives in social pediatrics and obstetrics. Sixty persons completed training in 1954 and 1955. The Government now proposes to convert the Nis training centre into a full-fledged training and demonstration centre under direction of the Belgrade Institute and financed by the republican and municipal councils. Except for training for doctors, the Nis centre will undertake all the activities of the other demonstration centres. As outlined to the Board in document E/ICEF/L.573, paragraph 6, the demonstration centres, in addition to providing training for medical and auxiliary staff for MCW work, serve as model MCW centres to provide:

- i) preventive aid to expectant mothers;
- ii) preventive care of children up to seven years of age;
- iii) health care of school children and youth;
- iv) guidance and education to improve nutrition of mothers and children;
- v) health education.

/c) School polyclinics:

- c) School polyclinics: UNICEF would provide diagnostic equipment for health examination of school children to 60 polyclinics to be attached to 60 selected MCW centres which UNICEF is equipping. Twenty sets of dental equipment and 20 bicycles would also be provided. In order to qualify for a school polyclinic, an MCW centre must ensure the provision of appropriate premises, availability of trained staff, and the required financing. The greatest emphasis will be on provision of trained personnel.

In general, and in Serbia and Montenegro in particular, where some polyclinics are already under way on a trial basis, the school polyclinics will be an integral part of the major MCW centres and the doctors in charge will receive complementary training in special pediatrics, with emphasis on school health work. In other areas, particularly the more urban areas of Croatia and Slovenia, conditions may justify the creation of a special corps of school health officers working in polyclinics separated physically from the MCW centres but technically and administratively coordinated with the local MCW service.

There are few nurses trained for school health work in the country, and special effort will have to be made to staff the polyclinics with nurses trained for this purpose. The staff of the polyclinics will also include dentists and dental technicians available in sufficient numbers.

The 60 polyclinics will provide for a systematic control of all school children in the area under their jurisdiction, and records will be maintained for each child who, when he grows up, will be transferred to adult health services. The control of the polyclinic will include: periodic health check-up, examination of sight and hearing, dental care, arresting of infectious diseases, and treatment of the sick or referral to other services.

Annex II to this document presents some facts concerning the health of school children and existing school health services.

- d) Comprehensive school health services: It is proposed that UNICEF provide certain supplies and equipment (see para. 5c ) below) to assist the Government in establishing comprehensive school health services in two districts, each comprising up to 50 rural schools. The plan for this project includes the provision of sanitary and hygienic facilities in the schools, health education through classroom teaching and Red Cross activities, improvement of school feeding and nutrition education, and coordinated training of MCW staff and school teachers in school health services.

In this connexion the Board will recall a report by the Executive Director presented to the March 1954 session of the Board on "Expanding UNICEF Aid to Primary School Services" (E/ICEF/249) commenting favourably on the comprehensive approach to school health services, which, on a small scale, is now proposed to be carried out in Yugoslavia. It is believed that the combination of several types of aid for school services will increase the effectiveness of each type of aid and will have the effect of marshalling community cooperation around the school, encouraging better standards of child and community health.

/UNICEF commitments

UNICEF commitments

5. UNICEF would provide the following for Phase IV of the programme:

a) <u>for expansion of basic MCW programme</u>	
i) Standard MCW centre equipment for 100 major MCW centres, and 100 village MCW stations (see para 4 a) above)	\$ 128,000
ii) Bicycles, 221, for domiciliary midwifery major MCW centres. (see para. 4 a) above)	5,500
iii) Fish liver oil capsules, 15 million	37,500
iv) Equipment and instruments for two demonstration centres (see para. 4 b) above)	12,000
	<u>183,000</u>
b) <u>for 60 school polyclinics (see para 4 c) above)</u>	
i) Diagnostic equipment, 60 sets	15,500
ii) dental sets, 20	17,000
iii) Bicycles, 20	500
	<u>33,000</u>
c) <u>For comprehensive school health services</u>	
i) Jeep-type vehicles, 2	4,000
ii) Epi-lathoscopes and screens, 2	500
iii) Sprayers, 2	100
iv) Hand duplicating machines, 2	50
v) Weighing scales with measuring rods, 100	3,000
vi) Equipment for wells, primarily pumps	500
vii) Hair clippers	150
	<u>8,300</u>
d) <u>Contingencies</u>	5,700
Total supplies and equipment	230,000
e) <u>Freight</u>	20,000
Total UNICEF commitment for Phase IV	<u>\$250,000</u>

/WHO approval and

WHO approval and participation

6. This project has the technical approval of WHO. WHO has included in its 1956 budget, under Technical Assistance Priority I the following assistance for the MCW programme in Yugoslavia:

Lecturers	\$3,000
Fellowships	3,100

Government commitments and matching

7. The commitments accepted by the Federal Government on behalf of the Republican and District governments, are similar to commitments for the earlier phases of the programme. They include the following:

- a) reconditioning or new construction of premises
- b) provision of, and post-graduate training of doctors, nurses and midwives, who will then be under contract for a minimum of 2 years.
- c) provision of qualified dental staff;
- d) operation of the Demonstration Centres at Skopje and Nis;
- e) increased utilization of milk from MCP dairies, in the MCW and School Feeding work;
- f) six-monthly general reports on programme development and quarterly statistical reports;
- g) provision of supplies not provided by UNICEF (as in previous phases) and in particular for the School programme;
- h) materials for construction of the privies;
- i) shower-rooms and wells;
- j) land, seeds and tools for the school gardens;
- k) ingredients and utensils for the school snack;
- l) courses and tuition;
- m) cooperation of local technicians and civic bodies;

The estimate of the government's matching costs for UNICEF's contribution for phase IV is equivalent to approximately \$5,000,000.

ANNEX I

Yugoslavia's Five Year Plan for Improvement and Expansion of  
MCW Services and Progress During the First Three Years

Overall objective

1. The overall objective of the Government's five-year programme is to bring about progressive decrease in infant, child and maternal morbidity and mortality through the implementation of a comprehensive and long-term programme for providing adequate MCW services to all towns, districts and communities. Infant mortality in Yugoslavia is among the highest in Europe. The rate exceeds 200 (deaths in the first year out of 1000 live born infants) in certain districts. Reports for the country as a whole give the rate of 140 in 1951, 105 in 1952, 117 in 1953 and 102 in 1954. Although it will require a number of years before mortality and morbidity rates can be reduced to satisfactory levels, an initial period of five years (1953-1957) of programme development will serve as the basis for subsequent plans.

Plan of operations for Phases I to III

2. The existing plan of operations, which refers to 1953-1955, contributes to the overall objectives by:
- a) improving existing and creating new MCH services in every Republic, as components in the development of public health services
  - b) increasing the number of qualified doctors, nurses, midwives and other socially and medically qualified workers, to staff the new MCH services;
  - c) providing supplementary education to the doctors, nurses and midwives who will work in and supervise the MCH services, in social paediatrics and obstetrics;
  - d) demonstrating in each Republic modern methods of providing, and evaluating the results of maternal and child care.

Progress to date

3. Following the Board's first approval of funds for this programme in October 1952, a period of eight months elapsed before a WHO/UNICEF visit could be made to Yugoslavia to finalize the plan of operations and supply lists. (The plan of operations for the first three phases was signed by the Government, WHO and UNICEF in March/April 1955.) Procurement action by UNICEF was delayed further while clarification was sought on administrative and technical points. Much of UNICEF's assistance for Phase I which was originally planned to be carried out in 1953, arrived in Yugoslavia in 1954, and was pooled with supplies subsequently approved by the Board for Phase II (1954). Due to the Federal Government's thorough screening of requests received from local authorities for MCW supply assistance, and due to the need to assemble complete sets of equipment for distribution, based on local needs and inventories, it was only in

/February 1955



February 1955 that supplies were moved out to the field from the central warehouse.

#### Implementation of the plan

4. In March 1955, the WHO Regional Adviser, the WHO Medical Adviser to UNICEF's Regional Office and a UNICEF Representative spent two and one-half weeks in Yugoslavia. Visits were made to the Republics of Bosnia and Herzegovina, Croatia, Montenegro and Serbia. In some 20 towns and villages visited there was striking confirmation that the Government is carrying out its part of the plan. The principal conditions of the plan of operations are being fulfilled as reported below:

- a) Ensuring appropriate premises: The district authorities are making a decided effort to provide the best premises for MCW centres that local circumstances allow. Generally, a new MCW wing is built onto an existing public health centre or dispensary. Where no public health centre is functioning, a new or adapted structure is provided for the MCW centre. For larger centres construction costs are covered by the district budget, often complemented by financial aid from the Republic.

b) Providing the required staff and ensuring its training

- i) Doctors: The annual graduation in Yugoslavia of 1,000 doctors is ample to meet the needs of this project. The MCW Commissions in the Republics have set as another pre-requisite to receiving UNICEF assistance the post-graduate training of the Centres' staff in social paediatrics or obstetrics. Thus each District must finance a 4-months' fellowship for the doctor(s) who will run its Centre. Fifty-eight doctors are presently on courses in Belgrade and Zagreb and as many again will train this autumn. By 1956, the other Republics (except Montenegro) will be providing their own training.
- ii) Nurses: The annual output of 27 nurses' schools is about 800 (all having training in public health), plus 150 MCW assistant nurses (baby nurses) trained in two special schools. These figures increase from year to year as new schools are established and old ones expanded. The whole system of nursing training is under review and important changes are expected.
- iii) Midwives: The output of midwives has been more static than that of nurses, 560 now being the target for annual training. Nurses and midwives must also receive post-graduate training for 1 to 2 months in the social aspects of MCW. The in-service

/training.....

training of this staff will be the principal function of the Republican training and demonstration centres (described in L.573, para.6). These will only become fully operative, in four Republics, in the latter part of 1955.

- c) Distribution of UNICEF equipment: UNICEF equipment is released to MCW centres in accordance with an agreed procedure. The main commitment as explained in document E/ICEF/L.676 is that the local community's request for UNICEF supplies and equipment is not approved by the Government until there is full assurance that the community has available adequate trained staff, buildings and operating funds.

NGO collaboration

5. Two of the principal NGO's dealing with children are giving the programme strong support at all levels.

- a) The Yugoslav Red Cross has an active programme of health and MCW education. Two hundred and twenty four thousand village girls have already attended courses -consisting of 3 hours of theoretical and practical work weekly- for 5 months for two years. Another 221,000 girls have now started the second round of courses. Nine thousand two hundred school teachers have followed summer courses with a particular emphasis on the teaching of hygiene to school children.
- b) The "Council of Associations for the Welfare of Children", the Yugoslav member of the I.U.C.W., is the co-ordinating body of hundreds of "Friends of the Children" associations at the town and village level. The Council establishes the general "platform" from which the local groups choose an activity of particular local interest. Whereas some have chosen the more specialized problems affecting children, such as delinquency, the emphasis in 1955 is on the health aspects of child welfare. Thus, there exists an active body of local personalities concerned with their children, and exerting pressure on the local District Councils to avail themselves of the opportunity for training, guidance and the obtaining of equipment to create better MCW services.

ANNEX II

Yugoslavia - Some Facts concerning the Health of School Children and Existing School Health Services

School health services

1. . . . The number of school children is steadily increasing in Yugoslavia. There are approximately 2,275,000 pupils in the elementary, middle and vocational schools. This is about one eighth of the population of Yugoslavia, and the ultimate task of school health services is therefore concerned with the health of every eighth inhabitant of the country. The following table shows the location of school children in the six republics and in the various types of schools:

Schools	Primary	Middle	Secondary	Vocational	Apprentices	Total Pupils
Serbia						921,800
Croatia						511,400
Slovenia						220,000
Bosnia & Herzegovina						369,300
Macedonia						190,200
Montenegro						61,900
Pupils:	1,104,300	690,400	251,600	130,700	97,600	2,274,600

Existing school health services

2. Following the war, only a limited number of the destroyed school "polyclinics" and dispensaries have been re-organized. By 1951, they reached the pre-war figure of 91; by 1954, 120 were functioning and the present statistical picture is as follows:

	School Health Service		
	No. of School Polyclinics & Dispensaries	No. of school children controlled by the institu- tions	
	No.	No.	Per Cent of Total Pupils
Serbia	54	230,000	25
Croatia	37	151,600	30
Slovenia	28	66,300	30
Bosnia and Herzegovina	7	72,300	19.5
Macedonia	13	-	-
Montenegro	10	22,000	30
	149	542,200	26.9%
		of which 377,200 were actually attended to	

3. Four fifths of all school children have no direct health protection service. Even among those examined, the examination is superficial and mostly concerned with sick children. Services which exist are generally in the larger towns of the Republics. The only rural areas with school health services are in Slovenia. The services are carried out in crowded quarters and for the most part with inadequate diagnostic facilities. Adequate polyclinics, including dental services, exist only in the big cities. No family visiting by the school nurse exists.

4. A school polyclinic normally services an average of 23,000 pupils. However, there are some exceptional cases when the number is substantially higher (e.g. 60,000 pupils in the Kosmet of southern Serbia and Macedonia and 170,000 pupils served by one polyclinic in Bosnia.)

The State of Health in School Children

5. A socio-medical analysis of the situation of the school child in Yugoslavia is underway. Meanwhile a review of statistics in the urban areas of the three most developed republics indicates that, while general mortality and morbidity have declined with general improvement of conditions, the following were observed among tens of thousands of pupils:

Undernourishment or anaemia	:	10 - 15%
Poorly nourished	:	36 - 60%
Goitre	:	11 - 25%
Physical deformities	:	13 - 28%
Defective vision	:	7 - 50%
Dental defects	:	90%
TB & respiratory diseases	:	10%
Skin affections	:	10%

In rural areas and in the less developed Republics, the figures for these conditions are higher.