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Programme Committee

Recommendation of the Executive Director for an Allocation to
YUGOSLAVIA
Maternal and Child Health

1. The Administration recommends an allocation to Yugoslavia of \$105,000 for supplies and equipment for Phase V (1957) of the UNICEF-assisted five-year programme for the development of MCH services throughout the country. Previous allocations to this programme total \$728,000 (exclusive of freight) (E/ICEF/R.381, L.573, L.676 and L.804). Principal emphasis in 1957 will be placed on the following:

- a) increasing the training facilities by creating two new demonstration and training centres at Titograd in Montenegro, and at Novi Sad in the Vojvodina province of Serbia;
- b) organizing better supervision of health centres and village MCH stations;
- c) the establishment of a further 120 polyclinics (including dental care for 60 of these), for school-age children in major MCH centres, now limited to mothers and pre-school children;
- d) the extension to the remaining four Republics of the comprehensive school health services launched in two Republics in 1956.

2. Government matching for Phase V, as for previous phases of this programme, will be in excess of six times UNICEF's contribution.

Demonstration and training centres

3. The most important element in this programme, which aims to assist in the improvement of the health and growth of the child from conception till adulthood, is the multiple role of the Republican MCH Demonstration and Training Centre, - one in each of the six republics. The function of these centres, as described in E/ICEF/L.573, para. 6 and L. 804, para.4 are:

- a) to analyse the regional problems affecting mother and child health;
- b) to set standards for work in the Republics;
- c) to provide post-graduate training in social pediatrics and child care to all doctors, nurses and midwives; and
- d) to serve as the base for technical supervision of MCH activities.

4. The six centres are in various stages of development. The centres in Ljubljana (Slovenia) and Sarajevo (Bosnia) have opened in reconditioned buildings and have thus received the full complement of UNICEF equipment. In Zagreb a special building constructed for the Centre was inaugurated in July, having cost the Croatian Republic the equivalent of \$739,000 (U.S.) The Belgrade "Centre" for Serbia, at present lodged in the Child Health Institute is being moved to temporary quarters in a new MCH Centre on the periphery of Belgrade while a new building is erected to house the Demonstration Centre permanently. In Nis (Southern Serbia) the Centre is operating in previously existing quarters, and in Skoplje (Macedonia) the Centre is nearly ready but funds are lacking for completion until later this year. WHO and UNICEF officials visiting Yugoslavia in May found that the objectives of these Centres are well understood by the responsible Federal and Republican officials and that an active and optimistic atmosphere prevails.

MCH centres

5. The MCH centres through which the work is carried out at the town and village level are being continuously equipped with UNICEF supplies, as they fulfil the necessary conditions, i.e. the provision of complementary staff training, adequate premises and assured operating budget. UNICEF is providing equipment for a total of 714 such centres in Yugoslavia. With respect to equipment delivered and installed, the position on 15 May this year was as follows:

	<u>UNICEF sets of Equipment issued</u>		
	<u>to major centres</u>	<u>to village stations</u>	<u>Total</u>
Serbia	50	88	138
Bosnia	23	113	136
Croatia	18	71	89
Macedonia	9	41	50
Slovenia	9	39	48
Montenegro	7	16	23
	<u>117</u>	<u>369</u>	<u>486</u>

The remaining 228 sets of equipment will be issued to centres in the final quarter of this year following an examination of requests submitted by districts, towns and villages.

/6. Close co-ordination

6. Close co-ordination is maintained between the major public health centres and the village MCH stations. Major centres must be established in advance so as to be in a position to supervise the village stations effectively. Now that the programme is approaching full development, the Federal and Republican officials are giving closer supervision to the major centres and these centres in turn exercise increasing care in supervision of village stations and in evaluation of their work.

7. In the course of a week-long WHO/UNICEF visit to the Republic of Macedonia, UNICEF equipment was observed in a number of centres and stations as per plan of operations and in every case the premises were suitable and the staff on the spot. These observations served to confirm similar positive developments reported in a visit to other Republics in 1955 (E/ICEF/L.804, Annex).

Nurses and midwives training schools

8. UNICEF supplies and equipment have been delivered to twenty nursing schools and to eleven midwives' schools. Seven schools still have to achieve the standards and meet the conditions required in order to receive UNICEF assistance.

School health services

9. In Phase IV of this programme, for which the Board approved assistance in September 1955 (E/ICEF/L.804) provision is made to upgrade existing school health services and to create new school polyclinics to function as part of the programme of the major MCH centres. Sixty sets of equipment are being provided by UNICEF for this number of polyclinics, and dental units for 36 of the polyclinics. The distribution of the UNICEF equipment should be completed this year.

10. Two pilot projects have also been established for the development of comprehensive school health services, including a broad programme of health education, improved nutrition and environmental hygiene. Teachers and children will conduct these activities under technical supervision with the ultimate aim of influencing improvements in the well-being of rural communities as a whole.

11. In Macedonia, 55 schools scattered throughout the Republic, joined in such comprehensive health services in the course of the 1955/56 academic year. Because these schools are scattered throughout the Republic and because of the difficulties of transport and of the terrain, it is recommended that UNICEF provide two light vehicles for the supervision of this project. In Serbia, fifty schools, concentrated in one district, are also actively engaged in the programme.

/A report by a

A report by a UNICEF representative, who visited Macedonia in order to observe the implementation of the programme, is attached as Annex A. to this document.

Plan of action proposed for 1957(Phase V)

12. Phase V will conclude the initial 5-year period of MCH programme development which has as its objective the decrease in infant, child and maternal morbidity and mortality through the implementation of a comprehensive MCH programme in all districts and in as many towns and villages as possible in all six Republics. This "initial period" of the programme will not ensure adequate services in all areas, but will establish an organized, well staffed and equipped structure on which to base further planning. The essential elements of Phase V are described in the following paragraphs.

Demonstration centres

13. Two further training and demonstration centres are planned for 1957, one in Titograd, for the Republic of Montenegro, and one in Novi Sad, for the autonomous province of Vojvodina in northern Serbia. The financing of the premises, staff and operating costs of the two Centres will be ensured by the Republic of Montenegro and by the provincial government of Vojvodina and the city of Novi Sad.

14. In Titograd, a modern children's hospital is under construction which will house the new demonstration centre. This centre, combining training facilities in preventive and curative medicine will serve as the nucleus of all MCH work in the Republic of Montenegro and will obviate the necessity of sending trainees to Serbia for training. The infant mortality rate in Montenegro is just under 100. Montenegro has a long independent tradition and its health and social problems are peculiar to its mountainous geography with intense extremes of aridity in summer and snow in winter.

15. Over a third of all Yugoslavs live in Serbia in which two demonstration centres have been organized - one in Nis, for Southern Serbia and one in Belgrade, for Northern Serbia. It is now desired to provide a demonstration centre at Novi Sad, the provincial capital of Vojvodina which has a population of nearly two million and a distinctive administrative, cultural and health pattern. Notwithstanding the fact that it consists entirely of a rich, fertile plain between the Danube and Tisa rivers, and is the "bread basket" of Yugoslavia, infant mortality rates are high in Vojvodina due to poor health practices rather than to poverty.

16. Emphasis in this phase will be on better organization and closer programme supervision. The Government has therefore not asked UNICEF for equipment for additional health centres and stations at the town and village level. Better organization and supervision are already receiving increasing attention and in May this year a special meeting of all the Republican MCH officials was held to discuss programme orientation, supervision and reporting.

School polyclinics

17. In the course of 1957, 221 major MCH centres will be operating. Sixty of these centres will have created school polyclinics with UNICEF providing the equipment and of these 36 will include dental services utilizing UNICEF-provided equipment. Conditions affecting the health of schoolchildren were described to the Board in September, 1955. (Annex II to E/ICEF/L.804).

18. Government policy, strongly supported by WHO, is to ensure that MCH work includes the health supervision of school-age children. Each of the major public health centres will ultimately provide this service. In response to the offer of UNICEF equipment, 136 districts or towns applied for the 60 available sets. The Government has, therefore, in the light of expected developments in 1957 requested equipment for a further 120 polyclinics, and equipment for dental services for 60 of these. Field observation by WHO/UNICEF representatives, even in remote areas, has confirmed that trained dental staff is available in most towns of Yugoslavia.

19. The principal gap in the overall MCH structure is the serious shortage of public health nurses and home-visiting auxiliaries. This shortage hampers school health work, and WHO has recommended early attention by the Government to increase training in these categories. Meanwhile, in order to effect the widest deployment of the limited numbers of such personnel UNICEF is asked to provide each school polyclinic with a lady's bicycle for school and home visiting.

Comprehensive school health services

20. On the strength of the work now being started in two Republics (para.11) the other four Republics (Bosnia, Croatia, Montenegro and Slovenia) wish to develop similar pilot schemes in comprehensive school health services. The plan in these four Republics would be similar to that in Macedonia, as described in the attached Annex except that in order to facilitate proper supervision, the fifty schools

/selected in each

selected in each Republic would have to be concentrated in one district. UNICEF's contribution would again be limited to vehicles for supervision, pumps and water adduction supplies and miscellaneous items for school health work.

UNICEF commitments

21. UNICEF would provide the following supplies and equipment for Phase V of the programme (1957):

a) For Demonstration Centres, Novi Sad and Titograd (paras. 13-16 above)

(Quantities and costs are for two centres)		<u>US \$</u>
i)	Miscellaneous training equipment and books	6,200
ii)	Dental equipment - 2 units	1,300
iii)	Midwifery kits - 8 kits	220
iv)	Film projector, sound	880
v)	Carry-all vehicles - 2	<u>4,000</u>
		12,600

b) For 120 school polyclinics (paras. 17-19 above)

i)	Diagnostic equipment - 120 sets @ \$300	36,000
ii)	Dental Equipment - 60 units @ \$650	39,000
iii)	Bicycles - 120	<u>3,400</u>
		78,400

c) For comprehensive school health services in Four Republics (para. 20 above) for 200 schools:

i)	Weighing scales, hair clippers, etc.	6,200
ii)	Water adduction equipment	30,000

For 4 Republics for training and supervision

iii)	Hand duplicating machines	4	880
iv)	Projectors and screens	4	920
v)	Landrover vehicles	4	<u>7,000</u>

For supervision of Macedonian project (See para. 11 above and Annex A)

vi)	Light vehicles	2	<u>2,000</u>
			47,000

d)	<u>Contingencies</u>	\$138,00
	Total supplies and equipment	<u>12,00</u>
		\$150,00
e)	<u>Freight</u>	<u>15,00</u>
	Total recommended aid to Phase V	<u>\$165,00</u>

22. A balance of \$60,000 remains unspent out of previous UNICEF allocations to this programme. Consequently a net allocation of \$105,000 is required for Phase V of this programme.

WHO participation and approval

23. WHO has participated in observation and review of Phases I-IV of this programme and has provided lecturers and fellowships during 1955 and 1956. This programme has the technical approval of WHO.

Participation of CARE

24. United States surplus skim milk powder is being made available to all school health programmes through the agency of "CARE".

Government commitments

25. The additional commitments accepted by the Federal Government on behalf of the Republic, District and local Governments are similar to those under Phase I-IV and amount to more than six times the value of the UNICEF commitments for Phase V. They include:

- 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 two years;
- c) provision of qualified dental staff;
- d) operation of the Demonstration Centres at Titograd and Novi Sad;
- e) increased utilization of milk from MCP dairies in the MCH work;
- f) provision of supplies not provided by UNICEF, and in particular for the School programme;
- g) materials for construction of the privies, shower-rooms and wells;
- h) land, seeds and tools for the school gardens;
- i) ingredients and utensils for the school snack;
- j) courses and tuition;
- k) co-operation of local technicians and civic bodies;
- l) provision of six-monthly general reports on programme development and quarterly statistical reports.

26. The budget for the Titograd Demonstration Centre is estimated at the equivalent of \$250,000. Establishment of the Novi Sad Centre will involve costs estimated at \$150,000. Staffing of the two new Demonstration Centres and the 120 polyclinics will require an additional \$300,000 annually in salaries.

ANNEX A

YUGOSLAVIA

Development of Comprehensive School Health Services in Macedonia

Following Board action in September 1955, pilot comprehensive school health services were launched in Yugoslavia in the 1955/56 school year in the Republics of Macedonia and Serbia. The organization and status of the project in Macedonia were observed and discussed at length during a week's visit to that Republic in May 1956 by two WHO officers and a UNICEF representative.

The programme is being implemented in 55 rural primary schools, mostly "8 year" schools, widely scattered throughout the Republic. It includes schools in muddy villages in the valleys, in distant rocky communities up in the mountains, and in small hamlets in the hills. In all 15,130 children in the age group 7-14 years are at present attending these schools. The selection of the schools to receive UNICEF assistance was made on the basis of proposals from the 87 communes of the Republic, each commune proposing the local school which appeared most likely to be able to fulfil the aims of the programme.

One or two teachers from each school attended a special seminar in Ohrid in the summer of 1955 to receive orientation training in the aims and methods of the project. Lecturers from a number of Republics participated. A similar training course is planned for 1957.

The programme, known locally as the "UNICEF programme for the protection of school children" is directed by a special Co-ordinating Committee at the Republican level, under the chairmanship of the Institute of Hygiene, and includes representatives from the Health Secretariat, the Council of Education, the Chamber of Agriculture, the Red Cross and the Union for Protection of Mothers and Children. Responsibility for implementation lies with the seven District Councils in which the 55 schools are located and the Republican Committee's ultimate goal is to hand over responsibility for the entire scheme to the District.

The project as planned comprises the following activities:

Health Education - The Health Education section of the Hygiene Institute is to provide lectures and projection of slides (locally made) and will prepare exhibitions and pamphlets.

Sanitation - The Republic's only sanitary engineer is to help district sanitarians in planning a sufficient and safe water supply, the building of a shower-room and sufficient latrines, proper drainage and disposal of refuse, improvements to the school premises and yard in the interests of safety, light and ventilation.

School Feeding - A simple kitchen and "dining room" are being installed and crockery and cooking utensils have been provided locally. No trained nutritionist is available in the Republic, however, to encourage the use of the best suited local foods. School gardens and orchards will be developed with the advice of agronomists from nearby State Farms. It is expected that bees and poultry may be kept also at many schools.

/Medical care

Medical Care - Each school in the project will be under the control of a doctor trained in school health and operating out of, or under the control of, the district MCH Centre and School Polyclinic. UNICEF assistance is also going to these polyclinics.

Visits to the schools had been made by Republican officials, so that reports were available at the Republican level. The WHO and UNICEF representatives also visited several schools in order to observe the actual operation of the programme and its effect on the children. The effects of the Ohrid Seminar were noticeable in the attitudes and accomplishments of the teachers who had participated. In one school visited (Izvor) the school yard had been arranged with taste and was very clean. In another (Krupishte) an attractive kitchen-canteen had been set up (with, however, dangerous wooden steps). In yet another (Krilatica) a 220-tree orchard had been planted but water was insufficient. In Lazarovopolje a volleyball court had been put up.

Everywhere there was evidence of deep interest in the programme. In many cases the participants were enthusiastic. It was apparent everywhere that the scheme will require a frequency and quality of technical supervision and stimulation in certain fields which the districts will not be able to provide, for example, sanitary engineering and nutritional guidance. The Republic is, likewise, understaffed and without the necessary transportation to provide close supervision. While it is true, as everyone emphasized, that the teacher is the core of the programme, it is equally certain that the teacher cannot carry it alone.