

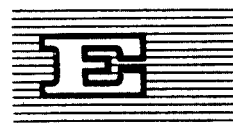
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UNITED NATIONS CHILDREN'S FUND

Programme Committee

Recommendation of the Executive Director for an Allocation
SOMALILAND UNDER ITALIAN ADMINISTRATION
Maternal and Child Welfare Services and Training ^{a/}

1. The Executive Director recommends an allocation to Somaliland under Italian Administration of \$33,000 to assist in the first two years (1958-1959) of a seven-year plan to re-organize the existing health services in the territory so that the 138 urban and rural health centres, now providing chiefly curative services, will turn their emphasis to preventive health measures, especially in the care of mothers and children.

2. The first phase of the programme will be focussed on expanded training of Somali health personnel to give additional training to certain categories of existing health staff, and to train new groups of personnel so that auxiliary health officers, community nurses, sanitarians and midwives will gradually become available to re-staff centres throughout the territory. A training and demonstration centre will be established in 1958 at the De Martino General Hospital in Mogadiscio together with an urban health centre in the same city and a rural regional health centre at Belet Uen in Hiran Region, where practical training will be given. UNICEF would provide:

- a) teaching aids, demonstration equipment, supplementary maternity and paediatric ward equipment for the training hospital in Mogadiscio;
- b) the same for the rural eighty-bed hospital at Belet Uen;

a/ First request for UNICEF aid to this programme

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- c) equipment and drugs and diet supplements for the urban and rural health centres and for three subsidiary village health centres;
- d) three station-wagons, of which two are for supervision and transport of trainees, while the third would be based at the rural health centre at Belet Uen for supervision of activities in the Hiran Region;
- e) stipends for the training of fifteen public health nurse auxiliaries each year in 1958 and 1959; and for thirty trainee sanitarians during the two-year period.

3. While the re-organization and strengthening of training activities represent the first step, regional public health departments will be established progressively in the six regions to undertake the direction of all health work, replacing the present system under which local health units are directly supervised by regional hospitals. The Government plans to establish one regional public health department each year, starting with Hiran in 1959 and continuing as trained staff are made available for permanent assignment and as existing centres are equipped to carry out maternal and child welfare services and other public health activities. UNICEF would be called upon later to provide further assistance for this plan; it is expected that a request would be presented to the Board in 1959.

4. The Government's commitments for the first two-year phase are estimated at the equivalent of US \$88,500, not including the cost of buildings and other facilities. Approximately one third of this amount represents new expenditures out of special funds budgeted for internationally assisted projects; the remainder will be met by conversion of established budget lines.

5. The health problems of this territory and its present public health organization are outlined in the Annex to this document.

The overall plan of operations

6. The present budget for health work in the territory represents approximately twelve per cent of total Government expenditures and it is unlikely that future investments in the health service can exceed this level. The re-organization of

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the public health service must therefore take place within the confines of the present budget, which is feasible, provided that adequate assistance can be given by WHO and UNICEF during the various stages of this development. Throughout this period of conversion it is not expected that new buildings or centres need be constructed, for the existing hospitals, centres and other buildings are adequate. On the other hand, it will be necessary progressively to provide new equipment and supplies for almost all centres, and also to strengthen the facilities of paediatric and maternity wards in the training hospital and in the regional reference hospitals.

7. During the first stage, i.e. in 1959, the change of the health service structure in the first of the regions will be implemented in Hiran province. This involves the establishment of a Public Health Department in the provincial capital, Belet Uen, and the transformation of existing curative centres into health centres and village sub-centres. During this period, a rural regional health centre is to be established in an existing building in Belet Uen, and work in this region will be so organized that it will serve as a practical training ground in conjunction with the training scheme initiated in Mogadiscio. On the basis of experience gained in this first region, a progressive transformation of work in the remaining regions will be carried out as staff trained (or re-trained) becomes available. This change is tentatively planned to be completed throughout the territory by 1964.

Expansion of training

8. With regard to personnel, several changes are necessary. With the establishment of a Regional Public Health Department in each of the six regions, to take over from the regional hospitals the direction and supervision of all preventive and curative functions within the area, new posts will have to be established. In each of the regions, the head of the Public Health Department must be assisted by one or several medical officers, health officers, community nurses, sanitarians

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and midwives, depending on the size of the area to be covered. The Director of the Public Health Department in Mogadiscio has explained that this can be done, partly by conversion of existing budgeted posts, and partly by filling a number of vacant posts now approved in the personnel establishment.

9. The re-organization of the health service will have to be carried out in several stages. The first stage, for which aid is now proposed, is to be implemented during the first two years 1958-1959 and involves the establishment of training facilities for existing and new staff. So far, staff training in Somalia has largely been based on in-service instruction, supplemented by various theoretical courses generally given in the two main hospitals in Mogadiscio and only exceptionally in regional hospitals. By this method the Somali staff have gradually and on a selective basis advanced in the health service through the grades of orderly and dresser up to the more senior levels of midwife, nurse and medical- or social-assistant.

10. A WHO training expert who recently visited the territory found cause to congratulate the Italian Administration for the efforts so far undertaken to train auxiliary staff for hospitals and centres. He also agreed with the Administration that it would now become essential to consolidate the somewhat dispersed training facilities and simultaneously give the training increased scope and orientation along lines which would ensure the availability of Somali staff of sufficient quality and numbers to carry through the expanded public health programme.

The immediate plan

11. Training: Starting in 1959, or possibly later in the case of midwives, the Government will establish a programme of training the following categories of auxiliary staff who will be needed to meet the requirements of the public health service:

- a) Health officers: Three-year courses will be started for medical assistants now working in the health service, and for new recruits

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with secondary school education, i.e. graduates from the middle high school or equivalent. The course will include training in elementary public health, such as school health, and clinical care techniques. The initial annual rate of recruitment will be fifteen a year.

- b). Public health nurse auxiliaries: New recruits will be selected from female applicants with primary school education. The training is to be for a two-year period, during which theoretical and practical instruction will be given in maternal and child care, principles of nursing, elementary midwifery, hygiene, first aid and in the principles of health and nutrition education. Their main field of work after graduation will be in the health centres, and the annual intake of trainees is expected to be fifteen for the first two years, rising later to 25 or 30.
- c) Sanitarians: Male candidates with primary school education will be selected for one-year courses in which they will receive training in environmental sanitation, immunizing techniques, first aid, elementary health education, collection and reporting on vital statistics including prevalence of communicable diseases. Fifteen new trainees will be taken in each of the first two years, and the intake will later be increased up to 25 per year.
- d) Midwives: The present system of training auxiliary midwives in 22 months courses, based on recruits with a primary school education, will be continued and integrated into the future public health training programme when WHO will be able to provide a nurse-midwifery teacher. In the final year of this course, increased emphasis will be given to the home delivery aspects of midwifery. Midwives who already have graduated in the past and are in service in centres will as required be called in to partake in this final year of the midwifery course.

These courses will produce staff mainly for permanent posting to rural and urban health centres or to the regional public health departments. It is probable that the Government will continue a type of in-service training for medical aides now employed in the curative service aspect. Trainees will be provided during the courses with funds for their board, lodging and other upkeep at a monthly average rate equivalent to US \$40. For the two categories of public health nurse auxiliaries and sanitarians which are for the first time being introduced into the health service, UNICEF would assist the Government by assuming responsibility

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to pay 25 per cent of these costs in the form of a stipend to be paid directly to the trainee.

12. Mogadiscio training and demonstration centre: In order to carry out this programme of training, a training and demonstration centre is to be established using buildings and facilities available at the De Martino General Hospital in Mogadiscio. This hospital will be used as part of the practical training ground for the trainees, and UNICEF will, for this purpose, provide supplementary equipment for the maternity and paediatric wards. The training centre will include offices, library, classrooms, demonstration rooms and laboratory facilities and will be ready for use in May or June 1958. A WHO team of three advisers (a medical officer, a senior public health nurse and a sanitary inspector) will be made available in the initial period to undertake the direction of this centre and teaching duties working together with a counterpart group provided by the Government. Senior hospital staff and other officials will also be drawn upon to teach in this programme. UNICEF would provide the centre with demonstration and teaching equipment for training in midwifery (when required) and sanitation, and two station wagons.

13. Model urban health centre, Mogadiscio: To facilitate further practical training, one of the dispensaries in Mogadiscio will be converted and equipped as a model urban health centre, initially to serve a population of approximately 40,000. An Italian medical officer, who is currently abroad on a public health fellowship, will be put in charge of this centre, which will come under the technical supervision of the training centre. In order to upgrade this centre so that it will afford practical training facilities to the students, UNICEF would make available a standard set of equipment for a centre of this nature. The conversion of the dispensary into an urban health centre should be completed by the autumn of 1958.

14. Model rural health centre, Belet Uen: As a further integral part of the training scheme, a model rural health centre is to be established at Belet Uen,

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the administrative capital of the Hiran region. This development, to be started early in 1959, will be a first step toward the re-organization of the health service in that region, where a regional public health department will be set up and existing dispensaries and village centres are to be upgraded for public health work. The Hiran region has been chosen for this purpose partly because there are in Belet Uen physical facilities for accommodation of trainees, and also because this region is one of the purely rural areas which, from the viewpoint of existing organization and accessibility, provides a suitable demonstration base for the new orientation toward public health. The population of the region is approximately 177,000, and Belet Uen is connected with Mogadiscio by a 380 km. all-weather asphalt road. The rural health centre will be supervised technically by the training and demonstration centre in Mogadiscio and will come under the direct charge of the head of the regional public health department, an Italian medical officer who is at present studying public health abroad. The curriculum of training foresees that students of all four categories will spend a minimum of four to six months at this rural centre, in some cases (e.g. sanitarians) longer. UNICEF would provide for this centre equipment and supplies, and a station wagon to facilitate supervision and transportation of trainees.

15. Hiran regional hospital and centres: In the Hiran region, there are at present three local health units - in Bulo Burti, in Giodalassi and in Ferfer. The regional hospital in Belet Uen, to which cases are referred, has a capacity of eighty beds. The ultimate staffing of the three health units after conversion, starting in 1959, will be as follows:

- a) Belet Uen Regional Health Centre - one medical officer, a health officer, a community nurse, a sanitarian and a midwife.
- b) Bulo Burti Health Centre - a health officer, a community nurse, a sanitarian and a midwife.
- c) Village sub-centres - a community nurse, a sanitarian (Ferfer and Giodalassi) and a midwife.

The majority of this staff will have to be drawn from graduates of the training scheme, and full re-staffing can therefore only be completed at the rate that re-training of existing personnel is accomplished or as new graduates become available from the first courses. The centres will commence in 1959 to provide the practical training in this scheme and would in that year be re-equipped with standard sets provided by UNICEF. At the same time, the Fund would make available to the regional reference hospital in Belet Uen new equipment to strengthen maternity and paediatric care, for which at the present no modern equipment exists.

UNICEF commitments

16. UNICEF would provide the following for the first phase of this programme, i.e. for the period 1958-1959:

	US \$
a) <u>Training and demonstration centre, Mogadiscio</u> (see para. 12)	12,400
i) Supplementary maternity and paediatric ward equipment for the De Martino training hospital	6,600
ii) Teaching aids for midwifery training	900
iii) Sanitation training equipment	500
iv) Two station wagons, with spares and extra tyres	4,400
b) <u>Urban health centre, Mogadiscio</u> (see para. 13) Standard equipment for health centre, including drugs and diet supplements for two years.	985
c) <u>Rural centres, Hiran Region</u> (see paras. 14 and 15)	6,320
i) Standard equipment for Belet Uen rural health centre	1,240
ii) One vehicle with extra tyres	1,900
iii) Supplementary equipment for rural 80-bed hospital, Belet Uen	2,760

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	US \$
iv) Three sets standard MCW centre equipment, including drugs and diet supplements for two years (Bulo Burti, Ferfer and Giodalassi)	420
d) <u>Contingency</u>	<u>2,295</u>
Total supplies and equipment	22,000
e) <u>Freight on supplies and equipment</u>	2,000
f) <u>Stipends for trainees</u> (see para. 11)	9,000
US \$10 per month for:	
i) Public health nurse auxiliaries - fifteen for twelve months and fifteen for 24 months	
ii) Sanitarians - 30 for twelve months	
Total recommended allocation	<u>33,000</u>

WHO approval and commitments

17. This project has the technical approval of WHO. A WHO short-term consultant arrived in the territory at the end of 1957 to assist in the preparation of the training scheme, and three advisers will arrive in Mogadiscio in May 1958 for an initial period of two years, probably to be extended for a further three years. These advisory services will be made available from regular funds of WHO, together with equipment and supplies for the training centre in the approximate value of US \$700. WHO will also provide fellowships in the fields of public health administration, public health nursing and sanitary engineering for three of the officials directly connected with the project. WHO will later consider the provision of additional advisory staff and further fellowships, as this project develops. The total amount budgeted by WHO for the two years 1958 and 1959, under the regular budget, is US \$52,635.

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Government commitments

18. The Territory has an adequate budget for health which represents the maximum which can be afforded. In accordance with the recommendation of the United Nations Advisory Council's latest report for the Trust Territory ^{a/}, care has been taken in the preparation of this plan not to increase the overall health budget substantially.

19. The Government will maintain the present programme of training involving expenditures for salaries of teaching personnel, upkeep of trainees and current expenditures connected with the development of the urban health centre in Mogadiscio and the rural health organization in Hiran. These expenditures, estimated at Somalos 205,000 yearly, equivalent to US \$60,000 for two years, will be covered from the ordinary budget.

20. In addition, special provision has been made under the state budget's code for "Programmes with International Assistance" in the amount of Somalos 200,000 (equivalent to US \$28,500). Funds for the first year have already been authorized while funds for 1959 are subject to final approval. The total cost to the Government for the two-year period will be equivalent to approximately US \$88,500.

^{a/} Paragraphs 247-248 "Report of the United Nations Advisory Council for the Trust Territory of Somaliland under Italian Administration", dated 22 April 1957. (T/1311)

ANNEX

Health Problems and Health Organization in Somalia

1. A study of health problems in the territory is, to some extent, facilitated by the fact that good statistical returns from hospitals and clinical dispensaries are available from operations during the past several years. They show a high prevalence of malaria, tuberculosis, venereal diseases and of intestinal and respiratory disturbances. Further evidence has also been made available through special surveys carried out in the more recent period, such as the investigations made in conjunction with anti-malaria work (E/ICEF/L.756) and the visit in 1955/56 by the UNICEF/WHO East African ECG Assessment Team. Moreover, the report on a study of treponematosi s conducted by WHO has added to the evidence that communicable and infectious diseases are in predominance.

2. A high rate of infant and child mortality is recorded. In the areas of sedentary population along the Scebeli river, fairly complete investigations show that out of every 315 children born (the average live-birth rate per 100 women in the child-bearing age group) only 148 survive. The nomadic population represent some 70 per cent of the total population. While there are no such accurate statistics for this group, there are reasons to believe that the death rate among infants and children in this group is even higher. Both famines and the prevailing diseases contribute to this situation, but the main cause lies in the absence of hygiene during and after pregnancy and in the irrational methods by which infants are normally nursed and fed.

3. In the light of this situation, the Administering Authority and the Somali Government are pursuing a policy by which increased emphasis is given to measures involving mass control of diseases and which aims at a gradual promotion of public health services. An important step in this direction was the start of a national malaria eradication pilot project.

Equally significant is the current decision to re-orient the basic medical facilities in the territory toward a permanent public health service introducing sanitation measures, maternal and child care and health and nutrition education.

Existing health services and projected re-organization

4. Under the Administering Authority, the territory has achieved an adequate organization of medical facilities, both at the level of central administration and in terms of a country-wide network of medical services. In Mogadiscio there is a general hospital of 500 beds which provides specialist

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services, and an infectious diseases hospital with 600 beds. A network of seven regional hospitals is in operation - one in each of the six regions plus one in Mogadiscio, with capacity varying from fifteen to one hundred beds per hospital. In the regions, twenty larger dispensaries with some bed facilities and 118 village dispensaries are established and staffed to provide strictly curative services. These centres are also responsible at this stage for certain public health activities, such as vaccinations, midwifery services and urban sanitation, but the type of staff available and the fact that these centres are directly dependent on a regional hospital as a supervisory body has not proved conducive to a more concerted and broad approach toward preventive health measures. The trend toward public health services is, however, more strongly represented within the central health administration, i.e. in the Department of Public Health of the Ministry of Social Affairs.

5. In September 1957, the staffs of health establishments in the territory included 80 Italian nationals, mostly in the professional category, and 717 Somalis, all of whom were employed as auxiliary and administrative staff. The distribution of this staff, by category, is as follows:

<u>Category</u>	<u>Number of staff employed</u>	
	<u>Italian</u>	<u>Somali</u>
Medical officers, physicians, surgeons	55	-
Pharmacists, senior laboratory staff	6	-
Orthopaedic technicians	5	-
Matrons and nurses	11	30
Midwives	3	55
Medical and social assistants	-	23
Dressers - male	-	283
- female	-	46
Malaria technicians	-	52
Clerks and other administrative staff	-	228

6. There is a trend to reduce gradually the number of foreign staff and to replace them by Somalis. Notwithstanding, there will still be in 1960 a need for 58 foreign staff of professional standard, and it is understood that the Government of Italy will make this staff available for an unlimited period. Meanwhile, 68 Somalis are under training in the territory, so that

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16 medical and social assistants, 16 midwives and 28 nurses will graduate in 1958, while a further 8 medical and social assistants will be available in the following year. Thirty-five Somalis are at present being trained in Italy. Of these, 9 are studying medicine; one is expected to graduate in 1960 and 8 in 1963. The majority of the rest (24) are being trained as assistant medical officers to graduate in 1958, while a nurse will complete her WHO fellowship this year and a pharmacist is to graduate in 1960. Four of the trainee assistant medical officers are also studying under WHO fellowships.