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Programme Committee

Recommendation of the Executive Director for an Allocation

POLAND

Basic MCW Services and Training

1. The Executive Director recommends an allocation to Poland of \$160,000 for equipment, supplies and vehicles for district training centres, equipment for the Institute of Mother and Child Care in Warsaw, and transport for twelve districts where maternal and child welfare (MCW) services are to be upgraded. Prior to 1950, the Board approved \$800,000 for various aspects of MCW services, including aid to the Institute of Mother and Child Care, school health, rehabilitation of handicapped children and care of premature infants.
2. The programme now proposed by the Government envisages the reinforcement of teaching and training at the highest national level for paediatricians, obstetricians and other senior medical personnel by the Institute of Mother and Child Care, and the establishment of refresher training in public health, social paediatrics and obstetrics for all categories of health workers in the district training centres at Bialystock, Bydgoszca, Lodz and Warsaw and in the related demonstration areas where training is to be organized. Of the districts with less developed MCW services twelve are to be provided with transport for supervisory purposes. The present plan was submitted by the Government following studies of maternal and child welfare and public health in Poland by four officials of UNICEF and WHO.

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3. The Government will spend an estimated 30 million zlotys in 1958 on all training activities connected with maternal and child welfare of which half are directly connected with the four district training centres. US\$ 480,000 is considered as matching for the proposed UNICEF allocation.

Present position of health personnel in Poland

4. There are 20,000 doctors in Poland of whom 62 per cent qualified after World War II. Of 53,300 nurses and 8,000 midwives, those who have qualified since the war represent at least 90 per cent of the total. A large proportion of existing medical institutions, health centres, etc., have grown up since the war as part of post-war reconstruction.

5. Poland having suffered great material and human destruction during the war, the rate of reconstruction and expansion in recent years has been extremely rapid and some compromise had to be made in training standards, particularly with respect to the training of nurses. Now, ten years after the war, the great change which has taken place in the age-structure of all branches of the health service staff is evident to the most casual observer. The majority of doctors and nurses appear to be not more than thirty years of age, and those who are older belong to an age-group which, in other countries, would long since have retired. This results in two major weaknesses in the present service: first, the supervisory cadres, both medical and nursing, are insufficient for their tasks; and second, the professional education of the groups of nurses who qualified in the immediate post-war years no longer corresponds to the tasks they face.

6. The contact of the population with the health service is to a large extent through the 1,800 health centres dispersed about the country and the 1,855 health centres in factories, coal mines and other enterprises. These centres provide ambulatory medical and surgical treatment for adults and children and serve as headquarters for the doctors, nurses, midwives and sanitarians working

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on the village level. Services are also provided by the well and sick baby clinics which are separate services. (There are in Poland at present 1,100 well baby and child clinics and 1,126 sick baby clinics.) In many cases the health centre is associated with a maternity home of up to ten beds. (There are 1,063 obstetrical clinics and 5,000 beds in small maternity homes in villages.)

7. "Sanepids": The sanitary-epidemiological stations, referred to as "Sanepids", are widely distributed throughout the country and arranged in their own hierarchy. At their simplest, they represent a point from which the sanitarians' activities are directed; at their more developed, they provide administrative headquarters for a health inspectorate backed by full laboratory services. Classically, the Sanepid has six sections or divisions: epidemiology, communal hygiene, food hygiene, industrial hygiene, child health and hygiene and health education. All of these activities have their bearing on the field of maternal and child health, particularly the child health and hygiene sections. The Sanepid provides environmental control of all child care institutions, including school health, but is also concerned with the epidemiology of children's diseases and the conduct of mass immunization. There is a recent tendency to transfer the responsibility for routine immunization to the maternal and child health clinics, but Sanepid continues to have a major influence in maintaining a healthy growth environment for children.

8. The nursing cadres: Care has been taken to maintain and enlarge the group of nurses engaged in teaching. Nurses who qualified before the war in schools established by the Rockefeller Foundation can be found today in key positions. First steps have been taken to establish a university level training course for nurses. Twenty-six nurses who have previously completed basic training have graduated to date in a course given in Warsaw which has been improvised to provide supervisory and higher level training. Another 56 nurses will be finishing this improvised course next year and they will be the last to be trained by this emergency method of post-diploma university preparation. There

is now in Warsaw a special training course in pedagogic methods for nurses where a two-year residential course is to be undertaken. As for basic training, shortened courses have been entirely abandoned and the 56 nurse-training schools have an output of 4,000 two-year trained nurses which will soon consist entirely of women who have completed high school. There are seventeen schools of midwifery with a total output of 1,000 midwives per year. It is recognized, however, that much still needs to be done in order to achieve the required number of 2,500 senior supervising nurses adequately qualified for their task.

9. To illustrate the position further, the situation of Lodz District may be cited. It has 1,600,000 inhabitants (excluding Lodz town) and of this number 1,200,000 inhabitants live in a purely rural environment. The district has the following health facilities:

- a) 700 doctors of which 38 are paediatricians and 36 obstetricians;
- b) 1,700 nurses (600 more are needed), 400 midwives (60 more are needed immediately and 200 more in two years time);
- c) 17 hospitals with a total of 3,706 beds (400 maternity beds and 400 children's beds);
- d) 230 small maternity homes with less than 10 beds each;
- e) 31 consultation centres for well children and 33 consultation centres for sick children.

10. There are 20 sub-divisions in the district, many of these have no transport of any kind for mother and child health care. The district headquarters responsible for the supervision of these sub-divisions may be as far as 140 kilometres distant from a particular sub-division.

11. The refresher training needs of doctors working in the sub-divisions of districts are being met by week-end training visits conducted by already hard-pressed specialist staff. Professors of paediatrics and obstetrics go down to a convenient centre to meet doctors from the neighbouring rural areas and to give them what amounts to a few hours of rapid refresher work or familiarization with

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a new technique. This system is both unsatisfactory technically and extremely onerous for all concerned. It bridges a gap for the present but the need is urgent for a more effective training scheme.

12. A short, one-day conference is a monthly routine for midwives who are gathered together from the surrounding country-side in groups of twenty to thirty to meet the doctor in charge of maternal and child welfare or the district supervising nurse (if there is one). Though these meetings make it possible to do some teaching, they are obviously, as the Government feels, a poor substitute for supervision in the actual work milieu, which is prevented by lack of transport.

13. It cannot be over-emphasized how much professional skill is wasted by being restricted to a small geographical area through lack of transport or through the expenditure of a large proportion of the working day in slow-moving or indirect public transport. Apart from waste of time, this lack of transport places an absolute prohibition on the effective deployment of supervisors in the rural sub-divisions.

#### The Government's plans

14. With international help, the Government wishes to give new impetus to public health training and supervision, particularly in its relation to maternal and child health. At the same time it wishes to introduce, as international help makes this possible, systematized and practical demonstration courses for medical officers and nurses of these supervisory categories. Specifically, the Ministry of Health has the following objectives:

- a) training of doctors in public health principles for doctors who are already trained in clinical paediatrics;
- b) training of doctors in social paediatrics taking trainees from the working level of preventive and curative health services;

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- c) refresher training of nurses who qualified in the earlier accelerated courses and who are now employed in the rural health services;
- d) training of nurses in supervisory techniques by the practical demonstration of the needs of rural areas for supervision and of appropriate ways of meeting these needs;
- e) creation of practical demonstration areas in which doctors as well as nurses may see the rational functioning of an integrated curative and preventive service. These areas are not to be idealized models, but are to demonstrate what is normally possible. These areas will provide a major part of the facilities for activities enumerated above. As mentioned above (para. 7) a well-developed preventive service exists in the chain of Sanepids spread throughout the country. However, as mentioned previously, this service is not organizationally and administratively related closely enough to the curative services. Both in the organization of training courses and in the work of the demonstration areas, particular attention will be paid to the co-ordination of the work of the two services. It is the intention of those responsible for MCW and Sanepid work at the Government planning level to ensure the fullest mutual benefit in their respective sectors from the co-operative implementation of this plan;
- f) strengthening the Institute of Mother and Child Care for the efficient continuation of its work, and hence to the highest level of training. UNICEF provided assistance to the Institute prior to 1951; the Institute now depends for its effective operation upon the replacement and repair of worn-out equipment and requires certain supplementary equipment.

15. Sanitary training: Mention should be made of certain training activities which, though they are not an integral part of this plan, will certainly contribute to it. The Government plans a reorganization of the teaching of doctors and auxiliaries employed in the Sanepid system. Courses for doctors in the School of Hygiene will start again next year. It is also proposed to start again the training of the "sanitary controller" (the lowest group of auxiliary) which was abandoned in 1954, but greater priority is assigned to the strengthening of the formation of 2,000 auxiliary sanitarians working in Sanepids and health centres. Such future training plans will be developed to take full advantage of the facilities to be provided under the plan outlined in this paper.

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16. Priority of courses: The Ministry of Health plans to start training with a course which might be described as one of familiarization in the elements of social paediatrics and practical maternal and child welfare work for doctors, senior nurses and midwives whose daily work is concerned with the health needs of women and children. Such a course would last six to eight weeks and would be repeated five times yearly in each of the four district training centres.

17. Location of courses: The training objectives are to be pursued in the four training and demonstration areas situated in Bialystok, Lodz, Bydgoszka and Warsaw Districts. Each of these training centres will be associated with the existing schools of nursing and of midwifery and the Academy of Medicine in the respective district headquarters or with the Institute for Postgraduate Studies and the Institute of Mother and Child Health. These establishments will provide the teaching staff, while the practical field training will be organized by the public health officer holding the post of senior paediatrician in the district concerned. For the practical demonstration to be effective, one suitable sub-division in each district will be selected and brought to model efficiency. The general orientation of the scheme will involve public health and medical care and will lie with the Director of the Maternal and Child Health Division of the Ministry of Health.

18. Numbers to be trained: Each of the twenty courses in the district centres will be offered to twenty persons so that 400 trainees will benefit annually. They in turn will teach the essentials of their new knowledge to the medical personnel in the sub-divisions for which they are responsible. Some 8,000 health workers should thereby benefit indirectly from the training courses. The entire personnel of the health service working in maternal and child welfare activities in the four selected demonstration sub-divisions (about 1,200 persons) will also be trained anew and then used as didactic personnel.

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19. Transport: The key to much of the application of the proposed training activities lies in remedying the grave transport shortage. Up to the present, governmental allocations of transport have had to be made on what might be called a first aid basis and to carry the sick from remote villages to hospitals. All the transport which the Ministry of Health will buy in 1958 (600 cars) will be assigned to this type of top priority "ambulance" service. The provision by UNICEF of transport for twelve "application" districts where the maternal and child welfare service is most acutely hindered by lack of transport would make it possible for the newly trained or "refreshed" personnel to give practical effect to their new knowledge. This will have the dual effect of permitting the Government to mobilize nursing and medical supervision in the sub-divisions and to allow the district as a whole to be visited systematically by the senior paediatrician, obstetrician and maternal and child health officer.

UNICEF commitments

20. UNICEF is asked to contribute to this plan at four levels:
- a) at the central level, in the Institute of Mother and Child Health;
  - b) at the four district training centres;
  - c) at the four demonstration areas associated with b) above;
  - d) at the supervisory and application level in 12 districts, selected as the most ill-served by lack of transportation.

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21. UNICEF would provide the following:

	<u>US\$</u>
	<u>Vehicles</u>
a) <u>Institute of Mother and Child Care</u>	15,000
New items of equipment and spare parts for existing equipment (para. 14 f)	
b) <u>4 District Training Headquarters</u>	
Equipment and books (paras. 14, 17)	28,000
Vehicles for paediatric teachers, obstetric teachers and District Director, MCW	12      18,000
c) <u>4 Sub-Division Demonstration Areas</u> (para. 17)	
Vehicles for nursing and midwifery supervisor and for physician in charge	8      12,000
d) <u>12 Application Districts</u> (paras. 11, 12, 19)	
Supervisory vehicles	36      58,200
e) <u>Spare parts for vehicles</u>	9,100
f) <u>Contingencies</u>	<u>5,000</u>
Total supplies and equipment	145,300
g) <u>Freight</u>	<u>14,700</u>
Total recommended allocation	160,000

WHO participation and approval

22. WHO technical approval has been given for this programme. WHO actively contributed to the planning of this project through visits to Poland of expert consultants. WHO will provide lecturers, consultants and fellowships to an approximate amount of \$12,000 in 1958 and 1959 in connexion with assistance to training institutions.

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Government commitments

23. The Government estimates its total 1958 expenditure for training medical personnel concerned with mother and child health at 30 million zlotys. An estimate of expenditure in 1958 in connexion with major new developments in this plan is as follows:

	<u>Zlotys</u>
a) Salaries of trainees, drivers, clerks and social insurance	2.948.000
b) Lecturers	360.000
c) Official travel (per diems etc.)	2.040.000
d) Food, housing, administrative expenses	1.680.000
e) Petrol, oil, repairs etc. of cars	2.371.000
f) Equipment for the trainees' hostels	902.000
g) Medical equipment for training centres and related health units	<u>386.000</u>
Total for 4 district centres and related demonstration areas	10.687.000
h) Supplementary expenditure involved in training activity (para. 21) in the 12 application districts	<u>4.900.000</u>
Total	15.587.000

24. UNICEF would consider the equivalent of US\$ 480,000 as matching the proposed allocation.

25. Subject to the experience in 1958, it is the Government's intention to extend subsequently the district level systematic training to other districts.

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