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STAFFING THE MATERNAL AND CHILD HEALTH SERVICES
AND TRAINING THE STAFF FOR THESE SERVICES

by

Dr. Ghassan H. Jallad

Maternal and Child Health Team Leader

Tripoli, Libya

Maternal and Child Health is still a new subject in many countries, especially in this Region where representatives of most governments in it, authorities and technicians in the field of Maternal and Child Health are holding this conference to exchange views and discuss various relevant subjects. We must first express our thanks to WHO, its Regional Office for the Eastern Mediterranean with its Director - Dr. Taba, his assistants, advisers and experts, who have planned this conference which is the first of its kind in the Region. They and the secretariat of this office have co-operated in carrying out that plan and organising this conference so that it would be most advantageous for mother and child in this part of the world. Thanks also to the host, the Egyptian Government, who have accepted, or rather have invited this conference to be held in their capital, made efforts and participated with the responsible WHO authorities to make it a success. Thanks to the various governments who are participating in the conference through their honourable delegates whose valuable knowledge in the field of Maternal and Child Health will certainly be a great contribution to the success of this conference. Finally, thanks to EMRO which I have the honour to be one of its field staff in charge of one of its Maternal and Child Health projects in the area and which has given me the honour to talk to you today.

I have stated before, Maternal and Child Health in this part of the world, as well as in certain other Regions, is still one of the new subjects which have not yet been fully developed for various reasons in spite of the efforts of WHO and other organisations, together with those of official quarters concerned with Maternal and Child Health problems in the various countries of this Region. All of them are aware, and appreciate the importance of this subject and the needs of their countries in this field. I believe one of the most important factors is that this subject is not well appreciated by certain responsible officials who are to decide and evaluate health projects in their countries. This is not strange, for many of our colleagues, the doctors in several countries, understand this subject from the curative angle. If they were even to establish Maternal and Child Health centres, most of their activities would be in the curative field rather than in the fields of health, protection and social welfare.

Success of any Maternal and Child Health project depends on three basic principles:-

- a) Correct understanding on the part of the responsible officials and their conviction of the vital importance of such a project for the country, and its great services in the field of Maternal and Child Health, even if its results are delayed on account of economic, cultural, social and regional factors in respect of the country in which Maternal and Child Health centres are operating.
- b) Staffing these Maternal and Child Health centres with the necessary qualified and trained doctors, midwives, nurses, auxiliaries etc., to provide and carry out these services.
- c) Provision of the necessary funds for such a project and its services, so that it may perfectly carry out its mission.

There is another aspect which should be taken into consideration at the outset of every project and the establishment of the first Maternal and Child Health Demonstration and Teaching Centre, namely, selection of the correct area where this centre is to be established, so that the inhabitants may understand

and welcome it, as well as assist the staff. Due consideration in this respect should be given to the study of cultural, social, educational and economical factors, as well as to traditions, habits, and the facility of rendering these services to the inhabitants of the area. Furthermore, there are many other factors which are related to the success of this project and are, in my opinion, second in importance.

Staffing and training which is the subject of my talk now, is, I believe, the most important of the three points I have already referred to. This aspect deserves care and study because it alone, if provided would constitute seventy-five percent of the success of the project.

I. STAFFING THE MATERNAL AND CHILD HEALTH SERVICES

If we wish to speak about the necessary staff for Maternal and Child Health services, we must state the required staff in full, including the various Maternal and Child Health divisions, especially if a complete government or private Maternal and Child Health service were envisaged, and to which centres and sections of various specialisations in Maternal and Child Health problems are attached. In this connection, I would like to state that according to my experience, it is better to start every Maternal and Child Health project in this Region on governmental basis materially supported in order to make the staff appreciate their responsibilities. Voluntary work in this Region has not reached a stage where this type of project can long endure and render the required services, because the required experience and funds are usually lacking. As to the administration of the Maternal and Child Health services, it should be entrusted to a paediatrician, obstetrician or a public health medical officer who is also specialised and had long experience in social pediatrics (Maternal and Child Health services), plus experience in public health administration. Furthermore, it must be noted that such a person should find pleasure and have interest in Maternal and Child Health services, always being anxious to develop them in a proper manner. With regard to the assistants of the Maternal and Child Health services administrator, such as doctors, midwives and public

health nurses, they should be specialised and experienced to be able to run the affairs of the Maternal and Child Health centres, supervise and orient its activities and solve its problems.

Lack of Public Health and Maternal and Child Health Teaching and Training Services

Most of the countries in this region lack schools or departments in universities or colleges for various specialisations. For instance, most universities and colleges of those countries lack departments for specialisation in public health, its divisions, public health administration, Maternal and Child Health services, public health nursing, district nursing, etc. Moreover, these universities and colleges do not conduct or organise annual courses in these subjects, because these courses are not included in the curricula. No doubt, most specialists in these subjects, who are working in the countries of the Region have studied in western countries, because these subjects are available in western colleges and institutions on account of the existence of such health services and their dealing with these subjects some time ago.

Importance of Maternal and Child Health Training Centres

Lack of the required and sufficient number of specialists in this Region for protective health projects, because of the reasons I have already mentioned; the desire during the past few years to establish Maternal and Child Health services in view of the fact that their vital importance to the population was recognised; and the dire need of proper staff to run these services have made the responsible specialists in those countries, together with international organisations, especially WHO, consider the idea of establishing Maternal and Child Health demonstration and training centres, with a view to preparing the necessary staff of the various categories. Most of the governments in those countries were lately concerned with establishing and developing such centres, as well as extending their services, while WHO and UNICEF have provided them with technical knowledge, supplies and equipment. Training and demonstration work in these centres have been carried out by groups of specialised doctors, midwives and public health nurses. Selecting the right staff, and providing

those training centres and other Maternal and Child Health centres with such staff are of great importance.

Matters to be considered before starting any Maternal and Child Health Project

There are many things which should be remembered before starting any Maternal and Child Health project; they are closely related to the subject and, therefore, they should be carefully studied, because proper selection of the required staff and the ultimate success of the project, depend on them.

These things are:-

- a) Availability of pediatricians, obstetricians and public health medical officers.
- b) Availability of qualified midwives.
- c) Availability of public health nurses, or at least, qualified nurses.
- d) Survey of the health, economic, cultural, educational, social and family aspects, together with the prevailing habits and traditions in the various phases of life.
- e) Selection of the area where the centre is to be established, taking into consideration the inhabitants' readiness to welcome the idea, and assist the staff of the Centre in order to be able to render its services to the population and to obtain the desired results of raising the health standard and decrease infant and child mortality rate as well as that of abortions.
- f) Adaptation of the project and services to the economic, social, religious and cultural conditions of life, as well as to the prevailing traditions and habits in the area.
- g) Material and moral encouragement of the staff as well as giving it due respect and providing it with its reasonable needs so that it may be able properly to carry out its duties.

1. Physicians

With the exception of one or two countries in this Region, it is not difficult to find the required number of physicians, even specialists, such as pediatricians or obstetricians. Specialists in public health may be few

in this Region. In general, however, physicians are quite available, but they should be well selected for Maternal and Child Health centres, taking into consideration, that the selected one should be active, diligent, conscientious, deeply interested in this kind of work, qualified for demonstration and training work, and know a foreign language.

2. Midwives and Nurses

It may seem difficult to find public health nurses for training centres in some countries of this Region, but there are qualified midwives and nurses, who could be trained in Maternal and Child Health services. What is important is to select those midwives and nurses who meet the required conditions for this type of work. Some of these conditions are:-

- a) Qualifications are important and necessary. It is naturally preferable to have them specialised in public health nursing.
- b) It is preferable that a midwife or a nurse has a good knowledge of one foreign language.
- c) She should be young of twenty-five to thirty-five years old, because an older woman usually sticks obstinately to one type of work or routine, making it difficult for her to change or learn new methods. She may even find the new methods below the standard of her knowledge, or involving some nonsense or excess. Furthermore, activity usually is a result of good health.
- d) A midwife or nurse should love her work, be loyal to it, courteous, alert, of high moral standard and quiet temperament.
- e) She should be physically fit .
- f) I should state frankly, in the light of my experience, that I personally prefer to have an unmarried midwife, especially childless, since this family responsibility, which deserves respect, prevents her from properly and simultaneously performing her professional and family duties. We should not also forget maternity leaves given to a married lady staff member, and this is one of her rights. Such leaves vary according

to countries and their regulations. These leaves constitute a delay more or less of work, especially when there are two or three having maternity leaves at the same time and at the same centre, in which case, serious delay of work will be caused.

These conditions and such preference are naturally true in the case of midwives and nurse-midwives working at Maternal and Child Health centres. They may not be applicable to their colleagues working in other health establishments. It must be noted that a midwife or a nurse-midwife should be well selected for the location or the environment in which she is to work, whether in a training or an ordinary Maternal and Child Health centre in town, or for district nursing. In the latter case she should be qualified in nursing, midwifery and public health nursing. If she is to work in rural areas, then the type of her work would be different from that of her colleague working in an urban area, because of the difference in environment, mentality of the population, traditions, possibilities and means of transportation, etc. Therefore, conditions to be fulfilled by the nurse-midwife in respect of the various factors I have already referred to, should be taken into consideration. This is precisely what should be observed in teaching and training such groups. Nurses are more numerous than midwives, and the conditions I have mentioned with respect to selecting midwives, apply equally with respect to selecting nurses.

3. Health Auxiliaries

Lack of qualified nurses and midwives in general in this area has created difficulties in providing the required number of them for the Maternal and Child Health centres and services throughout the land in spite of the availability of financial means with respect to certain governments. The problem is, however, that of time. To obtain an adequate number of nurses and midwives, in spite of the availability of financial means, nursing schools, together with an adequate and competent teaching staff have to be provided first. Furthermore, to prepare these groups and make them qualified, many years of teaching and training them according to the known curricula have to be spent. In the past few years, need has outrun time. The annual number of nursing and midwifery graduates is below

the demand in those countries where the various types of health services are considered necessary to meet the needs of the distant and nearby areas. This state of affairs has made the responsible authorities in certain countries think of preparing an auxiliary staff to carry out such services in the field of nursing and midwifery until the required and adequate number of qualified personnel becomes available for the needs of the countries. Such personnel has been called "public health auxiliaries", or simply "health auxiliaries". Personally, I prefer the name "health visitors" since their most important functions, in fact, is home visiting. Furthermore, this name is preferred by members of this auxiliary staff, and it is more acceptable and respected by mothers and families. It is to be regretted, however, that the profession of nursing is considered in most countries of this Region as not a respectable one, although this profession renders valuable services to all mankind.

It is very easy to obtain the required number for this auxiliary staff. However, certain conditions have to be met, and certain factors have to be taken into consideration in selecting the individuals. Furthermore, it is advisable to draw the proper curricula and training programme for them. It has become evident to me in the light of local observations, and experience in certain countries of this Region, that the following conditions for admission should be made:-

- a) The applicant should be eighteen to twenty-five years old;
- b) she should have had eight to nine years of primary, elementary and secondary education, or at least five to six years of primary and elementary education;
- c) she should be unmarried and should not be allowed to get married during her training course;
- d) she should be physically and mentally fit.

Furthermore, it is advisable to take the following into consideration:-

- 1) It is preferable to select the candidate from the area where she is going to work after graduation, because she would be well acquainted with the environment, traditions, etc. which would make it easier for her to

enter homes, co-operate with the people and render services better than her colleague who is a stranger.

2) It is preferable that she should be of the poorer class because of financial and moral reasons, so that she would better understand her responsibilities and duties to perform them as best as she can.

3) She should be modest, of good character, tactful, kind, courageous, know when and how to speak, quiet, active, loving her profession and adequately capable.

4) Preference in admission to the courses should be given to daughters or relatives of local ignorant midwives (dayas) when these conditions are equally met by all applicants. This preference is to be made for many well known reasons, some of which are to put an end to the activities of ignorant local midwives who know nothing about hygiene and the principles of public health in deliveries, and who stick to absurd habits and special methods which are often dangerous to the life of mother and child. Also, because it is a usual practice that the ignorant daya prepares her daughter or one of her relatives to replace her in the profession of midwifery; this profession is handed over with all its dangers and risks from one generation to another. By selecting the daughters of such dayas for training, we would be putting an end to those ancient unhygienic methods and absurd beliefs of the daya, thereby constituting a great danger to the life of the mother and her child.

It is also advisable to hold an entrance examination for the candidates who wish to be enrolled in the auxiliary course, in order to determine their educational background, qualifications, etc. The examination should contain simple questions in health, social welfare and education.

Rural Maternal and Child Health Centres

If we want to ensure Maternal and Child Health services in the remote rural areas, and want to start such services before we have the required number of public health nurses and midwives, we have to establish rural Maternal and Child Health centres first. In my opinion, the practical way is to establish a central

rural Maternal and Child Health centre for every group of villages to be operated by a public health nurse midwife assisted by a health auxiliary from the area. Both of them should undertake delivery work, render health services to the population and train the existing village dayas on modern hygiene methods in deliveries. There is much material and many moral methods for encouraging those dayas to attend the classes conducted by the public health nurse midwife, or to be constantly in contact with her applying what they learn from her. It should be possible to adopt simple administrative measures in consultation with the local authorities to ensure this objective. It is possible also to select a number of girls from each village for training to work as volunteers in the field of Maternal and Child Health in the village and participate in such work according to simple methods and programmes. The district medical doctor or the itinerant doctor may supervise such a centre by visiting it once or twice a week and finding out its requirements which do not cost much but are valuable for public health, Maternal and Child Health work, social and educational work. This would be necessary until the country has obtained the adequate number of nurses and midwives both in the urban and rural areas.

I have so far dealt with the various Maternal and Child Health centres, and spoken of providing the required staff because such centres and their services are the most important things for other Maternal and Child Health services in this Region. But if we want to speak about other Maternal and Child Health services in the various related institutions, such as nurseries of various types, nursery schools, maternity homes, homes for foundlings, orphanages, etc., each one has its special staff, conditions and required qualifications. For the purpose of this talk, I shall not deal with these various institutions because it would require a long time, and such institutions and their services come next in importance, urgency and possibilities in my opinion with respect to these countries. It is to be noted, however, that certain countries in this Region have such services either organised or unorganised, official or voluntary. These should be well taken care of because of their Maternal and Child Health services.

II. TRAINING THE STAFF FOR THE MATERNAL AND CHILD HEALTH SERVICES

It is essential before dealing with the subject of training the necessary staff of various kinds who will take up the Maternal and Child Health work, that we draw attention to the necessity of having proper premises with an adequate number of rooms well equipped and supplied to facilitate training and services. Everyone who has had training and experience in Maternal and Child Health services knows the type of teaching and training which should be given to doctors, midwives and nurses in the field of Maternal and Child Health services. He should also know the duties of each category in the various institutions which render Maternal and Child Health services. What is important, however, in this respect, is to adapt the theoretical and demonstration programmes of teaching and training to the special cultural, social, economic, financial, religious and traditional conditions prevailing in the country concerned. These factors should all be taken into consideration in drawing the teaching and training programmes which must be made on the basis of full and correct understanding of these factors and needs. Teaching and training subjects should, however, fall within the scope of Maternal and Child Health principles. Perhaps training of health auxiliaries should be dealt with more than other subjects because of its importance and because it is still a new thing in this Region. Some countries have already started in it as a result of their urgent need, the shortage of qualified midwives and in certain cases, because of lack of funds.

I firmly believe that no qualified person or anyone who has not had any training in Maternal and Child Health services, whether a doctor, a midwife, a nurse or a health auxiliary, should work in a Maternal and Child Health centre or in any of its related services without previous adequate training in Maternal and Child Health centres according to programmes drawn for this purpose. In the light of my knowledge, experience and partial acquaintance with conditions, traditions and possibilities of certain countries of this Region, I believe the following training programme is adequate for each of the groups I have mentioned. It is necessary, however, in my opinion and in the light of the requirements of these

countries as well as the possibility of conducting such services, to introduce certain curative subjects in the programme, since it is imperative to conduct curative and preventive services side by side in most countries according to the conditions and available facilities, or else it would be doubtful whether Maternal and Child Health projects will be successful. Furthermore, the results of such services will be extremely limited.

1. Training Doctors

Since the doctor will be responsible for the work and service of the Maternal and Child Health centre in addition to his work in the clinics, it is important that he should first understand and have a correct idea of the significance of Maternal and Child Health centres and everything related to them. In my opinion training courses of, say, three to four weeks' duration at the Maternal and Child Health training centres would be sufficient for this purpose. It is necessary, however, that the doctor should join such training and survey course abroad at the first opportune moment. There are theoretical subjects listed in page one of the Appendix you already have which should be given to the doctor during the training course. Naturally these subjects can be modified according to need and the duration of the course, taking into consideration all the possibilities and facilities which could be materially and morally made available by the responsible health authorities. On the practical side it is necessary for the doctor to be acquainted during the course with all that is related to the various Maternal and Child Health services in and outside the centre, and he should practice some of the technicalities and be acquainted with administrative work.

Some of these services and activities are:-

- a) Pre-natal and well-baby clinics;
- b) attending food demonstration classes;
- c) attending mothercraft classes;
- d) attending weekly meetings of health visitors, midwives and health auxiliaries with the chiefs of their respective sections where problems normally faced by these groups during their work are discussed;

- e) accompanying public health nurses and health auxiliaires in a number of home visits to children and mothers to get an idea about the kind of work done by those groups in the family circles, provided there is no objection to such home visits made by the doctor;
- f) visits to certain social welfare and health centres which are closely related to public health and Maternal and Child Health to get acquainted with the type of services rendered and the conduct of work. I have suggested in the curriculum, copies of which have already been distributed to you, certain establishments which should be visited when they exist.

2. Training Midwives and Nurses

I believe that training courses of a minimum of three months and a maximum of six months at the training centres for this group are adequate for them to understand Maternal and Child Health activities and services, as well as to appreciate their duties in such services.

It should be noted also that it is of extreme importance, for the success of the course and for its complete usefulness, to organise the work in these courses, accurately include the subjects and the teaching and training programmes, taking into consideration the educational background of the trainees, financial and moral possibilities of the centre, the responsible authorities, the environment and population where work is to be carried out and where facilities are available.

In the appendix, I have suggested a syllabus for the midwifery and nursing courses. This syllabus might be modified with respect to the period and subjects in connection with the financial and moral possibilities, as well as the facilities available in each country of this Region.

Training in these courses should include the practical acquaintance in brief of this group with all Maternal and Child Health services inside and outside the centre and with all that is related to this service as far as possible.

Activities within the centre to be acquainted with and trained on, are those activities in mother and child clinics, preparatory rooms annexed thereto, dental clinic, immunization clinic, milk kitchen, medicine distribution, registration room, filing, dressing room, mothercraft classes, food demonstration classes, sewing and layette classes, weekly meetings of nurses, midwives and their chiefs to discuss and solve problems.

Outside activities include home visiting of children and mothers during pregnancy, labour and puerperium; home deliveries according to conditions, needs, routine and possibilities; demonstration and guidance work for the dayas at their homes, the centre and mothers' homes; responsibility of sending children and expectant mothers attending the centre to the necessary medical centre in case of illness and according to needs, and following up these cases thereafter; ensuring those services required from the nurse or the midwife between the Maternal and Child Health centre and other health, social welfare and educational institutions.

Visiting institutions of health, prevention, education and social welfare

It is advisable for the programme of the course to include visits to and some training in such institutions related to public health and Maternal & Child Health, if the nurse is to carry out such work after the course. I have suggested as an example in the appendix, certain institutions which should be visited.

Theoretical and practical examinations have to be held at the end of each course so that the results of these examinations would be closely connected with a system including material and moral obligations of the successful and unsuccessful candidates so that there would be a moral and material value attached to the course.

3. Training Health Auxiliaries

Since most countries suffering from shortage in qualified nurses for reasons mentioned above rely in operating nursing and Maternal and Child Health services on an auxiliary staff, members of this staff have, therefore, to be well prepared, and health auxiliaries will have to be prepared in training centres for Maternal and Child Health services. I have already stressed the importance of carefulness developing teaching and training programmes for qualified nurses and midwives.

Even more care should be taken with experience, sound understanding, sufficient study in developing programmes and selecting subjects for health auxiliaries. Furthermore, greater care should be taken in estimating the required period of teaching and training. In the development of the programmes, the following factors should be carefully noted and studied:-

- a) educational background of the trainees;
- b) health, social, educational and economic standards, as well as the existing problems in these fields with respect to the community which will be served by the trainee after her graduation, taking into consideration tradition, habits, etc. of that community;
- c) existence of health, social welfare and educational centres in the country and the area of the training centre in order to be acquainted with the training possibilities and their extent;
- d) communications facilities within the area of the training centre as well as within the area to be served by the health auxiliary.

In the annex you have, I have suggested the programme which is necessary for the health auxiliaries training course. This programme has been made for trainees who have had eight - nine years of education. The period of the course is eighteen months. I have also included in the programme those institutions where I considered a health auxiliary should spend some time or should be only visited by her according to their importance and for the following reasons:-

- 1) The necessity of acquaintance with the preventive and the curative institutions related to mothers and children. Also the necessity of getting acquainted with the services rendered by such institutions within their competence to mother and child.
- 2) To determine the work and duties of the nurses and midwives in their field of specialisation at those medical, health and social welfare centres.
- 3) To determine the services rendered by the auxiliary staff at each of the above-mentioned centres.

Furthermore, taking into consideration that preventive and curative services should go hand in hand, the auxiliary staff must be trained in them.

- 4) Visits of the health auxiliaries to certain centres offer them the opportunity of getting acquainted with the various aspects, potentialities and progress in the fields of health, education, social welfare, agriculture and industry, as well as with the services rendered to the population.

It is to be noted and remembered with respect to the course, that correct practical training would be of no value for theoretical studies, explanations and details if they are not based on good training. It is always preferable to decrease theoretical studies for the benefit of practical training. Furthermore, the types of teaching, training and demonstration are certainly of great importance.

Practical training during the course for the health auxiliaries should include the activities and the various required services in and outside the centre as well as home visits for the mother and children. Practical teaching and training the health auxiliaries are matters which should be taken into consideration. Those matters are exactly like those I have mentioned with respect to the training of nurses and midwives. They are:

- a) mothercraft classes;
- b) food demonstration classes;
- c) home visits and all that is related to them;
- d) preparing the required formulas of milk and supplementary diet in cases of artificial feeding;
- e) nutrition and proper guidance in the light of needs and possibilities;
and
- f) not to oppose and criticise habits and traditions known among the population and which are not harmful to mother or child health, because in doing so we would be offending the feeling of the people as well as jeopardising the people's confidence in the staff.

The proposed programme for Health auxiliaries may be modified with respect to the subjects and the training period according to the educational background of the trainees and the financial and moral possibilities of training.

The question of child-birth or delivery is controversial in that some authorities might have different views. I believe that it is one of the most important and basic questions in most countries of this Region. Almost ninety percent of these countries lack the sufficient number of qualified or practical and licensed midwives to provide correct and technical services in child deliveries to the urban and rural population. I believe training health auxiliaries in deliveries in those rural areas where qualified or practical and licensed midwives do not exist is a national duty which has to be assumed by the responsible authorities. Regardless of what might be said about the inadequate time of the health auxiliary course and their training in delivery work, there is no doubt that if training is made properly, bad results which may be obtained from deliveries attended to by those health auxiliaries would be much less than those obtained from deliveries attended to by ignorant and filthy dayas for the following reasons:-

- a) A health auxiliary will apply, during delivery, the hygiene principles she had learned and applied in practice. She will also use sterilised equipment.
- b) She will not commit herself in attending abnormal deliveries, and will know when to call the doctor or when to send the woman in labour to the nearest emergency health centre. Furthermore, she will know what is expected of her and what she is forbidden to do, whereas a daya does not appreciate such situations and her only interest is to attend to delivery in any way, even at the cost of the life of mother and child.
- c) The health auxiliary will use the necessary medical solutions, drops and curative powders for both mother and child, according to what she has learned; whereas an ignorant daya uses the wrong

powders, unhygienic tools and things which cause various infections in mother and child. We should not overlook tetanus cases among newborn babies as a result of this ignorance.

In short, a health auxiliary will at least attend to a normal and proper delivery, protecting the health and life of both mother and child. Thus, we would ensure a low mortality rate among mothers and newborn babies during deliveries in most rural areas, for such mortality rate increases when ignorant dayas are in charge of such deliveries. A brief glance at statistics of this kind in any country would be sufficient evidence. Furthermore, every one of us is acquainted with, or heard of, many such strange and tragic cases where ignorant dayas attended deliveries and treated obstetrical and gynaecological cases. Nevertheless, we should not forget that certain countries lack qualified midwives, even in some of their big towns, and that loss of life in deliveries is great and is considered a national tragedy for the country concerned.

Finally, I would like to mention one thing, namely, it is quite possible to train these dayas in hygienic methods and normal deliveries, thus raising their educational, practical and technical standards in their profession through qualified midwives and health auxiliaries in rural Maternal and Child Health centres. To achieve this objective is not difficult if health and administrative authorities had the will to co-operate both in urban and rural areas. In doing so, health and administrative authorities would get excellent results which could not be obtained through only making laws and regulations which are not in harmony with what is actually existing, or with the prevailing conditions.

This is a brief review today of my subject "Staffing and Training". I hope I have dealt with it sufficiently. I believe it is the main and important subject on which the success of the project and the results of its services depend. These services contribute to the creation of a new strong generation with sound bodies and minds only on whom progress and security of the country depend.