

NATIONAL CHILD HEALTH POLICIES: THE NEED TO REDEFINE AND ENSURE IMPLEMENTATION IN THIS DECADE

The current issue focuses attention on the experience of the past several decades relating to the delivery of child health services in the country after independence, its impact on several key indicators of maternal and child health care, identifies immediate and long term needs, modifications and researchable issues. An introspection on issues raised through several papers, recommendations and results of a national prospective multicentric study, it becomes clearly evident that there is an urgent need to rethink and recast child health policies in terms of national, regional and local felt needs, and not in terms of global perspectives alone. The task of reappraisal and identification becomes urgent not only in view of our commitment to Health for All by 2000 AD and achievement of goals set for ourselves but more importantly due to marked political and economic changes witnessed in recent times, the acute resource crunch and a perceptible change in the desire to effectively deal with the problem of population stabilization.

In the existing situation and given the fiscal constraints and terms imposed by International funding agencies, the prevailing medical education and training system, lack of sustained quality oriented health

services at all levels and paucity of suitably trained and motivated health professionals, it becomes imperative to identify the weaknesses and strengths of the existing system so that the same could be modified or adapted to cope with the changed situation.

The first amongst many policies which needs to be examined critically is the concept of looking at the child and its health in totality and not merely as a health, social rehabilitation and developmental problem. Presently, the responsibility for the child's welfare albeit ill defined, are distributed in several Ministries and Departments such as Social Welfare, Education, Women and Child Development, Health and Family Welfare and Science and Technology, *etc.* There has been very little effort in coordinating the various programmes and services of these ministries resulting in tremendous loss of efforts, duplication of services and waste of available resources. The verticalization of Child Health programmes has led to dismemberment of the child and has resulted in development of services, programmes and administrative set up which are not in harmony with the concept of integrated MCH services, on which the existing health delivery system is founded. Thus, if our limited resources are to be maximally utilized, and efforts linked directly to visible changes, it would be necessary to bring all child related activities and programmes under a nodal controlling authority. If the child is to be considered the best human resource potential then it would be relevant and most appropriate to create a Ministry or a Department or a Mission mainly concerned with the Child's well being to ensure its optimal mental,

physical and social development. Perhaps it would be easier to adapt and modify the existing technology missions into a Child Health mission and reorganize it as a nodal point to coordinate and monitor child welfare activities. An alternative to this approach could be the creation of an integrated Mission of Population Stabilization, Women and Child welfare with each component being treated as equally important as each one is known to directly influence the other. The immediate gains of such an approach would be a shift in perspective from child survival to an *"Intact survival and development"*. It would mean not only prevention of disease and death but also provision of a fuller life.

The other policy issue which needs immediate rethinking is the existing health delivery system's attention to selective Maternal and Child Health problems through vertical and special programmes. The genesis for the existing health delivery system, primarily aimed at the rural community lies in the report of the Bhore Committee. This Committee had rightly perceived the community need and recommended primary care for Maternal and Child care through community workers and auxiliary nurse-midwives. However encouraged by the results of the global small pox eradication and National Malaria Control Programmes, the planners recommended adoption of selective vertical programmes for most of the maternal and child health programmes. It also brought in the concept of multipurpose worker with the resultant continued burdening of key para health professionals with responsibilities beyond their capabilities. The result of such an approach is being seen in creation of wheels within wheels, fragmentation of services, affecting the basic structure and thinking on which the existing health deliv-

ery system was founded. The current approaches have undoubtedly yielded results in the form of a decline in infant mortality, improved immunization status and decline in prevalence of certain diseases. But maternal and child health cannot be perceived and confined to selective areas as it may vitally affect other areas of national concern, such as the unacceptable maternal, neonatal and childhood mortality rates, birth weight and growth of children.

In this context it becomes important that the integrated delivery of MCH services as an alternate to the present health delivery system be preferred. It may be difficult to immediately adopt such a change as several of the current programmes are linked to international aid and agreements. However, in the ultimate analysis if health care is to be managed with our own resources then an integrated approach offers the best hope and solution. To begin with the integration can be brought about by planning and practicing integrated comprehensive training programmes. There are several success stories and projects to merit such a consideration.

While rethinking is being advocated for delivering primary child care at the rural community level, the other areas which are equally if not more important are provision of an urban health care system especially for the underprivileged, care of sick children, school health and establishing development and rehabilitative services which are at present rudimentary and not consistent with currently available knowledge and experience.

Each one of these areas deserves to be given indepth attention and need a clear cut policy with well defined objectives, goals and accountability. It is indeed a misconception to feel and provide for only primary and preventive care and ignore deve-

lopment and provision of secondary and tertiary level care for sick children. Unless sickness is treated and deaths due to lack of hospital services are prevented, several of our programmes particularly of population stabilization, are unlikely to be successful.

It is essential that while new thinking is being done in almost all areas be it fiscal,

defence or foreign affairs, child health which has remained a subject of lip service be given its due and not limited to programmes focussing on select diseases.

Santosh K. Bhargava,
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NOTES AND NEWS

NATIONAL WORKSHOP-CUM-SEMINAR ON DEVELOPMENTAL DISABILITIES

The XXIX National Conference of Indian Academy of Pediatrics to be held at Nagpur from 9-12 January 1992 will be preceded by a National Workshop-cum-Seminar on Developmental Disabilities on 9th January, 1992. The Workshop will highlight the *Multidisciplinary Approach to Diagnosis and Management of Developmental Disabilities both in the Clinical and Community Setting*. We propose to organize an exhibition of books/pamphlets/directory of services/teaching material/daily care material/Indian adaptation equipments side by side.

The tentative faculty includes members from all the National Institutes apart from Dr. Dubowitz (UK), Dr. M.S. Mahadeviah (Developmental Neurologist, Bangalore), Dr. N.B. Kumta (Bombay) and many other experts working in the field. Apart from lectures on various topics, there is a panel discussion on Cerebral Palsy, clinical demonstration of Developmental Diagnosis and Neuro-Kinesiological evaluation. The Workshop is open to all concerned medical apecialists, therapists, psychologists, special educators and medico-social workers. Registration is open to first 50 candidates on first come first served basis till 31st November, 1991.

Registration fee of Rs. 100/- by Demand Draft/Crossed Cheque (add Rs. 20/- as Bank collection charges for outstation cheques) drawn in favour of XXIX National Conference of Indian Academy of Pediatrics, payable at Nagpur may be sent to the following:

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