Recommendations

IAP-IPA-WHO–UNICEF
WORKSHOP ON STRATEGIES
AND APPROACHES FOR
WOMEN’S HEALTH, CHILD
HEALTH AND FAMILY
PLANNING FOR THE DECADE
OF NINETIES
22nd-23rd January 1991
Hyderabad

The current policy of merely multiplying
the health units without provision of suit-
able building, adequate manpower and
material and supplies has not borne fruit as
is reflected in poor utilization of these ser-
VICES by the community and non-achievement
of goals of National Health Policy. The
resources thus available, should be
utilized in improving and strengthening the
existing infrastructure rather than multi-
plication.

The existing practice of initiating verti-
cal programmes linked to a single disease
or few problems must be discouraged at
all levels as it had led to fragmentation
of Maternal and Child Health services.
Instead, urgent, immediate and purposeful
action should be taken to provide inte-
grated maternal, child health and family
planning services. There is ample evidence
to show that an integrated approach is fea-
sible, acceptable, practical and the results
better in achievement of objectives.

The present practice of allocating finan-
cial resources in disproportionate propor-
tion in favor of Family Planning at the cost
of Maternal and Child Health needs urgent
rethinking. It is strongly felt that either ad-
ditional funds be provided to Maternal and
Child Health or a reallocation between
Family Welfare, Maternal and Child
Health be done for proportionate alloca-
tion to these three equally important com-
ponents.

Care of the expectant mother during
pregnancy, child birth, newborn care suf-
fished in the last four decades due to inap-
propriate thinking and planning. It was
strongly recommended that if immediate
and long lasting gains and acceptable sur-
vival rates are to be achieved then these
components of health care have to be
strengthened by immediate implementa-
tion of Government of India’s Ministry of
Health Task Forces Recommendations on
Minimum Perinatal Care (1982) and

The fact that a newborn to be cared for
in all situations must be recognized. It must
be accorded the status of an individual and
given the status of an independent bed in
the hospital. Further, all district and met-
ropolitan teaching and non-teaching hospi-
tals must have a provision of an inter-
mediate or Level II care nursery. This will
improve neonatal survival and thus help
reduce neonatal and infant mortality rates.

The status of the child and analysis of
child survival programmes indicate the
need to effectively improve child health
services. It was felt that the country
can afford additional costs required for
improving these needs.

Training at all levels of health function-
aries, revised need based curricula and
strengthening of existing facilities was
recommended as the most effective method of improving health services for the community for improvement in its utilization.

Approach to determining goals and targets in family planning needs reconsideration. As an example, couple protection rate should be replaced by couple protection time. Similarly, attempts should be made to make birth control measures age specific. Vigorous efforts with the help of mass media should be made to bring behavioral and social change in the community thinking for raising the age of marriage.

While the school curriculum at primary and secondary level provides teaching in reproductive behavior of animals and insects, the educators have shunned away from teaching human reproduction in formal and informal education at primary and secondary level. It was felt that an introduction to human reproduction behavior from secondary school level may result in long lasting change and affect the birth rate and improve reproductive health of women at different age periods.

The health and its related problems of the girl child, in preschool, school adolescence and as an adult woman must be looked in totality and inter-linked rather than treated in a fragmented manner such as the girl child, girl in adolescence, women in pregnancy and reproductive health.

Integrated Child Development Services (ICDS) Programme needs to be re-evaluated with regard to its nutritional supple-
mentation programme, work distribution for Anganwadi worker and full time Government employee's. The practice of allowing Anganwadi workers to stay away from their area has to be disallowed and serious thought given to their monetary incentives. It was agreed that the ICDS should act as catalyst and support Maternal and Child Health Programmes. Any attempts to make it replace these must be discouraged.

Operational research must be initiated on priority basis in areas such as vertical programmes and integrated MCH programme, protection, promotion and support of breastfeeding, nutritional supplements to expectant women and children, need-based training and curricula for formal and informal health providers, multiplication and strengthening of health units, specific intervention programmes for reduction of maternal, perinatal and neonatal mortality and so forth.

Community participation at all stages of delivery of health care needs to be enhanced and for achieving these, it is necessary to involve community from decision making stage to programme implementation and monitoring. It was unanimously agreed that such workshops should be continued to be held in future for creation of awareness on such issues and development of resource potential in this neglected area.

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