

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 suitable building, adequate manpower and material and supplies has not borne fruit as is reflected in poor utilization of these services 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 multiplication.

The existing practice of initiating vertical 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 integrated maternal, child health and family planning services. There is ample evidence to show that an integrated approach is feasible, acceptable, practical and the results better in achievement of objectives.

The present practice of allocating financial resources in disproportionate proportion in favor of Family Planning at the cost of Maternal and Child Health needs urgent

rethinking. It is strongly felt that either additional funds be provided to Maternal and Child Health or a reallocation between Family Welfare, Maternal and Child Health be done for proportionate allocation to these three equally important components.

Care of the expectant mother during pregnancy, child birth, newborn care suffered in the last four decades due to inappropriate thinking and planning. It was strongly recommended that if immediate and long lasting gains and acceptable survival rates are to be achieved then these components of health care have to be strengthened by immediate implementation of Government of India's Ministry of Health Task Forces Recommendations on Minimum Perinatal Care (1982) and Maternal Mortality (1987).

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 metropolitan teaching and non-teaching hospitals must have a provision of an intermediate 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 functionaries, 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, needbased 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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