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METHODS OF ASSESSING NEEDS IN
MATERNAL AND CHILD HEALTH SERVICES

by

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Methods of assessing needs must be adapted to the stage of development of existing services and according to the urgency of the situation. Even where statistics are not available to give maternal, infant and child mortality rates, some ideas can be gained by studying annual reports of the medical and other departments and by discussions with local leaders.

If there is already an officer primarily responsible for maternal and child health, much information will be readily available and its accuracy can be assessed. Any geographic or demographic information can be collected.

Visits must be paid to hospitals, dispensaries, schools, markets, farms and factories and to various types of houses. In this way the standards of living, and the attitudes towards children can be observed. Both urban and rural areas must be studied, and use can be made of any surveys already undertaken.

Where there is no information already published, the observer may attempt to visit or to assemble groups of the population and find out if they have any special observations, and he should note the various age groups represented. This will give an indication of the survival rate by age and sex. Many other observations will be made at the same time.

It should be borne in mind that in most "developing" countries there is a proportionately greater need for medical than for surgical attention, particularly in respect to children. In more advanced countries it is usual for hospitals to

have specialists and special departments for skilled attention to rare and special cases. Developing countries on the other hand must provide treatment for large numbers of common diseases; many of which may be in a severe form. Personnel must be trained and facilities provided accordingly.

1. Hospitals must be visited - urban and rural - teaching and non-teaching, small and large, and the following points noted:

a) General - Buildings, equipment and supplies, water supply, lighting, warmth and ventilation, sanitation and cleanliness. Feeding of patients and staff, food supplies, cooking and distribution facilities.

Numbers of patients in different categories, in-patients and out-patients, by age group, sex and diseases.

b) With special reference to Maternal and Child Health - Types of diseases seen in wards and out-patients.

Treatments employed and results.

Pathological investigations - including autopsies.

Accommodation in wards and out-patients.

Follow-up of individual cases in and outside hospitals.

Health education in wards and out-patients.

Proportion of beds available (and special clinics held) for ante-natals and maternity, infants, toddlers and school age children.

Registers and records - forms used - accuracy and usefulness of information.

Payments by patients.

c) Staff - Numbers, types, duties, continuity.

Staff accommodation and amenities.

Standard of education, training and qualifications in maternal and child health.

Opportunities for post-graduate study and promotion.

Specialists with qualifications or experience in obstetrics and in paediatrics.

Knowledge of language, local customs and attitudes.

d) Teaching Programmes for various types of workers in maternal and child health.

Maternal and child health in programmes for training doctors and nurses.

Formal lectures. Discussions and demonstrations.

Experience and in-service training.

Examinations. Notes or textbooks used.

Library, museum, recreations.

e) Research - in subjects associated with maternal and child health or with nutrition.

Scientific, clinical or social research programmes. Publications, present and future plans for research programmes.

2. Dispensaries, health and welfare centres.

These should be examined in the ~~same~~ way as the hospitals. Particular attention should be paid to the setting and suitability of the buildings, whether the locality is convenient for the majority of patients and their transport. Other points that should receive attention are the convenience of the waiting rooms, the arrangement of consulting rooms for rapid and efficient care of large numbers of patients, the supply of necessary drugs, arrangements for transfer of seriously ill to hospital, and visits paid by senior officers giving help and supervision. Other important points are:

Number of ante and post-natal attendances;

organization for attendance at confinements;

numbers of children attending and their ages;

establishment of "well baby" services;

the proportion of children both "sick" and "well" clinics who are in need of treatment;

Types of disease and of treatment

availability of drugs and methods of dispensing;

continuity of attendance and of records;

follow up of cases from and to hospital;

Nutrition - extent and varieties of malnutrition - food distribution - nutrition education and demonstrations;

Health education - for individuals and for groups, methods used;

Home visiting - how organized, how much undertaken and by whom. Domiciliary care;

Inoculations - whether undertaken, and for what diseases;

Record keeping

Social gatherings - films - lectures - classes - demonstrations;

Surroundings - garden - food supplements;

School health work - if undertaken;

Family planning - how regarded;

Voluntary societies - cooperation - help from local leaders - official, religious, commercial, educational, etc.

3. Schools, Colleges and Training Institutions - should be assessed from the point of view of child care, nutrition and health education, especially with regard to the training of medical and auxiliary personnel. Careful note should be made of the training and experience in paediatrics (clinical and social) and obstetrics given to doctors and nurses, and of the standards expected in these subjects in qualifying and in specialist examinations.

Training in domestic science, home economics, nutrition, dietetics and child care for non-medical personnel should also be examined.

Institutions such as orphanages and special schools should also be investigated.

4. Community Development Activities - often undertake "health and welfare" programmes and may come under a department of social welfare. Sometimes they are doing very useful work which could be improved if it were more closely associated with the medical department.

5. Other Departments such as education, agriculture and labour may have information and activities that are of value in the field of maternal and child health. Public relations may be of great assistance in promoting health education for groups. Anthropologists and other observers may have valuable observations on indigenous medicines, customs and attitudes.

6. Voluntary Organizations - In some countries, the Red Cross and boy scouts, girl guides, religious and cultural groups are willing and able to provide information and assistance in maternal and child health projects.

7. Statistics - My colleague will deal with this subject, but I hope I may have an opportunity of stressing some aspects which seem to me important.