

Mcgadishu, 21 - 26 July 1974

25 July 1974

## RECOMMENDATIONS

### 1. Policies

1.1 Explicit policies in favour of pre-school children are highly desirable, in order to bring their special needs to the forefront to create more public awareness for their support in allocating health investments, and in programme planning and implementation.

1.2 In countries where a family planning policy has not as yet, been adopted, efforts should be exerted to envisage the adoption of such policy, in order to lower the child dependency ratio, improve family health, and achieve an equilibrium between population growth and national social and economic development.

1.3 In countries where social policies in favour of pre-school child and his family have been introduced all possible efforts should be exerted to implement their content to the fullest extent.

1.4 Family allowances lead to an increase in family size with ill-effects on the pre-school child. Therefore, legislation should be amended to make special provisions for child-spacing.

### 2. Administration

2.1 New approaches introduced by some countries in the region to reform and decentralize administration should be promoted in other countries, for the effective and efficient implementation of health development plans and the operation of local health services providing care for the pre-school child.

### 3. Vital and Health Statistics

3.1 All possible effort should be exerted to improve the collection and analysis of demographic and health statistics relevant to the pre-school child. Unless his case is fully documented it will not receive the required support from policy makers and planners.

3.2 Since premature infants contribute largely to pre-school child mortality, it is recommended that the rates of prematurity in various countries of the region be assessed and adequate provisions be made for their care.

3.3 Systems of health service record keeping, analysis, and utilization for service evaluation and improvement, and programme planning be given special consideration for technical assistance by WHO.

#### 4. Health Budget

Funds allocated for health in the over-all national budget and investments for the health sector in development plans continue to be relatively low as compared to allocations for other sectors. All possible effort should be exerted to increase the proportion of funds allocated for health, and to improve their utilization by giving high priority for strengthening and expanding services, providing health care to the pre-school child at the local level, especially MCH and Health Centres.

#### 5. Health Manpower

5.1 The shortage of manpower is especially critical in the case of nurses, nurse/midwives and midwives with serious implications on the provision of health care to the pre-school child. Therefore, it is recommended that more young girls be encouraged and motivated for training in nursing/midwifery, and auxiliary nurse/midwives be trained in large numbers.

5.2 Sudan has had an extensive experience in training Medical Assistants, which dates back to 1918. It is recommended that the training programme of this category of auxiliary workers be evaluated and improved, if need be, for replicating the pattern of training in other countries of the region.

5.3 The training of professional and auxiliary personnel should become increasingly functional and more adapted to the needs of the local health care system.

5.4 Special emphasis needs to be given to the team concept in the training and utilization of professional and auxiliary health personnel in MCH and Health Centres as well as in other services providing care to the pre-school child.

5.5 In-service training and continued education (e.g. refresher courses, seminars, workshops etc.) of health personnel operating services at the local level, especially in rural areas, is a high priority need, and all possible effort should be exerted to improve and extend such type of training.

5.6 Since physicians, on the whole, are not fully acquainted with the preventive aspects of child health care, this area should receive more emphasis in the curriculum with special consideration of health/nutrition education.

6. Services Providing Health Care to the Pre-school Child  
at the Local Level

6.1 New trends aiming at overcoming constraints of fragmentation by increasing integration of preventive/curative services/FP/ supplementary feeding and nutrition education in MCH and health centres, and up-grading dispensaries into health centres, static or semi-mobile health units, should be promoted and supported technically and financially.

6.2 Where CH and health centres are in existence, under-five clinics should be integrated into these centres and not established as isolated units.

6.3 Semi-mobile or static health units should be attached to health centres in rural areas, with widely dispersed villages and low population density, in order to overcome the constraints of distance, rough roads, scarcity of transport.

6.4 Care of the pre-school child should be initiated as early as possible during the gestational period, in order to protect him against the hazards of uterine life as well as the external environment. Continuity of care should be ensured through the integration of services providing care to expectant mothers, infants, pre-school and school children.

6.5 Breast-feeding especially in the first 6 months of life, should be preserved and promoted not only for the physical and emotional well-being of the infant and mother, but also for the effective control and prevention of PCM, and as an essential source of animal protein in the developing countries of the region.

6.6 Immunization coverage of the pre-school population constitutes a high priority in the combat of disease and malnutrition, and should be improved in every possible way. It is, therefore, recommended that:

- immunization schedules for health services providing care to the pre-school child be planned according to the local disease pattern, implemented throughout the nation-wide network of services, and evaluated periodically.

- immunization against all communicable diseases for which vaccines are available be made compulsory, and that such vaccines be provided to the pre-school population by local governments with assistance from WHO, UNICEF and other agencies.

- since measles is associated with high mortality rates among mal-nourished children, it is recommended that measles vaccine be produced in larger quantities with the assistance of WHO and UNICEF, in order to lower its cost, and make it accessible free of charge for pre-school children, especially in rural and peri-urban sectors of the population.

6.7 The use of growth charts should be promoted in all services providing care to the pre-school child, and attempts should be made to develop local ones.

6.8 Screening of children for physical disability, malnutrition and sickness should be increasingly conducted by nurses, nurse/midwives and their auxiliaries, to spare physicians' time for diagnosis and management of severe cases, and to achieve more complete coverage of pre-school children, especially those between 2-5 years of age.

6.9 Home-visiting and health/nutrition education should be promoted to the fullest extent, by improved utilization of nursing/midwifery staff and their auxiliaries and by increasing their numbers to meet the growing demand.

7. Supplementary feeding programmes channelled through MCH and health centres, nurseries and kindergartens should be increasingly utilized for nutrition education of staff, mothers and children, and should be periodically evaluated for improvement.

8. Referral schemes between MCH and health centres and hospitals (general, maternity, and children's hospitals) are urgently needed, and require high priority in health service development, in order to improve follow-up and continuity of care among pre-school children.

9. Ambulatory rehydration units and NRC are effective measures in the combat of malnutrition and gastro-enteritis, and in reducing the cost of hospitalization and pressure on limited hospital beds.

Therefore, they should be promoted and integrated, in as much as possible, with MCH and Health Centres and out-patient departments of hospitals caring for sick children.

#### 10. SPECIAL PROBLEM PRE-SCHOOL CHILDREN.

Physically, mentally and socially handicapped pre-school children are still badly neglected in all countries of the region. Moreover, socially handicapped children (i.e. abandoned and deserted) are on the increase as a result of industrialization, urbanization, modernization, and liberalization of human behaviour. Thus, there is an urgent need to review the situation of the handicapped pre-school children in its totality, and to introduce the necessary policies and measures for their protection and proper care, in the light of local needs and available resources.

#### 11. SOCIAL/EDUCATIONAL SERVICES.

11.1 There is an urgent need to collect information on the Socialization Process yielded to date by investigators in the region, and to promote additional studies in this area.

11.2 Quantitative expansion of crèches, nurseries and kindergartens should be facilitated by setting criteria for group care to improve the quality of physical premises, recreational/educational materials, staff and transport system.

11.3 Recreational Centres and play grounds should be developed in large cities and towns, and supervised by qualified personnel to promote the physical, mental, and emotional growth and development of pre-school children.

#### 12. PLANNING, EVALUATION AND OPERATIONS RESEARCH.

12.1 Health planning and the managerial approach in health care systems are new trends. Therefore, it is highly desirable that administrators and health personnel at operational levels be given special sessions of intensive training in these areas.

12.2. Evaluative studies, and operations research are either very limited in scope, or not conducted at all. They are urgently needed to improve programme planning and implementation; to develop alternative health care systems adapted to local needs and resources, and to increase the efficiency and effectiveness of health care.

11. Pilot projects of local health care systems should be developed for experimental purposes, before replication on a nation-wide scale.