

INFORMATION SUPPORT FOR MCH

Indra Bhargava

A. Introduction

The health scenario in a developing country is dominated by overcrowding and poor sanitation, which leads to a high incidence of communicable diseases. A major brunt of these, is borne by young children, who form nearly one fourth of the total population. Therefore, in a developing country, high priorities have to be given to control of population and communicable diseases and care of mothers and children.

Our country has well planned policies in this area. However, these have been implemented with a limited expertise, resulting in a situation with good infrastructure, abundant manpower, meagre resources and a suboptimal utilization. Therefore, even with four decades of operation, a minimal impact has been perceived on birth rate and infant mortality. Factors responsible include paucity of experts in MCH, absence of a database worth the name and a situation, where experiences are not shared in a constructive manner.

This is largely because MCH is not a formal discipline in medical hierarchy. Thus, specialist courses are not offered, and very few professionals take it as a

career. Work in these areas is being managed by untrained persons, who stay in the field only for a while. Academicians treat MCH as a hobby and administrators, rarely perceive the depth of the problems. In order to modify the present practices to management of MCH activities by competent experts, we need a continuous supply of one MCH expert, per million population, say 1000 initially.

Measures to produce experts in MCH can be long-term and short-term. Long-term measures include specialist courses—degree, diploma or certificate level, for personnel from medical, nursing and related fields. Short-term measures include inservice task-oriented training, self-learning through appropriate learning materials, access to relevant information, followed by a meaningful analysis and sharing of experiences.

B. Information Support for MCH

Successful management of MCH activities is dependant upon support by updated relevant information. In the desired set-up, right type of information must flow in the right direction, conveying the right meaning, in the right manner, at the right moment, to the right people, in the right place, to serve the right purpose.

However, the current status of MCH information is far from the desired one. In some areas, indicators are not well defined. In some areas where the indicators have been formulated, a regular flow of information is not available, e.g., perinatal mortality, antenatal care and babies with low birth weight. In other areas, information available is patchy, e.g., child mortality,

*Reprint requests: Prof. Indra Bhargava, Director,
Serum Institute of India, Research
Foundation, Pune 411 028.*

maternal mortality and deliveries conducted by trained personnel. Only in few areas, comprehensive information is available, e.g., immunization, infant mortality. As the matters stand, microlevel data for a specific area, and reports like special studies, evaluation reports, reviews, theses and dissertation are beyond the reach of an average professional. Further, data from Government sources generally remain confined to certain administrative levels. Therefore, a timely dissemination of information over a wide area is a vital matter.

C. Need

In order to overcome above problems and provide an optimum information support, it is desirable to have an organization—'A Resource Centre' which will encourage self-learning, have a data base and reference collection of information and act as a forum for sharing of experiences in an organized manner. This 'Resource Centre' will contribute towards improving the quality of expertise in all the fields of MCH by providing appropriate support in form of comprehensive, updated and relevant information and appropriate technical advice on the problems. Since communicable diseases have the largest chunk of childhood mortality and morbidity, and a good bit of information is available on immunization, initial emphasis has to be laid on communicable diseases, and other aspects of Mother and Child Health can be added later on.

D. Scope

The proposed 'Resource Centre' will collect, classify, evaluate, share and disseminate relevant and updated information about MCH activities to all concerned, in a timely manner. This will be done, by developing:

- (a) A comprehensive and representative information base.
- (b) Appropriate advice on planning, implementation and evaluation of projects on MCH.
- (c) Developing an apex organization, which can function as a repository of continuously updated information, computerized for an easy and timely retrieval.
- (d) Training appropriate manpower and arranging group educational activities for such functions.

The 'Resource Centre' will provide a reference collection, information services, inservice training to students, relevant publications, technical advice and dissemination of information to all concerned.

These activities are expected to have a qualitative impact, through activities, focussed on priority needs, with better knowledge, expertise and information support to the experts and workers in MCH, research scholars, postgraduate students, professional and academic institutions and policy making units of Central and State Governments, civic bodies and organized sector. This centre can be used by:

- (a) The policy makers for defining needs and priorities.
- (b) The program managers for preparation of action plans, their implementation monitoring and evaluation.
- (c) Institutions for training, research and evaluation.
- (d) Non-government organizations for defining needs and priorities in specified areas.
- (e) Related Ministries for interaction and need based modification of their activities.

E. Who Will Do It?

Need for such a resource centre in the country is in full conformity for an impact producing management of MCH activities. Government agencies are generally so pre-occupied with management of the programmes, that inspite of a keen desire, they are not able to accord a high priority to such activities. In USA, the organization and management of such a resource centre, has been handed over by the Federal Bureau of MCH, to a autonomous non-government organization—Georgetown University, Washington DC, with gratifying results.

Fortunately, a non-government organization, with an impressive track record in the field of immunization—Serum Institute of India Research Foundation, has proposed to initiate, plan, operate and maintain the proposed resource centre, with requisite guidance from Government of India and, if necessary, in collaboration with similar agencies in other countries, engaged in similar kind of work.

F. Outcome

This 'Resource Centre' will prepare a reference collection of books, journals, monographs, reports, training manuals and health education material on MCH. It will provide information services in form of bibliographic support, publishing resource guides, making referrals to organizations and individuals for advice, provide in-service training, bringing out directories bibliographies, project summaries, updated statistics, newsletters and other state of the art materials, and brining out catalogue for dissemination of information to those who need it.

G. Benefits

The 'Resource Centre' is expected to

make a significant contribution towards improving the quality of expertise in MCH, facilitating exchange of ideas, augmenting national awareness about MCH, improving implementation of the programmes through need based planning and area specific strategies, adequate evaluation of the programmes and stimulate operation research in priority areas. Assistance to the Government can be of immense utility of contributing to:

1. A synthesis of efforts of adjacent areas in related subject which can define representative profile of a region.
2. Evolving uniformity of methodology and parameters and design of future studies for a particular area.
3. Identifying need and forecasting future trends.
4. Designing material for training in response to the needs identified.
5. Providing feed-backs and assist in operation and evaluation through live data, continuously updated by interacting with different sources.

Thus, in the long-run, a resource centre for MCH, with a collaborative effort of non-governmental organizations and the Government can contribute its share in providing a baseline and raise pertinent questions like where are we? What are the problems? What is to be done? Where to begin? What has been done? What more remains to be done? How well was it done? and what should be our strategy in future? in relation to the programmes on Mother and Child health, with far reaching benefits to control of population, better health status of the people, increased productivity and a better quality of life for the nation.