

MATERNAL AND CHILD HEALTH PROGRAMME

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The structure of the society consists of many groups of people. Among them, some groups by their nature are placed in a helpless position and as such the State takes steps to safeguard them. Mothers and children are two such groups who are accorded special attention. The Maternal and Child Health care programme was launched by the Ministry of Health long time ago. The major thrust of this programme is to ensure the safety of the mother during pregnancy, natal and post natal periods and safeguard the child during infancy and pre school age.

All functions of the Maternal and Child Health Care Programme was handed over to the Maternal and Child Health Bureau in 1968. By 1972, it was renamed as the family Health Bureau when the Government sought to integrate Family Planning with Maternal and Child Health Care Services with a view to implementing the Family Health Services. The target groups of the Family Health Programme consist of all women belonging to the age group between 14 – 59 years including mothers and children of pre school age. In other words, Maternal and Child Health Care Service is a component of the popular Family Health Services.

The Family Health Bureau is responsible for planning, co-ordinating, monitoring and evaluation of the National Maternal and Child Health Care Programme at the middle level, to the Ministry of Health and Teaching Hospitals. This programme is carried out Island-wide by the Health Units and Medical Institutes which are established all over the country. In addition 5 major districts and the up-country have launched a Maternal and Child Health Care Service in close collaboration with the Family Health Bureau in order to achieve the National goals.

Maternal and Child Health Programme consist of several services related to the mother's and child's health. These services are as follows:

- * Maternal health care, natal and post natal services and other services related to strengthening the mothers nutritional status.
 - * Infant and child health care.
 - * Immunization from 6 deadly diseases.
 - * Treatment for nutritional and other deficiencies, the evaluation of the child's growth and development on a continuous basis and distribution of supplementary food (Thripusha) to prevent nutritional deficiencies.
 - * Identification of psychological problems and their treatment and to promote psycho-sociological development.
 - * Treatment for diarrhoea and acute respiratory tract infections under the Provincial Council Plan which was launched in 1989, the Provincial Director of Health Services is responsible for the administration of the Maternal and Child Health Care Programme at the divisional level. Divisional Directors of Health Services and Medical Officers, (Maternal and Child Health Care) serving under the Provincial Director of Health Services are responsible for carrying out this programme at the regional level.
- Medical Officer of Health or the Divisional Medical Officers are held responsible for implementing the Maternal and Child Health Care Programme in the health units. Public Health Nurses, Administrative Family Health Officers,

Family Health Services Officers and Public Health Inspectors have been appointed under the above officers to serve as a team to build up the health status of the people. Their services enrich particularly the field health service. Public Health Nurses assist the Medical Officers of Health by carrying out the administrative functions of the Maternal and Child Health Care Programme. Public Health Inspector who is mainly responsible for the preventions of infectious diseases and promoting environmental health, participates in the Maternal and Child Health Care Programme by rendering his services to the immunization and School health programme. Through the supervision of the duties of Family Health Officers, the Administrative family Health Officers take necessary steps to provide an optimum service with regard to the Maternal and Child Health Care Service. Family Health Services Officers can be regarded as the major coordinators for the entire programme as they render a service to about 3000 persons according to highest priority to the mother and the child. The services of Family Health Service Officers are made available at the house of the mother and child, through clinics, and other special services.

A significant feature of this programme is to bring the Maternal and Child Health Care Service closer to the community through providing a training on the health education by Family Health Officers who visit the house of the mother and child. Furthermore, maternity clinics and children's clinics which have been established at the village level contribute a great deal towards providing a complete Maternal and Child Health care service.

Unlike in other developing countries, in Sri Lanka, 80% of the children are born in the state hospitals. In addition to such natal services, natal and postnatal, services, care for mothers who are in danger and treatment for mother and the child are all undertaken in close collaboration with the field services by base hospitals established throughout the country. Therefore gynaecologists, Pediatrician, and all other doctors are entrusted with the responsibility of further developing the Maternal and Child Health Care Service.

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The objectives of the Maternal and Child Health Care Service to reduce the illness and mortality rate of childrens by providing a qualitative service through Maternal and Child Health Care Service—

- * To reduce illness and maternal death rate by providing a qualitative service at natal and post natal stages.

- * To develop the nutritional status of mothers, infants and children of pre school age, by nutritional educations, community based nutritional programmes and supplementary food programmes.

- * To increase the use of family planning methods in order to safeguard the mother's and Child's Health.

Sri Lanka has achieved a considerable progress with regard to decline of mortality rates of infants and mothers. In 1945 for 100 live births there were 140 still births but it declined to 21.8 in 1987. The infant mortality rate has also shown a considerable decline during the past few decades. Although the Maternal and Child Health Care Programme was not only factor for the reduced mortality rates the programme has undoubtedly contributed to bring about a considerable decline in the mortality rates.

The Family Health Bureau prepares a five year programme on a continuous basis emphasising target objectives for each year in order to achieve the goals of Maternal and Child Health Care programme.