Role of Various Agencies

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Introduction

Health for all by 2000 A.D. is almost nearer. 166 Countries of the World supported and believed in the goal of 'Health for All' and attaining it through primary health care. Everybody got busy in developing their national strategies fitted to the national conditions with the full utilization of manpower, mechanisation, automatic production and legal supports from various aspects.

In India, it is a challenge within professional nursing personnel. A community health nurse is committed to participate in attaining of health for all by 2000 A.D. by her share of contributions in the health care services along with other professionals and sectors and also as per national health policy.

Health and safe practices in the community will not be possible only by the performance of the team of primasy health care workers or by the fullest participation of the community itself.

Efforts should be equally shared at

(i) International level.
(ii) Central & State govt. level.
(iii) Community level.
(iv) Primary health care workers level.

Their contribution and responsibility will change according to the policy and recommendation prescribed. So at a glance we can view the Roles at different levels.

Role at

A. International level

(a) Motivation of the countries of the world to be the member of International health organization.

(b) Introduction of some orders and uniformity into Quarantine measure which varied from country to country and implementation of different health programmes, eg Primary health care, and expanded programme of immunization etc.

(c) Formulation of International code regarding sanitary measures, legal measures etc.

(d) Bio-medical research.

(e) Publication of different type of health literatures & information.

(f) Co-operation with other agencies.

B. Role of the Central & State Govt.

(1) Policy making—Drafting National health policy and ensure its implementation—Setting up of priorities and goal.

(2) Collaborate with other private and voluntary agencies to work with the govt.

(3) Research agencies to bring relevant facts to the notice of decision maker.

(4) Training of Officials and community leaders.

(5) Arousing public awareness.

(6) Resource Linker.

C. Role of the Community

(i) To co-operate with the Primary health care workers.

(ii) To be the effective participant in identification of problems, planning, programming, implementation of the care & evaluation of health care services.

D. Role of the Primary health care Workers

(1) Analyst—Collection and analysis of data through various types of survey like population, Diet (Nutrition) health knowledge, health problems mental health, Environmental health survey etc. to find out the problems of the community, to identify the risk factors, need according to priority.

(ii) Change-agent—Initiating change & involve people in change.

(iii) *Interpreter & Communication.*

(a) by Listening
(b) Speaking
(c) Cleaning
(d) Channelling

(iv) Educator—Both in the clinic and at the community (both urban & rural).

(v) Problem solving—According to the need & priority.

(vi) Co-ordinator & team builder—By directing & communicating with individual, group, different departments for common goal.

(vii) Evaluator.

Nursing personnel as a team member of the primary health care workers with her expanding role claim to prove it by taking a challenge with great aspirations and expectations.

At present 85—90% nurses are employed in the institution. But all the nurses are trained to serve the institution as well as the community (that may be the deepest slum or the scattered villages of the rural areas).

Preparation for Sharing Better Responsibilities

Still a question often comes in this context whether the community nurse is confident enough in her working areas. So for sharing better responsibility nurses are to be prepared. This is a challenge that faces the nurses everywhere to day. Throughout thir nursing life, they should be bearing firmly in mind the concept of primary health care. This is why it is essential that the components of Primary health care can be introduced at all levels of nursing education to prepare them to become co-operative partners of the community which is often more knowledgeable about its own health need and priorities than are health worker themselves.

Graduates of collegiate Programmes with a sound foundation in Community health and Diploma

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Nurses prepared in Public Health Science are expected to contribute in the total welfare of the communities in which they are active participants both as members and citizens and also as professional persons.

Nurse educators have been undertaking intensive courses including field training to enable them quickly to adapt their working situation, teaching to emphasise local health problems and needs to give the best possible Primary health care.

Other health personnel such as community health officers, health post chiefs, Traditional Birth Attendants, Community Health Guides, are also being trained by experts and supervision and support while working in the community are accentuated.

Role of Nursing Personnel in Health Safety of the Community

At Home:—Nursing is to provide the kind of care which will give each individual in the community every opportunity to achieve optimum health. To make people realise that health is an asset to them, it is their constitutional right.

She participates in social activities in the community.

She serves the self-help groups, church groups, women's organisation.

She co-ordinates and co-operates with other personnel who give services to the families and communities directly or indirectly. These may include health team personnels sanitarians, nutritionists, health educators, Personnel from other ministries and departments eg. agricultural, education, social services, community leaders. (i.e. involvement in multisectoral approach).

To give priority to the most vulnerable group—Months & children :—

(1) To make concerted efforts to significantly reduce maternal and child mortality and morbidity giving high priority to children under 6 years of age. Pregnant and nursing mothers, premarital counselling necessary arrangement for sate confinement at home by T.B.A. or registered nurse-midwives/Institutional delivery Postnatal care, care of the newborn, *GOBIN*, for children's survival. Advices for checking uncontrolled fertility.

(2) *The major nutrition—intervention Programme is :—*

(a) Applied nutrition programme.
(b) Supplementary feeding programmes.
(c) Mid-day meal programme for school children.
(d) National goitre control programme.
(e) Vit 'A' Prophylaxis programme.
(f) Anaemia control programme.

(3) To facilitate optimum Psycho-social development of pre-school children, universal non-formal education, reduce the rates of school dropout by alleviating school phobia, periodical check-up (health) to avail appropriate referral services in need with a team of Balawadis/Anganwadis etc. To assists in the Creches/Day care Centre/Nursery schools to give the best possible nursing care, i.e. preventive, promotive, curative and rehabilitative services.

(4) Special care to the "Save Our Soul Village."

(i) Unwanted child in a family set-up.

(ii) An occupation as a mother for the needy woman dedicated to social work.

(iii) Direct participation in social work.

(5) Care for the mentally retarded children spastics, blind, deaf & dumb are also taken into priority.

(6) To secure the basic rights of children and to protect against neglect, cruelty hazards and exploitation by promoting effective implementation of existing legislation and enacting new ones.

(7) To awaken the women labours and all categories of working mothers about this scope, health, safety, welfare and different types of benefits prescribed by the Factories Act 1976 & E.S.I. act 1984.

To look after the health of all categories of labour, their living environment and working environment.

Lastly she acts as a link between the Management and labours regarding their welfare.

(8) *Special Care for the Aged People :* As these old people are physically, mentally and financially incapable, they always suffer from insecurity. So nurses role is to face the situation in a tactful but gentle manner depending on the culture and customs of the family.

(9) Another very important role of the nursing personnel is to treat the minor ailments: In this aspect I would like to recapitulate one remark by the Hon. Minister for Health & F.W. Assam that in rural areas our ANM staff are giving nursing care to the sick persons including primary medical care.

Though it is very correct and some authority has been already given to the grass-root level workers to give some medicine, vaccine & chemical reagents recommended for Sub centre to treat the minor elements.

I would like to emphasize that prior preparation with a written standing orders by the local authority should always be the weapon of the workers—as they have to deal with the life of the human being which is most valuable of all the physical things of the world.

The standing orders include

(i) Health needs of the community.
(ii) Precise easily understandable in famillar language.
(iii) Clear directives to the health works points at which they must seek aid from supervisor & refer the patient for treatment.
(iv) Periodic review of standing orders.
(v) Dosage, use, contradiction of drugs.
(vi) Changes in trade name.
(vii) Govt. directives.
(viii) As experience is gained.

With the support by the standing orders they can use :

Some solids	*Liquids*	*Che. Reagent*
1. Aspirin	Vit. A Oil	Tr. Benzoin
2. Chloroquin etc.	Liquid Antiper	Zention violet.
3. Anthelmintics	Mist. Carminative	
4. Antacid	Mist. Alkali	
5. Sulfa drugs		
6. O.R.S.		

10. Care to the mentally sick person and sociopaths in the community.

In this aspect, the milleu or environment of the sick person is very important. As a good family friend by our good Interpersonal relationship and trust relation counselling and according to need we should try to help the patients.

In conclusion I can say that whole hearted support by local authorities of the working area of the peripheral health workers, their Directorates, Dept of Health & F.P; Ministry of health is mostly needed.

Support by different voluntary organizations and community itself is required for successful steps in safe practice in the community.

In working situation, social security is needed:

(1) For workers.

(2) Mother, children & other groups of people of the community.

The preamble of the constitution promises justice, liberty, equality, social security to all its citizens.

The Existing Law in Favour of The workers & The community peoples.

(1) The Equal Remuneration Act (1976) provides for payment of equal weges for equal work.

(2) The maternity benefit Act (1961) provides 12 wks. leave with full pay as maternity leave to women employees.

Effort is continuing to increase the maternity leave period and provision for paternity leave also like the other countries of the world (like China, Soviet Russia etc.). So that the Act can be revised.

(3) Factories Act (1948). & the Mines Act (1952) provide for welfare & protection of women working in these sectors of employment.

The factories Act (1976) & E.S.I. Act (1984) for health, safety, welfare, & different types of benefits for workers.

(4) M.T.P. Act (1971) for the Women.

(5) The family courts Act (1984) provides for setting up of family courts to decide cases relating to matrimental problems, guardianship of children adoption etc.

The Child Marriage Restraint Act—places restriction of marriage for female below the age of 18 Yrs.

The Special Marriage Act (1984): Provides for compulsary registration of marriage and the Dowry prohibition Act (1961).

Besides that also there are many existing laws for the protection and enjoyment of safe environment and the polluter's Action will be treated as a criminal offence.

Like Prevention of Water Pollution Act)
and Smoke Nuisance Act)

Though there are many laws yet in actual situation we are not at all secured specially in rural and urban slums area.

The reason can be—

(1) Lack of education

(2) Poor economic condition of the people

(3) Lack of Rules at law—Suitable environment for implementation of the existing laws.

4. A general trend to deliberate violation of the law, eg—Road Rules—not crossing through Zebra line is well known violation of Law.

(5) Judicial Aspect—enough provision.

(6) Different type of Political & organisational pressure.

So peoples' awareness is mostly required & we have to try our level best for the improvement of knowledge according to their level of understanding through health education.

Lastly we ourselves also to be aware about our role, provision for our safety in working situation for successful health practice in the community.

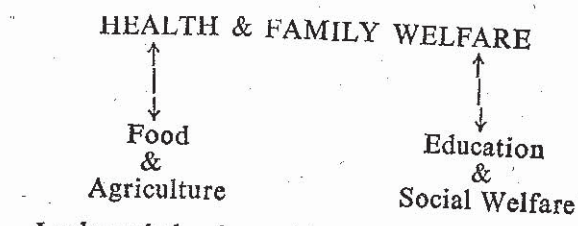
Bibliography

(1) Journal from Institute of Engineers, Calcutta.
(2) Water Act 1984
(3) Smoke Nuisance Act—1984.

Summary

Various speakers have presented their own view points. I like to stress on two points. One is on "Inter Sectorial Approach" and another is involvement of the voluntary organization in implementation of National Health Programme.

The optimum health for the individual family and Community will not be achieved if the health sector do not work with other sectors like social welfare, education, Agriculture etc. The main idea is given in the diagram below :



I acknowledge herewith that diagrams, charts and few pictures were taken from *World Health*, the magazine of the World Health Organization and *Future*, a quarterly publication of UNICEF, preparing the slide used for the symposium.