CCH III

REGIONAL PROGRAMME AREA:

FAMILY AND COMMUNITY HEALTH SERVICES

GOAL: Improved health and quality of life throughout the stages of the life cycle

SUB-PRIORITIES	OBJECTIVES/ PURPOSE	NATIONAL EXPECTED RESULTS	INDICATORS	OPPORTUNITIES FOR JOINT REGIONAL ACTION STRATEGIES	INSTITUTIONS	JUSTIFICATION
Child Health and Development	1. To improve the capacity to monitor and manage conditions which influence perinatal mortality and diseases in the < 5y population	1.1 Sensitive and effective perinatal monitoring system operational	1.1.1 Standardized easy to use perinatal system implemented in all countries by 2012 1.1.2 Reduction in the infant morality rate by 50% of the 2000 level by 2012 (MDG – reduced by two-thirds between 1990 and 201 5 of the <5y mortality)	Revision or updating of the perinatal monitoring system for use in diverse Caribbean institutions Resource mobilization to support the implementation of MCH programs in underserved populations in select countries Development and promotion of TCC programs to evaluate quality of MCH and child health programs; and enhance systems for program management	PAHO/WHO, CARICOM; TLIs, national governments PAHO/WHO, UNICEF, CARICOM, bilateral funding institutions	The 2007 PAHO/WHO Basic Indicators document report a wide range in Infant Mortality for CARICOM countries. r This is generally demonstrative of the differences in socio-economic status, human resource capacity and management systems among the countries. These factors have an impact on the quality of services delivered. However it is recognized that in several countries improvements in the indicators could be achieved within the limits of the existing resources. In such cases greater attention needs to be given to the development, application and adherence to standards. In the countries with less resources special attention must be directed to system and follow-up improvements with

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		1.2 Multi-sectoral programmes for the prevention and early detection of developmental and learning disabilities implemented 1.3 Mechanism to strengthen capacity of health personnel to manage MCH initiatives implemented	1.2.1 All countries implement a programme for early detection of childhood development and learning disabilities by 2011 1.3.1 Capacity building and system changes implemented by December 2011	Testing or development of strategies and guidelines for integrating HIV/AIDS programs into MCH services	PAHO/WHO,CARICOM,UNAIDS,UNICEF,	technical and other resources support from international and regional countries and agencies to build national capacity and promote community and professional involvement in the programs.

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		1.4 Technical cooperation among country initiatives for strengthening child health programs for vulnerable groups developed and implemented	1.4.1 Improvements in the quality and access to services for integrated management of the sick child in all countries with vulnerable populations by 2012			
Reproductive & Sexual Health	2. Improve the capacity to provide quality, accessible and appropriate reproductive health services	2.1 Quality of antenatal and postnatal services in keeping with the established Caribbean standards improved	Mechanisms to monitor the application of agreed and effective treatment protocols operational in all countries by March 2012 All countries have decreasing trends in maternal mortality ratio by 2011	Regional analysis of issues, challenges and "best practices' that could promote the participation of vulnerable groups in ante and post natal services Development of TCC proposals to build regional capacity in the enhancement of MCH programs particularly for the less served populations	CARICOM, PAHO/WHO, UNICEF, UNFPA, UNAIDS, TLIs; CHRC	Competent and effective reproductive health programs for CARICOM require giving consideration to technical, gender sensitive and age issues. Programs also need to incorporate adequate analysis of the predisposing conditions that have an impact on sexual health. Special attention needs to be directed to teenage pregnancies, domestic violence and sexual abuse, poverty, and access to quality services. Although the maternal mortality is reported as low in several countries attention needs to be

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		2.2 Full range of sexual and reproductive health services (PAHO standards) for men and women in public health care facilities	2.2.1 All countries have decreasing trends in prematurity rates by 2012 MDG: Universal access to reproductive and sexual health services through primary health care systems achieved by 2015 2.2.2 Domestic abuse programs to reduce sexual violence on women established in all countries by 2011 2.2.3 Reduction in the number of pregnancies in teenage females attending schools in all countries by 2011	Review legal parameters and develop draft policies to increase access of teenagers to reproductive health services Implementation of guidelines on family and child health Development and dissemination of draft policies; legislation modules; strategies and program outlined with emphasis on health promotion		given to improving the quality of services to reduce the impact of preventable and treatable complications, Special assistance needs to be given to countries like Haiti and Guyana where the mortality ratios are higher.

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			2.3 Specific programs to reduce incidence of teenage pregnancy operational in all countries by 2012			

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Adolescent Health	Strengthen capacity of the health and other sectors to respond to the specific health and development needs of adolescents and youths	To improve access to health care by adolescents through the implementation of adolescent friendly health facilities in each country To implement programmes to reduce mortality and morbidity in adolescents from preventable conditions such as injuries and HIV/AIDS	Each country providing comprehensive primary health care to adolescents by implementing at least one youth friendly facility by 2011 Reduction in the incidence of AIDS & STIs reported cases in adolescents by 50% by 2012 Reduce the incidence of violence and injuries in young people by 20% in each country by 2013	Secure resources and update adolescent youth surveys Design regional initiative to promote adolescent health and wellness with community partnership Define indicators to monitor progress Pool regional resources for youth centered HIV/AIDS activities and adopt a coordinated program of interventions	CARICOM, NGOs, Faith based institutions; UNICEF; PAHO; UNDP; multilateral funding agencies; business community; TLIs; CHRC; CAREC	The health of adolescents in the Caribbean is threatened by risks behaviours associated with violence, early sexual activities and HIV/AIDS, substance abuse as well as physical inactivity and obesity. Although these challenges are presented across the social strata and genders, there is a significant increase in mortality and morbidity among young men, those attending and out of school from families whose support network is compromised. The solutions are beyond the health sector alone and requires inter-

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		To develop interventions in schools to promote a healthy environment and healthy lifestyles	All countries increase the number of health providers and adolescents trained to work in partnership with health services and adolescents by 2011 Increase in the proportion of adolescents who engage in physical activity by 10% using baseline data from the most recent Adolescent School Health Survey by 2012 Special programs for overweight and obese school-age children in at least 50% of primary and secondary schools by 2013	Develop wellness program to be piloted in select communities Development a regional education act which includes physical education classes in schools at all levels		sectoral collaboration and resource sharing between the governments, private sector, Non-Governmental Organizations and the communities to reclaim societies. In the health sector provision must be made for youth friendly , non-judgemental services

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Health of the Elderly	To strengthen and integrate programmes to promote and protect the health and well-being of the elderly.	Develop and implement national policies for healthy ageing using approaches consistent with the 1998 Caribbean Charter on Health and Ageing Develop profile of the needs of elderly in collaboration with NGOs, business community and other governmental agencies	National Policies and action plans for healthy ageing developed in all countries by 2012 Implementation of training programmes for health care providers, individuals and community caregivers on the ageing process and /or health needs & health care of the elderly by 2012			

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		To ensure that health services are so organized, managed and sustained so as to provide appropriate, accessible and affordable services, including those that promote quality of life for the elderly				
Injuries and Violence	To promote safety and enhance the quality of life of the population To promote multi-sectoral action and strengthen the capacity of countries to reduce the incidence of violence and unintentional injuries and mitigate their consequences	Integrated plans of action to promote safety and thereby reduce injuries and violence including gender based violence	60% of countries develop and implement integrated actions and plans to promote safety and thereby reduce injuries and violence by 2012 *MDG target: Reduce, by 2015, all forms of gender based violence*	Development of protocols within the health sector to treat GBV		

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		Development of an enhanced regional surveillance system for injuries and violence	All member states develop and implement a surveillance system for injuries and violence by 2012			