ASSESSMENT OF IMPLEMENTATION OF INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESSES PROGRAMME AT PRIMARY HEALTH CENTRE LEVEL IN BHAVNAGAR DISTRICT, GUJARAT

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ABSTRACT

Objectives: To assess the availability of trained staffs and the logistic support to provide IMNCI services.

Methods: A cross sectional study was conducted in 14 PHCs, two from each block, one with the highest RCH indicator grading and another with the lowest RCH indicator grading. Data were collected by personal interview of medical officers. The information collected was about on staff availability, training, logistics.

Results: All medical officers were trained in IMNCI except one PHC. IMNCI registers were available at 86% of the PHCs, while chart booklets were available at 71% of the PHCs. The availability of essential oral drugs, paracetamol, chloroquine were available at all PHCs while cotrimoxazole, iron (kid) & Vitamin A were available at 79%, 86% and 57% of the PHCs respectively. The Inj. Gentamycin and Inj. Ampicillin were available only at 13(92.9%) and 1(78.6%) of the PHCs respectively.

Conclusion: All PHCs had more than 80% of health providers managing sick children trained in IMNCI. The availability of essential oral drugs, pre-referral injectable drugs, and essential equipment & materials are not optimal.

INTRODUCTION

Approximately 28% of all deaths of newborns and 23% of all infant deaths in the world occur in India. Many of these deaths could be prevented by greater access to and use of high quality healthcare in combination with improved newborn and infant care practices in families.

India adapted the Integrated Management of Childhood Illness (IMCI) strategy aiming to reduce its newborn and infant mortality burden and renamed the revised strategy Integrated Management of Neonatal and Childhood Illness (IMNICI). In addition to treatment of sick newborns and children, it incorporates home visits for early newborn care, which have been shown to reduce mortality among newborns in Gadchiroli, India. The home visits focus on improving newborn and infant care practices and care seeking for illness.

In India, the “IMCI” strategy has been adapted by experts including representatives of the Indian Academy of Pediatrics (IAP) giving central thrust to neonatal care component, the most critical period affecting infant mortality in India. This adapted version of IMCI was renamed as IMNCI (Integrated Management of Neonatal and Childhood Illnesses). The present study presents status of IMNCI at primary health care level after 5 years of training in Bhavnagar district.
& 15 sanctioned posts of FHSs in these 14 selected PHCs. Out of these, 2 (2.2%) posts of FHWs & 8 (53.4%) posts of FHSs were vacant. From the available FHWs & FHSs, 84 (93.3%) FHWs & 6 (85.7%) FHSs were trained in IMNCI.

Table I: Availability of equipments for IMNCI at PHCs of the Bhavnagar District

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Equipments</th>
<th>Number (N=14)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Weighing scale (adult type)</td>
<td>14</td>
<td>100</td>
</tr>
<tr>
<td>2</td>
<td>New born weighing scale (Pan type)</td>
<td>14</td>
<td>100</td>
</tr>
<tr>
<td>3</td>
<td>Baby Timer for counting respiratory rate</td>
<td>5</td>
<td>35.5</td>
</tr>
<tr>
<td>4</td>
<td>Measuring jar of 1 litre</td>
<td>1</td>
<td>7.1</td>
</tr>
<tr>
<td>5</td>
<td>Cup, spoon</td>
<td>1</td>
<td>7.1</td>
</tr>
<tr>
<td>6</td>
<td>Thermometer</td>
<td>14</td>
<td>100</td>
</tr>
<tr>
<td>7</td>
<td>Facility for malaria testing</td>
<td>14</td>
<td>100</td>
</tr>
</tbody>
</table>

Figure 1: Availability of logistics required for IMNCI at PHCs of Bhavnagar District.

IMNCI registers / recording forms were available at 86% of the PHCs, while chart booklet & Referral card were available at 71% of the PHCs. The monthly reporting format were available in all PHCs.

Figure 2: Availability of essential oral drugs for IMNCI at PHCs of Bhavnagar District

The ORS packets, Paracetamol, Chloroquine were available at all PHCs while Cotrimoxazole, Iron (kid) & Vitamin A were available at 79%, 86% and 57% of the PHCs respectively.

Figure 3: Availability of Injectable drugs for IMNCI at PHCs of Bhavnagar District

The Inj Chloramphenicol and Inj. Quinine were not available at any of the PHCs while Inj. Gentamycin and Inj. Ampicillin were available only at 13 (92.9%) and 11 (78.6%) of the PHCs respectively.

DISCUSSION

In this study it was found that all PHCs have more than 80% of health providers trained in IMNCI. Health facility surveys conducted by WHO in Sudan7 (2003), Morroco8 (2007), and Egypt9 (2002) showed that 57.6%, 73.3% and 77.3% of health facility had at least 60% health workers trained in IMCI respectively.

In our study it was found that the weighing scale (adult type), thermometer, and facility of malaria testing were available and functional at all 14 PHCs while measuring jar of 1 liter and cup- spoon were available and functional only at one PHC.

Health facility survey conducted by WHO in (2000) in Rufiji, Morogoro Rural, Kilombero and Ulanga districts of south-eastern Tanzania10 showed that 16% and 6% health facilities had all essential equipments & materials for IMCI respectively.

Mean of availability of essential oral drugs was 5.21, out of 6 in PHCs. Only 50% PHCs had available all the six drugs. Health facility surveys conducted by WHO in Sudan7 (2003), Morroco8 (2007), Egypt9 (2002) & Malawi11 (2004) observed that mean of availability of essential oral treatments were 5.0 out of 6, 5.8 out of 6, 3.3 out of 4, 6.4, out of 8 essential oral drugs respectively.

Mean availability of injectable drugs for pre-referral treatment was 1.71, out of 4 injectable drugs in the PHCs. All 4 injectable drugs were not available at any of the PHC. Health facility surveys conducted by WHO in Sudan7 (2003), Morroco6 (2007), Egypt6 (2002) found that mean of availability of injectable drugs for pre-referral treatment were 2.6 out of 4, 3 out of 3 and 1.7 out of 3 injectable drugs respectively.

CONCLUSION

From above finding we conclude that all PHCs had more than 80% of health providers trained in IMNCI managing sick children. The availability of essential oral
drugs, pre-referral injectable drugs, and essential equipment & materials are not optimal. None of PHCs had all essential oral drugs and all essential equipment & materials.

RECOMMENDATIONS

Vacancy of staffs at some centres should be filled up. Efforts are needed to improve availability of essential oral drugs, pre-referral injectable drugs, and essential equipment & materials for IMNCI. Need of more emphasis on maintenance of IMNCI register, for the documentation of their work.

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REFERENCE