Research Paper

Volume : 2 | Issue : 10 | October 2013 • ISSN No 2277 - 8179

Assessment of Implementation of Integrated Management of Neonatal and Childhood Illnesses Programme at Sub Centre Level in Bhavnagar District, Gujarat

Medical Science

KEYWORDS : IMNCI, Child Health, Sub centre

Dr. Ashvin. B. Rathod	Tutor, Department of PSM (Preventive and Social medicine), Govt. Medical College Bhavnagar-364001, Gujarat, India.
Dr. K. D. Bhalani	Department of PSM (Preventive and Social medicine), Govt. Medical College Bhavnagar-364001, Gujarat, India.
Dr. Prashant. M. Jadav	Department of Biochemistry, Govt. Medical College Bhavnagar-364001, Gujarat, India.

ABSTRACT

Objectives: To assess the availability of drugs, equipments and other logistic support to provide IMNCI services.

Methods: A cross sectional study was conducted in 14 Primary Health centres. From each selected Primary health centre, two sub centers were selected, one with the highest and another with lowest full immunization coverage.

Results: The infant weighing scale and thermometer were available at all 28 sub centres, while timer for counting respiratory rate was not available in any sub centre.

IMNCI registers / recording forms and monthly reporting format were available in all sub centres while chart booklets were available at 96% of the sub centres. Referral card were present at 68% of the sub centres. The ORS packet, paracetamol, chloroquine and vitamin A were available at more than 85 % of the SCs while cotrimoxazole & iron (kid) were available at 25% and 50% of the SCs respectively.

INTRODUCTION

Annually, over 10 million children in low and middle income countries including India die before they reach their fifth birthday and 7 out of 10 of these deaths are due to some common treatable or preventable conditions such as diarrheal dehydration, acute respiratory infections, measles, malaria, and malnutrition.1Delay in seeking treatment and lack of quality care in health facilities are important cause of death in such conditions.2 Moreover, according to the World Bank Report 1993, in situations where laboratory support and clinical resources are limited, a syndromic approach with comprehensive health care strategies is more realistic and cost effective. It also has the potential to make the greatest impact on the global burden of disease.3 Considering this situation, during the year 1992, WHO, in collaboration with UNICEF and some other agencies, institutions and individuals, responded to the challenge by adopting a strategy known as Integrated Management of Childhood Illness (IMCI).4

The Government of India along with other experts also recognized the need for a strategy like IMCI. Moreover, as in Indian scenario, neonatal mortality constitutes a substantial (64%) proportion of "under 5 mortality," all neonates starting from the day of birth were included in the strategy. Thus for Indian version, IMCI was adapted as Integrated Management of Neonatal and Childhood Illness (IMNCI).5

The Current study presents status of IMNCI at Sub centre level in Bhavnagar district.

The specific aspects included in this study are drugs, equipments, and other logistics.

MATERIAL AND METHODS

All 7 blocks of Bhavnagar district were included in the cross sectional study conducted in year 2011-12 at 14 PHCs. From each selected PHC, two sub centers were selected, one with the highest and another with lowest full immunization coverage. The pre-tested and semi structured questionnaire was used for the data collection.

After obtaining written permission from chief district health officer, data collection was started. A date of visit of the centre was fixed in consultation with female health workers.

Data were collected by personal interview of female health workers and from records & registers available at sub centres. The study was approved by the Institutional Review Board, Government Medical College, Bhavnagar on 30th January 2012.

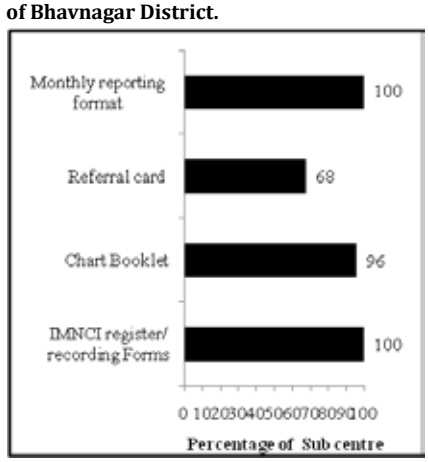
RESULT

Table I: Availability of Equipments for IMNCI at Sub Centres of Bhavnagar District.

Sr. No	Equipments	Number (N=28)	Percentage
1	Infant weighing scale	28	100
2	Salter weighing scale	3	10.7
3	Timer for counting respiratory rate	0	0
4	Measuring jar of 1 litre	1	3.5
5	Cup, spoon	7	25
6	Thermometer	28	100

The infant weighing scale and thermometer were available at all 28 sub centres, while timer for counting respiratory rate was not available in any sub centre.

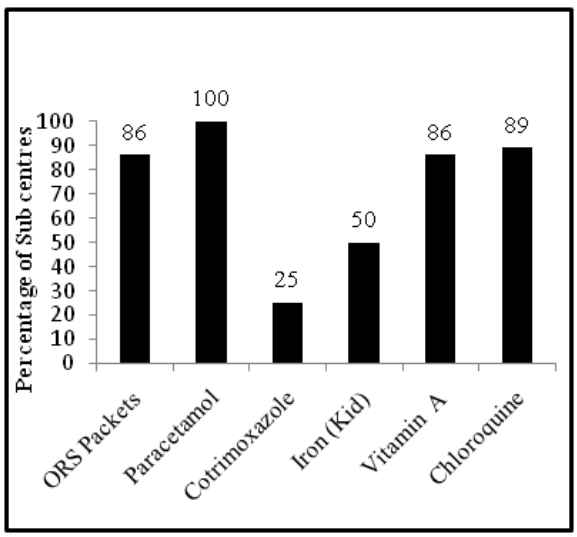
Figure 1: Availability of logistics required for IMNCI at SCs of Bhavnagar District.



IMNCI registers / recording forms and monthly reporting format were available in all sub centres while chart booklets were

available at 96% of the sub centres. Referral card were present at 68% of the sub centres.

Figure: 2 Availability of essential oral drugs for IMNCI at Sub centres of Bhavnagar District.



The ORS packet, paracetamol, chloroquine and vitamin A were available at more than 85 % of the SCs while Cotrimoxazole & iron (kid) were available at 25% and 50% of the SCs respectively.

DISSCUSSION

In our study it was found that the infant weighing scale and thermometer were available and functional at all 28 selected sub centre PHCs while measuring jar of 1 liter and cup- spoon were available and functional only at 7 and 1 sub centre respectively.

Health facility survey conducted by WHO in (2000) in Rufiji, Morogoro Rural, Kilombero and Ulanga districts of south-eastern Tanzania9 showed that 16% and 6% health facilities had all essential equipments & materials for IMCI respectively.

Mean of availability of essential oral treatments was 4.35, out of 6 in Sub centres. All six essential oral drugs were not available in any of the sub centres.

Health facility surveys conducted by WHO in Sudan6 (2003), Morroco7 (2007), Egypt8 (2002) & Malawi10 (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.

CONCLUSION

From above finding we conclude that availability of essential oral drugs and essential equipment & materials are not optimal. None of Sub centre had all essential oral drugs and all essential equipment & materials.

RECOMMENDATIONS

Efforts are needed to improve availability of essential oral drugs and essential equipment & materials for IMNCI. Need of more emphasis on maintenance of IMNCI register, for the documentation of their work.

ACKNOWLEDGEMENT

We are grateful to Dr M. P Singh, Dr K.D Bhalani and Bhavnagar health department for their kindly support to conduct this study.

REFERENCE

1. Integrated management of neonatal and childhood illness, In, Student's handbook for Integrated management of neonatal and childhood illness. World, Health Organization, Department of Child and Adolescent Health and Development (CAH), MOHFW. Govt. of India. 2007:1. | 2. Improving Child health, the integrated approach, Division of Child Health and Development. Geneva: WHO; 1997. World Health Organization; pp. 2–7. | 3. World development report 1993: Investing in Health. New York: Oxford University Press; 1993. World Bank. | 4. New Delhi: UNICEF; 2005. UNICEF IMNCI Training Modules for MOs, module no.1. | 5. Child Health Programme in India - Major milestones in Child Health. [Last accessed on 2009 Jun 3]. Available from: http://mohfw.nic.in/dofwwebsite/childhealthrti.pdf . | 6. World Health Organization. Health Facility Survey on Quality of Out- patient Child Health (IMCI) Services-IMCI Health Facility Survey Sudan March April 2003. 2004. WHO-EM/CAH/013/E/G/02.04/500 | 7. World Health Organization. National health facility survey on the quality of outpatient primary child health care services - IMCI health facility survey Morocco October-December 2007.2009. WHO EM/CAH/188/E/03.09/100 | 8. World Health Organization. Health Facility Survey on Quality of Out- patient Child Health (IMCI) Services - Egypt March April 2003.2003. WHO-EM/CAH/012/E/G/07.03/500 | 9. Schellenberg J, Bryce J, de Savagny D. Tanzania IMCI Multi- Country Evaluation Health Facility Survey Study Group, et al; The effect of Integrated Management of Childhood Illness on observed quality care of under five in rural Tanzania. Health Policy Plan.2004;19:1–10 | 10. World Health Organization. Health Facility Survey Malawi.2004. | |