



TRAINING NEED ASSESSMENT OF SERVICES PROVIDERS IN MANAGING CHILDHOOD ILLNESS (IMNCI) IN PORBANDAR DISTRICT OF GUJARAT

Niteen Maneelal Gujarathi

Student, IIHMR University

Dr. Jagajeet Prasad Singh

Professor, IIHMR University

DOI: <https://doi.org/10.52458/9788196869427.nsp.2023.eb.ch-07>

Ch.Id:- IIHMR/NSP/EB/EHMP/2023/Ch-07

INTRODUCTION

In the mid-1990s, the World Health Organization (WHO) and UNICEF collaborated to formulate the Integrated Management of Childhood Illness (IMCI) strategy. This approach, initially focused on children, was later expanded in India to encompass neonates, leading to its rechristening as the Integrated Management of Neonatal and Childhood Illness (IMNCI) [1]. The primary objective of the IMNCI strategy was to mitigate the prevalence of major preventable causes of mortality among children under the age of 5 in developing nations, such as pneumonia, diarrhea, malaria, measles, and malnutrition. This was achieved through the establishment of a classification system for treating various diseases [2].

The training associated with IMNCI primarily aims at enhancing skills related to neonatal and child health, emphasizing prompt and appropriate management. The training targets various categories of service providers, including Medical Officers, health workers (Auxiliary Nurse Midwives - ANMs), and workers from the Integrated Child Development Scheme (ICDS) known as Anganwadi Workers (AWWs). An integral aspect of this program involves providing comprehensive training to health service providers, encompassing clinical skills and supervisory abilities, as these individuals form the backbone of the IMNCI initiatives [3].

RESEARCH QUESTIONS

What training requirements arise from evaluating the knowledge and skills of service providers in Integrated Management of Neonatal and Childhood Illness (IMNCI)?

RESEARCH OBJECTIVES

To evaluate the current proficiency of service providers in various facets of Integrated Management of Neonatal and Childhood Illness (IMNCI).

RESEARCH METHODOLOGY

A descriptive cross-sectional study was carried out in the Porbandar district of Gujarat state, focusing on the assessment of Medical Officers, ANMs from CHC, PHC, SC, and AWWs from AWC under the Integrated Management of Neonatal and Childhood Illness (IMNCI). The investigators utilized a skill assessment checklist to record their observations. The sample units for the study included Medical Officers, ANMs, and AWWs. The study employed non-probability sampling, specifically using purposive sampling to select the study area and units. Thirty percent of the total sample was chosen from Government Health centers at each level within that district. With four CHCs in the district, three were selected as the study areas. The same process was repeated for the selection of PHCs, SCs, and AWCs.

Quantitative surveys were conducted by physically visiting Community Health Centers, Primary Health Centers, Sub Centers, and Anganwadi Centers. For interviews with Medical Officers, ANMs, and AWWs, a separate semi-structured questionnaire (Quantitative) was prepared. Face-to-face interviews were conducted to assess the training needs of service providers in IMNCI.

RESULTS & DISCUSSION

This health survey was conducted in the Porbandar district of Gujarat state, involving interviews with 18 Medical Officers, 32 ANMs, and 20 AWWs by the investigators. Among these service providers, the majority had less than 10 years of work experience, and 67% of them had undergone 8 days of IMNCI training. Within the interviewed service providers in Porbandar district, 80% demonstrated sufficient knowledge regarding the universal immunization schedule, as well as breastfeeding and complementary feeding practices for children under five. Despite the existence of VCNC and IMNCI training for service providers, there was a lack of comprehensive knowledge about methods to assess the nutritional status of children under five, particularly among AWWs. Only 6% of medical officers exhibited complete knowledge about the treatment of childhood illnesses.

CONCLUSION

Workers trained in IMNCI, particularly Medical Officers and ANMs, excelled in various aspects such as immunization, nutritional supplements, and breastfeeding practices. Medical officers demonstrated proficiency in diagnosing childhood illnesses, but their performance in treating these illnesses was subpar. Nearly all service providers, including Medical Officers, ANMs, and AWWs, possessed adequate theoretical knowledge concerning the different elements of IMNCI. However, there was a necessity to translate this theoretical understanding into practical application and implement it effectively at the grassroots level.

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