Knowledge regarding minimum essential commodities Of 5*5 Matrix Of RMNCH+A Among Health workers In Kaimur District

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Introduction

5 X 5 Matrix for High Impact RMNCH+A Interventions

To be Implemented with High Coverage and High Quality

Reproductive Health

- Offer IUCD as spacing methods, particularly PPIUCD at high case load facilities
- Focus on interval IUCD at all facilities including subcentres on fixed days
- Home delivery of Contraceptives (HDC) and Ensuring Spacing at Birth (ESB) through ASHAs
- Ensuring access to Pregnancy Testing Kits (PTK-"Nischay Kits") and strengthening comprehensive abortion care services.
- Maintaining quality sterilization services.

Maternal Health

- Use MCTS to ensure early registration of pregnancy and full ANC
- Detect high risk pregnancies and line list including severely anemic mothers and ensure appropriate management.
- Equip Delivery points with highly trained HR and ensure equitable access to EmOC services through FRUs; Add MCH wings as per need
- Review maternal, infant and child deaths for corrective actions
- Identify villages with low institutional delivery & distribute Misoprostol to select women during pregnancy; incentivize ANMs for domiciliary deliveries

Newborn Health

- Early initiation and exclusive breastfeeding
- Home based newborn care through ASHA
- Essential Newborn Care and resuscitation services at all delivery points
- Special Newborn Care Units with highly trained human resource and other infra structure
- Community level use of Gentamycin by ANM

Child Health

- Complementary feeding, IFA supplementation and focus on nutrition
- Diarrhoea management at community level using ORS and Zinc
- Management of pneumonia
- Full immunization coverage
- Rashtriya Bal Swasthya Karyakram (RBSK): screening of children for 4Ds' (birth defects, development delays, deficiencies and disease) and its management

Adolescent Health

- Address teenage pregnancy and increase contraceptive behaviour in adolescents
- Introduce Community based services through peer educators
- Strengthen ARSH clinics
- Roll out National Iron Plus Initiative including weekly IFA supplementation
- Promote Menstrual Hygiene

Health Systems Strengthening

- Case load based deployment of HR at all levels
- Ambulances, drugs, diagnostics, reproductive health commodities
- Health Education, Demand Promotion & Behavior Change Communication
- Supportive supervision and use of data for monitoring and review, including scorecards based on HMIS
- Public grievances redressal mechanism; client satisfaction and patient safety through all round quality assurance

Cross Cutting Interventions

- Bring down out of pocket expenses by ensuring JSSK, RBSK and other free entitlements
- ANMs & Nurses to provide specialized and quality care to pregnant women and children
- Address social determinants of health through convergence
- Focus on un-served and underserved villages, urban slums and blocks
- Introduce difficult area and performance based incentives

5 X 5 Matrix for High Impact RMNCH+A Interventions

List of Minimum Essential Commodities

Reproductive Health

- ER commodities: Nirodh, IUCD 380-A, IUCD 375
- Oral Contraceptive Pills (OCPs) / (Mala-N), Condoms
- Emergency Contraceptive Pills(ECP) -(Levonorgestrel 1.5mg)
- Pregnancy Testing Kits (PTKs) - Nischay
- Tablet Mifepristone (Only at facilities conducting Safe

Maternal Health

- Injection Oxytocin
- Tablet Misoprostol
- Injection Magnesium Sulphate

Newborn Health

- Injection Vitamin K
- Mucous aspirator
- Vaccines - BCG, Oral Polio Vaccine (OPV), Hep B

Child Health

- Oral Rehydration Salt (ORS)
- Zinc Sulphate Dispersible Tablets
- Syrup Salbutamol & Salbutamol nebulising solution
- Vaccines - DPT, Measles, OPV, Hep B

  JE (19 States), Pentavalent vaccine
- Syrup Vitamin A

Adolescent Health

- Tablet Albendazole
- Tablet Pyridoxine

Cross cutting Commodities as per level of facility

- Iron & Folic Acid (IFA) Tablet, IFA small tablet, IFA syrup
- Syrup /tablets: Paracetamol, Trimethoprim & Sulphamethoxazole, Chloroquin and Inj. Dexamethasone
- Antibiotics: Cap /Inj. Ampicillin, Metronidazole, Amoxycillin; Inj. Gentamicin, Inj. Ceftriaxone;
- Clinical /Digital Thermometer; Weighing machine; BP apparatus; Stop Watch; Cold box; Vaccine carrier; Oxygen; Bag & mask
- Testing equipments for Haemoglobin, urine and blood sugar

- Improving the maternal and child health and their survival is central to the achievement of National health goals under the National Health Mission (NHM) as well as the Millennium Development Goals (MDG) 4 and 5.
- In order to bring greater impact through the RCH program, it is important to recognize that reproductive, maternal and child health cannot be addressed in isolation as these are closely linked to the health status of the population in various stages of life cycle.

- According to national surveys, adolescents (15–19 years) contribute about 16% of total fertility in the country and 15–25 years age group contributes 45% of total maternal mortality.
- With substantial unmet need of contraception – about 27% among married adolescents (15–19 years) – and low condom use by adolescents in general, adolescent girls are at a high risk of contracting sexually transmitted infections, HIV and unintended and unplanned pregnancies. This in turn contributes to maternal morbidity and mortality due to unsafe abortions and infections.

Research Question

What is the existing level of knowledge about minimum essential commodities of RMNCH+A 5*5 matrix among health workers?

Research Question

- What is the existing knowledge among health workers about minimum essential commodities of 5*5 matrix of RMNCH+A?

Objective

- To assess the level of knowledge about essential commodities of RMNCH+A 5*5 matrix among Health workers.

Methodology

- **Study Design**: This was a descriptive cross sectional study.
- **Study Duration:** Two Months
- **Study Area:** Primary Health Centre, and Community Health Centre of Kaimur District.
- **Study Participants:** Medical officers of PHC and CHC, Female Health Supervisors of Primary health Centre.

- **Sampling**: Stratified random sampling was done.

- **Sampling Size**: Fifty two medical officers out of 65 PHC's were selected and Seven Medical officers out of 11 CHC were selected. Female health supervisor of all the PHC's were selected. There are 45 FHS in 65 PHCs.

- **Methods and Instruments of Data Collection**: A structured questionnaire was used as a data collection tools.

- **Statistical Treatment:** The returned questionnaire was checked for completeness and correctness and data was entered in Microsoft excel for further analytical treatment and graphical presentations.

Results

- Thirty two medical officers (55%) knew both full form and number of stages in RMNCH+A, 9 MO's(15%) didn't had an idea about both the questions , eleven MO's (18%) knew only full form but had no idea about number of stages in RMNCH+A and 7 MO's(12%) knew only number of stages (pillars) in RMNCH+A.

Table 1:Percentage Distribution of MOs According to the awareness regarding full form & stages of RMNCH+A

S.NO	CRITERIA	MEDICAL OFFICERS (n=59)
1	KNEW BOTH	55%
2	DON'T KNOW BOTH	15%
3	ONLY FULL FORM	18%
4	ONLY NUMBER OF STAGES	12%
	TOTAL	100

Knowledge of Medical officers about Minimum essential commodities of 5*5 Matrix Of RMNCH+A

- 59 Medical officers were interviewed for knowledge of minimum essential commodities required in RMNCH+A, the questionnaire was divided into five Components :-
- Minimum essential commodities required for reproductive health.

- Minimum essential commodities required for maternal health.
- Minimum essential commodities required for neo-natal health.
- Minimum essential commodities required for child health.
- Minimum essential commodities required for adolescent health.

Table 2: Knowledge of minimum essential commodities of reproductive health in 5*5 matrix of RMNCH+A among Medical officers

Minimum Essential commodities	Aware(%)	Unaware(%)
Tubal Ring	61	39
IUCD-380	75	25
OCP	100	0
ECP	88	12
Pregnancy test kit	100	0

Table 3: Knowledge of minimum essential commodities of maternal health in 5*5 matrix of RMNCH+A among Medical officers

Minimum Essential commodities	Aware(%)	Unaware(%)
Inj. Oxytocin	100	0
Inj. Mgso4	69	31
Inj. T.T	67	33
Tab. Mesoprostol	79	21
Tab. Methyldopa	50	50
Tab. Labetol	62	38
IFA Tablet	74	26

Table 4:Knowledge of minimum essential commodities of Neo-Natal health in 5*5 matrix of RMNCH+A among Medical officers

Minimum Essential commodities	Aware(%)	Unaware(%)
Inj.Vitamin A	69	31
Syrup Vitamin A	76	24
Mucous Extractor	81	19
Vaccines	100	0

Table 5: Knowledge of minimum essential commodities of child health in 5*5 matrix of RMNCH+A among Medical officers

Minimum Essential commodities	Aware(%)	Unaware(%)
SYRUP ALBENDAZOLE		
Vit. A	100	0
Sulbutamol	61	39
Tab. Zinc Sulphate	74	26
Vaccine	100	0
ORS	79	21

Table 6:Knowledge of minimum essential commodities of Adolescent health in 5*5 matrix of RMNCH+A among Medical officers

Minimum Essential commodities	Aware(%)	Unaware(%)
Albendazole	71	29
Dicylomine	52	48
Sanitary Napkin	81	19

Figure 2: Knowledge of minimum essential commodities of reproductive health in 5*5 matrix of RMNCH+A among FHS

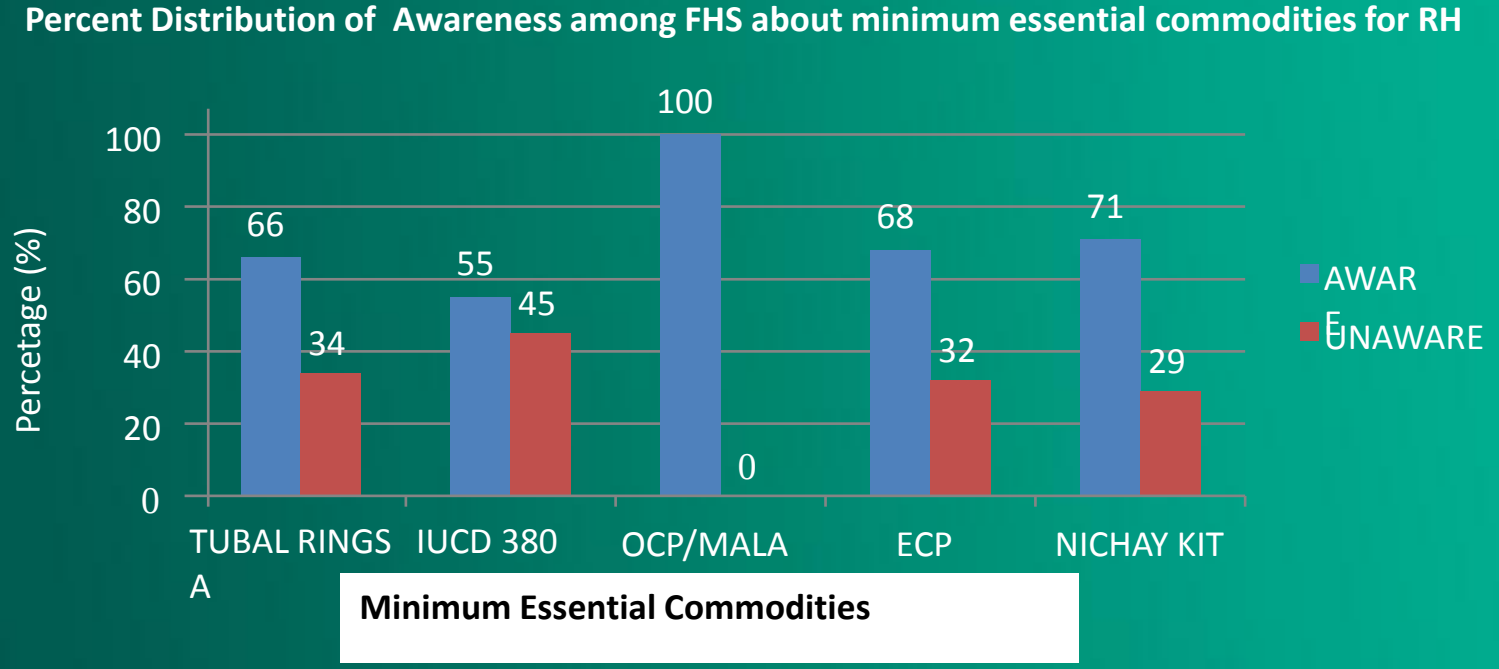


Table 7:knowledge of minimum essential commodities of Maternal health in 5*5 matrix of RMNCH+A among FHS

Minimum Essential commodities	Aware(%)	Unaware(%)
Inj. Oxytocin	57	43
Inj. Mgso4	62	38
Inj. T.T	100	0
Tab. Mesoprostol	62	39
Tab. Methyldopa	53	47
Tab. Labetol	37	63
IFA Tablet	100	0

Figure 3: Knowledge of minimum essential commodities of Neonatal health in 5*5 matrix of RMNCH+A among FHS

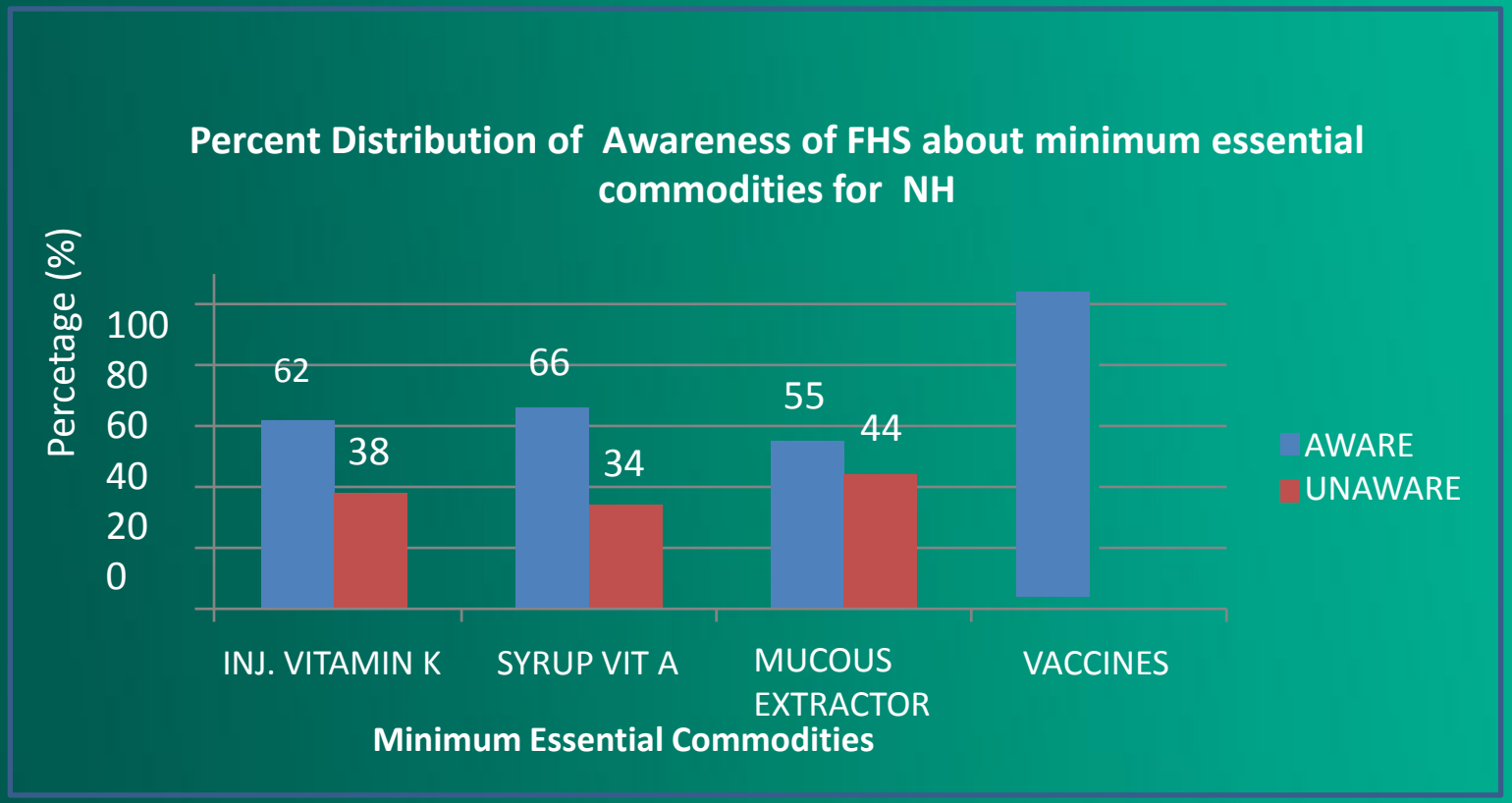
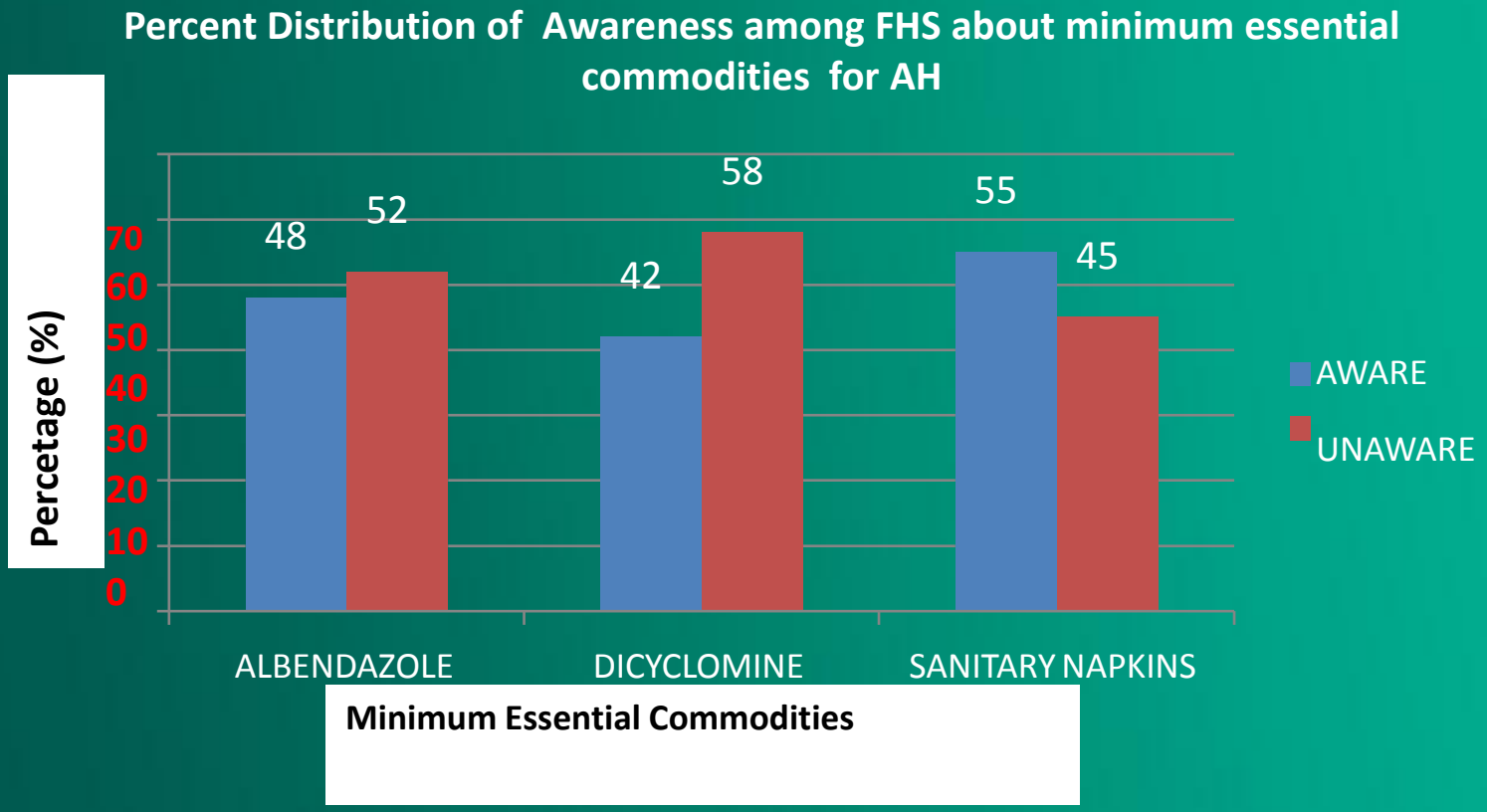


Table 8:Knowledge of minimum essential commodities of child health in 5*5 matrix of RMNCH+A among FHS

Essential Commodities	Aware (%)	Unaware (%)
Syrup Albendazole	57	43
Vit. A	64	36
Salbutamole	68	32
Tab. Zinc Sulphate	71	29
Vaccines	73	27
ORS	63	38

Figure 4: Knowledge of minimum essential commodities of Adolescent Health in 5*5 matrix of RMNCH+A among FHS



WRONG KNOWLEDGE AMONG HEALTH WORKERS ABOUT MINIMUM ESSENTIAL COMMODITIES for RH

SERIAL NUMBER	INCORRECT OPTION	MEDICAL OFFICER(59)	FEMALE HEALTH SUPERVISOR(45)	PERCENTAGE OF WRONG ANSWERS(MO)	PERCENTAGE OF WRONG ANSWERS(FHS)
1	STREPTOMYCIN INJECTION	36	28	61%	62%
2	CASH ON HAND	34	25	57%	55%
3	CONDOMS	42	25	71%	55%
4	CHLORINE TABLETS	14	20	23%	44%
5	AMBU BAG	35	23	59%	51%
6	CHLOROQUINE	27	0	45%	0%

WRONG KNOWLEDGE AMONG HEALTH WORKERS ABOUT MINIMUM ESSENTIAL COMMODITIES for MH

SERIAL NUMBER	INCORRECT OPTION	MEDICAL OFFICER(59)	FEMALE HEALTH SUPERVISOR(45)	PERCENTAGE OF WRONG ANSWERS(MO)	PERCENTAGE OF WRONG ANSWERS(FHS)
1	INJECTION STREPTOMYCIN	37	45	62%	100%
2	DOTS KIT	31	45	52%	100%
3	TABLET ARTEESUNATE	41	24	69%	53%
4	INJECTION KANAMYCIN	27	24	45%	53%

WRONG KNOWLEDGE AMONG HEALTH WORKERS ABOUT MINIMUM ESSENTIAL COMMODITIES for NH

SERIAL NUMBER	INCORRECT OPTION	MEDICAL OFFICER(59)	FEMALE HEALTH SUPERVISOR(45)	PERCENTAGE OF WRONG ANSWERS(MO)	PERCENTAGE OF WRONG ANSWERS(FHS)
1	COWS MILK	0	0	0%	0%
2	CASH ON HAND	31	31	52%	68%
3	HONEY AND STERILE WATER	0	0	0%	0%
4	OT SOLUTION	29	26	49%	64%

WRONG KNOWLEDGE AMONG HEALTH WORKERS ABOUT MINIMUM ESSENTIAL COMMODITIES for CH

SERIAL NUMBER	INCORRECT OPTION	MEDICAL OFFICER(59)	FEMALE HEALTH SUPERVISOR(45)	PERCENTAGE OF WRONG ANSWERS(MO)	PERCENTAGE OF WRONG ANSWERS(FHS)
1	QUININE	49	34	83%	75%
2	TAB. MEFIPROSTINE & MESOPROSTOL	32	28	54%	62%
3	TAB AZITHROMYCIN	34	29	57%	49%

WRONG KNOWLEDGE AMONG HEALTH WORKERS ABOUT MINIMUM ESSENTIAL COMMODITIES for CH

SERIAL NUMBER	INCORRECT OPTION	MEDICAL OFFICER(59)	FEMALE HEALTH SUPERVISOR(45)	PERCENTAGE OF WRONG ANSWERS(MO)	PERCENTAGE OF WRONG ANSWERS(FHS)
1	CONDOMS	36	26	61%	57%
2	IUCD 380 A	35	24	59%	53%
3	PREGNANCY TESTING KIT	43	28	72%	62%
4	TABLET MESOPROSTOL	31	33	52%	73%
5	TABLET PARACETAMOL	36	29	61%	64%
6	INJECTION KANAMYCIN	20	33	33%	73%
7	INJECTION STRPTOMYCIN	28	26	47%	57%

Conclusion

- As RMNCH+A includes five components ie Reproductive health, Maternal health, Neo-Natal health, Child Health and Adolescent Health and it is about continuum of care through out the life so we as a service provider are supposed to have complete knowledge about RMNCH+A but it was not seen so in Kaimur district..

- After analysis it was found that current knowledge about RMNCH+A is not sufficient in both medical officers as well as female health supervisors. Some of the important components of RMNCH+A 5*5 matrix were not known by both of the service providers which is not good for a high priority district like Kaimur where implementation of RMNCH+A at a good pace is needed.

- We cannot think of good implementation without good and complete knowledge. So we need to sensitize all the health force about RMNCH+A 5*5 matrix in order to deliver good results. Also with the help of this study we came to know about the prevalence of wrong knowledge.

- None of the medical officer had complete and correct knowledge about minimum essential commodities of RMNCH+A and similar pattern was seen in Female health supervisors. With current status of awareness in Kaimur District about RMNCH+A among health workers it can be concluded that a lot of investment is required in terms of training and knowledge up-gradation about this newly introduced strategy.

Ethical Considerations

- Respect of people's right and dignity
- Voluntary participation
- Purpose of the study was explained to all the subjects. They were told that the questionnaire is not be shared with anybody and the study is strictly for academic purpose. If they agree to it then questionnaire was distributed.
- The study will maintain the confidentiality of the respondents.
- Information received will not be misused in any form.
- The research work will try to maximize the benefits of the respondents.

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THANK YOU