Summer Training at
National Health Mission,
Haryana

To Access the Changes in Knowledge and Practices of ANMs Regarding E-IMNCI after Conducting a 2 Day Long Training With IMNCI e Learning Package

By
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2015-2017

The IIHMR University, Jaipur
2016

INSTITUTE OF HEALTH MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Sneh Lata** student of **MBA Health & Hospital Management** from the IIHMR University; Jaipur has undergone summer training at **National Health Mission, Haryana** from 1st April to 31st May, 2016.

The candidate has successfully carried out the study designated to her during summer training and her approach to the study has been sincere, scientific & analytical.

The internship is in fulfilment of the course requirements.

I wish her all success in all her future endeavours.

Col. (Dr.) Ashok Kaushik
Dean (Academics & Student Affairs)
IIHMR University, Jaipur

Brig (Dr) S.K. Puri
Advisor, Academics and student affairs
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NATIONAL HEALTH MISSION

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No. NHM/CH/2016/13694

Dated :- 04/07/2016.

To Whom So Ever It May Concern

Training Certificate

This is to certify that Dr Sneh Lata, a student of Masters in Business Administration (Healthcare and Hospital Management) at IIHMR University, Jaipur has undergone summer training in the Child Health Division at National Health Mission, Haryana from 1st April 2016 to 31st May 2016.

She has successfully completed her project work on "To assess the changes in knowledge and practices of ANM's regarding E-IMNCI after conducting a 2 day long training with IMNCI e-learning package.

During the training, her conduct and behaviour was very good and she took keen interest in completing the work assigned.

We wish her all success in her academic endeavours and in life.

for Mission Director, NHM
Haryana, Panchkula

DIRECTOR (CH)
National Rural Health Mission, Haryana

Date: 04/07/2016

ACKNOWLEDGEMENT

The success of any task would be incomplete without the expression of gratitude to the people who made it possible. We express sincere gratitude towards everyone who helped directly or indirectly in completion of my Summer Training from NHM HARYANA (India).

At the onset of my report, we would like to acknowledge my sincere thanks to our institute, Institute of Health management and Research, Jaipur for providing us platform to gain enough knowledge and skills in different aspects of health management.

We express my gratitude and regards to my mentor Dr. S.K. Puri for his able guidance and useful suggestions which helped me in completing the project work.

Special thanks to our project coordinator Dr. Suresh Dalpath for the faith shown upon me and guidance given without which the assignment would not have been possible.

I would like to thank to supervisiors and coordinators for their help at various stages of my project.

I would also like to thank my faculty members without whom this project would have been a distant reality. My seniors and collegues also hold a special mention here for believing in me and supporting me throughout summer training.

Finally, and most importantly, i would like to thank God for allowing me to complete my project, my beloved parents for their blessings and my friends for their help and wishes for the successful completion of this training.

Thanking You

Dr. Sneh Lata

IIHMR university

Jaipur

Contents

List of Figures:

Abbreviations:

ANC : Antenatal Check-Up
ANM : Auxiliary Nurse Midwife
ASHA : Accredited Social Health Activist
AWW : Anganwadi Worker
CBO : Community-Based Organisation
CHC : Community Health Centre
DDK : Disposable Delivery Kit
FRU : First Referral Unit
GoI : Government of India
HLD : High Level Disinfection
HMIS : Health Management Information System
HPS : High Performing States

ICTC : Integrated Counselling and Testing Centre
IFA : Iron Folic Acid
IMNCI : Integrated Management of Neonatal and Childhood Illness
IUCD : Intrauterine Contraceptive Device
IUD : Intrauterine Death
IUGR : Intrauterine Growth Retardation
JSY : Janani Suraksha Yojana
KMC : Kangaroo Mother Care
LAM : Lactational Amenorrhea Method
LHV : Lady Health Visitor
LLIN : Long-Lasting Insecticidal Net
LMP : Last Menstrual Period
LPS : Low Performing States
MMR : Maternal Mortality Ratio
MO : Medical Officer
MoHFW : Ministry of Health and Family Welfare
MoWCD : Ministry of Women and Child Development
MPHW : Multipurpose Health Worker
MTP : Medical Termination of Pregnancy
MVA : Manual Vacuum Aspiration
NFHS : National Family Health Survey

NGO : Non-Governmental Organisation

NRHM : National Rural Health Mission

NSV : No-Scalpel Vasectomy

NVBDCP : National Vector-Borne Disease Control Programme

ORS : Oral Rehydration Solution

PHC : Primary Health Centre

PIP : Programme Implementation Plan

PNC : Postnatal Check-Up

PNDT : Pre-Natal Diagnostic Technique

PPTCT : Prevention of Parent-to-Child Transmission

PRI : Panchayati Raj Institution

RCH : Reproductive and Child Health

RDK : Rapid Diagnostic Kit

RPR : Rapid Plasma Reagin

RR : Respiratory Rate

RTI : Reproductive Tract Infection

SBA : Skilled Birth Attendant

SC : Sub-Centre

SDM : Standard Days' Method

SHG : Self-Help Group

SN : Staff Nurse

STI : Sexually Transmitted Infection

TBA : Traditional Birth Attendant

TT : Tetanus Toxoid

UT : Union Territory

VDRL : Venereal Disease Research Laboratory

VHND : Village Health and Nutrition Day

Organizational Profile:

STATE HEALTH SOCIETY, HARYANA (SHSH)

The National Rural Health Mission emphasize to provide effective health care to the rural population, especially the disadvantaged groups including women and children, by improving access, enabling community ownership and demand for services, strengthening public health systems for efficient service delivery, enhancing equity and accountability.

As envisaged under NRHM Ministry of Health & Family Welfare Govt. of India that the State level Mission would function under the over all guidance of the State Health Mission headed by the Chief Minister of the state. The function under the Mission would be carried out through the State Health & Family Welfare Society.

Accordingly, the State Govt. had constituted the General Body of State Health Mission under the Chairmanship of Hon'ble Chief Minister Haryana vide notification dated 27/06/05. The functions under the Mission would be carried out through the State Health Society, Haryana, Panchkula.

On the lines of the State Health Mission, every district will have a 'District Health Mission' headed by the Chairperson, Zila Parishad. It will have the District Collector as the Co-Chair and Chief Medical Officer as the Member Secretary. The District Health Mission has already been notified vide Govt. Notification dates 10/02/2006(Flag 'A').

FUNCTIONS AND DUTIES OF HEALTH DEPARTMENT

Health department has manifold functions and duties which are as under :-

- Provide promotive , preventive , curative and rehabilitative services to the community through primary health care delivery system
- Provide equitable and quality health care at primary, secondary and tertiary level.
- Extension, expansion and consolidation of rural health infrastructure.
- Respond to the local community health needs and request.
- It takes many steps for population stabilization.
- Provide Reproductive and Child Health Services with the objective of reducing MMR & IMR.
- Provide immunization services against vaccine preventive diseases of childhood as well as pregnant mothers against tetanus during child birth.
- Provide Family Welfare Services.
- Provide Essential Obstetric Care.

- Enforcement of PNDT Act to prevent Sex Determination.
- Implement and monitor various National Health Programmes.
- Provide emergency obstetric care.
- Ensure potable drinking water and basic sanitation facilities.
- Prevention and control of communicable and non-communicable diseases through active disease surveillance and timely remedial measures.
- Provide treatment for common disease and injuries including emergency medical care.
- Provide essential drugs, materials, equipments & modern medical/surgical gadgets for diagnosis and treatment of patients.
- Birth and Registration through Civil Registration System.
- Promotion of proper and balanced nutrition – To raise the health status of the community.
- Provide in service orientation training to the medical and paramedical personnel's – To update their knowledge and sharpen their skills.
- Enforcement of various Acts like Prevention of Food Adulteration Act, Drugs & Cosmetic Act, Human organ Transplant, Mental health Act, Radiation protection Ac-, MTP Act, Birth & Registration Act, Human Anatomy Act and implementation Of Bio Medical Waste Management & Handling rules.

- Educate community to bring about behavioural change regarding various Health and Family Welfare programmes thereby improving the quality of life – through various mass media activities.
- Conduct Medico Legal and Postmortem examination.
- Conduct Medical Examination for first entry into Govt. service, driving license, disability, medical fitness, communication of pension etc.
- Issuance of manufacturing, wholesale & retail drug license.

Preface

About the Interactive Multimedia enabled IMNCI Package/Features

This multimedia package helps in training the ANMs, to manage sick children rationally using the integrated management of Neonatal and childhood illness (IMNCI) approach. The package is designed to allow users to work at their own pace. Each section has a large number of structured

components with built-in textual descriptions, images, videos, learning opportunities and self evaluations. They have the option to refer the chart book as and when required.

Duration of this Package:

The package is divided into 2 parts:

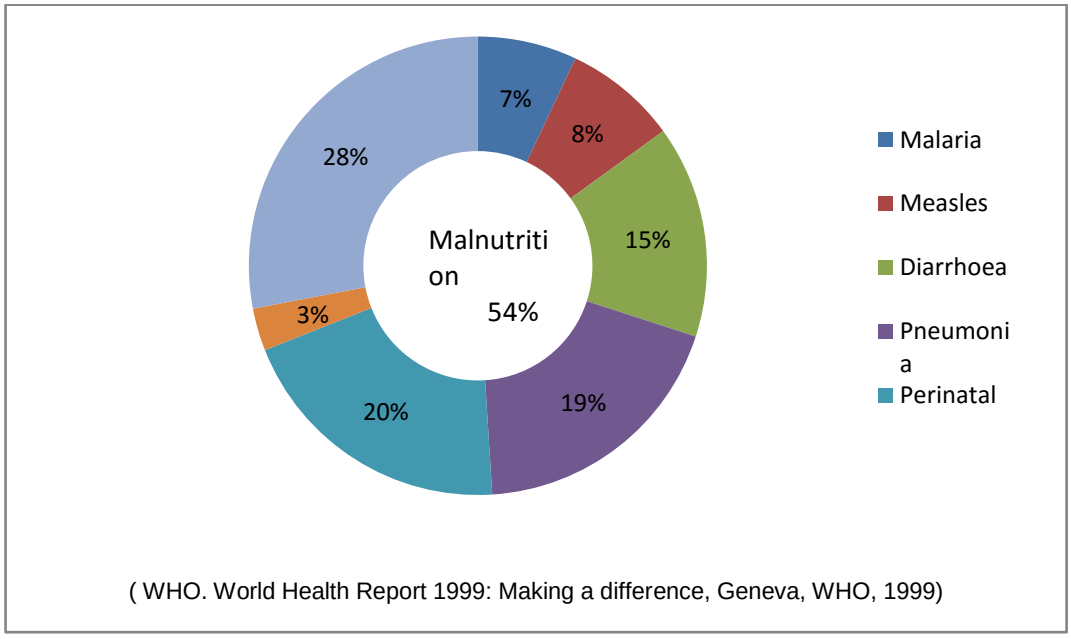
- **Part-I:** It deals with the young infant. It has 7 modules. The complete viewing of this part will take about 3 to 4 Hrs.
- **Part-II:** It deals with the Sick Child. It has 6 modules. The complete viewing of this part will take about 4 to 5 Hrs.

INTRODUCTION

Over the last 3 decades the annual number of deaths among children less than 5 years old has decreased by almost a third. However, this reduction has not been evenly distributed throughout the world. Every year more than 10 million children die in developing countries before they reach their fifth birthday (Fig.1). The most common causes of infant and child mortality in developing countries including India are perinatal conditions,

acute respiratory infections, diarrhoea, malaria, measles and malnutrition. These are also the commonest causes of morbidity in young children. In India, the common illnesses in children younger than 5 years of age

according to the National Family Health Survey III (NFHS-III) data included. fever (15% prevalence in the previous 2-week period), acute respiratory infections (6 %), diarrhoea (9%) and malnutrition (46%) - and often a combination of these conditions.



(WHO. World Health Report 1999: Making a difference, Geneva, WHO, 1999)

Figure 1 shows Distribution of 10.5million deaths among children less than 5yrs old in all developing countries, 1999

Infant Mortality Rate (IMR) in India continues to be high at 57/1000 live births and Under Five Mortality Rate (U5MR) at 74/1000 live births.(NFHS-III) Neonatal mortality contributes to over 64% of infant deaths and most of these deaths occur during first week of life.

Mortality rate in the second month of life is also higher than at later ages. Any health program that aims at reducing IMR needs to address mortality in the first two months of life, particularly in the first week of life. Projections based on the 1996 analysis The Global Burden of Disease indicate that common childhood illnesses will continue to be major contributors to child deaths through the year 2020 unless significantly greater efforts are made to control them. This assumption makes a strong case for introducing new strategies to significantly reduce child mortality and improve child health and development.

OBJECTIVES

1. To assess the changes in the knowledge and practices regarding IMNCI after conducting a two day long training with IMNCI e learning package.

2. To compare the knowledge, skills and programme implementation of IMNCI e learning trained persons with the conventionally trained IMNCI persons.

METHODOLOGY

Study Population: A sample of ANMs randomly selected in 2 districts of the state.

Study Design: Comparativecross sectional survey.

Study Tools: Data will be collected through the questionnaire and video based pretest and posttest.

Sampling Method: All ANMs in the district will be included, as this is a refresher training and all ANMs are reoriented irrespective of previous training status. But only few of them are included in the study. If two ANMs are present in the subcentre, one of them is conveniently selected.

Sample Size: 232

Exclusion Criteria: Any ANM on leave during the period.

Inclusion Criteria: All ANMs serving in the 2 selected districts.

Study Design and Data collection: The total no of PHC areas where IMNCI e learning trainings are the evaluation centers. The data is collected with pretestest and posttest structured questionnaires.

Rationale for an Evidence-based Syndromic Approach to Case Management:

Many well-known prevention and treatment strategies like UIP, Oral Rehydration and appropriate antibiotic therapy for pneumonia have already proven effective for saving young lives. Even modest improvements in breastfeeding practices have reduced childhood deaths. While each of these interventions has shown great success, accumulating evidence suggests that a more integrated approach to managing sick children is needed to achieve better outcomes. Child health programmes need to move beyond single diseases to addressing the overall health and well being of the child. Because many children present with overlapping signs and symptoms of diseases, a single diagnosis can be difficult, and may not be feasible or appropriate. This is especially true for first-level health facilities where examinations involvefew instruments, little or no laboratory tests, and no X-ray.

During the mid-1990s, the World Health Organization (WHO), in collaboration with UNICEF and many other agencies, institutions and individuals, responded to this challenge by developing a strategy known as the Integrated Management of Childhood Illness (IMCI). Although the major reason for developing the IMCI strategy stemmed from the needs of curative care, the strategy also addresses aspects of nutrition, immunization, and other important elements of disease prevention and health promotion. The objectives of the strategy are to reduce death and the frequency and severity of illness and disability, and to contribute to

improved growth and development. This strategy has been adapted for India as Integrated Management of Neonatal and Childhood Illness (IMNCI).

The IMNCI clinical guidelines target children less than 5 years old — the age group that bears the highest burden of deaths from common childhood diseases. The guidelines take an evidence-based, syndromic approach to case management that supports the rational, effective and affordable use of drugs and diagnostic tools. Evidence-based medicine stresses the importance of evaluation of evidence from clinical research and

cautions against the use of intuition, unsystematic clinical experience, and untested pathophysiologic reasoning for medical decision-making.In situations where laboratory support and clinical resources are limited, the syndromic approach is more realistic and cost-effective way to manage patients. Careful and systematic assessment of common symptoms and well-selected clinical signs provides sufficient information to guide rational and effective actions.

An evidence-based syndromic approach can be used to determine the:

• Health problem(s) the child may have;

• Severity of the child's condition;

• Actions that can be taken to care for the child (e.g. refer the child immediately, manage with available resources, or manage at home).

In addition, IMNCI promotes:

• Adjustment of interventions to the capacity and functions of the health system; and

• Active involvement of family members and the community in the health care process.

Parents, if correctly informed and counselled, can play an important role in improving the health status of their children by following the advice given by a health care provider, by applying appropriate feeding practices and by bringing sick

children to a health facility as soon as symptoms arise.

Components of the Integrated Approach

The IMNCI strategy includes both preventive and curative interventions that aim to improve practices in health facilities, the health system and at home. At the core of the strategy is integrated case management of the most common childhood problems with a focus on the most common causes of death.

The strategy includes three main components:

• Improvements in the case-management skills of health staff through the provision of locally-adapted guidelines on Integrated Management of Neonatal and Childhood illness and activities to promote their use.

• Improvements in the overall health system required for effective management of childhood illness.

• Improvements in family and community health care practices.

The Principles of Integrated Care

The IMNCI guidelines are based on the following principles:

• All sick young infants age up to 2 months must be examined for signs of **"possible serious bacterial infection"**and all children 2 months to 5 years must be examined for "general danger signs" which indicate the need for immediate referral or admission to a hospital.

• All sick children must be **routinely assessed for major symptoms** (for young infants up to 2 months diarrhoea; and for children age 2 months up to 5 years: cough or difficult breathing, diarrhoea, fever and ear problem). They must also be routinely assessed for **nutritional and immunization status, feeding problems, and other potential problems.**

• Only a limited number of carefully selected clinical signs are used, based on evidence of their sensitivity and specificity to detect disease. These signs were selected considering the conditions and realities of first-level health facilities.

• A combination of individual signs leads to a child's classification(s) rather than a diagnosis. Classification(s) indicate the severity of condition(s). They call for specific actions based on whether the young infant or the child (a) should be urgently referred to another level of care, (b) requires specific treatments (such as antibiotics or antimalarial treatment), or (c) may be safely managed at home. The classifications are colour coded: "pink" suggests hospital

referral or admission, "yellow" indicates initiation of treatment, and "green" calls for home treatment.

• The IMNCI guidelines address most, but not all, of the major reasons a sick child is brought to a clinic. A child returning with chronic problems or less common illnesses may require special care. The guidelines do not describe the care at birth and the management of trauma or other acute emergencies due to accidents or injuries.

• IMNCI management procedures use a limited number of essential drugs and encourage active participation of caretakers in the treatment of children.

• An essential component of the IMNCI guidelines is the counselling of caretakers about home care, including counselling about feeding, fluids and when to return to a health facility.

System Requirements*:*

- **Operating System: Windows XP or later**

- **Memory required: 512 MB (1 GB recommended)**
- **Minimum hard disk space: 4 GB (5 GB recommended)**
- **Speaker/Headphone**

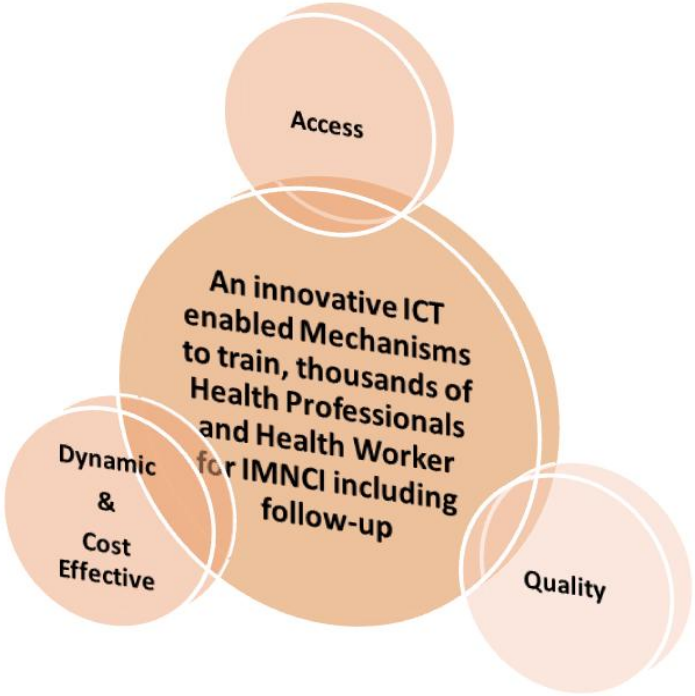
How to open the interactive Multimedia IMNCI Package

INTERACTIVE MULTIMEDIA ENABLED INTEGRATED MANAGEMENT OF NEONATAL CHILDHOOD ILLNESS (IMNCI) PACKAGE –
USER GUIDE

Introduction

Welcome to the interactive Multimedia enabled IMNCI Package. It has been designed and developed by the National Centre for Innovations in Distance Education (NCIDE) in collaboration with School of Health Sciences (SOHS) as an UNICEF funded project.

Many face-to-face training programmes are conducted by GOI, and agencies like UNICEF and WHO to provide training in the IMNCI component to the health workers upto the grassroots. While each of these interventions has shown great success, accumulating evidence suggests that there is a need to curtail the time frame of its. This is a training package aiming to train ANMs in a minimum time frame.



In response to the above need, an innovative ICT enable package has been developed under a UNICEF funded project for providing a quality assured, dynamic, cost effective and accessible training through trainee centric pedagogic approach, and a simple platform independent technology. The following user guide is designed as a quick reference guide for the basic functionality needed to run the interactive multimedia content.

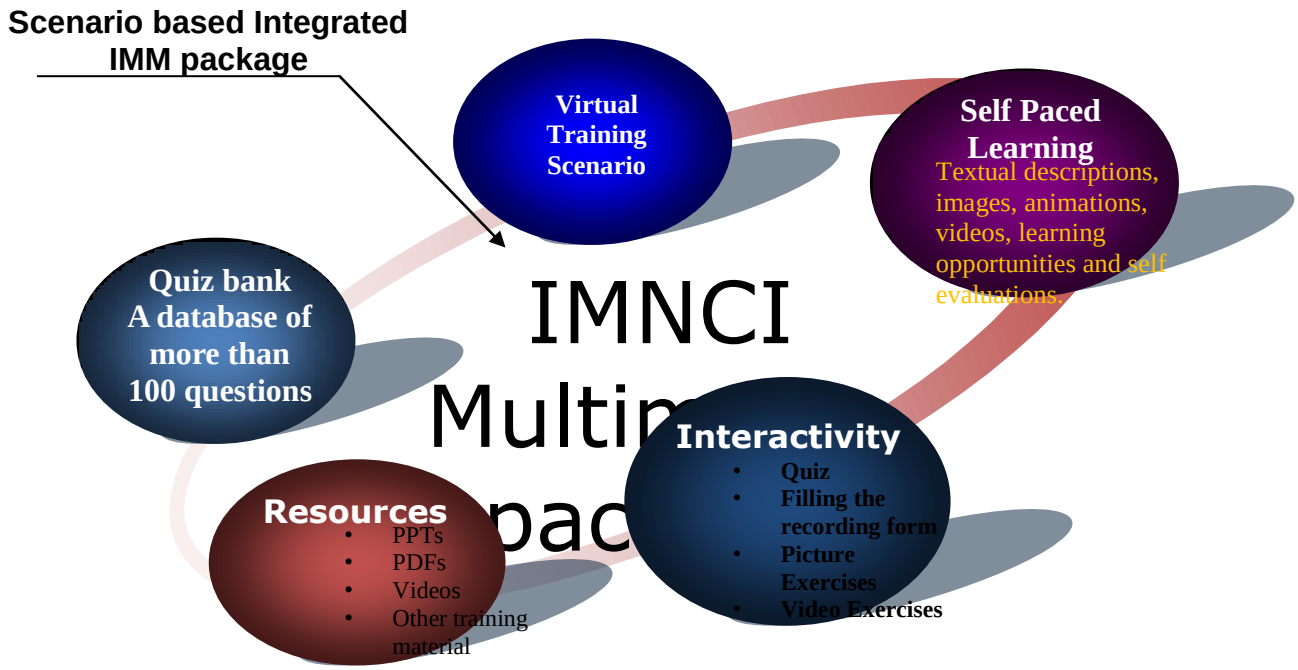
Benefits of the IMNCI package

- Users can obtain information and update or revise skills when they need them.

- Each user has the same level of participation in the learning process. Participants are active rather than passive, and assume greater responsibility for their own learning.
- Since most self-paced learning courses allow participants to begin and end a segment of the training course at any time, it is an efficient use of training time and resources.

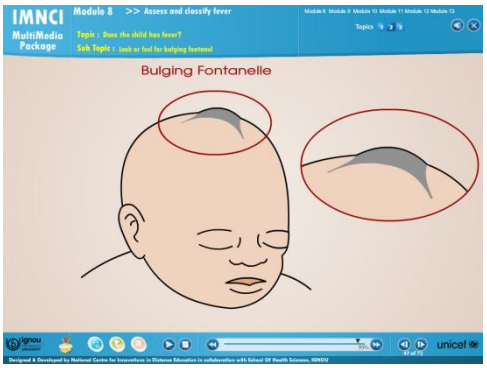
- Learning activities are organized sequentially and have objectives that must be met before proceeding to the next component.

Components of the Interactive Multimedia enabled IMNCI Package



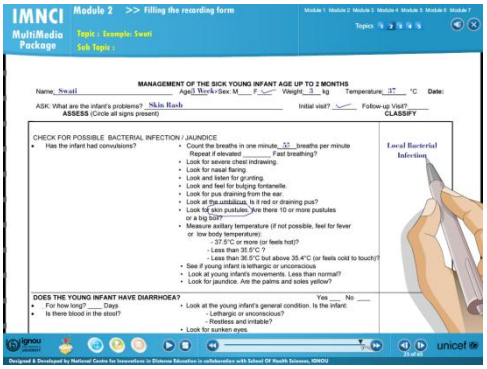
Virtual Training Scenario: In this package we have simulated the face to face training scenario into virtual training with animated characters of master trainers and trainees. The goal behind this is to let trainees get a look and feel of the training session where the facilitator is built in the virtual environment. It also helps the trainees practice specific scenarios as well as to help them effectively transfer these acquired skills in real time. The multimedia rich course material is also enables the learners to understand difficult concepts in a self-paced, flexible learning environment. The multimedia components include text, audio, still graphics, animations, and video with user control in the form of interactivity.

Self Paced Learning: The multimedia content is interactive, simulation-based and ensures that the exactly what they need. Each trainee has the participation in the learning process. Participants and assume greater responsibility for their own an efficient use of training time and resources. activities are organized sequentially to ensure



engaging and trainees learn same level of remain active learning. It is Learning that their objectives are met before you proceed to the next component.

Interactivity: Trainees are provided instant feedback about their performance in order to stay motivated and involved. Feedback is being provided using quizzes or problem solving activities where the trainees are informed of how well they performed or if they answered questions correctly making the learning more relevant to them.



Quiz-bank: This component consists of multiple choice questions, true false, drag-drop, video exercise, photo exercise and simulation based questions to help the learner evaluate himself/herself.

ABOUT THE HOMEPAGE

The Homepage of the IMNCI package is the initial or main page of the package. The components of the Home page are labeled below:

1: This is the title of the Package

2: Click this part to go to the introduction and case management process section

3:Click this part to go to the sick young infant section

4: Click this part to go to the sick child section

5: This is the help button. You can click this to view the manual

6: This is the homepage button. When the user clicks it the module page will be displayed from where the user can go to any module

7: This is the About the package button. On clicking this, users will be able to know about the organizations involved in development of the package

8: This is the Resources button. On clicking this, users get a set of resources

9: This is the chartbook button. When the user clicks this the chartbook will appear in the pop-up window

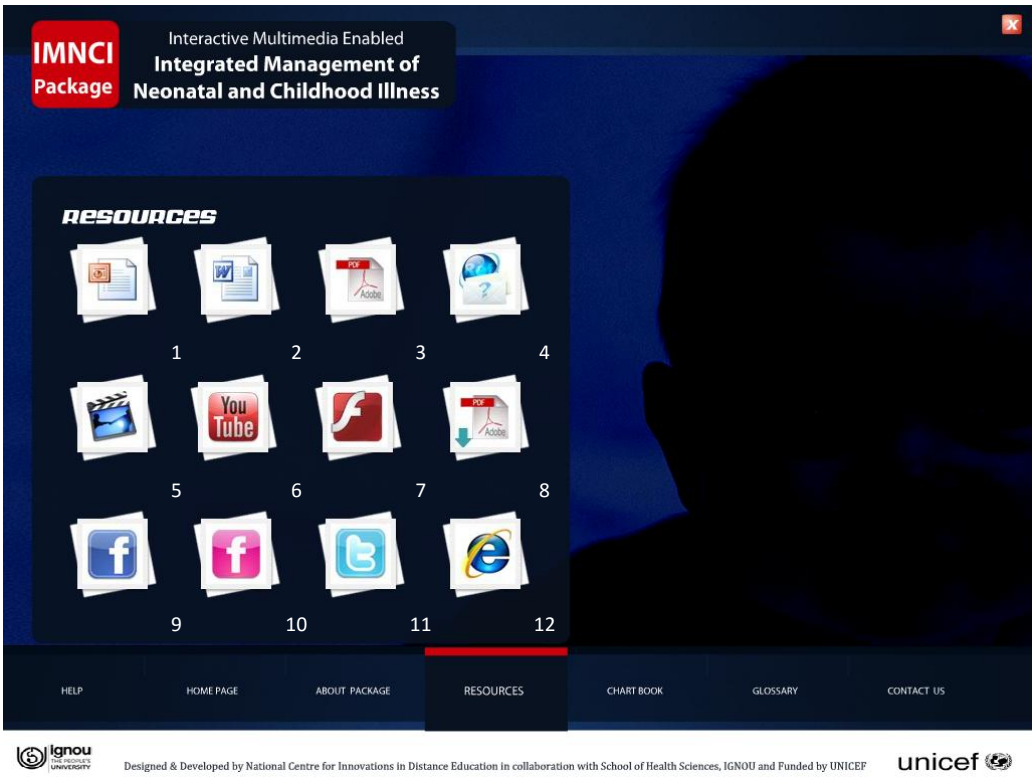
10: This is the glossary button. On clicking this, users get instant access to the Sick Child section of the package

11: This is the contact us button. On clicking this, users get the contact detail

12:This is the close button to quit/exit the package

About the Resources section

By clicking on the resources link on the Home Page, users can access various resources as labeled below. Users can install Flash Player and Adobe Reader on their computer by clicking on the links given in resources section.



1: PPTs – In this section user can view power point presentations and slides

2: DOC – In this section user can view and read word document files

3: PDFs – In this section user can view and read PDF files

4: References – In this section user can found some good and useful resource websites

5: Videos – In this section user can view videos

6: You Tube – By clicking on this link, user can view our online video collection on you tube

7:Flash Player – By clicking on this link, the flash player will be installed on user's system

8:Acrobat Reader - Byclicking on this link, the acrobat reader will be installed on user's system

9: Facebook – User will be gone to our online network profile on facebook

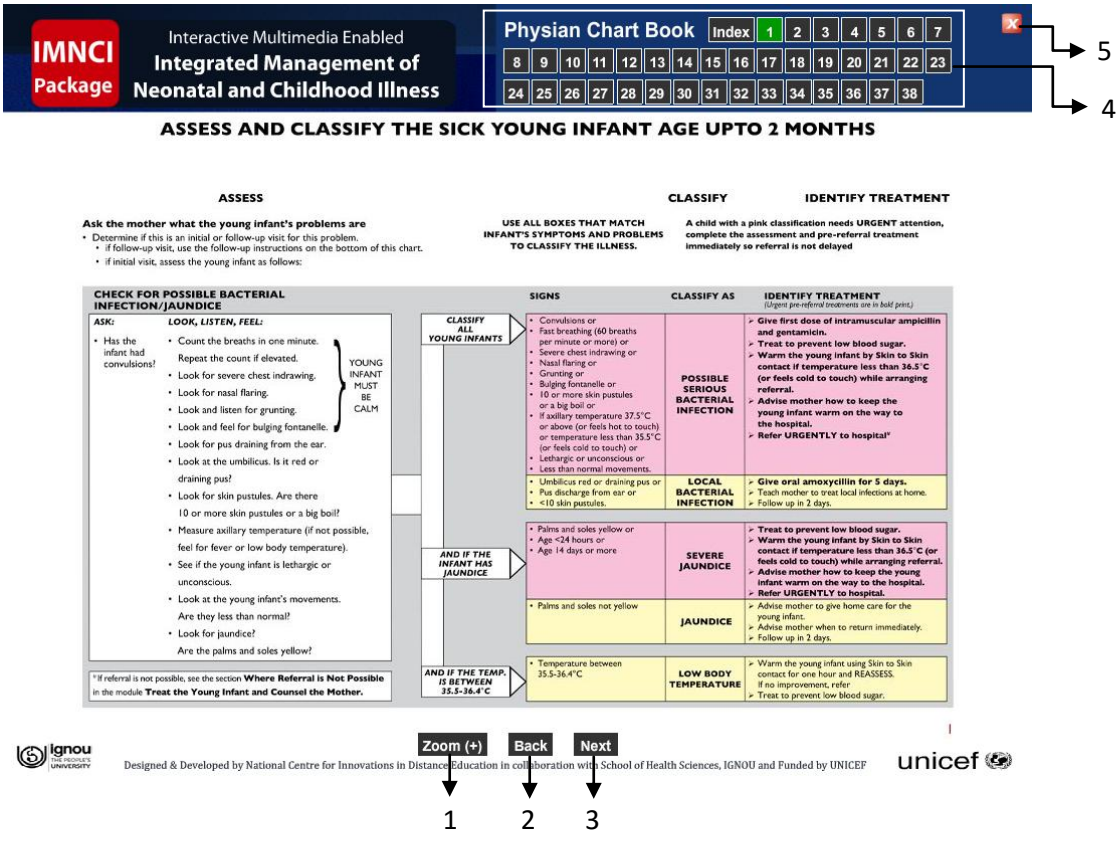
10:Flickr – User will be gone to our online photo collection on flickr

11: Twitter – User will be gone to our online network profile on twitter

10: IMNCI e-Learning – User will access our online e-training portal

About the Chart Book section

By clicking on the chart book link on Home Page, users can view chart book instantly. Users can view other pages through clicking on the page numbers given on top right corner. They can also go to next or previous page by clicking on the **Back** or **Next** buttons given in the bottom. The facility to view the zoomed chart pages is also given in this section. User has to click on **Zoom** button to view the zoomed chart pages. The user buttons are labeled below:



1: User can Zoom in / Zoom out the chart page, by clicking on this button

2: This is the button to go to the previous page

3: This is the button to go to the next page

4: User can go to a specific page of chart book directly by clicking on a page number here

5: User can close the chart book section by clicking on this button

About the Glossary section

By clicking on the glossary link on Home Page, users can access the glossary section. The glossary is an alphabetized collection of computer related terms with their meanings. This will help the users to understand other computer terms while going through the course material.

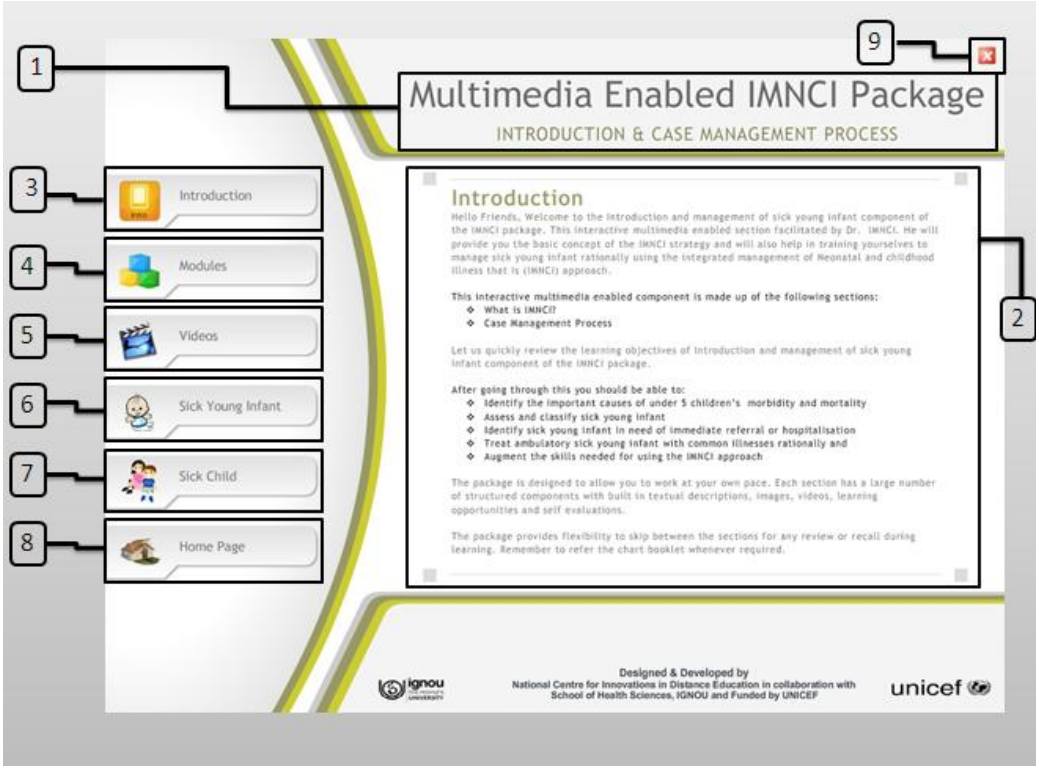
1: User can view the terms alphabetically by clicking on an alphabet

2: User can close the glossary section by clicking on that button

3: This is the button to go to the next page of the same alphabet

About the Introduction and Case Management Process Home Page

The Introduction and Case Management Process Homepage of the IMNCI package is the main page regarding the content, resources, videos etc. **related to the introduction and case management process** sections of the IMNCI training. It also has a link to other parts of the package like homepages of the sick young infant and sick child sections etc. as labeled below.



1: Title of the Sub Homepage

2: Introduction page giving information and learning objectives of the section

3: Introduction button to get an introduction to the section

4: This is the Module button. When the user clicks it the module page will be displayed from where the user can go to any module

5: This is the Video button. On clicking this, users get instant access to various videos of the modules

6:This is the Sick Young Infant section button. On clicking this, users get instant access to the Sick Young Infant section of the package

7: This is the Sick Child section button. On clicking this, users get instant access to the Sick Child section of the package

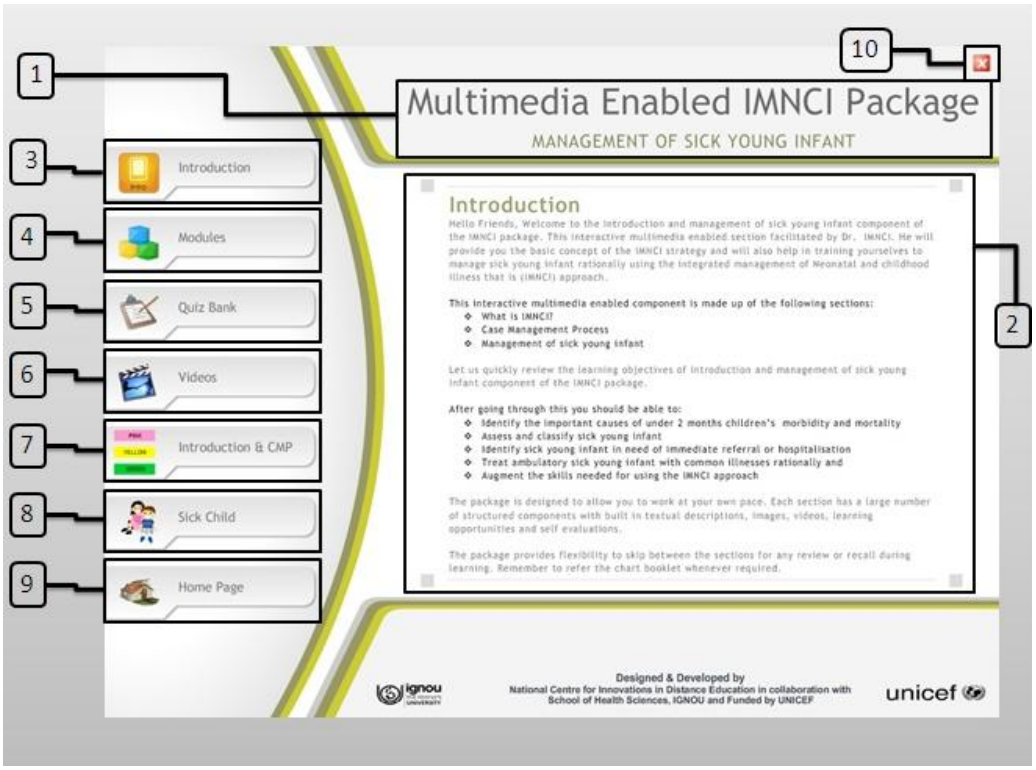
8: This is the Home Page button which will help you go to the home page of the CD

9: This is the close button to quit/exit the package

About the Sick Young Infant Home Page

The Sick Young Infant Homepage of the IMNCI package is the main page regarding the content, resources, videos, quiz bank etc. **related to the sick young infant** sections of the IMNCI training. It also

has a link to other parts of the package like homepages of the introduction and case management process, and sick child sections etc. as labeled below.



1: Title of the Sub Homepage

2: Introduction page giving information and learning objectives of the section

3: Introduction button to get an introduction to the section

4: This is the Module button. When the user clicks it the module page will be displayed from where the user can go to any module

5: This is the Module Quiz Bank button. On clicking this, users are introduced to a set of various types of quiz. They can review their performance by playing the quiz.

6: This is the Video button. On clicking this, users get instant access to various videos of the modules

7:This is the Introduction and Case Management Process section button. On clicking this, users get instant access to the Introduction and Case Management Process section of the package

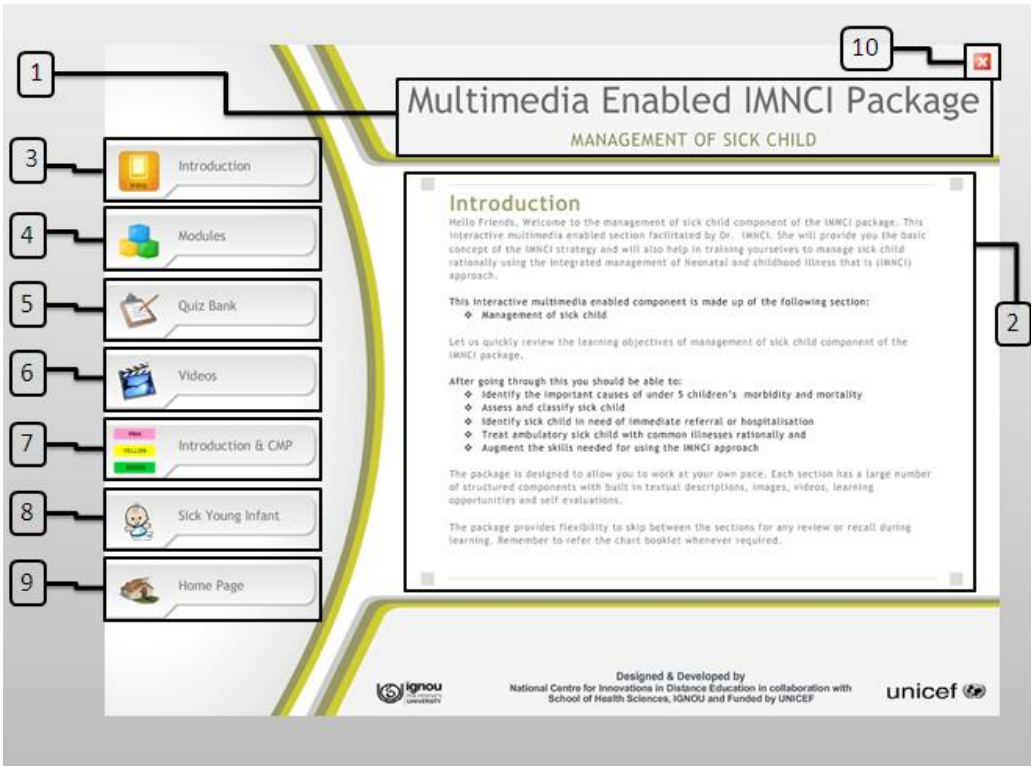
8: This is the Sick Child section button. On clicking this, users get instant access to the Sick Child section of the package

9: This is the Home Page button which will help you go to the home page of the CD

10: This is the close button to quit/exit the package

About the Sick Child Home Page

The Sick Child Homepage of the IMNCI package is the main page regarding the content, resources, videos, quiz bank etc. **related to the sick child** sections of the IMNCI training. It also has a link to other parts of the package like homepages of the introduction and case management process, and sick young infant sections etc. as labeled below.



1: Title of the Sub Homepage

2: Introduction page giving information and learning objectives of the section

3: Introduction button to get an introduction to the section

4: This is the Module button. When the user clicks it the module page will be displayed from where the user can go to any module

5: This is the Module Quiz Bank button. On clicking this, users are introduced to a set of various types of quiz. They can review their performance by playing the quiz.

6: This is the Video button. On clicking this, users get instant access to various videos of the modules

7:This is the Introduction and Case Management Process section button. On clicking this, users get instant access to the Introduction and Case Management Process section of the package

8: This is the Sick Young Infant section button. On clicking this, users get instant access to the Sick Young Infant section of the package

9: This is the Home Page button which will help you go to the home page of the CD

10: This is the close button to quit/exit the package

About the Module Interface

Various buttons of the main interface of the various module sections are labeled as below.

1: Shows module name

2: Shows name of the topic

3: Links to other modules of the section at one place.

4: Audio control button.

5: Close button to quit/exit the package.

6: Links to topics of the module at one place. This will help you in browsing between the topics.

7: This is the content area. All the content related to the topics like text, graphics, video, reading material, and quiz will be displayed in this area.

8: This is the sub-section button. This will help you in switching between the Introduction and Case Management Process, Sick Young Infant, and Sick Child sections.

9: This is Home button. On clicking this you will be reach the sub-homepage related to the young infant/sick child sections.

10: This is the menu button. On clicking this you will get a pop-up menu showing all the topics including quiz of the current module of study which the user will be going through. On clicking any topic on the menu the user can directly got to the topic

11: This is the chartbook button. On clicking this you will get the chartbook in pop-up window.

12: These are user control buttons. This is the pause/play button. By default the button is in play mode. However if you click this the movie will be paused.

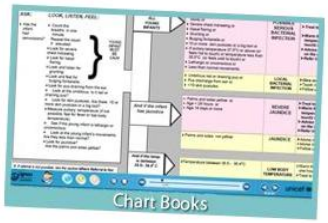
13: This is the slider, you can move between any parts of the topic instantly.

14 This is the previous and next buttons. These will help you in going to the previous or next

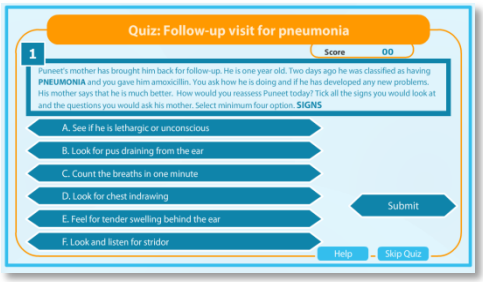
topic of the module.

About the Interactive Content

The Interactive Multimedia Content is a combination of text, text animation, graphics, graphic animation, simulations, animated flowcharts, video case studies interwoven in a digital environment. Some of the assessment features are as shown below.



Multiple Choice Quiz: In this type of quiz, the user is given multiple options to choose from. The user is required to choose the right answer according to the question. If his answer is correct, the user gets scoring points. If the answer is wrong, a feedback is provided with the right answer.



Picture Quiz: Here the user is given pictures to look at, to answer questions based on the picture. It assesses the user in recognizing signs about various illnesses mentioned in the IMNCI approach. If the answer chosen by user is correct,

the score is increased.

Video Quiz: In this quiz, video is provided has to view to answer questions. The user has to right answer from the options given. Every right points for the user.

which the user choose the answer fetches

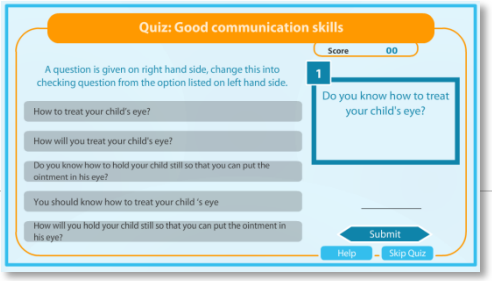
Filling Recording Forms: Here the user is provided with a case study in text or video form. The user has to read or view the case study and fill the recording form accordingly.

There are tools for user's help in the menu. These are helpful when the user needs to circle or tick some parts of the form. There are instructions given in a small box which aid them while filling up the form. After the user fills up the form, they need to classify the illness by clicking on the chartbook.

True/False Quiz: In this exercise, the user terms of 'True' or 'False' by clicking on the

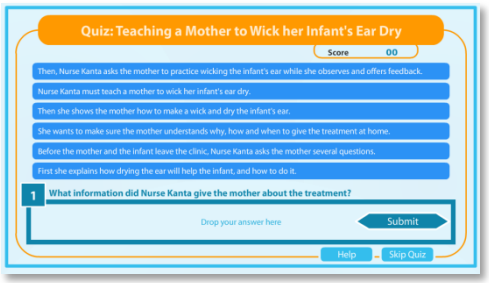
answers in options.

Fill in the Blank (Drag and Drop): In this type user has to drag the right option to the line**.**

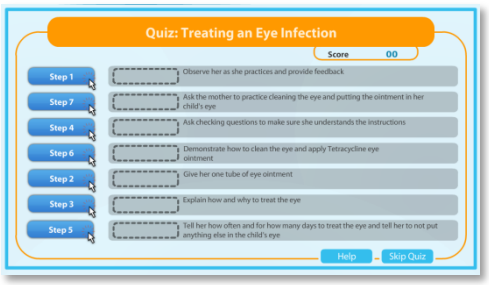


of exercise, the

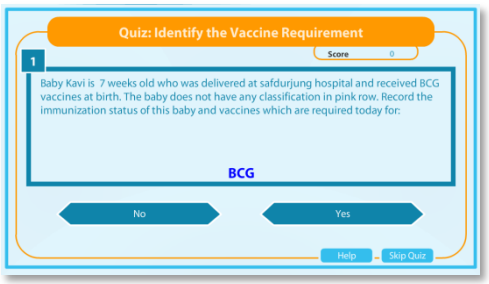
Drag and Drop Quiz: In this type of quiz, the user has to drag the right option according to the instructions given. He can either be instructed to drop the options on a line or on to a matching question.



Arranging Steps in Sequence: In this type of quiz, the user is given steps which are not in proper order. User has to arrange the steps in proper order. He has to drag the right number to the instruction. If an instruction given is the 4th step of the required sequence, then he has to drag the box numbered 'Step 4' to the instruction.



Yes/No Quiz: In this type of quiz, the user has to answer in terms of yes/ no to the given question by clicking on 'Yes' or 'No'.



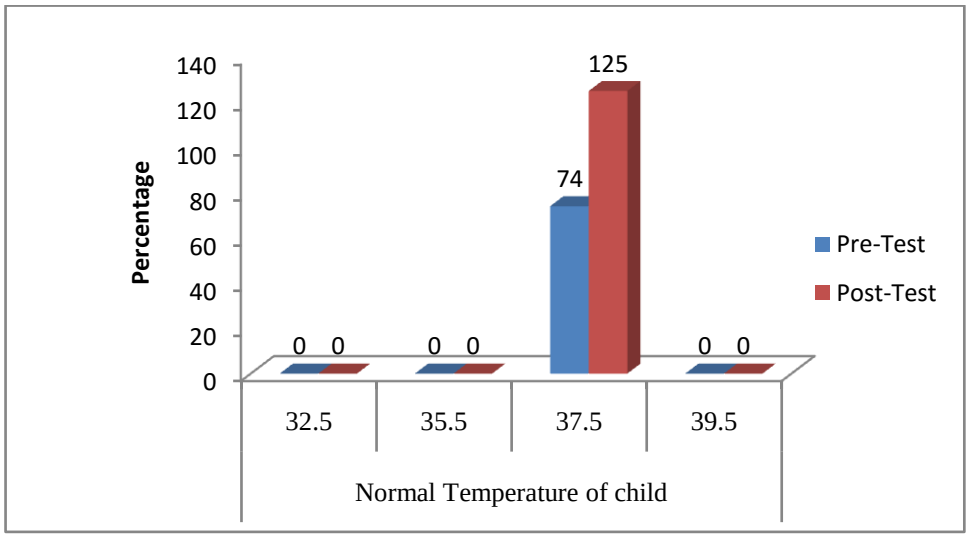
Outcome of the Package

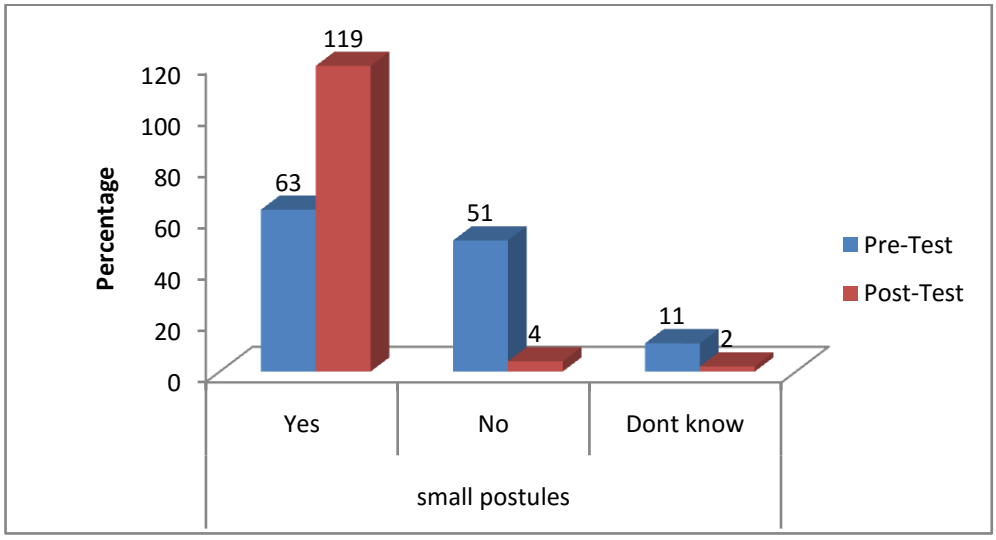
This multimedia package will help in training the ANMs, to manage sick children rationally using the integrated management of Neonatal and childhood illness that is (IMNCI) approach.

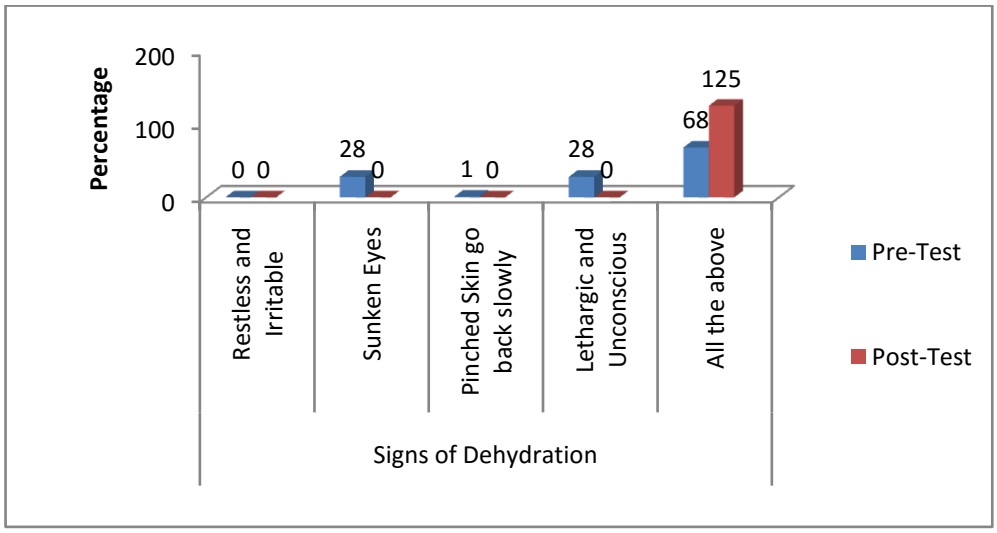
Observational learning:

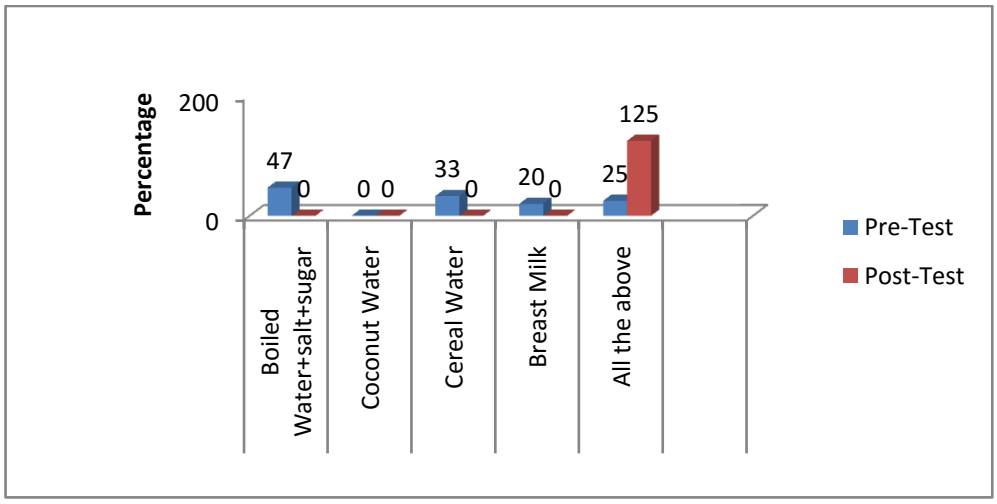
- Showed IMNCI videos to ANMs and helped them to operate IMNCI Application and fill data in it individually.
- Help them understand how to treat and diagnose the patient and refer them accordingly.
- Monitored the launch of rota virus vaccine.
- Taken pre- post test of IMNCI training paper.

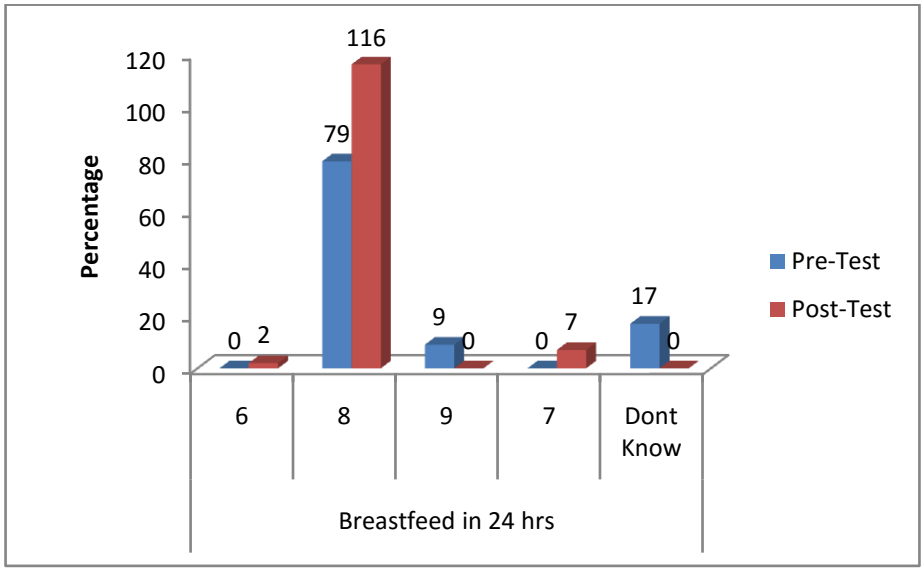
Graphs of pre and post test.

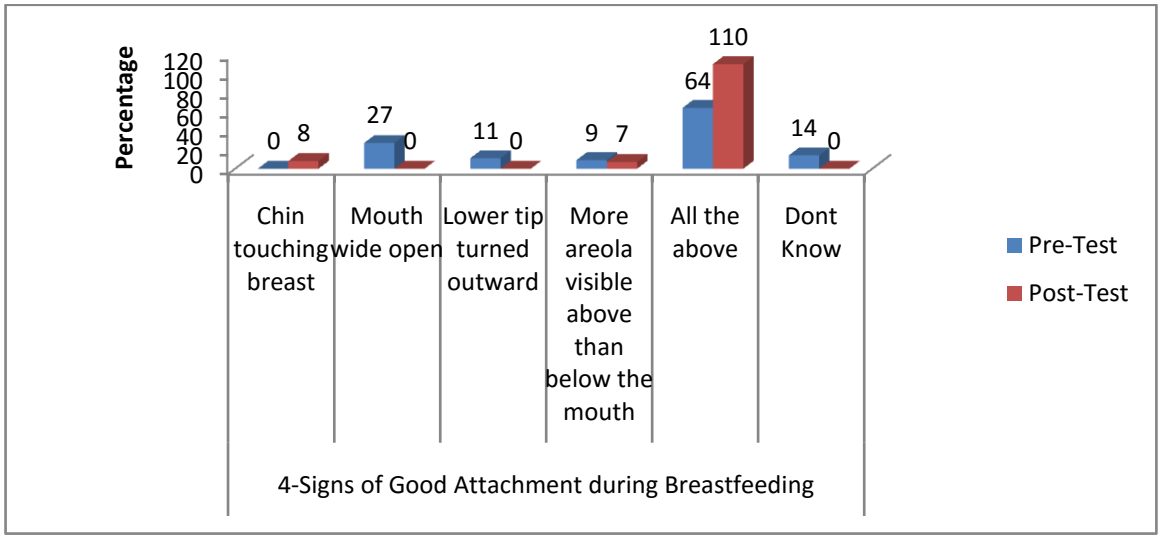


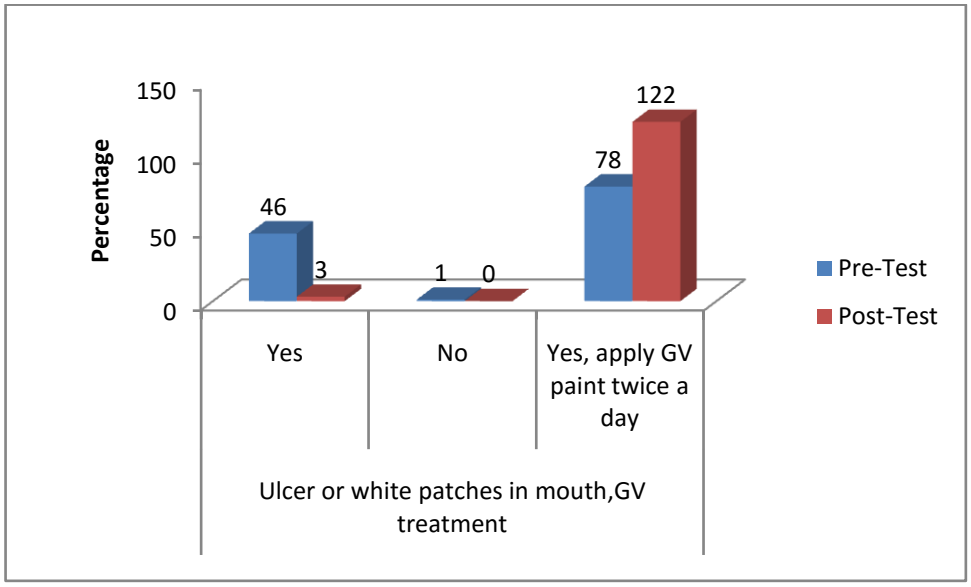

Percentage
120
100
80
60
40
20
0
63
119
51
4
11
2
Yes
No
Dont know
small postules
Pre-Test
Post-Test

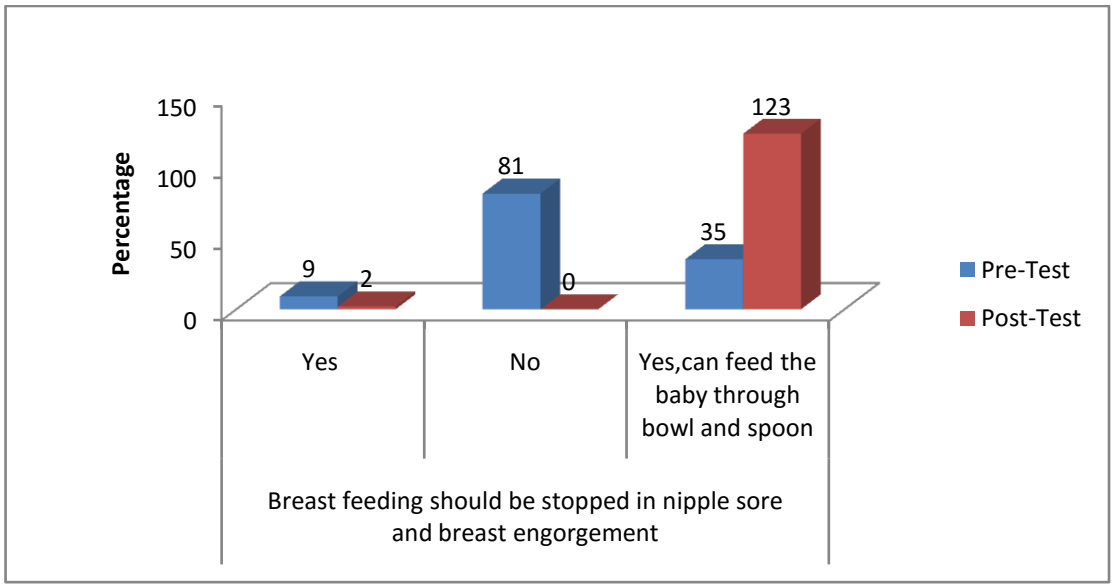

Percentage
200
100
0
0 0
28
0
1 0
28
0
68
125
Restless and Irritable
Sunken Eyes
Pinched Skin go back slowly
Lethargic and Unconscious
All the above
Signs of Dehydration
Pre-Test
Post-Test

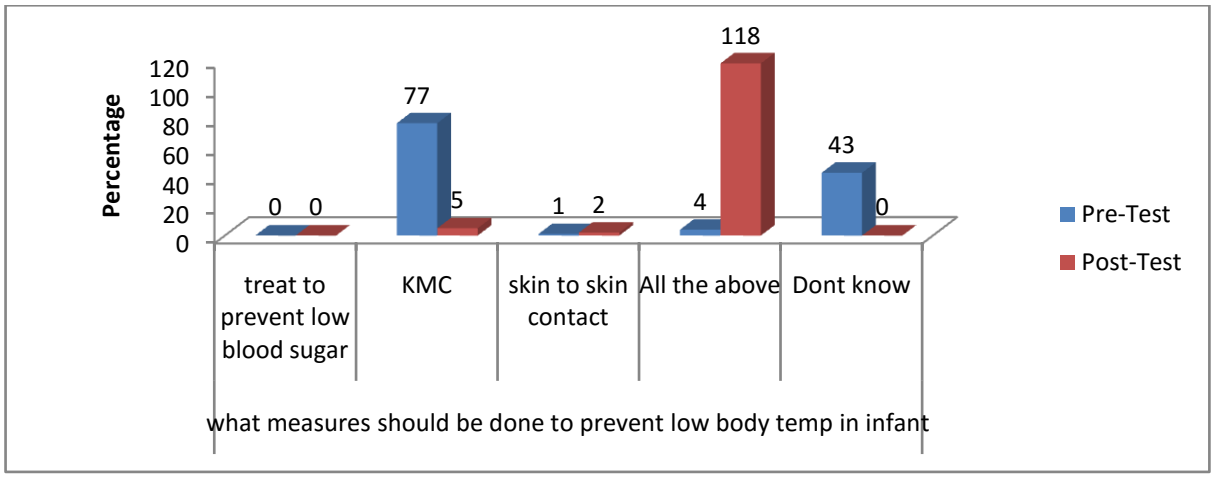

Percentage
200
0
47
0
0 0
33
0
20
0
25
125
Boiled Water+salt+sugar
Coconut Water
Cereal Water
Breast Milk
All the above
Pre-Test
Post-Test

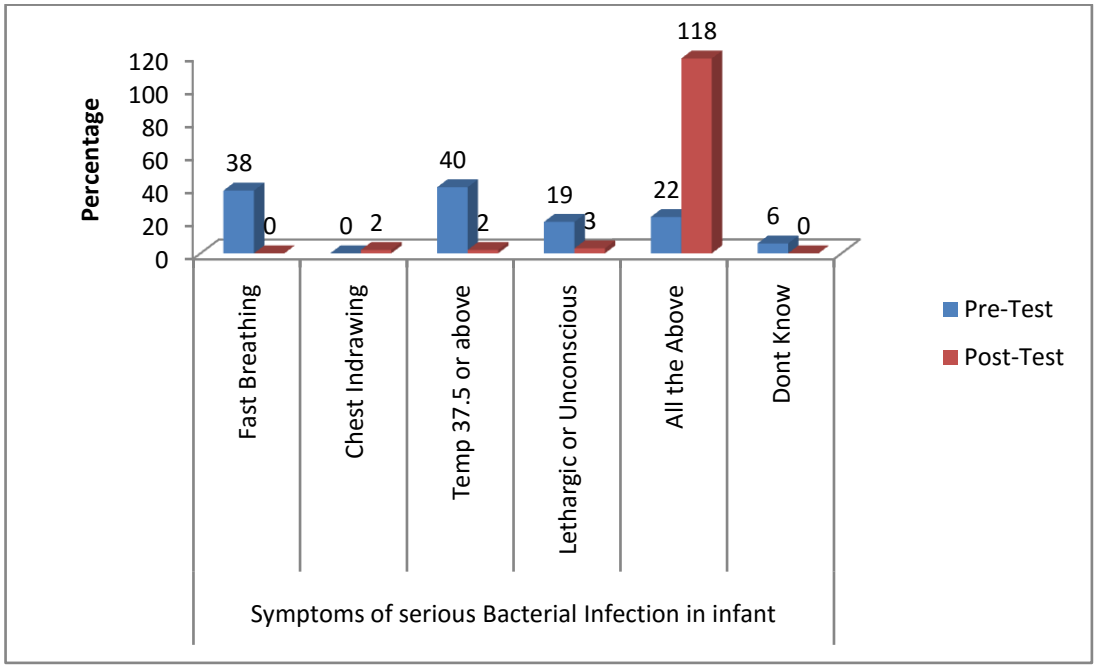

Percentage
120
100
80
60
40
20
0
0
2
79
116
9
0
0
7
17
0
6
8
9
7
Dont Know
Breastfeed in 24 hrs
Pre-Test
Post-Test

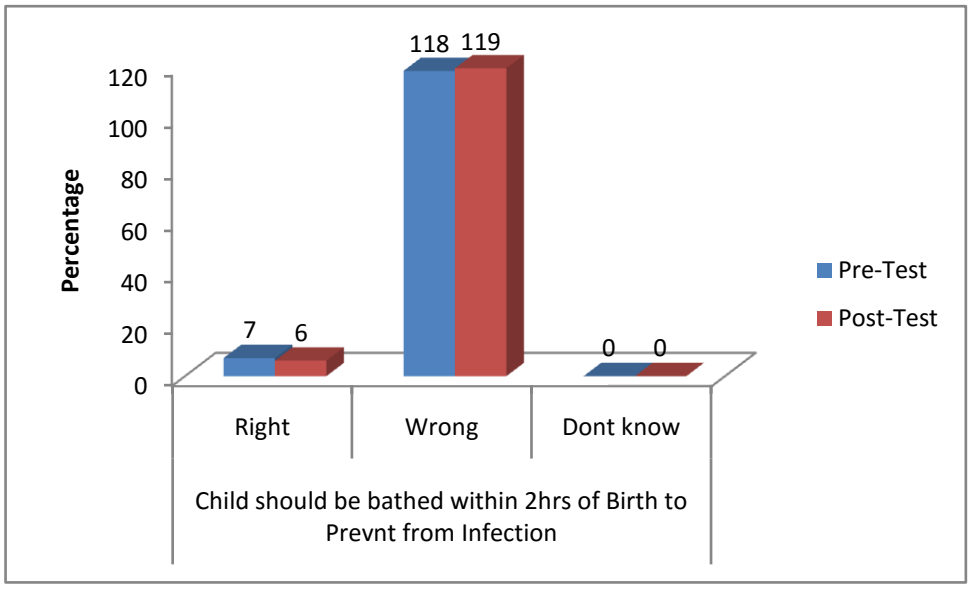

Percentage
120
100
80
60
40
20
0
0
8
27
0
11
0
9
7
64
110
14
0
Chin touching breast
Mouth wide open
Lower tip turned outward
More areola visible above than below the mouth
All the above
Dont Know
4-Signs of Good Attachment during Breastfeeding
Pre-Test
Post-Test

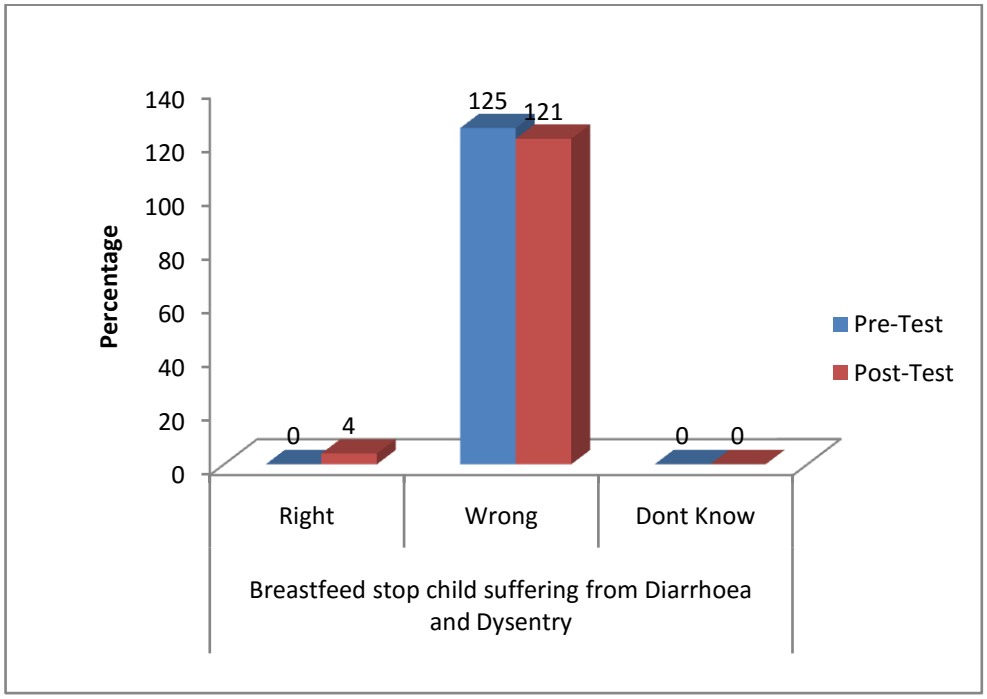

150
100
50
0
Percentage
46
3
1
0
78
122
Yes
No
Yes, apply GV paint twice a day
Pre-Test
Post-Test
Ulcer or white patches in mouth,GV treatment

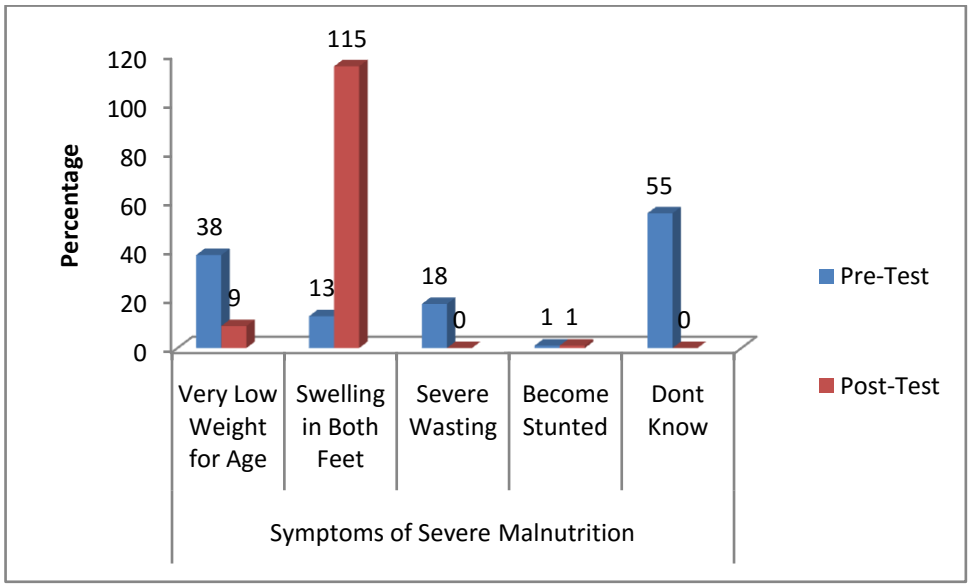

150
100
50
0
Percentage
9
2
81
0
35
123
Yes
No
Yes,can feed the baby through bowl and spoon
Pre-Test
Post-Test
Breast feeding should be stopped in nipple sore and breast engorgement

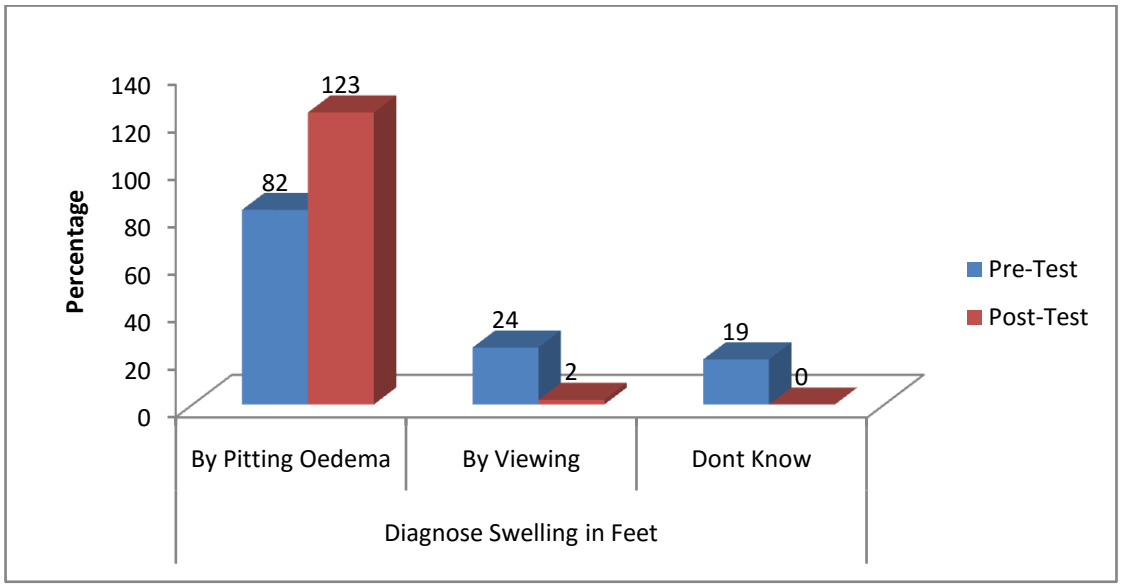

120
100
80
60
40
20
0
Percentage
0
0
77
5
1
2
4
118
43
0
treat to prevent low blood sugar
KMC
skin to skin contact
All the above
Dont know
Pre-Test
Post-Test
what measures should be done to prevent low body temp in infant

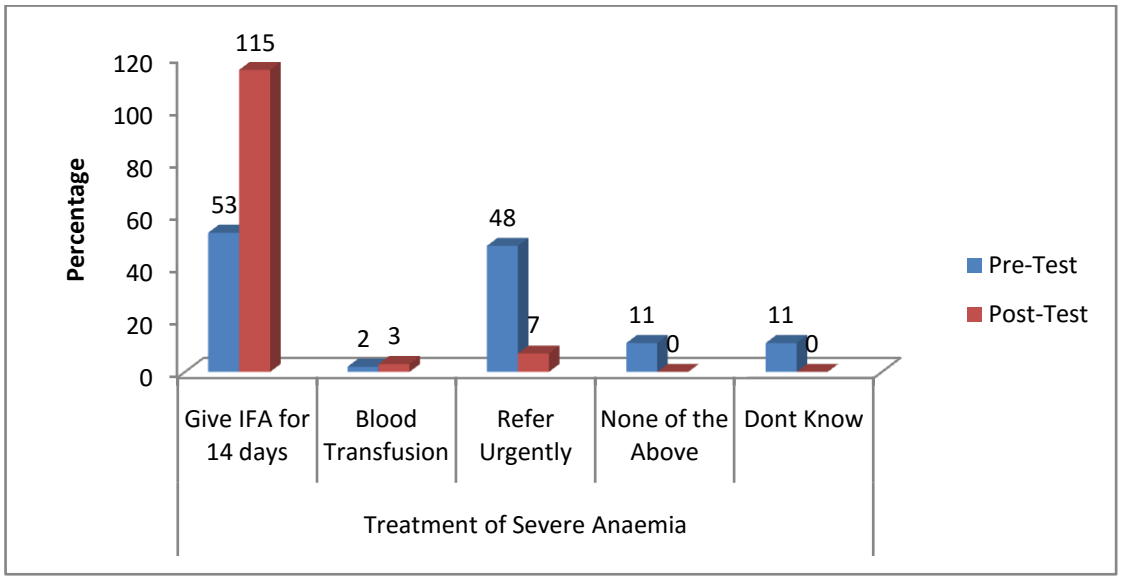

Percentage
120
100
80
60
40
20
0
38
0
0
2
40
2
19
3
22
118
6
0
Fast Breathing
Chest Indrawing
Temp 37.5 or above
Lethargic or Unconscious
All the Above
Dont Know
Pre-Test
Post-Test
Symptoms of serious Bacterial Infection in infant

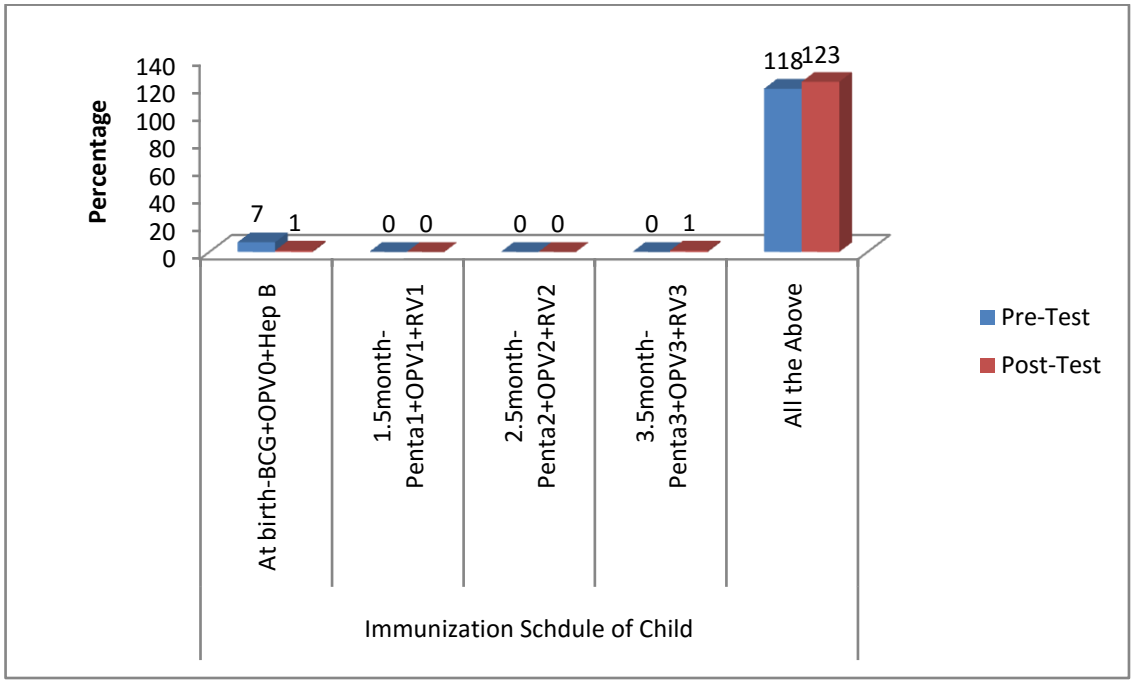

Percentage
120
100
80
60
40
20
0
7
6
118
119
0
0
Right
Wrong
Dont know
Pre-Test
Post-Test
Child should be bathed within 2hrs of Birth to Prevnt from Infection

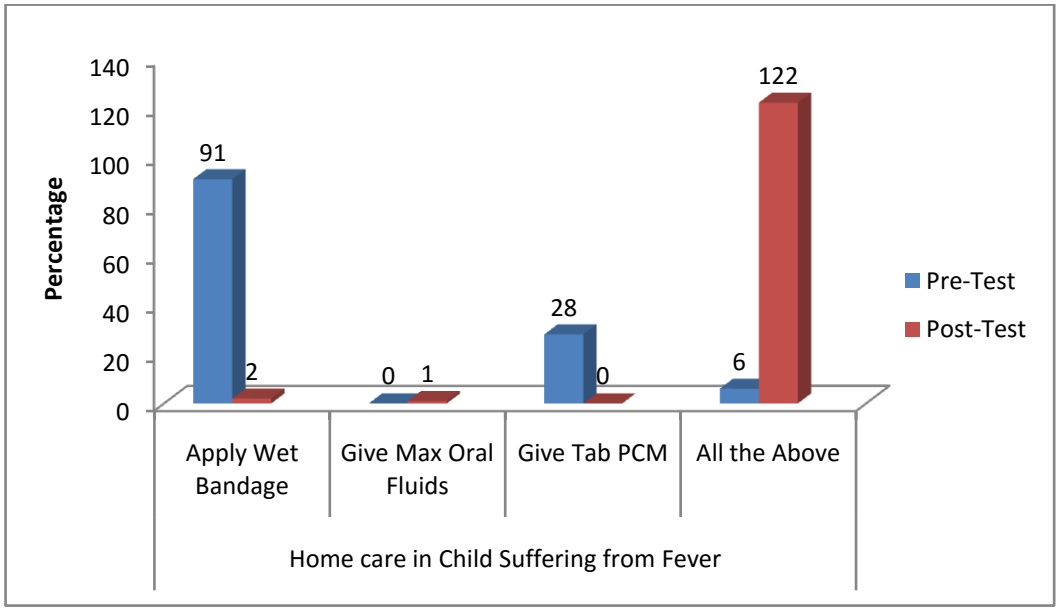

140
120
100
80
60
40
20
0
Percentage
125
121
0
4
0
0
Right
Wrong
Dont Know
Breastfeed stop child suffering from Diarrhoea and Dysentry
Pre-Test
Post-Test

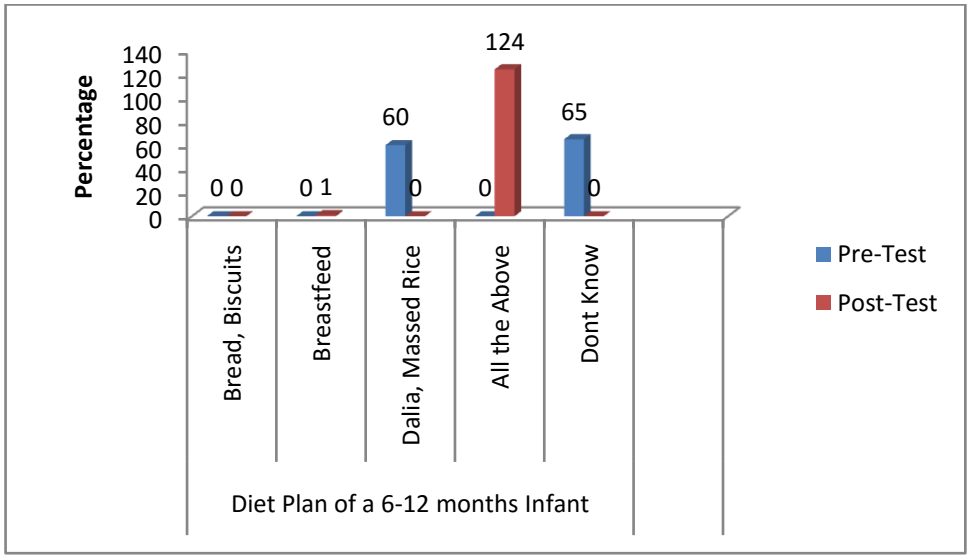

120
100
80
60
40
20
0
Percentage
38
9
13
115
18
0
1 1
55
0
Very Low Weight for Age
Swelling in Both Feet
Severe Wasting
Become Stunted
Dont Know
Symptoms of Severe Malnutrition
Pre-Test
Post-Test

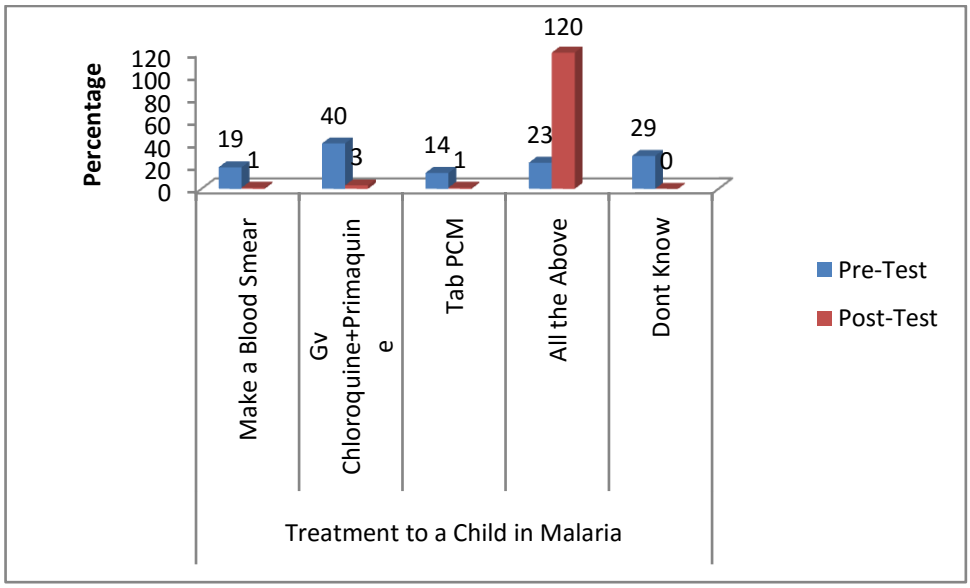

140
120
100
80
60
40
20
0
Percentage
123
82
24
2
19
0
By Pitting Oedema
By Viewing
Dont Know
Diagnose Swelling in Feet
Pre-Test
Post-Test


120
100
80
60
40
20
0
Percentage
115
53
2
3
48
7
11
0
11
0
Give IFA for 14 days
Blood Transfusion
Refer Urgently
None of the Above
Dont Know
Treatment of Severe Anaemia
Pre-Test
Post-Test


Percentage
140
120
100
80
60
40
20
0
7
1
0
0
0
0
0
1
118
123
At birth-BCG+OPV0+Hep B
1.5month-Penta1+OPV1+RV1
2.5month-Penta2+OPV2+RV2
3.5month-Penta3+OPV3+RV3
All the Above
Immunization Schdule of Child
Pre-Test
Post-Test


Percentage
140
120
100
80
60
40
20
0
91
2
0
1
28
0
6
122
Apply Wet Bandage
Give Max Oral Fluids
Give Tab PCM
All the Above
Home care in Child Suffering from Fever
Pre-Test
Post-Test





INTERPRETATION:

From the above graph mentioned

- It is concluded that the knowledge, skill of ANMs in pretest is low and inappropriate.

- After giving them trainings about the IMNCI videos and Application their knowledge, practices and skills have enhanced and upgraded.

Recommendations:

- se of the application for the OPD patients also.
- Training of ANMs and MOs at regular intervals.
- ANMs should follow up the referral cases.
- Availability of medicines at the SCs and PHCs.