

Integrated Management of Childhood Illness (IMCI)

Quick review notes – PHO HA

a) IMCI Approach

- **IMCI** is an **integrated approach** developed by **WHO** and **UNICEF** to **reduce child morbidity** and **mortality** by improving the management of common childhood illnesses, focusing on **prevention, detection, and treatment**.
- It aims to address a broad spectrum of childhood illnesses through an integrated strategy that includes **immunization, nutrition, hygiene, and appropriate treatment**.
- The **IMCI approach** was introduced in Nepal in the late 1990s and is now an essential part of the country's efforts to improve child health.

b) Key Components of IMCI

1. Prevention

- Promoting **exclusive breastfeeding** for the first six months of life.
- Ensuring **adequate nutrition** and safe drinking water.
- Promoting **immunization** as a preventive measure against common childhood diseases.
- **Handwashing** with soap and promoting **safe sanitation**.

2. Case Management

- Health workers are trained in **IMCI guidelines** to assess and manage illnesses in children, including **diarrhea, pneumonia, malaria, malnutrition, and newborn care**.

- **Integrated treatment:** Health workers assess multiple conditions during a single visit, simplifying the management of childhood illnesses.

3. Health System Strengthening

- **Training healthcare providers** at various levels, from community health workers to facility-based providers.
- Establishing **quality control mechanisms** and **data collection systems** to track **child health indicators**.
- Encouraging **community-based healthcare delivery** by involving **Female Community Health Volunteers (FCHVs)** and **community health workers**.

c) IMCI in Nepal

- The **IMCI program** in Nepal is implemented across health facilities, with a focus on **primary healthcare centers** and **community outreach**.
- **IMCI training** is provided to health workers, ensuring that they can accurately diagnose and manage childhood illnesses.
- **Monitoring and evaluation** of IMCI activities is continuously carried out to assess program effectiveness.

d) Challenges in IMCI Implementation

- **Limited Resources:** Some health centers face resource constraints, including a shortage of essential medications and diagnostic equipment.

- **Access to Healthcare:** Geographical barriers and transportation difficulties hinder access to health facilities in remote regions.
- **Inconsistent Follow-Up:** Lack of proper **monitoring** and **follow-up care** in rural areas.

e) Future Directions for IMCI

- **Expansion of IMCI Training:** Ensuring that more **healthcare workers** are trained in **IMCI guidelines**.
- **Strengthening Community-Based IMCI:** Involving **FCHVs** more actively in **community-based IMCI implementation**.
- **Improved Data Collection:** Enhancing **health information systems** to better track **child health data** and program outcomes.

Management of childhood illness

Every day, millions of children with potentially fatal illness are taken by their caregivers to be seen by health workers. In countries with a high burden of child mortality, a handful of conditions are responsible for these visits. Globally, over 80% of the under-five deaths are due to neonatal conditions and infectious diseases like pneumonia, diarrhoea, malaria, measles and meningitis, often compounded by malnutrition. Most childhood deaths can be prevented with effective interventions that are feasible for implementation, even in resource constrained settings.

Children brought for medical treatment, especially in the low and middle-income countries, are often suffering from more than one condition. At the first level of primary health care services, diagnostic supports such as laboratory and radiology services are commonly limited or non-existent. Health care providers therefore benefit when they can use

evidence-based algorithms using history, signs and symptoms to determine the course of management. This enables them to provide quality care and make the best use of the available resources.

To improve access and quality of care for newborns and children in primary health care services, WHO and UNICEF designed the Integrated Management of Childhood Illness (IMCI) strategy. The IMCI strategy aims at improving health worker skills, improving the health system and improving family and community practices. The aim is to strengthen prevention and management of common childhood illnesses, including in the newborn period, and support children's healthy growth and development.

What is Integrated Management of Childhood Illness (IMCI)?

IMCI is an integrated approach that focuses on the health and well-being of the child. IMCI aims to reduce preventable mortality, minimize illness and disability, and promote healthy growth and development of children under five years of age. IMCI includes both preventive and curative elements that can be implemented by families, in communities and in health facilities.

The strategy includes three main components:

- Improving case management skills of healthcare providers;
- Improving health systems to provide quality care;
- Improving family and community health practices for health, growth and development.

In health facilities, the IMCI strategy promotes the accurate identification of childhood illnesses in outpatient settings, ensures appropriate combined treatment of all major conditions that affect a young child, strengthens the counselling of caretakers, and speeds up the referral of severely ill newborns and

children. In the home setting, it promotes appropriate care seeking behaviours, improved nutrition and support for early childhood development, prevention of illness, and correct implementation and adherence to treatment.

Why is IMCI better than single-condition approaches?

IMCI considers each child that is brought to a health service in a holistic way. The clinical algorithms take into account the variety of conditions that may affect a newborn or child and put them at risk of preventable mortality or impaired growth and development. By facilitating an integrated assessment and combined treatment of conditions, IMCI focuses on effective case management and prevention of disease, and contributes to healthy growth and development, including through immunization and nutritional and developmental counselling.

What are the key requirements for IMCI implementation?

Implementation of the IMCI strategy requires a great deal of coordination among health programmes and services at national and sub-national (or district) levels. It involves working closely with and within ministries of health, local governments, and communities to plan for implementation based on the local context. Examples of key requirements are:

- The adoption of a national policy and standards on an integrated approach to child health and development.
- Regular review and updating of IMCI clinical guidelines with adaptation to the country's

epidemiology, medicines and commodities, relevant policies, and local foods and language used by the population.

- Improving quality of care in primary health facilities by training, mentoring and support supervision of health workers in integrated assessment, treatment and effective counseling of caregivers.
- Ensuring availability of the essential medicines, laboratory tests and key equipment for prevention and case management.
- Strengthening referral pathways and improving quality of care in hospitals for management of severely ill children referred from the outpatient clinics.
- Empowering families and communities to prevent disease, seek timely care from qualified health care providers for illness, provide adequate home care for sick children, and support children's healthy growth and development.