

# INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

# What is IMNCI?

- IMNCI is an **integrated approach** to child health that focuses on the well-being of the whole child. IMNCI aims to reduce death, illness and disability, and to promote improved growth and development among children under five years of age.
- IMNCI includes both preventive and curative elements that are implemented by families and communities as well as by health facilities.
- The strategy includes three main components:
  - ❖ **Improving case management skills of health-care staff**
  - ❖ **Improving overall health systems**
  - ❖ **Improving family and community health practices.**

## Difference between IMCI and IMNCI

Features:	WHO – UNICEF IMCI	IMNCI
Coverage of 0 to 6 days (early newborn period)	No	Yes
Basic Health Care Module	NO	Yes
Home visit by the provider for newborn and Young Infant	No	Yes
	<b>Training</b>	
Training Home based Care	No	Yes
Training days for newborn and young infants	2 out of 11 days	4 out of 11 days
Sequence of training	Child (2 months to 5 years of age) then Young infant ( 7 days to 2 months of age)	Newborn and young infants (0 to 2 months).Then Child (from 2 months to 5 years of age.)

# GUIDELINES FOR IMNCI

- ▶ Evidence based , syndromic approach to case management includes rational , effective affordable use of drugs diagnostic tools.
- ▶ An evidence based syndromic approach can be used to determine the:
  - ▶ Health problems the child may have.
  - ▶ Severity of the child 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 intervention to the capacity of the health systems &
- ▶ Active involvement of family members & the community in the health care process.

# PRINCIPLES OF INTEGRATED CARE

- ▶ All sick young infants up to 2 months of age must be assessed for possible bacterial infection / jaundice . Then they must be routinely assessed for the major symptom diarrhea.
- ▶ All sick children age 2 months up to 5 years must be examined for general signs which indicate the need for immediate referral or admission to a hospital. They must then be routinely assessed for major symptoms : cough or difficult breathing , diarrhea , fever & ear problems.

- ▶ All sick young infants & children 2 months up to 5 yrs must also be routinely assessed for nutritional & immunization status , feeding problems & other potential problems.
- ▶ IMNCI use a limited number of essential drugs & encourage active participation of caretakers in the treatment .
- ▶ IMNCI address most, but not all , of the major reasons a sick child is brought to a clinic.
- ▶ One of essential component of IMNCI is the counselling of caretakers about home care, feeding , fluids & when to return to health facility.

# GOALS OF IMNCI

- ▶ Standardized case management of sick newborns & children.
- ▶ Focus on the most common causes of mortality
- ▶ Nutrition assessment & counseling for all sick infants & children
- ▶ Home care for newborns to  
promote exclusive breastfeeding  
Prevent hypothermia  
Improve illness recognition & timely care seeking.

# REPRODUCTIVE AND CHILD HEALTH PROGRAM (RCH)

# INTRODUCTION

- The reproductive and child health program (RCH) is incorporated with earlier existing programs i.e., National Family Welfare Program and Child Survival & Safe Motherhood Program (CSSM) and added two more components one relating to sexually transmitted disease and the other relating to reproductive tract infections.
- The program was formally launched on 15 October 1997.

# What is RCH approach?

People have the ability to reproduce and regulate the fertility, human are able to go through pregnancy and child birth safely, the outcome of pregnancies is successful in terms of maternal and infant survival and well being, and couples are able to have sexual relations, free of fear of pregnancy and of contracting diseases.

# RCH phase 1 package includes:-

FAMILY PLANNING

CHILD SURVIVAL  
AND SAFE  
MOTHERHOOD

PREVENTION/  
MANAGEMENT OF  
RTI/STD/AIDS

Adolescent  
Health Care  
and Family  
Life  
Education

**CLIENT  
APPROACH  
TO HEALTH  
CARE**

# Objectives :-

- ▶ Reduction in birth rate and empowering women
- ▶ Integration of related programs for meaningful
- ▶ Meeting unmet needs through institutional strengthening and quality of a rooted by-
  - Choice of methods
  - Information provided to clients
- ▶ Technical competence of providers
- ▶ Interpersonal relationship between clients and service providers
- ▶ Mechanism to ensure continuity of care
- ▶ Constellation of services appropriate to need of users

# RCH PROGRAM

## Family Planning

- ▶ Improved method mix
- ▶ Private sector inclusion
- ▶ Address quality
- ▶ Collaborate with NACO (national aids control organization) in condom distribution

# Maternal Health

- Institutional Deliveries
- Skilled Birth Attendance
- Obstetric care
- Home based post-partum & NBC
- Quality safe abortion services
- RTI/STI - reproductive transmitted infections/sexually transmitted infections

# Child health

- IMMUNISATION
- MICRONUTRIENT SUPPLY

## Adolescent health

- Anemia
- Awareness about ARSH (Adolescent Reproductive And Sexual Health)

# Service Package: for mothers

- ▶ Essential obstetric care
- ▶ Early registration
- ▶ Safe delivery
- ▶ Referral (transportation)

- Deliveries by trained personnel in safe and hygienic surroundings are encouraged
- Institutional deliveries are encouraged for women having complications.
- In case of complication referrals are made to First Referral Units for Management of obstetric emergencies.
- Three postnatal checkups are given to mothers after the delivery.
- Spacing of at least three years between children are encouraged.

# For Children

- ▶ Essential newborn care like keeping the baby warm, checking the baby's weight and giving the baby mother's first milk are encouraged.
- ▶ Babies that are premature or have low birth weight are provided special care.
- ▶ Babies with any complications referred to the health centre.
- ▶ Exclusive breastfeeding are encouraged for the first three months

- ▶ Immunization are administered to every child meticulously to prevent death and disabilities.
- ▶ Vitamin A prophylaxis
- ▶ ORT (oral rehydration therapy)
- ▶ Acute respiratory infection in children treated by cotrimoxazole tablet
- ▶ Treatment of anaemia

# For Eligible Couples

- Promoting use of contraceptive methods among eligible couple is important to prevent unwanted pregnancies. Couples should be able to choose from various contraceptive methods including condoms, oral pills, IUD's, male and female sterilization.
- Safe services for medical termination of pregnancy should be encouraged for women desiring abortions.
- Other new services
- ✓ treatment of RTI/STI is given.
- ✓ Promotion activities for adolescents health.

# RCH phase II

Phase is started from 1<sup>st</sup> April,2005

Its components are:-

- ❑ Reducing maternal and child mortality and morbidity
- ❑ Emphasis on Rural Health Care
- ❑ Essential and emergency obstetrical care
- ❑ Strengthening infrastructure
- ❑ Capacity buildings
- ❑ Innovative schemes
- ❑ Strengthening MIS (management information scheme)
- ❑ Referral (transport) services

THANK YOU