Integrated Management of Neonatal & Childhood Illnesses (IMNCI)

State Institute of Health and Family Welfare, Jaipur

IMNCI?

WHO/UNICEF have developed a new approach to tackling the major diseases of early childhood called the Integrated Management of Childhood Illnesses (IMCI)

Developments Related To Child Health

1978: EPI

1984: UIP

1985: Oral Rehydration Therapy1

1990: UIP and ORT universalized, ARI as a pilot in26 districts

1992: CSSM

1997: RCH-1

2005: NRHM and RCH II

Why IMNCI

- Reduce infant and child mortality rates
- Improving child health & survival
- IMR reduced from 114 (1980) to 47 (2010 SRS bulletin)
- Decline not uniform across states
- 8 states including Rajasthan are below national average
- Malnutrition and low birth weight (LBW) are contributors to the about 50% deaths

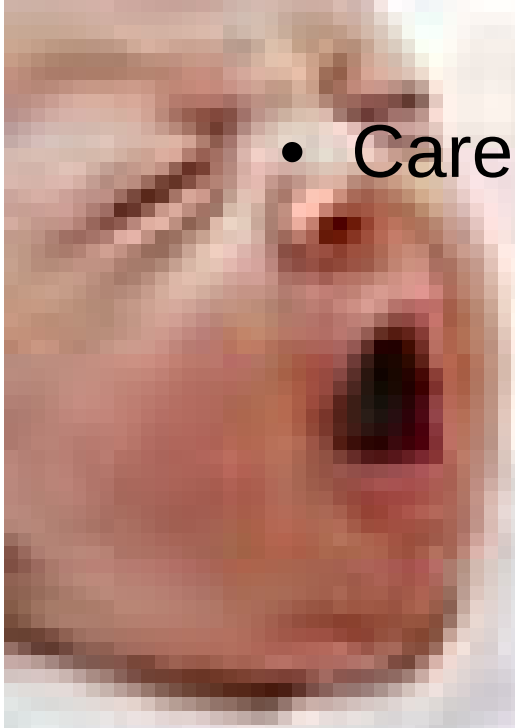
IMNCI: Status

	India	Rajasthan
Number of districts where IMNCI is implemented	495	33
Total Numbers of People trained on IMNCI	537454	32043

Source: MoHFW (MIS 31/03/2012)

IMNCI Beneficiaries

- Care of Newborns and Young Infants (infants under 2 months)
- Care of Infants (2 months to 5 years)



Care of Newborns and Young Infants (infants under 2 months)

- Keeping the child warm
- Initiation of breastfeeding
- Counseling for exclusive breastfeeding
- Cord, skin and eye care
- Recognition of illness in newborn and management and/or referral
- Immunization
- Home visits in the postnatal period

Care of Infants (2 months to 5 years)

- Management of diarrhoea, ARI malaria, measles, acute ear infection, malnutrition and anemia
- Recognition of illness and risk
- Prevention and management of Iron and Vitamin A deficiency
- Counseling on feeding for all children below 2 years
- Counseling on feeding for malnourished
- Immunization

IMNCI Components and Intervention areas

Improve health worker skills	**Improve health systems**	**Improve family & community practices**
Case management standards & guidelines	District & Block planning and management	Appropriate Care seeking
Training of facility-based public health care providers	Availability of IMNCI drugs	Nutrition

IMNCI Components and Intervention areas

Improve health worker skills	**Improve health systems**	**Improve family & community practices**
IMNCI roles for private providers	Quality improvement and supervision at health facilities – public & private	Home case management & adherence to recommended treatment

IMNCI Components and Intervention areas

Improve health worker skills	**Improve health systems**	**Improve family & community practices**
Maintenance of competence among trained health	Referral pathways & services	Community services planning & monitoring
	Health Information System	

Components of IMNCI

- Training
- Effective implementation
  - Improvements to the health system
  - Improvement of Family and Community Practices
- Collaboration/coordination with other Departments

Components of IMNCI

Training

- IMNCI is a skill based training in both facility and community settings
- Broadly, two categories of training are included
  - for medical officers
  - for front-line functionaries including ANM's and AWW's

Components of IMNCI

Effective implementation

- Improvements to the health system
  - Ensuring availability of the essential drugs
  - Improve referral
  - Referral mechanism
  - Functioning referral centers
  - Ensuring availability of health workers / providers at all levels
  - Ensuring supervision and monitoring through follow up visits

Components of IMNCI

Effective implementation

- Improvement of Family and Community Practices

  Counseling of families and creating awareness which includes:

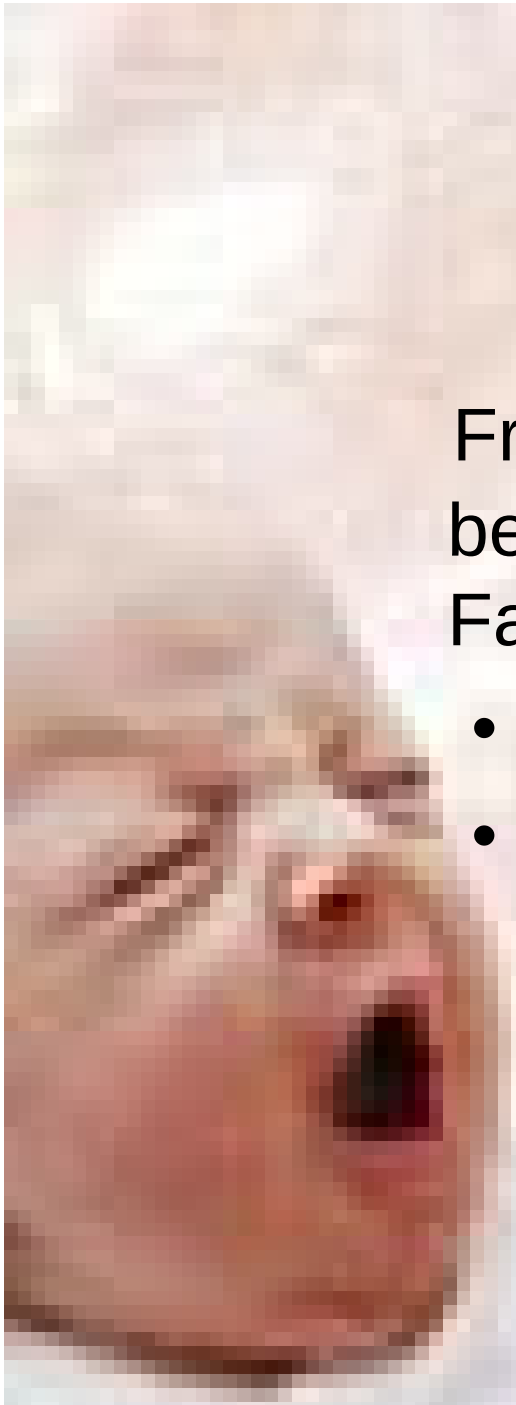
  - Promoting healthy behaviors
  - IEC campaigns
  - Counseling of care givers and families
  - During home visits identify sickness and focused BCC

Components of IMNCI

Collaboration/coordination with other Departments

- Involvement of ANM and AWWs
- Involvement of grass-root functionaries of other sectors
- Active involvement of PRI, SHGs and women's groups

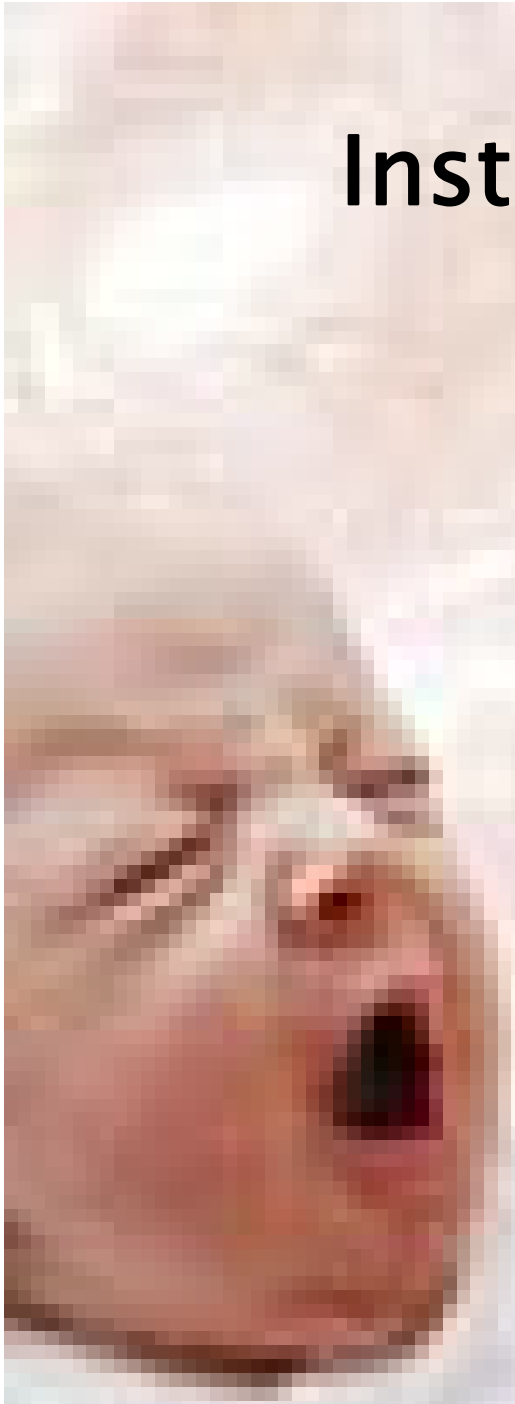
F-IMNCI



From November 2009 IMNCI has been re -baptized as F-IMNCI, (F - Facility) with added component of:

- Asphyxia Management and
- Care of Sick new born at facility level, besides all other components included under IMNCI

Institutional Arrangements



- State Level
- District Level

State level Institutional Arrangements

- Appoint Nodal Officer
- Set up a co-ordination Group
- Arrange logistics
- Create pool of State level trainers
- Selection of priority districts
- Review progress
- Identify the State Nodal institute for training
- Improvement in family and community practices

District level Institutional Arrangements

- Appoint District Coordinator
- Set up an IMNCI Coordination Group
- Train District Trainers.
- Develop a detailed plan for implementation
- Ensure timely supplies & logistics, supervision and follow-up
- IEC activities

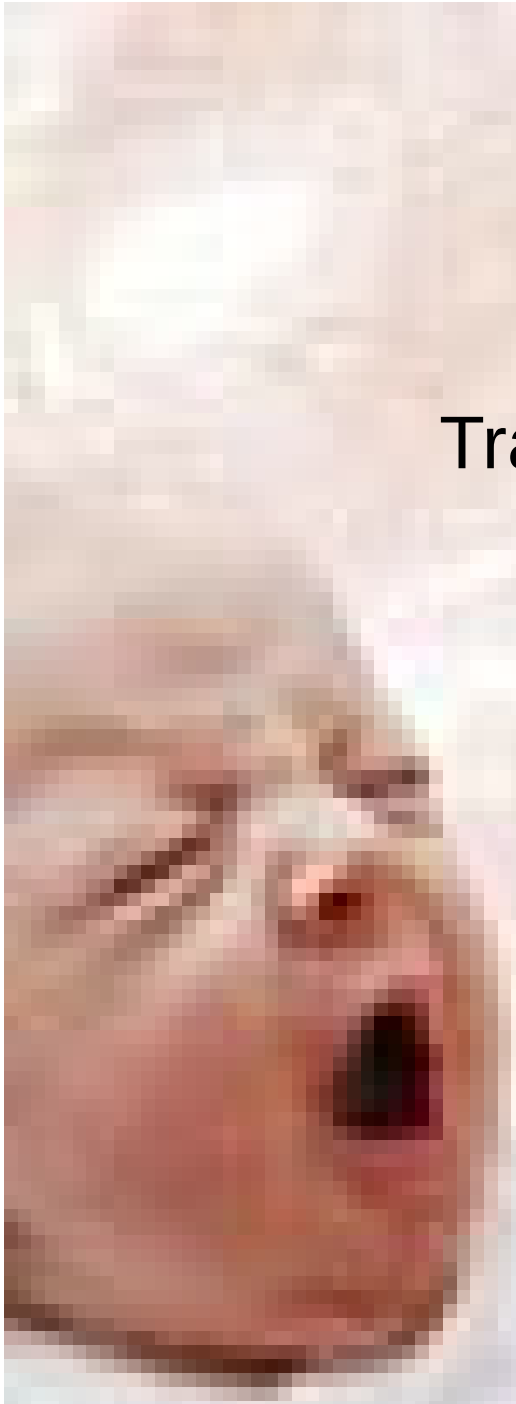
Training in IMNCI

Focus on Skill Development

- Hands-on training

  - Visits to hospitals
  - Field visits and visits to the homes of sick children

Training in IMNCI



Training at two levels

- In-service training for the existing staff
- Pre-Service Training

Type of Training	Personnel to be trained	Duration	Package to be used	Place of Training
Clinical skills training	Medical Officer and Pediatrician	8 days	Physician Package	Medical college /District Hospital
	Health workers ANMs, LHVs, Mukhya sevika CDPO's and AWWs	8 days	Health Workers Package	District Hospital

Type of Training	Personnel to be trained	Duration	Package to be used	Place of Training
Supervisory Skills Training	Medical Officers, Pediatricians, CDPO's LHVs and Mukhiya Sevikas)	2days	Supervisory Skills package	Medical college /District Hospital

Training of Trainers

- All pediatricians in the district
- Selected medical officers from CHCs and block PHCs
- Selected staff nurses and LHVs and CDPO’s and Mukhiya Sevikas from ICDS

Number to be trained

- Average size District -1800 health staff will need to be trained
- Number of the staff of other departments should be included in consultation with concerned district officers
- Staff belonging to PHC areas may be taken up fully before moving to another PHC area

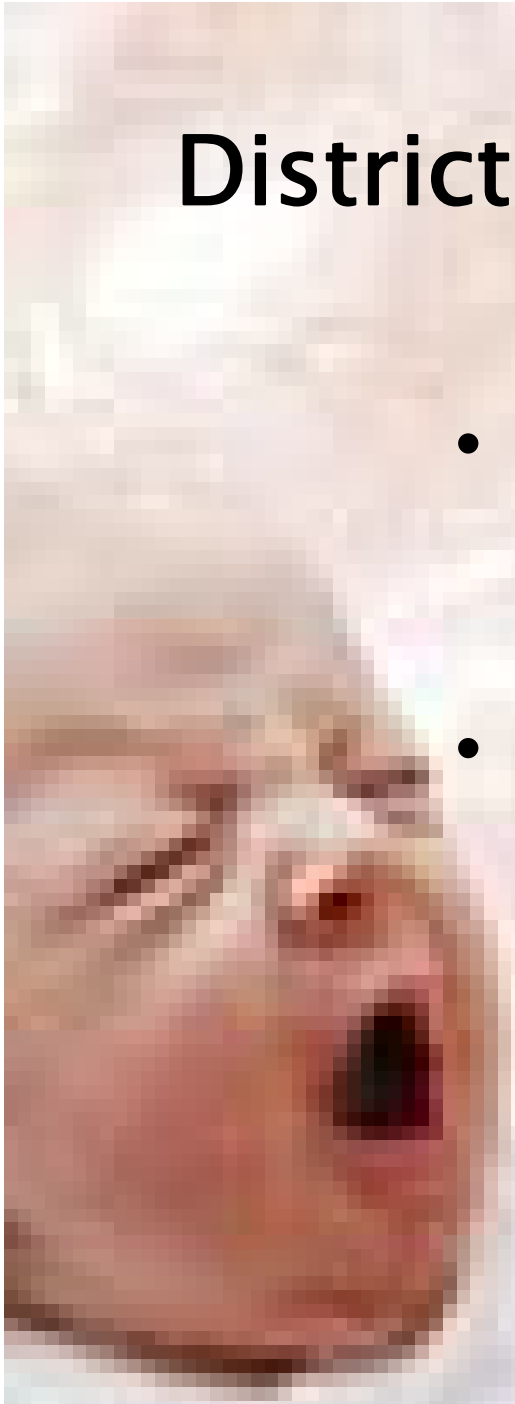
Training Institutions

- State Level
- District Level

State Level Training Institutions

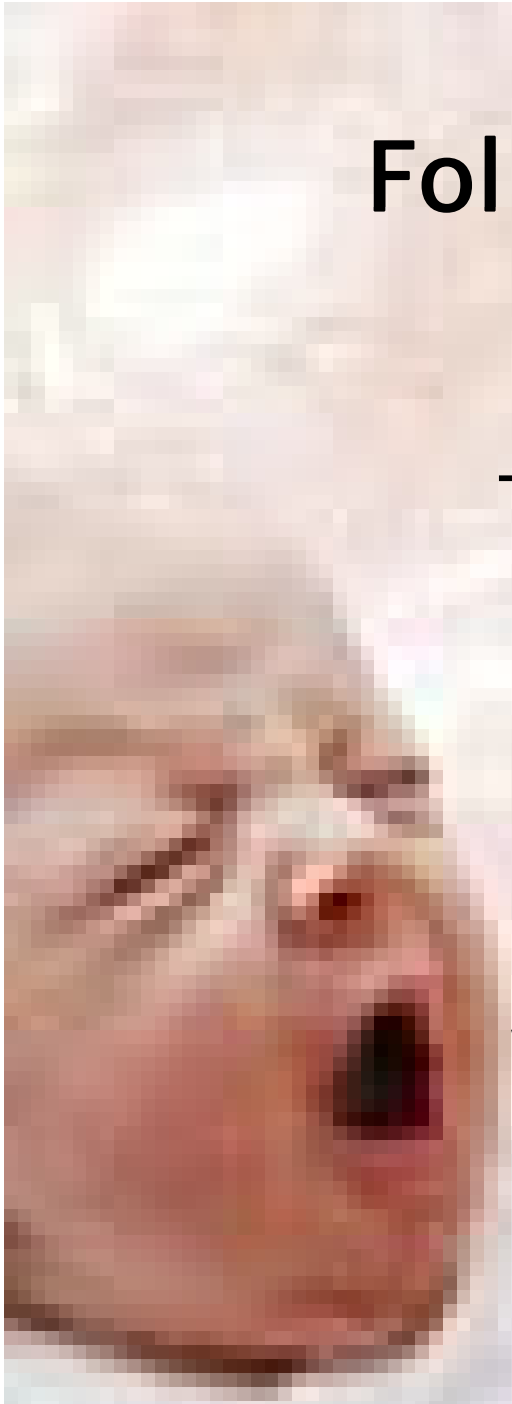
- Identify a Regional Training Centre
- The Departments of Pediatrics and Preventive & Social Medicine in each college

District Level Training Institutions



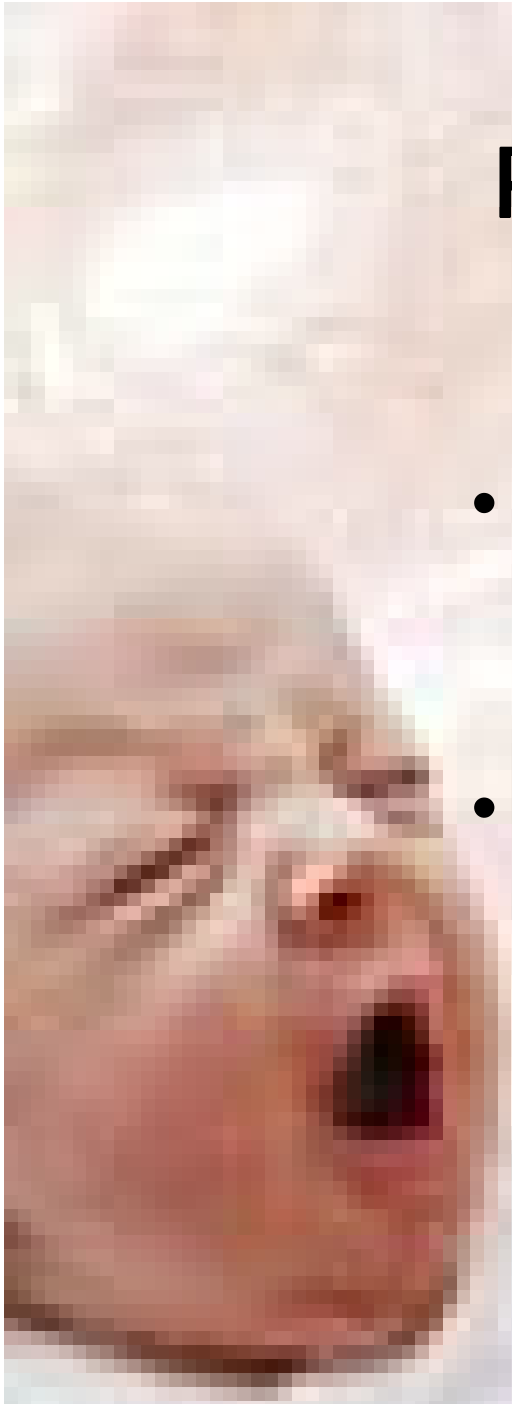
- District hospital for training of medical officers
- CHCs/operational FRUs etc for training of health workers

Follow-up Training (FUT)



The Follow-up Training is designed to improve supportive supervision for 2 days which may either be clubbed with Clinical skills training or conducted within 6-8 weeks of the initial Clinical skills training.

Pre-Service Training



- Training of undergraduate students and interns
- ANM, AWW, and Staff Nurses' training schools need to include IMNCI in their training schedules

Funding Arrangements

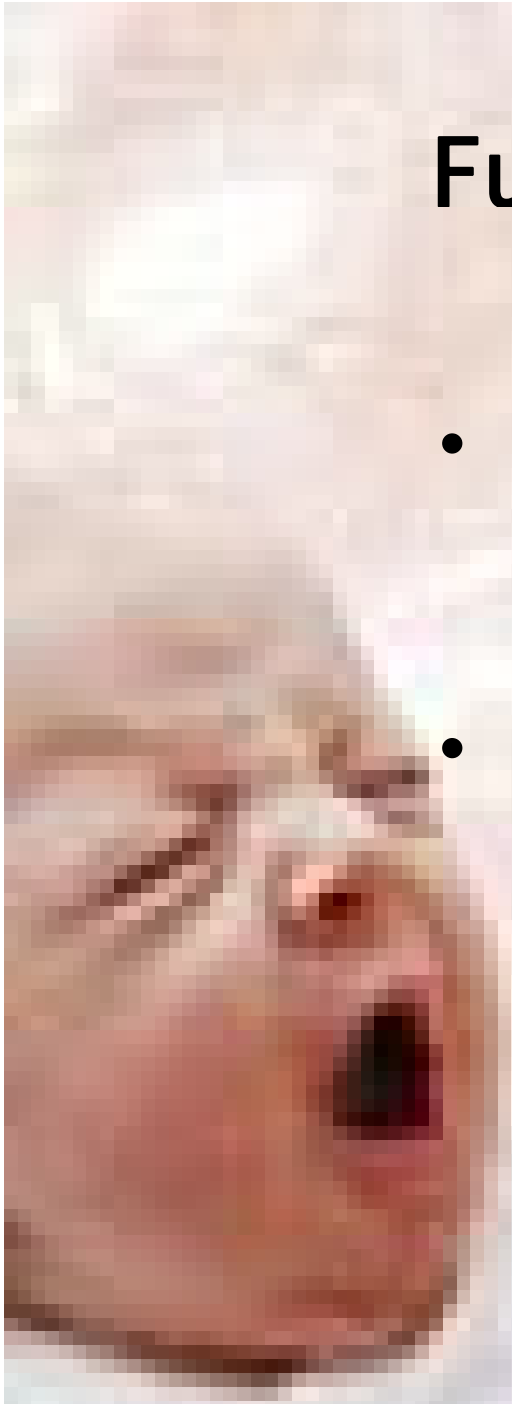
- National Level training: by the GoI
- State Level training: State project funding - NRHM/RCH-II-PIPs
- District Level training: State project funding -NRHM/RCH-II-PIPs

  a. At District Training Cell (in the District Hospital)

  b. At other Training Centres within the District (Maximum two in identified CHCs/PHCs)

Funding Arrangements

- Translation, printing and supply of training material
- Field-level Monitoring Support, Follow up and Coordination



Navjat Shishu Suraksha Karykram(NSSK)

Launched on September 15, 2009

Focuses on:

- Prevention of Hypothermia
- Prevention of Infection
- Early initiation of Breast feeding
- Basic Newborn Resuscitation

Navjat Shishu Suraksha Karykram (NSSK)

Objectives:

- One trained person at institutional facility, where deliveries take place
- NSSK will train healthcare providers at the district hospitals, CHCs & PHCs

Limitations of IMNCI

- Outpatient Facility Based
- Community activities not given adequate focus
- Training centre of attention
- Vertical initiatives in Non IMNCI districts sorely lacking

Thank You

For more details log on to
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