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 Therapy
1990: UIP and ORT universalized, ARI as a pilot in 26 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

<table>
<thead>
<tr>
<th></th>
<th>India</th>
<th>Rajasthan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of districts</td>
<td>495</td>
<td>33</td>
</tr>
<tr>
<td>where IMNCI is</td>
<td></td>
<td></td>
</tr>
<tr>
<td>implemented</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Numbers of</td>
<td>537454</td>
<td>32043</td>
</tr>
<tr>
<td>People trained on IMNCI</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Improve health worker skills</th>
<th>Improve health systems</th>
<th>Improve family &amp; community practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case management standards &amp; guidelines</td>
<td>District &amp; Block planning and management</td>
<td>Appropriate Care seeking</td>
</tr>
<tr>
<td>Training of facility-based public health care providers</td>
<td>Availability of IMNCI drugs</td>
<td>Nutrition</td>
</tr>
</tbody>
</table>

SIHFW: an ISO:9001 certified institution
## IMNCI Components and Intervention areas

<table>
<thead>
<tr>
<th>Improve health worker skills</th>
<th>Improve health systems</th>
<th>Improve family &amp; community practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMNCI roles for private providers</td>
<td>Quality improvement and supervision at health facilities – public &amp; private</td>
<td>Home case management &amp; adherence to recommended treatment</td>
</tr>
</tbody>
</table>
## IMNCI Components and Intervention areas

<table>
<thead>
<tr>
<th>Improve health worker skills</th>
<th>Improve health systems</th>
<th>Improve family &amp; community practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintenance of competence among trained health</td>
<td>Referral pathways &amp; services</td>
<td>Community services planning &amp; monitoring</td>
</tr>
<tr>
<td></td>
<td>Health Information System</td>
<td></td>
</tr>
</tbody>
</table>

SIHFW: an ISO:9001 certified institution
Components of IMNCI

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

Training

- IMNCl 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

SIHFW: an ISO:9001 certified institution
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 IMNCl

Focus on Skill Development

- Hands-on training
  - Visits to hospitals
  - Field visits and visits to the homes of sick children
Training in IMNCl

Training at two levels

• In-service training for the existing staff

• Pre-Service Training
<table>
<thead>
<tr>
<th>Type of Training</th>
<th>Personnel to be trained</th>
<th>Duration</th>
<th>Package to be used</th>
<th>Place of Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical skills training</td>
<td>Medical Officer and Pediatrician</td>
<td>8 days</td>
<td>Physician Package</td>
<td>Medical college/District Hospital</td>
</tr>
<tr>
<td></td>
<td>Health workers ANMs, LHV's, Mukhya sevika CDPO's and AWWs</td>
<td>8 days</td>
<td>Health Workers Package</td>
<td>District Hospital</td>
</tr>
<tr>
<td>Type of Training</td>
<td>Personnel to be trained</td>
<td>Duration</td>
<td>Package to be used</td>
<td>Place of Training</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------------------</td>
<td>----------</td>
<td>--------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Supervisory Skills Training</td>
<td>Medical Officers, Pediatricians, CDPO’s LHV’s and Mukhiya Sevikas)</td>
<td>2days</td>
<td>Supervisory Skills package</td>
<td>Medical college /District Hospital</td>
</tr>
</tbody>
</table>
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 www.sihfwrajasthan.com or contact: Director-SIHFW on sihfwraj@yahoo.co.in