



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 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 53 (2008 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	156	33
Total Numbers of People trained on IMNCI(30 th Nov. '09)	124636	16672



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	Durati on	Package to be used	Place of Training
Supervis ory Skills Training	Medical Officers, Pediatricians, CDPO's LHV's and Mukhiya Sevikas)	2days	Superviso ry 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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