

IMCI

information

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMCI)

DEPARTMENT
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ADOLESCENT
HEALTH AND
DEVELOPMENT
(CAH)

HEALTH SYSTEMS
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Planning national implementation of IMCI

Introduction

The Integrated Management of Childhood Illness (IMCI) strategy encompasses a range of interventions for the prevention and management of major childhood illnesses, both in health facilities and in the home. It incorporates the elements of diarrhoeal diseases and acute respiratory infections (ARI) control programmes, and child-related aspects of malaria control, nutrition, expanded immunisation, and essential drugs programmes.

Implementing the IMCI strategy in countries requires and facilitates active collaboration between these programmes and between different levels of the health system, and has to involve three components:

- Improvements in the case management skills of health staff through the provision of locally adapted guidelines on integrated management of childhood illness and activities to promote their use.
- Improvements in the health system required for effective case management of childhood illness.
- Improvements in family and community practices to support child health and development.

The range of possible IMCI planning and management activities is summarised in Figure 1, and tools and guidelines to support these activities are listed in Figure 2.

The WHO Department of Child and Adolescent Health and Development (CAH), together with UNICEF supports countries in planning and implementing IMCI activities, and recommends a phased approach:

- **Introduction**
- **Early implementation** of selected activities in a limited geographical area
- **Expansion** of the range of activities and of geographic coverage

The steps involved in each phase are discussed in the following sections.

FIGURE 1

IMCI STRATEGY Planning and management activities

Improving health worker skills

- Develop/adapt case management guidelines and standards
- Train public health providers
- Define roles for non-governmental/private providers
- Improve and maintain health worker performance
- Use training to orient health workers to problem-solving in the community

Improving the health system to deliver IMCI

- Improve availability of drugs and supplies
- Improve service quality and organization at health facilities
- Improve referral pathways and services
- Identify/develop methods for sustainable finance and ensure equity of access
- Link IMCI and Health Information Systems

Improving family and community practices

- Support/strengthen community organization and participation
- Promote appropriate family response to childhood illness
- Contribute to prevention and promote child health and nutrition actions
- Create an enabling, safe and supportive environment

FIGURE 2

IMCI TOOLS

	Tools available or to be finalised in 1998	Tools under development
Improving case management skills: first-level facilities	<ul style="list-style-type: none"> • Generic IMCI clinical guidelines • IMCI adaptation guide • IMCI in-service training course • Guidelines for follow-up after training 	<ul style="list-style-type: none"> • Options for managing severely ill children at first-level facilities • Primary child care textbook • Technical updates of the adaptation guide • Guidelines for pre-service training of paramedical workers in first-level facilities
Improving case management skills: referral level facilities	<ul style="list-style-type: none"> • Breastfeeding counselling training course 	<ul style="list-style-type: none"> • Guidelines on referral-level care • Training on the management of severe malnutrition
Improving the health system	<ul style="list-style-type: none"> • Drug supply management course • HIS recommendations 	<ul style="list-style-type: none"> • Options for increasing drug availability
Improving family and community practices	<ul style="list-style-type: none"> • Protocols to adapt local terms and feeding advice 	<ul style="list-style-type: none"> • Guidelines on using information for message development • Interventions to improve nutrition • Interventions to improve careseeking • Guidelines for working with community organisations
Programme management tools	<ul style="list-style-type: none"> • Planning guidelines • List of IMCI indicators 	<ul style="list-style-type: none"> • Monitoring recommendations • Evaluation of first-level facility care • Evaluation of family and community practices

BOX 1**Phase I: Steps in introduction of IMCI**

- Initial contact to provide information
- Information and orientation meetings
- Establishment of an IMCI management and coordination group
- Training of key MoH staff
- MoH endorsement

BOX 2**Phase II: Steps in early implementation of IMCI**

- Development of national strategy and plan
- Selection of initial districts
- Adaptation of IMCI guidelines and materials
- Training of national and district level facilitators
- Preparation and planning at district level
- Training of health workers including follow-up of trainees
- Implementation of community-based actions
- Monitoring process and outcome
- Review

Phase I: Introduction of IMCI in a country

The steps to be carried out during this phase are summarised in Box 1.

Initial activities focus on the orientation of decision-makers and the establishment of a national IMCI working group. The first step is to ensure that decision-makers in the health sector have access to information about the IMCI strategy and the efforts required to implement it. Next, a series of individual and group meetings are held with programme managers and staff of relevant programmes such as diarrhoeal diseases, respiratory infections, nutrition, malaria control, immunisation, and essential drugs. Academic and training faculties, professional associations, partners and potential partners, such as donors, international agencies, non-governmental organisations (NGOs) and health related institutions should be involved. Other relevant sectors should also be actively involved in planning, particularly for the community component of IMCI. A formal orientation meeting is recommended as part of this process to provide an opportunity for a larger group to reach a common understanding of the concepts and practical principles of the IMCI strategy and its advantages and implications for the health system.

It is also recommended that the introductory phase include training of selected key national staff in an IMCI course for first-level health workers. This helps national staff to better facilitate discussions about IMCI and plan for the early implementation phase.

Orientation and training should enable the Ministry of Health (MoH) to make an informed choice about whether to adopt the IMCI strategy and the best way to do this. If the MoH chooses to implement IMCI, this commitment should be formalised by an official written endorsement and the creation of a national IMCI working group or task force to manage and coordinate IMCI activities. This working group or task force is responsible for providing technical support for IMCI, for facilitating coordination of concerned programmes and bodies, and for providing the core technical input needed for the adaptation of the IMCI guidelines and planning the IMCI activities.

Phase II: Gaining experience through early implementation

Once commitment has been made to implementing the IMCI strategy, a country is encouraged to gain experience through a well-defined set of activities in a limited geographical area. This experience will guide future planning and implementation. Box 2 provides a list of steps to be completed during the early implementation phase.

The initial focus of this phase is on developing case management guidelines and improving care at first-level facilities. This is complemented by activities to improve the health system and selected interventions to improve family and community practices. Steps include the development of a national plan, the adaptation of IMCI guidelines and preparation of materials for in-service training, identification and preparation of districts and development of

district plans, initial implementation of activities, monitoring, review and replanning.

Careful planning is essential for all activities during this phase, and a workshop is recommended to prepare a national strategy and plan for early implementation. At this workshop the IMCI working group should decide how to:

- Organise the adaptation process
- Select the first districts for IMCI implementation
- Prepare these districts for IMCI implementation
- Assess drug availability and make necessary improvements
- Monitor IMCI activities and use the information
- Update existing health messages to address IMCI
- Decide on community-based actions and how to support them
- Ensure sustainability of the strategy, including collaboration with partners and linking IMCI with health sector reforms
- Relate IMCI to existing child health activities

The national plan should also specify an IMCI training strategy, including the criteria for the selection of training sites, participants and facilitators, and the review and revision of job descriptions to ensure their consistency with IMCI implementation.

The districts selected for early implementation need to be oriented and prepared. Detailed implementation plans are developed in collaboration with district health teams. At the same time, the IMCI guidelines are adapted, and drug availability, referral, and health management information systems are assessed to ascertain the improvements required in related aspects of the health care system.

Activities in the early implementation phase should be monitored carefully by the IMCI working group. The experience is then reviewed and analysed at a formal review meeting, which takes place after activities have been implemented in the selected districts.

Phase III: Expansion of activities and coverage

At the end of Phase II, countries plan the expansion of IMCI activities in districts already covered and expansion to cover additional districts. The speed of implementation is determined by the time required to build capacity for IMCI management at the district level and by the availability of IMCI tools and guidelines. During the transition to broad national IMCI coverage, which may require five years or more, countries may choose to continue to support disease-specific control activities in districts not yet covered by the full IMCI strategy.

Factors influencing the success of IMCI implementation

Experience to date suggests that the success of IMCI in a country depends on acceptance and commitment from the MoH and other relevant bodies. It is essential that the process of early implementation be officially endorsed by the MoH and accompanied by practical steps to facilitate the introduction of IMCI and related activities. These steps include the establishment of a management structure, such as a working group or task force, and issuing directives to assist inter-programme collaboration. Early experience also suggests that countries need to identify a coordinator for the IMCI working group or task force.

In addition to the working group, countries may consider establishing a high-level steering committee which includes senior MoH officials and advisors from other sectors, and senior faculty of universities and other teaching institutions. The function of this national steering committee is to review and validate the decisions of the working group and to facilitate higher-level policy decisions as needed.

It is important throughout the process of planning and implementing IMCI, but particularly during the initial phases, that time is taken to build consensus and to create a broad base of support, including establishing or strengthening partnerships between existing programmes. The duration of the introduction and early implementation phases will vary from country to country, depending on how quickly consensus is reached and partnerships are formed.

Finally, to ensure the sustainability of IMCI beyond the early implementation phase, it is essential that linkages between IMCI and health sector reforms are discussed early in the planning process.

The way forward

CAH is developing generic *IMCI Planning Guidelines*, based on lessons learned from implementation to date, to assist countries in planning the introduction and implementation of the IMCI strategy. A draft version is now available for use at country level by members of national IMCI working groups responsible for planning the three components of IMCI. The guidelines will be updated as global experience accumulates, and modified to support implementation of a broader range of IMCI activities, as tools and specific guidelines become available. ■

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