

# IMCI

## information

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMCI)

DEPARTMENT  
OF CHILD AND  
ADOLESCENT  
HEALTH AND  
DEVELOPMENT  
(CAH)

HEALTH SYSTEMS  
AND COMMUNITY  
HEALTH (CHS)

## Update on development projects to support IMCI

### Introduction

The WHO Department of Child and Adolescent Health and Development (CAH) has developed and made available a range of tools and materials to support the implementation of Integrated Management of Childhood Illness (IMCI). Many continue to be modified and expanded in the light of country experience and research findings. The materials include:

- clinical guidelines and training materials for first-level health facilities,
- a guide to support the adaptation of IMCI clinical guidelines and training materials to specific country needs,
- guidelines for conducting follow-up visits to recently trained health workers,
- a breastfeeding counselling course, and
- a course to train health workers from first-level health facilities in managing drug supplies.

In addition, the Department currently supports a range of initiatives, described below, to strengthen the implementation of the IMCI strategy. These focus on general management issues and the three components of the strategy – improving health workers' skills, improving the health system to support IMCI and improving family and community practices.

### Planning, management and evaluation

#### *Guidelines for planning and management at national and district levels*

Guidelines for planning and managing IMCI interventions at national and district levels are under development. The national guidelines, targeted at the IMCI management structure and consultants, describe a phased process for introducing the IMCI strategy in a country. They emphasize the need to plan interventions in the three main components of the IMCI strategy and will be available by the end of 1998.



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The district planning guidelines will target the district health manager or district health team. The guidelines will help managers plan, implement and monitor IMCI interventions, with a focus on building the capacity to sustain quality and activities. The guidelines will be designed for use within ongoing district planning and management processes.

### ***Evaluation tools***

In 1997, CAH in collaboration with UNICEF and other partners developed a list of key indicators recommended for use in all monitoring and evaluation activities related to IMCI. A list of supplemental indicators has been added to these, to meet specific needs for evaluation and operations research.

CAH is currently developing tools, in collaboration with the same partners, to evaluate IMCI in health facilities. Future plans include the development of recommendations and tools for the evaluation of IMCI in the community.

## **Improving case management skills**

### ***Pre-service training***

Earlier efforts focused on IMCI training in in-service settings. The Department is now focusing on strategies to introduce IMCI into pre-service training, to improve its sustainability and influence the practice of health professionals in both the public and private sectors. These strategies include developing appropriate training approaches and materials, in collaboration with selected teaching institutions in developing countries. In this effort, the first training activities in medical and other health professional schools were conducted in Bolivia, Ecuador and Tanzania in 1997–1998. CAH is also identifying major paediatric textbooks used in teaching institutions and determining, in collaboration with their editors, how IMCI can be incorporated.

### ***Improving the quality of care in referral-level facilities***

In 1994, CAH began work on guidelines for the management of children in referral facilities. The first materials include a manual on the *Management of the child with a serious infection or severe malnutrition*, which will be available in 1999. The guidelines will also include a section on triage and emergency care, using the findings of recently completed studies, and will describe the factors that influence child mortality in referral-level facilities.

### ***Revising a standard textbook on managing childhood illness***

CAH has begun the task of revising *Primary Child Care*, which has been widely used by health workers in developing countries since it was first published by WHO in 1979. Recommendations on identifying and treating a wide range of acute and chronic illnesses at the first-level health facility, as

well as providing essential preventive services, will be updated. The central emphasis will be on the integrated management of the major childhood diseases. This will make *Primary Child Care* useful both as a textbook for pre-service training and as a reference for health workers in practice.

## **Improving health systems**

### ***Management and referral of severely ill children***

In settings where referral is difficult or impossible, severely ill children may have to be managed at first-level facilities. CAH is supporting a set of studies to document the most common conditions requiring referral presenting at first-level facilities, the extent of the problem, and the factors affecting referral pathways of these severely ill children. The results of these studies will be used to develop options and recommendations to address barriers to referral and to strengthen health worker capacity to manage severe cases in first-level health facilities.

### ***Options for improving drug availability***

The implementation of IMCI depends on the availability and rational use of appropriate drugs. Irregular supply or lack of access to essential drugs at health facilities is a major problem in many settings, limiting the success of IMCI and other health programmes.

CAH is collaborating with the WHO Action Programme on Essential Drugs (DAP) and other partners, to identify options and develop recommendations to help countries improve drug availability, through establishing well-managed and sustainable systems.

### ***Linking IMCI and health information systems***

IMCI and the disease surveillance component of a national health information system serve different purposes that require different types of information. As a result, in many countries that have started to implement IMCI, the classifications used to identify correct treatment in IMCI and those used for disease surveillance in national health information systems are not compatible. CAH is reviewing the problems encountered, particularly by the health worker who uses both systems of classification, and is in the process of developing a list of options for addressing these incompatibilities.

## **Improving family and community practices**

### ***Identifying and working with community resources***

CAH is developing a manual on *Working with community organizations* to guide programmes in extending IMCI into the community and, in particular, collaborating with those who influence family practices. The manual will assist planners to: identify and assess potential community support systems, identify objectives which may be common to community groups and IMCI,

determine the inputs required from the health system to initiate and sustain community support to families, define specific activities to strengthen community support, and document and evaluate the results.

### ***Using information to improve home care***

CAH is currently developing a guide to assist countries in using information on family practices and beliefs to adapt home care messages and counselling cards. *Guidelines on use of information for developing messages* will describe the process for identifying and selecting priority health messages, and for developing implementation plans to deliver them. The guidelines will help programmes use information from the results of the WHO *Focused Ethnographic Studies*, household surveys, health facility surveys, surveys of knowledge, attitudes, and practices, media studies, and other community studies. ■

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