

CHILD HEALTH IN THE COMMUNITY REFERENCE DOCUMENT

WHO

# reference document



**FOR FURTHER INFORMATION PLEASE CONTACT:**

Department of Child and Adolescent Health and Development (CAH)  
World Health Organization  
20 Avenue Appia, 1211 Geneva 27, Switzerland  
Tel +41-22 791 3281 • Fax +41-22 791 4853  
E-mail [cah@who.int](mailto:cah@who.int)  
Website <http://www.who.int/child-adolescent-health>

ISBN 92 4 159195 1



## Child health in the community

“Community IMCI”

BRIEFING PACKAGE  
FOR FACILITATORS



WORLD HEALTH  
ORGANIZATION



# Child health in the community

“Community IMCI”

## **BRIEFING PACKAGE FOR FACILITATORS**



WORLD HEALTH  
ORGANIZATION



reference document

## WHO Library Cataloguing-in-Publication Data

Child health in the community : community IMCI : briefing package for facilitators.

3 v. (various pagings)

Contents: vol. 1. Reference document – vol. 2. Case studies – vol. 3. Training guide.

1.Child health services – organization and administration. 2.Delivery of health care, Integrated – organization and administration 3.Health plan implementation – methods 4.Community health planning 5.Family health 9.Teaching materials I.Interagency Working Group on Household and Community IMCI II.Title: Community IMCI : briefing package for facilitators.

ISBN 92 4 159195 1 v.1

(NLM classification: WF 300)

92 4 159197 8 v.2

92 4 159198 6 v.3

## ***Acknowledgements***

This package of three related documents was developed by a sub-group of the Interagency Working Group on Household and Community IMCI. The group would like to express its appreciation for the technical and financial inputs provided by agencies and partners, including the United States Agency for International Development Global Health Bureau, and the BASICS and SARA projects.

## **© World Health Organization 2004**

All rights reserved. Publications of the World Health Organization can be obtained from Marketing and Dissemination, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel: +41 22 791 2476; fax: +41 22 791 4857; email: [bookorders@who.int](mailto:bookorders@who.int)). Requests for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – should be addressed to Publications, at the above address (fax: +41 22 791 4806; email: [permissions@who.int](mailto:permissions@who.int)).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

The World Health Organization does not warrant that the information contained in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use.

Cover photos: front CD2-PSD; back WHO/J.Gorstein

Designed by minimum graphics

Printed in France

# Contents

Abbreviations	v
<b>Introduction</b>	1
Integrated Management of Childhood Illness (IMCI)	1
Briefing Package for “Community IMCI” (C-IMCI)	3
<b>Chapter 1. Understanding C-IMCI</b>	6
Key family practices	6
General principles of C-IMCI	8
Frameworks for C-IMCI	8
Critical issues to consider in planning C-IMCI	10
<b>Chapter 2. C-IMCI planning for implementation at the national level</b>	13
Collecting preliminary information	13
Stage I. Working group for C-IMCI	16
Stage II. Situation analysis	19
Stage III. Strategic plan development	24
Stage IV. Strategic plan adoption	26
Stage V. Operational plan development	28
Country experience	29
<b>Chapter 3. C-IMCI planning for implementation at the intermediary level</b>	30
<b>Chapter 4. C-IMCI planning for implementation at the district level</b>	31
Stage I. Working group for C-IMCI	35
Stage II. Situation analysis	38
Stage III. Strategic plan development	43
Stage IV. Operational plan	46
Country experiences	47
<b>Chapter 5. C-IMCI planning for implementation at the community level</b>	49
Stage I. Community orientation	53
Stage II. Coordinating committee	55
Stage III. Community resource people	58
Stage IV. Triple A	60
Stage V. Action plan including monitoring	65
Country experiences	66

<b>Annexes</b>	69
Annex A. Key family practices	71
Annex B. C-IMCI planning at the national level: Preliminary information needed	72
Annex C. Composition of the national C-IMCI working group	73
Annex D. Overview of a situation analysis	74
Annex E. Questions to complete a situation analysis: Organization and management of community-based interventions for child health	75
Annex F. Questions to consider when completing a situation analysis: Review of community-based interventions for child health	77
Annex G. Sample situation analysis data summary sheet	79
Annex H. Guidelines for convening a stakeholders' workshop	80
Annex I. Guidelines for organizing a C-IMCI orientation, situation analysis results dissemination and planning workshop	82
Annex J. Strategy development worksheet	86
Annex K. Table for prioritizing interventions	88
Annex L. Community IMCI national strategic plan outline	89
Annex M. Example of a template for a plan of action	90
Annex N. Trials of Improved Practices (TIPs)	91
Annex O. Examples of tools for participatory planning at the community level	94
Annex P. Gap analysis worksheet	96
Annex Q. Community diagnosis	97
Annex R. Monitoring and evaluation indicators	98

# Abbreviations

AFRO	WHO Regional Office for Africa
AIDS	acquired immunodeficiency syndrome
AIN	Atención Integral a la Niñez
ARI	acute respiratory infections
BASICS II	Basic Support for Institutionalizing Child Survival
BCC	behaviour change communication
CBMIS	Community-based Management Information System
CBO	community-based organization
CBA	community-based activities
CCD	community capacity development
CORE	Child Survival Collaborations and Resources
CORPS	Community resource persons
C-IMCI	Community Integrated Management of Childhood Illness
CRC	Convention on the Rights of the Child
DHT	district health team
EPI	Expanded Programme on Immunization
HIV	human immunodeficiency virus
ITN	insecticide-treated bednet
IAWG	Interagency Working Group
IEC	information/education/communication
NGO	nongovernmental organization
IMCI	Integrated Management of Childhood Illness
KAP	knowledge, attitude and practice
MOH	ministry of health
ORS	oral rehydration salts
PLA	Participatory Learning and Action
PMTCT	prevention of mother-to-child transmission
PRA	Participatory Rural Appraisal
PVO	private voluntary organization
TIPs	Trials of Improved Practices
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VIPP	visualization in participatory programmes
VPD	vaccine-preventable diseases
WPRO	WHO Regional Office for the Western Pacific



# Introduction

## **Integrated Management of Childhood Illness (IMCI)**

Children under five years of age bear a disproportionate share of the global burden of disease. While major gains have been made in reducing childhood mortality during previous decades, stagnation or even reversals of trends have been observed recently in many countries. Most of the nearly 11 million child deaths each year are concentrated in the world's poorest countries in sub-Saharan Africa and South Asia. Diarrhoea, pneumonia, and neonatal conditions are the most prevalent causes of childhood mortality worldwide, with malaria and HIV infections contributing in many areas. Malnutrition is associated with 54% of all child deaths, and measles remains a major cause of death.

In response to this challenge, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) developed Integrated Management of Childhood Illness (IMCI).

IMCI is a broad strategy designed to reduce childhood mortality, morbidity and disability in developing countries, and to contribute to improved growth and development of children under five years of age. It encompasses improving: case management skills of health providers, the health system, and family and community practices.

The IMCI strategy sets priorities to address the problems that have the greatest impact on child survival, growth and development. Such problems include:

- malnutrition;
- micronutrient deficiency;
- HIV/AIDS, which is an underlying cause of mortality in up to 30% of cases;
- acute respiratory infections, which cause over 2 million child deaths per year;
- diarrhoea, which causes 1.2 million child deaths per year;

预览已结束，完整报告链接和二维码

<https://www.yunbaogao.cn/report/index/report?re>