IMCI INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

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Improving family and community practices

A component of the IMCI strategy

DIVISION OF CHILD HEALTH
AND DEVELOPMENT

WORLD HEALTH ORGANIZATION

unicef

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Introduction

Success in reducing childhood mortality requires more than the availability of adequate health services with well-trained personnel. As families have the major responsibility for caring for their children, success requires a partnership between health workers and families, with support from their communities.

Health workers need to work with families and their communities to ensure that families can provide adequate home care to support the healthy growth and development of their children. Families also need to be able to respond appropriately when their children are sick, seeking appropriate and timely assistance when children need additional care and giving recommended treatments.

Improving family and community practices is one of the three components of the Integrated Management of Childhood Illness (IMCI) strategy, promoted by the WHO Division of Child Health and Development (CHD) and UNICEF. This component aims to initiate, reinforce and sustain family practices that are important for child survival, growth and development. The other components of the IMCI strategy – for the improvement of health systems and health worker skills – also have elements to support the efforts of families to care for their children.

Priority problems and practices affecting child survival

The IMCI strategy sets priorities to address the problems that have the greatest impact on child health. A substantial body of evidence identifies the benefits of specific family practices in the child's survival.

- Malnutrition is associated with more than 50% of all child deaths. Although lack of family resources may be a factor, in most places malnutrition is caused by *feeding practices* that could be improved using existing resources. Improving *breastfeeding* alone could reduce the number of child deaths by more than 10%.

- Improved *complementary feeding* could prevent more than 10% of deaths from diarrhoea and acute respiratory infections, in particular pneumonia. It could also reduce the prevalence of malnutrition by over 20%, and increase resistance to measles and other illnesses.
- In areas of vitamin A deficiency, child mortality could be reduced by over 20% by improving the intake of *vitamin A* through diet or supplementation.
- Most of the 800 000 measles deaths each year could be prevented if all children received *measles immunization* before the age of one year.
- Malaria causes over 600 000 child deaths every year. If children in malaria endemic areas slept under *bednets that have been treated with insecticide*, child deaths due to malaria could be reduced by as much as 35%.
- Acute respiratory infections (ARI) cause over 2 million child deaths annually. *Timely and appropriate careseeking*, combined with adequate treatment, could reduce ARI mortality by over 20%.
- Nearly all the 1.2 million child deaths each year caused by acute watery diarrhoea could be prevented by *correct home care* for diarrhoea. This means giving increased fluids, continuing feeding, seeking appropriate medical attention when needed, and following treatment recommendations. Improved *hygiene practices*, including safe disposal of excreta and handwashing, can reduce the incidence of diarrhoea by more than 10%.

The key family practices

The evidence suggests that, to improve child survival, growth and development, families should:

- Breastfeed infants exclusively for at least four months and, if possible, up to six months. (Mothers found to be HIV positive require counselling about possible alternatives to breastfeeding.)
- Starting at about six months of age, feed children freshly prepared energy and nutrient rich complementary foods, while continuing to breastfeed up to two years or longer.
- Ensure that children receive adequate amounts of micronutrients (vitamin A and iron, in particular), either in their diet or through supplementation.

- Dispose of faeces, including children's faeces, safely; and wash hands after defecation, before preparing meals, and before feeding children.
- Take children as scheduled to complete a full course of immunizations (BCG, DPT, OPV, and measles) before their first birthday.
- Protect children in malaria-endemic areas, by ensuring that they sleep under insecticide-treated bednets.
- Promote mental and social development by responding to a child's needs for care, and through talking, playing, and providing a stimulating environment.
- Continue to feed and offer more fluids, including breastmilk, to children when they are sick.
- Give sick children appropriate home treatment for infections.
- Recognise when sick children need treatment outside the home and seek care from appropriate providers.
- Follow the health worker's advice about treatment, follow-up and referral.

To provide this care, families need *knowledge, skills, motivation* and *support*. They need to know what to do in specific circumstances and as the child grows and develops. They need skills to provide appropriate care and to solve problems. They need to be motivated to try and to sustain new practices. They need social and material support from the community. And finally, families need support from the health system, in the form of accessible clinics and responsive services, and health workers able to give effective advice, drugs and more complex treatments when necessary.

IMCI interventions to support improved family and community practices

IMCI promotes interventions at three levels – health system, health facility, and community.

- IMCI promotes changes in the **health system** to make it easier for families to care for their children. Such changes include making drugs available at free or low cost, and in formulations for children. Families need access to health workers who can treat children and communicate effectively with families. Counselling aids need to be available that are adapted to local cultures and help the workers understand the conditions that affect the ability of families to care for their children.

- IMCI promotes improvements at **first-level health facilities** by providing guidelines for managing important child health problems and training health workers to use the guidelines effectively. Training enables health workers to recognise and treat childhood illness correctly, to help the family understand and do what needs to be done, and to solve specific problems particularly around feeding at home and referral of the severely ill child to hospital.
- IMCI promotes actions within the **community** to support key family practices. Such actions could include working with communities to improve nutrition and child development, through breastfeeding support groups or child feeding centres; and using opportunities such as community events to educate families and reach sick children. A community feeding programme, for example, could be encouraged to use locally adapted IMCI counselling cards to assist mothers in selecting and preparing food for their children, and to identify when to take children for health care. An IMCI-trained health worker could reach out to breastfeeding support groups, providing them with the latest information and assisting mothers experiencing difficulties with breastfeeding. The health worker could also involve school teachers and others working in the community in finding ways to provide follow-up for malnourished or undernourished children. Community groups can help prevent illness by making insecticide-treated bednets accessible to families and maintaining a clean environment. They can be encouraged to support families with children needing urgent care, through loans, transport, or assistance with looking after the children who remain at home.

Interventions at each level need to focus on the most significant child health problems, to build on existing resources, and to be mutually reinforcing at each level. Although communities face different challenges, problems related to child nutrition and family responses to illness are likely to be present in most communities, especially for children at risk. The example in the table shows a menu of ways to build on existing community resources to improve the nutrition of children. It suggests ways these resources may be reinforced and strengthened by the health worker and others.

resources to promote improved nutrition

ource exists ve	Where the resource exists but needs strengthening	Where no resource exists but a need has been identified
t with group to identify how ld be referred to support group er) ingness of group to start a second ssist this effort (*health worker*) eriodically to assist with g difficulties and identify needs for lth worker, breastfeeding counsellor*) contact between health facility and and identify capacity for participants nd refer children who are sick, isk, etc. (*health worker*)	• Make contact with group and offer periodic assistance with breastfeeding counselling (*health worker, breastfeeding counsellor*) • Identify what needs to be strengthened, e.g. frequency of gatherings, inclusion of young mothers with guidance of more experienced mothers, support for exclusive breastfeeding of young infants, information on when and how to introduce complementary feeding, availability of help with difficulties (*health worker, breastfeeding counsellor*) • As programme improves, continue tasks under **Where the resource exists and is effective**	• Identify NGOs, existing mothers support groups, interested grandmother or others who could help gather a mother's support group (*health worker, breastfeeding counsellor*) • Start a group with mothers of young infants who come to health facility (*health worker*) • Assist in planning, identifying appropriate site for group in community, and identify organizing mother, etc. (*health worker*) • As programme improves, continue the tasks under **Where the resource exists but needs strengthening**
her's counselling card with focus on mmendations and common problems health worker or volunteers at ramme to use card (*health worker*) gramme posters or other materials to ssages (*health worker*) monitor the quality and needs of the *health worker*) o the activity who could help sustain or the quality of activities (*e.g.* *r with agriculture extension worker,* *ol teacher*) contact between health facility and and identify capacity for participants nd refer children who are sick, isk, etc. (*health worker*)	• Simplify mother's counselling card with focus on feeding recommendations and common problems (*central*) • Identify person who could provide counselling, and identify opportunities during food distribution times when mothers could be counselled individually, reinforced by periodic small group sessions (*health worker*) • Promote the demonstration of the preparation of the food using local food resources, and the participation of mothers • Continue to monitor the quality and needs of the programme (*health worker*) • Link others to the activity who could strengthen it and monitor the quality of activities (*e.g. agriculture extension worker, primary school teacher, village health committee*) • As programme improves, continue tasks under **Where the resource exists and is effective**	• Identify NGOs and others who have feeding programmes and could set up programme (*central, health worker*) • Train the group leaders and provide them with adequate information (*central, health worker*) • Simplify mother's counselling card with focus on feeding recommendations and common problems (*central*) • Provide counselling cards for feeding and train village health worker or volunteers to use card (*health worker*) • Assist in planning, identifying village health worker or others to provide service until programme is running (*health worker*) • As programme improves, continue the tasks under **Where the resource exists but needs strengthening**