The sick young infant using IMCI approach - Kenyan experience
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IMCI strategy

• In 1995 WHO and UNICEF developed a strategy known as Integrated Management of Childhood Illness (IMCI) as an integrated approach to the well-being of the whole child to:-
  - Reduce death, illness and disability, and
  - Promote improved growth and development.

• Kenya adopted the IMCI strategy in 2000 and started its implementation
Components of MCI strategy

• Improvement of the skills of health workers to promote:
  – Holistic assessment of sick children
  – Rapid referral of severely ill children
  – Rational use of medicines
  – Effective communication

• Improvement of the health care delivery systems
  - Health systems are strengthened by ensuring that facilities have appropriate drugs and equipment, and that health workers receive good supervision

• Improvement of Family and Community practices with regard to child health:
  - Improve household and community response to childhood illness
  - Improve appropriate and timely care seeking behavior
The IMCI assessment approach to a sick young infant (Age 0 upto 2 months)

- Determine whether this is an initial or follow-up visit for the presenting problems
- Check for very severe disease
- Check for jaundice
- Check for eyes infections.
- Ask about diarrhoea.
- Check for HIV exposure and infection.
- Check for feeding problem or low weight or low birth weight. This includes assessing breastfeeding.
- Check the young infant's immunization status
- Assess for care for development
The IMCI assessment approach to a sick young infant (Age 0 upto 2months)

• Check for special treatment needs.
• Resuscitate the young infant
• Keep the young infant warm
• Treat the young infant
  - Give treatment in the health facility
  - Teach mother to give treatment at home
• Counsel the mother
  - correct positioning and attachment for breast for breastfeeding
• Give follow up care for the sick young infant
IMCI is well institutionalized

- IMCI is well integrated within the health system in Kenya
  - in-service
  - pre service
- IMCI is practiced both in private and public sector
- IMCI guidelines have continuously been incorporated with new changes in interventions such as immunization, malaria, nutrition, and HIV/AIDS.
- Under-5 pre-referral drugs have been made available at dispensary level.
Danger Signs Assessed During Observed Sick Child Consultations (2010 KSPA)

- Inability to eat or drink anything: 49%
- Vomiting everything: 56%
- Convulsions: 19%
- All general danger signs: 13%

Percentage of observed sick children
Availability of Pre-referral Injectable Medicines (2010 KSPA)

- Inability to eat or drink anything: 49%
- Vomiting everything: 56%
- Convulsions: 19%
- All general danger signs: 13%

Percentage of facilities offering sick child services
Essential Advice Provided to Caretakers of Observed Sick Children (KPSA 2010)

- Increase fluids: 26
- Continue/increase feeding: 39
- Symptoms for which child must be brought back: 36
- All advice: 14
Childhood Illnesses

Among children under 5 with symptoms of acute respiratory infection (ARI), fever, or diarrhoea, percent whom advice or treatment was sought from a health facility or provider0214 KDHS)
CHALLENGES IN IMPLEMENTATION OF IMCI

• Low coverage of health workers trained on IMCI
• Inappropriate facility lay-out
• Negative attitudes of some health workers on IMCI
• Lack of job aids.
• Problems in monitoring health worker adherence
• Frequent drug stock-outs
• Shift in international priorities
Recommendations which have been made for improving IMCI implementation

• Build support and secure resources for the strategy
• Scale up in-service training coverage
• Scale up pre-service training coverage
• Address facility-level implementation challenges
• Radically improve IMCI supervision
Achievements to which has made contribution
Trends in Childhood Mortality

Deaths per 1,000 live births for the five-year period before the survey

*Data before 2003 exclude North Eastern region and several northern districts in Eastern and Rift Valley regions.
Trends in Neonatal Mortality

Deaths per 1,000 live births for the five-year period before the survey

*Data before 2003 exclude North Eastern region and several northern districts in Eastern and Rift Valley regions.
Breastfeeding Status Under 6 Months (2014 KDHS)

- Exclusively breastfed: 61%
- Breast milk plus complementary foods: 15%
- Breast milk plus water, other milk, or other non-milk liquids: 23%
- Not breastfed: 1%
THANK YOU