

PN ACID-615

Integrated Management of Childhood Illness (IMCI)
Complementary Course

PARTICIPANT'S MANUAL:

INTRODUCTION

Prepared by World Education for BASICS
(Basic Support For Institutionalizing Child Survival)
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LEADING CAUSES OF CHILD MORTALITY

- Acute Respiratory Infections (ARI) - mostly pneumonia
- Diarrhoea
- Malaria
- Measles
- Malnutrition

STEPS IN THE IMCI PROCESS DEFINITIONS

ASSESS LOOK at, LISTEN to, and FEEL a sick child to determine what the child's illness is. An important part of assessing a sick child is to ASK questions of the caretaker to gain information about the child's illness. ASSESS may also be referred to as "examine" or "screen" or "check"

CLASSIFY Using the information gathered during the ASSESSMENT of the sick child, the health worker determines the sick child's illness or type of illness. May also be referred to as "diagnose"

IDENTIFY TREATMENT Based on the sick child's CLASSIFICATION, the health worker consults the correct IMCI Chart and determines the proper treatment for the child

TREAT After the health worker has IDENTIFIED the proper TREATMENT for the sick child, s/he then TREATS the child appropriately. In all cases, the health worker explains the child's TREATMENT to the caretaker

COUNSEL In many cases, the caretaker will need to be COUNSELED as to how to carry out the TREATMENT for the child. This is particularly important if the treatment is to be carried out at home by the caretaker. The health worker must first find out the caretaker's understanding of how to give the treatment and praise the caretaker for those things she is doing correctly. The health worker also corrects those things that the caretaker is not doing properly. The caretaker must also be COUNSELED about good feeding practices, immunizations, and other messages that will help the sick child get well and stay well

FOLLOW UP It is very important that the caretaker know when s/he needs to bring the child back to the clinic, and what the process is for making sure that the child's health is improving. May also be referred to as "review"

STATEMENTS ABOUT COUNSELING

Tick (✓) the box that describes how much you agree with each statement

Statements about Counseling	agree strongly	agree somewhat	disagree somewhat	disagree strongly
1 The mother knows best what can be done to help her child				
2 Most health care takes place in the home				
3 The caretaker is the link to successful care of the sick child				
4 Counseling means selecting a message based on the condition of the child and the situation in the home				

IMCI Statements about Counseling

IMCI encourages health workers to counsel caretakers in a way that shows that they agree with each statement about counseling

Statements about Counseling	agree strongly	Why IMCI agrees strongly with the Statements about Counseling
1 The mother knows best what can be done to help her child	✓	1 The mother, or caretaker, often knows the most about the child, for example, how the appearance or the behavior of the child may have changed S/he also knows what resources are available at home to care for the child
2 Most health care takes place in the home	✓	2 Studies show that most health care takes place in the home, and it is the caretaker, not the health worker, who provides that care
3 The caretaker is the link to successful care of the sick child	✓	3 The health worker and caretaker form a partnership, working together to manage the child's illness
4 Counseling means selecting a message based on the condition of the child and the situation in the home	✓	4 The health worker needs to understand the child's condition before making a decision about how to treat the child Health workers also need to understand the situation at the child's home so that he or she can adapt the child's treatment to that situation

USE GOOD COMMUNICATION SKILLS

When working with caretakers, it is important to use the following skills

ASK and LISTEN

To understand the child's problems and to find out what the caretaker is already doing for her child. Then you will know what she is doing well, and what practices need to be changed.

PRAISE

To build trust and to reassure the caretaker. It is likely that the caretaker is doing something helpful for the child, for example, breastfeeding. Praise the caretaker for something helpful she has done. Be sure that the praise is genuine, and only praise actions that are helpful to the child.

ADVISE

Limit your advice to what the caretaker needs to know at this time. Use language that the caretaker will understand. If possible, use pictures or real objects to help explain. For example, show amounts of fluid in a cup or container.

Advise against any harmful practices that the caretaker may have used. When correcting a harmful practice, be clear, but also be careful not to make the caretaker feel guilty or incompetent. Explain why the practice is harmful.

CHECK UNDERSTANDING

To ensure that the caretaker can carry out the treatment plan, ask questions to find out what the mother understands and what needs further explanation. Avoid asking leading questions (that is, questions which suggest the right answer) and questions that can be answered with a simple yes or no.

Good checking questions often begin with, "How," "Why," "When," "Where," or "What."

Examples of good checking questions are "How will you treat your child when you are home?" "How often will you give them?" If you get an unclear response, ask another checking question. Praise the caretaker for correct understanding or clarify your advice as necessary.

EXAMPLES OF GOOD COMMUNICATIONS SKILLS

	A caretaker comes to you with a child who has a fever
What would you ASK the caretaker? How would you LISTEN to the caretaker?	
What would you say to PRAISE the caretaker?	
How would you ADVISE the caretaker?	
What would you say to CHECK the caretaker's UNDERSTANDING?	

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS **DEFINITION**

Integrated Management of Childhood Illness (IMCI) is a process that allows health workers the opportunity to manage the sick child for the illnesses that are most likely to cause death in children under the age of 5 years. It does not focus on only one problem. It also promotes key preventive measures.

ADVANTAGES OF IMCI

- **NOT AN ENTIRELY NEW PROCESS**
 - ▶ IMCI builds on what health workers already know and do
- **STEP BY STEP PROCESS**
 - ▶ It helps health workers look at the entire child so that major signs and symptoms of illness are not overlooked
 - ▶ Health workers examine the child from “head to toe” and they ask the caretaker questions about the child’s illness. The health worker does not depend only on what the caretaker says about the child, but also on his/her observations of the sick child and information on the under five card
 - ▶ Once a health worker learns the process, it is easily followed for all sick children from 1 week up to 5 years
- **URGENT REFERRAL PROCEDURE IS CLEAR**
 - ▶ The IMCI process helps health workers identify serious conditions that need to be referred urgently
- **GIVES HEALTH WORKERS USEFUL TOOLS**
 - ▶ The IMCI Wall Charts, Chart Booklet, Recording Forms, Mother’s Card are examples of tools that health workers can use in their clinics
 - ▶ IMCI uses two sets of guidelines: one for the young infant and one for children 2 months up to 5 years
- **MORE EFFICIENT AND EFFECTIVE USE OF DRUGS**
 - ▶ The IMCI process helps health workers make better, more effective use of precious drugs

ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS TO 5 YEARS

With what age group do you use this Chart?

When a caretaker brings a child to a clinic because the child is sick, the health worker needs to know the age of the child in order to select the correct chart and to begin the ASSESS process. Once the health worker knows the child's age, s/he must decide which age group the child is in.

- Age 1 week up to 2 months

or

- Age 2 months up to 5 years

"Up to 5 years" means the child has not yet had his fifth birthday. A child who is 4 years and 11 months is in this age group. A child who is 2 months old would be in the group 2 months up to 5 years, not in the group 1 week up to 2 months.

If the sick child is between 2 months and 5 years, the health worker selects the **ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Chart**.
If the child is between 1 week and 2 months of age, the health worker uses the **ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT Wall Chart**.

ASK, LOOK, LISTEN, FEEL, READ

In Integrated Management of Childhood Illness (IMCI), there are several ways to get information about a child's illness. The most important are

- ASKING questions of the caretaker or mother,
- LOOKING at, LISTENING to, and FEELING the child,
- Perhaps READING patient records. This generally includes the child's weight, temperature, and reason for clinic visit.

When a Sick Child First Arrives

When a sick child arrives at most clinics, clinic staff identify the reason for the child's visit. Clinic staff obtain the child's weight and temperature and record them on a patient card, another written record, or on a small piece of paper. Then the caretaker and child see a health worker.

Look to see if the child's weight and temperature have been measured and recorded. If not, weigh the child and measure his temperature later when you assess and classify the child's main symptoms. Do not disturb the child now.

Determine If This Is An Initial or Follow-Up Visit For This Problem

If this is the child's first visit for this episode of an illness or problem, then this is an **initial** visit

If the child was seen a few days ago for the same illness, this is a **follow-up** visit

A follow-up visit has a different purpose than an initial visit. During a follow-up visit, the health worker finds out if the treatment he gave during the initial visit has helped the child. If the child is not improving or is getting worse after a few days, the health worker changes the child's treatment or refers the child to a hospital.

To find out if this is an initial or follow-up visit depends on how your clinic registers patients and identifies the reason for their visit. Some clinics give mothers follow-up slips that tell them when to return. In other clinics the health worker writes a follow-up note on the multi-visit card. Or, when the patient registers, clinic staff ask the mother questions to find out why she has come.

WRITTEN EXERCISE
IMCI Chart Booklet

Refer to pages 2-7 of your *IMCI Chart Booklet* to complete the following questions

1 What is the name of the first chart in the *Chart Booklet*?

2 What are the four MAIN SYMPTOMS on that chart?

3 What should you check for after you ask about the four MAIN SYMPTOMS?

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Child's Name _____ Age _____ Weight _____ kg Temperature _____ °C

ASK What are the child's problems? _____ Initial Visit? ___ Follow-up-visit? ___

ASSESS (Circle all signs present)

CLASSIFY