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MEMORANDUM OF THE HONOURABLE COMMISSIONER FOR HEALTH, KOGI STATE ON THE INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMCI) IN KOGI STATE.

Purpose

The purpose of this memorandum is to inform Council on the Integrated Management of Childhood Illness (IMCI) strategy in Kogi State and to seek Council's approval for all States of the Federation and the FCT to adopt the IMCI strategy as the main thrust of her child survival program to reduce the frequency and severity of childhood illnesses and reduce child mortality.

Background / Introduction

The Integrated Management of Childhood Illness (IMCI) strategy was launched in 1995 by the World health Organization (WHO) and United Nations Children's Fund (UNICEF) as a key strategy for improving child survival. IMCI has already been introduced in more than 75 countries around the world, including Nigeria.

According to UNICEF, *every single day, Nigeria loses about 2,300 under-five year olds. This makes the country the second largest contributor to the under-five (U5) mortality rate in the world.* To address this concern of the burden of U5 mortality in the country, **Nigeria National Council on Health** in 1997 ratified the implementation of the IMCI strategy as the main thrust of the nation's child survival strategy. The IMCI strategy aims to reduce under-five (U5) mortality and morbidity in developing countries by combining improved management of common childhood illnesses with proper nutrition and immunization. About 70% of these death are due to one or a combination of major childhood killer diseases - Malaria, acute respiratory infections especially pneumonia, diarrhea, measles, malnutrition, HIV/AIDs and neonatal conditions - addressed by the Integrated Management of Childhood Illness (IMCI) strategy.

Content

Sick children in the developing world often suffer from more than one disease condition, making the traditional disease-specific approach to illness less effective. The IMCI strategy has numerous advantages, as it provides the means of detecting more than one problem in a child during the same consultation and managing those problems through an integrated approach. In the health facilities, it promotes the accurate identification of childhood illnesses in outpatient settings, ensures appropriate combined treatment of all major illnesses, strengthens the counseling of caregivers, promotes rational use of drugs, and speeds up the referral of severely ill children. In the home setting, it promotes appropriate care seeking behaviours, improved nutrition and preventative care, and appropriate home care based on prescription in health facilities. The strategy also focuses on the health of the mother, thus establishing a child care-maternal care linkage, as well as increase opportunity for immunization by screening for immunization status of all sick children seen. This represents one of the added values of IMCI to existing national immunization programme (NPI) activities.

The results of WHO Multi-Country Evaluation of the impact, cost and effectiveness of the IMCI strategy in Brazil, Bangladesh, Peru, Uganda and the United Republic of Tanzania indicate that:

- IMCI improves health worker performance and their quality of care
- IMCI can reduce U5 mortality and improve nutritional status, if well implemented.
- IMCI is worth the investment, as it costs up to six times less per child correctly managed than current care;
- Child survival programmes require more attention to activities that improve family and community behaviour;

- A significant reduction in under-five mortality will not be attained unless large-scale intervention coverage is achieved.

OBSERVATION

The Maternal and Child Survival Program (MCSP) currently supports implementation of the IMCI strategy in six local government areas in Kogi State. The LGAs are Idah, Dekina, Lokoja, Ijumu, Okene, and Okehi. MCSP has supported the training of 110 PHC workers in 55 public PHC facilities on IMCI / PSBI as part of its mandate to improve the quality of facility-based child health services in the state. However, this training figure represents about 10% of the total number of Community Health Extension Workers/Community Health Workers in the 1072 public PHC facilities in Kogi state. It is recommended that at least 60% of all clinical staff in PHCs be trained to achieve a critical mass for effective coverage of IMCI interventions.

Prayers:

Council is invited to note that:

1. IMCI strategy is a proven intervention which reduces U5 morbidity and mortality.
2. the coverage of IMCI intervention in Kogi State is still low despite donor support.

Council is further invited to approve that:

All States of the Federation and the FCT adopt the IMCI strategy as the main thrust of her child survival program to reduce the frequency and severity of childhood illnesses and reduce child mortality.

Honourable Commissioner for Health, Kogi State

June, 2018