



الكلية : الطب

القسم او الفرع : طب الاسرة والمجتمع

المرحلة: الرابعة

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اسم المادة باللغة العربية : صحة الطفل

اسم المادة باللغة الإنكليزية: **Integrated Management of Child Health (IMNCH)**

اسم المحاضرة الثانية باللغة العربية: الادارة المتكاملة لصحة الطفل وحديثي الولادة

اسم المحاضرة الثانية باللغة الإنكليزية: **Child Growth**

Integrated Management of Neonates and Child Health (IMNCH):

Definition:

The Integrated Management of Neonates and Child Health (IMNCH) is a comprehensive approach to child health developed by **WHO and UNICEF**, aiming to improve the health and survival of children under five. Focuses on both **preventive and curative** care, addressing child health in a **holistic manner**. Aiming to reduce **childhood mortality, illness, and disability**, while promoting **growth and development**.

Magnitude of the Problem: Each year, millions of children die before the age of five, over **90%** of these deaths occur in **developing countries**, the majority of deaths (about **two-thirds**) are **preventable**.

History and Development

1995: IMNCH (initially named **IMCI - Integrated Management of Childhood Illness**) launched globally.

Synonyms: IMCI, IMNCI (Integrated Management of Neonatal and Childhood Illnesses), some countries include **MATERNAL** health as well

In Iraq: Adopted in **1998** by Ministry of Health. Implementation began in **2002**. Expanded in **2006** to cover **all governorates in 2012**.

Objectives of IMNCH

1. Reduce **mortality and morbidity** among children aged 1 week to 5 years.
2. Promote **growth and development**.
3. Ensure **universal vaccination**.
4. Encourage **exclusive breastfeeding**.
5. Strengthen **referral systems** between health centers and hospitals.
6. Empower communities and train mothers in **home care** of childhood diseases.

Components of the IMNCH Strategy

1. **Improving Case Management Skills:** Train healthcare workers in early diagnosis and treatment.
2. **Improving Health Systems:** Strengthen logistics, referral systems, and monitoring.

3. **Improving Family and Community Practices:** Educate caregivers and promote healthy behaviors at home.

Steps of IMNCH Implementation

1. **Assessment** of child illness.
2. **Classification** based on observed signs.
3. **Identification** of appropriate treatment.
4. **Treatment** administration.
5. **Counseling** the caregiver.
6. **Follow-up** care and monitoring.

Illnesses Addressed by IMNCH

Major Illnesses:

- Acute Respiratory Infections (ARI)
- Diarrhea
- Malaria
- Measles
- Malnutrition (including anemia and growth abnormalities)

Other Illnesses:

- Fever and convulsions
- Ear infections, sore throat
- Skin and eye infections
- Urinary tract infections
- Worm infestations
- Vitamin A deficiency (prophylaxis)

Key IMNCH-Related Concepts

Danger Signs:

Health worker must assess for:

1. Inability to feed
2. Vomiting everything
3. Lethargy or unconsciousness
4. Convulsions

Common Symptoms to Identify:

Difficulty breathing/cough, diarrhea, fever, and ear problems.

Outcomes and Impact

- **Under-Five Mortality Trends:**
 - 1990: **12.7 million deaths** (1 in 27 children)
 - 2015: **5.9 million deaths** (1 in 11)
 - 2019: **5.2 million deaths**
- **Cost-Effectiveness:**
IMNCH is **ten times more cost-effective** than traditional care.
- **Health System Improvement:**
Enhances performance and quality of care by healthcare providers.
- **Community Empowerment:**
Boosts caregiver knowledge and **home-based disease management**.

Challenges

- **Slow progress** toward **Millennium Development Goal 4** (Reduce U5M by two-thirds).
- **Resource limitations**, infrastructure gaps, and lack of trained staff in many LMICs.
- **Community engagement** remains inconsistent in certain areas.
- **Referral system:** general hospitals don't respond to PHCC cases with feedback nutrition.

Conclusion

- **IMNCH is a powerful tool** in combating childhood diseases and reducing preventable deaths.
- Success depends on **strong implementation, active referral system, community involvement, and ongoing support** for health systems.
- **Continued investment** is needed to bridge remaining gaps and achieve global child survival targets.

Suggested Discussion Questions

1. What are the barriers to effective IMNCH implementation in low-resource settings?
2. How can community health workers be better integrated into the IMNCH strategy?
3. What lessons can be drawn from countries with successful IMNCH programs?