

Integrated Management of Neonatal and Childhood Illnesses in India

During the 1990s, India experienced marked reduction in the under-five mortality and infant mortality rates. These trends were not been matched by declines in the rate of neonatal deaths. By 2000, neonatal deaths were around two thirds of all infant deaths in the country, and around 45 per cent of under-five deaths. Close to half of neonatal deaths occur in the first week of life. Many of these deaths could be averted if parents recognized warning signs, undertook appropriate feeding practices or had access to skilled health workers and facility-based care.

In 2000, the Government of India adapted the Integrated Management of Childhood Illness (IMCI) strategy to focus greater attention on neonatal care. The resulting approach, Integrated Management of Neonatal and Childhood Illnesses (IMNCI), modifies IMCI with specific actions taken to promote neonatal health and survival. Like IMCI, IMNCI supports three pillars for the effective delivery of essential services to neonates, infants and young children: strengthening health-system infrastructure, enhancing the skills of

health workers and promoting community participation – all with additional emphasis on neonatal health and survival.

In practice, IMNCI consists of three home visits in the first 10 days after birth to promote best practices for the young child; a special provision at the village level for follow-up of infants with low birthweights; reinforcement of messages through meetings of women's groups and establishing a linkage between the village and the home; and assessment of the child at local health facilities based on referral.

IMNCI is incorporated as part of the government's Reproductive and Child Health II programme, an integrated approach to women's health that aims to provide a continuum of care from birth until adulthood. The additional cost of adding the newborn component, mostly the home visits, is just US\$0.10 per child.

See References, page 106.