The role of parents and other primary health workers and caregivers on disease prevention by educating health systems, along with promoting sizes adapting curative solutions to offer treatment for, all major diseases, seeks to protect children from, and The integration of case management resources of each individual country and community. A nurse measures the blood pressure of a pregnant woman, Bangladesh.

Chapter 3, page 47. 

International Development (USAID) and the United Kingdom’s Department for International Development (DFID) – conducted multicountry evalua-

tions in the early 2000s. In 2004 and 2005, UNICEF also reviewed the community and family compo-
nent (C-IMCI). Although initial results were disappointing, mainly because of incomplete implementa-
tion of the three core IMCI com-
ponents, later results have demon-
strated some notable successes. According to studies, IMCI case management has enhanced the quality of health care delivered in first-level facilities, motivated health workers and managers, and improved health worker performance. And it has been implemented at costs equivalent to or lower than those of existing services.

Positive results for IMCI have been noted in several countries in sub- Saharan Africa. A study conducted in rural districts of the United Republic of Tanzania, for example, found that those districts implementing a health system-strengthening initiative and IMCI demonstrated a 13 per cent greater reduction in child mortality than control districts.

Survey results in Malawi, South Africa, the United Republic of Tanzania and Uganda indicated that wide-scale implementation of the C-IMCI strategy can result in sign-
ificant improvement in some of the key family practices, such as steps to improve nutrition and early survival, disease prevention, home care or care-
seeking for sick children, and provi-
sion of a supportive environment for child growth and development.

Successes such as these have led health policy experts to recommend the development of national policies based on country priorities, with clearly defined roles for IMCI and other child health interventions, and the need to critically analyse and address the system constraints.

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: strengthen-
ing 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 continua-
um 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.

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