

# IMCI Strategic Review Yemen

Debriefing Meeting  
6 June 2016



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# Objectives of the IMCI Strategic Review

1. Assess how widely and effectively IMNCl was implemented (1995-2015) and describe leadership, policy, program and systems characteristics of countries that successfully implemented it.
2. Review evidence on state of the art in caring for the sick child and options for new interventions, diagnostics, algorithms, treatments and communication tools.
3. Identify options for change at the national level: ways to increase access, utilization and coverage of services through better coordination, programme management, supervision, training, M&E and mobile communications.
4. Identify options for repositioning IMNCl in the global agenda: integration with routine newborn, infant and child health programs, links with other global initiatives, branding, and how to attract new investment.

# Methods

## Yemen country assessment:

- Desk review of national strategies, national surveys, previous reviews, administrative MOH reports and supervision reports.
- Key informant interviews (>20 experts interviewed, including policy makers, stakeholders, child health experts, IMCNI focal point, professional associations, health workers at regional facility levels in Sana'a and Dhamar Governorates)

## Background:

- Yemen has 23 governorates divided into 333 districts.
- 26 million population ( projection of 2004 census) in ~136,000 settlements.
- 74% of population live in rural areas.
- The under-5 year children represent 18.2% of the population.
- Under five mortality 53 per 1000 live births (DHS 2013)
- Only 60% of population has access to fixed health facilities with low utilization rates.

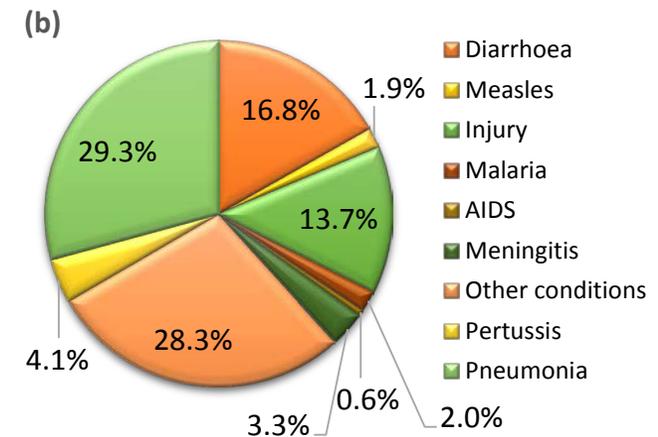
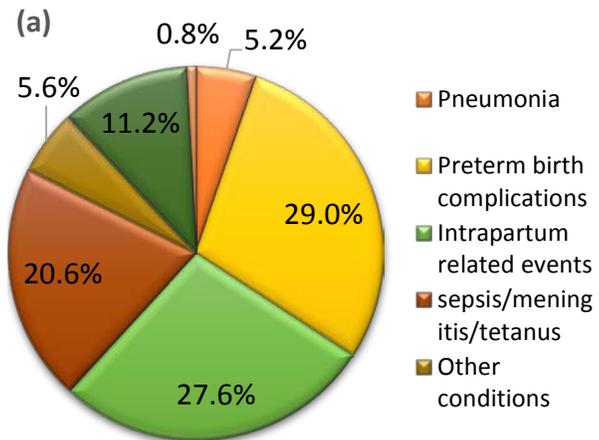
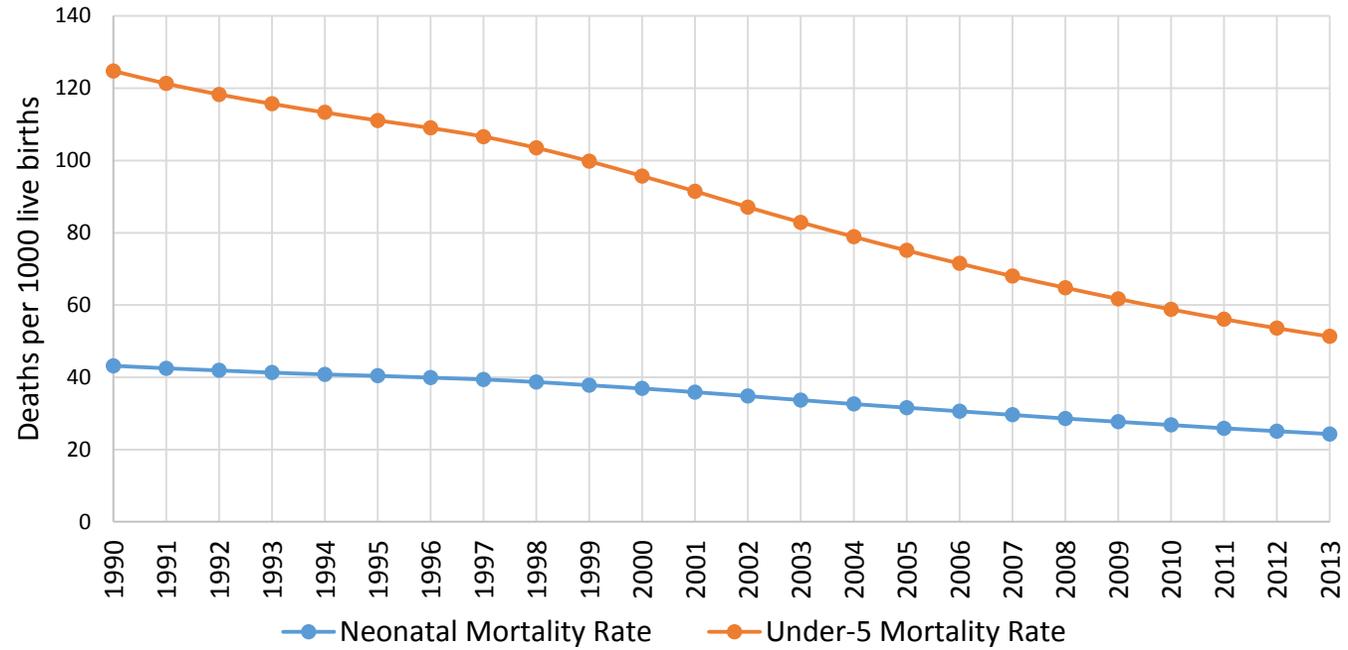
# Security situation

- Yemen continues to witness a protracted armed conflict since 2011 with a wide spread conflict in 2015 leading to mass displacement.
- Today, over 21.1 million people are in need of humanitarian assistance with a caseload that continues to increase with 2.7 million internal displaced persons (IDP)
- The complex nature of the conflict and the proliferation of sudden mass population movements continue to hinder humanitarian response.
- Access to health services in many districts was a major challenge due to insecurity.
- Since March 2015 Yemen has a severe shortage in fuel and medical supplies as a result of closure of ports.

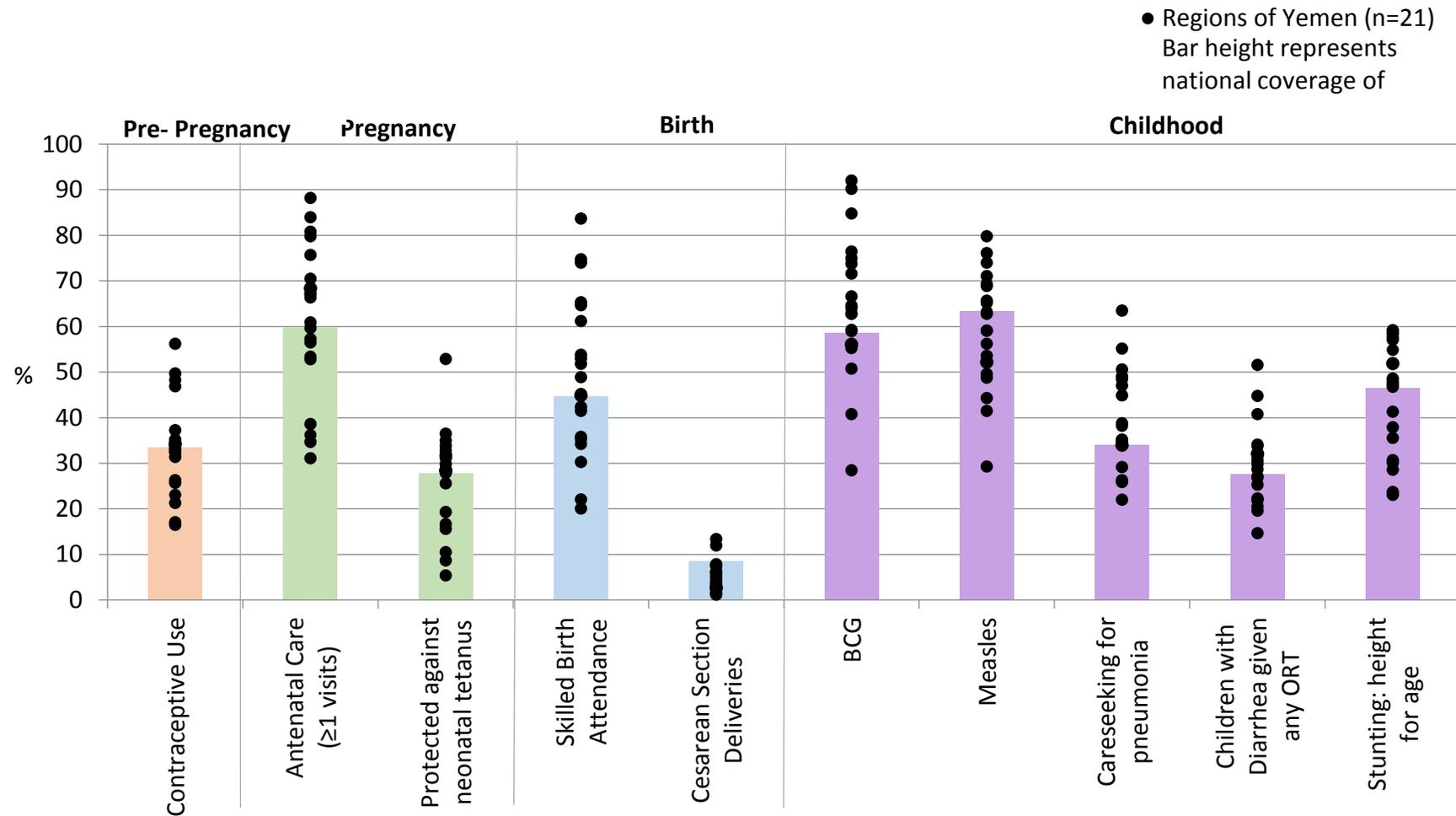
# Mortality and Causes

## Neonatal and Under-5 Mortality Rates

Source: UN IGME 2014



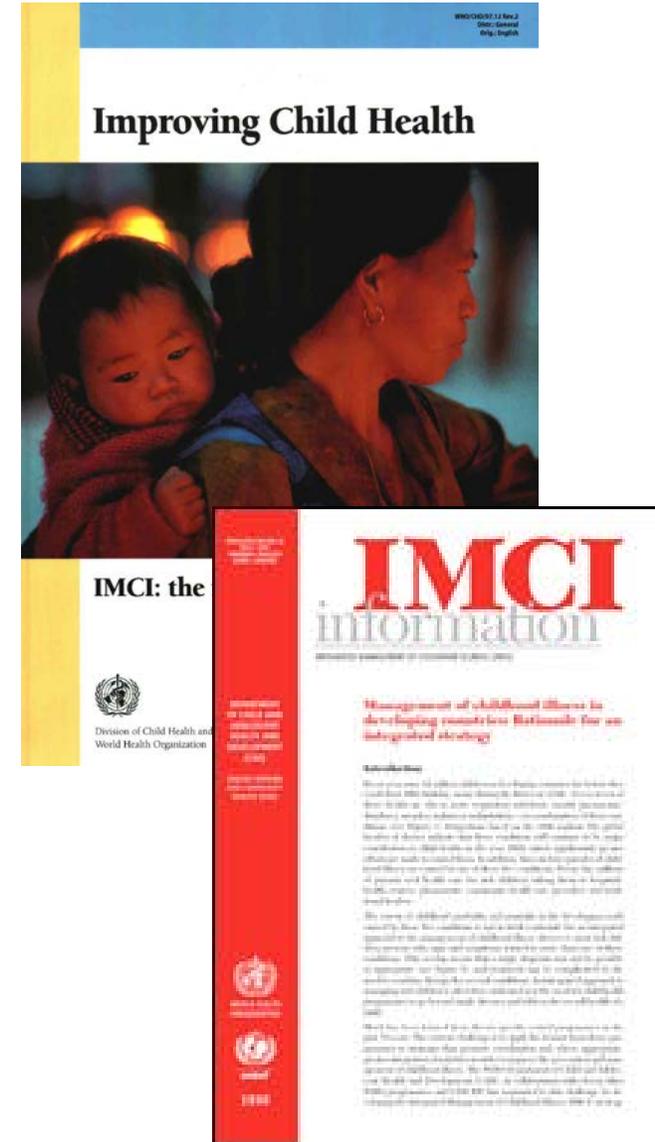
## Yemen: Coverage of Interventions Varies Across the Continuum of Care



Source: DHS 2013 (Preliminary Report)

# Findings: IMCI defined as ...

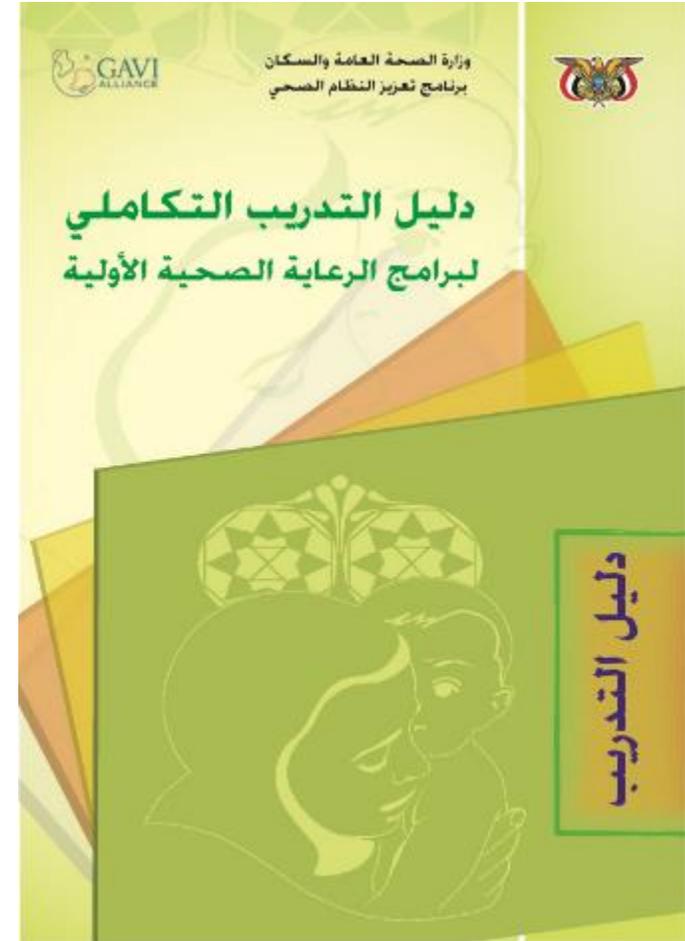
- Simple tool that contribute in decreasing U5 children mortality and morbidity
- Integrated management of child illness to improve health workers skills in management of U5 children.
- Effective, low cost strategy for improving child health.
- Primary health care strategy to reduce mortality among U5 children through improving health worker skills, enhanced health system and community participation.
- A strategy for the delivery of comprehensive Services.
- IMCI is an integrated approach to child health that focuses on the well-being of the whole child. IMCI aims to reduce death, illness and disability, and to promote improved growth and development among U5 children. It has three main components, improving health worker skills, support health system and improve family health practices.



# History of IMCI in Yemen

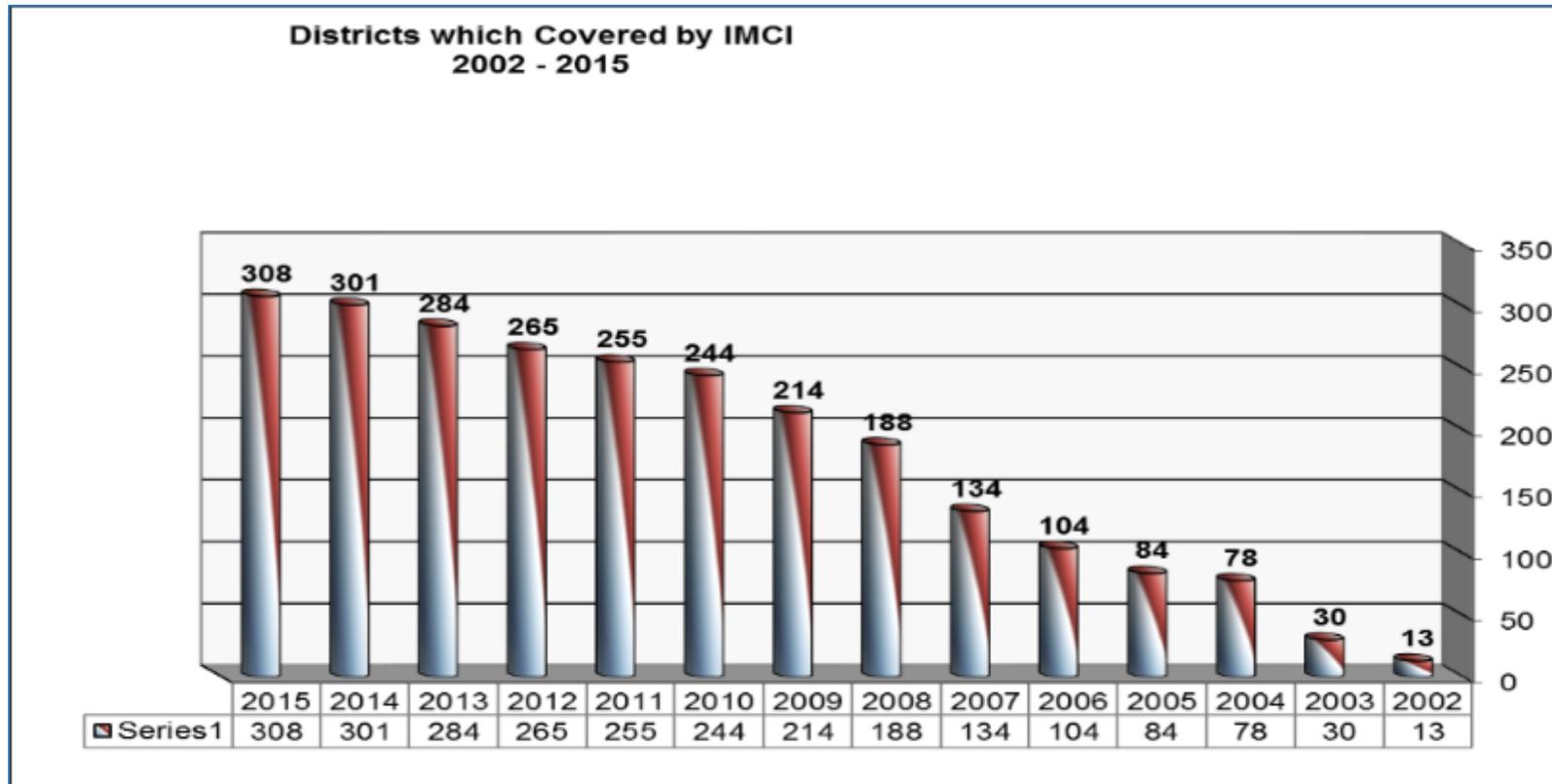
- 1998: Incorporation of IMCI strategy into the “Basic Benefit Package” of the “Health Sector Reform Program” (HSRP) as a main component of the childcare section.
- 2000: Official endorsement of IMCI strategy, placed under PHC sector/ general directorate of family health/ Directorate of child health.
- 2002: First adaptation process.
- Oct. 2002: IMCI early implementation in 2 districts.
- 2003: Development of IMCI training material for local community communicators.
- April 2004: IMCI expansion started.
- 2006: Second adaptation of the IMCI clinical guidelines.
- 2007: First IMCI follow up after training.
- 2008: Third adaptation of the IMCI clinical guidelines

- 2008: integrated PHC service package training (IMCI, MH, EPI, Nutrition, Malaria, TB, Schistosomiasis and surveillance).
- 2009: first phase of the integrated outreach activities (72 districts).
- 2012: second phase of the integrated outreach activities (143 districts).
- 2014: expansion of the integrated outreach activities (277 districts).
- 2016: establishment of the IMCI task force.



# Implementation of IMCI

- Implemented in 308 districts out of total 333 districts (92%) during 2002-2015.



# IMCI strengths & weaknesses

## Strengths:

1. Political commitment for all levels.
2. Donors are willing to support IMCI implementation.
3. Well structure programme.
4. IMCI strategy as a training programme is the best with all guidelines.

## Weaknesses:

1. Funding instability and funding limitation to only support trainings not needed supplies nor supportive supervision.
2. High turnover of health workers and lack of motivation.
3. Lack of systematic indepth review of IMCI implementation

# Lessons learned

- Expansion phase was not well planned and rush to expand without evaluating of earlier phase. Similarly for supplies, M&E and reporting they were not well thought of and were frequently lagging behind.
- In-depth review for the IMCI strategy in the country is important to ensure quality of implementation.
- Pre-service education is key element to address overcome the high turnover
- Need for continuous fund raising and advocating for IMCI as key strategy to save lives of U5 children.

# Lessons learned

## Biggest bottlenecks:

- Access to services including insecurity challenges
- Funding instability mainly donors with limited government support.
- Funding limitation to only trainings not to cover needed supplies nor supportive supervision.
- High turnover of HWs

# Lessons learned

## Innovations:

- Improve access through Integration of the child health interventions EPI, IMCI and nutrition in fixed HF, outreaches and mobile teams.
- Electronic system for drug calculation
- Improve data collection and reporting via using **social media and mobiles**

# Perspectives for the future

1. Implementation of neonatal, child and maternal health interventions should be prioritized to reach those most in need, especially the Poor and those living in rural areas (address inequities) where mortality is higher and coverage by interventions is lower.
2. Efforts should be made to accelerate actions to deliver evidence-based key newborn and child health interventions. This should include the integrated child mobile teams and expansion of the implementation of interventions in the community (CHWs).
3. Child health problems in an integrated way to maximize utilization of human and financial resources. This will occur through strengthening coordination among different related programmes such as nutrition and immunization programmes.
4. Accelerate the scaling up of IMCI interventions at both health facility and community levels.

# Perspectives for the future

To strength health system:

- 1.Enhancing integrated service delivery(implementation coverage of the package of interventions under IMCI and integrated health services package
2. Human resources (capacity building for the health workers in provision of integrated services ).
3. Enhancement of the Supervision and registry
4. Governance and leadership (M&E)
5. Supply the HFs with Equipments and Drugs
6. Strengthening of the Referral System (hospital-comprehensive and Health centers-basic)
6. Outreach interventions ( mobile Teams, Outreach Activities – EPI and Integrated-)
7. Strengthening of the Community Health Volunteer(CHV) strategy
8. Increasing and maintaining access of under-five children to quality primary child health care.

# Perspectives for the future

1. We have to establish policy to link CHV to HF and endure this policy.
2. Integrated training, supervision and supplies are important to link IMCI with other health child programme.

## Newborn:

1. develop an updating guideline of IMNCI
2. Practice the 8 interventions as best practices:
3. Kangaroo Mother Care (KMC) or skin to skin contact for low birth-weight newborns
4. Immediate and exclusive breastfeeding
5. Prevention of neonatal infection
6. Postpartum family planning counseling
7. Newborn immunizations (BCG and Polio)
8. Active management of third stage of labor (AMTSL)
9. Newborn resuscitation

# Actions at country level

1. Establish child health strategy.
2. Conduct regular meeting for IMCI task force.
3. Conduct regular review of IMCI activities implementation at district level.
4. Orientation and involvement of the districts and HF and community personals.
5. Integrated planning and costing of activities targeted child health at the national level

# Actions at country level

1. Working together in the joint plan and implementation according the MOPH&P need and priorities
2. Targeting all districts according the support by donors to utilize benefit from the available fund and support
3. Strengthen coordination mechanism for IMCI integration with other child health related intervention.
4. Set measurable indicators to evaluate progress.
5. Enhance reporting system.
6. Conduct regular supervision.

# Actions at global level

- global stakeholders must understand that Support of IMCI is not mean technical and training only. It is support of the HFs with commodities and drugs and
- Partners should be part of all over whole planning and interventions.
- Establishing technical advocacy group between partners and MoPHP. supervision.
- Re-branding IMCI by :
  - ✓ Advocacy workshops.
  - ✓ UNICEF and WHO should do studies on the effectiveness of IMCI intervention.

# Thank you!

Dr. Huda Al-Naggar

