



# Re-Imagining Child Health Through Primary Health Care

*Re-imagining the Package of Care for Children  
Subgroup  
July 17, 2024*



**Co-Chairs:**

Cara Endyke Doran, [cendykedoran@globalcommunities.org](mailto:cendykedoran@globalcommunities.org)

Janet Kayita, [kayitaj@WHO.int](mailto:kayitaj@WHO.int)

## Series Objectives

Using the WHO and UNICEF's Operational Framework for Primary Health Care (PHC), we aim to:

- Renew clarity of what PHC is and what this approach means for children.
- Unpack PHC opportunities and challenges in implementation.
- Build consensus on ways forward and monitoring PHC programs.
- Build capacity of Task Force members to improve PHC into health plans and programs.



# Primary Health Care Series Overview

---

## **TODAY: Dive into the PHC Core Components**

**Session 2:** Primary care and essential public health functions. A look at Integrated Management of Newborn and Childhood Illness (IMNCI) and Integrated Community Case Management (iCCM).

- Highlight the vision and evolution of IMNCI, emphasizing its potential opportunities within the framework of revitalized PHC services.
- Share an implementation experience of an iCCM program in Kenya, underscoring its potential to improve child health

### **Previous sessions**

**Session 1:** Why Now? A Global Push for PHC (May 22, 2024)

---

### **Future sessions**

**Session 3:** Empowered people and communities (September 26, 9:00 EST)

**Session 4:** Multisectoral policy and action (November 2024)

# Presenters



**Dr. Kezia K'Oduol**  
Lwala Community Alliance,  
Director of Primary Health  
Care



**Dr. Wilson Were**  
Medical Officer, Lead Child  
Health Services, WHO



# Can IMNCI Strategy deliver Primary Health Care Services (PHC) for Children under five?

Wilson Were

Senior Medical Officer, Lead Child Health Services  
Department of Maternal, Newborn, Child &  
Adolescent Health & Ageing (MCA)



World Health  
Organization



## Presentation outline

---

1. Background
2. What is PHC?
3. What is IMCI strategy?
4. How does IMCI strategy relate to PHC components?
5. Conclusion

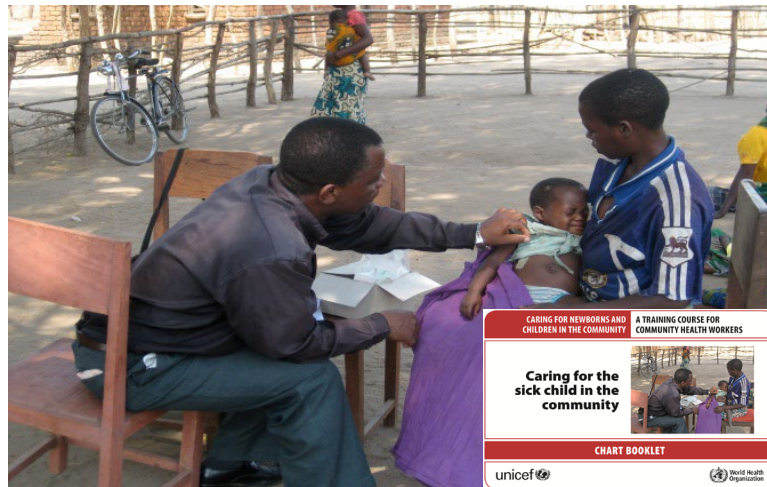


## Background

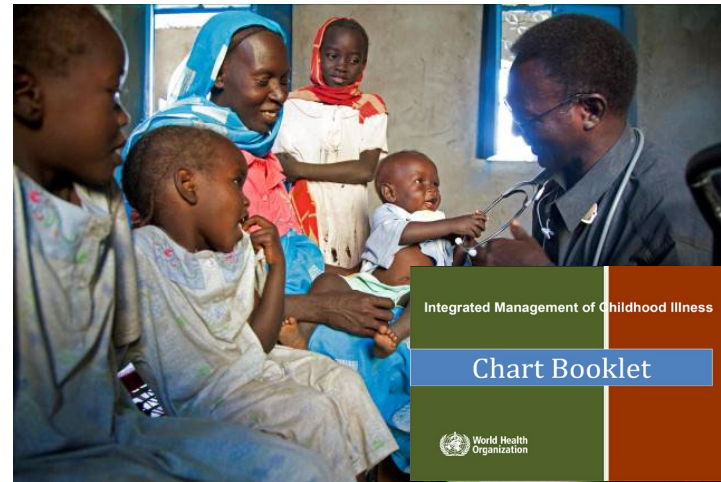
- To achieve the 2030 SDG 3.2 targets, the delivery of quality PHC services for children under 5 years remains critical.
- IMNCI embodies the principles of PHC - prevention, promotion, curative care, community involvement, affordability, and an integrated approach.
- However, there is lack of understanding of IMNCI's role within the overall PHC service delivery and how it could best be integrated within broader health system strategies.
- This demands a relook at IMNCI's position in the context of PHC in addressing the comprehensive child health and wellbeing agenda.

# Over 90% of care for children in the health system is provided at primary health care level

Home/Community



1st level facility



Hospital



Number of Children Seen

Syndromic approach

Specialized care

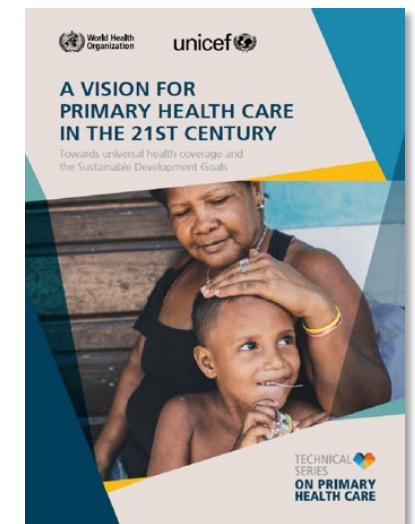
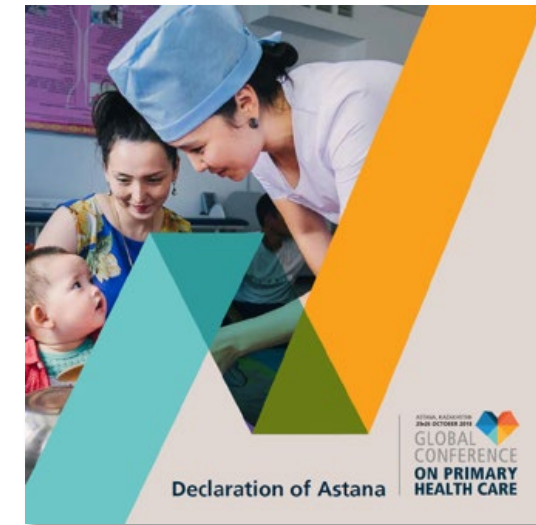
Case management skills, diagnostics and supplies



# What is Primary Health Care (PHC)?

PHC is a whole-of-society approach to health that aims to maximize the level and equitable distribution of health and well-being

- by focusing on people's needs (both as individuals and communities)
- as early as possible along the continuum of care
- as close as feasible to people's everyday environment

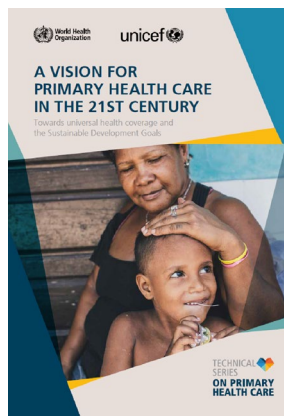


# PHC is defined by these three interrelated key components of PHC

**Integrated health services** with an emphasis on primary care and public health functions that meet people's health needs.

**Empowerment** of individuals, families and communities to take charge of their own health.

Addressing the broader determinants of health through **multisectoral policy and action**.



**Source:** World Health Organization & United Nations Children's Fund (UNICEF). (2018). A vision for primary health care in the 21st century: towards universal health coverage and the Sustainable Development Goals. World Health Organization. <https://apps.who.int/iris/handle/10665/328065>. License: CC BY-NC-SA 3.0 IGO

# What is the IMNCI Strategy?

The primary objective of IMNCI is to reduce preventable mortality, minimize illness and disability, and promote health, growth and development for children <5 years of age.

## Three essential components of IMCI strategy

1

### Improving health worker performance

- Integrated holistic care
- Promotion of evidence-based guidelines
- Rational use of medicines at all PHC levels
- Strengthening HWs performance for improved QoC

2

### Strengthening health system performance

- Planning and management
- Conducive policies for universal access
- Availability of essential IMCI drugs & supplies, and HIS
- Support supervision

3

### Enhancing family and community practices

- Health literacy & behaviour change
- Promotion of healthy growth & development
- Improved home care & parenting
- Better compliance & care seeking
- Disease and risk prevention

# How does IMNCI strategy conceptually relate to the philosophy of primary health care?

1. **Uses a public health approach:** it addresses the “main health problems” of children under-five based on local context.
2. **Promotes an “integrated” approach:** like PHC, it brings together the main elements of child health services.
3. **Promotes access to services:** it focuses on “the primary care level” of the health system that is close as feasible.
4. **Is holistic and child centered:** not only curative, but also prevention and promotion of health, growth and development.
5. **Advocates for caregiver & community engagement:** it involves caregiver and community empowerment, in line with the PHC principles.
6. **Is cost effective:** it promotes cost-effective and evidence-based approach which are at the core of PHC.
7. **Has evolved differently in countries:** like PHC, IMNCI experiences have differed in different countries and evolved according to country needs and capacity.



# So how do the core principles of IMNCI relate to the three components of PHC?

## Both PHC and IMCI Emphasize Integrated Health Services



**Comprehensive integrated health services:** from preventive to curative, to address the diverse needs of individuals and communities.

IMNCI emphasizes integrated preventive, curative, and promotive child services. Similarly, PHC aims to provide a wide range of health services throughout life.



**Coordination of services:** PHC calls for coordination of services across different levels of the health system to ensure continuity of care.

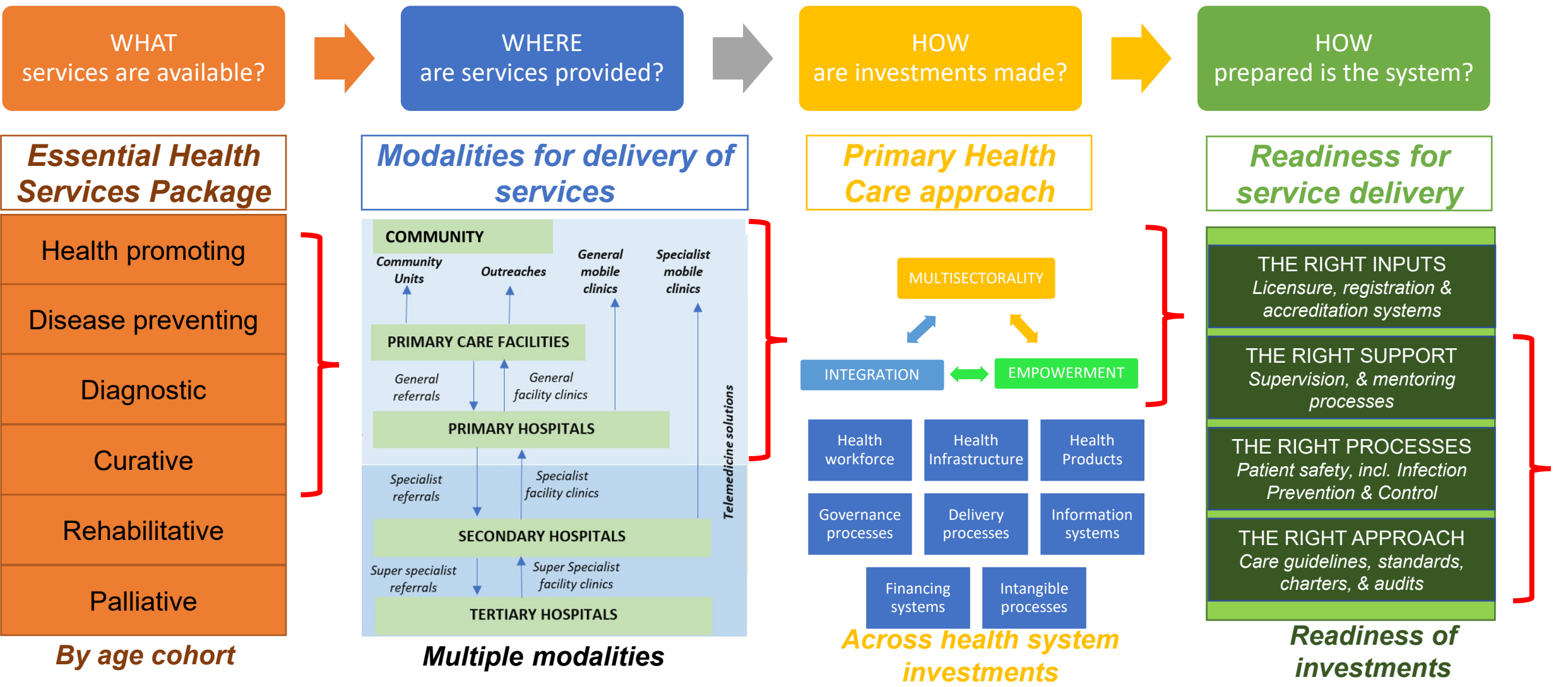
IMNCI promotes coordinated approach to childhood illnesses, ensuring that children receive comprehensive care across PHC levels- community, and primary and referral levels.



**Person-Centered care:** Both PHC and IMNCI focus on delivering care that is centered around the needs of individuals and families.

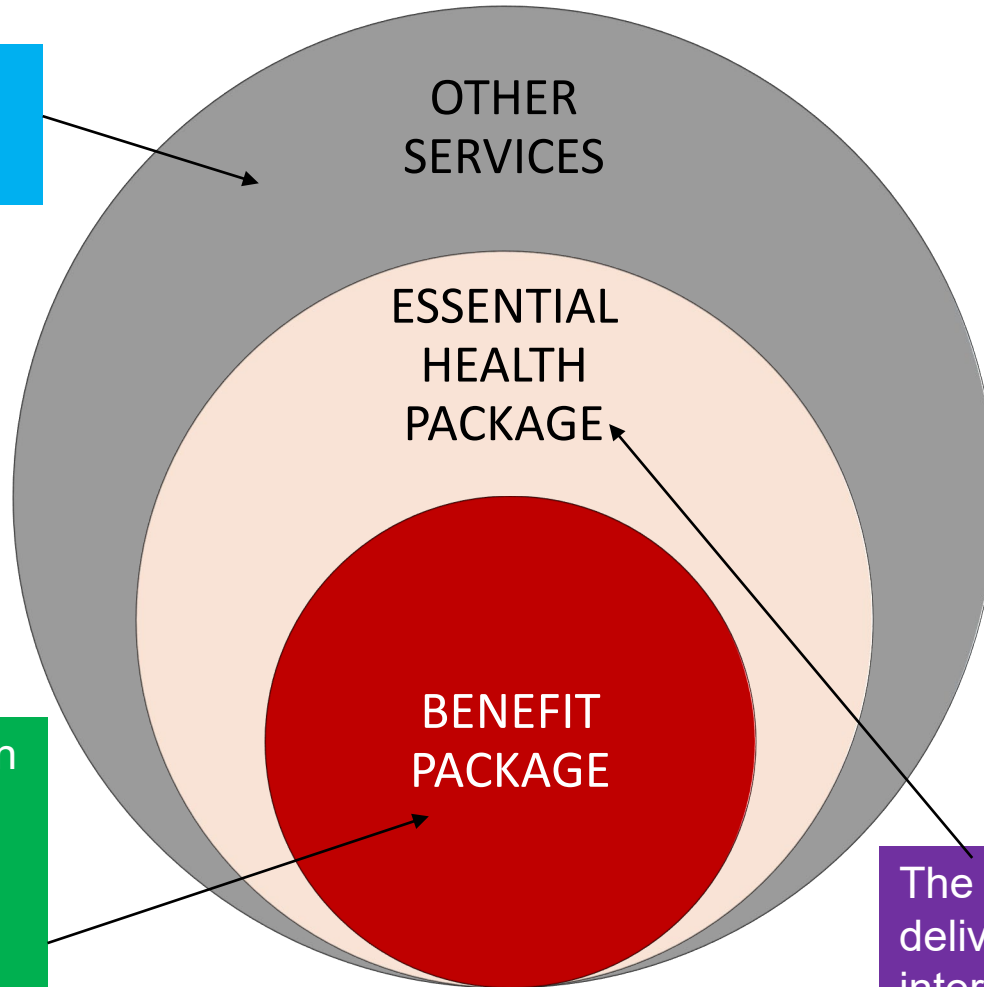
IMNCI provides holistic integrated care for children & involves care givers in the care of their children.

# Using IMNCI to define “essential health care package” for children < 5 years of age in the context of primary health care.



# Flexibility of IMNCI in defining essential health package for children < 5 years of age

Other health and related services not currently essential



What the country can currently afford. This is progressively expanded over time till it covers the full essential health package

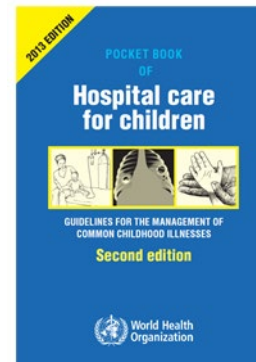
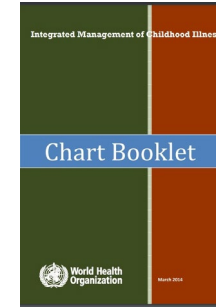
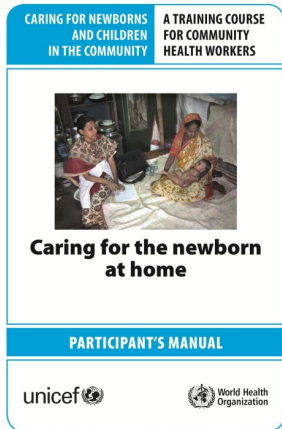
	Common conditions covered	Preventive & promotive interventions
<b>Generic version</b>	<ul style="list-style-type: none"> <li>• Meningitis, sepsis &amp; UTI</li> <li>• Acute respiratory infections</li> <li>• Local bacterial infections</li> <li>• Jaundice in newborns</li> <li>• Diarrhoea and dysentery</li> <li>• Malaria &amp; measles</li> <li>• Malnutrition &amp; Anaemia</li> <li>• Ear infection</li> </ul>	<ul style="list-style-type: none"> <li>• Immunization</li> <li>• Breastfeeding support</li> <li>• Nutrition &amp; feeding</li> <li>• Supplementation</li> <li>• Caregiver counseling on home care</li> <li>• Key family practices.</li> </ul>
<b>Optional country adaptations</b>	<ul style="list-style-type: none"> <li>• HIV/AIDS</li> <li>• TB</li> <li>• Dengue</li> <li>• Wheeze</li> <li>• Sore throat</li> <li>• SCD</li> </ul>	<ul style="list-style-type: none"> <li>• ECD</li> <li>• Periodic deworming</li> <li>• LLNs</li> <li>• Iron supplementation</li> </ul>

The UHC focus is on delivering this group of interventions. It is a policy position of the government

# Examples of IMNCI packages as “benefit health packages”

**Note:** These can be progressively expanded depending on local context and resources

Caring for a child in the community  
“benefit health package”



Management of common childhood illnesses  
“benefit health package”

1. Community Level: Integrated Community Case Management (iCCM) guidelines

2. Primary care level: Integrated Management of Childhood Illness (IMNCI) guidelines.

3. Hospital Level: Pocket Book of hospital care for children guidelines



# The IMNCI strategy closely aligns with the principles of PHC in empowering individuals, families, and communities



**Community Participation:** Echoing PHC, IMNCI involves caregivers, families and communities to improve children’s health outcomes.



**Close-to-Client Approach:** IMNCI focus is primary care level contact with the health system for accessibility.



**Improvement in key family and community practices:** IMNCI emphasizes family and community practices alongside health worker interventions.

Home Management	Growth Promotion & Development
<ul style="list-style-type: none"> <li>• Appropriate home treatment</li> <li>• Continued feeding- offer more food &amp; fluids when child sick</li> <li>• Appropriate actions to prevent and manage injuries and accidents</li> </ul>	<ul style="list-style-type: none"> <li>• Exclusive &amp; continued breastfeeding</li> <li>• Appropriate complementary feeding</li> <li>• Nutrition and micronutrients supplementation</li> <li>• Nurturing care and promotion of health &amp; wellbeing</li> </ul>
Disease Prevention	Care Seeking & Compliance
<ul style="list-style-type: none"> <li>• Immunization</li> <li>• Hygiene- proper disposal of faeces, hand washing etc.</li> <li>• Use of LLTNs</li> <li>• PMTCT</li> <li>• Prevention of risks - child abuse/neglect &amp; taking appropriate action</li> </ul>	<ul style="list-style-type: none"> <li>• Recognition when child needs treatment outside home</li> <li>• Compliance with HW advice - on treatment, f/up and referral</li> <li>• ANC, birth preparedness ,TT vaccination during pregnancy)*</li> <li>• Active participation of men in childcare and reproductive health activities</li> </ul>

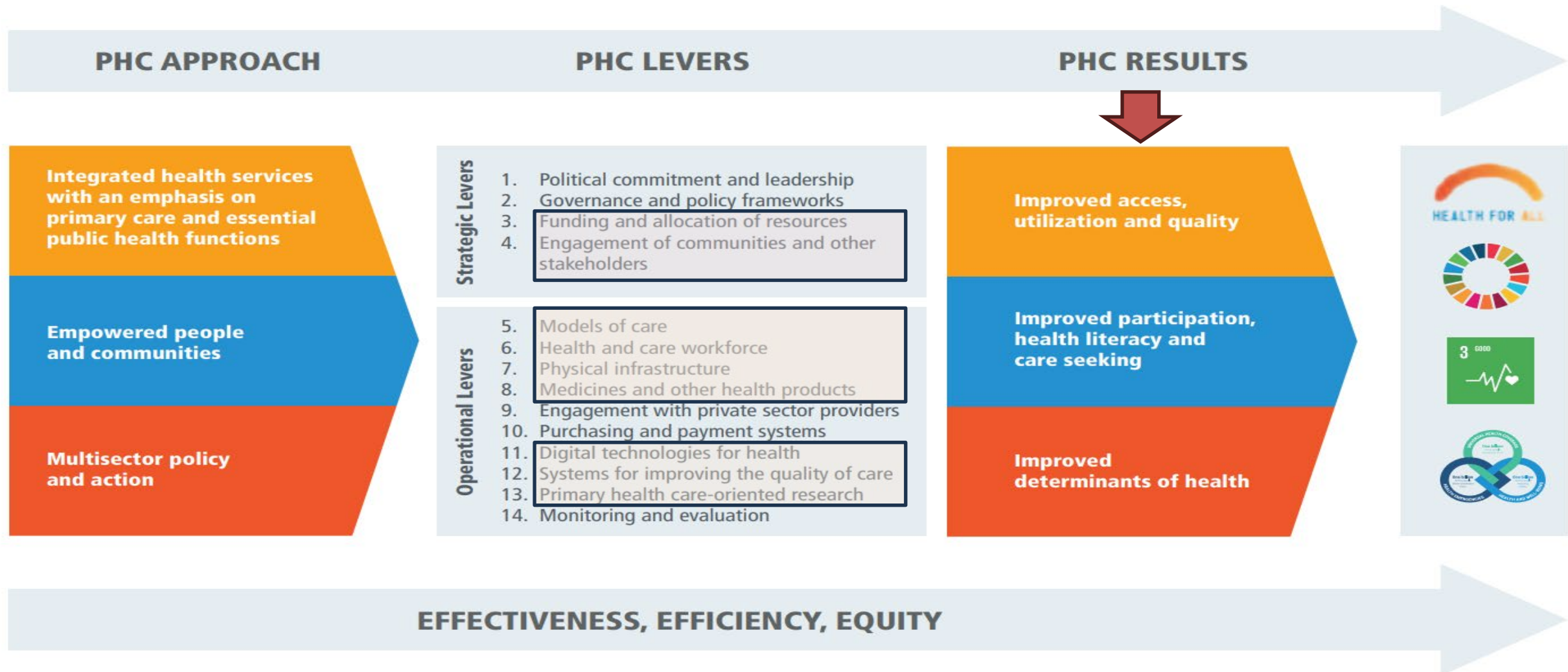


# The multisectoral policy and action component of PHC aligns with the IMNCI strategy

**Programme coordination:** IMCI integrates efforts across various programmes, e.g., immunization, nutrition, malaria, HIV, neglected tropical disease etc.


**Intersectoral coordination:** IMCI integrates efforts across various sectors, including health, education, water and sanitation, and nutrition to address the broader determinants of child health.

# PHC operational framework supports the specific goals of IMNCI strategy, ensuring that children receive comprehensive and effective care that leads to PHC results





## CONCLUSION

1. To achieve the 2030 SDG 3.2 targets, the delivery of quality PHC services for children under 5 years remains critical.
  2. IMNCI strategy ushered in a transformation from disease focused to holistic integrated child centered health care, and there is no alternative approach in the context of PHC.
  3. Repackage IMNCI strategy under broader primary health care service delivery to define the “**essential health package**” of services for children under five.
  4. In high child mortality countries, IMNCI packages should be positioned as the “**benefit health package**” that sick children under five years of age should receive at every visit.
  5. However, we must build on lessons learnt and use the tools and resources that have become available over the last 25 years to optimize and redesign IMNCI as a core vehicle to deliver PHC services for children under five years.
- 



**Thank You**



EXPERIENCE TRAINING AND MENTORING  
CHWS TO IMPLEMENT ICCM, OPPORTUNITIES  
FOR IMPROVEMENTS IN CHILD HEALTH

CHILD HEALTH TASK FORCE

*Re-Imagining Child Health Through Primary  
Health Care*

*By Dr. Kezia K'Oduol*

17<sup>TH</sup> JULY 2024

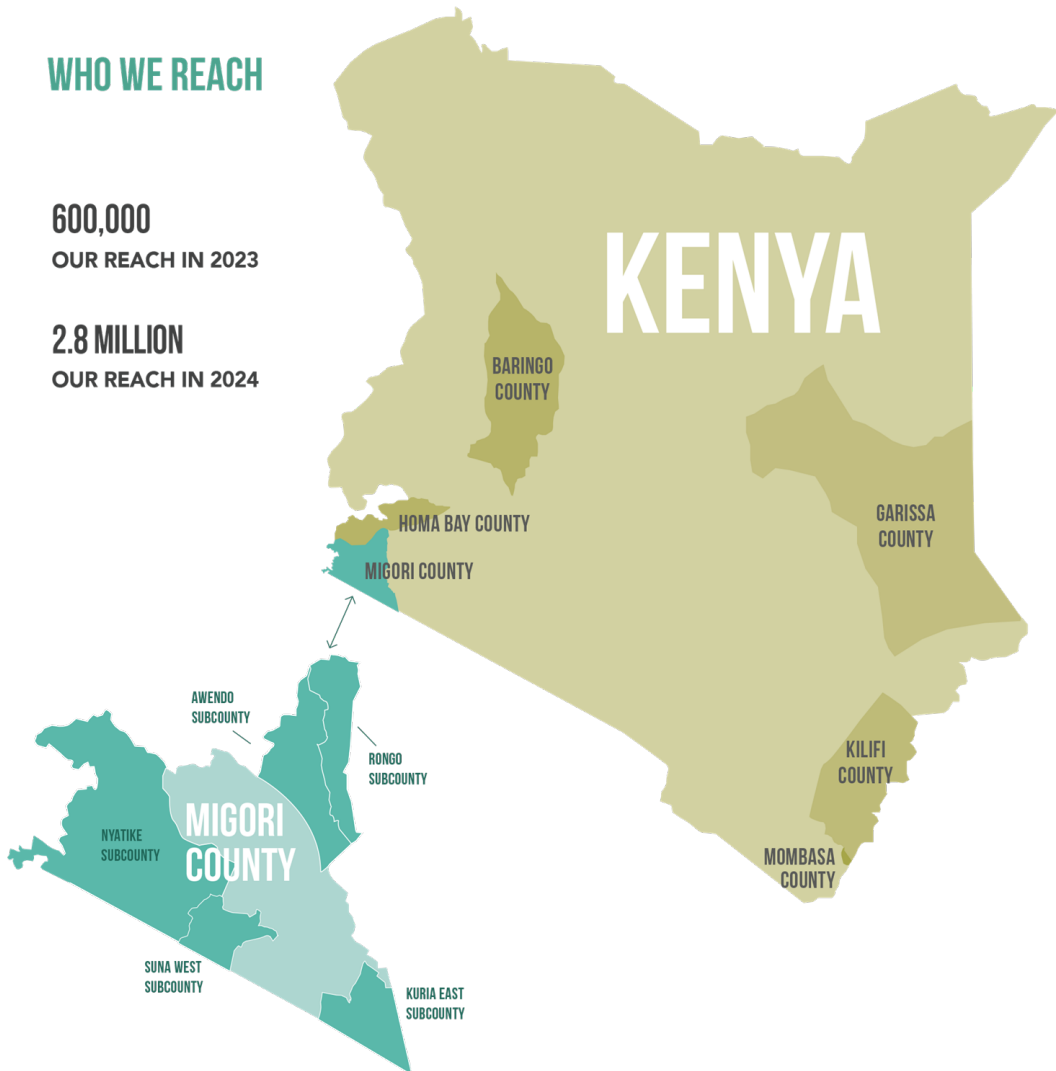


# WHO ARE WE

## WHO WE REACH

600,000  
OUR REACH IN 2023

2.8 MILLION  
OUR REACH IN 2024



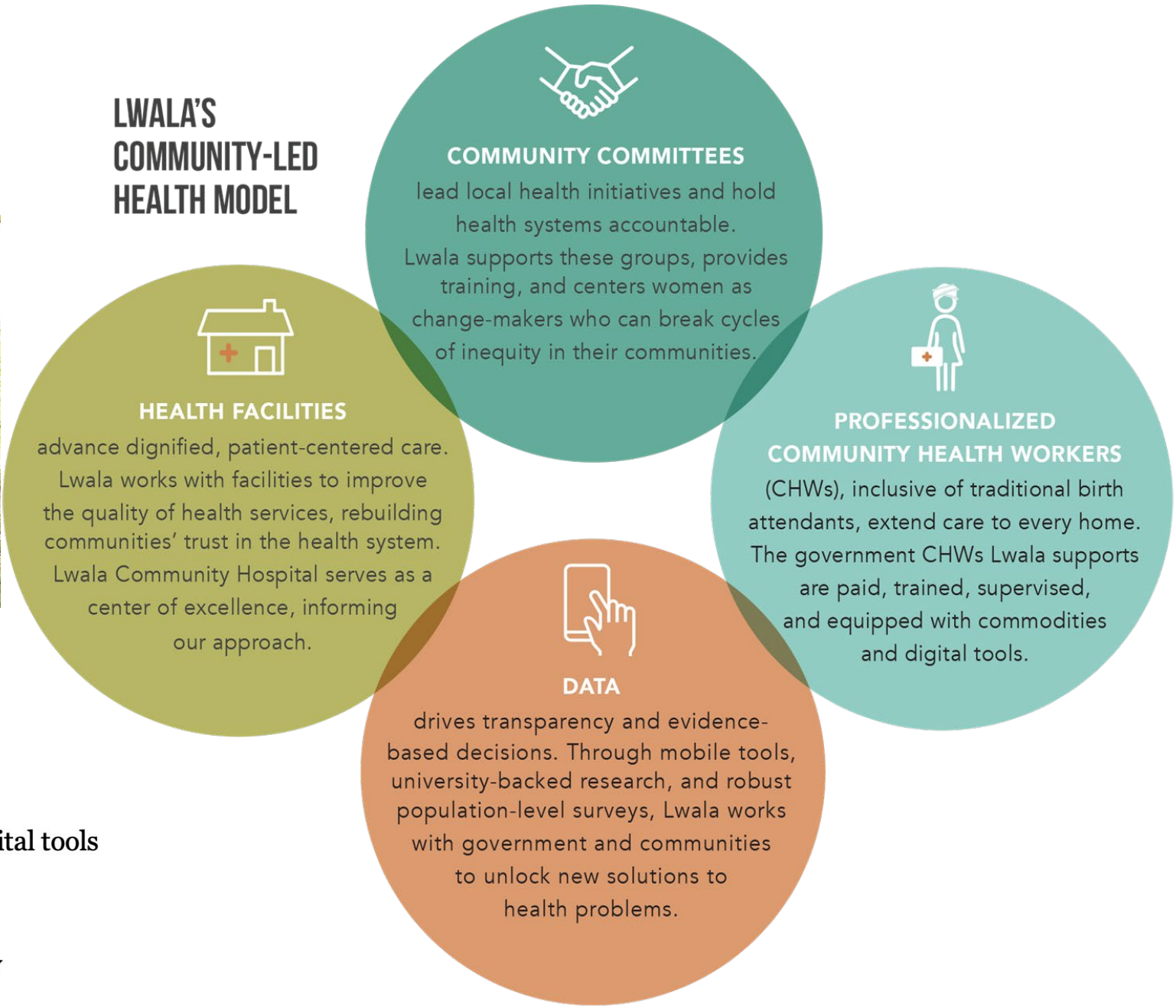
**Lwala Community Alliance is a Kenyan-led organization founded by a community that dared to fight back against health inequity.**

- Established health facility in Migori in 2007
- work in regions with high maternal, neonatal and child mortality
  - Since 2007-Migori
  - Since 2023-2024-Garriisa, Kilifi, Mombasa, HomaBay and Baringo
- advance community-led health in policy and practice.
- advocate for universal health care and CHW professionalization,
- partner closely with groups like Community Health Impact Coalition.








# PRIMARY HEALTHCARE APPROACH



## LWALA'S COMMUNITY-LED HEALTH MODEL



### Characteristics of Lwala's professionalized CHWs:

-  **Inclusive of traditional birth attendants**
-  **Equipped with digital tools**
-  **Supported by community committees**
-  **Paid fairly**
-  **Integrated with health facilities**
-  **Trained frequently**
-  **Supervised consistently**



# LWALA'S WORK IN THE COMMUNITY

## Community engagement

- Household visits
- Dialogue days
- Community action days
- Community outreaches
- Male forums

## Community Health Committees

- Oversight for community health service implementation
- Promote facility accountability
- Resource mobilization
- Data review-Community scorecard

## CHW supervisors

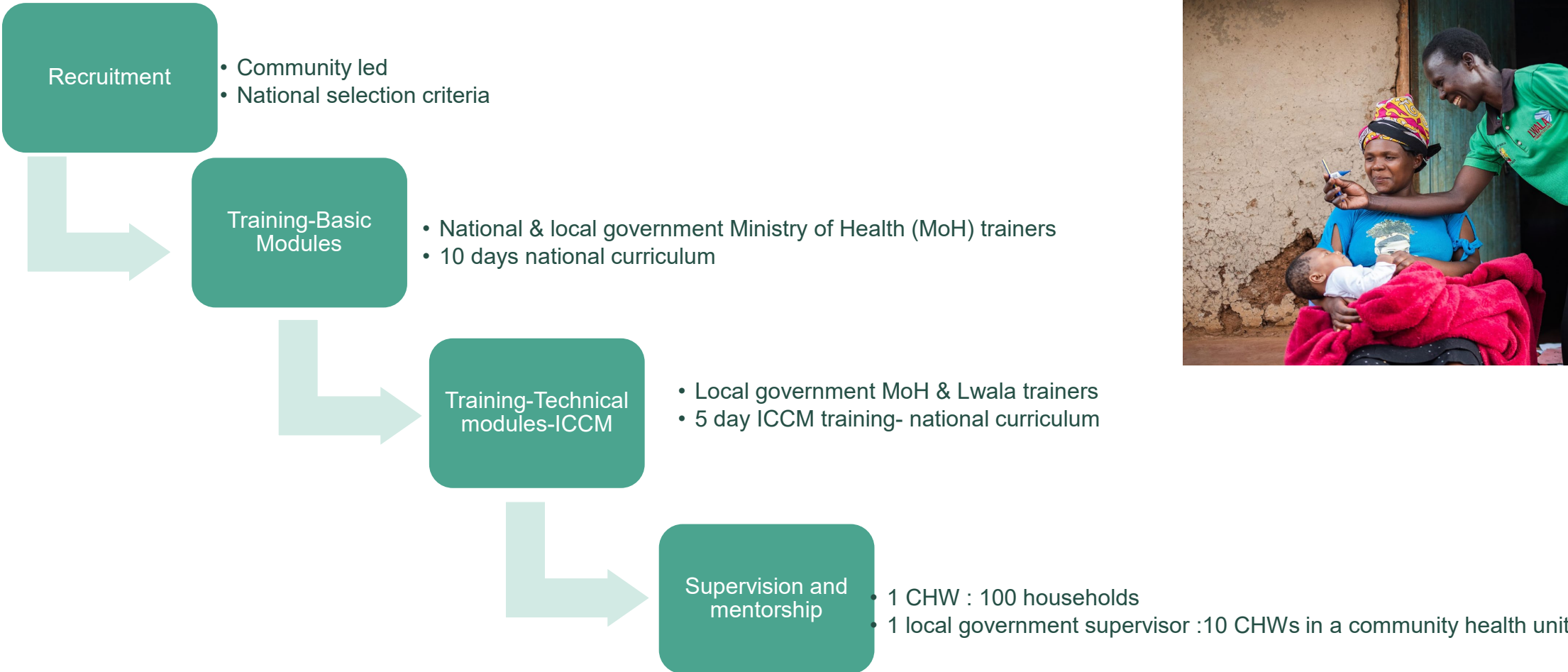
- Link between facility and community
- Assess CHW performance
- Provide individually-tailored supervision, mentorship and training
- Data review

## Target population

- Pregnant women and newborns
- Children under five years
- Children over five, adolescents and youth
- Vulnerable population-WASH



# NATIONAL TRAINING CASCADE OF COMMUNITY HEALTH WORKERS

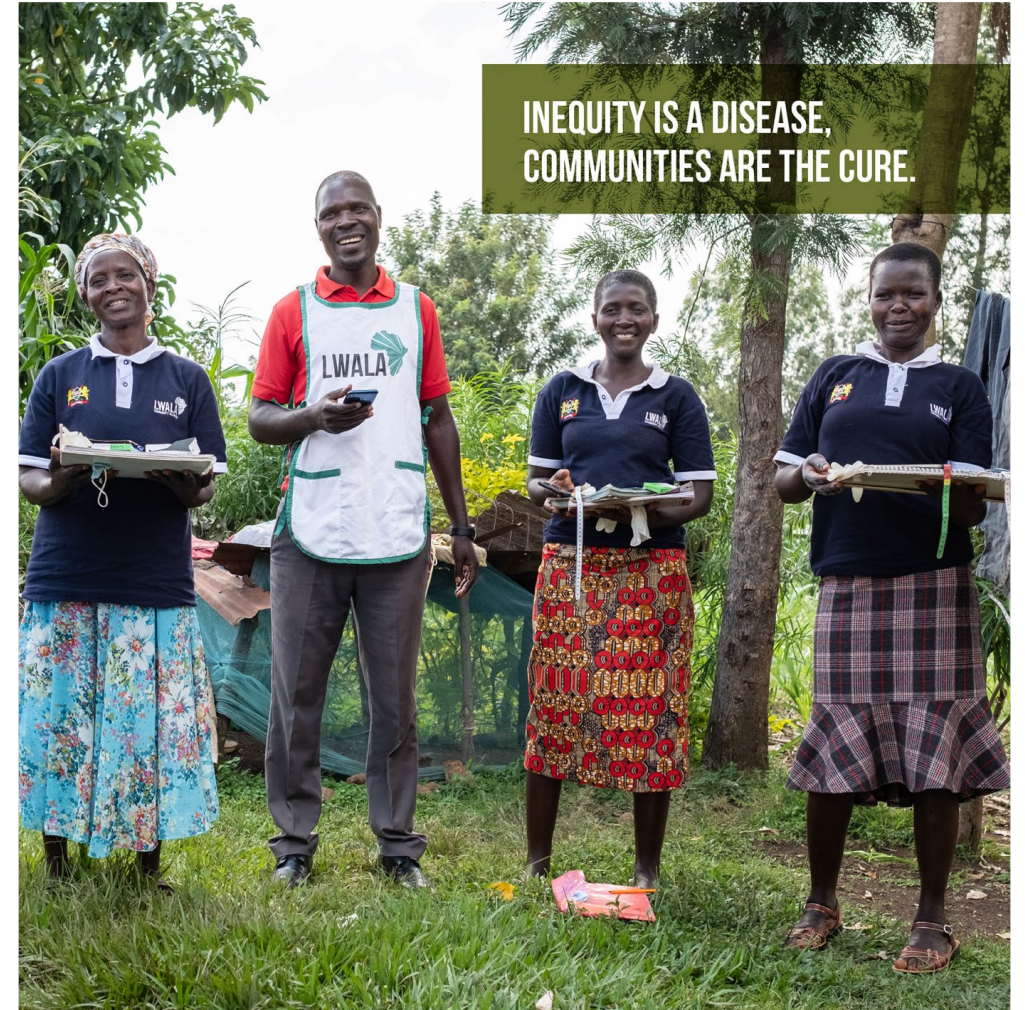


# LWALA'S APPROACH TO MENTORSHIP AND SUPERVISION

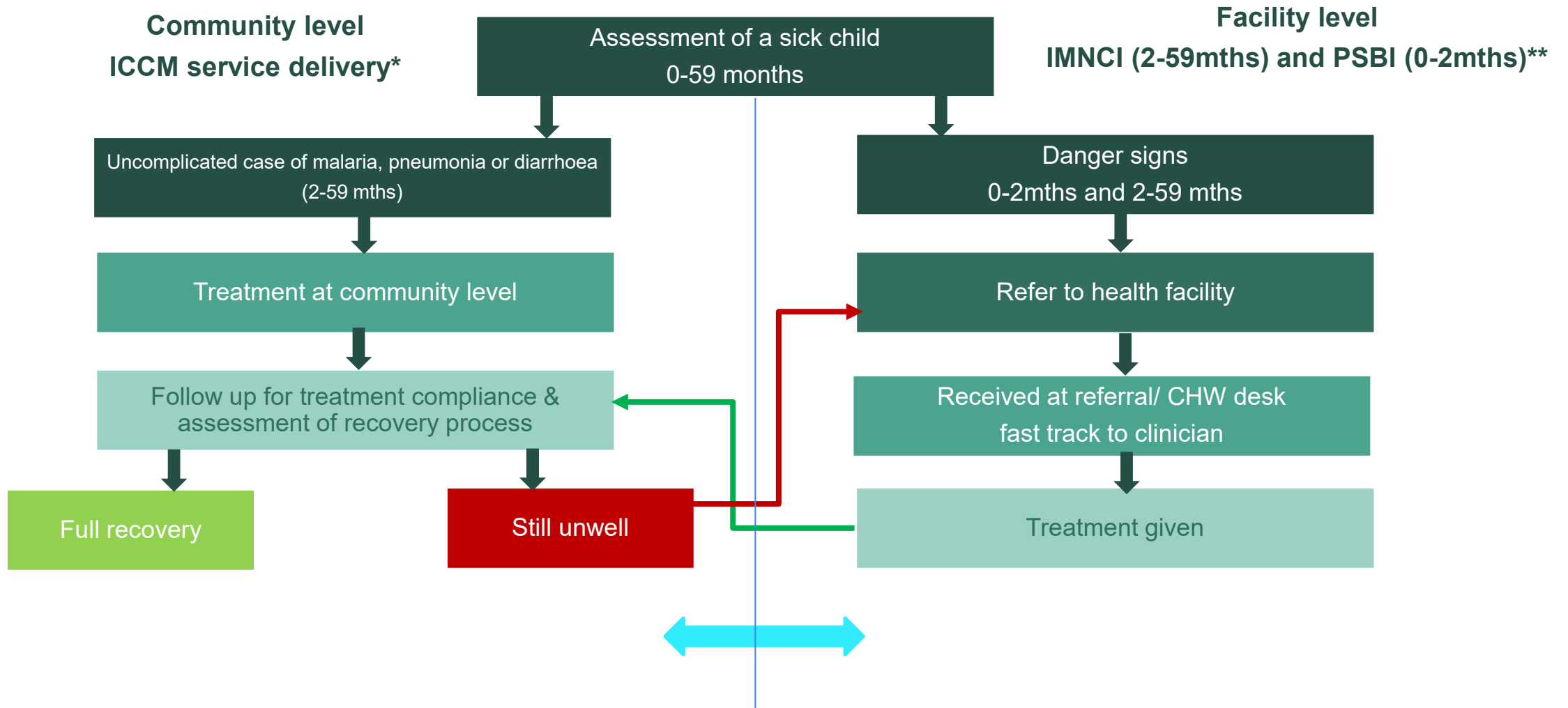


Tagging a buddy for CHWs with low post training test results

- Duration 3 months
- retake a post-test



# INTEGRATED COMMUNITY CASE MANAGEMENT (ICCM) AND PRIMARY HEALTH CARE



\*ICCM-Integrated Community Case Management

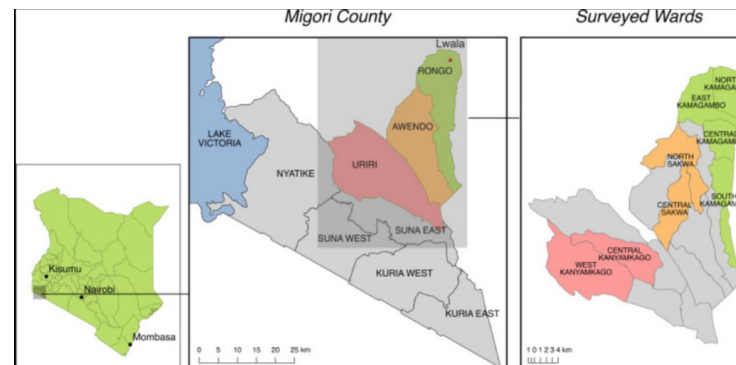
\*\*PSBI-Possible Serious Bacterial Infection

\*\*IMNCI-Integrated Management of Neonatal and Childhood illnesses

# EVIDENCE OF IMPACT

## 2023 survey of Under-five mortality rate

- **21.5 deaths** per 1,000 live births in over 10 year Lwala implementation site\*
- 32.3 deaths per 1,000 live births- across all survey sites in Migori\*
- 73 deaths per 1,000 live births-Migori county\*\*
- 41 deaths per 1,000 live births-national\*\*



\*\*Kenya Demographic health survey, 2022

\*Starnes JR, Rogers A, Wamae J, Okoth V, Mudhune SA, Omondi A, Were V, Baraza Awino D, Lefebvre CH, Yap S, Otieno Odhong T, Vill B, Were L, Wamai R. Childhood mortality and associated factors in Migori County, Kenya: evidence from a cross-sectional survey. *BMJ Open*. 2023 Aug 22;13(8):e074056. doi: 10.1136/bmjopen-2023-074056. PMID: 37607788; PMCID: PMC10445361.

# *OPPORTUNITIES FOR IMPROVING CHILD HEALTH*



- Community engagement and behavior change communication
- Professionalization of CHWs (training, compensation and retention)
- Integrated service delivery, referral and linkage
- Technology, Information systems: Monitoring and evaluation
- Funding mechanisms
- Supply chain management

## ACKNOWLEDGMENTS

*Migori County*  
*Homa Bay County*  
*Baringo County & Dandelion*  
*Garrisa County*  
*Kilifi County*  
*Mombasa County*  
*Ministry of Health, Kenya*  
*All funders*  
*The Community members*  
*Lwala staff*



*The End  
Thank you*





# Re-Imagining Child Health Through Primary Health Care



## Engage with the co-chairs:

- Cara Endyke Doran:  
[cendykedoran@globalcommunities.org](mailto:cendykedoran@globalcommunities.org)
- Janet Kayita, [kayitaj@WHO.int](mailto:kayitaj@WHO.int)

Reach out to the Child Health Task Force Secretariate: [childhealthtaskforce@jsi.com](mailto:childhealthtaskforce@jsi.com)

## Operational Framework for Primary Health Care:

[Operational Framework for Primary Health Care \(who.int\)](https://www.who.int/publications/i/item/operational-framework-for-primary-health-care)

Subgroup information, recordings and presentations from previous webinars are available on the subgroup page of the Child Health Task Force website:

[www.childhealthtaskforce.org/subgroups/expansion](http://www.childhealthtaskforce.org/subgroups/expansion)



The Child Health Task Force is managed by JSI Research & Training Institute, Inc. through the USAID MOMENTUM Routine Immunization Transformation and Equity Project.

This presentation was made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Contract 7200AA18C00070 awarded to JSI Research & Training Institute, Inc. The contents are the responsibility of JSI and do not necessarily reflect the views of USAID or the U.S. Government.