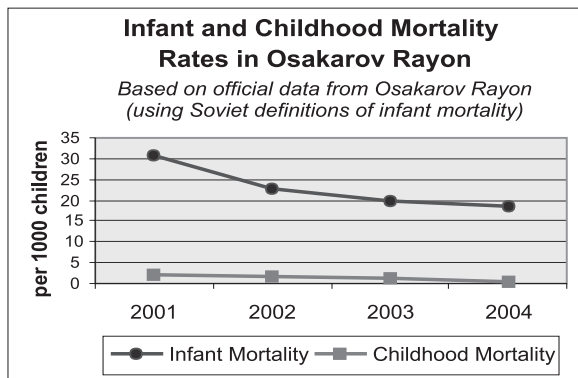


IMCI Strategy Helps Children in Kazakhstan

February 2005

Dr. Paulina Slugina, head pediatrician for the Osakarov Rayon of Karaganda Oblast, has encouraged a new way of thinking for doctors and parents and is confident that she has had an important impact on reducing infant and childhood mortality rates and decreasing hospitalization rates amongst children in her rayon by promoting the Integrated Management of Childhood Illnesses (IMCI) strategy, which was introduced in Osakarov Rayon five years ago.



IMCI—a strategy developed by the World Health Organization in cooperation with UNICEF and now used in over 100 countries worldwide—was first introduced in Kazakhstan with technical support from UNICEF and the USAID-funded ZdravPlus project in 1998. By providing doctors with evidence-based tools to assess and manage common conditions in children under age five, as well as to evaluate normal health and development amongst children in this age group, the IMCI strategy aims to reduce the most common causes of death among young children. In addition to providing training to health care professionals, a key component of the strategy involves educating parents. The focuses of the strategy, as adapted for Kazakhstan, include acute respiratory infections (ranging from coughs and colds to pneumonia); diarrhea; fever; throat problems; ear problems; nutritional status (including anemia); breastfeeding advice; and immunization status.

The IMCI strategy focuses on home care for the majority of cases, with more serious symptoms

addressed in the outpatient primary care setting and only the most serious cases referred for inpatient hospital care. This represents a drastic contrast to Soviet approach, which encourages referrals to specialists, hospitalization, and use of multiple drugs in treatment of even simple conditions like diarrhea.

Through the ZdravPlus project, doctors have been trained as IMCI trainers in Astana, Almaty, Karaganda, Zhezkazgan, Semipalatinsk, and Ust-Kamenogorsk. With the support of Kazakhstan's National IMCI Center and their local health departments these trainers have gone on to provide trainings for over 1500 physicians. This includes all 12 family doctors and all four outpatient pediatricians who serve the rural population of 38,000 in Osakarov Rayon where Dr. Slugina works.

Introducing IMCI has been a process of changing mindsets. Dr. Slugina recalls, when she first heard about IMCI, "I asked myself why the leadership of this country doesn't value the knowledge of our pediatricians and thinks it necessary to introduce strange, external treatment methods. I was so upset by this that I went into the first-ever IMCI training seminar in Karaganda with a negative attitude and in a bad mood."

But Dr. Slugina found the answers to her questions during the very first training: "What was genius about IMCI was that the leading pediatric specialists worldwide were able to bring decades of experience in pediatric diagnosis and treatment together in a single, common program."

Three year-old Iliya Sandinov was Paulina Slugina's first patient after she was trained in IMCI in 2001. When his mother called Dr. Slugina to see Iliya, he was having loose stools 12–15 times/day. For the first time, Dr. Slugina did not provide numerous medications for such a case of diarrhea, but instead told a skeptical Mrs. Sandinova to place cups of warm liquid in each room of the house, and instructed all five adults in the household that their job was to give Iliya



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spoonfuls to drink for the next several hours. After four hours, Iliya was doing remarkably better. Once the boy had recovered fully, Mrs. Sandinova called Dr. Slugina to express her gratitude.

Not every family was as open to the new approaches as the Sandinovs, and implementing the evidence-based IMCI program has not been without its difficulties. Dr. Slugina remembers that during the first year of IMCI implementation in her rayon, before all the doctors there had been trained, many people were reluctant to allow her to treat their children using the new strategy. The population had become accustomed to the old system: they expected to receive many prescriptions and a “serious” diagnosis, and tended to view the less medicalized IMCI approach as insufficient care. Many decision-makers and health care professionals were equally skeptical about the program.

The tides began to turn as children were saved from serious illness through IMCI methods, such as rehydrating those with diarrhea and limiting types and quantities of drugs prescribed. Through the work of Slugina and her colleagues, IMCI has become the norm in Osakarov Rayon, with Slugina citing associated reductions in hospitalization rates and infant and child mortality. According to Dr. Slugina, the number of pediatric beds in the local hospital has been reduced from twenty to ten, but largely due to implementation of the IMCI strategy, these ten beds are now enough to serve the needs of the population.

Dr. Slugina’s IMCI-advocated approach of working in partnership with the family and her commitment to making sure that doctors are trained and parents educated has helped make treatment based on IMCI the norm in Osakarov Rayon. With support from the local administration, health care professionals in Osakarov Rayon are distributing copies of the WHO’s IMCI *Mother Card* which addresses childhood nutrition and are educating parents one-on-one. They are also distributing ZdravPlus-produced brochures on ARIs, diarrhea, breastfeeding, and antibiotics, and working with the mass media to get the key messages out.

At sites throughout Kazakhstan, ZdravPlus support

for IMCI has included population education and work on policy and drug availability, in addition to training health care workers. In pilot sites, ZdravPlus has conducted health promotion campaigns, with posters, brochures, TV and radio plays; ZdravPlus also provided significant technical support to the national Government in developing its new outpatient drug benefit (ODB) package, under which the drugs required for IMCI are provided for free. The drug benefit is being phased in gradually, beginning in 2004.

While significant progress has been made in implementing IMCI in pilot areas such as Osakarov Rayon and Karaganda Oblast as a whole, the struggle to implement IMCI nationwide continues. Despite the Government’s supportive decision to provide IMCI drugs for free through the ODB package, many factors which inhibited the initial introduction of IMCI still exist. These include regulations that contradict the IMCI principles, leading some doctors to fear reprimand for going against the existing protocols; lack of universal education on IMCI through medical and nursing schools; public expectations for highly medicalized treatment; and the current requirement that doctors following IMCI in Kazakhstan fill in both a special separate form and a pre-existing lengthy and time-consuming standard medical chart. There is still no *prikaz* from the Government of Kazakhstan declaring IMCI a national program, which means that it retains its status as a pilot implemented inconsistently throughout the country.

Despite the need for change on the systems level in order to improve implementation nationwide, IMCI is having a very real impact on children like Iliya Sandinov and their families. Thousands of children are benefiting from the breastfeeding and nutrition advice provided to their mothers as well as from the reduced use of antibiotics that are part of IMCI.

Dr. Slugina’s hope is that IMCI will become the norm in Kazakhstan, and sees the future in integration of IMCI courses into medical and nursing school curricula nationwide, so that all future doctors will have this important information and be able to share it with the population.

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