

Table 12: Expanded Programme on Immunization

| Interventions and Services Provided | Community | MCHP | CHP/ | CHC | Hospital |
|--|---------------------|------|------|-----|----------|
| IEC/BCC | Yes | Yes | Yes | Yes | Yes |
| Storage of vaccines | No | Yes | Yes | Yes | Yes |
| Routine and outreach immunisation | Social mobilization | Yes | Yes | Yes | Yes |
| Supplemental immunisation (and EPI plus) | Social mobilization | Yes | Yes | Yes | Yes |
| Mobile services to communities outside of facility catchment areas | Social mobilization | Yes | Yes | Yes | Yes |
| Surveillance and case reporting of Immunizable diseases | Yes | Yes | Yes | Yes | Yes |
| Reporting immunisation activities | Yes | Yes | Yes | Yes | Yes |
| Supervision of EPI activities | Yes | Yes | Yes | Yes | Yes |

7.7 Integrated Management of Infant and Childhood Illness

The Integrated Management of Childhood Illness is a strategy that addresses all the main causes of childhood illnesses and death, recognizes that a child may actually be sick with more than one problem at the same time, and ensures that the occasion of a sickness consultation is not a missed opportunity to immunize the child or address a nutrition problem.

By observing specific symptoms or signs, a caretaker or health worker can distinguish between mild, moderate and severe illness in the child, and the health system is organized to manage each level of severity in appropriate ways.

The first and most important role is that of the caretaker recognizing that the child is sick and knowing when and where to go.

Teaching these skills to caretakers is one of the most important tasks of CHWs in the community. CHWs themselves should be taught to manage diarrhoea with some dehydration with both Oral Rehydration Therapy (using the low osmolarity salts) and the 14 day course of zinc tablets, which will reduce both the length and severity of the illness as well as provide some protection against further diarrhoea over the subsequent three months. In Sierra Leone at this time, CHWs are not being taught to treat pneumonia and malaria with antibiotics and anti-malarial. The MOHS is to develop a policy and an appropriate training program for CHWs to facilitate the inclusion of these activities in their work schedule. This will then significantly help reduce the potential time between onset of the illness and treatment.

In the meantime, the CHWs' task is to ensure that caretakers are aware of danger signs in their children and seek help at a health facility as soon as possible for these conditions. PHUs are intended to be able to manage children with moderate illness who do not need to be admitted to a facility.

Also important is an ORS corner or a place where the mother can be taught to give the ORT or medicine, learn when she should return for a check up and learn to recognize the danger signs which mean that the child needs extra attention.

Community Health Centres and district hospitals will have the staff and facilities to care for children with severe illness. This will usually involve admission for a few days to provide regular parenteral medication and necessary nursing care and help with diet and fluids.

One of the situations where valuable time is lost in caring for a very sick child is when the child is referred to a facility and both child and mother get lost in a long queue of mothers and children, most of whom do not need such urgent care. In busy hospital outpatient clinics, it is essential that a system of emergency triage of waiting children should identify those that are very sick and require urgent attention.

The table below summarises the IMCI interventions that will be carried out at the five standard levels of care taking into considerations the cadre of staff available at each level.

Table 13: Integrated Management of Infant and Childhood Illness

| Interventions and Services Provided | Community | MCHP | CHP | CHC | Hospital |
|---|--------------------------------|---------------------|--------------------------------|--------------------------------|--------------------------------|
| IEC/BCC on home care for the sick child, danger signs, completing treatment and | YES | Yes** | Yes | Yes | Yes |
| Management of severely ill child | NO.* | YES** | Yes | Yes | Yes |
| Emergency triage assessment and treatment | -NO | Yes ** | Yes | Yes | Yes |
| Cough or cold | YES* | YES** | Teach home care & danger signs | Teach home care & danger signs | Teach home care & danger signs |
| Pneumonia | NO | Yes | Yes | Yes | Yes |
| Severe Pneumonia | Refer | First aid and refer | Yes | Yes | Yes |
| Ear infection | No | Yes | Yes | Yes | Yes |
| Diarrhoea with no dehydration | Teach home care & danger signs | Yes | Yes | Yes | Yes |
| Diarrhoea with some dehydration | No* | Yes | Yes | Yes | Yes |
| Diarrhoea with severe dehydration | No* | First aid & refer | Yes | Yes | Yes |
| Persistent diarrhoea or dysentery | No* | No** | Yes | Yes | Yes |

| Interventions and Services Provided | Community | MCHP | CHP | CHC | Hospital |
|--|-----------|-------|-------|-------|----------|
| Measles | No | Yes | Yes | Yes | Yes |
| Complicated measles | No | No** | Yes | Yes | Yes |
| Case management of child with fever/malaria | Yes | Yes | Yes | Yes | Yes |
| Management of severe malnutrition with complications | Yes** | Yes** | Yes** | Yes** | Yes |
| Management of severe malnutrition without complications (Investigation and feed- | Yes** | Yes | Yes | Yes | Yes |

*Recognise danger signs for urgent referral

** Give first dose of antimalarials/ antibiotic & refer urgently

7.8 Infant and young child nutrition

Nutritional status is the result of complex interactions between food consumption and the overall status of health and care practices. Poor nutritional status is one of the most important health and welfare problems facing Sierra Leone today and affects the most vulnerable groups: women and children. At the individual level, inadequate or inappropriate feeding patterns lead to malnutrition.

Infant and young child nutrition is an important but complex issue to address. Prevention of under-nutrition starts with the prevention of low birth weight by means of appropriate diet for the pregnant woman, avoidance of hard work in the third trimester, and prevention of malaria which improves placental function by intermittent preventive treatment in the second and third trimesters. Women are encouraged to initiate breastfeeding within the first 30 minutes after birth.

Growth monitoring is one of the key child survival strategies which help the health worker to identify children who are becoming malnourished, investigate the cause and take necessary action to prevent further deterioration. It must be encouraged at all levels.