

Community Integrated Management of Childhood Illnesses (CIMCI) is one of the three components of the Integrated Management of Childhood Illness (IMCI) strategy, a holistic approach that aims at lowering Infant and child morbidity and mortality in developing countries. CIMCI targets changing household child care practices in order to enhance child survival. Implementation of CIMCI is majorly based on interactive communication between health service providers and mothers/caregivers of children aged below five years. The aim of this study was to test the effectiveness of the "Dialogue Model" as an interactive communication tool for implementing Community IMCI. The model was applied to 18 key household childcare practices that were identified to cause infant and child morbidity and mortality. A longitudinal comparative study was carried out in three out of the five divisions of Nyando district, Kenya. The study was done in six distinct phases. Both qualitative and quantitative approaches were used in data collection, analysis and presentation. Baseline quantitative data was collected using a semi-structured questionnaire that was administered to 930 randomly sampled mothers and caregivers. Qualitative data was collected through Key Informant Interviews and Focus Group Discussions. Quantitative data was analyzed using SPSS and Epi Info and generated frequencies, cross tabulations, ODDS Ratios and Chi-Square computations.

Results of the baseline survey on key household childcare practices revealed that majority 481(77.0%) and 222(73.5%) of the mothers in the proposed intervention and control areas weaned their children before 4 months of age hence the strong correlation between weaning and prevalence of diarrhoea (CI 1.11-2.96 and 1.11-2.96) respectively. Only 64(10.2%) and 49(16.3%) of the children in the two study areas underwent growth monitoring after 9 months of age. A minority 91(14.6%) and 43(14.2%) of respondents in the proposed intervention and control areas confirmed that fathers' participated in the daily care of the children implying that the burden of routine childcare rests on the mothers. Treatment of drinking water was found to be minimal as only 199(31.8%) and 110(36.4%) respondents in the two study areas affirmed that their children drunk treated water. It was also established that only 196(31.4%) and 79(26.2%) of the mothers underwent HIV testing during pregnancy. Following training of health workers on the "Dialogue Model" majority 176(72.2%) of mothers/caregivers reported that health service providers spent at least 15 minutes examining their children, 181(74.0%) acknowledged having been counseled while 206(84.4%) received follow-up dates. Results following implementation of the "Dialogue Model" showed significant improvement in most of the household child care practices. Majority 430 (68.8%). of the children in the intervention area now undergo growth monitoring beyond 9 months unlike only 73(24.3%) in the control area. A large proportion 552(88.3%) of mothers in the intervention area is

currently treating drinking water compared to 158(52.4%) in the control area. However, culture bound household practices such as fathers' participation in child care showed no improvement despite implementation of the "Dialogue Model". Similarly, HIV testing during pregnancy showed very minimal improvement. Prevalence of IMCI classified diseases such as measles, diarrhoea and anaemia showed significant reduction following implementation of the "Dialogue Model". The conclusion from this study was that the "Dialogue Model" was an effective tool for enhancing household child care practices and also improved communication between health workers and the mothers/caregivers. However, it was recommended that further research be done to establish another communication approach that could positively change culture bound household child care practices such as fathers' participation in routine childcare. To enhance uptake of HIV testing during pregnancy, there was need for change in the implementation policy so that male partners are involved in the counseling and testing process together with their female partners