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**REPORT OF THE INTER-COUNTRY WORKSHOP
ON THE PROMOTION OF IMCI TRAINING
FOR BASIC HEALTH WORKERS
CHANDIGARH, 27-30 APRIL 1998**

Chandigarh, India

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ACRONYMS

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| ARI | Acute Respiratory Infection |
| BASICS | Basic Support for Institutionalizing Child Survival |
| BHW | Basics Health Worker |
| CDD | Control of Diarrheal Diseases |
| GOB | Government of Bangladesh |
| IMCI | Integrated Management of Childhood Illness |
| NGO | Non-governmental Organization |
| ORS | Oral Rehydration Solution |
| UNICEF | United Nations Children's Fund |
| WHO | World Health Organization |
| WHO/SEARO | World Health Organization/Southeast Asia Region |

EXECUTIVE SUMMARY

The Government of India in collaboration with CARE/India and WHO/SEARO developed a training package for basic health workers to provide training on integrated management of childhood illness. A workshop was held from April 27- 30, 1998, in Chandigarh, India, to share the package and promote IMCI strategy. Thirty-five participants from six different countries of Southeast Asia attended the workshop. This was a five-day course. The objective of the training course are to train basic health workers in technical and communication skills in treating children, with diarrhea, Acute Respiratory Infection (ARI), referral of seriously ill children and advising mothers on feeding and follow-up. The training package consists of learner's guide, laminated charts, mother's cards, training manual, video segments and photographs of children with selected key signs.

Methods used in the training are reading, case study, group discussions, role plays, demonstrations, drills and video sessions. One important aspect of the training is that part of the clinical training is conducted in the community. One hundred percent participant follow-up by the trainer at the working site is also an important component of the training. There is one facilitator per five participants and 15 participants in each batch. Five drugs and three pieces of equipment are required by the BHW to provide the ranges of service mentioned in the training course. The drugs are ORS, cotrimoxazol, iron tablets, vitamin A capsules and paracetamol. The equipment includes a timer, a weight machine and a thermometer.

The following key recommendations were made by the participants at the workshop

- 1 The IMCI training package for basic health workers should be promoted for trial in six target countries of the region (Bangladesh, Bhutan, India, Indonesia, Myanmar and Nepal)
- 2 The IMCI management structure should be located at the level where coordination and collaboration with concerned programs can be easily done
- 3 The adaptation process should involve both technical and implementation staff
- 4 Health workers for this training should be literate and have 18 months pre-service training or be a school graduate (12th grade) with at least three months pre-service
- 5 All partners should be involved in the planning process
- 6 Implementation of IMCI should be planned in such a way as to enrich the implementation of the existing programs and avoid any deceleration of those programs

PURPOSE OF VISIT

The purpose of the trip was to attend the WHO/SEARO Inter-country Workshop on Promotion of IMCI Training for Basic Health Workers in Chandigarh, India

BACKGROUND

IMCI has been developed by WHO and UNICEF, in collaboration with other partners, to reduce childhood morbidity and mortality and improve healthy growth and development of children, particularly in developing countries. Over the last few years the IMCI strategy has evolved and has been implemented in many countries in Asia, Africa and Latin America. Until recently, the strategy focussed on training medical doctors and paramedics using an eleven-day course. Besides doctors and paramedics, in most of the countries basic health workers are the first contact point and provide the primary care. They have the broader base and highest coverage. Thus a need existed to include this vast number of basic health workers into the IMCI strategy and cover greater number of of the population.

The Government India in collaboration with CARE/India and WHO/SEARO developed a training package for basic health workers to provide training on IMCI. The inter-country workshop invited experts, practitioners from six different countries, to orient them on the above training package.

Participants

Thirty-five participants from six different countries (India, Myanmar, Bangladesh, Indonesia, Nepal and Bhutan) attended the workshop. WHO representatives from Geneva and SEARO and a UNICEF/India representative also attended the workshop. From Bangladesh, the WHO medical officer for CDD/ARI, the UNICEF project officer, project directors of CDD and ARI of the GOB and the BASICS/Bangladesh country representative (acting) attended the workshop.

Objectives

The following were the objectives of the workshop

- ◇ To update the WHO global and regional policy on the IMCI approach,
- ◇ To introduce the IMCI training package for basic health workers to the countries in which IMCI has been introduced or is being implemented,
- ◇ To encourage the interest of supporting agencies and donor agencies to become more involved in the IMCI training for basic health workers, and

- ◇ To share experiences among countries in the region on IMCI training for different level of health workers

TRIP ACTIVITIES

The workshop lasted for four days. The conference activities included presentations, group discussion, facilitation, and reading materials.

RESULTS AND CONCLUSIONS

Training Package

The objectives of this training course are

- 1) To train BHWs in technical skills in
 - early referral of seriously ill children,
 - treating the children with dehydration with ORS solution, and
 - treating the children with pneumonia by cotrimoxazole

- 2) To train BHWs in communication skills in
 - advising the mother on feeding the child,
 - giving fluids,
 - relieving cough by home-made cough remedies, and
 - observing the child for selected signs for follow-up and timely consultation

This is a five-day course. The training package consists of the learner's guide, laminated charts, mother's cards, trainer's manual, video segments and photographs of children with selected key signs. Methods used in the training are reading, case study, group discussions, role plays, demonstrations, drills and video sessions. One important aspect of the training is that part of the clinical training is conducted in the community. One hundred percent participant follow-up by the trainer at the working site is also an important component of the training. There is one facilitator per five participants and 15 participants in each batch. Five drugs and three pieces of equipment are required by the BHW to provide the ranges of service mentioned in the training course. The drugs are ORS, cotrimoxazole, iron tablets, vitamin A capsules and paracetamol. The equipment includes a timer, a weight machine and a thermometer.

Participants of the workshop concluded that, at present, IMCI is considered the most cost efficient and most promising approach for reducing mortality in children under 5 years of age. While implementation of IMCI has been progressing well in Indonesia and Nepal, particularly in

the area of training for doctors and first level health workers, the subsequent training for basic health workers is also needed. This level of health worker has a much larger base of service coverage and is closest to the community.

The IMCI training package for basic health workers developed by the Government of India, CARE and WHO/Southeast Asia Region is considered to be the most appropriate tool available for training this level of health worker. It should be promoted for trial in six target countries of the region (Bangladesh, Bhutan, India, Indonesia, Myanmar and Nepal).

Since different countries have different levels of introduction and implementation of the IMCI approach, lessons learned from countries in advanced stages of implementation like Indonesia and Nepal should be used as guidelines for the planning and implementation in the other four countries.

Based on overall presentations and discussions, recommendations were made in the following three areas: 1) planning the national implementation of IMCI, 2) IMCI training for basic health workers, and 3) partnerships with donor agencies and NGOs.

Planning the National Implementation of IMCI

- ◇ In countries where IMCI has not yet been implemented, appropriate planning of the introduction phase is very important. This will lead to the continuity of the government support and the success of IMCI implementation. A two-level task force may be established: 1) The national IMCI task force and 2) the implementation task force. The national task force will work as an advisory body to the government on the policy, planning and management of IMCI. The implementation Task Force will be responsible for technical and management issues of IMCI implementation at the local level.

In an ideal situation, the IMCI management structure should be located at the level where coordination and collaboration with concerned programs can be easily done (e.g., PHC or Family/Child Health Division). In some countries, the CDD or ARI program may take responsibility for the IMCI approach.

- ◇ In countries where IMCI is in an implementation or expansion phase, it must be ensured that good performance be maintained and that the health system is further improved. This requires systematic monitoring and evaluation.
- ◇ The introduction of the IMCI approach should be planned in such a way as to enrich the implementation of the existing programs and avoid any deceleration of those programs.
- ◇ Supervision and follow-up should be simultaneously and continuously conducted and be incorporated into the regular supportive supervision of the health system. The IMCI supervision form shall be used only during the early implementation phase.

IMCI Training for Basic Health Workers

- ◇ IMCI training for BHWs may be undertaken simultaneously with an eleven-day IMCI training in the same area of implementation to complete the intervention nearest to the community. Countries have flexibility on starting the level of training wherever they can, depending on the national policy. However, the complete IMCI intervention at all level health facilities must be ensured.
- ◇ To make this training package and training methodology more efficient, the health workers to be trained should be literate with 18 months pre-service training or be a secondary school graduate (12th grade) with at least three months of pre-service training. Moreover, these health workers should be eligible to use antibiotics according to the national drug policy.

This training is not appropriate for the training of community health workers who have a lower level of literacy. It requires more adaptation and a different approach for the training this level health worker.

- ◇ The group agreed with the CHD recommendations to include a description of activities the BHWs could undertake beyond the health facilities, such as support to referral and follow-up, advice and support to nutrition and breastfeeding.
- ◇ The adaptation working group for training materials should not involve only central technical staff, but also staff at implementation level. An orientation meeting with participation of implementation level staff will make the adaptation most appropriate to the local situation and lead to the most effective training. The technical adaptation process may be accelerated by doing it on a contractual basis with the adaptation working group, time can be better controlled this way.
- ◇ As compared to the medical school, it may be more achievable to incorporate the IMCI training package for basic health workers into the paramedical school curriculum. This may be done, however, only after gaining enough experience from the in-service training.

Partnerships with Donor Agencies and NGOs

- ◇ For a better understanding and cooperation in implementing IMCI, all related partners, including donors and NGOs, should be involved from the planning process. Different approaches in implementation by NGOs should be encouraged, while maintaining technical standards and quality. This can be controlled by the development of a universal criteria for the evaluation of implementation.

RECOMMENDATIONS

The following key recommendations were made by the participants

- 1 The IMCI training package for basic health workers should be promoted for trial in six target countries of the region (Bangladesh, Bhutan, India, Indonesia, Myanmar and Nepal)
- 2 The IMCI management structure should be located at the level where coordination and collaboration with concerned programs can be easily done
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