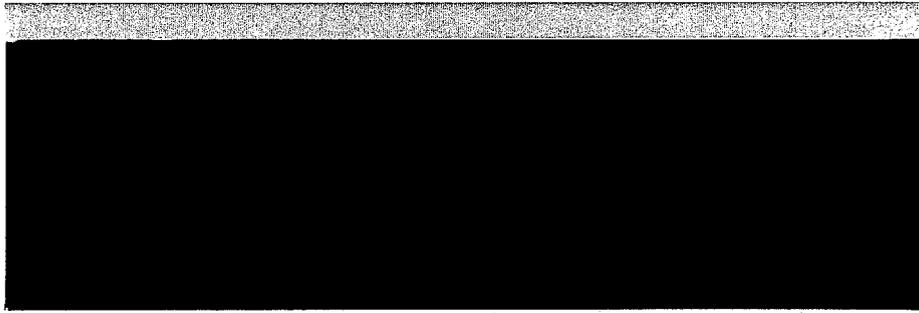


PN. ABZ-084
91448

TRIP REPORT



 **BASICS**

**INTEGRATED CASE MANAGEMENT
TRAINING OF TRAINERS WORKSHOP**

Lusaka, Zambia

May 13 - 25, 1996

Dr. Adama Koné

Technical Directive Number: 000-FA-01-014
USAID Contract Number: HRN-6006-C-00-3031-00

Table of Contents

EXECUTIVE SUMMARY 1

COURSE ACTIVITIES 1

FINDINGS 3

CONCLUSIONS AND RECOMMENDATIONS 3

APPENDICES

- A. Workshop Agenda
- B. List of Participants and Facilitators

EXECUTIVE SUMMARY

The writer was in Lusaka, Zambia, May 13-25, 1996, to attend the integrated case management course adapted for Zambia.

This training course was designed to teach the case management process to doctors, nurses and other health workers who see sick children and infants. In terms of structure, it includes first-level facilities, such as a clinic, a health center or an outpatient department of a hospital.

COURSE ACTIVITIES

At the opening ceremony, Dr Remi Sogunro, BASICS/Zambia Chief of Party, introduced the course facilitators and guests of honor. The Director of the malaria research center and WHO/Zambia representative stressed the importance of this course for Zambia. Dr Samira Aboubaker, WHO/Geneva, Course Director, introduced the course by mentioning the objectives and the rationale of integrated case management of childhood illness.

Twenty-two participants from district health centers and hospitals in Zambia attended the course. In addition to Zambians, two Dutch technical assistants and two members of BASICS' staff (Dr. Barry Smith, Regional Technical Advisor for Latin America and Dr. Adama Koné, Regional Director for Francophone West Africa) also attended the course.

Methodology

- Introduction of the module by course facilitator, mentioning the objectives and procedures to be used.
- Classroom reading followed by exercise(s) with individual or group feedback.
- Discussion and/or drills.
- Video case studies and exercises.
- Clinical practice in an outpatient setting where the facilitator first demonstrates the case, and then participants manage cases individually or in groups of two or more, depending on case availability and the ability to speak local language; record forms are used for all cases; this practice is followed by discussion with the facilitators or case presentation to group.
- Clinical practice in an inpatient setting; Dr Ericxx, Clinical Facilitator, prepared cases for demonstration, as well as for the participants to manage. Each participant invited to manage a case, presented it; other participants were invited to check for specific signs or symptoms and made their own opinion(s) about the case.

Besides the first day of the training entirely devoted to classroom work, the rest of the agenda was composed of clinical practice in the morning and classroom work in the afternoon. Working hours were from 8:00 to 17:30.

Participants were divided into three groups of six to eight; A, B and C. The writer was in group C.

The following modules were taught:

1. **Assess and Classify the Sick Child Age 2 Months Up to 5 Years:** In this module participants learned steps to assess and classify sick children and identify treatment. General danger signs are first assessed and classified, followed by asking the mother about the four main symptoms: cough or difficult breathing, diarrhea, fever and ear infection. When a main symptom is present, the child is further assessed for signs related to the main symptom and the illness is classified according to the signs which are present or absent. The next step is to check for signs of malnutrition and anaemia and to classify the child's nutritional status. The child's immunization status is also checked and a decision is made as to whether or not the child needs immunization on the day of the visit. Participants used the colored chart to assess, classify and identify treatment. The presence of any danger sign must be classified as such, and the case should be referred urgently.
2. **Identify Treatment:** In this module, participants learned how to identify treatment according to case seriousness, from urgent referral to home treatment. In all urgent referral for general danger signs and/or other severe classification, a first dose of an antibiotic is administered before the referral; in some cases, such as severe dehydration, if the child can drink or sip a liquid, oral dehydration solution (ORS) must be prepared and given to the child during transportation.
3. **Treat Sick Child 2 Months to 5 Years:** In this module, participants learned about prescribing and administering drugs. Drug availability has to be considered. In clinical practice, participants learned how to prescribe, prepare, and administer drugs and how to advise the caretaker(s) on home treatment.
4. **Management of the Sick Child Age 1 Week to 2 Months:** Here the method used is the same as in the first module, however, the content is slightly different. In small children, signs for referral are numerous and should all be considered as a possibly serious bacterial infection. Some particularities of this module are that all case of persistent diarrhea with some dehydration should be referred, and mild chest in drawing in a small infant is not considered as severe a sign as in older children, in whom it is considered a sign of pneumonia. Nasal flaring and a bulging fontanelle are also signs of possible serious bacterial infections.
5. **Counsel the Mother:** This module is of particular importance, the mother being the focal point of sick child management. Here participants learned how to praise the mother for coming to the health clinic, assess infant feeding problems, and to give advice for home treatment and when to return to the health center immediately and/or for follow-up

treatment. Participants played the role of communicator between the mother and health worker.

6. **Follow up:** This module reviews the section *Identify Treatment* in the modules **Assess and Classify the Sick Child Age 2 Months to 5 Years**, and **Management of the Sick Child Age 1 Week to 2 Months**. Participants learned about assessing the signs specified in the follow up box for the child's previous classification, selecting treatment based on the child's signs, and if there are any new problems, assessing and classifying them as in an initial visit.

FINDINGS

This training was designed for Zambia doctors, medical officers, and nurses working at district-level health facilities and hospital pediatric wards. Two Dutch TA and two BASICS representatives were included in this training.

The training allowed participants to know how to manage a child coming to the health facility with multiple ill conditions.

The training was carried out in 11 days, during which six modules were taught using various teaching methodologies.

The clinical practice was the training component with the highest importance. Cases were selected as we went through modules. Participants were able to assess, classify, identify treatment, and treat cases in an outpatient clinic, but very few inpatients due to the emergency situation of these cases. However, the clinical practice organization did not allow participants to carry out follow-up visits for cases they had previously seen.

The writer has a feeling that the mothers/caretakers were not pleased with the three groups of "new staff" asking the same questions and/or performing "skin pinches" on their children, but that was part of the learning process.

CONCLUSIONS AND RECOMMENDATIONS

- In future training workshops, if possible, facilitators and participants should stay in the same hotel to facilitate communication.
- Even though facilitators tried to avoid having participants do homework, it was not possible. In the last few days there was a lot of reading material, and the writer has the sense that reading becomes boring for some participants with a slower reading speed.

- Facilitators should encourage participants to “facilitate” with each other, which may save time.
- In the Zambia case, if the training is designed for the same level of personnel or for lower levels, it would be advisable to add two more days to the training workshop and give free time during two afternoons for participants to rest.
- Clinical practice should be organized in such a way that participants could follow up on cases previously managed by them.
- This course was indicated as a training-of-trainers (TOT) course. In fact, the TOT had been scheduled for the following week. The writer wonders if the TOT should not have taken place before this clinical training.
- At the end of this training, the writer sent a note to Dr Kabore suggesting that WHO/AFRO and the BASICS regional office should think about organizing a course in French. But because of the regional office activity planning, such an activity may not be possible before PY4. In the meantime, contact could be made and a training site and maybe trainees and trainers could be identified.

APPENDICES

APPENDIX A
WORKSHOP AGENDA

**MANAGEMENT OF CHILDHOOD ILLNESS
1ST TRAINING COURSE FOR TRAINERS
LUSAKA, ZAMBIA 13 - 24 MAY 1996**

Day 1: Monday, 13 May 1996

- 08:00-8:30 Registration
08:30-9:30 Opening ceremony
09:30-10:00 Coffee/Tea break
- 10:00-12:30 Small group work:
- ▶ Module Introduction
 - ▶ *Module Assess and Classify the Sick Child Age 2 months up to 5 years*
- 12:30-13:30 Lunch
- 13:30-15:15 Small group work:
- ▶ *Module Assess and Classify the Sick Child Age 2 months up to 5 years*
- 15:15-15:30 Coffee/Tea break
- 15:30-17:30 Small group work:
- Module: ▶ *Assess & Classify the Sick Child Age 2 months up to 5 years through 4.1 Assess Diarrhoea*
- Video ▶ General danger signs, cough or difficult breathing

Starting from Tuesday, 14 May work in small groups:

- ▶ Each group starts at 08:00
- ▶ Lunch from 12:30 - 13:30
- ▶ Morning coffee/tea break at University Teaching Hospital
- ▶ Afternoon coffee/tea break 15:15-15:30 at Andrews Motel
- ▶ End of group work at 17:30

Day 2: Tuesday, 14 May 1996

8:00 } 12:30

Outpatient session: *Assess & Classify the Sick Child:*

- ▶ Check for general danger signs
- ▶ Assess and classify cough or difficult breathing

Inpatient session:

- ▶ Check for general danger signs
- ▶ Assess and classify cough or difficult breathing

13:30 - 17:30

Module

- ▶ *Assess & Classify the Sick Child* through 5.1 Assess Fever

Video

▶ Diarrhoea

Day 3: Wednesday, 15 May 1996

8:00 - 12:30

Outpatient session: *Assess & Classify the Sick Child:*

- ▶ Assess and classify diarrhoea

Inpatient session:

- ▶ Assess and classify diarrhoea

13:30 - 17:30

Module:

- ▶ Continue *Assess and Classify the Sick Child* through 6.2

Classify Ear Problem

Video

- ▶ Fever

Day 4: Thursday, 16 May 1996

8:00 - 12:30

Outpatient session: *Assess & Classify the Sick Child:*

- ▶ Assess and classify fever

Inpatient session:

- ▶ Assess and classify fever

13:30 - 17:30

Module:

- ▶ Finish *Assess & Classify the Sick Child*

Video

- ▶ Ear problem, malnutrition and anaemia

Day 5: Friday, 17 May 1996

8:00 - 12:30

Outpatient session: *Assess & Classify the Sick Child:*

- ▶ Assess and classify ear problem
- ▶ Check for malnutrition and anaemia

Inpatient session:

- ▶ Assess and classify ear problem
- ▶ Check for malnutrition and anaemia

13:30 - 17:30

Module:

- ▶ Identify treatment

Day 6: Saturday, 18 May 1996

8:00 - 13:30

Outpatient session: *No outpatient session*

Inpatient session:

- ▶ Assess and classify malnutrition and anaemia

13:30 - 17:30

Module

- ▶ *Treat the Child* through 4.0 Teach the mother to treat local infections

Sunday, May 19th 1996: Day Off

Day 7: Monday, 20 May 1996

8:00 - 12:30

Outpatient session: *Identify Treatment - Treat the Child*

- ▶ Identify treatment
- ▶ Teach mother to give oral drugs
- ▶ Advise mother when to return immediately

Inpatient session:

- ▶ Assess and classify sick children

13:30 - 17:30

Module:

- ▶ Finish *Treat the Child*

B

Day 8: Tuesday, 21 May 1996

8:00 - 12:30

Outpatient session: *Treat the Child:*

- ▶ Treat diarrhoea at home: Plan A
- ▶ Treat some dehydration with ORS: Plan B

Inpatient session: *Treat the Child*

- ▶ Treat some dehydration with ORS: Plan B
- ▶ Treat severe dehydration quickly: Plan C
- ▶ Assess and classify additional children

13:30 - 17:30

Module:

- ▶ *Counsel the Mother* through 3.0 Counsel the mother about feeding problems

Day 9: Wednesday, 22 May 1996

8:00 - 12:30

Outpatient session: *Counsel the Mother*

- ▶ Counsel the mother about feeding problems

Inpatient session: *Treat the Child*

- ▶ Observe and practice Plan B and Plan C
- ▶ Assess and classify additional children

13:30 - 17:30

Module:

- ▶ Finish *Counsel the Mother*
- ▶ *Management of the Sick Young Infant* through 1.4 Classify Diarrhoea.

Video:

- ▶ Assess & Classify young infant for bacterial infection

Day 10: Thursday, 23 May 1996

8:00 - 12:30

Outpatient session: *Management of the Sick Young Infant*

- ▶ Assess & classify young infants for bacterial infection & diarrhoea

Inpatient session:

- ▶ Assess & classify young infants for bacterial infection & diarrhoea

13:30 - 17:30

Module:

- ▶ Finish *Management of Sick Young Infant*

Video

- ▶ Assessment of breast-feeding

Day 11: Friday, 24 May 1996

8:00 - 12:30

Outpatient session: *Management of the Sick Young Infant*

- ▶ Assessment of breast-feeding
- ▶ Correct positioning and attachment

Inpatient session:

- ▶ Assessment of breast-feeding
- ▶ Assess & classify young infants

13:30-16:30

Module:

- ▶ Follow-up

16:30 - 17:30 CLOSING SESSION

APPENDIX B

LIST OF PARTICIPANTS AND FACILITATORS

**INTEGRATED CASE MANAGEMENT (ICM) TRAINING
ANDREWS MOTEL, LUSAKA, 12 - 24 MAY, 1996
LIST OF PARTICIPANTS**

<u>NAME</u>	<u>TITLE/POSITION</u>	<u>LOCATION</u>
1. Mr Makopa Ndlovu	Tutor/Deputy - Nurse	Chainama
2. Mrs Martha Mwandafilumba	Tutor	Chainama
3. Mr. Kabika	Clinical Officer	UTH
4. Dr. K. Mwinga	Medical Officer	UTH
5. Mr. Luwando	Chief Clinical Officer	MOH/MCH
6. Mrs Moonze	CDD/ARI Secretariat	MOH/MCH
7. Dr. Ini Huijts	APO/WHO-MCH/FP Unit	MOH/WHO
8. Dr. Chitembo	Director, DHMT	Copperbelt Prov.
9. Mrs Nzala	D/Director, DHMT	Copperbelt Prov.
10. Mrs Sinkala	Public Health Nurse	Copperbelt Prov.
11. Mrs Mulubwa	Public Health Officer	Northern Province
12. Mr. Bweupe	Senior Clinical Officer	Northern Province
13. Mr. Nyirenda	D/Director, DHMT	Northern Province
14. Dr. R Peeperkorn	Senior Medical Officer	Northern Province
15. Dr. Simwanza	Public Health Adviser	Western Province
16. Mrs Sinyinde	In-Service Coordinator	Western Province
17. Mr D Mwanza	Clinical Officer	Western Province
18. Adama Kone	BASICS Regional Director	BASICS

- | | | |
|-------------------------|----------------------------|----------|
| 19. Barry Smith | Regional Technical Advisor | BASICS |
| 20. Dr. Elizabeth Mason | Medical Officer | WHO/AFRO |

FACILITATORS' TRAINING
13 - 24 MAY 1996

<u>NAME OF FACILITATOR</u>	<u>DESIGNATION</u>	<u>ADDRESS</u>
1. Tesfaye Tessema	Pediatrician	Gondar College of Medical Sciences P.O. Box 186 Gondar, Ethiopia
2. Paultre P. Desrosiers	Technical Officer/ Training Coordinator	BASICS 1600 Wilson Blvd, Suit 300 Arlington, VA 22209 USA
3. Teshome Desta	Pediatrician	Gondar college of Medical Sciences P.O. Box 196 Gondar, Ethiopia
4. Doyin Oluwale	Medical Officer CDD/ARI	WHO African Regional Office, Brazzaville Congo
5. Bob Pond	Technical Officer	BASICS 1600 Wilson Blvd Suite 300 Arlington, VA 22209 USA
6. Samira Aboubaker	Medical Officer	WHO/HQ Division of CDR 10 Avenue Appia 1211 CH, Geneva Switzerland

15

7. Eric Simoes

Consultant

BASICS
1600 Wilson Blvd
Suite 300
Arlington, VA 22209

8. Helen L. Cholay

Health Officer

UNICEF
Addis Ababa
Ethiopia