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**TRAINING IN INTEGRATED MANAGEMENT
OF CHILDHOOD ILLNESS (IMCI)
IN ADDIS ABABA, ETHIOPIA**

May 1996

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ACKNOWLEDGMENTS

The author appreciates the effort of the course organizers and of the Ethiopians who helped us along. Many thanks.

ACRONYMS

ARI	Acute Respiratory Infections
BASICS	Basic Support for Institutionalizing Child Survival
CDD	Control of Diarrheal Disease
IEC	Information, Education, and Communication
IMCI	Integrated Management of Childhood Illness
LAC	Latin American Countries (Region)
MOH	Ministry of Health
PAHO	Pan American Health Organization
UNICEF	United Nations Children's Fund
WHO	World Health Organization

EXECUTIVE SUMMARY

BASICS Technical Officer, Dr. René Salgado, visited Addis Ababa, Ethiopia, from May 20 to 31, 1996, to attend the WHO-sponsored course on integrated management of childhood illness (IMCI). The course was targeted at individuals who will act as consultants on IMCI in the various regions.

The course was very well organized and was implemented without major problems. As with any generic methodology, the IMCI course can be improved in a number of ways for implementation in the Latin America region. Among the areas of modification are:

- 1) Allow more flexibility in the methodology and pattern it to the different audiences;
- 2) Streamline the number of counseling messages and improve the method of delivery;
- 3) Increase the participant/facilitator ratios (currently 3:1) as the LAC region will not have the resources to replicate the course as is;
- 4) Modify the length of the course to accommodate MOH concerns;
- 5) "Latinize" videos and photographic materials;
- 6) Modify the nutrition component of IMCI to make it more appropriate for the LAC setting; and,
- 7) Correlate BASICS IEC activities in countries with the content of interpersonal communication messages in the IMCI.

INTRODUCTION

BASICS Technical Officer, Dr. René Salgado, traveled to Addis Ababa, Ethiopia, from May 20 to 31, 1996, to attend the World Health Organization Consultant's Course on Integrated Management of Childhood Illness.

BACKGROUND

IMCI is a major initiative launched by UNICEF/WHO and supported globally by the BASICS project. It is designed to improve the quality of care of children one week to five years of age by integrating all assessment, treatment and counseling skills in one algorithm. According to WHO publications, IMCI can help address between 80 - 90 percent of infant and child morbidity and mortality. The IMCI initiative consists of an 11-day course designed to give first-line health workers the knowledge and skills necessary to implement the initiative.

This training in Ethiopia is the second of its kind since the IMCI strategy was launched and was dedicated to the training of consultants in IMCI. The participants will go back to their countries and serve as consultants for regional and in-country IMCI activities. To this effect, a number of consultants from the Latin America region were invited to participate. These consultants will

help the Pan American Health Organization (PAHO) implement the IMCI strategy in Latin America. A list of participants can be found in Appendix A.

ACTIVITIES

The course is 11 days long and began each day at 8:00 am and lasted until 5:00 pm. From 5:00 to 6:00 pm there were technical sessions designed to help participants understand the principal technical issues related to IMCI and some of the technical reasons for changes from the previous algorithms. Also addressed in these technical sessions were a series of implementation issues (e.g. adaptation of the course). A copy of the agenda can be found in Appendix B. The IMCI material used was an Ethiopian adaptation.

The group was divided into three subgroups of approximately eight to nine individuals each. Each subgroup was facilitated by three facilitators. Thus, the ratio of participants to facilitator was 3:1. Clinical training sessions had two additional facilitators that coordinated all in-patient and some out-patient sessions (some out-patient sessions were coordinated by the non-clinical facilitators). Participants were transported between the conference center and clinical settings in large buses. Each subgroup visited each clinical setting at different moments so as not to overwhelm the clinic. The time was very effectively used. In addition to the facilitators there was a course coordinator as well as administrative and logistical support.

The course was conducted with substantial practice in in-patient and out-patient settings. Almost 50 percent of the time was spent practicing IMCI; the rest of the time was dedicated to reading the modules and doing a series of exercises and drills. The clinical sessions were invaluable in acquiring the necessary skills to practice IMCI. It was clear that individuals conducting the clinical sessions were experienced pediatricians with strong technical and clinical backgrounds. In-patient sessions were held in a national-level hospital (Black Lion) with a high concentration of patients. Out-patient sessions were held in various health centers in Addis Ababa. Clinical sessions usually involved the assessment and classification of sick children by groups of two or three participants. Facilitators selected and assigned cases and then reviewed them with participants in grand rounds fashion. Up to five or seven children could be seen by each participant in a day. This case load was critical for gaining experience with IMCI. The difference between in-patient and out-patient sessions was that in the out-patient settings, participants could do the complete IMCI algorithm (from assessment to counseling) directly with the mother. Participants could ask questions of the mother and then make recommendations. In the out-patient sessions, discussion with the mother was not possible.

The other half of the training, as mentioned above, involved reading the IMCI materials, solving exercises, doing role plays and doing drills. These sessions were facilitated by three experienced facilitators. One of the facilitators in our group was an Ethiopian physician who was very well versed in the local language and culture. The role plays were particularly useful. Participants

experienced different difficult situations first-hand. In one case, when the writer of this report played the role of a provider, it took 20 minutes just to counsel the mother!

CONCLUSIONS AND RECOMMENDATIONS

Although it is clear that the IMCI course will be invaluable in improving the quality of care of children under 5 years of age in developing countries, there are a number of areas that can be improved as experience is gained.

1. **Training methodology is not suitable for all audiences.** It was clear from the outset that for some of the more sophisticated target audiences (e.g., pediatricians, chief clinical officers, etc.), the training methods can be improved. Many of the participants felt uncomfortable with some of the more mundane and time-consuming tasks required by the course (e.g., splitting tablets in half), and felt their time could be better spent in other ways. Drills were not welcomed and a few participants felt insulted by these rapid question/answer sessions.

It was also evident to the participants that there was little discretion allowed to facilitators to modify the methodology. Although there is an understandable need to go through the methodology as described in the facilitator's guide, facilitators -- especially experienced ones -- will need to be free to deviate from the methodology when it is obvious that the participants will not benefit from a certain exercise or activity. Facilitators should be allowed to experiment with different ways of doing some of the activities. The writer of this report feels that an addendum to the facilitator's guide could be developed to advise facilitators on different approaches that can be used.

2. **Counseling methods can be improved.** Course designers spent considerable energy in identifying the appropriate messages to be delivered to the caretakers. However, in a number of situations it will take more time than is available to deliver all the messages that need to be delivered. An attempt is made in the course to help the provider prioritize the messages, but it is clearly insufficient. Another problem with the counseling section is that it makes the delivery of messages a mechanistic process and it transforms the communication process -- a highly empathic human activity -- into an aseptic and unfeeling action. Clearly, this is an area that needs to be monitored closely, researched, and improved as IMCI is implemented in countries.
3. **At least for the LAC region, it will be impossible to replicate a 3:1 participant/facilitator ratio.** The LAC participants agreed that given the constraints in their respective MOHs it would be impossible replicate such a high participant/facilitator ratio. Although current plans in the LAC region do replicate this ratio, it is urgent that alternative combinations of facilitators be identified for replication in the countries.

4. **Length of the course continues to be a problem.** This has been a serious problem from the beginning and, although the writer considers that 11 days is just enough to teach the material, it will be necessary to either reduce the number of days or break the course into two or three sections. MOHs in the LAC region will be resistant to separate their providers from their services for 11 days. Alternative options need to be encouraged and tried.
5. **Videos and photography will need to be adapted for LAC.** Current plans for the region call for the use of photographic and video materials as is. Given their heavy emphasis on African and Asian examples it would be appropriate to explore the development of more local materials.
6. **Nutrition assessment and recommendations might not be appropriate for the LAC setting.** As it is currently designed, the IMCI nutrition assessment focuses mainly on acute malnutrition and on a series of recommendations based on a low weight-for-age finding. Although this might be appropriate for some parts of the world, the main problem in LAC is stunting. An adaptation that includes growth monitoring (promotion) and can help identify growth faltering should be made for application in the LAC region. As presently designed, the nutrition recommendations are presented when very low weight is found. Little effort is made to identify the underlying causes of malnutrition. A better assessment of causes of malnutrition can and should be done in the LAC region.
7. **A well coordinated BASICS IEC strategy needs to be developed.** BASICS will be involved with IMCI in a number of countries in the LAC region. It is critical that IEC activities already being implemented or being planned are well correlated with the interpersonal communication content of the IMCI. The IMCI course already contains a prioritized number of messages to the mother. BASICS IEC personnel need to be informed about the communication component of IMCI. A suggestion is made that all BASICS IEC personnel take a half-day or one-day summary of the counseling the mother content of IMCI as soon as possible.

FOLLOW-UP ACTION

BASICS headquarters and regional and country personnel need to discuss some of the above suggestions and others coming from other experiences (Zambia) and develop a strategy/plan to deal with them. Dr. Bob Pond has suggested that we ask BASICS participants to write their impressions of the course immediately after finishing it and that we regularly mine these ideas for incorporation into BASICS workplans. Another suggestion would have BASICS, and other experienced personnel, meeting for a few days once a year to discuss ways of improving the course. In fact, an addendum to the facilitator's guide could be developed in a one-week retreat of experienced participants. Finally, the writer will coordinate with IEC personnel about the possibility of doing a short workshop for BASICS IEC personnel.

APPENDICES

APPENDIX A

LIST OF PARTICIPANTS AND FACILITATORS

I. Director, Co-ordinator & Facilitators

1. Dr Ivan Lejnev CHD/HQ - Course Director
2. Dr Mekonnen Admassu (Ethiopia) - Course Co-ordinator

1. Dr Sileshi Lulseged (Ethiopia)
2. Dr Senait Kedebe (Ethiopia)
3. Dr Tesfaye Getaneh (Ethiopia)
4. Dr. Thierry Lambrechts (Belgium)
5. Dr Youssouf Gamatie (Niger)
6. Dr Francis Onyango (Kenya)
7. Dr Petra Andre-Eklund (Sweden)
8. Dr Antonio L. Alves Da Cunha (Brazil)
9. Dr Lone Christiansen CHD/Ethiopia

1. Dr Lulu Muhe (Ethiopia) - Clinical Instructor
2. Dr Hans Lindblad (Sweden) - Clinical Instructor

II. Participants:

- | | |
|-----------------------------|-------------------------------|
| 1. Dr Bernadette Daelmans | CHD/HQ |
| 2. Dr Mariam Claeson | CHD/World Bank |
| 3. Dr Fulvia Loik | Italy |
| 4. Dr Mike Lichnevski | CHD/EMRO |
| 5. Dr David Hipgrave | Australia (Macfarlane Centre) |
| 6. Dr René Salgado | BASICS |
| 7. Dr Mary Carnell | BASICS (Madagascar) |
| 8. Dr Giuseppe Sperotto | Brazil |
| 9. Dr Carmen Quiroga Moreno | Bolivia |
| 10. Dr Cabrera Meza | Guatemala |
| 11. Dr Renata Schumacher | Spain |
| 12. Dr Hanney | Indonesia/MOH |
| 13. Dr Yamamoto Kayoko | CHD/WPRO |
| 14. Dr Antoine Kaboré | CHD/AFRO |
| 15. Dr Loco Lazare | CHD/AFRO |
| 16. Dr Assimadi J. Kossi | Togo |
| 17. Dr Francis Mueke | CHD/Nigeria |
| 18. Dr Kassankogno Yao | AFRO/Malaria |
| 19. Dr. Ali B. Ntabona | AFRO/MCH |
| 20. Dr Malan Kassi Léopold | AFRO |
| 21. Dr Alberto Torres | Spain |
| 22. Dr Hagos Beyene | Ethiopia |
| 23. Dr Mengistu Mesfin | Tigray, Ethiopia |
| 24. Dr Bernanu Debabe | Region 14, Ethiopia |
| 25. Dr Afework Geleta | Oromia, Ethiopia |
| 26. Dr Gebre Asmamaw | Region 3, Ethiopia |
| 27. Dr Sahile Sita | SEPAR, Ethiopia |
| 28. Dr Elsa Chea-Woo | Peru |
| 29. Dr Tunde Madaras | CHD/EURO |
| 30. Dr Abonesh Haile Mariam | WHO/Ethiopia |

APPENDIX B



Tentative agenda for Technical & Implementation seminars

A. Specific Technical Issues

21 May, Tuesday

ARI: Classification of pneumonia (respiratory rate cut-offs, sensitivity vs specificity); wheezing and sore throat; chronic cough; antibiotic use for pneumonia; adaptation in response to resistance, availability.

Co-ordinator: Dr Lulu Muhe

22 May, Wednesday

Child with Fever - Malaria

Co-ordinator: Dr I. Lejnev

23 May, Thursday

Diarrhoea: current assessment procedure (recommendations and justification); management of persistent diarrhoea; management of dysentery; antibiotic use; adaptation in response to resistance, availability.

Co-ordinator: Dr Mariam Claeson

24 May, Friday

Feeding counselling: 1. breastfeeding 2. complementary feeding

Co-ordinator: Dr Bernadette Daelmans

25 May, Saturday

Anaemia. Nutritional Status. Vitamin A supplementation

Co-ordinator: Dr Hans Lindblad



27 May, Monday

Immunisations: recommendations & contraindications. Management of measles.

Co-ordinator: Dr Petra Eklund

B. Implementation issues:

28 May, Tuesday

Planning process; introduction at country level; orientation of country staff

Co-ordinator: Dr Thierry Lambrechts

29 May, Wednesday

Adaptation of the course materials

Co-ordinator: Dr Thierry Lambrechts

30 May, Thursday

Monitoring of early use

Co-ordinator: Dr Thierry Lambrechts

31 May, Friday

Young infant: selection of signs and symptoms in the charts. Special management issues (hypothermia, hypoglycaemia)

Co-ordinator: Dr Lulu Muhe

MANAGEMENT OF CHILDHOOD ILLNESS

Training Course for Consultants

ADDIS ABABA, ETHIOPIA 20-31 MAY 1996

Day 1. Monday, 20 May 1996

08:30-09:00 Registration

09:00-10:00 Plenary

Opening ceremony

10:00-10:30 Coffee/Tea break

10:30-12:30 Small group work

Module *Introduction*

Assess and classify the Sick Child age 2 Months up to 5 years

12:30-13:30 Lunch

13:30-15:15 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 Module

Assess and classify the Sick Child age 2 Months up to 5 years

Video

Danger signs, cough & difficult breathing

Note: Starting from Tuesday, 21 May

Work in small groups

Each group starts at 08:00

Lunch from 12:30 to 13:30

End of small group work at 17:00

Plenary

Technical seminars daily from 17:00 to 18:00

Coffee/Tea Breaks:

in the morning - according a group schedule

in the afternoon - 15:15 to 15:30

Day 2. Tuesday, 21 May 1996

Outpatient session

*Assess and classify the Sick Child (Check for danger signs
Assess and classify cough and difficult breathing)*

Inpatient session

Check for danger signs: Assess and classify cough and difficult breathing

Module

Assess and classify the Sick Child age 2 Months up to 5 years

Video

Diarrhoea

Day 3. Wednesday, 22 May 1996

Outpatient session

Assess and classify the Sick Child (Assess and classify diarrhoea)

Inpatient session

Assess and classify diarrhoea

Module

Assess and classify the Sick Child age 2 Months up to 5 years

Video

Fever

Day 4. Thursday, 23 May 1996

Outpatient session

Assess and classify the Sick Child (Assess and classify fever)

Inpatient session

Assess and classify fever

Module

Assess and classify the Sick Child age 2 Months up to 5 years

Video

Ear Problem, Malnutrition and Anaemia.

Day 5. Friday, 24 May 1996

Outpatient session

*Assess and classify the Sick Child (Assess and classify ear problem
Check for malnutrition and anaemia)*

Inpatient session

Assess and classify ear problem; Review assess and classify process

Module

Identify Treatment

12

Day 6. Saturday 25 May 1996

Outpatient session

No outpatient session

Inpatient session

Assess and classify malnutrition and anaemia

Module

Treat the Child

Sunday 26 May 1996

Day off

Day 7. Monday, 27 May 1996

Outpatient session

Identify the Treatment - Treat the Child (Identify the treatment; Teach the mother to give oral drugs; Advise the mother when to return immediately)

Inpatient session

Assess and classify sick children

Module

Treat the Child

Day 8. Tuesday, 28 May 1996

Outpatient session

Treat the Child (Plan A - Treat Diarrhoea at home; Plan B - Treat some dehydration with ORS)

Inpatient session

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

Module

Counsel the Mother

Day 9. Wednesday, 29 May 1996

Outpatient session

Counsel the Mother (Counsel the mother about feeding problems)

Inpatient session

Observe and practice Plan B and Plan C; Assess and classify additional children

Module

Counsel the Mother
Management of the Sick Young Infant

Video

Assess and classify young infant for bacterial infection.

Day 10. Thursday, 30 May 1996

Outpatient session

Management of the Sick Young Infant (Assess and classify bacterial infection and diarrhoea)

Inpatient session

Assess and classify bacterial infection and diarrhoea

Module

Management of the Sick Young Infant

Video

Assessment of breastfeeding; Positioning and attachment.

Day 11. Friday 31 May 1996

Outpatient session

Management of the Sick Young Infant (Assessment of breastfeeding; Correct positioning and attachment)

Inpatient session

Assessment of breastfeeding; Assess and classify young infants

Module

Follow-up

Plenary

Closing ceremony