Pre-service and In-service Capacity Building: Lessons Learned from Integrated Management of Childhood Illness (IMCI)

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Outline of Presentation

- Background
- What is IMCI?
- Lessons learnt from IMCI training
- New training options
- Conclusion
Major Causes of Death in Neonates and Children Under-five: World - 2012

45% of global under-five deaths are associated with Nutrition-related factors*

- Newborn problems
- Pneumonia
- Diarrhoea
- Malaria

Sources:
So how do we take effective interventions to those who need them?

Effective interventions exist, but one of the main challenges is how to take them where they are needed.
Where are these Interventions Needed Most?

Interventions delivered at home, primary health facility and hospital

- Home/Community
- 1st level facility
- Hospital

- Number of children seen
- Specialised care
- Equipment, supplies, case management skills
...Even when provided Quality of Care is a major constraint...

- **Clinical care**
  - incomplete assessment of patients
  - poor communication with parents
  - irrational treatments & counselling

- **Health system issues**
  - access to services or organization of services
  - availability of appropriate medicines, vaccines & supplies
  - support supervision
IMCI: Key Strategy for Improving Child Health

An integrated approach to the well-being of the whole child to:-

- Reduce death, illness and disability, and
- Promote improved growth and development.

Management of Sick Children  |  Nutrition  |  Immunization  |  Disease Prevention & Promotion of Growth and Development

Integrated Management of Childhood Illness
Main Components of IMCI

Knowledge, beliefs and skills of caretakers

To promote:
- Holistic assessment of sick children
- Rapid referral of severely ill children
- Rational use of medicines
- Effective communication

Policy & Support supervision

Community IMCI

Improve health worker performance

Strengthen health system supports
<table>
<thead>
<tr>
<th>Finding</th>
<th>Classification</th>
<th>Treatment</th>
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<tbody>
<tr>
<td>Danger signs</td>
<td>Severe disease</td>
<td>Urgent referral</td>
</tr>
<tr>
<td>Cough or difficulty in</td>
<td>Severe disease</td>
<td>Urgent referral</td>
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<tr>
<td>breathing</td>
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<td>Diarrhoea</td>
<td>Disease with specific therapy</td>
<td>Specific medical treatment</td>
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<td>Fever</td>
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<td>Ear problem</td>
<td>Disease without specific therapy</td>
<td>Symptomatic treatment</td>
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<tr>
<td>Nutritional status/anaemia</td>
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<td>Vaccination status</td>
<td>Complete/incomplete</td>
<td>Vaccinate</td>
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Lessons Learnt from IMCI Capacity Building
What strategies have been used in IMCI Training?

- In service training:
  - Targeting health workers in service

- Pre-service training:
  - Targeting health professionals in training institutions
What is the Target of IMCI Training?

- **Who?** All health workers managing children
  - Nurses, clinical assistants & doctors
  - Medical, nursing or paramedical students

- **Which conditions?** Major causes of mortality:
  - Pneumonia, diarrhoea, malaria, meningitis, acute malnutrition, HIV, preventive, neonatal problems, etc.

- **What level of care**
  - Primary level health facilities
  - Hospital OPD
Why In-Service Training?

To improve performance of health workers by:

- Familiarization with national guidelines
- Ensuring that health workers in practice are aware of new evidence based best practices
- Refresher training/continuing medical education
- Ensuring improved quality of care for severely ill children.
Methods of Capacity Building

- Reading – knowledge
- Skills training/clinical practice
- Scenarios/discussions
- Drills & role plays
- Job aides - Charts
- Facilitators
- Evaluation

Skill sessions are conducted in small groups

Clinical practices sessions on cases with signs in facilities
Why IMCI “Pre-service” Training?

Pre-service training is recognized as an opportunity to:

- Prepare graduates to support and follow national policies and guidelines
- Broaden health system coverage by trained health workers in a sustainable manner
- Improve the cost-effectiveness of training
- Reach practitioners in both the public and private sectors
What does it take to introduce into Pre-Service Education

PHASE 1: ORIENT & PLAN

PHASE 2: PREPARE & CONDUCT TEACHING
- Revise Plan
- Assess Outcomes

PHASE 3: REVIEW & REPLAN
- Review Plan

PHASE 4: EVALUATE TEACHING

Train Teachers
- Prepare Clinics
- Prepare Materials
- Coordinate Teaching
- Monitor Teaching
Facilitating factors for introducing IMCI into curricula

- Strong commitment of the MOH staff
- Involvement of key medical and paramedical faculty
- Introduction coinciding with review of curriculum or beginning of new training program
- Critical mass of IMCI trained preceptors
Challenges
Challenges of In-service Training

- High cost of centralized tutor-based training
- Inadequate supply of training materials (modules)
- Frequent attrition of trained staff
- Limited to public health facilities
- Releasing essential staff for off-site training
- Reluctance to locally apply learned skills.
Challenges in Pre-service training...

Strengthening multiple technical areas for Pre-Service Education

- Essential newborn care
- Paediatric HIV Care and treatment
- Management of common childhood illnesses
- Adolescent health and development
- Infant and young child feeding

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Faculty Level Challenges

“Students need to know every condition”

“Students need to learn about the most high tech diagnostic tools and drugs”

Curriculum is already overloaded!!!
Institutional level challenges

- Preference for lecture-style classes with limited interactive and skill-oriented teaching
- Large class sizes in classes
- Inadequate or non-functioning facilities (e.g., audiovisual, training materials)
- Coordination between different academic programmes and units (e.g., paediatrics vs. community medicine)
- Few trained or motivated preceptors
New Options For IMCI Training
Innovative computer based training
Training player – the concept

READ

SEE

PRACTICE

TEST

http://online.icatt-training.org/se-33276f7522b243e3a45464190ac06475/AdminPage/
How ICATT can be used?

ICATT

Self-learning

Teaching tool

Reference

Update

Test
IMCI Distance Learning

DL Materials Vs IMCI In-service Modules

Modules same as in-service except:

- Modules are re-written so that they are self-contained i.e. from assess.. to follow up
  - Opening case study
  - Self-assessment exercises with answers
  - Relevant photos/video DVDs

- Facilitator guide for the face to face meetings
  - Formation of study groups
  - Identification of mentors/tutors

- Logbooks created for progressive assessment
Paper-based IMCI Distance Learning: principles and experiences

Target: Health workers who cannot leave their clinics for too many days or private practitioners

Blended learning for motivation:

• Face-to-face meetings with facilitators, for orientation, review of progress and clinical practice
• Access to a mentor/tutor in person, or thru mobile etc.
• IMCI skills practice in home facilities
• Group study/clinical practice is encouraged
Conclusion

Capacity building should:

- Focus on core competences
- Focus on pre-service training
- Use in-service training for refresher training & CME.
- Avail several options and approaches suitable for different settings