

Integrated Management of Child Health

**IMCI**

**pre-service education**

**Orientation and planning workshop**

**Facilitator guide**



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## Foreword

*In the Name of God, the Compassionate, the Merciful*

Medical schools play a key role in preparing the future cadres of health professionals who will be providing child health care services in the community, whether in the public or private sector. It is recognized that investment to enhance teaching in these institutions is as important as other key public health interventions, as well as being of support to those interventions. Effective teaching contributes to improving the quality of health care in a country; also, upgrading teaching represents a long-term response to the health care needs of a community.

Since its inception in the 1990s, when the Integrated Management of Child Health (IMCI) strategy was introduced in the Eastern Mediterranean Region, the WHO Regional Office for the Eastern Mediterranean recognized the need to introduce IMCI not only in the public health system but also in the teaching programmes of medical schools. Thus, it collaborated closely with the medical schools in the Region, and pioneered efforts in this area globally. Wide experience has since been gained in the Region. Based on that experience, the Regional Office has developed this IMCI pre-service education package to support countries and institutions in introducing IMCI in their teaching programmes, and in evaluating its use using standard approaches.

The advantage of this IMCI pre-service education approach is that it can be integrated with existing teaching programmes and does not necessitate the creation of new vertical structures. Further, it enhances the process of skills development that is key to improving the quality of care to children. I trust this package, with the instruments it offers, will be of great benefit to guide and support teaching institutions in their efforts to further enhance the quality of their teaching and, eventually, to produce qualified professionals ready to sustain the challenges ahead.



Hussein A. Gezairy MD FRCS  
WHO Regional Director for the Eastern Mediterranean





## Preface

This publication is part of the IMCI pre-service education package developed by the WHO Regional Office for the Eastern Mediterranean. The package was developed as a set of tools to assist teaching institutions in introducing, implementing and assessing undergraduate teaching programmes that include the IMCI approach.

Medical and allied health professional schools play a key role in preparing the future cadres of health providers who will be providing child health care services in a country, whether in the public or private sector. An increasing number of medical schools in the Eastern Mediterranean Region have been taking steps in recent years to introduce the Integrated Management of Child Health (IMCI) approach into their undergraduate teaching programmes. The Regional Office, through its child and adolescent health and development programme, has been closely collaborating with these institutions in the task, when IMCI was introduced in the Region as a public health approach, and as an initiative to address future IMCI sustainability. Development of this package was based on this collaborative experience and on a recommendation from the Member States. It proposes a standard approach to each phase, from planning to evaluation.

The package comprises the following publications.

1. *IMCI pre-service education: orientation and planning workshop: facilitator guide* is designed to assist in the conduct of in-depth participatory workshops for teaching institutions to develop plans to introduce IMCI into the teaching programmes. The guide, tested in an intercountry workshop in July 2009, includes detailed guidelines, presentations and tools to support this task.
2. *IMCI pre-service education: teaching sessions*, with lesson plans to support planning and conduct of IMCI-related teaching sessions within the paediatric and community medicine teaching programmes, describes the student learning objectives, content and procedures of each session. The content was thoroughly reviewed by an expert group in 2008.
3. *IMCI pre-service education: guide to evaluation* is a comprehensive tool to assess whether IMCI pre-service education as a public health intervention improves students' competencies in managing main childhood health problems in outpatient settings. Extensively reviewed through expert consultations and tested in four medical schools, this guide comes with a user guide to data entry and analysis and a CD with the relevant e-forms and programme files.
4. *IMCI pre-service education: question bank* is a resource library of multiple-choice questions and case scenarios suitable for evaluations of IMCI pre-service education and student formative and summative assessments. It has already been used to develop student knowledge tests for evaluations in two medical schools, in 2009.
5. *IMCI pre-service education: e-lectures* on CD provides standard technical content as a resource to support IMCI-related teaching.
6. *IMCI pre-service education: e-learning material for students* on DVD is designed to support students' learning at their own pace through an electronic, interactive medium.



## Acknowledgements

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## Introduction

The WHO Regional Office for the Eastern Mediterranean, through its child and adolescent health programme, has guided and supported many teaching institutions in the Region in introducing the integrated management of child health (IMCI) into their teaching programmes. This experience has shown that the orientation of teaching staff in these institutions on the IMCI strategy and IMCI pre-service education is a crucial step in creating a supportive environment and endorsing the introduction of the IMCI clinical guidelines into teaching programmes. The development of a preliminary plan of action and agreement on the different steps is also an essential activity that will facilitate the process of introduction of IMCI into teaching and strengthen the outpatient paediatric teaching. These two steps, orientation and planning, are undertaken in a practical orientation and planning workshop. This guide has been developed to standardize, and assist in conducting, this type of workshop. The guide is part of the regional IMCI pre-service education package. Users of the guide will include all those who will be involved in conducting this activity such as the national IMCI pre-service education coordinator, the national IMCI coordinator, WHO staff, consultants and other resource persons.



# Chapter 1. Objectives and design of the workshop

## 1.1 Objectives of the workshop

The main objectives of the workshop are to:

- Orient participants thoroughly to the national IMCI clinical guidelines using an interactive and practical approach; and
- Develop a plan of action for the initial steps of introduction of IMCI into the relevant teaching programme(s) of the institution.

More specifically, the workshop aims to:

- Introduce the participants to the IMCI strategy, including rationale, objectives, components, achievements and lessons learnt;
- Orient the participants to the design and training methodology of the standard in-service IMCI case management course;
- Describe the IMCI pre-service education objectives, phases and requirements;
- Discuss the initial steps of introduction of IMCI into the institution's relevant teaching programme(s) and develop the related plan of action accordingly.

This workshop can be used also for teaching institutions which have already introduced IMCI, to orient new staff and revise the original plan of action. The workshop is also an effective alternative to the IMCI case management course for the more senior teaching staff who are not able to participate in the standard courses.

## 1.2 Who conducts the workshop

This workshop should be organized and conducted by a team. The team should preferably be composed of:

- the national IMCI coordinator (or a focal point of IMCI pre-service education in the national IMCI team);
- a university teacher of high reputation, very familiar with IMCI and with large experience with IMCI teaching, such as a member of the teaching faculty from a local medical school, the national IMCI pre-service education focal point in the country, or the head of the national IMCI pre-service education task force, as applicable.
- a WHO technical staff or expert with experience in IMCI pre-service education. WHO participation provides visibility and advocacy to the initiative and facilitates endorsement in addition to the technical support.

### 1.3 Who attends the workshop

Proper selection of participants is key to meeting the objectives of the workshop.

- The first session of the workshop provides a general introduction to the IMCI strategy (definition, rationale, components, and training materials). This session is key to understanding the strategy. Therefore, the participation of decision-makers such as the dean (if possible), heads of concerned department(s), members of department councils, in addition to other teaching faculty members, is recommended.
- The second session of the workshop provides an orientation on the IMCI clinical guidelines, which are expected to be the core of the teaching programme. Therefore, the head and the teaching staff of the concerned departments should attend this session. This session might not be very useful to high-level decision-makers, such as the dean.
- As the development of plans is one of the key objectives, the participation of decision-makers from the concerned departments in the planning session is crucial and should be ensured.

### 1.4 Preparatory work for the workshop

- This guide, together with the written and video exercises and the IMCI e-lecture, should be adapted as applicable to each country.
  - As each country in the WHO Eastern Mediterranean Region has its own adapted clinical guidelines and modules, it is not possible to indicate in this regional guide the page and exercise numbers in the different countries' IMCI materials. This guide refers to the page and exercise numbers included in the generic IMCI modules. Facilitators should insert in their guide the corresponding pages and exercise numbers of the national IMCI training materials before the workshop, next to the corresponding section, to facilitate their work during the workshop.
  - Addition of a box on throat problems is a regional adaptation of the IMCI clinical guidelines and is therefore included in this guide. If the national adapted guidelines did not include it, this part of the guide and accompanying related lecture should be omitted.
  - The malaria box is not included in this guide and lecture as malaria is part of the IMCI clinical guidelines of only a few countries in the Region. Those countries should include malaria in the lecture and adapt the workshop schedule accordingly. The same applies to other conditions which are not included in the guide and the lecture.
  - Some of the written exercises used in this workshop and their answers need to be adapted. For the conditions not covered, written exercises may be added, if deemed necessary. Facilitators should indicate the numbers of these exercises and reference page in the module in the margin of their guide before the workshop.
  - The regional recommended adaptation for "checking for malnutrition and anaemia" has two separate boxes, one for each condition. In those guidelines where there is only one box for both conditions, facilitators should modify the lecture accordingly.
  - Many countries have included in their guidelines the first week of life in the "sick young infant" section and have also included jaundice. This part should also be adapted according to country adaptation.
  - Once the guide has been revised to suit the national context, each facilitator should keep his own copy of the guide for future use in this type of workshop. The guide should be updated as new adaptations are introduced in the national guidelines.



- When introducing changes to the e-lecture on the CD accompanying this guide, in line with the country adaptation, attention should be paid to the links existing between the different slides of this lecture. Addition or deletion of one slide will disturb the links created in the generic presentation.
- The e-lecture is included in a folder together with the sources of video and audio clips. If the presentation is copied to another location, ensure all files contained in the folder for the lecture are copied.
- The template of the plan of action (see Annex 1) is provided in an e-format on the CD accompanying this guide to facilitate a revision of the planning steps and activities according to the progress of the IMCI pre-service education in the country and according to the structure and organization of work of the department.
- Official request should be made by the concerned department(s) in the institution to the ministry of health to arrange for the workshop. This formal step confirms the interest of the concerned department in and commitment to the workshop and the introduction of IMCI into its teaching programme.
- A situation analysis of the teaching within the teaching programme(s) should be carried out by the concerned department(s). The information required can be collected through the questionnaire provided in Annex 2, allowing sufficient time before the workshop. This questionnaire will provide a clear idea of the teaching programme in the institution, including learning objectives, content, duration, placement in the teaching programme, teaching materials, tools and methodology, number of teaching staff and their profile. This information should be summarized before the workshop as it will facilitate the discussions on the introduction of IMCI into the teaching programme, teaching methodology, task distribution among teaching staff and the development of the plan of action with the concerned department.
- Official communications between the Ministry of Health – the organizing partner – and the teaching institution(s) should be established, to agree on:
  - schedule of the workshop (duration and distribution of the sessions over 3 days according to teaching staff's suitable working hours);
  - participants: number and positions;
  - the site for the plenary sessions, allowing sufficient space for participants to sit comfortably;
  - the site for the clinical sessions (with space to accommodate the number of participants and facilitators, whether in the outpatient department or other place suitable to the teaching staff) and assignment of a junior staff to coordinate the sessions (to arrange the patients according to the schedule, take them to the site of the session and ensure their treatment after the session; see Chapter 4);
- The required instructional materials and supplies should be procured (see Annex 3);
- The seating for the plenary sessions should be arranged in a U-shaped format, the wall charts should be hung and the equipment checked (flip chart, laptop, projector, television and video).

## 1.5 Design and proposed schedule

- The number of participants should not exceed 12. This is because in addition to working in one group during the theoretical sessions, they will be divided into two small groups, with one facilitator each, during the outpatient sessions.
- The proposed duration of the workshop is 3 days. This is to allow an in-depth discussion of the content of the national IMCI clinical guidelines and adequate time for discussion of the different elements of IMCI teaching to prepare relevant plan(s) of action.
- Annex 4 provides an example of the schedule of the workshop and a summary of the content of the different sessions, expected outcome, responsibility and required materials and supplies. This will assist in designing the final schedule of the workshop and in its preparation. The design of the sessions and the programme of the workshop may vary according to the objectives of each session and the profile of the participants.



## Chapter 2. Session 1. Introduction to the IMCI strategy and IMCI pre-service education

### 2.1 Objectives of the session

The objectives of the session are to:

- Introduce the workshop objectives
- Introduce the IMCI strategy to the teaching staff: its rationale, components and training materials, to become familiar with the strategy;
- Provide an update on IMCI implementation in the country.

This session is more than a simple orientation. It is crucial for paving the way to other sessions that will lead to the development of plans.

### 2.2 Presentation of the workshop objectives

Present the objectives of the workshop as stated in Chapter 1 (presentation: Introduction to the IMCI pre-service education orientation and planning workshop).

### 2.3 Presentations

This guide includes a CD with a set of presentations and training materials (IMCI e-lectures, video, photo booklet) to be used during this workshop. This is meant to facilitate their adaptation to the country's context. The presentations on the introduction to the IMCI strategy include a regional presentation and a template for a country presentation to be prepared by the national IMCI team. The template suggests the number of slides and the main headings to facilitate the preparation of short focused country presentation which should also avoid repeating the same information contained in the regional one.

These presentations aim to describe the rationale of adopting the IMCI strategy and the progress of its implementation in the country:

- The regional presentation aims at orienting the participants to the rationale, the components and the training materials of the IMCI strategy. It also shows the progress of its implementation in the Region. This offers the opportunity of comparing the situation in the country with the situation of other countries in the Region. Participants often find this interesting, stimulating and convincing.
- The second presentation (country-specific presentation) should focus on the actual experience gained in the country in implementing the IMCI strategy (rationale of adopting the strategy, milestones of implementation, coverage and a few graphs showing results of monitoring and evaluation activities).

Each of the two presentations is divided into six sections as follows.

## 1. Under-5 mortality

- Regional presentation (slides 1–8): this section describes the Eastern Mediterranean Region and the diversity among its countries, highlighting that it is a young region, with 15% of its population aged under 5 years. It also describes the main causes of under-5 mortality at global and regional levels and the effective interventions available to address those causes, highlighting the need to have an approach for integrated management of sick children who often present with more than one condition.
- Country presentation (2 slides): this section should include data on under-5 mortality and its causes in the country.

## 2. Why primary health care?

- Regional presentation (slides 9–14): this section describes the importance of primary health care (PHC), the chronic problems it suffers from and what is needed to address those problems.
- Country presentation (2 slides): this section should highlight issues on primary health care in the country, such as the quality of performance of health care providers, high turnover of trained staff, availability of essential medicine, etc.

## 3. The IMCI Strategy

- Regional presentation (slides 15–17): this section includes the definition and components of the IMCI strategy. Details of the clinical guidelines are given in Chapter 3.
- Country presentation (3 slides): this section should highlight that IMCI is the national primary health care strategy for under-5 children that will be implemented by the health care providers working at this level. It should list the specific country adaptations of the IMCI clinical guidelines, highlighting the role of academia (if any) in the adaptation process of national IMCI clinical guidelines.

## 4. IMCI Implementation

- Regional presentation (slides 18–21): this section shows data on IMCI implementation coverage in the Region in terms of number of countries, provinces, districts and health facilities implementing IMCI, figures on the results of follow-up visits after IMCI training and results of surveys.
- Country presentation (4 slides): this section should include country-specific data on the same indicators provided in the regional presentation to show trends of expansion over the years, as well as the under-5 population living in areas served by "IMCI facilities". Information should also include data on the results of follow-up visits after IMCI training and surveys, if available, to provide evidence that IMCI works in the country context.

## 5. IMCI training materials

- Regional presentation (slides 22–31): this section introduces the IMCI training materials and guidelines, the age groups they cover and where the IMCI guidelines are applied.
- Country presentation (2 slides): this describes the adapted country materials for IMCI training.

## 6. IMCI pre-service education

- Regional presentation (slides 32–35): this section introduces the rationale and the main objectives of IMCI pre-service education. Participants should be informed that this is just an introduction to the pre-service education and that they will hear more details on the third day.





## Chapter 3. Session 2. Introduction to the IMCI clinical guidelines

### 3.1 Introduction to the workshop

Tell the participants that WHO and UNICEF have used technical evidence to develop one set of guidelines on integrated management of major causes of mortality and morbidity of under-5 children, instead of separate guidelines for each illness. Based on that, a training package has been developed for health care providers who see sick children.

This package is used to train primary health care providers who are working at all types of primary health care facilities, including private clinics, outpatient clinics of hospitals, and health centres. It is used in the 11-day IMCI case management course (change the course duration, if different, according to the country training policy). This training course differs from other training courses in a number of ways.

- It is a quality training that aims at skills' acquisition through the following training quality criteria:
  - participants are divided into small groups (6–8 each);
  - each group is guided by two facilitators through the theoretical and outpatient sessions;
  - the inpatient sessions are guided by the clinical instructors; and
  - each participant should complete all modules and should have managed at least 20 patients by the end of the course.
- IMCI training is based on an interactive adult learning methodology. The course is designed so that the lecture method is not used as a training technique. Instead, each participant is given a set of modules which contain the basic information to be learned. Information is also provided through demonstrations, photographs and videos.
- The course is designed to help each participant develop specific skills for the case management of sick children, as s/he reads through the modules, observes live and video demonstrations and practises skills with written exercises, video exercises, group discussions, oral drills and role plays.
- Participants practise the skills in a real clinical setting, under close supervision to ensure adequate skills' acquisition and correct patient care.
- Each participant works at his/her own speed.
- Each participant discusses any problems or questions with a facilitator, and receives prompt feedback from the facilitator on completed exercises. Feedback includes informing the participant of how well s/he has done the exercise and what improvements could be made.

Emphasize that this workshop is not an IMCI case management training course.

**Highlight the differences** between this practical orientation workshop and the IMCI case management course as shown in the following table.

Note: Before this discussion, distribute the schedule of the IMCI case management course. Ask the participants to look at the schedule of the IMCI case management training course and the workshop and explain the differences in design, content and procedures of both of them. Present slides 2–6 of the presentation “IMCI pre-service education orientation and planning workshop: orientation session” to highlight these differences.

IMCI case management training course	Orientation and planning workshop
<ul style="list-style-type: none"> <li>Duration: 11 days (change the course duration, if different, according to country training policy)</li> </ul>	<ul style="list-style-type: none"> <li>Duration: 3 days</li> </ul>
<p><b>Main objectives</b></p> <ul style="list-style-type: none"> <li>To acquire skills in child case management</li> <li>To identify potential facilitators and supervisors for future courses</li> </ul>	<p><b>Main objectives</b></p> <ul style="list-style-type: none"> <li>To familiarize participants with the content of the IMCI modules and the learning methods used in the IMCI in-service case management training course</li> <li>To develop a plan for IMCI teaching</li> </ul>
<p><b>Course design</b></p> <ul style="list-style-type: none"> <li>Participants are divided into small groups, each with two facilitators</li> <li>Interactive learning is used instead of lecturing</li> <li>A variety of teaching techniques is used, such as reading, demonstrations, exercises, photos, videos, clinical practice</li> <li>Participants read the full sets of the modules and do all exercises</li> <li>A video tape and video exercises are used in full to demonstrate the whole case management process</li> <li>The course covers case management of children under 5 years including newborn</li> </ul>	<p><b>Workshop design</b></p> <ul style="list-style-type: none"> <li>Participants work in one group during the orientation part of the workshop and in small groups by teaching institutions during the planning part of the workshop</li> <li>The IMCI e-lecture is used to facilitate the orientation on the IMCI clinical guidelines</li> <li>Participants are exposed to different learning methods used during the IMCI in-service case management training</li> <li>Focus is given to the module “Assess and Classify the sick child aged 2 months up to 5 years”, with brief reference to all the other modules</li> <li>Selected parts of the WHO IMCI video are used with selected video exercises for a shortened description of the case management process</li> </ul>
<p><b>Clinical sessions</b></p> <ul style="list-style-type: none"> <li>Participants attend daily one outpatient and one inpatient clinical session to practise all the skills they have learned during the theoretical sessions</li> <li>Participants manage a minimum of 20 under 5 children during the clinical sessions</li> <li>Participants are expected to start IMCI implementation in the field after training</li> <li>Participants receive a follow-up visit 4–6 weeks after their training</li> </ul>	<p><b>Clinical sessions</b></p> <ul style="list-style-type: none"> <li>Only one outpatient session is organized in order to familiarize participants with the procedures of those sessions and to facilitate planning for clinical sessions for teaching</li> <li>Each participant is exposed to 1–2 sick children</li> <li>Participants are expected to develop a plan for and conduct the IMCI teaching after orientation</li> <li>Communication is continued after the workshop to monitor the implementation of the plan (national pre-service task force, WHO, etc)</li> </ul>

## 3.2 Introduction of the IMCI training materials

### 3.2.1 IMCI materials

Show the participants the full set of materials which they will receive during this workshop. List the different elements of training materials and emphasize that during the workshop they will not go through all of the materials, but they will be guided quickly through them following the IMCI lecture. Emphasize that they will be using mainly the chart booklet, photo booklet and some parts of the module “Assess and classify the sick child age 2 months up to 5 years”. They will also watch selected parts of the IMCI video film and briefly go through the other 6 modules.



### 3.2.2 The IMCI e-lecture: Introduction to the IMCI strategy and the IMCI clinical guidelines

Present slides 14–21, which describe the principles of the IMCI clinical guidelines, steps, age groups and charts.

- Go through the relevant parts of the lecture before the session to be familiar with the lecture.
- Inform the participants that the two e-lectures are meant for IMCI teaching for students during theoretical and practical sessions. The first e-lecture provides an introduction to the IMCI strategy and to the IMCI clinical guidelines for the sick child age 2 months up to 5 years, while the second e-lecture provides demonstration of IMCI clinical guidelines for the sick young infant age up to 2 months. In addition to the technical content, these lectures include video clips, exercises and photos so that they can strengthen the understanding of the student of the content. The first lecture (slides 1–13) presents the general introduction to IMCI for the students. This session focuses on the introduction to the IMCI clinical guidelines and so starts with slide 14 to present the technical content of the guidelines.
- Follow the lecture and avoid providing unnecessary additional information. Keep in mind that this is not a training course, time is limited and the slides and the video clips already provide a lot of detailed information. However, additional details can be given if participants ask questions.
- The number of exercises included in the guide can be reduced if the participants are easily following the information presented, and provided that they have well understood all parts of the clinical guidelines and that they are exposed to each method of teaching.

Show the different materials of the training package:

- chart booklet
- 4 wall charts
- 7 modules
- photo booklet
- 2 video tapes
- case recording forms
- mother's card.

Tell the participants that in addition to the training package there is a set of reference materials on the technical basis of the IMCI clinical guidelines on a CD that will be distributed to them. Tell them also that it would be useful to keep copies of this CD or hard copies of reference materials in the library for students' use. This will be discussed in detail during the planning session of this workshop.

Stress that IMCI guidelines:

- are not a paediatric textbook;
- address the main child health problems in a country and have been developed by an expert committee through an adaptation process in each country based on the local child health epidemiology.
- are an evidence-base detailed protocol for the management of those common child health problems at the primary health care level
- include a few clinical signs which have the highest balance between sensitivity and specificity.

- do not neglect the other problems, although they do not provide a detailed protocol for them; refer the provider to competences learned in other trainings, including pre-service training.

Also, emphasize that the objective of this workshop is not to review or update the national adapted clinical guidelines

### 3.3 The IMCI case management steps

#### 3.3.1 Introduction of the chart booklet

Distribute the chart booklet to the participants and briefly introduce it, highlighting that it describes the process of the case management of under-5 children and that it includes all the steps of case management addressing the two age categories:

- birth up to 2 months
- 2 months up to 5 years.

Show the different sections of the chart booklet by pointing at the different “tabs” at the bottom of the pages. Explain that each main section is represented by a specific module. While you describe the different steps, show the relevant module to participants.

The chart booklet is presented also on four wall charts (your co-facilitator can point at those charts while you go through them):

- ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS
- TREAT THE CHILD
- COUNSEL THE MOTHER
- ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT AGE UP TO 2 MONTHS

The chart booklet provides a stepwise approach for the case management of children.

Explain the following points.

- To use the charts, first decide to which age group the child belongs.
- "Up to 5 years" means the child has not yet had his fifth birthday.
- A child who is exactly 2 months old belongs to the group 2 months up to 5 years, not to the group up to 2 months.
- A child who is not yet 2 months of age belongs to the young infant group below two months old.
- IMCI is an action-oriented approach that uses colour-coded classifications.
- IMCI is a syndromic approach that uses classifications rather than diagnoses.

#### 3.3.2 IMCI e-lecture: The stepwise process to “Assess and classify the sick child age 2 months up to 5 years”

Slides 22–29 show the different steps of the case management process of children age 2 months up to 5 years. Inform the participants that each step is explained in detail in a specific module.

After the presentation guide the participants quickly through the corresponding section of the chart booklet to see the different boxes that you have already presented.

Tell them that during this workshop, they will become familiar with those steps through:

- theoretical sessions: by short readings, written, photo and video exercises, individual feedback, group discussion and demonstration of the guidelines;
- clinical sessions: by demonstration and practice at the outpatient clinic on the second day of the workshop.

Explain that while they will go through the guidelines, they will also be exposed to the different training techniques.

### 3.4 Assess and classify general danger signs

#### 3.4.1 IMCI e-lecture: general danger signs

Present slides 30–38 which explain the different symptoms and signs used to check for the presence of the general danger signs. Note the presence of the links to video clips and click them to show the different signs. These slides show the first steps in “Assess and classify the sick child age 2 months up to 5 years” and describe the process of assessment and classification of general danger signs.

Emphasize the following.

- “Assess and classify” is the first step in the process of the management of a sick child, which includes signs of illness and classifications.
- Each classification table consists of three columns “Assess”, “Classify” and “Identify treatment”. This session focuses on the first two columns.
- “Assess” refers to the evaluation of the clinical signs related to the main symptom that the child presents with.
- IMCI follows a syndromic approach where the child’s illness is classified and not diagnosed. This is because these guidelines are used at primary health care level, where facilities for further investigations are usually not available and no accurate diagnosis cannot be made.

Answer any questions related to this part.

#### 3.4.2 Individual reading of the module

Distribute the module “ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS. This module describes the two steps of “assess” and “classify”. Each module begins with “module learning objectives” to highlight the knowledge and skills that each participant will acquire upon completion of each module. Ask the participants to refer to page 2 in the module and ask one of them to read aloud the learning objectives of this module. Explain to the participants that “individual reading” is the first learning method they will practise. Ask them to read pages 1–7 of the module to be familiar with the way sections are described in the module. Allow 30 minutes for this reading.

Note: These page numbers refer to the generic IMCI modules and should be adjusted according to the country adaptation.

### 3.4.3 Video demonstration

The second learning methodology the participants will practise is the “video demonstration”. Show the part of the WHO IMCI video on “Demonstration of general danger signs”.

### 3.4.4 Video exercise

Highlight that “video exercises” are another learning method. For example, ask the participants to refer to Exercise C. page 29 of the “Assess and classify the sick child age 2 months up to 5 years” module, where they will record their answers in the table. Make sure that you have the video tape/DVD ready to start this exercise directly. Introduce participants to the procedures for video exercises.

- Explain that they will watch Part I of Exercise C “Identify the sign lethargic or unconscious in different children”.
- Show Part I of the video exercise. Stop the video after each case to discuss their answers.
- Then, let the participants check their answers with the answers of the video.
- At the end of the exercise, highlight that:
  - a child who is lethargic may have his eyes open but is not alert or paying attention to what is happening around him;
  - some normal young children sleep very soundly and need considerable shaking or a loud noise to wake them; however, when they are awake, they are alert.

Below is the answer to this exercise

**PART 1.** For each of the children shown, answer the question:

Child	Is the child lethargic or unconscious?	
	Yes	No
Child 1		✓
Child 2	✓	
Child 3		✓
Child 4	✓	

Note: Some of the video and photo exercises consist of many parts. Decide before the workshop which parts should be used.

## 3.5 Assess and classify cough or difficult breathing

### 3.5.1 IMCI e-lecture: cough and difficult breathing

Slides 39–52 show the “assess and classify” process of cough or difficult breathing. Follow the same procedures previously explained for the demonstration. At the end of the presentation emphasize the following points.

- To classify cough or difficult breathing, start from the uppermost row.
- A child can have only one classification for “cough or difficult breathing”.
- One sign is enough to classify the child in a specific row.
- If the child has one sign in more than a row, select the classification at the uppermost row (the more serious classification).

### 3.5.2 Video demonstration

Show the part of the IMCI video on “Assess and classify cough or difficult breathing”. Follow the same procedures described before for video demonstrations.

### 3.5.3 IMCI e-lecture: how to fill in and use the IMCI case recording form

Highlight that each age group addressed by the guidelines has a specific case recording form, to record data on a child’s illness. It is important that participants become familiar with how to use these forms. Distribute blank recording forms to the participants and tell them they will follow how to fill in this form on the screen.

Explain that they will use this form when they do written or video exercises and when they see children during the clinical session. These forms help record information collected about the child's signs and symptoms, classifications and treatment. Tell them also that students must use these forms during their supervised clinical practice.

The form is similar to the “Assess and classify” chart. Show slides 53–56 and explain that there are three columns, “Assess”, “Classify” and “Identify treatment”. Ask participants to look at the top of the form. Explain that there are blank spaces for writing:

- the child's name, age, weight and temperature;
- the mother's answer about the child's problems.
- whether this is an initial visit or follow-up visit.

Click within slide 53 while you are explaining so that the animation will show how to fill in the form.

- Point to the “Assess” column of the case recording form which corresponds to the “Assess” column on the wall chart. It shows the assessment steps for assessing the child's signs and symptoms.
- Tell the participants that they will record information by:
  - ticking “Yes” if a general danger sign or a main symptom is present or “No” if it is not present.
  - writing specific information in the blank spaces such as recording the number of breaths per minute or the number of days a sign or symptom has been present for;
  - circling any sign that is present. If the child does not have the sign leave the spaces blank;
  - writing the classification of the main symptom.
- When you have finished this demonstration, use exercise “Leena” on slides 54–56 to practise, in plenary, how to fill in the recording form.

### 3.5.4 Individual written exercise followed by individual feedback

“Written exercise” is another learning method. Tell the participants that they will practise using case recording forms, how to record the child’s information and classify his/her illness. Refer to page 27 in the module “Assess and classify the sick child age 2 months up to 5 years” to practise answering exercises on “General danger signs” and “Cough or difficult breathing” (Exercise B, case study Waumbi only), using the corresponding part of the recording form present on their modules on page 27. Ask them to inform you when they complete the exercise

so that you can discuss it individually with each of them. Emphasize that individual feedback allows each participant to proceed at her/his own pace and in this way to be very clear before moving to the next step.

Below is the correct answer to the exercise.

**Case study: Waumbi**

<p><b>Management of the sick child age 2 months up to 5 years</b></p> <p>Name: <b>Waumbi</b>      Age: <b>8 months</b>      Weight: <b>6 kg</b>      Temperature: <b>39°C</b>                  ASK: What are the child's problems? <b>Cough, weak</b>      Initial visit? <input checked="" type="checkbox"/> Follow-up visit? ___                  ASSESS      CLASSIFY (Circle all signs present)</p>	
<p>DOES THE CHILD HAVE ANY GENERAL DANGER SIGN?</p> <p><u>NOT ABLE TO DRINK</u> OR BREASTFEED      <u>LETHARGIC OR UNCONSCIOUS</u> Yes <input checked="" type="checkbox"/> No ___                  VOMITS EVERYTHING      CONVULSING NOW                  HISTORY OF CONVULSIONS</p>	<p>VERY SEVERE DISEASE</p>
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?                  Yes <input checked="" type="checkbox"/> No ___</p> <ul style="list-style-type: none"> <li>• For how long? <u>3</u> Days</li> <li>• Count the breaths in one minute. <u>55</u> breaths per minute. <u>Fast breathing?</u></li> <li>• Look for chest indrawing.</li> <li>• Look and listen for stridor.</li> <li>• Look and listen for wheeze.</li> </ul>	<p>SEVERE PENUMONIA OR VERY SEVERE DISEASE</p>

**3.5.5 Video exercise**

This session includes the video exercise proper followed by the case study. The video exercise consists of three parts:

- in the first part participants will practise counting the respiratory rate and decide whether a child has fast breathing;
- in the second part, they will practise identifying the sign of “chest indrawing”; and
- in the third part they will practise identifying the sign “stridor”.

To record their answers on these parts of the exercise, ask participants to refer to the corresponding pages in their modules of “Assess and classify the sick child age 2 months up to 5 years” page 29 Exercise C.

Below are the answers to this exercise:

**PART 1.** For each of the children shown, answer the question:

Child			Does the child have fast breathing?	
	Age	Breaths per Minute	Yes	No
Mano	4 years	65	✓	
Wumbi	6 months	66	✓	

**PART 2.** For each of the children shown, answer the question:

Child	Does the child have chest indrawing?	
	Yes	No
Mary		✓
Jenna	✓	
Ho	✓	

**PART 3.** For each of the children shown, answer the question:

Child	Does the child have stridor?	
	Yes	No
Petty	✓	
Helen	✓	
Simbu		✓

After this practice, they will practise assessing and classifying a sick child age 2 months up to 5 years up to “Cough or difficult breathing” through the video case study “Ben”.

Refer to the relevant section of the IMCI video tape/ DVD to conduct the exercise. Stop the video to discuss each child with the participants. At the end of the exercise allow time for participants to match their answers with the correct answers provided in the video.

For the case study, ask them to fill in the recording forms in their modules. After they have recorded all the information, allow some time to classify the child’s illness using the chart booklet. If your country adaptation includes signs that are not in the video, tell them that they have to consider that the child does not have this sign. When participants have completed the exercise, discuss their answers.

At the end of the video exercise, emphasize the following points:

- counting breathing requires focus on one spot of the chest or abdomen;
- chest indrawing and stridor require knowing when the child is breathing in and out.

## Video case study: Ben

Management of the sick child age 2 months up to 5 years	
Name: <b>Ben</b>	Age: <b>7 months</b>
Weight: <b>6 kg</b>	Temperature: <b>38.5°C</b>
ASK: What are the child's problems? <b>Cough for 2 weeks</b>	Initial visit? <input checked="" type="checkbox"/> Follow-up visit? <input type="checkbox"/>
ASSESS (Circle all signs present)	CLASSIFY
DOES THE CHILD HAVE ANY GENERAL DANGER SIGN?	
NOT ABLE TO DRINK OR BREASTFEED VOMITS EVERYTHING HISTORY OF CONVULSIONS	LETHARGIC OR UNCONSCIOUS Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> CONVULSING NOW
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<ul style="list-style-type: none"> <li>• For how long? <b>14</b> Days</li> </ul>	<ul style="list-style-type: none"> <li>• Count the breaths in one minute. <b>55</b> breaths per minute. (Fast breathing?)</li> <li>• Look for <b>chest indrawing</b>.</li> <li>• Look and listen for stridor.</li> <li>• Look and listen for wheeze.</li> </ul>
SEVERE PNEUMONIA OR VERY SEVERE DISEASE	

## 3.6 Assess and classify diarrhoea

### 3.6.1 IMCI e-lecture: diarrhoea

Slides 57–82 show the process of “Assess and classify a child with diarrhoea” and explain the signs used for assessment.

When you complete the demonstration, emphasize the following important points.

- Every child with diarrhoea should have a classification for dehydration and may have one or two other classifications according to the duration of diarrhoea and the presence of blood in the stools, for persistent diarrhoea and dysentery respectively.
- While one sign is enough to classify cough, at least two signs are needed to classify dehydration.

Because of the differences in classifying cough and diarrhoea, it is important to go over an example with a written exercise. This part of the lecture includes how to answer a case study for “Samy”, a child with diarrhoea. Conduct a group discussion to do this exercise. Note that by each click, the answers to the exercise are shown in order.

### 3.6.2 Photo exercise and group discussion

Tell the participants that they will practise using the “photo exercises”, which is another learning method. Ask them to look at page 37 of their module “Assess and classify the sick child age 2 months up to 5 years” to answer photo exercise D. Distribute a copy of the photograph booklet to each participant to conduct this exercise. Discuss the photos with participants. Following are the answers of these exercises.



**Photographs 1 to 5:**

Photograph 1: This child's eyes are sunken

Photograph 2: This child has a very slow skin pinch

Photograph 3: This child has sunken eyes

Photograph 4: The child has sunken eyes

Photograph 5: The child does not have sunken eyes

Emphasize the following points:

- Sometimes it is difficult to decide on the sign using a photo. The sign will be more evident in the real life situation.
- If you are not sure that a child has sunken eyes ask the mother if she thinks her child's eyes look unusual. Her opinion helps you confirm that the child's eyes are sunken.

Distribute a blank recording form to the participants, present slide 76 and ask the participants to complete the form. Allow time for the participants to answer the exercise and then lead a group discussion while showing slides 77–79. Go through the next case study on the presentation “Ernesto”, only if you feel that participants may be unclear about this exercise and there is adequate time.

**3.6.3 Drill**

“Drill” is another learning method. This is not a test, it is an opportunity for participants to practise recalling information needed to use when assessing and classifying sick children. Explain that you will be calling on individual participants one at a time to answer the questions. If a participant cannot answer, you will go to the next person. Tell them also that they should wait to be called on and should be prepared to answer as quickly as they can. This will help keep the drill lively. Following are the questions and answers for this drill.

Questions		Answers
What are the 5 steps for assessing a child with cough or difficult breathing?		<ul style="list-style-type: none"> <li>• Ask how long the child has been coughing</li> <li>• Count the breaths in one minute and decide if the child has fast breathing</li> <li>• Look for chest indrawing</li> <li>• Look and listen for stridor</li> <li>• Look and listen for wheeze</li> </ul>
What is the cut-off for deciding if fast breathing is present in a child who is:		
a) 2 months old		50 breaths
b) 6 months old		50 breaths
c) 11 months old		50 breaths
d) 12 months old		40 breaths
e) 18 months old		40 breaths
f) 25 months old		40 breaths
g) 8 months old		50 breaths
h) 4½ years old		40 breaths
i) 9 months old		50 breaths
Does the infant or child have fast breathing?		
Age	Breathing rate	
2 months	48	No
6 weeks	65	Yes
6 months	52	Yes
3 weeks	55	No
11 months	49	No

### 3.7 Check throat problem

Use this section only if your country included throat problem in the adapted guidelines.

#### 3.7.1 IMCI e-lecture: throat problem

Slides 83–92 show the steps to assess and classify a throat problem using these slides. Invite participants to ask questions.

### 3.8 Assess and classify ear problem

#### 3.8.1 IMCI e-lecture

Slides 93–100 show the process to assess and classify ear problems using these slides.

## 3.9 Assess and classify fever

### 3.9.1 IMCI e-lecture: fever

Make sure the presentation includes the fever box relevant to the national guidelines (e.g. it may include malaria, throat problem, dengue fever, etc.). Slides 101–124 show the “assess” and “classify” steps for fever. Every child with fever should have a classification for fever. Emphasize that the child is classified for measles only if he has a history of measles within the last three months or has a generalized measles rash and one of the listed signs. Invite participants to ask questions.

### 3.9.2 Photo exercises

Participants will practise identifying “measles rash”. Discuss photos 8–12. Ask participants to record their answers in the corresponding table in the modules on page 63.

Below are the answers to this exercise

#### PART 1.

Photograph	Is the generalized rash of measles present?	
	Yes	No
Photograph 8	✓	
Photograph 9		✓ <i>This child has a heat rash</i>
Photograph 10		✓ <i>This child has scabies</i>
Photograph 11		✓ <i>This child has a chicken pox rash</i>
Photograph 12	✓	
Photograph 13		✓ <i>This child has scabies</i>
Photograph 14	✓	

### 3.9.3 Video exercise

During this exercise, the participants will practise identifying stiff neck. Ask participants to refer to page 96 in their modules, Exercise L. Ask them to record their answers in the corresponding table. Stop the video after each case and discuss the the participants’ answers.

At the end of the exercise, emphasize that assessing for stiff neck varies depending on the state of the child. You may not need to even touch the child. If the child is alert and calm, you may be able to attract his attention and cause him to look down.

Below are the answers to this exercise

Child	Does the child have a stiff neck?	
	Yes	No
Child 1		✓
Child 2	✓	
Child 3		✓
Child 4	✓	

### 3.9.4 Written exercise with group discussion

Present the case study Mona on slide 120. Distribute a blank case recording form to each participant and show the exercise on the screen. Allow time for the participants to answer the exercise on their case recording forms. Discuss their answers and show the correct answer on the screen using slides 121–124.

If your country adaptation does not include throat problem or includes malaria, this exercise should be replaced by a relevant exercise in the e-lecture.

## 3.10 Check for malnutrition and anaemia

### 3.10.1 IMCI e-lecture: malnutrition and anaemia

Slides 125–137 show the steps of assessing and classifying the child's nutritional status and anaemia. Make sure that you have included your country classification for malnutrition (whether very low weight or low weight) in the presentation and the growth chart used by the country before the workshop. Emphasize that there are two charts: one for boys and one for girls.

### 3.10.2 Photo exercise

Participants will practise identifying the sign of palmar pallor, photos 38–40b. Ask participants to refer to page 109, exercise N of their modules where they will record their answers. Conduct a group discussion on these photos.

## Exercise N

### PART 1. Identify whether the child has palmar pallor

Photograph	Does the child have signs of palmar pallor?	
	Yes	No
Photograph 38		✓
Photograph 39a	✓ (some in left hand)	
Photograph 39b	✓ (some in right hand)	
Photograph 40a		✓
Photograph 40b	✓ (severe in right hand)	

## 3.11 Check immunization status and vitamin A supplementation status

### 3.11.1 IMCI e-lecture: immunization status

Show slides 138–142. Make sure that you have included the vaccination schedule of your country before the workshop.

If your country has a vitamin A supplementation policy (or any other micronutrient supplementation policy) this needs to be added to the presentation and addressed in the discussions. Tell participants that this part is an added value of IMCI where every sick child is checked for his vaccination status.

### 3.11.2 Exercise with group discussion

Read the conditions listed in the table one at a time, asking participants to decide whether the child with this condition should be vaccinated or not.

Below is the correct answer.

If the child:	Vaccinate this child today if due for vaccination	Do not vaccinate today
Has pneumonia and will be treated at home with antibiotics	✓	
Had convulsion immediately after DPT1 and needs DPT2 , OPV 2 and HB2 today	✓ Give OPV2	Do not give DPT
Has a chronic heart problem	✓	
Is being referred for severe classification		✓
Is exclusively breastfed	✓	
Is LOW WEIGHT	✓	
Is known to have HIV/AIDS and has not received any immunizations at all	✓ Give OPV, DPT, and measles	Do not give BCG

## 3.12 Assess other problems

### 3.12.1 IMCI e-lecture: other problems

After showing slides 143–144, tell the participants that the process of “Assess and classify the sick child age 2 months up to 5 years” is completed.

### 3.12.2 Case study on full assessment and classification of child’s illness: (Slides 145–149) Exercise T, case 1 Faduma

Show the case study on the video where participants will practise full case management of a sick child. Distribute recording forms where they will record the child’s information. Tell participants that, after watching the video, you will provide them with additional information on the child’s illness which is not included in the video. After they have watched the video give the following additional information to the participants.

Faduma has no signs of throat problems. Faduma’s mother mentioned that her child has abdominal pain. Allow 10 minutes to complete the classification of the child’s illness. Then, begin the group discussion by asking participants in turn about the signs they found and the classification of the child’s illness. Present slides 145–149 to show the correct answer on the screen.

Note: If your country adaptation is different, adapt the information in the case study accordingly.

At the end of the discussion emphasize the following points.

- The IMCI clinical guidelines allow a holistic approach for managing children in a stepwise manner.

- Children most often come with many complaints; therefore, quite often they will have more than one classification.

### 3.13 Management of the sick young infant up to 2 months

#### 3.13.1 IMCI e-lecture: introduction to the module

Distribute the module “MANAGEMENT OF THE SICK YOUNG INFANT AGE UP TO 2 MONTHS”.

Explain that this module describes the management process for the second age category addressed by the IMCI clinical guidelines, “sick young infant age up to 2 months” (change the definition if your national guidelines address only 1 week up to 2 months). This is shown on a separate wall chart (4th chart), titled “ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT”. It follows the same process followed for the older children.

Present slides 1–12 of the second e-lecture on management of the sick young infant age up to 2 months, to familiarize participants with the content of the module. Refer to the chart booklet while presenting the slides.

Tell the participants that due to the short time available in the workshop, they will not be able to go through this module in detail as was done for the child 2 months up to 5 years.

#### 3.13.2 Breastfeeding assessment: IMCI e-lecture and video demonstration

Tell the participants that one of the new areas addressed in child management by the IMCI clinical guidelines is “breastfeeding assessment”. This is an important step in the management process of the young infant.

Present slides 76–81 of the lecture “Young infant 0–2 months”.

Explain that these slides present the assessment of a breastfeed.

- Slide 76 lists the signs of good and poor positioning and slide 77 includes four photos to show those signs. Present the first photo and ask participants about the signs of positioning they see. Then click to show whether it is good or poor positioning. Repeat the same approach for each photo on the slide.
- Slide 78 lists the signs of the good and poor attachment. The results of bad attachment are described on slide 79. The illustrations at the bottom of the slide will help you explain why these results occur.
  - Illustration (1) shows good attachment: the infant takes a good mouthful of the breast tissue into his mouth including the lactiferous sinuses, where the milk collects. When the infant suckles, he compresses the sinuses and large amounts of milk are pushed into his mouth. This will empty the breast of the milk, protects the breast from engorgement, stimulates more milk production for the next meals and protects the nipple.
  - Illustration (2) shows an infant not well attached. He is mainly sucking the nipple and this may damage the nipple tissues; he is taking the part of the breast under which there are the lactiferous sinuses; the pressure on the nipple will lead to pressure on the milk ducts which obstruct the milk flow. Consequently, the breast will not be emptied well, which will potentially lead to breast engorgement and abscess and also to inhibition of milk production.

- Slide 80 demonstrates examples of good and poor attachment. Follow the same procedure described for slide 77.
- Slide 81 describes “effective suckling”. After you present this slide, show the 4-minute video clip “Assess a breastfeed” linked to it.

### 3.14 Guide the participants briefly through the other modules

This part of the session aims at making participants familiar with the other steps of the child case management process, without going into details of those modules.

#### 3.14.1 “Identify treatment” module: IMCI lecture and group discussion

Distribute the module “IDENTIFY TREATMENT”. Present slide 150 to explain that the purpose of this module is to plan treatment before describing the treatment in details. This module provides detailed description of the third column of the “ASSESS AND CLASSIFY” chart. Ask one of the participants to read the learning objectives of the module. Ask the participants to look at the “ASSESS AND CLASSIFY” chart to find the treatment needed for each of the child's classifications. Add that this column lists each treatment needed on the “Treat” column of the sick child recording form. You will select only the treatment that applies to the specific child condition. Be sure to include in the treatment plan also items that begin with the words “Follow-up.” Explain that if the child has several conditions, for which different follow-up times are indicated, the earliest definite follow-up time should be selected. In some situations the same treatment is listed for more than one condition. For example, vitamin A is listed for both MEASLES and SEVERE MALNUTRITION. Explain that if a patient has both of these problems, they will need only to list vitamin A once on the Sick Child Recording Form. Also clarify that, if an antibiotic is needed for more than one problem, they should list it for each condition, for example, antibiotic for pneumonia; antibiotic for *Shigella*.

When the same antibiotic is appropriate for two different problems, you can give that single antibiotic, but two problems may require different antibiotics. You will learn about choosing antibiotics in the module “TREAT THE CHILD”.

Then, conduct a group discussion requesting the participants to refer to this column of the chart booklet and ask two participants, in turn, to identify the treatment for: a child with severe pneumonia or very severe disease, a child with moderate dehydration and a child with dysentery. You might select other examples if needed.

#### 3.14.2 “TREAT THE CHILD” module: IMCI e-lecture, and group discussion

Distribute the module “TREAT THE CHILD”. Present slide 151 of the IMCI lecture “Management of child 2 months up to 5 years” to show the sections of “TREAT THE CHILD”. Ask one of the participants to read the learning objectives of the module. Ask the participants to refer to the “TREAT” section of the chart booklet.

Guide the participants through the main sections of the chart referring to the chart booklet (your co-facilitator can point to the wall chart).

Explain that the module will teach how to give the treatments described in each section.

To expose the participants to the module, conduct a group discussion asking participants in turn:

- What is the first-line antibiotic and dose to be given to a child aged 3 years with PNEUMONIA and ACUTE EAR INFECTION?
- How do you provide a local treatment for a discharging ear? List the steps.
- What is the amount of ORS required for a child age 2 years who has diarrhoea and SOME DEHYDRATION?
- What are the main components for the treatment plan of a child age 4 years with diarrhoea and NO DEHYDRATION?

### 3.14.3 “COUNSEL THE MOTHER” module: IMCI e-lecture and group discussion

Distribute the module “COUNSEL THE MOTHER”. Counselling is another important aspect of IMCI that ensures good communication with the mother and good understanding of home care for the child. Present slide 152 which demonstrates the different sections of counselling the mother. Ask one of the participants to read the learning objectives. Point to the relevant parts of the “COUNSEL the mother” section on the chart booklet. These are:

- Assess the child’s feeding
- Identify feeding problems
- Advise the mother to increase fluids during illness
- Advise the mother when to return to the health care provider
  - for a follow-up visit
  - immediately, if certain signs appear
  - for vaccination

Explain that it is also important to counsel the mother about her own health, as noted at the bottom of the chart.

Point to the nutritional status section of the “ASSESS AND CLASSIFY” chart, and remind participants that they may have identified the need to “Assess the child’s feeding and counsel the mother on feeding”. This module will teach them how to assess feeding and counsel the mother on feeding.

Explain that this module teaches also good communication skills. In the case management course, participants will practise good communication through role plays and during the clinical sessions.

Guide participants through the box of the feeding assessment and “identify feeding problems” and provide them with an example asking: If a mother of a child aged 4 months says that she is giving fluids and breastfeeding only three times a day, what is the feeding problem of this child? How do you counsel the mother of this child?”. Conduct a group discussion and then proceed with the next step.

### 3.14.4 “FOLLOW-UP” module: IMCI e-lecture and group discussions

Distribute the module “FOLLOW-UP”, which is the last module of the package. Show slide 153 and describe the different sections of module. Explain that this is another new area addressed by IMCI, Follow-up care, by which the health care provider checks whether a child is improving and ensures that the child receives any additional care that he needs. It is especially important to identify any children who are not improving or who are getting worse for referral for additional care. Ask one of the participants to read the learning objectives.



Explain that there are three scenarios for a mother to bring the child back to the clinic:

- immediately: where the mother takes the child back immediately because the child's condition has worsened;
- definite follow-up: where the mother takes the child back on a definite date indicated for different conditions;
- conditional follow-up: where the mother takes the child back only if a certain condition, such as fever or diarrhoea, persists beyond a certain number of days.

Explain that this module describes the steps for definite follow-up after a child's initial treatment. It does not discuss care of children who have returned immediately because their conditions have worsened.

Review the "Identify treatment" column of the "ASSESS AND CLASSIFY" chart and the "ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT" chart and the "When to return" box on the "COUNSEL THE MOTHER" chart to highlight when follow-up visits are indicated.

Conduct a group discussion. Refer the participants to the chart booklet and ask some participants in turn:

- When should a child with pneumonia be brought back for follow up?.
- What is the follow-up care for a child who was classified as "pneumonia" in the initial visit?
- When should a child with a feeding problem come back for follow-up?
- What is the follow-up care for a child who had a feeding problem during the initial visit?

This completes the orientation to the IMCI clinical guidelines. Tell the participants that they have gone through the different methods used for IMCI training and the different components of the IMCI guidelines. Next, distribute the document "IMCI pre-service education: teaching sessions" explaining that they will use it to plan for IMCI teaching. Guide them through the different sections of this document. Refer to the section on learning objectives and go through it quickly. This will help participants to work out how to design teaching during the planning session. Ask the participants to go through the document in the evening as preparation for the session on planning next day.





## Chapter 4. Session 3. Clinical session

### 4.1 Objectives of the session

The objectives of the session are to:

- practise the steps of “Assess and classify the sick child age 2 months up to 5 years” that have been learnt so far during the workshop;
- become familiar with the procedures and teaching methods used during these clinical sessions, so as to facilitate planning for the IMCI outpatient teaching sessions.

It should be noted that the purpose of this session is not skills’ acquisition by the participants.

### 4.2 Preparatory work for the session

Visit the outpatient department of the teaching hospital or a primary health care facility before the workshop to agree on the venue and coordination of the clinical sessions. Make sure that you have all required supplies before the clinical sessions.

#### Venue

- A spacious place should be identified at the outpatient clinic of the teaching hospital that can accommodate the participants, facilitators, mothers and their children (ideal situation). It could be one big room or more than one room.
- If there is no suitable place available at the outpatient clinic, the teaching staff should identify another place (e.g. the teaching room, inpatient ward, etc.) with the appropriate specifications.
- If there is no suitable place at the teaching institution, arrangements can be made at a nearby primary health care centre with adequate space to accommodate participants. In this case, make arrangement for transportation of participants and facilitators as needed.

#### Coordination of the session

Agree for a teaching staff (clinical coordinator) to be assigned to arrange for the clinical sessions. Arrangements include selection of sick children, taking them to the room in which the session takes place and ensure that proper care is provided to them to avoid any delay in treatment.

Provide the clinical coordinator with:

- a copy of the workshop schedule showing the time of the clinical session;
- written instructions describing the number and type of cases required for the session:
  - one child 2 months up to 5 years old with only one main symptom (preferably avoid cough because it might take a long time to count respiratory rate if the child starts crying); and
  - ideally, one child of the same age group per participant, with one or more of conditions such as cough, diarrhea, ear problem and fever is needed. If this is not possible assign more than one participant to the same child.

Important note: No sick child with severe classifications should be selected for the clinical sessions.

## Supplies

The table below shows the supplies required for the clinical sessions. Make sure there is sufficient quantity of each item.

Item	Amount
Case recording forms	3 per participant
IMCI chart booklet	1 per participant
Pencils, erasers, clipboard	1 per participant
Timers, tongue depressor, torch	1 per participant
Cups and spoons, water, container to measure and mix ORS	1 set

### 4.3 Conduct of the session

One clinical session will be conducted on the second day of the workshop, according to the proposed schedule. By then, participants will have already gone through the case management process up to the fever box. Therefore, they will practise assessing and classifying sick children up to the fever box, including checking general danger signs, cough or difficult breathing, diarrhoea, throat problem, ear problem and fever.

#### Before the session

- Take the supplies with you for distribution to participants.
- Make sure participants take their chart booklets, pencils and erasers to the clinical session.

#### During the session

- First, explain the objectives of the clinical session.
- Then, briefly conduct a clinical demonstration of the steps “Assess and classify a sick child 2 months up to 5 years).
- Distribute clip boards, recording forms, timers, torch lamps and tongue depressors to participants.
- Assign sick children selected by the clinical coordinator to participants.
- Closely follow up each participant, moving between the groups, to ensure that participants are able to follow the case management steps they learnt during the workshop.

#### At the end of the session

- Discuss with participants their views about the clinical session and summarize the main points.



## Chapter 5. Session 4. Planning session

Session 4. Planning session consists of two parts:  
Session 4a. Introduction to IMCI pre-service education  
Session 4b. Development of a plan of action

### 5.1 Session 4a. Introduction to IMCI pre-service education

Two presentations will be given on IMCI pre-service education describing definition, rationale, phases and lessons learnt as follows:

- a regional presentation, to be given by WHO staff, the national IMCI coordinator or the national IMCI pre-service education coordinator, as applicable;
- a country presentation, to be given by the national IMCI pre-service education coordinator or the national IMCI coordinator, as applicable.

#### 5.1.1 Objectives

The objectives of the session are to:

- highlight:
  - the rationale to introduce IMCI as a public health approach into teaching;
  - the benefits of IMCI pre-service education to both the ministry of health and teaching institutions;
- describe:
  - the IMCI pre-service education standardized approach in the region;
  - regional efforts and existing tools in the area of IMCI pre-service education;
- share the national experience in IMCI pre-service education.

#### 5.1.2 Presentations on IMCI pre-service education

The country presentation is linked to the regional strategy and experience in terms of rationale, steps undertaken, progress, tools and lessons learnt. If IMCI pre-service education has not yet been implemented in the country, the country presentation will focus on the objectives to introduce IMCI into teaching programmes and the preparatory steps already undertaken.

The regional and country presentations consist of 4 sections, as described below.

#### 1. Rationale and objectives of IMCI pre-service education

The regional (slides 1–13) and country presentations in this part cover definition, rationale and objectives of IMCI pre-service education. At the same time, they emphasize also the need for IMCI in-service training.

#### 2. Regional standardized approach for IMCI pre-service education

Slides 14–22 describe the 4 phases of IMCI pre-service education, the standardized approach of the IMCI pre-service education in the region and IMCI teaching options. The country presentation should describe the approach followed in the implementation of IMCI pre-service education, if this has already been introduced in the country.

### 3. Regional package

Slides 23–24 describe the developmental work in the Region in the area of IMCI pre-service education. The country presentation should describe the tools used to implement IMCI pre-service education in the country.

### 4. Lessons learned

Slides 25–26 describe the lessons learnt in the area of IMCI pre-service education at regional, and at country level if IMCI pre-service education has been already introduced in the country. At the end of the presentations, ask participants if they have any questions and guide the discussion.

## 5.2 Session 4b. Development of a plan of action

### 5.2.1 Introduction to the session

- Allow 30 minutes for participants to go quickly through the module “IMCI pre-service education: teaching sessions”, if they have not already done so.
- Show slides 1–5 of the presentation “IMCI pre-service education practical orientation and planning workshop – planning session”. This presentation provides a general overview of planning and its principles. It also provides definitions of targets and indicators, key words for the development of a plan.
- Present slide 6 which lists the different templates provided to help participants, namely plan of action, monitoring and documentation sheets. Institutions can modify those templates in different ways to suit their needs. The templates are provided in electronic format to facilitate their adaptation and completion.
- Show slides 7–10, and explain each step in the plan for IMCI teaching as outlined in the next paragraph and Annex 4. Clarify any issue raised by the participants. The steps outlined in the plan may differ among different teaching institutions according to the stage of introduction and teaching of IMCI.
- Emphasize also that this session will be guided by the information already collected by each teaching institution (situation analysis).
- Show slide 11 and explain that during the development of the plan, activities should be divided into activity components which are in fact the steps to undertake the main activity. The slide provides an example to clarify this issue as follows.

If “conducting a situation analysis” is an activity included in your plan, the following activity components should be planned for: collection of information; and analysis of the information. These two activity components should appear in your plan of action under the column “Activity” under the main activity. The responsible person for the activity is the IMCI focal point at the institution. The resource required for this activity would be the questionnaire attached to Annex 1 of this guide. The indicator to monitor the implementation of this activity is: “The questionnaire is filled in”.

- Show slides 12 and 13 which show examples provided for filling in of the proposed templates for documentation and monitoring, respectively.
- Finally, stress that representatives of each school need to discuss the placement of IMCI-related topics within the teaching programme, and teaching methods. This aspect of the plan is important, as it will be communicated to the relevant decision-makers in their institutions for their official endorsement. Tell the participants that the module on “Outlines of the IMCI pre-service education paediatric teaching sessions” will help them to undertake this step.
- The next step depends on the number of schools participating in the workshop.
  - If only one school is participating, the IMCI pre-service focal point in the teaching department or the head of the teaching department should give a presentation on the results of the situation analysis carried out by the teaching department (Annex 1).
  - If more than one school is participating, the facilitator should discuss the situation analysis separately with each school during group work before the development of the plan of action.

## 5.2.2 Development of plans for IMCI related teaching

### Organization of the session

- If more than one teaching institution is participating in the workshop, they will be working in separate groups to develop the plans as mentioned above.
- Before the workshop, arrange for an adequate space and number of computers according to the number of teaching institutions participating in the workshop. Copy the electronic templates of the plan of action, monitoring and documentation sheets onto each computer. If computers are not available, distribute hard copies of the templates.
- Make sure that each teaching institution has the results of its own situation analysis.

### Development of the plan of action

The plan should be based on the situation analysis done using the questionnaire in Annex I. If more than one teaching institution is participating in the workshop, the facilitators should assist in the work of the different groups.

- Start the work in each group by discussing with each individual institution the information they have brought with them. This information is essential and serves as the basis for the development of the plan for IMCI teaching in each school (e.g. design of outpatient teaching sessions, preparation of the training site, training of teaching staff, etc.).
- Assist the representatives of each institution in the development of their plans of action. The plan should list activities and indicate:
  - overall target of the plan
  - time-frame to conduct each activity
  - responsible person for each activity
  - resources needed for each activity and their source where to obtain them from
  - indicators to monitor the implementation of each activity.
- Refer the participants to the definition of IMCI teaching and the main principles highlighted in the presentation on IMCI pre-service education. Stress that the main focus of the plan should be on how to incorporate IMCI into the teaching as an approach to outpatient paediatric teaching, which should represent an integral part of paediatric teaching rather than a new subject.
- Explain that it is understood that some of the decisions cannot be made during the workshop and might require more discussions with the decision-makers at the institution. Discussing those activities in detail at this time can help their discussions with decision makers at their institutions after the workshop.
- Clarify that the list of activities in the template is subject to adaptations according to each institution.
- Explain that the initial plan of action should cover the following activities.
  - *Briefing of the department council on the outcome* of this orientation workshop and the plan of action. This is an important activity to create department ownership and obtain endorsement of the plan of action.
  - *Orientation of other teaching staff at the institution.* There may be a need to orient more teaching staff at the institution who were not able to attend this workshop or to sensitize higher level decision-makers such as the dean.
  - *Finalization of the plan* with approval of the institution.



- *Obtaining of an official approval* of the introduction of IMCI into the teaching curriculum by the department. The approval should be in the form of an official written document from the department council or the faculty (according to the structure and the system at the teaching institution). This document is crucial for the institutionalization of the IMCI teaching, and avoids the initiative being linked to specific individuals. The plan should list under this item the actions required to obtain this approval, such as the meeting with the dean, orientation of decision-makers, etc.
- *Official formulation of the IMCI task force at the institution.* This should be composed of active, dedicated staff. A focal point should be officially designated, selected from among the members of this task force. The members of the task force should be trained in IMCI to be able to undertake the assigned tasks and lead the IMCI teaching process.
- *Decision on the placement of IMCI in the teaching programme.* The department should decide whether IMCI-related teaching will take place within the undergraduate teaching programme and in the house officer programmes or in the postgraduate programme. It is essential to have IMCI incorporated in the teaching of undergraduates, while it is optional to include it in other programmes. It would be advisable to run the department outpatient clinic using the IMCI approach, especially if IMCI is to be incorporated into the house officer programme.
- *Building capacity of teaching staff* in IMCI case management and facilitation techniques. Emphasize that teaching staff are equipped with expertise to teach IMCI when they are trained in case management and facilitation techniques. The number of teaching staff to be trained depends on the number of students per rotation. The maximum acceptable ratio is one teacher to 20 students. The number of teaching staff trained in IMCI should be higher than what is required based on this ratio, to compensate for temporary absences and turnover of staff.
- *Identification of the teaching methods.* Refer to part 1 of the module “IMCI pre-service education: teaching sessions”. Stress that IMCI-related teaching is mainly clinical, complemented by theoretical and practical teaching. Refer the participants to this module where the description of different teaching sessions is given. This would facilitate making decisions on the methods to be used for IMCI teaching.
- *Defining the overall learning objectives* of IMCI-related teaching and the specific learning objectives of each teaching session. Part 1 of the module on teaching sessions provides such learning objectives and a detailed description of all teaching methods. Teaching institutions may adopt all or part of the content of this module according to the system and the design of their IMCI-related teaching.
- *Deciding on the IMCI teaching programme.* The decision includes hours allocated, learning objectives of different sessions according to the time allocated, responsibilities, teaching sites for students, etc. It depends on the current teaching methods and their adaptation to meet the objective of strengthening paediatric outpatient teaching. There is no suggestion that would fit all teaching institutions.
- *Preparation of the training site.* This depends on the selected teaching methods, namely theoretical, practical and clinical, as described in the module “IMCI pre-service education paediatric teaching sessions”. A checklist of required and available equipment should be developed and mechanisms to avail them should be identified.
- *Development of a list of the required teaching materials.* The source to provide different materials and mechanisms to support their regular provision should be indicated in the plan of action.

- *Preparation of the teaching materials.* This may include possible adaptation of the lecture to be in line with the adapted national IMCI guidelines and, if relevant, incorporation of IMCI into the paediatric department textbook and preparation of students notes.
- *Incorporation of IMCI into student examinations:*
  - Deciding on the type of examination. IMCI should be incorporated into the clinical part of the students' examination (holistic approach to the outpatient management of a sick child). IMCI may also be included in the theoretical examination in the form of MCQs and case scenarios. A question bank is available as a reference in the module "IMCI pre-service education: question bank" of the regional package on IMCI pre-service education.
  - Deciding the weight of IMCI in the examination in relation to the whole examination. This involves determining how many marks will be allocated to IMCI in the clinical or theoretical examination.
  - Deciding on the timing of IMCI students' examinations. IMCI can be part of the end of term or end of year examinations according to the system followed in the department.
- *Documentation.* Stress that, although essential, this step tends to be most often forgotten during planning. This important activity represents the institutional memory of any teaching programme and it helps guide the process. Documentation includes:
  - collection of all official documents of the institution related to IMCI pre-service education such as the report of the orientation workshop, plan of action, minutes of meetings, official approval of different steps, etc.
  - using the documentation sheet (Annex 1). This should start with the first steps of the initiative and continue throughout the process. The IMCI focal point or a member of the task force should be given this responsibility.
- *Monitoring.* This is an ongoing process most often neglected. It applies to monitoring both the implementation of the plan of action and the teaching itself (quality of teaching, achieving the objectives, etc). Monitoring the implementation of the plan can be done using the simple tool provided in Annex 1, or through a checklist developed to monitor teaching, such as the forms of the regional guide on the evaluation of IMCI pre-service education to monitor the quality of teaching and students' competencies. Show examples of forms of the evaluation guide that could be useful in this process. This can also be done by analysing the results of student examinations. The monitoring tools to be used should be developed by each institution and monitoring responsibilities should be assigned. Members of IMCI task force and the focal point would be in the best position to undertake this task. Monitoring entails taking corrective actions throughout the process and revising the plan as appropriate.
- *Evaluation.* Evaluation can be internal (conducted by the teaching institution on its own) or external (conducted by teams with members from outside the teaching institution). The regional guide on evaluation of IMCI pre-service education can help guide this process. Evaluation can take place after at least 2 full years of IMCI teaching. Early planning for evaluation is important.
- *Conduct teaching.* The result of all the above activities is IMCI being taught within the department teaching programme.

### 5.2.3 Indicators to monitor the implementation of the plan of action

The indicators to measure the progress and outcomes of the plan should be developed. They should be very clearly defined and SMART (specific, measurable, achievable, relevant and time-bound). For example, if the target of the plan is “100% of the students rotating in the paediatric department will be taught IMCI by the end of 2010”, indicators could include, among others:

- IMCI lesson plans developed
- Number of teaching staff trained in IMCI case management
- Number of teaching staff trained in IMCI facilitation techniques
- Teaching site for students prepared
- Teaching materials developed and available
- IMCI incorporated in student examinations
- Monitoring tool developed

The above indicators are process indicators to measure the progress of implementation of activities. Other examples of indicators include:

- Official approval of introducing IMCI into teaching
  - Suggested indicators:*
    - Written document on IMCI teaching approved by the department (or dean), issued
    - The official approval on IMCI teaching disseminated to the targeted staff
- Orientation of teaching staff on IMCI strategy in practical orientation workshops:
  - Suggested indicators:*
    - Number of practical orientation workshops conducted
    - Number of staff who attended the workshop
- Official formulation of an IMCI task force
  - Suggested indicators:*
    - IMCI task force formulated
    - Official written document issued on the formulation of the task force
    - Official approved document on the task force disseminated to the targeted staff
- Official nomination of an IMCI focal point
  - Suggested indicators:*
    - IMCI focal point nominated
    - Official written document on the nomination of the focal point issued and disseminated
- Training of teaching staff in IMCI case management skills
  - Suggested indicators:*
    - Number of teaching staff trained in case management skills
    - Number of teaching units having trained teaching staff
    - Number of case management courses conducted for the teaching staff
    - Optimal ratio of teaching staff trained in IMCI to students reached

The above are just examples of indicators and do not constitute an exhaustive list.

Leave the groups working on the development of their plans of action. Be there to clarify issues and assist the groups. When they are ready, discuss with each group their plans of action. At the end of the session, gather all participants and wrap up the session highlighting the points of general interest.



## Annex 1. Templates

### 1. Plan of action <sup>1</sup>

Target: by the beginning of the scholastic year 2008 – 2009 IMCI will be introduced into the paediatric teaching curriculum

Activity	Time	Responsibility	Required resources	Source	Indicator
1. Briefing of decision-makers on the outcomes of the orientation workshop					
2. Orientation of teaching staff					
3. Obtaining official approval to introduce IMCI into the department teaching programme					
4. Discussion and finalization of the plan of action developed in the orientation workshop					
5. Finalization of the situation analysis					
6. Designation of IMCI pre-service focal point in the department					
7. Formulation of IMCI pre-service task force at the department					
8. Placement of IMCI into the department teaching programme					
9. Training of teaching staff in case management					
10. Training of teaching staff in facilitation techniques					
11. Preparation of outpatient training sites for students					
12. Preparation of IMCI teaching materials					
13. Development of the learning objectives, lessons plans					
14. Decision on introduction IMCI into the student examinations					
15. Development of documentation tool					
16. Development of monitoring tool for the progress of this plan					
17. Development of a monitoring tool for IMCI teaching					
18. Conduct of IMCI teaching					
19. Monitoring					
20. Evaluation and re-planning					

<sup>1</sup> This can be adapted according to the situation of the country and teaching department

## 2. Documentation

Date	Activity	Responsibility	Main recommendations	Follow up

## 3. Monitoring tools

Indicator	Status	Comments

## Annex 2. Questionnaire for situation analysis

### IMCI pre-service education orientation workshop

The information in this questionnaire will facilitate planning for IMCI teaching in your school during the workshop and its monitoring during implementation. It contains general information, information on orientation on IMCI, the number of teaching staff and teaching units and the current teaching methodology.

Instructions on how to complete the questionnaire: Please answer all questions. For questions with a “YES” and “NO” answer, please tick the appropriate column. For the other questions, please write as instructed. If information is not available write (NA) or not applicable, write (NAP).

#### A. General information

1. Name of teaching institution	
2. Name of teaching department	
3. Name of person completing the form	
4. Position of person completing the form	
5. Year/s in which the teaching programme is taught	
6. Number of teaching units in the department (if applicable)	
7. Number of teaching staff in the department	
8. Number of teaching staff per teaching unit (if applicable)	
9. Average number of students enrolled in a scholastic year	
10. Average number of students that rotate in the department	
11. Average number of students distributed to each teaching unit (if applicable)	
12. Duration of rotation within the teaching department	
13. Number of marks allocated to the teaching programme within the students' assessment: <ul style="list-style-type: none"><li>• Total marks</li><li>• Theoretical component</li><li>• Clinical component</li></ul>	

**B. Describe the teaching methodology used during the period of rotation** (e.g. distribution of teaching hours, whether lectures were given in plenary that coincides with the rotation or given for the group of students who rotate in the department, how the clinical sessions are designed, schedule of teaching during the rotation, etc.)



## C. IMCI teaching

	Yes	No
1. Have you ever conducted any orientation on IMCI pre-service education?		
2. Do you have a plan of action for IMCI pre-service education?		
3. Did you obtain official approval to introduce IMCI into teaching? If yes, write down the type of approval (e.g. circular, minutes of a meeting, etc):		
4. Does the department have any IMCI teaching and learning materials? If yes, list them below:		
5. Are any of these IMCI materials used by all or most teaching institutions in the country? If yes, list them below:		
6. Describe how the IMCI teaching and learning materials are provided to the department and students (e.g. provided by WHO, Ministry of Health or others, produced by the teaching department, procured and distributed for free or at a cost, made at the department library)		
7. Is the department currently teaching IMCI? <b>(if NO, stop here)</b>		
8. If yes, does it include theoretical sessions? If yes, write down number of hours allocated: _____		
9. Does it include practical sessions? If yes, write down number of hours allocated: _____		
10. Does it include clinical sessions? If yes, write down: a) average number of hours allocated: _____ b) exposure of students to patients (i.e. number of patients each student should examine during the IMCI clinical sessions): _____		

11. Describe the IMCI teaching approach a) Scattered (distributed over the teaching programme) b) Block (focused in a number of specific consecutive days) c) Scattered with block synthesis (distributed over the teaching programme with a synthesis at the end) d) Other (state)		
12. Number of teaching units teaching IMCI, if applicable		
13. Ratio of teaching staff to students		
14. Number of teaching staff trained in IMCI case management		
15. Number of teaching staff trained in IMCI facilitation techniques		
16. Number of teaching staff trained in IMCI and involved in teaching.		
17. List 3 main challenges/difficulties you faced with IMCI teaching		
18. Is IMCI included in the students' examination?		
19. If yes, write: • the total marks allocated to IMCI within the examination; • the total marks of the examination. a) Marks allocated to theoretical examination b) Marks allocated to clinical examination c) Marks allocated to practical examination		

#### D. Monitoring and evaluation of IMCI teaching

	Yes	No
Did you conduct any monitoring of the IMCI teaching? If yes, describe what and how?		
Was an evaluation of IMCI teaching conducted? If yes: a) was it internal? b) was it external (anybody from outside the teaching institution)?		



## Annex 3. Materials and supplies

### 1. Checklist of instructional materials

Item	Number needed
Presentations <ul style="list-style-type: none"> <li>• Introduction to the workshop</li> <li>• Introduction to the IMCI strategy, at regional and country level.</li> <li>• Orientation session</li> <li>• Introduction to IMCI pre-service education from WHO and Ministry of Health perspectives</li> <li>• Planning session</li> </ul>	1 for the whole workshop
Presentation on the teaching in the concerned department (optional)	1 for each small group
Summary of the background on the medical school (see Annex 1)	1 for each facilitator
Facilitator guide on IMCI pre-service education and planning workshop	1 for each facilitator
IMCI pre-service education paediatric teaching sessions	1 for each facilitator
CD-ROM with the IMCI e-lecture, technical seminars, and reference materials	1 for the whole workshop
The two IMCI in-service facilitator guides (facilitator guide for modules and for clinical sessions), monitoring forms and checklist of clinical signs observed (for demonstration), a set of IMCI in-service facilitator aids.	1 for the whole workshop
Set of health information system materials used in your country e.g. daily registers, monthly reports, etc.	1 set for the whole workshop
Schedule of the IMCI in-service case management training course	1 for each facilitator and each participant
IMCI case management training materials: Set of 7 modules, photograph booklet, chart booklet, and Mother's Card	1 set for each facilitator and each participant
Abridged IMCI videotape/DVD	1 set for the whole workshop
Set of 4 IMCI case management wall charts	2 sets for the whole workshop
IMCI recording forms (for exercises in modules and outpatient practice)	100 copies for the whole workshop
IMCI technical background	1 version including the most recent research studies related to IMCI

## 2. Checklist of supplies needed for the workshop

Item	Number needed
Paper/notepads Erasers Pencils/pens Highlighters	1 set for each person
Pencil sharpener Staplers Scissors Flip chart and markers Television and VCR Lap top Data show Video projector	1 set for the whole workshop
Torch	1 for each person
Timers	1 for each person
Wooden tongue depressor	1 box for the whole group
Cups and spoons	8 of each
Computers	1 for each teaching institution

## Annex 4. Content of sessions and schedule of the workshop

### 1. Summary of the sessions

Day	Title of the session	Objectives and expected outcome	Facilitator	Resource materials and equipment
	Session 1: Introduction to the workshop and the IMCI strategy	This session aims at creating consensus among teaching staff on the importance of the introduction of IMCI into teaching in order to improve the quality of the outpatient teaching and to respond to the Ministry's of Health needs.	IMCI national coordinator (WHO staff may present the IMCI pre-service education strategy if they participate in the workshop)	Regional and country presentations on IMCI strategy and status of its implementation in the country (electronic or on transparencies according to the available audio-visual aids) Lap top and projector Overhead projector (if transparencies will be used)
	Session 2: 1. Orientation on the IMCI clinical guidelines	This session aims at orienting participants to the IMCI clinical guidelines, and the different training methods used in the in-service IMCI case management training courses. This would also facilitate the planning for IMCI pre-service education.	National IMCI pre-service education focal point or national consultant National IMCI coordinator or team member WHO (if participating in the workshop)	IMCI e-lecture Lap top and data show or IMCI lecture on transparencies Overhead projector
	Session 3: Orientation on IMCI pre-service education	This session aims at creating a common understanding of the definition of IMCI pre-service education, its rationale, phases and requirements in preparation for the planning session	National IMCI pre-service education focal point or national consultant National IMCI coordinator or team member WHO (if participating in the workshop)	Presentation Lap top and data show or Presentation on transparencies Overhead projector
	Session 4: Development of a preliminary plan of action	By the end of this session a plan of action of the initial steps of IMCI introduction (or re-planning of the IMCI teaching) will be developed	National IMCI pre-service education focal point or national consultant National IMCI coordinator or team member WHO (if participating in the workshop)	Template of plan of action in Annex 1

## 2. Sample programme

Day	Time	Item
First day	09:00–10:00	Session 1 Introduction of the workshop, WHO Presentations on the IMCI strategy, WHO Presentation on the IMCI in the country, Ministry of Health Discussion
	09:45–10:30	Session 2 Introduction to IMCI in-service training materials: Practical orientation on the IMCI clinical guidelines: Assess and classify general danger signs
	10:30–11:00	Coffee break
	11:00–11:30	1. Assess and classify general danger signs (cont.)
	11:30–12:30	2. Assess and classify cough and difficult breathing
	12:30–13:30	3. Assess and classify diarrhoea box
	13:30–14:30	4. Check throat problem 5. Assess and classify ear problem 6. Assess and classify fever
Second day	09:00–10:30	Session 2 (cont.) Practical orientation on the IMCI clinical guidelines (cont.): OPD session: clinical practice up to the fever box
	10:30–11:00	Coffee break
	11:00–13:00	7. Check malnutrition and anaemia 8. Check vitamin A supplementation and immunization status 9. Assess other problems 10. Sick young infant and breastfeeding assessment
	13:00–14:00	Guidance through other IMCI in-service training modules with group discussion
Third day	09:00–10:00	Session 3: Presentations on IMCI pre-service education, WHO Presentation on IMCI pre-service education rationale from Ministry of Health perspective, Ministry of Health Discussion
	10:00–10:30	Coffee break
	10:30–14:00	Session 4 Presentation of the template of the plan of action and planning principles Development of a preliminary plan of action



Medical and allied health professional schools play a key role in preparing the future cadres of health providers who will be providing child health care services in a country, whether in the public or private sector. Medical schools in the WHO Eastern Mediterranean Region have been taking steps in recent years to introduce the Integrated Management of Child Health (IMCI) approach into their undergraduate teaching programmes, in collaboration with the Regional Office for the Eastern Mediterranean. This IMCI pre-service education package proposes a standard approach to each phase, to assist teaching institutions in introducing, implementing and assessing undergraduate teaching programmes including IMCI.

**For further information contact:**

**Child and Adolescent Health and Development  
WHO Regional Office for the Eastern Mediterranean,  
Abdul Razzak Al Sanhoury Street, Cairo 11371, Egypt  
Tel +20-2-22670-2535 Fax +20-2-22670-2492/4 E-mail: CAH@emro.who.int  
<http://www.emro.who.int/cah>**