

IMCI

information

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMCI)

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DEVELOPMENT
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HEALTH SYSTEMS
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Follow-up after training: Reinforcing the IMCI skills of first-level health workers

Applying the new approach to Integrated Case Management of Childhood Illness (IMCI) at first-level health facilities presents health workers with many challenges. The work environment is often very different from training settings. Support is required to enable health workers to apply their new skills in practice, and to address barriers to providing good care.

Follow-up is, therefore, an essential component of the IMCI training process to reinforce skills acquired during training and to solve problems encountered during the implementation of IMCI. The approach to follow-up, developed by the WHO Department of Child and Adolescent Health and Development (CAH), also serves as a bridge to ongoing district-level supervision.

Objectives of follow-up

The objectives of follow-up are to:

- Assist health workers and health facilities in the transition to integrated case management
- Reinforce the case management skills of health workers trained in IMCI
- Identify and solve problems faced by health workers in managing cases and help solve these problems
- Collect information on the performance of health workers, and the conditions that influence performance, in order to improve the implementation of IMCI

Methods and materials

Follow-up is an essential component of IMCI training (Box 1). At least one follow-up visit is made to each health worker at his or her health facility within four weeks of the training course. Follow-up visits shortly after training help motivate the health worker to establish integrated case manage-



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ment at the health facility, to identify and resolve problems, and to encourage early success in applying newly acquired skills. Many countries conduct additional follow-up visits in order to extend this initial support to the health worker.

CAH provides generic materials on training follow-up that can be adapted to different national situations. Planners within a country decide, for example, who can most effectively conduct follow-up, what specifically they should do during the visit, how they can solve problems, and how follow-up can be linked to supervision systems, where they exist. Generic follow-up materials are adapted so that they are consistent with national IMCI guidelines.

BOX 1

IMCI training for health workers in first-level facilities

- **The course** ... for initial skill acquisition
- **Follow-up** ... for skill reinforcement and problem solving, to support the implementation of IMCI

In preparation for follow-up, supervisors are trained in IMCI and in IMCI course facilitation, as well as in conducting follow-up visits. Those selected to conduct follow-up need clinical skills and to be available to visit IMCI trained health workers in peripheral-level health facilities. Whenever possible, it is most efficient to select district-level supervisors who can both facilitate district-level courses and conduct follow-up visits.

Uganda and Tanzania were the first to test this approach to follow-up. Other countries have now successfully introduced follow-up and are finding it useful in helping health workers transfer skills learned during the course to clinical work in their facilities. Countries also use information collected from follow-up visits to identify solutions to some of the problems, such as the lack of essential drugs and restricted schedules for giving immunizations, that affect IMCI implementation.

Tasks and activities

Follow-up consists of a set of well-defined tasks, designed *to reinforce the skills of the health worker* and *to solve problems*. The specific activities undertaken during a follow-up visit are to: reinforce health worker skills, review facility supports and solve problems, complete a summary report of the follow-up visit, and summarize information on case management and facility supports.

1. Reinforce health worker skills

The supervisor observes health workers assessing, classifying, and treating sick children, and as they counsel mothers and other caretakers. The supervisor helps to reinforce the health worker's skills by:

- Identifying and solving case management problems
- Reinforcing and encouraging the practice of IMCI skills
- Demonstrating correct case management when necessary

The supervisor also encourages the regular use of the IMCI job aids – the IMCI chart booklet, patient recording forms, and mother's counselling cards – which are helpful case management reminders.

BOX 2

Follow-up in Uganda: The implementation of IMCI in health facilities

Uganda adopted the IMCI strategy to improve child health in June 1995. Since 1996, 334 first-level health workers have been trained, and 270 (84%) have received at least one follow-up visit.

Below is a summary of the performance of 91 health workers in three districts, based on observations during training, the initial follow-up visit, and a visit six months later.

The findings indicate that, during the IMCI course, health workers learned essential clinical skills for managing sick children. Supervision during follow-up visits then reduced the expected rapid loss of skills after training, and helped health workers retain their clinical skills over time. The trend, however, also suggests that health workers would benefit from more frequent and regular clinical supervision.

Critical facility supports needed to manage sick children were also monitored in these three districts during the initial follow-up visit and six months later. These districts found that the introduction of IMCI helped to stimulate actions in the health system to ensure the availability of essential supplies and drugs in first-level health facilities.

Information from follow-up visits provides immediate feedback to district health teams and others responsible for the implementation of IMCI. CAH is designing research on the effectiveness of the IMCI strategy, and it will be interesting to see whether similar results will be found under more rigorous study conditions.

Health worker performance on case management tasks

IMCI task	End of IMCI course	Initial follow-up visit	Six months after initial follow-up visit
Correct assessment	86%	60%	59%
Correct classification	90%	81%	96%
Correct treatment	89%	83%	73%
Correct counselling	100%	91%	76%

Available facility supports for integrated case management

Facility supports (supplies and drugs)	Initial follow-up visit (103 facilities)	Six months after initial follow-up visit (80 facilities)
Weighing scale	82%	91%
Timing device (for counting respiration)	91%	80%
Mother's counselling card	86%	81%
Child health card	82%	91%
IMCI chart booklet	96%	97%
Cotrimoxazole	94%	91%
Chloroquine	98%	98%
Oral Rehydration Salts (ORS)	29%*	89%
Vitamin A	85%	90%

* Initial follow-up visits during the first year found ORS in only 1% of facilities. By the second year, 67% of facilities had ORS during the initial visit, and 89% six-months later.

2. Review facility supports and solve problems

Facility supports are conditions in the health facility that affect the implementation of integrated case management. The supervisor checks the:

- Availability of essential space and equipment
- Availability of clinic and referral services
- Organization of essential case management tasks
- Quality of records
- Availability of drugs and other supplies

The supervisor meets with health facility staff to discuss any problems noted, review procedures, and identify solutions.

3. Complete a summary report of the follow-up visit

Before leaving the health facility, the supervisor completes a brief summary report. The report outlines the results of the visit, describes action taken to reinforce good practices and to solve problems, and identifies additional action needed. A copy of the report is left at the health facility.

4. Summarize information on case management and facility supports

Information collected during follow-up visits can provide valuable insights into the implementation of IMCI. Evidence for the improved performance of trained health workers builds district and national commitment to ensure and sustain support (see Box 2). With information about facility conditions, district teams can, for example, improve the availability of drugs and other supplies, ensure the prompt repair of vaccine equipment and strengthen clinical supervision. Information from visits can trigger national programmes to review their policies, to enable children to receive essential drugs and greater access to immunization.

Countries may also choose to add activities to the basic follow-up tasks, and the guidelines provide materials for these options. Some countries, trying to improve home care and reinforce good communication with families, may want supervisors to interview mothers to assess what they know as they leave the facility and their satisfaction with the care their child received. The guide also provides an optional exercise, which can be done while waiting for children to arrive. This exercise can be useful to review signs of severe illness that are seen very infrequently and, as a result, may be forgotten.

While the follow-up visit is an integral part of IMCI training, it is hoped that IMCI follow-up procedures will be incorporated into routine supervision and improve district-level support for the quality of care. ■

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