INTEGRATED MANAGEMENT OF CHILDHOOD DISEASES - IMCI -

Period: 25 to August 27, 2009
Location: National Institute of Public Health Luanda
- IMCI -

What is it?

It is a strategy that promotes collaboration among different programs, to better coordinate and integrate their activities, to improve the management of most common diseases of childhood, such as DRA, DDA, Malaria, Malnutrition, anemia and measles.
Objectives

- Contribute to the reduction of mortality in children under 5 years
- Contribute to the healthy development of children
Advantages

- Acts on the main health problems in children under 5 years
- It incorporates a systematic promotion and prevention
- Meets the demands of the population
- IMCI -

Advantages

- Ensures a major impact on health indicators
- It has good value for money
- Improves equity (equal)
INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMCI)

COMPONENTS OF THE STRATEGY:

- Improving Skills of Health Professionals from the Health Unit in the proper handling of the main childhood diseases through the use of standardized rules.
- Improvement of Organization and Management of Health Units
- Improvement of Competence / Knowledge of Families and Communities in the home management of illnesses and preventing them in the Community (IMCI - or C Community component of IMCI).
Components

- Improving the skills of health professionals in the care of sick children:
  - Quality standard
  - Training
  - Follow
- IMCI -

Components

- Improving the health system to provide services
  - Provision and management of essential drugs
  - Organization of work centers and health posts
  - Management and supervision
Components

- Improvement of family and community practices:
  - By supporting and strengthening measures to promote practices and appropriate behavior.
  - Integration between community and health services
INTEGRATED MANAGEMENT OF CHILDHOOD DISEASES
IN THE COMMUNITY - C IMCI

NATIONAL GUIDELINES
INTEGRATED MANAGEMENT OF CHILDHOOD DISEASES IN THE COMMUNITY – C IMCI

MANUAL FOR TRAINERS OF AGENT COMMUNITY HEALTH (ACS)
IMCI Training

- Training course for professionals at primary level: key element for IMCI
- Theoretical - Practical
- It enables the management of children from one week to 5 years
- It emphasizes disease prevention and communication with the caretaker
- IMCI-
Training

Enables also in:

• Keep up to date vaccination
• Supplementing with micro nutrients
• Promoting breastfeeding
• Counsel to solve feeding problems
-IMCI-
Beneficiaries

- Management of the health system at various levels (central, provincial and municipal)
- Doctors
- Nurses
- Other health professionals
IMCI - Content

Management of cases:
- Meningitis and sépsis
- D. acute respiratory
- Diarrhoea
- Malaria
- Measles
- Malnutrition and anemia
- Tetanus (neo-natal and others (introduction of new”))
- Ear and throat infection
- HIV infection

Preventive interventions:
- Immunization
- Nutrition
- Breast-feeding

Communication techniques:
- Ask/listen
- Praise
- Recommend
- Check understanding
INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMCI) (INTERVENTION AREAS)

**Integrated handling of cases**
- Danger signs
- Major symptoms
- Classification
- Treatment/advice
- Follow-up

**Health system support**
- Availability of medicines
- Transfer system
- Health information system
- The provincial level planning and supervision

**Improvement of hospital Care**
- Emergency screening and treatment (ETAT)
- Handling of severe infections and malnutrition
- Care for HIV/AIDS

**Actions in the community**
- Nutrition
- Exclusive breast-feeding
- Home care
- Search for appropriate care
INTRODUCTORY PHASE

1997 - 2000

- INFORMATION, ADVOCACY AWARENESS.
- ADHERENCE OF THE COUNTRY STRATEGY
- NATIONAL TECHNICAL COMMITTEE IMCI

2000 - 2002

- FORMATION OF THE TECHNICAL GROUP.
- ADAPTING AND UPDATING OF TRAINING MATERIAL.
- APPROVAL OF THE MATERIAL AADPTDADO
- PRESENTATION OF IMCI PROVINCIAL LEVEL.
EXPANSION/IMPLEMENTATION PHASE

2003-2009...

• **Conducting training courses on health professionals and teachers at various levels:**
  – Case management
  – Facilitation
  – Follow-up
  – Case Management and facilitation techniques for teacher.

• **Preparation of training kit for community IMCI component:**
  – National guidelines
  – Instructor's Manual for Mobilizing
  – Mobilizing manual
Expansion of IMCI in Angola

- IMCI strategy in improving the skills of health professionals `in service (Institutional IMCI), is being partially implemented in 4 of the 18 provinces, (Luanda, Huambo, Uíge and Malange,) through training courses organized either by central level or by the provincial level (Provincial Core trainers in IMCI).

- Since the beginning of implementation of IMCI strategy in Angola, (January 2003), were trained 463 health workers from different levels spread over 14 of the 18 provinces.
Implementation of IMCI-C

• GENERAL CONSIDERATIONS
  – As part of the revitalization of the Municipal Health Services and operationalization of the Strategic Plan for the Reduction of Maternal and Child Health, is an urgent implementation of the Community component of IMCI (IMCI-C).
  
  – For the implementation of IMCI-c is necessary for healthcare professionals are trained in institutional illness in order to interact with the community, through its link the “community health agent.”

• What was accomplished?
  – Preparation of training kit consisting of:
    • General Guidelines
    • Guidebook of Trainer Community Health Agent.
    • Script of the Community Health Agent
    • Monitoring Card
IMPORTANT ELEMENTS IN IMPROVING CHILDREN'S HEALTH

- Improved handling of cases of child patient.
- Improve the nutrition
- Ensure the immunization
- Prevent traumatic injuries
- Prevent other diseases
- Improve the psychosocial support and stimulation
Sustainability

- Incorporation at National, Provincial and Municipal levels.
- Inclusion in the Reform of Health Services
- Inclusion in training health professionals
- Inclusion in the curricula of training institutions
**Metodologia**

O Curso terá a duração de 6 dias com uma carga horária de cerca de 44 Horas, das quais 27 horas de teoria e 17 horas de prática.
Os temas das sessões teóricas serão abordados através de módulos( 7), sessões de leitura, exposição de temas, peças teatrais, enquanto as sessões práticas decorrerão no serviço de Urgência do Hospital, serviço de Internamento e Consultas Externas. Fazer-se-ão ainda sessões práticas utilizando vídeos, fotografias e exercícios.

**Os Módulos a serem estudados são :**

1- Introdução
2- Avaliar e Classificar a Criança Doente dos 2 Meses a Menores de 5 anos
3- Identificar o tratamento
4- Tratar
5- Avaliar e Classificar a Criança Doente de 1 Semana a Menor de 2 Meses
6- Aconselhar a mãe ou o Acompanhante
7- Quando regressar
8- Caderno de Mapas
9 - Fotografias

No 1º dia da formação far-se-á um pré - teste e no último dia um pós teste. Os participantes serão avaliados diariamente em função do seu desempenho nas sessões teóricas e prática clínica.

Os possíveis facilitadores serão seleccionados em função do acima exposto e das notas obtidas nos pré e pós Testes.
### Different hours of IMCI training

<table>
<thead>
<tr>
<th>Módulos</th>
<th>CURSO AIDI PADRÃO (11 DIAS)</th>
<th>CURSO AIDI ABREVIADO (6 DIAS)</th>
<th>CAPACITAÇÃO NO MANUSEAMENTO DE ALGUMAS DOENÇAS EM AIDI (3 DIAS)</th>
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<tr>
<td></td>
<td>TEORIA</td>
<td>PRÁTICA</td>
<td>TEORIA</td>
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<tr>
<td>1- Introdução</td>
<td>1 hora</td>
<td>30 m</td>
<td>30 minutos</td>
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<tr>
<td>2- Avaliar e Classificar a Criança Doente de 2 Meses a Menores de 5 Anos</td>
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<td>3- Avaliar e Classificar a Criança Doente de 1 Semana a Menores de 2 Meses</td>
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<td>4- Identificar o tratamento e ensinar a mãe</td>
<td>3 horas</td>
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<td>5- Tratar</td>
<td>8 horas 30 m</td>
<td>9 horas</td>
<td>6 horas</td>
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<td>6- Consulta de Controlo</td>
<td>3 horas</td>
<td>6 horas 30 m</td>
<td>2 horas</td>
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<td>7- Aconselhar à Mãe ou Acompanhante</td>
<td>6 horas</td>
<td>4 horas</td>
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<td>8- Caderno de Mapas</td>
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**TOTAL GERAL DE HORAS POR FORMAÇÃO**

<p>|                           | 84,5  | 47,5  | 24    |</p>
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<th>SEGUIMENTO POS-TREINO</th>
<th>INSTRUTOR CLÍNICO</th>
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Provinces without trained health professionals in illness

Source: MINSA SSIA/DNSP/
-IMCI-

Follow-up

Is an integral part of IMCI training

• Follow-up visit
  - 4 to 6 weeks after the course

• Maintaining the quality of IMCI

• Strengthening professional trained
Constraints to Rapid expansion of IMCI

- Poor knowledge of the importance of the IMCI strategy demonstrated by the provincial health authorities and other responsible
- The insufficient number of teams of trainers to National and Provincial levels to provide accelerated expansion strategy,
- Insufficient /lack of local funds to support training,
- The default long and costly training courses on cases of 11 days advocated by WHO.
- Frequent, mobility/rotation (either inter or intra-provincial) trained health professionals
- Insufficient / no follow-up of trained technicians
- The inadequacy of the kit of essential drugs for the recommended by the strategy(e.g. use of more than 2 antibiotics)
-IMCI-
Perspective

• Introduction of IMCI strategy in the curricula of students of the Faculty of medicine

• Ongoing introduction of IMCI training courses of Vocational Technical School of Nursing.
Conclusion

Pillars for the success of IMCI:

- Incorporation by Governments
- Accession of families and communities
- Promotion of sustainability
- Engagement of partners for the strategy
IMCI

Conclusion

The IMCI does not replace programs being implemented through existing structures and emphasizing the quality of attention.
THANK YOU!