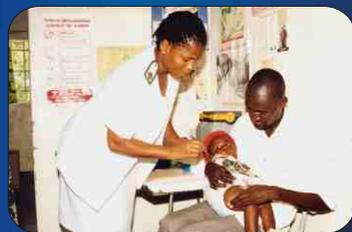




Best Practices in IMCI in the African Region



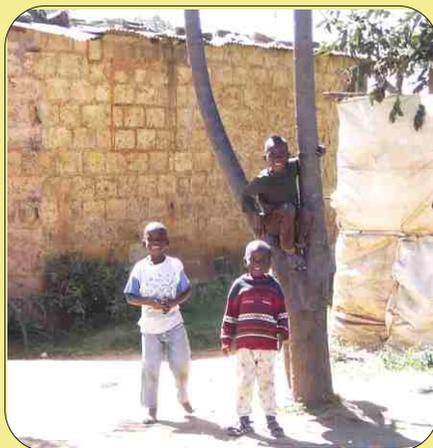
INTRODUCTION

Since the 1970s, the estimated annual number of deaths among children less than 5 years old has decreased by almost a third. But the reduction has been very uneven, and in some countries the rates of childhood mortality are increasing.

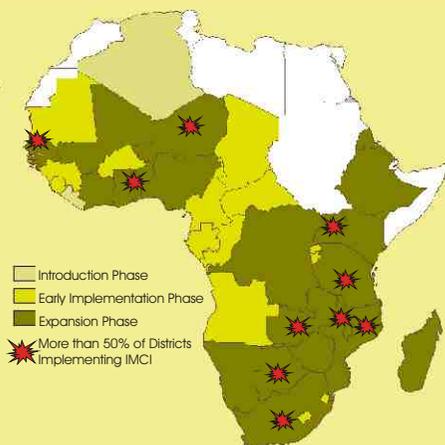
Every day, millions of care takers bring children with potentially fatal illnesses to first-level health facilities such as clinics, health centres and outpatient departments of hospitals. Previous surveys of the management of sick children at these facilities reveal that many are not properly assessed and treated, and that their care takers are poorly advised. Providing quality care to sick children in these conditions is a serious challenge. To address the above challenge, WHO and UNICEF developed a strategy known as Integrated Management of Childhood Illness (IMCI).

In the African region, 44 of the 46 countries are implementing IMCI in different phases, with 23 of the 44 countries in the expansion phase.

However, saturation of interventions within districts is far from adequate to demonstrate



impact of mortality reduction. WHO/AFRO, in fulfilling its mandate to support scaling-up child health interventions to contribute to under five mortality reduction, has supported countries to document best practices in IMCI implementation. This leaflet highlights some of these best practices so that other countries will learn from them, to successfully scale up IMCI.



RESOURCE MOBILISATION

One of the biggest challenges faced by IMCI throughout Africa is the mobilization of resources to maximize coverage. Different countries have achieved this in different ways.

In Tanzania, the delivery of IMCI has been made possible through its inclusion in the council's health plans in a number of districts. This has meant that in districts such as Rufiji and Morogoro, funding was accessed through the district basket funds. In order to achieve this level of commitment, the key decision makers at council (district) and regional levels have

been targeted through a focused advocacy campaign.

In Zimbabwe, activities related to IMCI such as malaria control sourced heavy financial investment through external donors such as the Global Fund



The Zimbabwean Minister of Health signs the global fund agreement

A Telethon in Senegal

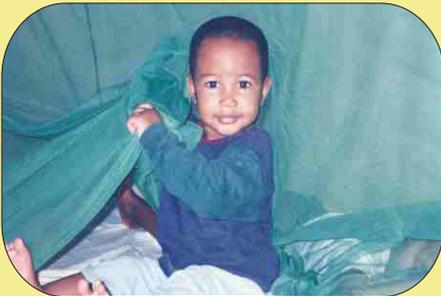
In July 2003, high level political commitment to malaria control was illustrated through the organisation of a national telethon. A Multi-sectoral organisational committee were put together to organise the event and commissions were set up to address partnerships, follow-up, communications, material production, and finances.

The telethon was coordinated at the national level but led by the regional committees. The MOH and its key partners invested in the organisation and planning of the event and in six hours of prime time TV viewing, 546, 512, 293 FCFA were pledged. These funds supported 54 health centres to manage severe malaria in children under five and to provide 20,000 treatment kits.

CHANGING POLICY FOR IMPROVING CHILD HEALTH

Policies conducive to child survival are an essential components which determin the success of approaches such as IMCI. Policies are discussed at various levels from the World Health Assembly to regional fora such as the SADC Health Minister, but there is a need to change commitments to policy, into endorsed national policy for action. In Ghana, evidence of this can be seen through the establishment of

pro-poor policies which were set up to ensure access to under served communities in the northern and central regions which experience poor social, economic and health indices. In these regions, the government of Ghana funds are made available to ensure exempt payment for supervised deliveries. In other regions, all basic services for children under 5 and pregnant women are free.



Subsidized Insecticide Treated Nets (ITNs) for under fives is an example of a policy set to promote IMCI and child survival activities

Elsewhere, drug policies for low efficacy first line drugs used to treat major conditions such as malaria in young children have been revised. This resulted in use of more effective drugs, and in some cases the introduction of new combination therapy.

Malawi's ITN Policy

The introduction of ITNs (Insecticide Treated Nets) in Malawi started in 1995, through an initiative started with the governments national malaria program, UNICEF and PSI. In 1999, the commercial distribution of nets was expanded, but sales of nets did not increase.

In 2002, the Government developed a national ITN guideline for ITN implementation which indicated ITNs should be distributed through health facilities, communities and commercial distribution at a subsidised price of 1US dollar per net. This increased sales by 194% and has enhanced the acceptability

DEVELOPING CAPACITY IN UGANDA

Though prevalence of HIV in general population of Uganda has reduced to about 5% ((2003 HIV surveillance Report, MoH, the figure still remains high and vertical transmission has resulted in an increase in pediatric HIV/AIDS cases.

Uganda was among the 2 countries where a study to validate the IMCI algorithm adapted to detect symptomatic HIV in children was done. Using the findings from the above study, other similar studies, together with experience gained in management of children infected with HIV by different by experience pediatricians and other practitioners, the IMCI algorithm was revised to incorporate HIV/AIDS. The adapted IMCI guidelines were field tested in Hoima district and found to be effective in enabling first level health workers identify children who were symptomatic of or exposed to HIV infection for referral to facilities with counseling and testing services.

With launch of the 3 x 5 initiative in 2004, Uganda has embarked on the rapid capacity scale up in training of health workers in comprehensive care for HIV/AIDS including provision of ART. The IMCI chart booklet is now part of the course materials. All participants of the comprehensive

HIV/AIDS care course are oriented to the IMCI guidelines which assist health workers to identify children who are suspected symptomatic or exposed to HIV infection. T

This the comprehensive care course with materials addressing special requirement for children has now been used in 2 regional training courses where more than 140 health workers from 9 out the 56 districts in the country have been trained and is planned to cover the whole country at least up to hospital level by the end of 2004

The activities for the development and adaptation of IMCI guidelines to incorporate HIV/AIDS and the integration and strengthening of the pediatric component of HIV/AIDS into the comprehensive training care were jointly funded by AIDS Control program and IMCI both in the Ministry of Health and WHO country office

This is an excellent example of how IMCI has seized the opportunity of the 3 x 5 initiative to massively orient health care providers to the IMCI guidelines on one hand and how the strategy has advocated and worked with the AIDS control to ensure that children fully benefit from the care for HIV/AIDS including access to ART.

COMMUNITY MOBILISATION

Community mobilisation is achieved in a variety of ways in different countries.

In Malawi, a process known as community dialogue is used to facilitate behaviour change in Malawian communities. The process is similar to the 'triple A' approach, and is based on the principles of partnership. The process is compatible with the human-rights based approach to programming in many ways. The process begins by training a pool of national trainers, these in turn shared their skills to district level technical work groups, who then provide the training to community extension workers.

The process promotes community participation in decision making on child care and other issues, such as the establishment of community based child care

centres in Mwanza district.



A community initiative from Zimbabwe to produce Insecticide treated nets to protect the children and bring money to the household

In Madagascar, in an initiative called "Champion Communities", the community is engaged in improving child health and maternal health. The success of this initiative depended on full involvement of 4 principal groups of the community: local authorities, health workers, community health workers and schools. In 2001, 20 communities received a certificate of "Champion Community".

Community Participation in Tanzanian

The government of Tanzania new policy of decentralisation by devolution in bringing responsibility, authority and resource management closer to the community.

Using the O&OD (Opportunities and Obstacles of Development) approach, village communities establish plans based on their visions and priorities using participatory techniques to identify their own resource and opportunities to realise them.

The O&OD process is a major opportunity for scaling up IMCI and in particular, the community component, but success will demand a new approach to advocacy in the country.

LINKING THE COMMUNITY WITH THE HEALTH FACILITY

The communities involvement in the health system is key to improving access to the health system, and increasing the coverage of child survival interventions.

Health workers play a vital role in IMCI implementation, by offering essential services to children under 5. They also provide supportive supervision to the community health workers and monitor community health indicators to monitor trends and raise alerts as required. Health workers are also involved in the development of community development plans which include plans for health action.

An approach used in Tanzania is that the village government is responsible for coordinating all activities of the community health

workers, providing that crucial link between community based interventions and the health facility. In addition every health facility has a health facility board to help plan and organise activities, and the village chairman is an integral part of this process and sits on the board



A community meeting where village elders and chiefs listen to the needs of the community to feed into the health system as well as acting as a source of information for the community

The Neighbourhood Health Committee

The national health strategic plan in Zambia explicitly states that there should be links between health system activities and community health activities.

An example of how this is achieved can be seen by looking at the HCC (health centre Committee) which comprises of health centre staff and members of the Neighbourhood Health Committee (NHC). The NHC bring the communities needs and wishes to the health centre, and help the health centre in catering for the needs of the community.

MOTIVATION OF HEALTH WORKERS

The motivation of health workers is an essential component of any effort to implement IMCI and make a difference to child survival.

In Ghana, they motivate staff by making bicyclist available, providing special ID which allow for VIP treatment when sick, assist with funeral arrangements of deceased relatives and provide commission to sales of ITNs and iodised salt.

In Zambia, health workers trained in case management stated that they were motivated by training, supportive supervision, availability of essential drugs and other logistics, payment of allowances for outreach activities such as immunisation, and being allowed to participate in research activities. Community volunteers are

motivated by the provision of bicycles and spare parts, refresher courses, kits, supportive visits, stationary, involvement in immunization campaigns, paid facilitation allowances and income generating activities.

An alternative approach was adopted by JICA in Lusaka, where a points system was established to award for participation in different activities, and prizes (usually monetary) were given biannually for the achievers of the system. Uniforms have also proved successful where they have been tried.

Community Health Workers in Madagascar

In Madagascar, the fact that community health workers are trained and given information on improving care at community and family level serves as an incentive. The CHWs appreciate the new skills acquired as a result of the training. The respect they get from the community as a result of their knowledge and skills motivates them to serve the community better. The District management team awards them certificates upon completion of their training and also gives them small gifts such as T-shirts. They get priority to work during National Immunization Days which usually brings them some financial remuneration. Some volunteers are motivated to mobilize funds during public festivals and the money they raised is reinvested in health facilities.

SCALING UP ACTIVITIES

In Zambia sustainability has been a government priority, which has resulted in a budget line for IMCI clearly itemised in the National Action Plan for the Central Board of Health (CBoH). In addition, districts are being encouraged to set aside funds for IMCI case management training and other component of the strategy.



To compliment the district budget, the CBoH, with the support of its key partners has established a 'Community Health Initiative Fund' (CHIF) which can be used for the development of innovative health activities which are not part of the basic healthcare package. This is a particularly useful source of funds for community based activities.

Finally, with IMCI now an integral part of pre service training, the number of IMCI trained staff will now increase by some 800 a year in Zambia, and will continue at a constant rate with little specific investment, allowing concentration on refresher training and supervision.

Scaling up Interventions in Senegal

In Senegal, the Strategic plan (2002-2007) predicts a progression of coverage of IMCI intervention at a rate of 10 districts a year to achieve 100% coverage by 2005. Advocacy of this plan has influenced the development of strategy for resource mobilization. Partners such as WHO, UNICEF and USAID are also committed to achieving this target by 2005.

Main source of funding came as a result of the involvement of the MOH in resource mobilization. As it presented IMCI as a strategy to attain the MDG to the government, funds have been made available from the World Bank to increase training coverage through contracting training institutions, to improve referral care services and to develop local capacity in the promotion of key family practices in 34 health districts between now and 2005

TURNING RESEARCH INTO ACTION

A baseline study carried out in Uganda in 2000 by the Multi Country Evaluation of IMCI (MCE) i covering 14,000 households showed that care outside home was sought in 65% of sick children. Of those a formal or informal private providers (PP) were the sources of care in 87% of fever, diarrhea and ARI cases.



As a follow up to the MCE study, a situation analysis on utilizing the potential of private practitioners in child survival” was conducted in August 2001. The study revealed the potential and opportunities for government to engage PPs in child survival interventions. Using the findings, a national strategy and tools for utilizing the potential of PPs in child survival strategies was developed in 2002. The tools developed include that of conducting inventory of PPs at districts and lower levels and a training and negotiation guide for improving child health care practices among PPs.

One of the key findings from the inventories conducted was that,

though the majority of owners of private for profit facilities were qualified health workers (Nurses and Midwives) majority of the attendants (persons who actually sell/prescribe drugs or give treatments) were those without any formal qualification in medicine.

The training and negotiation guide for improving child health care practices among PPs took into consideration of conditions and interests that are peculiar to private practice. The guide provides for a 3-day training and the contents are adopted from the IMCI case management algorithm and modules. Apart from giving factual information, the facilitator negotiates with private providers on how improved practice can actually improve profit making through increased clientele as well as saving on drug costs.

Despite the challenges, involvement of private sector by government in issues of child survival is a necessity rather than an option. Though methods need to be flexible and suiting the peculiar interest and circumstances of PPs, minimum standards should not be compromised. And as part of their regulatory function, Government health authorities have to ensure adherence to the set minimum standard through various methods.

THE NEXT STEPS TO MAKING A DIFFERENCE...

We have now completed a journey covering the four corners of the African region, looking at best practices in IMCI as a result of innovation and dedication. It is hoped that by sharing these experiences, we can learn from each other and make an impact on child survival.



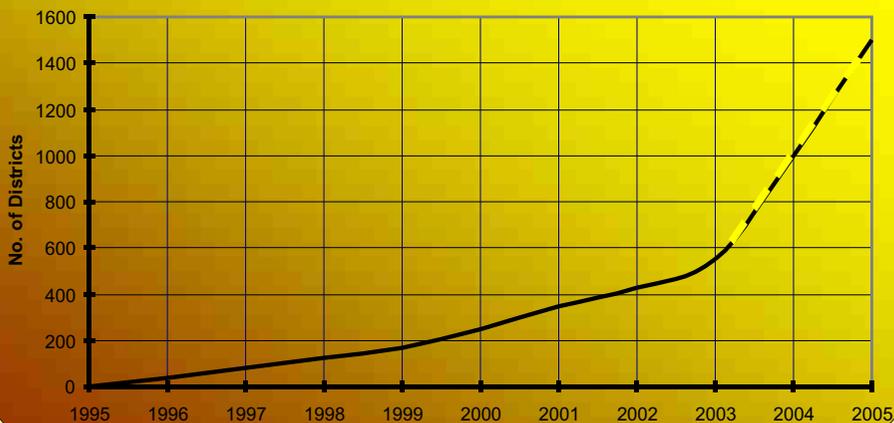
In September 2000, the governments 189 countries in the world met adopted the historic Millennium Declaration and which established eight goals which varied from halving extreme poverty, to halting the spread of HIV/Aids by 2015.

are making towards these goals as a region, there is clearly a lot more we need to do, however progress is possible, the partners are there to help and we can truly make a difference if we have the commitment.

Goal number four is the reduction of child mortality by two thirds by 2015.

When looking at the progress we

Progress in IMCI Trends
Number of Districts Implementing IMCI in the African Region



“IMCI/AFRO will provide strategic direction for more effective action to tackle child health problems in Member States through the implementation of IMCI.

Innovative designs, broad ownership, private sector and community participation, flexible implementation, and clear emphasis on outcomes will be promoted.

WHO will play the leadership role to promote adequate preparation and involvement of a wide range of stakeholders in IMCI implementation

IMCI/AFRO will support countries to translate this strategy into national policies and plans of action, as well as in the implementation of the plans.”

