

IMCI training report

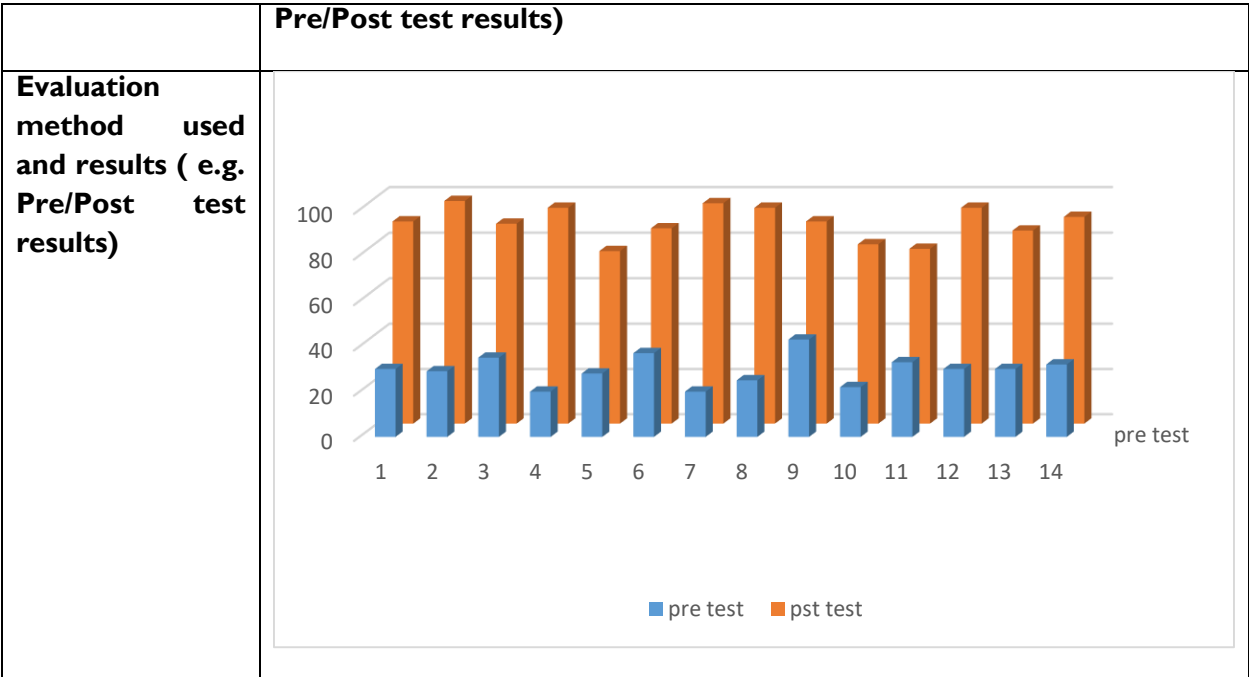
Training Report on IMCI Protocol for the health and Nutrition Staff, from SHF supported Health Facilities, in Qandala Districts in Bari Region, on 6th to 10th Aug – 2022 at Mapleleaf Hotel meeting Hall in Bosasso..



Group photo

Basic Information	
Training Name	Integrated Management of Childhood Illness (IMCI)training

	SHF supported Health Facilities, in Qandala Districts in Bari Region
Funded by	SHF
Implemented by	ISDP
Training facilitators:	Farhia Osman, and Dr.Mohamed Ahmed Abdikarim
Type of training	IMCI protocol
Target group/s:	Health and Nutrition Staff for SHF supported Health Facilities in Qandala Districts at Bari Region.
Number of participants:	14 participants.
Training Venue	Mapleaf Hotel meeting Hall
Days of the Training	4 Days



I. Introduction

Integrated Management of Childhood Illness (IMCI) is a strategy set to extend case management of common childhood illnesses beyond health facilities enabling more children have access to lifesaving

treatments provided by a trained care of Family health workers (CHW). IMCI generally refers to an integrated approach for assessing and classifying signs and symptoms of **pneumonia, diarrhoea, malnutrition, Anemia and malaria in children under five**, and providing homebased treatment or referral of children presenting with danger signs.

As Somalia is recovering from long lasted conflicts and turmoil, the country is still characterized by protracted complex humanitarian crisis and moreover mortality indicators are exceedingly high. The under-five mortality rate (U5MR) is 137 per 1,000 live births with one in seven Somali children dying before they reach their fifth birthday. The main causes for under-5 mortality in Somalia/Somaliland are pneumonia (24%), diarrhea (19%), neonatal disorders (17%), and measles (12%) and malaria (3%).

Simple and cost effective interventions are known for IMCI in the management of pneumonia, diarrhea malaria and malnutrition: the administration of antibiotics for pneumonia, the combined use of Oral Rehydration Salts (ORS) and Zinc tablets to treat diarrhea and the use of Artemisinin- based Combination Therapy (ACT) to treat malaria. If these interventions are implemented on a large scale, and among hard to reach populations which often carry a higher burden of diseases, they can significantly contribute to reducing child morbidity and mortality. The approach also normally includes health promotion and preventive measures such as fostering mothers for vaccinating their children, deworming, and new born care.

The IMCI approach is relatively new to Somalia and recently gaining traction. However, the huge unmet healthcare needs and a conducive environment for policy development will present an exceptional opportunity for scaling up IMCI in Somalia.

2. IMCI training

The training is organized and being implemented by **Integrated services for displaced population ISDP with collaboration district Ministry of Health**

The training conducted for four subsequent days with participation of 14 frontline Health workers on the management common childhood illness at health facilities and PHUs among the communities of Qandala districts in Bari Region. The staff were mainly from field staff of mobile and fixed sites of Qandala district surrounding supported sites. In addition, this training held at Bosaso town between from 6th to 10th -August 2022. 16 participants from different project sites such as Canjeel, Balidhidin, Xijijle and Unuun, xankookib, Tuulo ciise, dhaankadus and Tuur-Masala villages were among the audience [See Annex I for list of participants] participated in this training.

Opening Remarks:

3. Opening remarks

Ms. Farhiya Osman MoH Regional Nutrition coordinator in Bari Region has welcomed the participants, briefed them on the importance of IMCI and engaged their active participation she also thanked SHF and ISDP organization for conducting such training which is very worthwhile to capacitate our field staff and

urged to continue such trainings in the future, also she praised the participant for attending and urged the trainees to show full participatory and eagerness during the training period to gain knowledge and declared the training is officially open. And handed over to Ayanle Abdullahi – ISDP H&N program Manager who shared the objectives of training, he also warmly welcomed the participants, thanked them for sparing time to attend these sessions. ISDP promised their full commitment and support to succeed IMCI and delivered the welcome note and invited Dr. Mohamed Ahmed Abdikarim

4. Objective of the Training Program:

To improve the capacity of 14 nurses on the case management of common morbidities and childhood illness at the supported health facilities in eight villages under Qandala districts of Bari Region.

5. Key Expected Outputs of the training:

At the end of the training, 14 participants from 8 different HFs and PHUs will have necessary knowledge and skills on:

- Participants are equipped to conduct correct diagnosis of common illness in Somalia.
- In line with IMCI and Somali treatment guidelines, the trainees are able to treat all major illnesses; respiratory infections (Pneumonia, Bronchitis, Asthma), waterborne diseases/gastro-intestinal illness (Diarrhea, Cholera, etc.), malnutrition and other common morbidities.
- Communication techniques on counseling of care takers(interpersonal communication, patient reassurance)
- Referral of severely ill children.
- Promotion of appropriate care seeking behaviors in the home setting by care takers

6. Methodology:

The Key Methodologies included:

1. Use IMCI and Somali treatment guidelines.
2. Participatory lecturing
3. Group Discussion
4. Case studies (drills)
5. Brain storming
6. Q/A Sessions
7. Daily Recap and evaluation of the training sessions
8. Practical session

7. Ground rules of training

The participants and facilitator were following the bellow golden rules during training: -

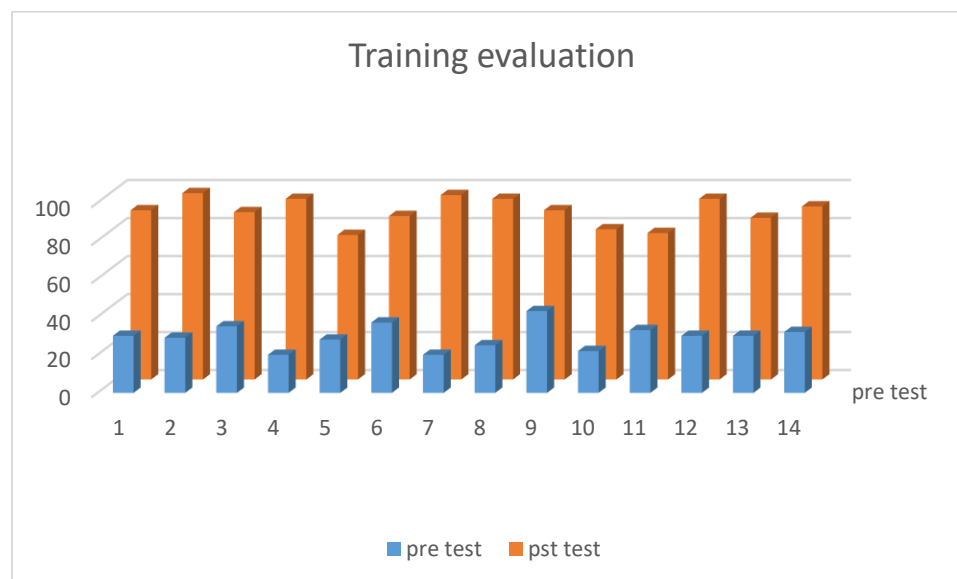
- ✓ Keep time
- ✓ Raise your hand up when speaking.
- ✓ Don't interrupt others
- ✓ Say "I" when speaking
- ✓ Be open and honest.
- ✓ Mobile phones switched off or silent
- ✓ Avoid unnecessary movements

8. Training Activities and reflections

At the beginning, pre-test is deemed to identify participant`s capacity prior sessions. The training course emphasized both classroom work and clinical sessions. The guidelines for facilitation of classroom work contained instructions on working with the set of five training modules, including case studies, role play exercises, individual feedback, group discussions, drills, presentations, demonstrations, and short answer exercises.

These training techniques promoted active participation of trainees, quick feedback, smooth skill transfer, desirable behavior patterns, and motivation of participants to improve their level of performance while in training. At the end of four days sessions, posttest is deemed to evaluate the injected capacity during training course.

9. Training Evaluation (Pre and Post test)



10. Constrains

There are no substantial constraints – the training is performed as planned in smooth and sound and covered whole modules.

11. Follow up and action plans

After raining has completed, the participants formed into groups in order to plan how they will work as part of trained health workers, what do they train, based on what they have trained for from the IMCI .

The objectives of follow-up:

- To reinforce IMCI skills and help participants to begin using these skills during work place
- To identify and solve problems in implementing IMCI knowledge
- To gather information on the performance of health work and the conditions that influence performance in order to improve implementation of IMCI. It was suggested that at least one visit by a supervisor to observe the delivery status, and to reinforce skills and help ISDP to solve implementation problems, as needed.

12. Closing remarks and complements

In the closing session ISDP and PLMoH regional primary health Care (PHC) made a significant speech to the participants. Johro Muse has clearly described the importance of the training, and encouraged the participants that they will apply what they have learnt from the training in the field. He mentioned that the participants have golden opportunity and advised this information to the colleagues at work place.

Finally the PHC officially closed the session after along speech which involved both appreciation of ISDP and SHF for support to Qandala district, the importance of this training and advise to the participants after four days workshop of hard work and commitment.

She thanked ISDP for their support and the facilitator for doing and giving more time to this important job and closed the meeting officially.

13. Annex I Agenda of IMCI training

	TIME	CONTENTS	Remarks
DAY I	8:30 – 9:00	Opening Ceremony	
	9:00 - 9:15	Ground rules	
	9:15- 9: 40	Introduction and expectations	
	9: 40 -10:15	Pre test	
	10:00– 10:15	Coffee break	
	10:15-11:00	Module I: Introduction and importance of IMCI (page 1-6)	

	11:00 -12:15	Module II pages 7-16(Assess & Classify Danger signs, Cough, Diarrhea)	
	12:15 – 1:15	Lunch and prayer	
	12:15 -1:15	Video for Danger signs, Cough, Diarrhea	Video exercise 2C, 2G
	1:15 - 3:30	Module II pages 17-23 (Assess & Classify: Sore throat, Ear problems,)	
DAY 2	8:30 – 9:15	Recap of Day one	All Participants
	9:15 - 10:15	INPATIENT: demonstration: Assess and Classify danger signs, Cough, Diarrhea.	
	10:00 -10:15	Coffee break	
	10:15 – 10:55	GROUP WORK	Three groups case studies
	10:55 –12:00	Presentation	Groups
	12:15 – 1:15	Lunch and prayer	
	1:15 –2: 15	Module II pages 24-30 (Assess & Classify: Malnutrition and anemia, Vit. A, Immunization, Other problems)	
	2: 15– 2:40	Video presentation: Malnutrition and anemia, Immunization	
	2:40:3:30	Module III page 31-36: Identify treatment OUTPT: Demonstration: Identify treatment	
DAY 3	8:00 – 8:30	Recap of Day two	All Participants
	8:30 –9:30	Module IV (Treat) pages 37-65 Treatment Plan for sickly child	

	9:30 –10:00	Group work and case studies	
	10:00 –10:15	Coffee break	
	10:15–11:00	Group work	Case scenario 1(Farhia) Lethargy, diarrhoea (severe dehydration)
	11:00 –11:30	Participants presentation	
	11:30 –12:15	Module V Counsel Participants: Assess, classify, Identify, Counsel	
	12:15 – 1:15	Lunch and prayer	
	1:15 – 2:30	Module V Follow-up and Case scenario 4 (Dr. Mohammed)	Case scenario 2 (Dr.Mohamed)
	2:30 – 3:30	Exercise and Case scenario 5 (Rania) Video presentation: on the follow up	Cough (pneumonia), low weight Three groups
DAY 4	08:00 – 08:45	Field Practical	All Participants
	08:45 – 09:30	Module VII Sick young infant Assess and classify sick young infant.	
	10:00 – 10:15	Coffee break	
	10:15 – 11:15	Counsel for breast-feeding (attachment and positioning)	All Participants
	11:15 – 11:45	Video presentation: Breast-feeding (position and attach.)	
	11:45 – 12: 15	Case scenario 7 (Eman) Anaemia, immunization, feeding problems	
	12:15 – 01:15	Lunch and prayer	
		General Discussion,Post test and Closing	

	01:15 – 03:30		
--	---------------	--	--

14. Annex I: photos



Figure 1 facilitator given the percipients to class session Discussion



Figure2 this figure shows group



Figure 2 group photo

15. Annex II: list of participants



INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMCI) FOR HEALTH WORKERS

ATTENDANCE SHEET

DATE: 6th - to 10th Aug- 2022

S/N	Name	Location	Gender (F/M)	Telephone Number	Title	Signature Day 1	Signature Day 2	Signature Day 3	Signature Day 4	Signature Day 5
1	Hafsa osman salaad	Xijijle	F	7994483	Nursing	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
2	Hajjat Maxmed Xirsi	Tuub cusa	F	7445259	Nursing	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
3	Maria saed Farah	Balidhida	F	6579320	Nursing	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
4	Abdi rahmaan mahamed	Balidhida	M	7267736	Nursing	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
5	hadiimo Said + Mohamed	Kafoorka	F	7893370	Nursing	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
6	jama Osman Waberi	Balidhida	M	7586796	Nurse	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
7	Zam Zam Abdullahi Salah	Balidhida	F	7759761	Nurse	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
8	Ladumo osman mohamed	unwan	F	7765265	Nurse	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
9	Ayaan bi'ad Mohamed	Tummar	F	7876205	Nursing	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
10	Geelo Shire yusuf	unwan	F	7587986		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

11	Sumajo Ali Ahmed	Canjel	F	7312323	Nursing	Sade	Sade	Sade	Sade	Sade
12	Mohamed Mohamed Yusuf	Canjel	M	7980433		Moh	Moh	Moh	Moh	Moh
13	Faadumo Bashir Yusuf	Xijjle	F	7676328		F	F	F	F	F
14	Amino Yusuf Maxamed	Dhaukadur	F	795444	Nursing	A	A	A	A	A
15	Mohamed Ahmed Abdikarim	Bosaso	M	7-731990	Facilitator	M	M	M	M	M
16	Farhiyo Osman Ali	Bosaso	F	090777246	Co-Facilitator	@	@	@	@	@
17										

Prepared by: Amino Mohamed Ismail

Title: Health and Nutrition officer Sign/Date: [Signature]

Approved by: Ayanle Abdullahi

Title: HS&N program manager Sign/Date: [Signature]
10th 8-2022

