

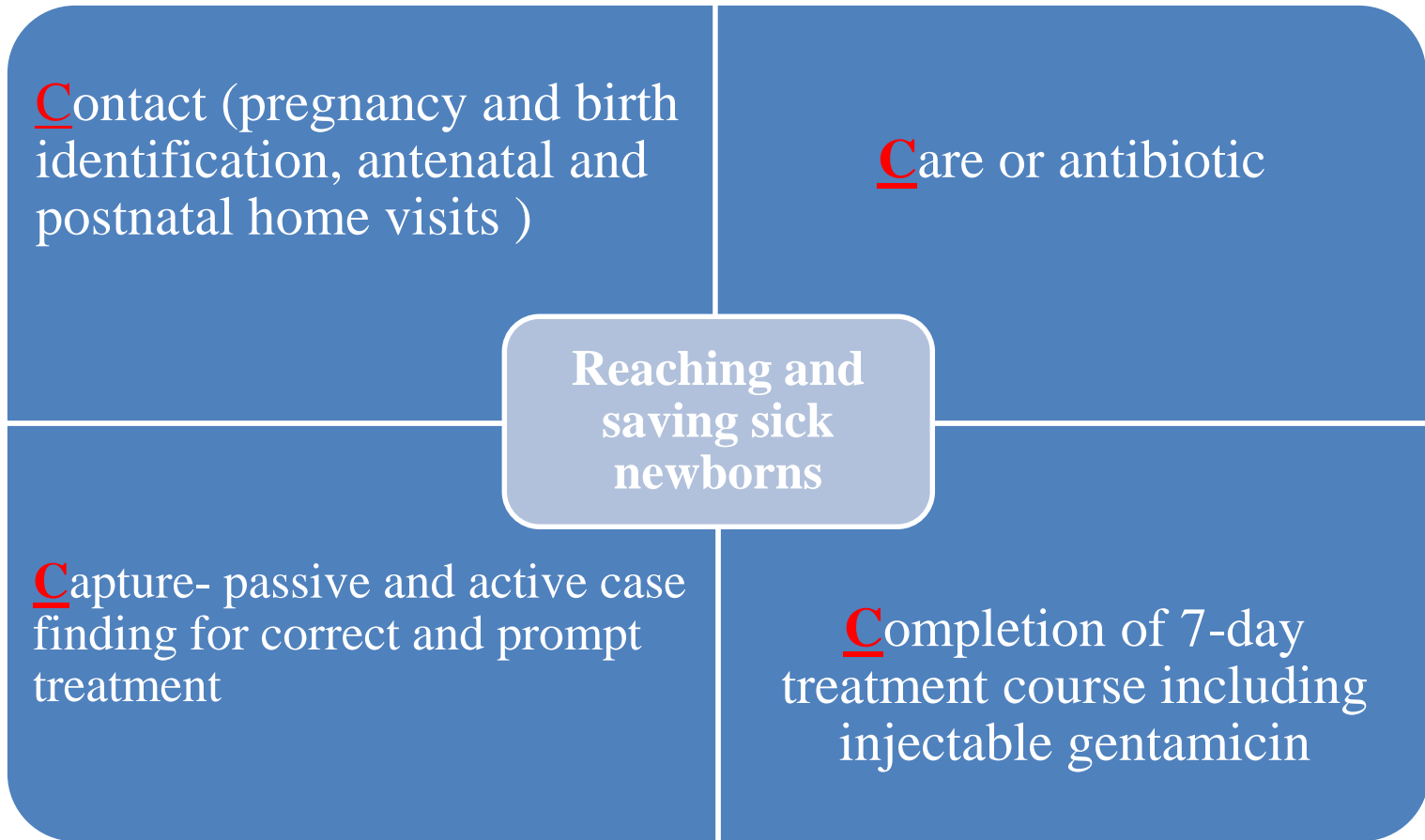


Management of Newborn Infection –When Referral is Not Possible Possible Implementation in four Countries in SSA and SEA

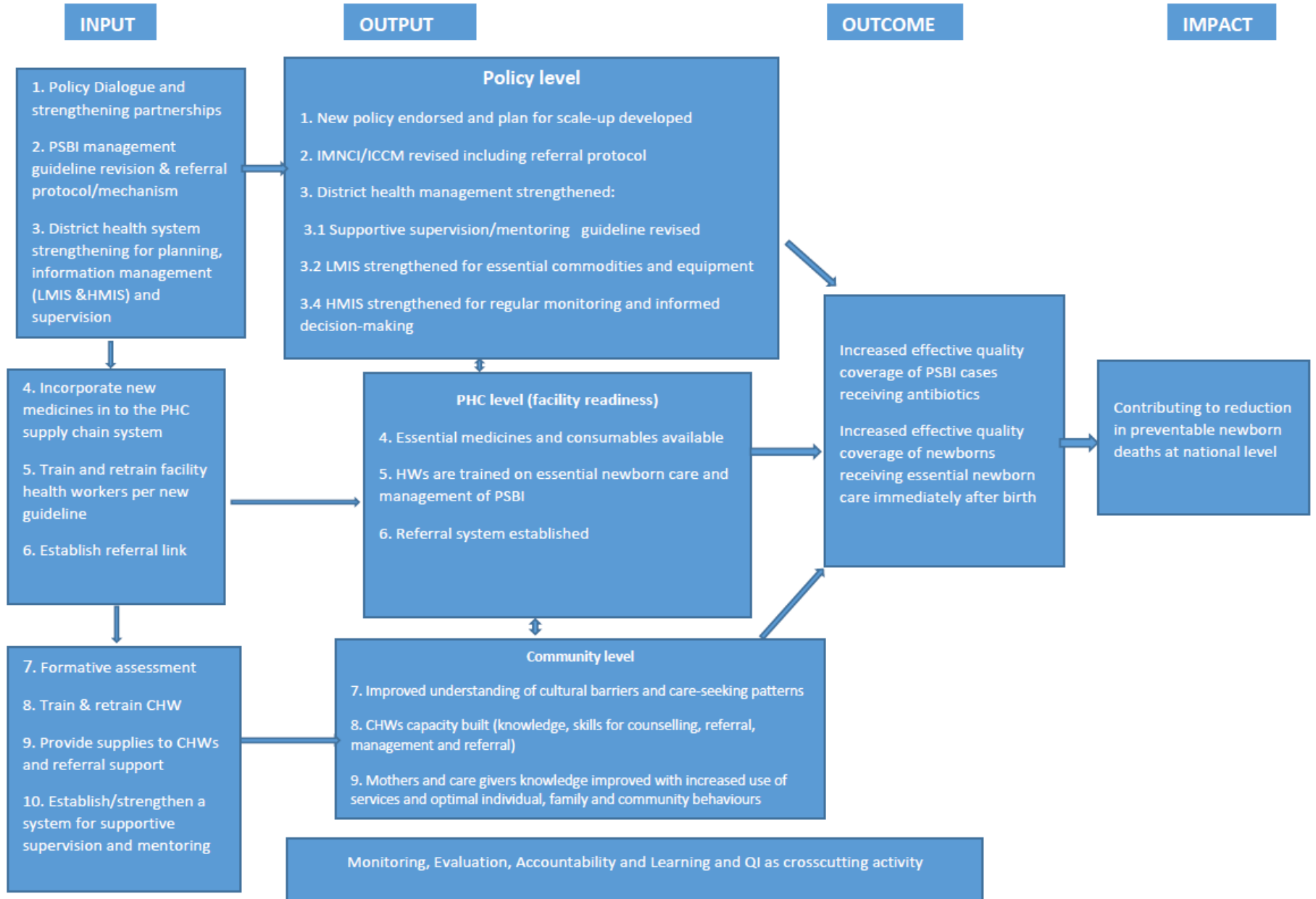
Tedbabe Degefie, Health Specialist
Health Section, PD, NYHQ
September 26th, 2018






Conceptualized with Action Sequence in Managing newborn with Possible Serious Bacterial Infection – four Cs



Theory of Change for Scale-up of Quality Management of Possible Serious Bacterial Infection



Minimum Supply Need for Management of PSBI at the Lowest Health System Level

<p>Job aids and recording tools</p> 	<ul style="list-style-type: none">✓ Current IMCI guideline-SYI chart booklet,✓ registration book,✓ referral form
<p>Equipment and supplies</p> 	<ul style="list-style-type: none">✓ Weighing scale with high precision,✓ Thermometer, RR counter, 1cc syringe and needle
<p>Drugs</p> 	<ul style="list-style-type: none">✓ Antibiotics and ORS:✓ Amoxicillin, injectable Ampicillin, pediatric formulation gentamicin,✓ ORS

Implementation Readiness

Skills

- PHCF staff has knowledge and skills to manage PSBI

Supervision

- PHCF received regular supportive supervision and mentoring

Supplies

- PHCF has essential equipment and supplies to manage PSBI

Demand for service

- Counseling skills
- Community engagement



Each Country Conducted Policy Issues

Policy questions

Who will identify sick young infants in the community?

Where will sick young infants be assessed? And by whom?

Who will provide treatment if referral to hospital is not accepted by the family?

Where will this treatment be provided?

If referral to hospital is refused, what treatment regimen will be given for clinical severe infection?

What treatment regimen will be given for fast breathing only?

If SYI has critical illness and referral is not feasible what treatment will be done?

Indonesia

Indonesia

- There are 9,767 Puskesmas in Indonesia
- 35% of them have in-patient facility
- Each Puskesmas has 3-5 health post runs by midwife or nurse to provide care mostly for children
- Barrier in ensuring availability newborn care services
- IMCNI on the job training



Seventeen Sessions of On the Job Training(OJT)

1. General description of IMNCI
2. Assessing and classifying under five children with general danger sign, cough or difficult breathing, and diarrhea
3. Assessing and classifying under five children with fever and ear problem
4. Assessing and classifying nutritional status, anemia, HIV status, immunization, vitamin A and other problem in under five children
5. Clinical exercise: Assessing and classifying illnesses in under five children
6. Treatment of illnesses in under five children
7. Communication and prevention of injury in under five children
8. Clinical exercise: Complete case management of childhood illnesses
9. Follow up of assessment and treatment for childhood illnesses
10. Clinical exercise: Perform follow up assessment and treatment of childhood illnesses
11. Assessing and classifying severe illnesses or possible serious bacterial infection, icteric, diarrhea and HIV status of young infant
12. Assessing and classifying young infant with low birth weight and breastfeeding problem
13. Treatment for young infant illnesses
14. Clinical exercise: Assessing, classifying and providing treatment for young infant
15. Follow up assessment and treatment of young infant illnesses
16. Clinical exercise: Complete case management of young infant illnesses
17. Recording outpatient services and MNCH book

Drugs and Supplies

- Policy issues discussed and agreed upon
- Gentamycin is part of supply at Poskesmas level
- District health office can provide drugs
- Rapid health facility assessment conducted



Training Progress

- OJT in nine districts in nine provinces
- By the end of the year, it is expected to have 1,266 health workers from 211 Puskesmas trained on IMNCI
- Double this number by 2019
- The training is conducted in sequence as the capacity of district supervisor is limited in monitoring and assisting the implementation in each Puskesmas
- The first batch of OJT in Jayapura District, Papua Province has enrolled 54 health workers
- Follow up post training is conducted in two ways
 - Monitoring case management of common childhood illnesses
 - Supportive supervision on IMNCI implementation
- Three months process to complete the 17 sessions

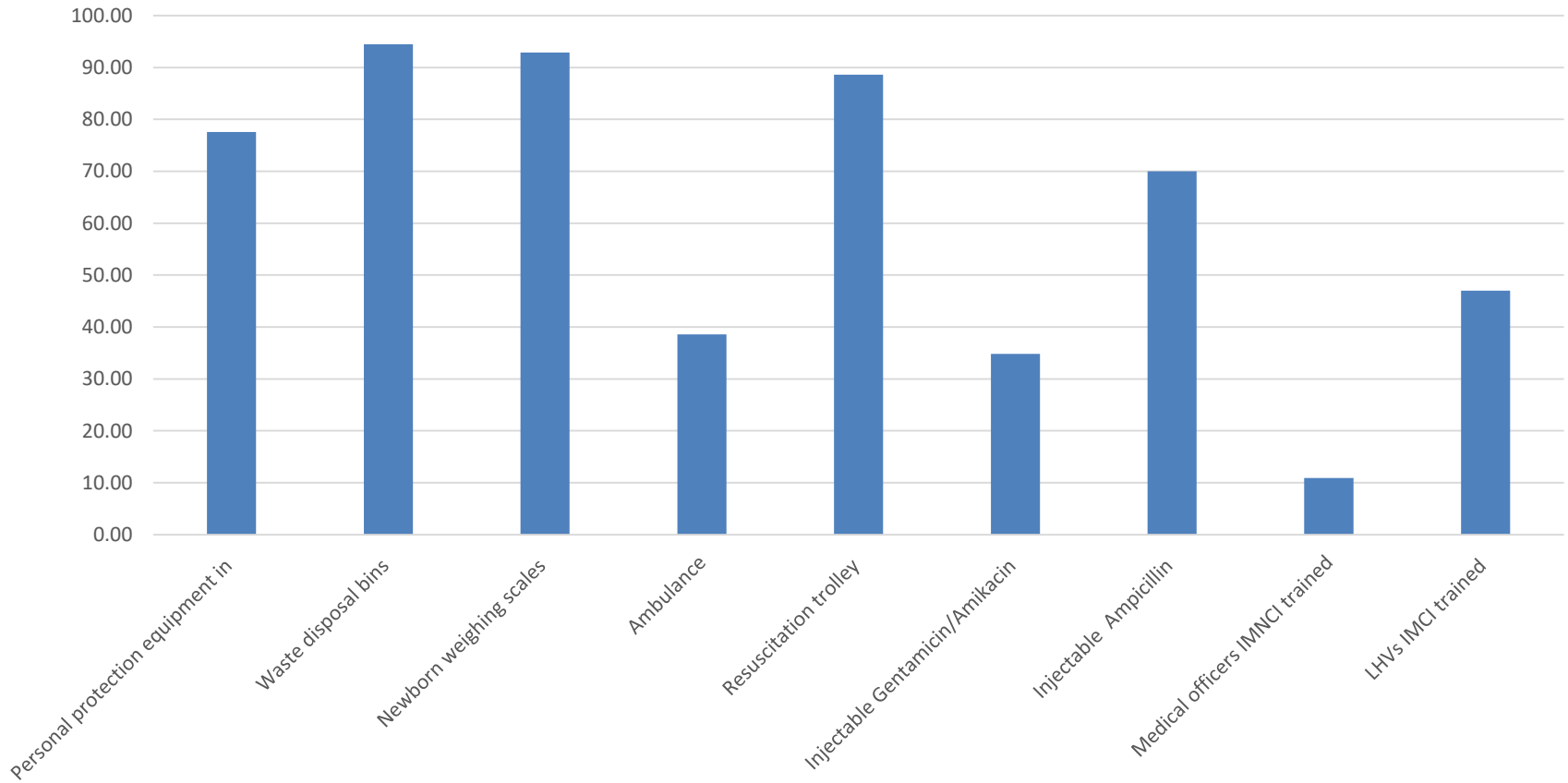
PAKISTAN

Background

- Two districts of Punjab (Bahawalnagar and Sheikhpura)
- Implemented at Primary Healthcare Facilities (Basic Health Unit and Rural Health Centers)
- Medical officers and Lady Health Visitors from primary healthcare facilities will be trained on revised IMNCI training package which will include PSBI modules
- 103 Basic Health Units and 10 Rural Health Centers in Bahawalnagar
- 79 Basic Health Units and seven Rural Health Centers in Sheikhpura
- Both districts have four Tehsil Headquarter (THQ) Hospitals and one District Headquarter (DHQ) Hospital, each of which serve as referral facilities

Key Baseline Findings

%



Next Steps

- Dissemination of BL results with Department of Health in early October
- updating the Sick Young Infants registers will be also discussed
- IMNCI training of Primary Healthcare Facility staff planned for October 2018



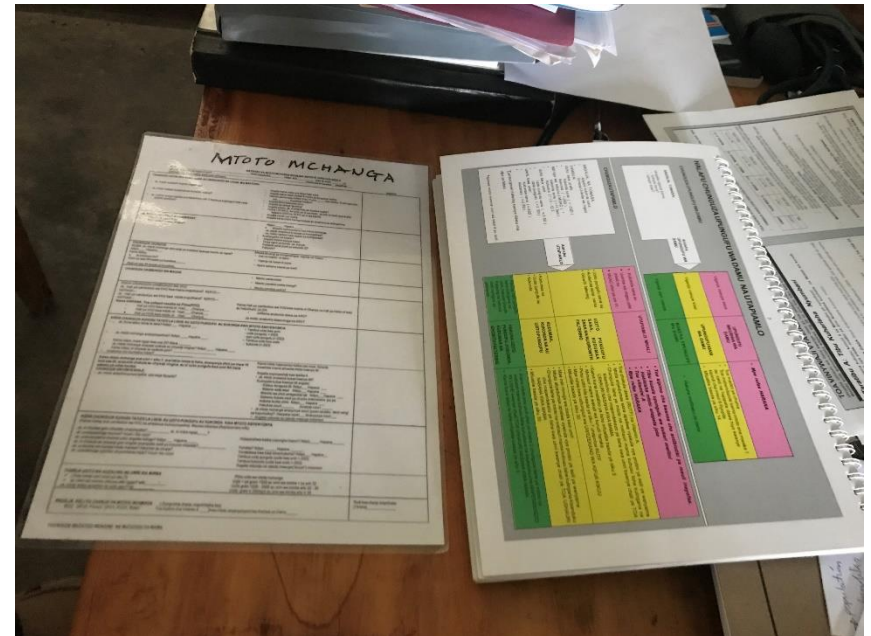
TANZANIA

Background

- Tanzania has been implementing IMCI since 1996
- 114 districts received orientation on IMCI and appointed a focal person
- Cost, high turnover and increasing private practice posed main challenges to scale up IMCI sustainably
- Distance IMCI(dIMCI) was piloted and found to have more benefits
- It is composed of ten weeks training that includes three one day face to face teaching, self-paced reading of 14 modules, video and drill exercise and clinical practice
- Participants can reach to their facilitators for any question or support
- Overall synthesis, posttest that includes a structured multiple choice questions and certification of successful completion

Baseline Assessment

- Just completed baseline health facility assessment
- Conducted formative assessment



IMCI Training

- This is the first of three face-to-face meetings
- Eight facilitators provided orientation on IMCI with emphasis on the module on when referral is not possible (recently updated module)
- 75 participants (28 female and 47 male) from 20 dispensaries, one health center and hospital in Busokelo District
- lecture and video demonstration on general danger sign
- Participants received 11 modules that they will study until next face to face meeting after five weeks



NIGER

Background

- Implementation is in Maradi region namely in Mayahi health District
- The region has the poorest health indicators of the country
- IMCI), which was initiated in 1996, was implemented in the 42 districts(100% of the Integrated Health Centers)
- iCCM was introduced in 2003



Key Findings of Baseline Assessments

- 24% of the surveyed health facilities are providing essential newborn services, including the management of severe infections
- 9.2% of the health workers in the targeted health facilities are IMNCI trained
- 21.6% of surveyed PHC facilities have gentamicin, amoxicillin, thermometers, weighing scales, and timers
- 66.7% of district hospitals, maternal and child health centers, and regional hospitals have a functioning QI team
- 30.8% of HCs reported to meet regularly
- 34% villages use motorbikes or carts drawn by oxen as referral
 - fees charged to the families

Training

- DRC colleague will provide support for the first training
- Will start soon when administrative bottlenecks are solved

Summary

- Overall, the four countries have made progress despite many policy and operational setbacks
- HMIS, supply and supervision will be the focus
- Each country has made some adaptation to its specific situation
 - E.g. Tanzania decided 0-6days fast breathing only to be included in critical illness and mandatory referral
 - Pakistan included Amikacin

Thank You

