QUESTIONS AND ANSWERS FROM PSBI COP WEBINAR

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QUESTIONS ANSWERED BY DR. HUMPHREYS NSONA (MALAWI MOH), DR. ORNELLA LINCETTO (WHO) AND DR. SAMIRA ABOUBAKER

Integrating PSBI in existing maternal, newborn in child health services - Malawi experience

QUESTION: I OBSERVED IMCI REPEATEDLY IN THIS MEETING. IS THAT STILL BEING USED? HERE IN ETHIOPIA WE STARTED USING IMNCI WHICH INCLUDES NEWBORNS SINCE 8 YEARS BACK. THE SAME WITH ICCM WHICH INCLUDE PSBI.

Dr. Samira Aboubaker: In different places we use different terminology. Some use IMCI, where the newborn is also integrated. Some have opted to go from IMCI to IMNCI. The same is true for iCCM. The iCCM has also been updated in some places to include community based newborn care. We may use different terminology, but IMCI has been, in a number of countries, the entry point or platform for integrating not just PSBI but newborn care as well.

QUESTION: PLEASE TELL US ABOUT HSA TRAINING AND CAPACITY BUILDING DONE IN MALAWI TO IDENTIFY AND MANAGE PSBI.

Dr. Humphreys Nsona: HSA training in Malawi has been part and parcel of what we have classified as service integration training. HSA training includes PSBI identification and follow-up. It is one component of the overall training packages, which ran for six to seven days for the twelve districts that I highlighted. What we have done is make sure the HSA's are oriented on what health facilities are doing in managing sick young infants so that there is proper linkage between the health facility and the community health workers (CHWs) who are the HSAs who identify sick young infants to be sent for case management at the facility level or follow-up on day three or day seven, which is the last day of treatment. The HSA-PSBI capacity building has focused on making sure that we reduce incidences of loss due to follow-up, and make sure there is increased access to care for sick young infants being identified and seeking care at the health facility level. This is made within a training package of seven days that also looks at community based maternal-newborn care, EPI, childhood TB, and early childhood development.

QUESTION: HOW WILL THE FORTHCOMING REVISION OF THE POST-NATAL CARE GUIDELINES PROMOTE IMPROVED DETECTION AND CARE-SEEKING FOR DANGER SIGNS?

Dr. Ornella Lincetto: Improved detection and care-seeking for danger signs are some of the elements that will be part of the post-natal care guidelines, both for the mother as well as for the baby. So, how exactly this will be included, I don't know yet. The recognition of the danger signs is critical for both the mother and the child in post-natal care visits. Discussions are underway to build on the experiences we have on development of the antenatal care guidelines. So, both postnatal visits in health facilities, like after birth, as well as home visits can be used as opportunities.

QUESTION: HOW HAS THIS FACILITATED IMPROVEMENTS IN THE QUALITY OF PSBI SINCE PSBI IS MANAGED OUT OF A TECHNICAL DIRECTORATE; HOW HAVE THE TWO DIRECTORATES WORKED TOGETHER IN MALAWI?

Dr. Humphreys Nsona: For Malawi, we know the IMCI, or child health program, is one of the other Ministry of Health programs. So, the Directorate that is responsible for quality of care is a cross-cutting one that looks at quality issues on children, mothers, on hygiene and sanitation and other interventions. With the Directorate for the Quality of Care, basically we are answerable to the Directorate in terms of quality of care issues, and we have a focal person within the Quality of Care Directorate who works with IMCI child health unit on issues of quality to ensure that implementation is done with the prescribed standards because we know Malawi is championing quality of care provisions for PSBI, child health, and reproductive health issues.

QUESTION: IS THE RECOMMENDATION OF ADMINISTRATION OF THE FIRST DOSE OF ANTIBIOTICS AT THE PERIPHERAL HEALTH CENTER BEFORE REFERRAL TO THE HOSPITAL STILL RECOMMENDED?

Dr. Samira Aboubaker: That is a standard recommendation. The standard recommendation says that all sick young infants with signs of PSBI should be referred to and managed at the hospital level. Before referral we do recommend that they are given the first dose of antibiotics. In reality, it's important to note that even after the first dose has been given, usually families wait quite a while before they reach the hospital. There might be some family arrangements that need to be made, resources to be mobilized, etc., so we don't really know at what time that family will arrive at the hospital. So, the priority is saving that life. Antibiotic resistance for just one single dose is not something that we've seen that often. So yes, the recommendation is to give the first dose of antibiotic before referral.

QUESTION/COMMENT: YOU MENTIONED ABOUT COMPETING PRIORITIES AMONG SERVICES PROVIDERS. THESE PRIORITIES SHOULD HAVE BEEN STANDARDIZED TOWARDS DECREASING CHILD MORTALITY DURING PSBI TRAINING SESSIONS.

Dr. Humphreys Nsona: That's one of the options that could be provided, but you have to understand the context of our demographics when you look at the challenges or bottlenecks that affect or touch on human resources availability. So, standardization being part and parcel of addressing the competing priority issues. We have not prioritized that, but rather we have challenged our service providers that they need to have the capacity, skills and schedule that addresses complementarity and harmonization of those services. So, standardization alone, we looked at it and discussed it. It was not addressing our

challenges, but rather complementarity and harmonization of scheduling of their availability as human resources personnel.

COMMENTS FROM DR. TROY JACOBS, USAID: KEY POINTS ON IMPLEMENTATION SCIENCE CAPACITY DEVELOPMENT WITH PSBI

- Some implementation issues discussed are familiar packages and platforms but in changed context; Addressing increasing system complexity while isolated elements may seem more streamlined (see H. Nsona & O Lincetto ppts)
  - FAMILIAR: IMNCI/IMCI, EPI (streamlining example – 13 danger signs in 1997 to 7 danger signs in 2019)
  - CHANGED/NEW: evolving referral networks & systems; HIV; newborn including PSBI integration! Addressing increasing system complexity while parts of system may be getting simper
  - Appreciation of "complexity-aware" methods used in implementation research for real-world problem solving
- "Build capacity of health staff" (see O Lincetto ppt) includes technical, management, learning system, and research domains:
  - Adopting "implementation research" or "implementation science" mindset –not just an academic pursuit but key for program managers, health workers to adopt (IRDS Handbook, WHO Alliance & HRP training materials, others)
  - Helps with systematic, evidence-based problem identification and problem solving of local problems
  - Merging pre-service and in-service training;
  - Supporting needs of career pathways of health staff (that may include some transitioning to roles in advocacy, management, leadership, policy, academia)