A joint WHO and Sudanese team finds a **supportive environment** and **positive attitudes** of teaching staff and students to the introduction of IMCI (Integrated management of childhood illness) into the medical school teaching programme at the International University of Africa, Khartoum, Sudan, and identifies areas requiring strengthening.

This external evaluation, the sixth to be conducted in the Region, was carried out from 13 to 16 May 2012 and **aimed at**: a) assessing the level of student competencies in the management of under-five children as a result of the introduction of IMCI into paediatric teaching in 2002; b) assessing the quality of such teaching; c) making recommendations to further strengthen the teaching programme, and d) strengthening national capacity for these evaluations.

The **evaluation methods** follow the standard methodology described in the WHO Regional office's "Guide to the Evaluation of IMCI Pre-service Education". The team observed several theoretical and outpatient clinical sessions, visited the library facilities and teaching sites, conducted field visits (PHC facility and community) and focused group discussions with students and teachers in both the paediatrics and community medicine departments. It also assessed student knowledge through a written test (MCQs and case scenarios) and student clinical skills through observation of case management practised by students.

The original teaching plan of the school was to cover all the **three IMCI components** (clinical, health system and community child care), for students to develop clinical skills, be exposed to health systems during field visits to primary health care facilities and interact with leaders and mothers in the community.

All but one teaching staff at both departments had been trained in IMCI, with a **staff to student** ratio of 1:10 for clinical sessions.

IMCI-related items were included in student **examinations** and allocated 10% of the total marks.

IMCI was taught in a "**block system**" over 2 weeks but only within the paediatric rotation. One limitation of this approach, generally not recommended by WHO, was that it had limited linkages

with the rest of paediatric teaching and community medicine curriculum.

The **student knowledge and clinical assessment tests** highlighted a number of deficiencies. The findings were in line with those on teaching methodology. This helped identify gaps and specific areas requiring more emphasis in teaching and practice.

Areas which could strengthen teaching at IUA include:

Establishing stronger links between the IMCI approach and the rest of paediatric teaching;

Enhancing teaching, based on other medical schools' experience in Sudan and as outlined in the WHO IMCI pre-service education package;

Maximizing student opportunities for supervised clinical training, rotating them through the sites which have larger caseload;

Including health system and community child care components in community medicine teaching, rather than paediatric teaching, with standard guidelines also for supervised field visits;

Considering utilizing the university's skill laboratory to enhance students' skill practice;

Increasing the number and copies of IMCI reference materials in the library.

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