

[States which have started implementing IMCI](#)

[Localities which have started implementing IMCI](#)

[Health facilities implementing IMCI](#) | [Graphs](#)

[Health providers trained in IMCI](#)

[IMCI case management training courses conducted](#)

INTRODUCTION PHASE

IMCI strategy endorsed by the Federal Ministry of Health and preliminary planning workshop conducted

November 1996

National IMCI Steering Committee established by Ministerial Decree

May 1997

EARLY IMPLEMENTATION PHASE

IMCI Planning and Adaptation Workshop

May 1997

Adaptation of IMCI clinical guidelines completed

November 1997

First 11-day IMCI case management course at central level for doctors conducted #

December 1997

IMCI training materials translated into Arabic (for medical assistants)

December 1998

IMCI early implementation phase started at district level

February 1999

First IMCI follow-up visits after training conducted

June 1999

Early implementation phase in districts completed

December 1999

Review of Early Implementation Phase and planning for the Expansion Phase conducted

December 1999

EXPANSION PHASE

Beginning of expansion to new districts and governorates

2000

Introduction of IMCI into pre-service medical education

April 2000

Development of medical student IMCI manual

2002

IMCI health facility survey conducted

March – April 2003

Meeting to introduce IMCI pre-service training in medical assistant schools

2003

First draft of the situation analysis for a National Child Health Policy prepared

March 2004

IMCI implementation in states

IMCI clinical training

- [Targeted coverage of providers at health facility](#)
- [Course duration](#)
- [Materials](#)

Targeted coverage of providers at health facility

Physicians and especially medical assistants at PHC facilities are the main target for IMCI training. Nurses and nutritionists have also been trained in IMCI in selected cases.

Course duration

11-day courses for both physicians and medical assistants

Materials

Training materials are based on the Sudanese-adapted version of the IMCI guidelines available in English and Arabic.

Systematic approach to IMCI implementation at district level: key steps and tools

1. [One-day IMCI orientation workshop](#)
2. [Establishment of an IMCI committee at state level](#)
3. [Assessment and preparation of a training centre](#)
4. [Training of trainers](#)
5. [Selection of locality for IMCI implementation](#)
6. [Collection of baseline data](#)
7. [Assessment of health facility basic needs and supplies](#)
8. [IMCI district planning workshop](#)
9. [Training in case management \(skills acquisition\)](#)
10. [Training in facilitation and follow up skills](#)
11. [Follow up after training \(skills reinforcement\)](#)
12. [Supervision](#)
13. [Selection of a community for IMCI implementation](#)

1. **One-day IMCI orientation workshop** for staff from State Ministry of Health, local government, and non-governmental organizations operating in the state.

[Top](#)

2. **Establishment of an IMCI committee at state level** with assignment of an IMCI coordinator, including the state minister of health, state ministry of health director-general, EPI coordinator, nutrition coordinator, director of pharmacy, and representative of state

non-governmental organizations.

[Top](#)

3. **Assessment and preparation of a training centre** for IMCI training activities. [Top](#)

4. **Training of trainers** to build state capacity for IMCI training. [Top](#)

5. **Selection of locality for IMCI implementation** based on the following considerations:

1. Number, conditions and functionality of health centres in the area;
2. Implementation of other initiatives in the area (e.g., community-based basic development needs or BDN);
3. Presence of non-governmental organizations working in the area with a focus on health;
4. High proportion of children under-5;
5. High prevalence of the main problems targeted by IMCI. [Top](#)

6. **Collection of baseline data**, with findings discussed in an IMCI orientation workshop. [Top](#)

7. **Assessment of health facility basic needs and supplies** (e.g. daily register, sick young infant and child recording forms, monthly reporting forms, IMCI chart booklets and mother cards, timers to count the respiratory rate, thermometers and scales).

[Top](#)

8. **IMCI district planning workshop**

9. **Training in case management (skills acquisition)** for doctors and medical assistants. [Top](#)

10. **Training in facilitation and follow up skills**

11. **Follow up after training (skills reinforcement)**, conducted 6-12 weeks after the IMCI training course. [Top](#)

12. **Supervision**, carried out at Federal, state and lower level (routine supervision). Federal supervision includes review of implementation of the annual plan, visit to the IMCI training site and drug store, and visit to at least 3 health facilities implementing IMCI in the state (using the form for follow-up visits after IMCI training, which includes review of health provider and health facility performance). All health facilities are supposed to be visited on a quarterly basis. Supervisors undergo a 3-day training on IMCI supervision, including practising the use of the IMCI supervisory checklist under the supervision of the course facilitators. Reports are collated on a quarterly basis and sent to the central office in Khartoum. [Top](#)

13. **Selection of a community for IMCI implementation** to introduce the IMCI community component; training of trainers of volunteers; assignment of a community component coordinator; KAP survey; training of volunteers. [Top](#)

Thursday 25th of April 2024 01:20:38 PM