Districts 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 formally endorsed by the Minister of Health and national IMCI coordinator appointed

2000

National IMCI Orientation Meeting and Preliminary Planning Workshop conducted

2001

EARLY IMPLEMENTATION PHASE

National IMCI Planning and Adaptation Workshop

2002

Adaptation of IMCI clinical guidelines completed

March 2004

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

April 2004

IMCI early implementation phase started at district level

October 2004

First IMCI follow-up visits after training

December 2004

Early implementation phase in two districts completed

December 2004

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

December 2004

EXPANSION PHASE

Planning for expansion

June 2005

IMCI clinical training

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Targeted coverage of providers at health facility

-

Course duration

-

Materials

Targeted coverage of providers at health facility

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For low-caseload outpatient health facilities: training of all health providers managing children less than 5 years old (usually one health provider is working at this level of health facilities).

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For high-caseload outpatient settings (including hospitals' OPD): training of a number of providers adequate to manage the average caseload of sick children under five in that facility.

Health providers might be physicians, medical assistants, nurses or auxiliaries. Paramedics are allowed to manage children even if there is a physician at the health facility. The physician would in this case be responsible to decide whether to refer to higher level facility severely sick children who have been referred to him/her by paramedical staff.

Course duration

-

All categories of health providers: 11-day courses. All categories of providers are trained in the same course.

Materials

Same training materials used for physicians, medical assistants, nurses and all other categories

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

1.

Selection of districts for IMCI implementation

2.

Situation analysis of health facilities in the selected districts

3.

Orientation workshop in the selected districts

4.

Preparation of health facilities prior to implementation

5.

Creating a pool of facilitators at local level

6.

Training in case management (skills acquisition)

7.

Training in facilitation and follow up skills

8.

Follow up after training (skills reinforcement)

9.

Supervision

10.

Documentation

1. Selection of districts for IMCI implementation

The criteria to select areas for the Early Implementation Phase have been based on the rationale to document the experience adequately and provide initial evidence on IMCI for areas receiving adequate support for implementation:

1.

Easy access to the national team to facilitate supervision and monitoring during this phase

2.

Good health facility physical structure. Top

2. Situation analysis of health facilities in the selected districts

1.

Analysis of the status of supply and equipment required for IMCI at those health facilities

2.

Preparation of a list of items to procure to meet the IMCI requirements. Top

3. Orientation workshop in the selected districts

1.

Objectives: to orient to the IMCI strategy and implementation health staff at district and selected health facilities level

2.

Participants: staff of primary health care (PHC) facilities in the district, concerned hospital staff and partners

3.

Duration: 1 day

4.

Tool: WHOHQ " IMCI Planning Guide – Guiding experience with the IMCI strategy in a country "

Top

4. Preparation of health facilities prior to implementation

1.

Reviewing staff's responsibilities

2.

Making drugs available

3.

Making necessary supplies and equipment available

4.

Re-arranging flow of patients

5.

Monitoring by the central team to facilitate the process and ensure that facilities are ready for implementation. Top

5. Creating a pool of facilitators at local level

Criteria for the selection of facilitators at local level (see also point 8 below):

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High performance during the IMCI case management course

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Availability and commitment Top

6. Training in case management (skills acquisition)

1.

Preparation of the selected training site for the district

2.

Nomination of participants

3.

Conduct of training (11-day course for the IMCI case management training at district level for both physicians and nurses) since April 2004. Top

7. Training in facilitation and follow up skills

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Facilitation skills: One course conducted in May 2004 on facilitation skills to train 6 facilitators

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Follow up skills: the trainee should have received training in IMCI case management and facilitation skills. One course conducted in December 2004 to train 6 supervisors. Top

8. Follow up after training (skills reinforcement)

1.

Carried out 4 – 6 weeks after training

2.

Adapted follow up tool based on adapted training materials for the country

3.

Documented with reports by health facility visited, then compiled into district summaries. Top

9. Supervision

1.

Same tools as the follow up visits are used for the supervisory visits

2.

Supervisory plans are developed by the national team based on the needs. Top

10. Documentation

It is one of the main features throughout the process. It is based on: follow-up visits to assess performance of doctors and paramedics, health facility support, and caretaker knowledge about home care and satisfaction with health services before and after IMCI implementation; IMCI monthly reports; and a database on training courses (number of courses and staff trained) and coverage. Top

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