Governorates which have started implementing IMCI

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 Population and National IMCI Task Force

February 1997

National IMCI Orientation Meeting and Preliminary Planning Workshop conducted

July 1997

EARLY IMPLEMENTATION PHASE

National IMCI Planning and Adaptation Workshop

March 1998

Adaptation of IMCI clinical guidelines completed

February 1999

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

March 1999

Introduction of IMCI in pre-service education,Alexandria University

April 1999

Baseline survey on community practices

July – August 1999

IMCI training materials in Arabic for 4-day course for nurses developed

September 1999

IMCI early implementation phase started at district level

November 1999

First IMCI follow-up visits after training conducted

December 1999

Early implementation phase in 3 districts completed

March 2000

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

April 2000

EXPANSION PHASE

Beginning of expansion to new districts and governorates

Mid-2000

Orientation package for district planning workshops developed (Arabic)

2002

IMCI health facility survey conducted

April 2002

7-day IMCI training courses started for doctors

late 2002

Drug Management Training Package (within the IMCI context) developed in collaboration with EMRO

2003

IMCI supervisory guidelines developed in collaboration with EMRO

2003

First meeting on the development of a National Child Health Policy held

October 2003

Child health situation analysis for a National Child Health Policy prepared

September 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

Health providers targeted for IMCI training include physicians (general practice and paediatricians) and nurses (health service providers and MCH supervisors):

-

For low-caseload outpatient health facilities: training of at least a doctor and a nurse managing children less than 5 years old

-

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

Course duration

-

Physicians: 11-day courses until late 2002, when 7-day courses introduced to accelerate implementation while ensuring the same results as with the 11-day courses.

-

Nurses: 4 days

Materials

Different training materials used for physicians and nurses, to reflect their different responsibilities:

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Physicians: adapted training materials for standard IMCI course—Egypt version—, in English(except for counselling module translated into Arabic in mid-2004).

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Nurses: newly developed materials for Egypt (Arabic)

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

1.

Selection of governorates/districts for IMCI implementation

2.

Preliminary visit of national IMCI team to the governorates selected

3.

Situation analysis of the districts selected

4.

Visit of national IMCI team to discuss the findings of the situation analysis

5.

Orientation workshop in the selected governorate

6.

District planning workshop

7.

Preparation of health facilities prior to implementation

8.

Creating a pool of facilitators at local level

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.

Documentation

1. Selection of governorates/districts for IMCI implementation

Different criteria have been used to select areas for the Early Implementation Phase and the Expansion Phase, respectively, as follows:

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Early Implementation: criteria based on the rationale to provide initial evidence on IMCI in areas with adequate support to implementation:

1.

Leadership and motivation of staff at different levels

2.

Districts representing different geographical areas (Upper andLower Egypt, urban and rural areas)

3.

Districts with manageable number of health facilities to be covered and followed up during this phase

4.

Good health facility physical structure

-

Expansion: criteria prioritising high underfive mortality areas:

1.

Underfive mortality rate

2.

Starting first with the most committed and manageable districts, to show a model for the other districts in the governorate

3.

Expanding to two adjacent districts per year. Top

2. Preliminary visit of national IMCI team to the governorates selected

1.

Brief orientation of decision-makers—Undersecretary of health, and other concerned authorities—to the IMCI strategy and its implementation

2.

Joint selection of the districts based on the criteria described in 1.

3.

Designation of an IMCI focal point

4.

Briefing on the situation analysis tool. Top

3. Situation analysis of the districts selected

4. Visit of national IMCI team to discuss the findings of the situation analysis

5. Orientation workshop in the selected governorate

1. Objectives: to orient to IMCI strategy and implementation health staff at governorate, district, and essential selected health facilities level
2. Participants: staff of departments and programmes related to primary health care (PHC), child health, curative medicine, pharmaceuticals, health information service, health education, and head of essential PHC facilities, financial administrator, chief nurses
3. Duration: 1 day

4. Tool: Standard orientation package (Arabic). Top

6. District planning workshop

1.

Objectives: to develop district plans of action for IMCI implementation, describing tasks, responsibilities, time frame, indicators and targets for the three IMCI components.

2.

Participants: representatives from no more than 2 – 3 governorates per workshop, including Undersecretary of health, IMCI focal points at the governorate level, staff from the pharmaceuticals and health information service HIS (fixed members for all workshops) at governorate level, district health director, MCH assistant district level, Health education at governorate level and district level, sometimes community representatives. A mixture of new and old governorates is usually followed to learn from the already existing experience.

3.

Methodology: Plenary sessions, group work

4.

Duration: 3 days

5.

Outcome: plans of action for the three IMCI components for each selected district

6.

Tool: Guide to district planning workshops Top

7. Preparation of health facilities prior to implementation

1.

Reviewing staff's responsibilities

2.

Re-arranging flow of patients

3.

Making drugs available (Drug management package)

4.

Making necessary supplies and equipment available

5.

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

8. Creating a pool of facilitators at local level

(see points 9 and 10 below) Top

9. Training in case management (skills acquisition)

1.

Preparation of the selected training site for the governorate

2.

Nomination of participants

3.

Conduct of training (7-day course for the IMCI case management training at district level since 2002, and 4-day course for nurses)

4.

Running of two courses, one after the other one, to facilitate follow-up after training

5.

Entering information in the central database on IMCI training. Top

10. Training in facilitation and follow up skills

1 to 2 courses conducted on average per year. Top

11. Follow up after training (skills reinforcement)

1.

Carried out 4 – 6 weeks after training

2.

Documented with reports by health facility visited, then compiled as district summaries

3.

Data entered in central database on training and follow-up. Top

12. Supervision

1.

Training materials on supervision developed in Egypt for supervisors, to strengthen routine

supervision at different levels

2.

Conduct of supervisory training courses, targeting supervisors based on the existing supervisory system at district level

3.

Preparation of reports based on a recording form and giving feedback

4.

Strengthening supervision in the future planned for the following areas:

i. Follow up of supervisors
ii. Central supervision
iii. Standardization of supervisory reports. Top

13. Documentation

It is one of the main features throughout the process. It is based on performance of doctors and nurses and caretaker knowledge about home care and satisfaction with health services before and after IMCI implementation (follow up visits), quarterly IMCI reports, IMCI activity reports, a database on training courses and coverage (number of courses and staff trained), and the follow up visits. IMCI information has been included in the periodic reports of health facilities and has been incorporated in the Health Information System (HIS) of the Ministry of Health and Population (MOHP) since 2004. The MOHP HIS is computerized from the district up to the central level and connected to a network. Top

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