Regions 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 Task Force established

July 2000

IMCI strategy formally endorsed by the Ministry of Health and included in the Sixth Health Development

January 2001

National IMCI Orientation Meeting and Preliminary Planning Workshop conducted

April 2001

EARLY IMPLEMENTATION PHASE

Adaptation of IMCI clinical guidelines completed

October 2001

First IMCI case management course at central level for doctors conducted

October 2001

IMCI early implementation phase started in Muscat Governorate

March 2002

EXPANSION PHASE

Training of trainers (ToT) for Regions started

July 2003

Initial expansion to 3 regions (Mussandam, Dhofar and Dahira) started

October 2003

Expansion to other regions started

January 2004

Social marketing campaign to promote five key family practices started

March 2004

IMCI clinical guidelines and training materials revised

December 2004

Refresher training for trainers (ToT) on the revised IMCI guidelines

December 2004

IMCI clinical training

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Targeted coverage of providers at health facility

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Course duration

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Materials and methodology

Targeted coverage of providers at health facility

Training of at least 50% of doctors managing children less than 5 years old at health facilities.

Course duration

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Physicians (and nurses in remote health centre and who see patients in the absence of doctors—afternoon shifts—): Training consists of two separate parts, a 5-day course, followed by a 2-day course (skills reinforcement)

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Nurses: 2-day course on triage tasks

Materials and methodology

Clinical guidelines, training materials and overall approach developed in Oman differ from the WHO/UNICEF generic version and reflect a major country adaptation, which involved

paediatricians, family physicians and general practitioners in addition to ministry of health central and regional staff. Trainees receive an IMCI manual and a participant module (both developed in Oman) about two weeks before the standard five-day course. After the course, participants return to their facilities with some assignments. Those who have access to a computer receive also an IMCI training CD. The next two-day session is held six weeks later. Participants who satisfy all requirements are awarded a certificate.

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

1. Selection of governorates/districts for IMCI implementation
2. Creating a pool of trainers at local level
3. Preparation of health facilities prior to IMCI implementation
4. Follow up after training (skills reinforcement)
5. Supervision

1. Selection of governorates/districts for IMCI implementation

The following criteria have been used to select the first governorates/regions to implement IMCI:

a. Interest of the regional administration

b. Accessibility (distance) of the region to the central office
c. Availability of staff with training skills
d. Availability of facilities suitable for clinical training

2. Creating a pool of facilitators at local level

Before expanding to new regions, a training course for trainers was carried out, to build capacity for training locally. The training included participant's pre-view of guidelines and notes and orientation by the trainer.

3. Preparation of health facilities prior to IMCI implementation

Facilities are provided with "clinical encounter forms", at least one ARI timer to count the respiratory rate, and at least two copies of the IMCI chart booklet developed in Oman.

4. Follow up after training (skills reinforcement)

a. Carried out 4 – 6 weeks after training;
b. Lasting 2 days;
c. Conducted in two steps:

i. Review of clinical guidelines and completion of 18 exercises, before coming to a training site; and
ii. Clinical practice with 30 outpatients using a standard form, drills and exercises, and in-patient sessions at the training site.

This approach is different from the IMCI follow-up visit conducted to the trainee's own facility, as advised in the generic IMCI approach. The Omani approach relies on the consideration that conducting skill reinforcement sessions at a selected training site provides for more clinical practice and interaction with colleagues from other health facilities, promoting sharing of experiences. Each trainee can also be evaluated by a team of facilitators. This is also possible because health facilities are often similar in structure and staffing. The skill reinforcement process continues at the trainee's own facility during supervisory visits.

5. Supervision

A checklist has been developed for this purpose and will be used after testing. While annual audit for child health is integrated with the audit of other topics, IMCI audit is carried out by IMCI supervisors. Top

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