Provinces 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

National IMCI Orientation Meeting and ‘pre-planning’ workshop conducted

June 1998

IMCI strategy formally endorsed by the Ministry of Health, with Steering Committee and IMCI Working G

September 1998

EARLY IMPLEMENTATION PHASE

National IMCI Planning and Adaptation Workshop

February 1999

Adaptation of IMCI clinical guidelines completed (then translated into Urdu)

October 1999

Provincial orientation and planning workshops

December 1999

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

March 2000

IMCI early implementation phase started at district level

November 2000

IMCI early implementation phase completed

October 2001

Assessment of IMCI

2002

Launching of the IMCI community component

March 2002

Introduction of IMCI in pre-service education on a pilot basis at Nishtar Medical College, Multan

October 2002

EXPANSION PHASE

Beginning of expansion phase in two new districts

June 2003

Revitalization of IMCI activities in the country

2006

Acceleration of expansion phase 2008

IMCI clinical training

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Targeted coverage of providers at health facility

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Course duration

-

Materials

Targeted coverage of providers at health facility

Paediatricians, medical officers and paramedical staff (lady health workers, health technicians and ‘dispensers’ attached to the IMCI-implementing facilities).

Course duration

Physicians and paramedical staff: 11-day courses

Materials

Training materials, originally adapted in English, were translated in Urdu. The same materials are used for training of doctors and paramedical staff.

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

1.

Selection of districts for IMCI early implementation

2.

Orientation and planning workshop in the selected provinces

3.

District planning workshop

4.

Creating a pool of facilitators at local level

5.

Training in case management (skills acquisition)

6.

Follow up after training (skills reinforcement)

7.

Supervision

1.Selection of districts for IMCI early implementation

Criteria to select districts for the Early Implementation Phase included the following:

1.

One district to be selected for each of the two provinces

2.

Commitment of district managers

3.

Presence of a medical college with teaching staff who had been involved in in-service training activities

4.

Location away from the provincial capital

5.

Good performance in other programmes activities, e.g. National Programme for Family Planning and Primary Health Care, Health Management Information System (HMIS), Expanded Programme on Immunization (EPI), Control of Diarrhoeal Diseases (CDD) and Acute Respiratory Infections (ARI).

Consideration was given later on to the selection of facilities having Lady Health Workers (LHW) attached to them, to establish a link with the IMCI community component. Top

2. Orientation and planning workshop in the selected provinces

1.

Provincial health authorities and clinicians were first invited in all national level meetings, since the introduction of IMCI in the country.

2.

Then, orientation and planning workshops were held in each of the two provinces selected for early implementation, attended by provincial and district programme managers and paediatricians, and partners.

3.

A provincial management structure was established to coordinate IMCI in the province, with a provincial working group headed by the Secretary of Health and the identification of provincial focal points. Members of the group included relevant programme managers (e.g. EPI, Control of Diarrhoeal Diseases and Acute Respiratory Infections, Health Management Information System), leading paediatricians, partners.

4.

A provincial plan of action was prepared based on the national plan of action. Top

3. District planning workshop

1.

District planning workshops were conducted in each district.

2.

As for the provincial level, an IMCI working group was formed also at district level, chaired by the Executive District Officer and with a composition similar to the provincial working group described above (programme coordinators for EPI, Control of Diarrhoeal Diseases and Acute Respiratory Infections, Health Management Information System, Primary Health Care and Lady Health Workers; a paediatrician from the district hospital; partners). Two focal points were appointed for IMCI district implementation: one for management and one for training.

3.

IMCI was included in the district health plan. Plans on how to provide drugs to IMCI implementing health facilities were discussed. Information on IMCI was to be reported through the existing HMIS: efforts were made to assign existing HMIS codes to the IMCI classifications and link the latter to the HMIS classifications. Top

4. Creating a pool of facilitators at local level

Efforts were made to develop a pool of facilitators at district level in five-day facilitator training courses, in addition to the national and provincial level, to build capacity and facilitate implementation in the districts. Top

5. Training in case management (skills acquisition)

Training courses were conducted for paediatricians, medical officers, lady health workers, health technicians and ‘dispensers’ attached to the IMCI-implementing facilities. See the indicators on training on top of the page for details. Top

6. Follow up after training (skills reinforcement)

1. Carried out a month after training
2. Supervisors were national, provincial and district programme managers and paediatricians
3. Two rounds of follow-up visits were conducted, with encouraging results. Top

7. Supervision

A supervisory checklist has been developed for supervision of staff trained in IMCI. Top

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