Governorates which have started implementing IMCI

Districts which have started implementing IMCI

Health facilities implementing IMCI | Graphs

Health providers trained in IMCI

INTRODUCTION PHASE

National IMCI Task Force established and coordinator appointed by a ministerial circular

January 2000

National IMCI Orientation Meeting and Preliminary Planning Workshop conducted

January 2000

EARLY IMPLEMENTATION PHASE

National IMCI Planning and Adaptation Workshop

2001

Adaptation of IMCI clinical guidelines (Arabic) and training material for physicians completed

June 2001

First 11-day IMCI case management course for doctors conducted

June 2001

Orientation workshop on IMCI in pre-service education,Latakia university

April 2002

IMCI training material for nurses developed

May 2002

Healthy Child module developed (Arabic)

May 2002

First IMCI follow-up visits after training conducted

July 2002

Early implementation phase in 3 districts completed

April 2003

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

May 2003

EXPANSION PHASE

Beginning of expansion to new districts and governorates

June 2003

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

Targeted coverage of providers at health facility

At least 50% of staff managing children under-five trained in IMCI, including physicians and paramedical staff.

Course duration

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Physicians: 11-day courses

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Paramedical staff : 6 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 –based on the adapted Syrian version of the IMCI guidelines-

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Nurses: newly developed materials for Syrian Arab Republic

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

3.

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

4.

Good health facility physical structure

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Expansion: criteria prioritising high under-five mortality areas:

1.

Under-five mortality rate

2.

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

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

1.

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

2.

Joint selection of the districts based on the criteria described above (1.).

3.

Designation of an IMCI focal point

4.

Briefing on the situation analysis data to be collected 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 the IMCI strategy and implementation health staff at governorate, district, and 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 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. Conduct of training (11-day course for the IMCI case management training at district level for physicians, and 6-day course for nurses)
4. 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

4 facilitators' courses (32 facilitators) 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 (11-day course for the IMCI case management training at district for physicians, and 4-day course for nurses) Top

10. Training in facilitation and follow up skills
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

Supervision of primary health care facility staff trained in IMCI is integrated in routine supervision, which covers also other topics than IMCI. Top

13. Documentation

It is one of the main features throughout the process. It is based on performance of doctors and nurses, caretaker knowledge about home care and satisfaction with health services, and health facility support before and after IMCI implementation, quarterly IMCI reports, IMCI activity reports, a database on training courses and coverage, and follow up visits. Top

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