

[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 Ministry of Public Health as the “Integrated Management of Maternal and Child Health”

March 2000

National IMCI Orientation Meeting and Preliminary Planning Workshop conducted

March 2000

National IMCI Planning and Adaptation Workshop

October 2000

EARLY IMPLEMENTATION PHASE

Adaptation of IMCI clinical guidelines completed

December 2001

Pre-intervention assessment conducted

February 2002

First 9-day IMCI case management course at central level for doctors conducted

March 2002

IMCI training material in French for 4- day course for nurses at local level

May 2002

IMCI early implementation phase started at district level

September 2002

First IMCI follow-up visits after training conducted

December 2002

Early implementation phase in 3 districts completed

December 2002

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

April 2003

EXPANSION PHASE

Beginning of expansion to new districts and governorates

June 2003

Healthy Child module developed

2003

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

April 2004

Situation analysis for a National Child Health Policy prepared

May 2004

National Child Health Policy document published

2006

IMCI clinical training

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[Targeted coverage of providers of health facility](#)

-

[Course duration](#)

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Materials

Target coverage of providers of health facility

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For low-caseload outpatient health facilities: training of all health providers managing children less than 5 years old

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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.

Course duration

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Physicians: 9-day courses

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Nurses: 3 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 Tunisian adapted version of the IMCI guidelines.

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Nurses: newly developed materials for Tunisia

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 (Urban and rural)

3.

Previous successful experience in public health programmes

4.

Easy accessibility to the national team

5.

Good health facility physical structure

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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.

More focus on the early implementation governorate to reach 100% coverage and move to a new governorate 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. [Top](#)

3. Situation analysis of the districts selected:

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Status of equipment and supplies at each health facility

-

Health providers' performance
(tool used is the follow up forms). [Top](#)

4. District orientation/ planning workshop

1.

Objectives: to orient district teams on the IMCI strategy and previous experience in the country, 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 Regional Director of health, PHC directors, 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. A mixture of new and old governorates is usually followed to learn from the already existing experience.

3.

Methodology: Plenary sessions, group work at the national level

4.

Duration: 3 days

5.

Outcome: plans of action for the three IMCI components for each selected district. [Top](#)

5. Preparation of health facilities prior to implementation

1.

Reviewing staff's responsibilities

2.

Re-arranging flow of patients

3.

Making drugs available

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](#)

6. Creating a pool of facilitators at local level

(see points 9 and 10 below). [Top](#)

7. Training in case management (skills acquisition)

1.

Preparation of the selected training site for the governorate

2.

Nomination of participants

3.

Conduct of training (9-day course for the IMCI case management training at district level for physician and 3-day course for nurses)

4.

Entering information in the central database on IMCI training. [Top](#)

8. Training in facilitation and follow up skills

9. 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](#)

10. Monitoring and Supervision

1.

Using the IMCI follow up visits after training forms

2.

Preparation of reports based on a recording form and giving feedback. [Top](#)

11. 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 before and after IMCI implementation, quarterly IMCI reports, IMCI activity reports, a database on training courses (number of courses and staff trained) and coverage, and follow up visits. [Top](#)

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