

**MOZAMBIQUE IMCI
ORIENTATION MEETING
25 OCTOBER-8 NOVEMBER 1998**

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ACRONYMS

BASICS	Basic Support for Institutionalizing Child Survival
CDC	Centers for Disease Control and Prevention
DHS	Demographic and Health Survey
GRM	Government of the Republic of Mozambique
IMCI	Integrated Management of Childhood Illnesses
MISAU	Ministre de Saude (Portuguese language for Ministry of Health)
MOH	Ministry of Health
NGO	Nongovernmental Organization
NIDs	National Immunization Days
PHC	Primary Health Care
SO	Strategic Objective
WHO	World Health Organization
WHO/AFRO	World Health Organization/Africa Regional Office
WHO/CHD	World Health Organization/Child Health and Development Division
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

At the invitation of BASICS/Mozambique, USAID and MISAU, Dr Remi Sogunro traveled to Maputo from 25 October until 6 November, 1998. The purpose of the visit was to assist with the finalization of plans for the IMCI orientation meeting, facilitate and make presentations during the meeting, and give recommendations for appropriate follow-up actions after the meeting. Furthermore, the USAID/Mission wanted inputs (of steps and activities) for the development of a comprehensive plan for IMCI support in Mozambique, within the design of the new child survival result package.

Upon arrival in Mozambique, Sogunro worked with MISAU officials, WHO, UNICEF, BASICS, and USAID staff to set the agenda for the orientation meeting and provided the required guidance.

During the 28-30 October orientation meeting which was attended by the presence of the vice minister of health, Sogunro made two presentations on Zambian experiences in the implementation of the IMCI approach and Component 3 of IMCI (family and community practices for IMCI). He also facilitated some of the working group sessions.

The objectives of the orientation meeting were to—

- have a solid understanding of the concepts of IMCI
- understand the implications of IMCI for national policy and health service delivery
- reaffirm the commitment of the country and its partners for IMCI and establish an IMCI task force

Judging from the level of participation, attendance, and enthusiasm, the meeting was successful and productive in achieving its aims. The outcomes included the following—

- An increase in the understanding of IMCI by the participants
- Establishment of an IMCI task force
- development of strategies for implementation of IMCI
- Development of a draft one year plan of action
- A thorough understanding of the role that donor partners could play in support of the IMCI approach

Following the meeting, Sogunro worked with MISAU officials first to finalize the selection of members for the IMCI task force, organize a meeting to officially nominate members into this committee, engage in the discussion on the creation of an IMCI Secretariat during the task force selection meeting, and guide the IMCI national coordinator in developing a more detailed steps (workplan).

The following recommendations were presented to USAID/Mission for consideration (For a detailed discussion of the recommendations, please refer to the section on Conclusions and Recommendation)

Management Issues

- 1 Hire a long-term technical advisor to be based in the MISAU, who would assist the MOH with the introduction and expansion of IMCI. This person will assume the role of a technical leader and coordinate support from all donor partners. S/He will be a senior public health person with extensive field experience in the implementation of IMCI. The expert will guide MISAU through the entire process of introduction and expansion of IMCI in the country.
- 2 The USAID Mission should be actively involved in the task force meetings, is not only to provide financial and logistical support, but also to provide technical leadership in child survival in coordination with WHO and UNICEF.
- 3 The Mission should initiate a regular (monthly/quarterly) coordination meeting with UNICEF, WHO, and other interested donor partners to discuss how best to support the MOH with the implementation of a child survival strategy that includes IMCI. Through this meeting, support for broad issues such as national action plans for IMCI, malaria, NIDs, routine vaccination programs, vaccine and other logistics supplies procurement, drug availability, management, technical assistance, etc. Funding for all of these activities should be discussed and coordinated.

Implementation Issues

- 1 As in Zambia, Niger, Madagascar, and other countries, USAID should take the lead in providing technical assistance for the adaptation of the generic IMCI materials. This will include the fluid and nutrition adaptation, clinical adaptation, and local terminology adaptation. Desktop review, facility review, and discussions with key informants are some of the methodologies that are being used to carry out the IMCI country adaptation process. There are adaptation consultants available through USAID network from BASICS and other USAID child survival projects.
- 2 From experiences in other countries, USAID and other partners should consider assisting MISAU with printing of the modules, a high cost endeavor.
- 3 At the outset, the cost of supporting training during the introductory phase of IMCI in Mozambique will be borne by donor agencies including USAID. It is suggested that USAID set aside technical and financial assistance for this purpose.

- 4 Studies to identify care- and treatment-seeking behavior patterns among and within communities are important research areas that will feed into the development of family and community practices, including information, education, and communication USAID has a network of individuals who have accomplished these tasks in countries where IMCI has been implemented It is suggested that the Mission consider using these resources
- 5 Within the next 18 months, the country will have its first year review USAID should commit itself to this review and set aside human and financial resources for this activity

INTRODUCTION AND BACKGROUND

At the invitation of BASICS/Mozambique, USAID, and MISAU, Sogunro traveled to Maputo from 25 October until 8 November, 1998 The purpose of the visit was to assist with the finalization of plans for the IMCI orientation meeting, facilitate and make presentations during the meeting, and give recommendations for appropriate follow-up actions after the meeting Furthermore, the Mission wanted inputs of steps and activities for the development of a comprehensive plan for IMCI support in Mozambique, within the design of the new child survival result package

The Mozambique health care system is at the very beginning of a major health sector policy reform Several major donor agencies, including Swiss Corporation and USAID, have demonstrated eagerness to support the Government of Mozambique (GRM) in this major and elaborate initiative For instance, the USAID Mission in its SO3 Results Package has identified "Strengthened Policy and Management of Decentralized Essential Services" as one of the three Intermediate Results The vision of the SO3 team is to achieve these objectives in a timely and sustainable fashion by engaging SO3s customers in a collaborative, guiding process that engenders interest and ownership in the achievement of this Intermediate Result A critical assumption, however, is that GRM policy will continue to support decentralized community-based PHC services, including semi-autonomy of a district-based health care system, delinkage of staff from Central Civil Service to districts, decentralized planning and decisionmaking process at the district level, collection, analysis, and use of data for planning and decisionmaking at the health facility level, and availability of qualified personnel at district and health facility levels

The health sector reform is coming at a stage when Mozambique is reviewing and re-thinking its strategy of a health care delivery system that is not reducing morbidity and mortality fast enough According to the 1997 DHS, the infant mortality rate of 134 per 1,000 live births and child mortality rate of 199 per 1,000 live births have not changed in almost the one-and-a-half decades following independence

It is in this state of unfavorable child health indicators, but renewed energy for improved care through commitment for a health sector reform, that the GRM is considering implementing IMCI

The IMCI orientation meeting was the logical next step following the preliminary visit conducted by WHO/AFRO representative Dr Elizabeth Mason, February 1998. It was understood that WHO/AFRO was present at a biannual meeting of all provincial heads and other officials of MISAU at the central level and took advantage of their presence to present the IMCI strategic approach to child survival. Prior to this, in September/October 1997, the national director of Health and his head of Community Health Department had attended an IMCI sensitization meeting organized by WHO/AFRO in Harare. The meeting was attended by high-level officials of MOHs in the Africa region. Another milestone in the initiation of Mozambique to the IMCI approach was the presence of the Mozambique MISAU/WHO and USAID at the annual Africa regional task force meeting on IMCI, held in Harare, Zimbabwe, in June 1998.

ACTIVITIES

Before the Meeting

Upon arrival in Mozambique and following an official briefing with BASICS and USAID, Sogunro worked with MISAU officials, WHO, UNICEF, BASICS, and USAID staffs to set the agenda for the orientation meeting and to provide the required guidance.

During the Meeting

During the 28-30 October orientation meeting, which was attended by the vice minister of Health, Sogunro made two presentations on Zambian experiences in the implementation of IMCI and the Component 3 of IMCI (family and community practices for IMCI). Along with colleagues from MISAU, UNICEF, and WHO, Sogunro facilitated the small group discussions during the workshop. The meeting was attended by senior-level officials from Central MISAU, as well as provincial and district representatives. Key local and international NGOs were also invited.

After the Meeting

Following the meeting, Sogunro worked with MISAU officials, Dr Benedita and Dr Romano, to call for a follow-on meeting of key units in the MISAU to select members for the task force and guided Benedita, the IMCI national coordinator, and the WHO/APO for IMCI in developing a work plan for the next year. Sogunro also helped Benedita develop an IMCI advocacy document to present to the vice minister and the minister through the national director of Health.

The "selection" meeting that was convened after the orientation meeting was useful because it was also used as a forum to revise the terms of reference for the task force, as well as to identify the need for an IMCI Secretariat within the MISAU

CONCLUSIONS AND RECOMMENDATIONS

The Role of USAID and Partners

Mozambique appears to be ready for the implementation of IMCI, however, the human capacity to govern and manage the entire process is not yet there at the Central MISAU. With time, though, this capacity can be built. That notwithstanding, there is an urgent need to implement this new approach to child survival, given the unacceptably high child health indicators for the country. USAID has a major role to play, not only in capacity building for the improvement of child health, but in the overall policy formulation for a decentralized health sector.

Given the role that USAID has played in other countries to leverage WHO and UNICEF resources and technical assistance in the introduction of IMCI, Sogunro suggests that—

Management Issues

- 1 The Mission should consider hiring a long-term technical advisor to be based in the MOH and would assist MOH with the introduction of IMCI. This person will be the center of coordination of all support from donor partners to MOH. S/He will be a senior public health person with extensive field experience in implementation of IMCI in the African region. The expert will guide the MOH through the entire process of introduction and expansion of IMCI in the country.

Justification At the moment, the IMCI Secretariat consists of the national coordinator, who is a pediatrician, but works only half-time at the MISAU. She is in-charge of the Diarrheal Unit of the Pediatric Ward at the Central (Teaching) Hospital and has been trained in IMCI. There is also a newly graduated WHO/APO medical doctor.

In Zambia, like many other countries where USAID has been instrumental in promoting and institutionalizing IMCI, BASICS staff were present to support the country in the introductory and expansion phase of the IMCI approach. However, the situation will be different in Mozambique because BASICS is winding down at a critical time when MISAU is just beginning to adopt the IMCI concept. Given the lack of human capacity at the central level for the implementation of this approach, the need to have a senior public health advisor to guide and support the IMCI initiative at this infantile stage of the IMCI initiative becomes obvious.

- 2 The USAID Mission should be actively involved in the task force meetings. The task force is the official forum that will guide the country in the implementation of IMCI.

With very little or no country experience regarding IMCI on the task force, it is important that the Mission and other interested donor agencies, WHO and UNICEF, be involved in its decisionmaking processes

The **justification** for this recommendation is not only to be able to fund activities, but also to bring a high level of technical expertise for guiding the IMCI process. Through the BASICS project, USAID now has a considerable wealth of experience in the implementation of IMCI. The Mission can have access to materials from other countries where USAID has introduced the IMCI approach and can engage Mozambique task force in discussions, enriching their deliberations through these resources so that they do not start from a humble beginning. By so doing, USAID will be aware of all needed assistance, and in collaboration with other interested donor agencies (WHO and UNICEF), will be better informed and able to structure appropriate support for the MISAU.

- 3 The Mission should initiate a monthly/quarterly coordination meeting with UNICEF, WHO, and other interested donor partners to discuss how best to support MOH in the implementation of a child survival strategy that includes IMCI. Through this meeting, support for broad issues such as NIDs, vaccine and other logistics supplies procurement, EPI review, availability of drugs, etc., can be discussed.

Justification USAID is currently engaged in a coordination meeting with MISAU and other donors. There are several sub-committees, including Health Care Financing, Family Health and Epidemiology, and Essential Drugs, and a donor agency selected to co-lead the group with a MISAU representative. USAID could co-lead the Family Health group and within that group, set up a mechanism for focusing on program issues relating to child survival and reproductive health policy and strategic direction with funding implications. This forum is of paramount importance because donor partners who are not part of government bureaucracy are sometimes able to openly discuss with top-level officials how to remove impeding factors to program implementation through policy reformulation. Many times, most of these factors are recognized by mid-to-senior-level MISAU officers, but cannot be discussed with the policymakers.

Implementation Issues

- 1 As in Zambia, Niger, Madagascar, and other countries, USAID should take the lead in providing technical assistance for the adaptation of the generic IMCI materials. This is perhaps the most important step in the introduction of the IMCI initiative. It requires the input of several national experts outside the task force in areas as far removed from health as sociology. Because of the amount of time it takes to fully adapt the modules, some countries such as Zambia and Nigeria had a two-stage adaptation process to allow for early training of health workers. The first or initial adaptation can cover up to 95 percent of what is required, and soon after, the country can start training of health workers while the final stages of the adaptation process continue.

The adaptation will include the fluid and nutrition adaptation, clinical adaptation, and local terminology adaptation. Desktop review, facility review, and discussions with key informants are some of the methodologies that will be used for the IMCI adaptation process. There are adaptation consultants available through USAID network from BASICS and other projects.

During Sogunro's final debriefing with MISAU, he negotiated with the IMCI coordinator to request the Portuguese version of the generic IMCI materials from WHO/CHD in Geneva. MISAU confirmed that the adaptation process will start in February.

Two areas of intervention deserve emphasis: malaria and immunization. In Mozambique, malaria is a major cause of hospital admissions and death among children under 5 years of age. Like many countries in the region, Mozambique may be experiencing serious episodes of chloroquine-resistant parasites. The current policy on malaria management is to provide chloroquine at first contact, give fansidar if there is a history of chloroquine treatment, and provide quinine in cases of complications such as cerebral malaria. It is my understanding that CDC is currently supporting chloroquine efficacy studies in a few sites. USAID, in collaboration with WHO, should conduct much more broad-based efficacy studies of chloroquine and fansidar. The outcome of such studies would be very useful for the country adaptation of IMCI modules, since Mozambique is surrounded by two countries, Malawi and Zambia, with different first-line drugs for malaria.

Mozambique is currently preparing for an EPI program review. The results of this review will be critical to the local adaptation of IMCI in several ways. Following this review, perhaps USAID could consider supporting a policy review, where policies affecting services with implications for IMCI can be discussed. A policy review will look at issues such as safety injection, timing of administration of polio 0, age for measles immunization, repeat dosage for measles immunization in the second year of life, etc.

- 2 From experiences in other countries, USAID and other partners should consider assisting MISAU with the printing of the modules, a high cost endeavor. Furthermore, once the materials have been adapted, there will be a need for the services of a graphic artist. Both the graphic artist and the printing companies take a long time to complete their work, so it will be necessary for MISAU, USAID, and other partners to build in the needed time and resources respectively.
- 3 At the outset, the cost of supporting training and the initial follow up during the introductory phase of IMCI in Mozambique will be borne by donor agencies, including USAID. (This is not unusual, as countries/districts may have already developed their budgets and work plans for the upcoming year.) It is suggested that USAID set aside technical and financial assistance for this purpose. In subsequent years, it is important, perhaps mandatory, for donor agencies to begin to decrease their support and begin to build more on supervision and monitoring.

- 4 Studies to identify care- and treatment-seeking behavior patterns among and within communities are important research areas that will feed into the development of family and community practices, including information, education, and communication USAID has a network of individuals who have accomplished these tasks in countries where IMCI has been implemented, and it is suggested that the Mission consider using these resources to assist Mozambique develop a cadre of experienced consultants for this activity

- 5 Within the next 18 months Mozambique will have its first year review of the introduction of IMCI USAID should commit itself to this review and set aside human and financial resources for this activity

APPENDIXES

APPENDIX A
SCOPE OF WORK

SCOPE OF WORK

IMCI Orientation Meeting and Plan of Action for Implementation of IMCI in Mozambique

October 26 to November 7, 1998

Background

The Integrated Management of Childhood Illness (IMCI) has been developed in order to contribute to the reduction of deaths of children under the age of five due to malaria, diarrhea, pneumonia, measles and malnutrition, and to promote the healthy growth and development of children. IMCI consists of three components: improving the skills of health personnel in the prevention and treatment of childhood illnesses, improving the health systems to deliver quality care, and improving family and community practices in relation to child health.

Since 3 years the Diarrheal Disease Control/Acute Respiratory Infections Program works together with Malaria Program, both in the Ministry of Health (MOH), in the training of health personnel in the treatment of children under 5 years old. Since 1997, the MOH has undertaken several steps towards the implementation of IMCI in Mozambique.

Three pediatricians were trained on IMCI in Brazil. In February 98 the country received a consultant from WHO/AFRO, who introduced the concept of IMCI. Following this visit the MOH decided to implement IMCI during its last general coordinating meeting. In June an Associated Professional Officer of WHO was assigned to the MOH to assist in moving plans for the introduction and implementation of IMCI in Mozambique forward.

The upcoming orientation seminar was one of the recommendations of the WHO/AFRO consultant. The seminar is now planned to be held from 28th to 30th of October, 1998. The objectives of this meeting are:

1. Assure a good and solid understanding of IMCI among leading health staff of MOH
2. Assure a solid and common understanding of the implications for the national policies and provision of health services of the implementation of IMCI
3. Confirm the commitments of the country and its partners for the implementation of IMCI, organizing a work group that will define the implementation strategies

The MOH has requested BASICS for technical assistance for this meeting, bringing in extensive experience on the introduction and implementation of IMCI and the Community and Family components of IMCI.

General Objective

The consultant will assist with the finalization of plans for the IMCI Orientation meeting, facilitate and make presentations during the meeting. The consultant will also give recommendations for appropriate follow-up actions after the meeting, bringing in extensive IMCI experience from another African Country

Specific tasks

The consultant will

Before the meeting

- Meet with the MOH, USAID, UNICEF, BASICS to be briefed about the IMCI in Mozambique
- Review the objectives and group-work guidelines of the sessions he will facilitate

During the meeting

- Make presentations on the following topics
 - "The organization of Task Forces at national and district level for the implementation of IMCI. The experiences of Zambia"
 - "The family and community component of IMCI"
- Facilitate the group works during the meeting
- Technically contribute to the elaboration of the final recommendations/provisional plan of action, as a result of this seminar which will be presented on the last day of the seminar

After the meeting

- Provide technical advice to MOH for finalizing the plan of action for implementation of IMCI in Mozambique
- Define steps and activities for the USAID development of a comprehensive plan for IMCI support in Mozambique, within the design of the new child survival result package of the mission

Deliverables

- 2 presentations during the IMCI meeting
- facilitation of group works of the IMCI meeting
- recommendations on plan of action for implementation on IMCI
- briefings and debriefings held with MOH, USAID, UNICEF, BASICS
- written recommendations to the USAID mission regarding foreseen IMCI activities to be supported within the framework of the new mission child survival result package design

Timing

October 25 to November 7 of 1998

APPENDIX B

20 STEPS FOR INTRODUCING IMCI INTO MOZAMBIQUE

APPENDIX

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MANAGEMENT SET-UP

- 1 Formation of IMCI Task Force - *November 1998*
- 2 Formation of IMCI secretariat - *November 1998*
- 3 Request for Portuguese version of the IMCI generic materials (modules, chart booklets, and wall charts) - *November 1998*
- 4 Make copies for every member of the Task Force - *December 1998*
- 5 Planning for the first year - *December 1998*
- 6 Divide Task Force members into committees (Nutrition Adaptation, Clinical Adaptation, IEC/Local terminology Adaptation) and identify external personnel from MISAU, Central hospital, University, etc into appropriate committees - *November 1998*

ADAPTATION

- 7 Begin adaptation for fluid and nutrition (Nutrition division, task force members, Technical Assistant) - *February 1999*
- 8 Begin clinical adaptation (CDD/ARI/Malaria division, Infectious disease division, HIV, EPI, Pediatricians, Task Force members, Technical Assistant) - *February 1999*
- 9 Begin local terminology adaptation (University Dept of Sociology, Pediatrics, Task Force members, Technical Assistant) - *February 1999*
- 10 Begin community study on Treatment and Care seeking behavior - *April 1999*
- 11 Identify Graphic artist and begin printing of Mozambican-adapted materials - *June 1999*

PROGRAM IMPLEMENTATION

- 12 District Site selection - *March 1999*
- 13 Preliminary visit to districts - *April 1999*
- 14 Health facility survey in focus districts - *May 1999*
- 15 Training of national facilitators - *July 1999*

- 16 Training of district facilitators from 2 -3 districts by national facilitators - *July 1999*
- 17 Health workers training in 2-3 focus districts - *August/Sept 1999*
- 18 Initial follow-up of trained health workers - *September/October 1999*
- 19 3-month Health Facility Survey - *November 1999*
- 20 First year review - *August/September 2000*

APPENDIX C

**OUTCOME OF THE IMCI ORIENTATION MEETING
BRIEFING STATEMENT FOR THE "CONSELHO CONSULTIVO**

Outcome of the IMCI Orientation Meeting Briefing statement for the "Conselho Consultivo"

1 0 Introduction

1 1 In September 1990, Heads of state and governments of most countries in the world gathered together at the United Nations in New York to sign an agreement to improve the status of health for the world's children. Known as the World Summit on Children, one of the goals includes a 50% reduction in the 1990 figures of infant and child mortality rate.

1 2 Since 1992, and in accordance with this Summit commitment, WHO started to develop a strategy to assist countries to further reduce this high morbidity and mortality rates through improvement in the management of sick children. In 1993, WHO and UNICEF issued a joint statement on a new approach to reducing infant and child mortality through an integrated management of the sick child. The new approach centers on the 5 major killer diseases of children namely Measles, Malaria, Diarrhoeal diseases, Acute Respiratory Illnesses, and Malnutrition and calls for health worker to assess the child holistically so that other illnesses can be established and treated in addition to the presenting symptoms.

1 3 In 1993, the World Development Report emphasised that IMCI was one of the most cost-effective public health measures for reducing infant and child morbidity and mortality. In 1995, WHO/AFRO adopted this approach as one that could reduce Infant and Child Mortality rates by 50% by the year 2002. Since 1995, WHO has made this new approach called Integrated Management of Childhood Illness (IMCI) available to countries. Zambia was the first country in the world to use this approach.

2 0 Situation in Mozambique

Looking at the Africa Region, child survival indicators in Mozambique appear not to be encouraging. The Infant Mortality Rate is 135 per 1,000 live births and the under-five mortality rate is 199 per 1000 live births. It was in this regard that WHO/AFRO visited Mozambique in February 1998, to assess the possibility of assisting MISAU in the introduction of IMCI.

3 0 Steps taken so far in introducing IMCI to Mozambique

3 1 The February 1998 *Preliminary Visit* was very useful. WHO/AFRO met with various officials from MISAU and unanimously agreed to have a national meeting to learn more about IMCI.

3 2 Last week, an *Orientation meeting* was held from 28-30 October. The purpose of the meeting was to provide additional information on IMCI to national policy makers and senior MOH officials, develop a criteria for selecting the IMCI task force, and develop a short-term workplan for the implementation of IMCI.

The outcome of the meeting was

- An increase in the understanding of IMCI by the participants,
- Establishment of an IMCI Task Force,
- Development of strategies for implementation of IMCI,
- Development of a draft one year plan of action, and
- A thorough understanding of the role that donor partners could play in support of the IMCI approach

4 0 Proposed Composition of the Task Force

4 1 Representatives of Ministry of Health

Director, DNS

Adjunct Director, Community Health

Director, dept of pediatrics, Central Hospital

Head, RSF

Malaria/CDD/ARI

Essential Drugs programme

Nutrition

EPI

HIV

IMCI National Coordinator

Director, Maputo District

Health Education

4 2 Representatives of Donor agencies

WHO

UNICEF

USAID

5 0 Next steps

Approval is sought for the following

- 1 Nomination of the Task Force on IMCI
- 2 Confirmation of the Terms of Reference for the Task Force
- 3 In order to give the IMCI Task Force the high level visibility, the office of the Director, DNS, calls the IMCI Task Force meeting

APPENDIX D

TERMS OF REFERENCE FOR THE IMCI TASK FORCE

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The Task Force shall be responsible for the overall management of IMCI in the country
Specifically, the Task Force shall

- Establish the subgroups for adaptation, implementation and evaluation
- Develop a one-year plan of action
- Adapt the generic materials to the country situation, and conduct necessary research
- Conduct health facility surveys including analysis of health system and drug situation
- Develop criteria for district selection
- Plan for training
- Develop the family and community component of IMCI
- Conduct advocacy with policy-makers and donor agencies for resource mobilization

Composition

They shall consist of members from

Office of the Director of National Health Service
Adjunct Director, National Health Service (Community health)
Director, dept of pediatrics, Central Hospital
Malaria/CDD/ARI Program
Essential Drugs programme
Nutrition
EPI
HIV
IMCI National Coordinator
Director, Maputo District
Health Education

Representatives of Donor agencies

WHO

UNICEF

USAID

The Task Force shall meet every two weeks beginning November 26, 1998

APPENDIX E

**AGENDA MEETING TO SELECT MEMBERS TO THE
IMCI TASK FORCE**

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Representatives of Donor agencies

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The Task Force shall meet every two weeks beginning November 26, 1998

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APPENDIX F

PURPOSE OF THE MEETING ON SELECTION OF IMCI TASK FORCE

PURPOSE OF THE MEETING ON SELECTION OF IMCI TASK FORCE

NOVEMBER 5, 1998

- **Selection of members to the IMCI Task Force**
- **Review of Terms of Reference**
- **Agree on time, place, and frequency of IMCI Task Force meetings**
- **Create a National IMCI Secretariat**