

[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 endorsed by the Minister of Health

2002

IMCI focal point appointed

January 2003

National IMCI orientation meeting held

2003

Official commitment of the ministry of health to the introduction of the IMCI strategy in the health system

2003

Orientation on IMCI for 300 physicians

2003

Additional orientation meetings

April 2004

Establishment of an IMCI unit at the ministry of health

May 2004

Establishment of a national IMCI working group and task force

July - August 2004

Situation analysis of health facilities and community-based initiatives

October 2004

EARLY IMPLEMENTATION PHASE

Adaptation of IMCI clinical guidelines and training materials: draft completed

January 2005

Establishment of IMCI community working group

May 2005

EXPANSION PHASE

Expansion to new districts and governorates

2006

IMCI training

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

-

[Course duration](#)

-

[Materials](#)

Targeted coverage of providers at health facility

Physicians and nurses at Primary Health Care (PHC) facilities are targeted for training.

Course duration

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Physicians: 11-day courses

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Nurses: 5 days (planned)

Materials

Different training materials to be used for physicians and nurses, to reflect their different responsibilities. Materials for nurses not yet developed.

National training courses with the Jordan adaptation of IMCI guidelines and materials will start once the adaptation process is completed. A total of 9 physicians have attended training courses in IMCI case management (see graph) outside the country, as of the end of 2005, to build national capacity. [Top](#)

1.

[Selection of districts for IMCI implementation](#)

2.

[Situation analysis and preparation of health facilities](#)

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

1. Selection of districts for IMCI implementation

1.

Interest in the IMCI strategy

2.

Availability of recent information on the health situation in the district

3.

Presence of health facilities with high/moderate caseload and regular drug supply

4.

Access of PHC facilities to referral facilities

5.

Easy accessibility to the central team for follow-up

2. Situation analysis and preparation of health facilities

1.

Review of drug supply and availability at the health facility pharmacy, to ensure that all essential drugs required for IMCI are available

2.

Organization of work and arrangement of flow of patients in line with the IMCI tasks

3.

Assessment of health provider's case management practices for the sick child and approach to the healthy child [Top](#)

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