

[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 and Population and National IMCI Task

1998

National IMCI Orientation Meeting and Preliminary Planning Workshop conducted

1998

EARLY IMPLEMENTATION PHASE

National IMCI Planning and Adaptation Workshop conducted

October 2000

Adaptation of IMCI clinical guidelines and training materials completed

November 2000

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

January 2002

IMCI early implementation phase started at district level

June 2002

First IMCI follow up visits after training conducted

August 2002

Early implementation phase in 3 districts completed

December 2002

Review of Early Implementation Phase in 3 districts completed

December 2002

EXPANSION PHASE

Beginning of expansion to new districts and governorates

□ **January 2003**

Integrated child health mobile teams established

2007

March 2010

IMCI clinical training

**Both physicians and paramedical staff are targeted for training in IMCI
Systematic approach to IMCI implementation at district level: key steps and tools**

1.

[Selection of governorates/districts for IMCI implementation](#)

2.

[Orientation workshop in the selected districts](#)

3.

[Situation analysis of the districts selected](#)

4.

[Approach to the community component](#)

5.

[Training in case management \(skills acquisition\)](#)

6.

[Follow up after training \(skills reinforcement\)](#)

7.

[Supervision](#)

1. Selection of governorates/districts for IMCI implementation

Malaria risk (high and low) was used to select the areas for the early implementation phase. Then, criteria for the selection of districts included the following:

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Presence of a health centre and a hospital for referral cases;

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Facilities in the district staffed with medical assistant or nurse, trained in the management of acute respiratory infections (ARI) and diarrhoeal diseases (CDD);

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Facilities in the district supplied with refrigerators for immunization (cold chain);

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Availability of facilities for training in the district (physical place, video facility to show IMCI training video). [Top](#)

2. Orientation workshop in the selected districts

A one-day orientation meeting for key officials and partners was held in all districts, followed by the situation analysis. [Top](#)

3. Situation analysis of the districts selected

The IMCI planning and implementation working group reviews information on related policies, practices and facilities at district level (demographic and health statistics, human resources, supply—including drugs—and equipment, training facilities and staff) as part of the situation analysis of the district prior to IMCI implementation. [Top](#)

4. Approach to the community component

1. Establishment of a national IMCI community working group
2. Collection and review of health education and communication materials related to child health and available at the Ministry of Public Health and Population

3. IMCI community baseline survey and two-week morbidity survey conducted in the two IMCI early implementation districts, to obtain information on child health status and family practices

4. Review of the key family practices on child care

5. Initial development of a plan of work

6. Development of a training manual for trainers on the community component and a flipchart for health communication at local level. [Top](#)

5. Training in case management (skills acquisition)

Training followed the standard approach recommended by WHO for health provider skill acquisition. [Top](#)

6. Follow up after training (skills reinforcement)

Only one follow-up visit—as defined by WHO—was conducted in Yemen to reinforce clinical skills of health providers trained in IMCI and review the supporting environment in which they operate within four weeks of training. Two visits were carried out by the national team to other governorates many months after training. [Top](#)

7. Supervision

A supervisory checklist has been developed for supervision of staff trained in IMCI. This supervision is not integrated with routine supervision covering other topics than IMCI. [Top](#)

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