

# **GUIDELINES FOR FOLLOW-UP AFTER TRAINING**

in the WHO/UNICEF course on  
Integrated Management of  
Childhood Illness for  
first-level health workers

## **FACILITATOR'S GUIDE**



DEPARTMENT OF CHILD  
AND ADOLESCENT HEALTH  
AND DEVELOPMENT

**WORLD HEALTH ORGANIZATION**

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# Introduction

Training for the integrated management of childhood illness (IMCI) includes both initial *skill acquisition* and *skill reinforcement*. The IMCI course is designed to help first-level health workers acquire new skills to manage sick children more effectively. Health workers may find that it is difficult, however, to begin using these skills when they see children in their clinics. They often need help to transfer what they have learned in the course to their clinics.

A follow-up visit, the second component of training, is intended to reinforce the new skills and solve problems in the implementation of IMCI. At least one follow-up visit should be conducted to help health workers apply what they have learned to their routine clinic responsibilities.

The follow-up visit should occur within four weeks after training in order to help health workers get started. The visits are preferably conducted by a team including a district supervisor and IMCI facilitator who have been trained in IMCI, in facilitation skills, and in conducting follow-up visits. If it is not possible for district supervisors to visit, others may be designated, such as staff from the regional office of the Ministry of Health. In larger facilities, the “visit” may be conducted by another member of the staff at the facility.

Countries are not expected to continue conducting the special follow-up visits described here long after the health worker has been trained. What countries learn from this experience, however, should be used to help them strengthen ongoing clinical supervision at the district level.

## IMCI TRAINING

**The course ...  
for initial skill acquisition.**

**A follow-up visit ...  
for skill reinforcement, and  
problem solving to support  
the implementation of IMCI.**

## Objectives of follow-up after training

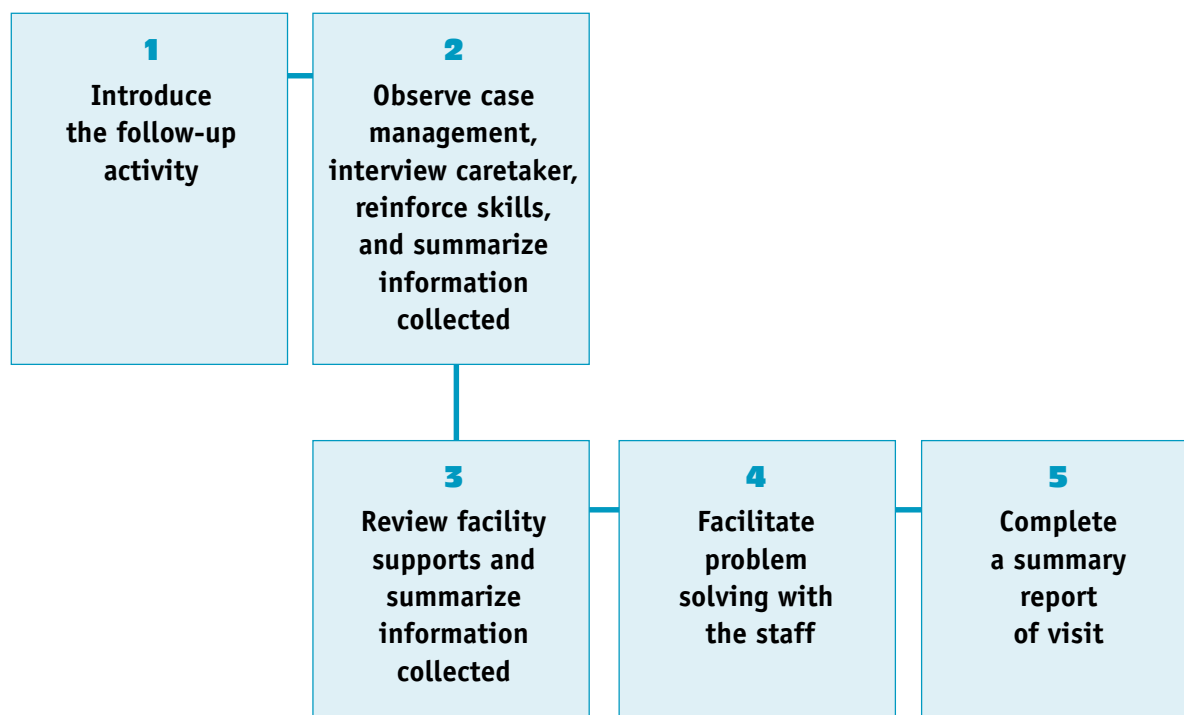
The objectives of follow-up after training are to:

- Reinforce IMCI skills and help health workers transfer these skills to clinical work in facilities;
- Identify problems faced by health workers in managing cases and help solve these problems; and
- Gather information on the performance of health workers and the conditions that influence performance, in order to improve the implementation of IMCI.

## Overview of a follow-up visit

There are a number of activities to be done during a follow-up visit to reinforce the health worker's skills and solve problems in the implementation of IMCI. Below is a flowchart illustrating the major activities. The visit must be well-organized in order to complete the activities when staff and patients are available and before the

### FLOWCHART OF SUPERVISOR ACTIVITIES DURING A FOLLOW-UP VISIT



clinic closes. The activities can be reordered to use the available time efficiently; if children have not yet arrived at the facility, the review of facility supports may be done while waiting.

### 1. Introduce the follow-up activity

The visiting supervisors meet briefly with the facility staff (those who have been trained in IMCI and those who have not) to explain the purpose of the visit and describe the major activities. It may also be helpful to ask the staff what they are doing differently since the training, or what they have seen the trained health worker doing differently.

### 2. Observe case management, reinforce skills and summarize information collected

The supervisors observe the trained health worker(s) managing cases and reinforce the skills learned in the IMCI training course. The supervisors help the health worker solve any difficulties in using the new case management approach. They may review the guidelines in the IMCI Chart Booklet, or they may have the health worker prac-

tice the more difficult case management tasks. Supervisors record and summarize information on the performance of trained health workers. At the end of the observation, the supervisor asks the caretaker in front of the health worker to assess her knowledge of how to treat the child at home.

### 3. Review facility supports and summarize information collected

The supervisors review the conditions in the facility that affect the implementation of IMCI. Examples of facility supports are space and equipment, the availability of drugs and other supplies, immunization policies, and clinic hours. Supervisors record and summarize their findings.

### 4. Facilitate problem solving with the staff

The supervisors use information from their observations to help facility staff identify and solve problems that interfere with correct case management. For those problems that cannot be solved at the facility level, the staff and supervisors identify actions needed at the district or national levels.

### 5. Complete a summary report of visit

Before leaving the facility, the supervisors write a brief summary of the results of the visit (strengths and weaknesses found), actions taken to reinforce good practices and to solve problems, and actions still needed. A copy of this summary is left at the facility. In some countries a copy may be given to the district office. The supervisors can use this report to alert others in the health system who need to correct problems within their areas of responsibility.

### Other optional activities

Countries may choose to include other activities in follow-up visits, for example:

- **Caretaker Interview on Satisfaction With Care:** Supervisors may interview mothers as they leave the facility to assess their satisfaction with care received at the facility. Conducting this type of interview helps to reinforce the importance of good communication with caretakers in order to improve case management in the home.
- **Review of Patient Recording Forms:** If health workers use *Patient Recording Forms* in the facility, supervisors may review a few forms as a way to identify and discuss case management problems.
- **Practice Exercises:** Supervisors may conduct exercises to review guidelines when children are not present at the facility during the visit. They may also use exercises to review signs of severe illness that are seen very infrequently and, as a result, may be forgotten.

## **Guidelines for planning and conducting follow-up after training**

WHO has developed guidelines that describe all of the tasks related to follow-up after training. Different sections of the guidelines will be relevant to different people. The *Facilitator's Guide* provides an overview of what is included in follow-up after IMCI training and describes in detail section one on planning for follow-up after training. It also includes Section 2 which provides guidelines on how to train supervisors. The *Supervisor's Guide* provides detailed information on how to conduct the follow-up visits and the debriefing meetings at the district and national levels. (The *IMCI Information kit* includes a description of Follow-Up after training. It may also be useful in orienting decision makers and supervisors on this activity in the IMCI strategy.)

The table below describes the sections and their relevance to different people involved in planning for IMCI follow-up after training, training supervisors in how to conduct the follow-up visits and conducting the follow-up visits.

<b>If you are a:</b>	<b>The following sections are most important for you:</b>
National IMCI focal person	<p>All sections (Facilitator's and Supervisor's Guide) are relevant but the most important sections are:</p> <ul style="list-style-type: none"> <li>• Plan at the national level</li> <li>• Adapt follow-up forms</li> <li>• Annex A: Job Aids for Conducting Follow-Up after Training*</li> <li>• Conduct a debriefing meeting at the national level</li> </ul>
District IMCI focal person	<ul style="list-style-type: none"> <li>• Plan at the district level</li> <li>• Train supervisors to conduct follow-up visits</li> <li>• Conduct follow-up visits</li> <li>• Conduct a debriefing meeting at the district level</li> <li>• Conduct a debriefing meeting at the national level</li> </ul>
Trainer of supervisors who will conduct follow-up visits	<ul style="list-style-type: none"> <li>• Train supervisors to conduct follow-up visits</li> <li>• Conduct follow-up visits</li> <li>• Conduct a debriefing meeting at the district level</li> <li>• Guidelines and Overheads to Accompany Training Agenda</li> <li>• Annex B: Card Sort Exercise for optional use</li> </ul>
Master supervisor or supervisor	<ul style="list-style-type: none"> <li>• <i>Supervisor's Guide</i>: Conduct follow-up visits</li> <li>• Annex B: Card Sort Exercise for optional use</li> </ul>

\* *The recording forms in Annex A will need to be adapted to match the Patient Recording Forms used in the IMCI course in a country. Countries may also adapt forms in order to collect additional or different desired information. In all training exercises the adapted forms will need to be used instead of the generic forms provided in these guidelines.*

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# 1.

## Plan for Follow-Up After Training

Sections 1.1 and 1.2 describe national level planning and are addressed to the national IMCI focal person. Section 1.3 describes district level planning and is addressed to the district IMCI focal person.

### 1.1 ■ Plan at the national level

#### National IMCI orientation meeting

Beginning with the national IMCI orientation meeting, it is important that follow-up after training be presented as an integral part of IMCI training for health workers. A detailed plan for the national IMCI orientation meeting is provided in the *IMCI Planning Guide*. When follow-up is introduced at the orientation meeting, the following issues should be mentioned:

- The objectives of follow-up: to reinforce new IMCI skills and help health workers begin using these skills in their real work setting; to identify and solve problems in implementing IMCI at the facility level; to gather information on the performance of health workers and the conditions that influence performance in order to improve implementation of IMCI;
- The approach: at least one visit by a supervisor to observe the health worker, and to reinforce skills and help the staff of the health facility solve implementation problems, as needed;
- The main activities of the follow-up visit;
- The criteria for selecting supervisors to conduct follow-up; and
- The resource needs for supporting the follow-up visits (per diem, transportation, and training of supervisors who will conduct visits).

The national IMCI Working Group, established at the end of the orientation meeting, identifies a subgroup that will have the responsibility for planning implementation, including follow-up after training. The implementation subgroup should stay in contact with the adaptation subgroup in order to ensure that adapted *Patient Recording Forms* are used in planning for follow-up.

#### National IMCI planning workshop

The national planning workshop addresses the strategic decisions for the early implementation of IMCI, including decisions about follow-up after training. If possible, district IMCI focal persons should be invited to this workshop as they can provide valuable information on what is practical at the district level. Detailed planning for follow-up activities occurs after some participants in this workshop

have been trained in IMCI also. Subgroup consensus must be reached on the following issues related to follow-up:

- The objectives of the follow-up visits;
- How visits can best be conducted, including:
  - how existing supervisory systems can be used,
  - who can conduct visits,
  - what resources (e.g. transportation, per diem) are needed and what resources are available to support visits;
- Who will coordinate follow-up activities and train supervisors to conduct visits;
- What activities will be done during follow-up visits; what information is critical to collect; and what type of report is expected;
- When, how, and by whom job aids used during follow-up visits will be adapted.

On the next pages is a checklist of the decisions to consider. The outcome of the workshop is a workplan for IMCI implementation that includes a general plan for follow-up after training.

### CHECKLIST OF DECISIONS TO MAKE IN PLANNING FOR FOLLOW-UP AFTER TRAINING

Topic	Decision	Some considerations
Objectives	Determine objectives of follow-up visit	<p>Recommended objectives:</p> <ul style="list-style-type: none"> <li>• To support the transfer of IMCI skills to clinical work in facilities;</li> <li>• To identify problems faced by health workers in managing cases and help solve these problems; and</li> <li>• To gather information on the performance of health workers and the conditions that influence performance, in order to improve the implementation of IMCI.</li> </ul>
How facility visits can best be conducted	Determine how existing supervisory systems can be used to conduct follow-up visits	How can the existing district supervisory system contribute to making one follow-up visit to each health worker after training? For example, can the district supervisory team provide a supervisor to conduct visits and transportation?
	Identify types of persons who could conduct follow-up	<p>If the district supervisors cannot conduct follow-up visits, who else could conduct follow-up visits?</p> <ul style="list-style-type: none"> <li>• Clinical staff at district hospital, who are responsible for supervision and/or training</li> <li>• Regional or district coordinators responsible for vertical programmes (e.g. for CDD, ARI, or malaria)</li> <li>• IMCI facilitators who conduct a course in the district</li> <li>• Staff of local training institutions (e.g. nursing instructors)</li> <li>• Central Ministry or project staff</li> </ul> <p>Are any of the above categories appropriate for conducting follow-up? Do they have clinical skills, and are they available to conduct follow-up visits? When can they be trained in an IMCI course, in a facilitator course, and in the training for follow-up visits?</p>
	Identify resources to support follow-up visits	<p>What resources (e.g. transportation, per diem) are needed for follow-up visits? What resources can be used?</p> <ul style="list-style-type: none"> <li>• Resources available through normal Ministry channels</li> <li>• Resources available through partners supporting IMCI training (course plus follow-up visit).</li> </ul>
Trainer and coordinator of follow-up activities	Select person(s) with appropriate skills to train supervisors and coordinate follow-up activities	<p>Who can organize follow-up visits after courses and train supervisors to conduct follow-up visits? For example:</p> <ul style="list-style-type: none"> <li>• IMCI course director or experienced facilitator</li> <li>• IMCI focal person</li> </ul> <p>This person must have IMCI and facilitation skills and be familiar with supervisory systems in the district.</p>
Activities for facility visits	Select activities to be done during facility visits	<p>Major activities to be done during visits:</p> <ul style="list-style-type: none"> <li>• Observe case management and reinforce skills.</li> <li>• Interview caretakers to assess their knowledge of how to continue care at home.</li> <li>• Review facility supports.</li> <li>• Facilitate problem solving with the staff.</li> <li>• Complete a summary report of the visit.</li> <li>• Gather information on performance of health workers and conditions that influence performance.</li> </ul> <p>Other optional activities:</p> <ul style="list-style-type: none"> <li>• Interview caretakers to identify their satisfaction with care received at the facility.</li> <li>• Review completed patient recording forms.</li> <li>• Conduct exercises to review guidelines when children are not present at facility.</li> </ul>

*continued page 4*

**CHECKLIST OF DECISIONS TO MAKE IN PLANNING FOR FOLLOW-UP AFTER TRAINING**

<b>Topic</b>	<b>Decision</b>	<b>Some considerations</b>
	Determine critical information to collect	Look at generic recording and reporting forms in Annex A and determine (in general) if additional or different information is needed. (Exact wording of items on the forms should be determined later by those responsible for adapting the forms.)
	Determine desired format of summary report, and who will receive report or how information will be shared	What is needed on the summary report and how will it be used? (Typically a copy is left at the facility and the report is used to inform district and higher levels of needs at the facility.) After follow-up visits in a district, will debriefing meetings be needed at both the district and national levels? Who will attend debriefings?
Adaptation of follow-up forms	Identify when and how forms will be adapted, and who will adapt them	<p>To be adapted:</p> <ul style="list-style-type: none"> <li>• <i>Patient Recording Forms</i> (used as a job aid for observing case management)—Recording forms are same as those used in IMCI course, and therefore are adapted when course materials are adapted.</li> <li>• <i>Summary Form: Child (age 2 months to 5 years)</i>—This should include the critical items determined above.</li> <li>• <i>Checklist of Facility Support</i> (for reviewing space, equipment, supplies, organization of tasks, drugs, etc.)—Items to be reviewed should be consistent with essential drugs and other adaptations done for the IMCI course, and suggested solutions to problems should be appropriate for the districts in which IMCI will be implemented.</li> <li>• <i>Summary Form: Facility Supports</i>—This should include the critical items determined above.</li> <li>• <i>Summary Report of Visit</i>—The report should meet needs for supervision at the district level and sharing of information.</li> <li>• <i>District Results Tables</i> (on quality of case management and facility supports)—These should include the critical items determined above, and should match up with the Summary Forms.</li> </ul>
	Plan production of forms	Adaptation and production of forms should be completed before training for follow-up.
Follow-up items to include in IMCI workplan	Plan follow-up tasks, dates, and persons responsible, and include these on the IMCI workplan	<p>Some tasks to include on workplan:</p> <ol style="list-style-type: none"> <li>1. Complete adapted forms for use in follow-up.</li> <li>2. Finalize budget; fulfill any requirements for obtaining funds.</li> <li>3. Train supervisors to conduct follow-up visits (includes half-day field practice at a facility).</li> <li>4. Conduct visits and share results of experience.</li> <li>5. Review follow-up experience during the review of IMCI early implementation (e.g. one year after implementation).</li> </ol>
	Make budget for activities and secure resources (within IMCI training costs)	<p>Some items for budget:</p> <ol style="list-style-type: none"> <li>1. Training costs, to be included with facilitator training (e.g. facilitator and participant per diem, transportation, site).</li> <li>2. Field costs to conduct follow-up visits (e.g. per diem, transportation).</li> <li>3. Reproduction of materials.</li> <li>4. Meeting costs, if planned as part of review (e.g. per diem, transportation).</li> </ol>

### 1.2 ■ Adapt follow-up forms

A set of generic forms that may be adapted for use in follow-up visits is provided in Annex A. The *Patient Recording Forms* to be used in follow-up will be the same as the adapted forms used in the IMCI course. All other forms used in follow-up visits should be consistent with the adapted *Patient Recording Forms*. To ensure consistency, the person(s) assigned to adapt the follow-up forms must stay in contact with the adaptation subgroup responsible for adapting the course materials.

The summary forms should reflect the critical information identified at the national planning workshop. For example, if it is critical to know whether Vitamin A was given appropriately, then there must be an item requesting this information. If it is critical to know whether caretakers have learned to give oral drugs at home, then the caretaker interview must be used, and there must be an item on the summary form about caretaker knowledge of how to give the drugs.

Be sure to adapt the instructions in the *Supervisor's Guide* (Conduct Follow-Up Visits), as well as the forms themselves.

When the forms have been adapted, they should be available to the district IMCI focal persons for use in training the supervisors who will conduct follow-up visits.

### 1.3 ■ Plan at the district level

**This section is addressed to the district IMCI focal person.**

Once objectives have been determined and general plans made at the national level, the district IMCI focal person makes detailed plans for implementation of IMCI in the district. It is recommended that the district IMCI focal person work as part of a team that includes:

- Representatives from the national IMCI implementation subgroup
- The District Medical Officer or the Medical Superintendent
- Staff responsible for major programme areas
- Representatives of important district partners, including NGOs

Several participants on the team should have been trained in IMCI and at least one trained in conducting follow-up visits.

The district team should plan the IMCI course(s) and follow-up visits at the same time. The team may also conduct a district planning workshop to get input from additional district staff as needed to complete the plans. The district planning workshop is described in detail in the *IMCI Planning Guide*.

#### District planning workshop

As part of planning for the IMCI course(s), the district team should:

- Review and confirm decisions made at the national level regarding the specific objectives of follow-up after training, the critical information to obtain, the activities to be done during follow-up visits, and the forms to be used.

- When selecting the health workers to be trained at the IMCI course, consider how the health workers can be visited for follow-up in their facilities (e.g. distance between facilities, possible clustering of health workers).
- Select supervisors who will conduct the follow-up visits. (See suggestions and criteria below.)
- Plan when, where and by whom the supervisors will be trained to conduct follow-up visits.
- Secure funds and other resources needed for training supervisors and conducting visits (e.g. classroom, transportation).
- Plan for debriefing meetings to present the results of follow-up after training to the district health management team and, if necessary to the national IMCI working group or others interested in the implementation of IMCI.

### Select supervisors to conduct follow-up visits

Characteristics to be considered in selecting supervisors are their: 1) clinical skills, 2) facilitation skills, and 3) availability to conduct follow-up visits.

Planners should look first within existing supervisory structures. Where a supervisory structure exists, skilled clinicians may be identified who also are responsible for conducting supervisory visits to first-level health facilities. If district-level officers conduct follow-up visits, an additional benefit may be the strengthening, in general, of district-level supervision.

Countries, are therefore, encouraged to select members of the district team. The district team includes clinical officers who work in hospitals and outpatient departments. They have many opportunities to practice and maintain their clinical skills. On the team, they are often responsible for the clinical supervision of other health workers in the district. These district level officers can visit peripheral health workers more easily than persons from a central or regional team.

Planners for IMCI may find, however, that a country has no adequate supervisory structure to use for follow-up after training. They will need to look for other persons to conduct the follow-up visits. Possibilities include trainers of health workers, for example, those from local basic training institutions as well as IMCI course facilitators, and clinical officers who may not be on district health management team. Those selected must have the clinical skills needed and be available to make visits to trained health workers for a one-week period to be scheduled within four weeks after the IMCI course.

**Summary of criteria for selection of district supervisors to conduct follow-up visits.** To ensure that they have the necessary clinical skills, facilitation skills, and knowledge to conduct follow-up visits, supervisors should participate in the following training before conducting follow-up visits:

- *Training in an IMCI course* to learn case management skills. Persons who conduct follow-up visits need to be able to supervise trained health workers in the use of the IMCI skills in their clinic settings.
- *Training as an IMCI course facilitator* to learn the facilitation skills that can be applied to supervising case management in clinics. Experience as a course facilitator

also provides opportunities to master case management skills and helps the supervisor gain confidence in giving clinical supervision.

- Training to conduct follow-up visits, with particular attention on ways to help health workers solve problems in their facilities. This brief additional training can be done just before the supervisors conduct follow-up visits for the first time.

Since facilitation skills are required as well as clinical skills, IMCI planners will find it most efficient to *select as facilitators* for the IMCI course *persons who are also able to conduct follow-up visits*. (Of course, additional capable facilitators may be selected to teach the course who are not available or needed to conduct follow-up visits.) When it is not possible to select persons who can be both course facilitators and conduct follow-up visits, planners need to identify another way to develop a group of persons with the skills necessary to conduct follow-up visits.

**Number of district and master supervisors needed.** During the first round of follow-up visits within a district, a team of two supervisors and a master supervisor visits each newly trained health worker. Some of the conditions that affect the number of district supervisors to be trained, and number of master supervisors needed for the training, are presented in the sample table below. These conditions include:

- **Number of *trained health workers to follow-up*.** Trained health workers should receive a follow-up visit within four weeks after training. For the first round of visits, therefore, the number of health workers to be followed-up will most likely be the number of first-level health workers trained in the first district-level course.
- **Number of *days* scheduled for conducting the round of follow-up visits.** Usually three days are needed, but this depends on the number of newly trained health workers to be seen and the number of supervisors available. It is most efficient to schedule the visits on consecutive days, so that master supervisors are available for the entire first round.
- **Number of *facilities to visit in one day*.** Grouping health workers together in the same facilities or nearby facilities will require fewer supervisors, as teams may be able to visit two facilities and more than one health worker each day.

The table (see page 7) and the examples can be used to determine the number of district and master supervisors needed to conduct the first round of follow-up visits. The schedule of days and number of staff needed to make a feasible plan for the district can be adjusted accordingly.

As indicated previously, if the district team is small or has few clinical officers, it may be supplemented by supervisors from other districts implementing IMCI, regional supervisors, instructors from local training institutions, or IMCI facilitators. Training for follow-up in one district can also be used to train supervisors for a nearby district.

Master supervisors will not be needed in subsequent rounds of visits conducted by the same trained district supervisors. In some countries, however, a master supervisor from the national or regional level may participate in additional rounds of visits in order to continue to monitor the progress and quality of IMCI implementation at the district level.

**Table 1. EXAMPLES: FIRST ROUND OF FOLLOW-UP VISITS IN A DISTRICT**

	A  Trained health workers to follow-up	B  Days	C = A ÷ B (round number up) Health workers to visit each day	D  Facilities for each team to visit in one day  (for example, if 1 health worker in each facility)	Staff needed to conduct visits	
					E = C ÷ D  (round number up to work in teams with minimum of two supervisors)  District supervisors	F = E ÷ 2  (round number up for a ratio of 1 master:2 supervisors)  Master supervisors for training*
Example 1	20	3	7	1	14 (7 teams)	7
Example 2	20	4	5	1	10 (5 teams)	5
Example 3	18	3	6	1	12 (6 teams)	6
Example 4	18	3	7	2	8 (4 teams)	4
Example 5	16	3	6	2	8 (4 teams)	4
Use your numbers to calculate staff:						

\* First round only

### Plan training of district supervisors

The training of district supervisors to conduct follow-up visits should be scheduled within four weeks after the IMCI course in a district. Classroom space within reasonable distance of the health facilities to be visited should be identified. A visit for a half day of field practice to one health facility, preferably with a health worker trained in IMCI and located a short distance from the classroom should also be arranged (See Overview of the Agenda).

The person who will conduct the training must have IMCI clinical skills and facilitation skills and be familiar with supervisory systems in the district. This person may be the IMCI course director, an experienced facilitator, or the district IMCI focal person. This person should be trained to conduct follow-up visits and should be given these *Guidelines for Follow-Up after Training* to prepare for the training.

### OVERVIEW OF AGENDA: TRAINING DISTRICT SUPERVISORS AND CONDUCTING FOLLOW-UP VISITS

- 1–2 days**    **Training master supervisors:** Prepare master supervisors to assist in training district supervisors. (This may involve using the entire 2-day training agenda or, if master supervisors have been previously trained, a shorter briefing.)
- 2 days**     **Training of district supervisors:** Classroom training and half-day field visit to a health facility to practice.
- 3 days**     **Conducting follow-up visits:** New supervisors visit health facilities in teams that include a master supervisor. Discussion and additional practice, as needed, each day following visits. (Number of days needed depends on number of health workers to visit and supervisors. See Table 1.)
- 1 day**      **Debriefing**

(A more detailed agenda and training guidelines are provided in Section 2.)

### **Schedule follow-up visits to facilities**

During the IMCI training course participants are informed that they will be visited within four weeks following the course. Shortly after the course, specific visits to each participant are scheduled. Each visit to a health facility will require about one half-day.

The District Medical Officer should identify the facilities and health workers to be visited, and confirm that permission from the concerned official has been obtained to visit the health facilities. A letter of introduction to each participant's facility explaining the date of the follow-up visit, and requesting participant to be present (not on leave) is prepared and sent in advance.

Visits must be scheduled at times when there are likely to be patients at the clinic. Travel time must also be considered when planning visits. The District Medical Officer has to try to confirm that the health worker to be observed will be present on the day of the visit.

Transportation and lodging arrangements are made as one would for other types of supervisory visits to the field. Supervisors should try to stay in the same lodging so that they can meet in the evening to discuss their visits.

### **Plan for debriefing meetings**

The District Medical Officer should plan for a debriefing meeting at the district level in the afternoon of the day after completion of follow-up visits. (The morning will be used to prepare for the meeting.) The debriefing meeting will take 2–3 hours.

The time and place of the meeting should be determined and invitations should be issued about 3–5 days before training of supervisors. The person who will chair the meeting, preferably, a senior level staff, should be identified. A rapporteur should also be selected to take notes on decisions made.

All supervisors, members of the district health management team, and other individuals who could help solve problems should attend the debriefing. For example, if there is a problem with the cold chain for vaccines or with drug supplies, the responsible district officers should be present.

Unless adequate national representation can be assured at the district debriefing, it will also be necessary to plan a national level debriefing meeting. Schedule this meeting soon after the district meeting. The district IMCI focal person will attend this meeting to present results from the district. The district group may also identify others to attend.

The national level debriefing should include policy makers representing all services or programmes that are part of or affect the implementation of IMCI. For example, if the immunization policy needs to be reestablished or revised, the person who can take action should be present. Similarly, if a drug policy needs to be changed, a representative from the essential drugs programme and other relevant policy makers should be present.

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## 2.

# Train Supervisors to Conduct Follow-Up Visits

This section is addressed to the person who will train supervisors to conduct follow-up visits.

### 2.1 ■ Train master supervisors

To train a group of district supervisors, you will need the assistance of one master supervisor for each team of two district supervisors. To provide master supervisors with adequate opportunities for practice, limit the number to be trained to a maximum of 8. Training master supervisors needs to be done only few times in a country. Later master supervisors and well-trained district supervisors from one district can train other supervisors in other districts.

If the master supervisors have already been trained and have experience conducting follow-up visits, you will simply need to brief them before they assist you in training. If this is the first training of master supervisors, however, you will need to devote two days to training them so that they have a good model for training the others.

To train the master supervisors, use the first 2 days of the agenda and guidelines that you will use for training the other supervisors. Materials needed are listed on the next page followed by a sample agenda. Guidelines to accompany the agenda are provided in this section.

As you train the master supervisors, emphasize that they will have the leadership role in conducting follow-up visits. They will serve as examples and teachers for the others.

### 2.2 ■ Train supervisors

Training for supervisors should provide the necessary information, examples and practice that they will need to conduct follow-up visits. Practice is the most important of these elements of training. Without practice, supervisors may not realize that they do not understand a particular point or task. Without observing practice, the trainer will not know whether supervisors are really prepared to do their jobs. Therefore, practice observing a health worker at a health facility is a critical part of training. A field visit is incorporated on the second day of training, and the supervisor's initial follow-up visits are done with the guidance of a master supervisor. All practice should be followed by feedback on what was done well and what needs improvement.

## 2. TRAIN SUPERVISORS TO CONDUCT FOLLOW-UP VISITS

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Materials needed for the training session are listed on the next page. The sample agenda includes two days of classroom training with a field visit, three days of supervised follow-up visits, and a day to prepare for and conduct a debriefing meeting. Use this sample agenda to prepare a specific schedule that is appropriate for the location where you will conduct training. For example, include times for tea breaks, lunch, travel to the facility, etc. Each numbered item on the agenda has teaching guidelines to accompany it. These guidelines are described under ***Guidelines for Conducting Training of Supervisors on How to Conduct Follow-Up Visits.***

**MATERIALS NEEDED FOR TRAINING SUPERVISORS**

**Materials needed for each participant:**

- Name badge to wear, or name card to put on the table
- Agenda
- Copies of the *Guidelines for Follow-Up after Training Supervisor's Guide*
- Paper and pencils
- Copies of each form to be used (adapted versions of forms from Annex A)
- Clipboard
- IMCI Chart Booklet (or ask participants to bring their own from the IMCI course)
- Mother's Card that is being used in the district

**Materials needed for the classroom:**

- One set of IMCI course materials (adapted versions) available for reference
- Flipchart and markers
- Extra copies of forms (see table for number of copies needed)
- Overhead projector
- Overheads transparencies
- For role plays:
  - Doll
  - ORS supplies (cup, litre container, ORS packet, spoon, water)

**COPIES OF FORMS: MINIMUM NUMBER NEEDED\***

<b>RECORDING FORMS</b>	<b>For two-day training of super- visors (master and district)</b>	<b>For conducting follow-up visits to health facilities</b>
Record of Follow-Up of Trained Health Workers	1/supervisor	1/facility visited
Patient recording form: Management of the Sick Child Age 2 Months up to 5 Years	3/supervisor	1/case observed (usually 1 case by each health worker visited)
Recording form: Caretaker Interview	3/supervisor	1/case observed (and caretakers interviewed)
Checklist of Facility Supports	1/supervisor	1/facility visited
Summary Report of Visit	1/supervisor	2/facility visited
<i>Optional:</i>		
Patient recording form: Management of the Sick Young Infant Age 1 Week up to 2 Months	[1/supervisor]	2/supervisor
Cards for practice exercise (on colored cardboard)	[1/supervisor]	—

**SUMMARY FORMS**

Summary form: Child (age 2 months up to 5 years) and Caretaker Interview	1/supervisor	1/five cases observed
Summary form: Facility Supports	1/supervisor	1/five facilities visited
District results (for debriefing)— Tables 1 and 2	1/supervisor	—

\* Copy a few extra forms for use in case they are needed. The *Summary Forms* can be used to summarize information across all facilities. Extra copies of the *Summary Forms*, therefore, should be available to prepare for debriefing meetings.

### SAMPLE AGENDA FOR TRAINING SUPERVISORS

<b>DAY 1: Classroom training</b>	<b>HOURS</b>
1. Introduction of participants and review of agenda	0.5
2. Objectives of follow-up after training and overview of visit	0.5
3. Preparing for the follow-up visit	0.5
<i>Record of Follow-Up of Trained Health Workers</i>	
Introducing the follow-up activity	
4. Observing case management and reinforcing skills	2.0
<i>Patient Recording Form</i>	
Practice: Role play using <i>Patient Recording Form</i>	
<i>Caretaker Interview Form</i>	
Practice: Role play using <i>Caretaker Interview Form</i>	
<i>Summary Form: Child (age 2 months up to 5 years)</i>	0.5
<b>Lunch</b>	
5. Observing case management and reinforcing skills (continued)	2.0
Giving individual feedback	
Demonstrating case management tasks	
Providing additional practice as needed	
Optional practice exercises (drill, card sort)	
Problem-solving with an individual health worker	
6. Reviewing facility supports	1.0
<i>Checklist of Facility Supports</i>	
Discussion of possible problems and solutions	
<i>Summary Form: Facility Supports</i>	
7. Summary plans for facility visit the next day	0.5
<b>Total for day: 7.5</b>	
<b>DAY 2: Facility visit and classroom training</b>	
8. Facility visit	4.0
Practice: Observing case management, reinforcing skills, doing a demonstration	
Practice: Reviewing facility supports	
<b>Lunch</b>	
9. Debriefing on the morning visit	1.0
10. Facilitating a meeting with staff to solve problems	1.5
Role play: Facilitating a meeting (using problems identified during the morning visit)	
11. Summarizing information collected at the facility	0.5
Practice: Completing the <i>Summary Report of Visit</i>	
Review of <i>Checklist of Tasks in a Follow-Up Visit</i>	

**SAMPLE AGENDA FOR TRAINING SUPERVISORS (continued)**

- |  |     |
|--|-----|
| 12. Planning for actual follow-up visits | 0.5 |
| Team assignments                         |     |
| Schedule for each team                   |     |
| Logistical arrangements                  |     |

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**Total for day: 7.5**

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**DAYS 3, 4, and 5: Supervised follow-up visits**

- |  |         |
|--|---------|
| 13. Travel to health facility; conduct follow-up visit;<br>return from health facility | 6.0–7.0 |
| 14. Discuss results of visits with other supervisors;<br>additional practice as needed | 1.0     |

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**Total for each of 3 days: 7.0–8.0**

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**DAY 6: Consolidation of district results;  
district debriefing**

- |   |         |
|---|---------|
| 15. Summarize results and prepare for district debriefing | 4.0–5.0 |
|---|---------|

**Lunch**

- |                                 |         |
|---------------------------------|---------|
| 16. District debriefing meeting | 2.0–3.0 |
|---------------------------------|---------|

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**Total for day: 6.0–8.0**

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# **Guidelines for Training of Supervisors on Follow-up After Training**



### Guidelines for Training of Supervisors on How to Conduct Follow-Up Visits

This section is addressed to the person who will train supervisors to conduct follow-up visits. Refer to the agenda as you study this section. Each numbered item on the agenda is explained in this guideline for training of supervisors. The agenda should be adapted to include specific times for the training session that you are planning (including, for example, times of tea breaks and meals). Materials needed for the training session are described earlier. Overheads are at the end of this section.

#### ■ DAY 1: Classroom training

1. **Introduction of participants and review of agenda.** Have participants fill out name badges to wear or name cards to place on the table in front of them. Ask participants to introduce themselves and describe their experience so far with IMCI. Distribute copies of the agenda and explain, briefly and in a general way, what will happen on each of the six days. Mention that the training includes classroom work and a health facility visit to practice what has been learned in the classroom. Answer any questions about the agenda.

Distribute copies of the *Supervisor's Guide*. Hereafter, these are referred to simply as the Guide.

2. **Objectives of follow-up after training and overview of visit.** Explain that participants have been chosen to conduct follow-up visits to health workers who have recently taken the IMCI training course. They have been chosen because of their clinical skills in IMCI and their facilitation skills. (In some cases, participants may be assigned to visit health workers whom they recently taught in an IMCI course.) In addition some have been chosen because of their responsibility in supervising IMCI implementation in their respective regions or districts.

Although participants may not be the actual supervisors of the health workers whom they visit, the Guide uses the word “supervisor” to refer to the role that they will assume in conducting follow-up visits after training. Participants will serve as the “supervisors” described in the Guide.

Put up the overhead transparency: Objectives of Follow-Up After Training. Briefly explain that the objectives of the follow-up visits are to:

- Reinforce IMCI skills and help health workers transfer the new skills to their own clinical work;
- Identify problems faced by health workers in managing cases and help solve these problems;
- Gather information on performance of health workers and the conditions that influence performance, in order to improve implementation of IMCI.

When conducting follow-up visits, supervisors are continuing the training that was begun in the IMCI course. They will not simply make observations but will also provide feedback, reinforce skills, and help solve problems.

Ask participants to take a few minutes to read the Introduction of the Guide. When they have finished, put up the overhead transparency of the Flowchart of

Activities during a Follow-Up Visit. Review the flowchart and answer any questions about the objectives or the main activities of follow-up visits.

- 3. Preparing for the follow-up visit.** Ask participants to turn to Section 1.0 of the Guide. Point out that the Guide describes all of the steps in a follow-up visit. Orally review Section 1.1 (Preparing for the follow-up visit). Explain that assignments will be given using the *Record of Follow-Up of Trained Health Workers* and distribute copies of the sample form (attached). Allow participants to review the instructions for completing the record in Section 1.0.

Orally present the information in Section 1.2 of the Guide (Introduce the follow-up activity). Emphasize the importance of establishing a friendly atmosphere for the visit.

- 4. Observing case management and reinforcing skills.** Distribute copies of the *Patient Recording Form* and the IMCI chart booklets. Remind participants of how these are used in the course. Health workers may or may not have continued to use the *Patient Recording Form* at their health facilities, but supervisors will use it to guide their observations when they visit the facilities.

Ask participants to read Section 1.3 (Observe case management and reinforce skills) through 3. Summarize key points and answer questions.

**Practice: Role play using Patient Recording Form.** Ask one of the master supervisors to play the role of a mother whose child is sick. Give her the information in Box 1a on the next page to read.

Supplies for the role play:

- A doll for the mother to hold
- ORS supplies for the health worker
  - cup
  - liter container
  - ORS packet
  - spoon

You will play the role of the health worker using the information in Box 1b. Ask participants to follow the *Patient Recording Form* and make notes on it as they observe you assess, classify, and treat the case. Participants should refer to their chart booklets as needed, and star instances where you make mistakes. (The mistakes that you should make are in bold print in your information box.) Participants should write enough notes to remember the health worker's decisions and what should have been done.

Remind participants to note the starting time when you greet the mother and the ending time when you finish treatment.

After the role play, divide into small groups with one master supervisor per group. (For training master supervisors, keep supervisors in one group while you facilitate the discussion.) Ask each small group to discuss the errors that they observed. Go around to each small group and be sure that they have noted problems identified, such as tasks that were omitted or incorrectly performed such as wrong classification or treatment.

Example form: KARMANA

159mm x 250mm

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### BOX 1A

#### INFORMATION FOR MOTHER OF ADIO IN ROLE PLAY

Your son Adio is 1 year and 8 months. He has had diarrhoea (with no blood in stool) for about 4 days. This is the first time you have brought Adio for this illness. He is irritable while being examined. Adio does not feel hot. There are no other signs or symptoms.

Adio is no longer breastfeeding. He takes family foods such as [*Insert typical local foods*] about 3 or 4 times per day. You feel that servings are adequate. Adio feeds himself or an older sibling helps him. He has eaten less since the diarrhoea started.

You cannot stay for 4 hours of treatment. You must catch a bus in one hour.

*Note: The health worker may not ask you for all of this information. Do not volunteer any information that is not asked for.*

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**BOX 1B**

**INFORMATION FOR HEALTH WORKER IN ROLE PLAY (CHILD: ADIO)**

**Assess and Classify**

Greet the mother and ask the child's name and age. Pretend to weigh the child at 10 kg and take a temperature of 37 °C. Ask about the child's problems.

**OMIT: Asking about danger signs. OMIT: Asking about cough/difficult breathing**

Ask about length of diarrhoea and blood in the stool, and assess the child for dehydration. (Speaking to the group, explain that you find the child to be restless and irritable, and to have sunken eyes. The skin pinch goes back slowly.) **OMIT: offering the child a drink.**

Write the classification SOME DEHYDRATION.

Ask about history of fever. Ask all of the questions about ear problem. Look for pus and feel for swelling behind the ear. (Speaking to the group, explain that you do not observe and you do not feel swelling behind the ear.) Write the classification: No EAR INFECTION.

Check for all of the signs of malnutrition and anaemia. (Speaking to the group, explain that you find no wasting, no palmar pallor, no oedema, and not very low weight.) Write the classification: NO ANAEMIA, NOT VERY LOW WEIGHT.

**OMIT: Checking immunization status.**

Correctly ask questions to assess the child's feeding; **however, fail to note any feeding problems.**

**OMIT: Assess other problems.**

**Treatment**

Begin treating the child correctly on Plan B by preparing and giving some ORS at the facility. Teach the mother to prepare and give the solution at home. Give the mother 700 ml of ORS for a 4-hour treatment and 2 packets to take home.

**OMIT: teaching the 2nd and 3rd rules of home treatment: continue feeding and when to return.**

**OMIT: Feeding advice (feed 5 times day; participate actively in feeding; use a variety of inviting foods during illness).**

Be kind to the mother and gentle with the "child" throughout the visit.

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Reconvene in the large group. Summarize and discuss the consequences of these errors and how the supervisor can help the health worker, for example:

- It is important to ask about danger signs and cough/difficult breathing even if the mother does not mention these on arrival. Otherwise the health worker may miss a serious problem. The health worker should be encouraged to follow the *Patient Recording Form* for reminders on what to check.
- Offer the child something to drink when assessing dehydration. This may not be convenient in some health facilities, and you may have to help health workers plan how to have cups and clean water available. In the case of Adio, this omission did not make a difference in the classification, but in a child with fewer signs, it could have made the difference between NO DEHYDRATION and SOME DEHYDRATION.
- If the health worker fails to check immunization status, an opportunity to bring the child up to date on important immunizations may be missed. Encouraging the health worker to use the *Patient Recording Form* will provide a reminder of what to check.
- Counselling on feeding is very important even if the child's weight is not very low. This child especially needs to be fed well because of diarrhoea. The health worker needs to advise the mother to continue feeding during diarrhoea and to offer a variety of tempting foods during the illness. Using the Mother's Card will help the health worker remember.
- Counselling on when to return is important at the end of every visit. Using the Mother's Card will make it easier for the health worker to remember what to tell the mother. This child should return immediately if he has any of the following signs:
  - not able to drink, becomes sicker, develops a fever,
  - blood in stool, drinking poorly

If a health worker makes an error that affects treatment, supervisors will need to help the health worker using job aids to correct the error, and ensure that correct treatment is given. This is best done quickly but privately. Giving feedback will be discussed after lunch today.

**Caretaker Interview.** Distribute copies of the *Caretaker Interview Form*. Explain that this interview will be done after treatment of the child and counselling of the mother, in the presence of the health worker. The interview is not conducted if the child is being referred. Completing the interview in the presence of the health worker allows the health worker to see what the mother understood and how she felt about the visit. Because of the health worker's presence, the mother may not be completely candid, but her remarks will nevertheless be revealing. After the interview, the health worker may correct any misunderstandings and provide any additional information needed.

Allow a few minutes for participants to study the *Caretaker Interview* and instructions in the Guide. Point out that supervisors will only use the relevant portions of the interview. Explain the importance of asking questions as written, without giving hints as to the "correct" answer so that you are able to determine what the caretaker understood.

Ask the master supervisor who has been playing the role of Adio's mother to continue that role. Give him/her the information in Box 2a. Ask another master supervisor to interview the mother using the relevant items on the *Caretaker Interview* (parts 3–6). Participants should enter answers on their own copies of the form.

After the interview, you as the "health worker" should provide any additional information needed to the mother. For example, use a Mother's Card to explain when to return. Tell her that ORS is real medicine that will help her child, and explain that the child does not need an injection for diarrhoea.

After the role play, lead the supervisors in a discussion on the errors they observed. Identify any difficulty they had using the job aid *Caretaker Interview*.

**Summary form: child (age 2 months up to 5 years).** Distribute this *Summary Form*. Explain that participants will use their notes on the *Patient Recording Form* and the *Caretaker Interview* to complete the *Summary Form*. Allow a few minutes for participants to study the form and instructions. Point out that this form is completed only for the first case that the health worker assesses and treats, as sub-sequent case management will be affected by your feedback.

Use an overhead transparency to demonstrate how to complete the *Summary Form* for observation of Adio's case management. Give instructions as you complete the blank form on the overhead transparency. Participants should complete their own copies at the same time. On the next page is an example of a correctly completed form for the health worker who treated Adio. Your overhead transparency should look like this example when complete.

### BOX 2A

#### INFORMATION FOR MOTHER IN CARETAKER INTERVIEW (CHILD: ADIO)

You know to give Adio ORS at home and to mix the packet with 1 litre of water (or appropriate amount).

You know to give him 700 ml within 4 hours, but you are not sure how much to give, or how often to give it, after the first 4 hours.

You know to give more fluids than usual during diarrhoea.

You think that you should give the same amount of food or less food while Adio has diarrhoea.

You think that you should bring your child back to the facility if he becomes sicker.

You say that you were satisfied with the visit. When asked why, you say that the health worker was kind, spent time with you and looked very carefully at Adio.

back of box blank

Summary form: Role play: Adio

168mm x 258mm

Back of form:

Summary form: Role play: Adio

170mm x 250mm

5. **Observing case management and reinforcing skills (continued).** Explain that the group will now focus on how to give feedback to health workers and improve their case management practices. This training began during the IMCI course.

**Giving individual feedback.** During facilitator training participants have learned how to give feedback in the context of the IMCI course. Giving feedback during a follow-up visit will use many of the same skills. Now, however, the emphasis is on encouraging the health worker to use the job aids to identify and correct problems in case management. It is especially important to reinforce the health worker for what is done well, in addition to making corrections. All corrections should be made privately (not in front of the caretaker).

Either ask the participants to read Section 1.3, steps 6–7 of the *Supervisor's Guide*, or take them through each of these steps. Your choice may depend on whether the participants are good readers, or whether they seem to prefer to listen to your explanations.

Then, divide into small groups with one master supervisor in each group. Each supervisor should practice giving feedback to another, who will act as the health worker who treated Adio. Supervisors should refer to their *Patient Recording Forms* in order to remember what was done correctly and incorrectly. One supervisor can give feedback through the checking immunization status. Then they can switch roles, and another supervisor can give feedback through the feeding advice.

Remind participants that some of the errors observed in case management may not have been recorded on the *Summary Form*, as the *Summary Form* requests only selected information.

**Demonstrating case management tasks.** Reconvene in the large group. Explain that some health workers may have forgotten certain case management tasks. They may need a demonstration to remind them how to do these tasks. If a demonstration is needed, focus it on the specific tasks on which the health worker needs review.

Present the tips for giving a demonstration in the Guide (Section 1.3, step 8). Explain that participants will have an opportunity to practice doing a demonstration during the health facility visit tomorrow.

**Providing additional practice as needed.** If there is time during a visit, and if there are certain tasks that the health worker did incorrectly and needs to practice, look for opportunities to offer more practice.

Review the points in Section 1.3, step 9. Draw attention to the table of infrequently seen signs and treatments for local infections. As these may not have been seen during the course, it is useful to point them out and practice assessment and treatment if they appear in a patient during the visit.

**Optional practice exercises (drills, card sort).** Explain that there may not always be many patients available during a follow-up visit. Supervisors may need to be creative about designing practice opportunities. They may use the cards provided in Annex B as a drill (similar to those in the IMCI course).

Divide into small groups with one master supervisor in each group. Each small group should try some cards from the exercise in Annex B.

**To practice the card-sort exercise in Annex B:**

- Have each participant cut out the cards in Annex B. Point out the three label cards: **Refer URGENTLY to hospital, Other treatment, and Not sure.** Point out that the remaining cards show signs of illness.
- Using one set of cards, conduct the exercise as described in Card-Sort Exercise 1 in Annex B, letting each participant take a turn at categorizing several of the illness cards.
- If there is time, conduct Card Sort Exercise 2 or 3 as described in Annex B using 2–3 cards. Explain that supervisors should use variations that give the health worker the specific practice needed.

**Problem solving with an individual health worker.** After giving feedback to an individual health worker, supervisors may help the health worker look for ways to make case management more efficient in the facility. Review the examples in Section 1.3, step 11. More problem-solving will be done in a staff meeting later in the visit.

Stress to participants the importance of thanking the health worker for his or her hard work and efforts to implement IMCI.

6. **Reviewing facility supports.** Put up the overhead transparency, Flowchart of Activities during a Follow-Up Visit. Point out that the next part of the visit involves reviewing the organization of case management tasks and the supplies and physical conditions at the facility. If there were no patients available at the beginning of the visit, the review of facility supports could be done first.

Distribute copies of the *Checklist of Facility Supports*. Explain that the left column lists questions that supervisors should ask themselves or the facility staff as they make observations. Whenever there is a “no” answer, they should mark a star (\*) to indicate a problem. Possible solutions to problems are in the right column. Tick (✓) possible solutions to discuss with the staff later.

Allow about 10 minutes for participants to read the checklist and instructions, Section 1.4. Answer any questions about the items listed. Explain that there will be an opportunity to use the checklist during the facility visit tomorrow.

**Discussion of possible problems and solutions.** Ask participants what problems they expect to see at health facilities in the area. List these on a flipchart. Ask participants what they think the likely causes of the problems may be. They should keep these causes in mind when they suggest solutions. For example, if the cause of a problem is that a staff member *does not know how* to do a task, then a solution may be to teach him how. If the cause of a problem is that a staff member *does not have time* to do a certain task, then the solution must be different, for example, a re-assignment or sharing of tasks with another health worker at the facility.

Next ask participants to think of possible solutions to the problems. List the possible solutions. Ask participants which solutions they think will be most effective and practical.

Tell participants that they will lead the facility staff through similar discussions of problems and solutions during their follow-up visits.

**Summary Form: Facility Supports.** Distribute this form. Point out that completion of this form is mostly a matter of transferring the stars (\*) from the *Checklist of Facility Supports*. In some cases the items from the checklist have been combined; for example, in Part 2, items 3–6 are combined.

Note that drugs not in stock and any other comments should be listed on the back of the *Summary Form*. Participants will have a chance to practice using this form tomorrow.

7. **Summary plans for the facility visit the next day.** Put up the overhead transparency, Flowchart of Activities during a Follow-Up Visit. Tell participants that they will observe and practice activities 1–3 at a real health facility:

1. Introduce the follow-up activity
2. Observe case management and reinforce skills
3. Review facility supports

After the visit the group will return to the classroom and do a role play to practice activity 4: Facilitate problem-solving with the staff. Each person will then complete a *Summary Report of the Visit*.

To prepare for the visit, participants should review Sections 1.1–1.4 and the job aids and summary forms distributed today. They should bring pencils and a clipboard with:

- 1 copy of the *Record of Follow-Up of Trained Health Workers*
- 3 copies of the *Patient Recording Form* (sick child 2 months up to 5 years version)
- 1 copy of the *Patient Recording Form* (young infant 1 week up to 2 months)
- 3 copies of the *Caretaker Interview*
- 1 *Summary Form: Child (age 2 months up to 5 years)*
- 1 *Checklist of Facility Supports*
- 1 *Summary Form: Facility Supports*

They should also bring a chart booklet and a copy of the Mother's Card being used in the area.

Explain when and where to meet in the morning.

### ■ DAY 2: Facility visit and classroom training

8. **Facility visit.** On arrival, introduce yourself to the health worker in charge and explain that the visit is part of a course in which participants will learn to make follow-up visits to health workers who have been trained in the IMCI course. Ask to meet briefly with the head of the facility and other staff to explain the purpose of the visit. Ask specifically to be introduced to any health workers who have been trained in IMCI. Explain that, as patients arrive, you would like for the group to observe these trained health workers and practice giving them feedback.

Have participants complete the *Record of Follow-Up of Trained Health Workers* with the names of IMCI trained staff, if the names have not already been entered.

The number of untrained staff will also be needed to complete the bottom portion of the form.

Ask the facility staff what they have been doing differently since the IMCI training, or what they have seen the trained health worker(s) doing differently.

To orient the group to the clinic, ask to be shown the examination, ORT, and immunization areas. Ask to see where patient records are kept and where drug supplies are kept.

Identify a quiet place to observe the case management practices of a trained health worker, examine the child, interview the caretaker, and give feedback.

*Note: If there is no IMCI trained health worker at the facility, one or two of the participants may act as the health worker(s) and assess, classify and treat children.*

**Practice: Observing case management, reinforcing skills.** Select a child (age 2 months to 5 years) who has multiple symptoms and signs of illness. All of the participants will observe and take notes on the *Patient Recording Form* as the health worker (master supervisor) assesses and treats the child. (Do not interrupt unless it is necessary to avoid harm to the child.)

At the conclusion of treatment, select one participant to conduct the Caretaker Interview. Again, all participants should record the interview.

Have each participant complete the *Summary Form: Child (age 2 months up to 5 years)* for the health worker just observed.

Select a master supervisor to give feedback to the health worker while the others observe (or give the feedback yourself). Be sure that positive feedback is included. Use the chart booklet, *Patient Recording Form*, and Mother's Card to help the health worker identify and correct problems.

Repeat this observation, recording, and feedback process with another child and another trained health worker, if possible, or with a participant acting as the health worker.

So that more people can practice giving feedback, it may be helpful to divide into small groups and role play giving feedback to one another (instead of to the health worker, who would feel overwhelmed if too many people gave him feedback).

For a task that seems to be difficult (for example, counting breaths), conduct a demonstration. Keep the demonstration simple and direct. Afterwards, have the health worker or a participant do the task again. Ask a participant to demonstrate another task (for example, assessing dehydration).

If any of the infrequently seen signs are observed in a patient, point them out to the health workers and participants.

**Practice: Reviewing facility supports.** Each participant should place the *Checklist of Facility Supports* on top of the clipboard. Walk the group through the facility, making observations and asking the staff questions as guided by the checklist. Briefly mention each item aloud as you go down the list, for example, "I see there is a table and a chair for the health worker and the mother. May I see the weighing scale? Do you have a watch or other timing device?" Ask the group to

help you identify problems, for example, “Does this seem to be adequate space for giving ORT?” Each person should mark problems found with a star (\*) and tick possible solutions. (Do not stop your review to discuss solutions to problems with facility staff as this may be taken as unwanted interference; in real follow-up visits, of course, solutions will be discussed with staff in a meeting.)

When you have completed the *Checklist of Facility Supports*, ask each person to take a moment and complete the *Summary Form: Facility Supports*. (This may be done on the way back to the classroom if more convenient.)

Take time to thank the facility staff for their help during the visit. You will not hold a meeting with the staff to solve problems, but you may want to make some helpful recommendations based on your observations. Tell participants that you will have a role play of a problem-solving meeting when you return to the classroom.

- 9. Debriefing on the morning visit.** In the full group, discuss the main problems observed in both case management and facility supports. Then have participants divide into small groups with a master supervisor in each group. They should compare the *Summary Forms* completed during the morning visit and discuss any differences in what they recorded. The master supervisor should ensure that each participant knows how to complete the *Summary Forms* correctly.
- 10. Facilitating a meeting with staff to solve problems.** Ask participants to read Section 1.5 in the Guide about facilitating a meeting to solve problems. When they have finished reading, put up the overhead transparency that shows the recommended process of communication: Ask, Listen, Summarize, Add. Review each step in the process, stressing that it is important for staff to suggest their own solutions to problems first.

**Role play: Facilitating a meeting.** Divide into small groups. Assign each person the role of a staff member met at the facility this morning (for example, the nurse aid, the trained health worker, the drug dispenser). You will begin playing the role of the facilitating supervisor and then let the participants each take a turn at facilitating.

Instruct participants playing staff roles to act as they think the staff would act in a meeting to discuss problems. They should act normally rather than with exceptional hostility or resistance. Some may be a bit defensive; others may be eager to solve problems; some may feel that it is hopeless to try to solve certain problems. Tell participants to base their comments on their observations this morning.

When participants take a turn at playing the role of facilitating supervisors, they should follow the Guide in section 1.5. They should refer to their *Checklist of Facility Supports* and use the flipchart as needed.

- 11. Summarizing information collected at the facility.** When the role play is done, distribute the *Summary Report of the Visit*. Explain that these reports are used to remind the staff and others about what was done or decided during the visit. These reports provide a useful source of information for supervisors and others who can follow-up on the actions.

**TO CONDUCT THE ROLE PLAY**

- a. Start the role play by introducing the purpose of the meeting: to discuss the implementation of integrated case management since the health worker returned from training.

*Ask: What difficulties have you encountered as you have tried to start the new case management approach here?*

**Listen:** Do not be tempted to speak. Wait in silence while they think. Listen while they speak. Make a note of the problem on your paper or on the flipchart. Ask: After each problem is identified, repeat it and then ask, *Are there any other difficulties?*

**Summarize:** Summarize the problems they have listed.

**Add important items missed:** Add one example to their list, based on your observations.

- b. When you have a complete list of problems, select as many from the list as there are persons in the group. Select the most important problems. Then, ask each participant, one at a time, to help the staff group discuss one of the problems, and identify their own solutions for how each problem might be solved. Remind the participant in the role of the facilitator to follow the sequence on the overhead:

- *Ask* everyone to help describe the problem. Then ask what they could do to solve the problem.

- *Listen* for their solutions. Ask them to select a reasonable solution(s).

- *Summarize* the solution(s) selected. Identify who will do which actions.

- *Add* to the solution if they have missed something important. For example, if they have not identified clearly who will do what, help the group clarify this.

- c. Let each participant facilitate the discussion of the staff group for one problem that the group has identified. You may need to remind the participant to let the group talk rather than provide the answers. This may be quite difficult at first, but it is important to practice this before facilitating real staff meetings.

- d. When all participants have had a chance to facilitate the group in solving one problem, ask one participant to summarize the actions the group will take. Emphasize the need to take notes on the decisions made so that this summary will be complete.

- e. Then, ask one participant to summarize the problems that need to be reported to the district and national levels. These are problems that cannot be solved by the health facility staff.

Have each participant complete the brief summary, based on what was seen during the morning visit to the facility and what was discussed in the role play of the staff meeting.

When the reports are completed, discuss what the participants have written. Remind them to report not only the actions taken and to be taken, but also by whom. Ask them to review their own reports to determine whether they would be helpful to a supervisor or someone else who could follow-up on the actions.

Finally, ask participants to complete the *Record of Follow-Up of Trained Health Workers*. They should enter their initials for each health worker observed during the visit this morning. They should then figure the percentage of clinical staff trained in IMCI as instructed in columns a, b, and c at the bottom of the form. This form should be turned in with the *Summary Report of the Visit* and will be kept by the District IMCI Focal Person.

**Review of Checklist of Tasks in a Follow-Up Visit.** Point out the checklist of tasks at the end of Section 3.0 of the Supervisor's Guide. This list may be used to help supervisors remember the main tasks to do and forms to complete while visiting a facility.

**If you feel additional practice is still needed, use the role play descriptions in Box 3a, 3b, and 3c and at the end of these training guidelines.**

12. **Planning for actual follow-up visits.** Decide on assignments of teams that will work together. There should be one master supervisor on each team of 2 people.

Provide each team with a schedule showing which facilities to be visited each day. Give each team a *Record of Follow-Up of Trained Health Workers* for each facility to be visited with the name of the health worker to be seen. Provide extra copies of all forms as needed.

Describe arrangements for lodging, transportation, per diem, etc. Explain that each day, after the teams return from visits, the entire group will meet to discuss the experience.

Thank the group for their hard work during the first two days of training. Wish each team good luck during the first follow-up visit tomorrow.

### ■ DAYS 3, 4, and 5: Supervised follow-up visits

13. **Travel to health facility; conduct follow-up visit; return from health facility.**

During the first visit, the first supervisor should take the lead in observing and giving feedback to the first health worker. After follow-up of the first health worker, other supervisors should take turns being the leader. The master supervisor should assist the supervisors as needed but allow them to conduct the observations themselves. The master supervisor should observe, answer questions, and offer suggestions and feedback afterward.

Supervisors should use the *Checklist of Tasks in a Follow-Up Visit* to ensure that all necessary tasks are done.

**14. Discuss results of visits with other supervisors; additional practice as needed.**

After each day's visits, meet together to begin discussing problems found and solutions agreed on at each facility. You may begin compiling results on *District Summary Tables 1 and 2*, as described in Section 2.1. These discussions and early compilation will help you more efficiently prepare for the district debriefing on Day 6.

Also ask master supervisors to help you identify any needs for further practice observing health workers and giving feedback. This is especially important on the first day of visits. If additional practice is needed you may use the role play descriptions in the Boxes 3a, 3b, and 3c that follow. Ask one supervisor to play the role of the mother and another to play the role of the trained health worker. All others should take notes on a *Patient Recording Form*. Then one person should conduct the *Caretaker Interview* (if this is being used).

After the *Caretaker Interview*, all participants should complete the *Summary Form: Child* (age 2 months up to 5 years) and the *Caretaker Interview*. A correctly completed sample form follows the information boxes.

Finally, to finish the role play, selected participants can practice giving feedback to the "health worker."

### BOX 3A

#### INFORMATION FOR MOTHER OF ZAHARA IN ROLE PLAY

Your name is Maria. Your daughter Zahara is 7 months old. She has a “hot body” and cough. She has “felt hot” for about 3 days. She has had the cough for 2 days. This is the first time you have brought Zahara for this illness. There are no other signs or symptoms.

Zahara had measles about 2 weeks ago. If the health worker asks for Zahara’s immunization record, hand her this slip of paper with the information below:

28/12/98 received BCG OPV-0

13/2/99 received DPT-1 OPV-2

20/3/99 received DPT-2 OPV-2

24/5/99 received DPT-3 OPV-3

Zahara is breastfed about 6–8 times per day and also takes small amounts of porridge with mashed fruit about 3 times per day. You feed the child yourself. She has eaten less since the illness started.

*Note: The health worker may not ask you for all of this information. Do not volunteer any information that is not asked for.*

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### BOX 3B

#### INFORMATION FOR HEALTH WORKER IN ROLE PLAY (CHILD: ZAHARA)

Greet the mother and ask the child's name and age. Pretend to weigh the child at 8 kg and take a temperature of 38.8°C. Ask about the child's problems. Check the child for danger signs. There are no danger signs.

Ask about cough and difficult breathing. Pretend to count the child's breaths using your watch as a timer. **ERROR: You count breaths for only 30 seconds. You count 23 breaths in 30 seconds and then multiply by 2 to get 66 breaths per minute.**

Pretend to look for chest indrawing and look and listen for stridor. You do not find either of these signs. Write the classification: PNEUMONIA.

Ask about diarrhoea.

Ask about history of fever and measles. (The child had measles 2 weeks ago.) You find that the child currently has no rash, runny nose, or red eyes. She has no mouth ulcers, no pus draining from the eye, and no corneal clouding. Classify fever according to the malaria risk correctly; write the classification. **ERROR: You fail to write down the MEASLES classification.**

**OMIT: Asking about ear problem.**

Check for all of the signs of malnutrition and anaemia. (Speaking to the group, explain that you find no wasting, no palmar pallor, no oedema, and not very low weight.) Write the classification: NO ANAEMIA, NOT VERY LOW WEIGHT.

Ask for the child's immunization record. You look at it and find that she is up to date. Since she has had measles, she will not need a measles immunization in 2 months.

Correctly ask questions to assess the child's feeding; note any feeding problems.

**OMIT: Assessing other problems**

### Treatment

Pretend to write a prescription for the full course of cotrimoxazole for 2 paediatric tablets to be given twice a day for 5 days for the pneumonia. Tell the mother to come back in 2 days, or earlier if the child becomes sicker or cannot drink. **OMIT: How to soothe the throat, relieve cough. You do not teach how to give the cotrimoxazole.**

Correctly prescribe treatment for fever (depends on malaria risk). **OMIT: Giving Vitamin A for recent measles.**

**OMIT: Feeding advice (breastfeed more during illness)**

Ask the mother to take her prescriptions to the drug dispenser to have them filled.

back of box blank

### BOX 3C

#### INFORMATION FOR MOTHER IN CARETAKER INTERVIEW (CHILD: ZAHARA)

When asked, show the supervisor a bottle(s) of pills that you received from the drug dispenser. The drug dispenser did not show you how to give the pills or explain when to give them. You do not know when or how to give the drugs.

You remember that you should return in 2 days.

You think that you should give the same amount of food and fluids during an illness.

You think that you should bring your child back to the facility if she becomes sicker or cannot drink.

You say that you were not satisfied with the visit. When asked why, you say that you are glad to get some drugs, but you are not sure how to use them.

back of box blank

Summary: Role play Zahara

168mm x 258mm

back of chart Summary: Role play Zahara  
170mm x 250mm

### ■ DAY 6: Consolidation of district results; district debriefing

- 15 **Summarize results and prepare for district debriefing.** After the visits are complete, you will have half a day to work with the supervisors to summarize the district findings and prepare for the debriefing meeting. Meet with the supervisors, and have them bring the Summary Forms from their visits. Have ready *District Results Tables 1 and 2* (provided in **Annex A** of the *Facilitator's Guide*). These will be used to compile information from all of the facilities visited. You may want to copy these *District Results Tables* onto a flipchart so that everyone can see as information is summarized. Prepare for the meeting in the morning, and conduct the meeting in the afternoon.

Ask supervisors to read section 2 of the *Supervisor's Guide*.

Remind them that the purpose of the debriefing is to describe to interested health officials in all IMCI-related programmes:

- the progress of IMCI in the district,
- any important or recurring problems, and
- any actions needed.

Assign a rapporteur for the debriefing meeting at this point. This person can also take notes and help you summarize information in preparation for the debriefing.

To prepare for the district debriefing:

1. Ask each supervisor (or team of supervisors) to refer to their *Summary Forms* and present their findings in turn. For each facility visited, have them tell you the information needed to complete *District Results Table 1: Quality of Case Management*. As they speak, record the information on the *District Results Table*, or on a flipchart where everyone can see.

For example, if 5 health workers were observed by Team A, the team might report the following:

4 of 5 cases observed were correctly assessed for all danger signs.

0 of 0 severe cases were referred (no severe cases were seen).

0 of 0 severe cases received first dose of antibiotic before referral.

0 of 0 severe cases of malaria received IM quinine before referral.

2 of 3 cases needing an oral drug or ORS solution were given it in the facility.

1 of 1 case of pneumonia received full course of antibiotics at the facility.

And so on...

2. When findings from each team have been presented, record the totals in the total column. Review the totals with the group.
3. Ask each team to report the times that health workers spent managing each case. Record these times. Then, calculate the average time (e.g. 17 minutes) and record the range (e.g. 5–30 minutes).

4. Next change the focus of the meeting from numbers to qualitative descriptions of progress and problems. Discuss:
  - What were the signs that IMCI is being implemented in health facilities visited? (Some examples might be: Health workers were using their chart booklets; first doses of drugs were given at facilities; health workers were counselling mothers.)
  - What were typical or recurring problems in case management that you observed?
  - What solutions have health facilities decided to implement themselves? What solutions require assistance or policy changes at the district or national level? What type of assistance or policy change is needed?

Take notes in order to be able to summarize progress, problems, and actions needed at the debriefing meeting.

5. Ask supervisors to refer to their *Summary Forms: Facility Supports*. Have each team report findings in turn. For each item listed, have the team tell you the number of facilities that had that item starred as a problem. As they speak, use this data to complete *District Results Table 2: Problems with Facility Supports*, or record the information on a flipchart where everyone can see.

For example, Team A might report the following:

3 out of 6 facilities had no functioning scale

1 out of 6 had no functioning diarrhoea treatment corner

2 out of 6 had poor vaccine conditions (broken refrigerator)

1 out of 6 had no referral facility within 2 hours

In the column for Team A, you would enter the number of facilities in which each problem was found.

6. When all information on facility supports has been presented, total the number of times each problem was found.
7. Again change the focus from numbers to qualitative descriptions of progress and problems. Discuss:
  - What evidence of progress did you see in the area of facility supports? (Examples might be: Diarrhoea Treatment Corner has been re-opened after a period of disuse; Mother's Cards are available; separate records for patients needing follow-up treatment are maintained.)
  - What were the most common problems in facility supports? These will be evident from *District Results Table 2*.
  - What problems have facilities decided to solve, and how? What problems require assistance or policy changes at the district or national level? What type of assistance or policy change is needed?

Take notes in order to be able to summarize progress, problems, and actions needed at the debriefing meeting.

8. Summarize the conclusions and recommendations of the discussion. With the group, agree on the main points to make at the debriefing concerning: progress, problems, and actions needed. Be sure to emphasize progress. Members of the district team need to know the positive results of their efforts to implement IMCI. The most important problems to discuss are those that cannot be solved at the facility level but require higher level assistance or policy change. When discussing problems and actions needed be sure to determine who will be responsible for taking actions.
9. Agree on how the report will be presented at the debriefing meeting, including, who will present which parts of the report.
10. Prepare any flipchart pages, or photocopy any *District Results Tables*, needed to present information during the meeting.
16. **District debriefing.** Refer supervisors to Section 2 of the Guide. Remind them that at the debriefing meeting, the points agreed on by the group will be presented. When discussing problems and actions needed, who will be responsible for taking action should be determined. For example, if refrigerators in facilities need to be fixed, determine who will make the arrangements to repair or replace them.

At the end of the meeting, congratulate the supervisors on completion of their first follow-up visits and thank them for their hard work. They are now prepared to conduct visits on their own to follow-up health workers trained in subsequent IMCI courses.

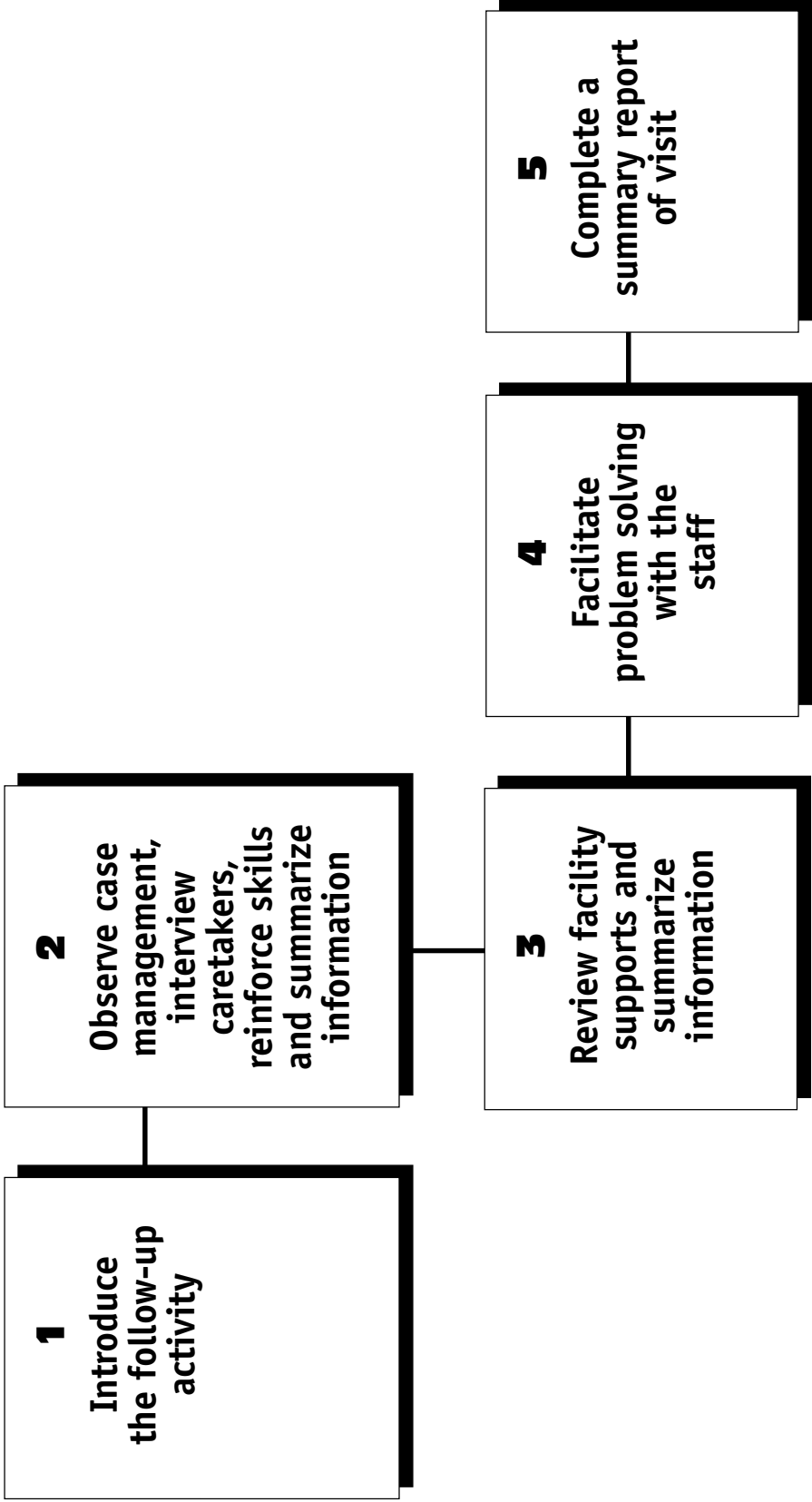


## **Objectives of Follow-Up After Training**

- **Reinforce IMCI skills and help health workers transfer them to their work in facilities**
- **Identify and help solve problems faced by health workers in managing cases**
- **Gather information on performance of health workers and conditions that influence performance, in order to improve implementation of IMCI**



# Flowchart of Activities during a Follow-Up Visit





**When  
communicating  
with staff about  
problems and  
solutions:**

**ASK**

**LISTEN**

**SUMMARIZE**

**ADD IMPORTANT  
ITEMS MISSED**



# **Annex A**

## **Job Aids for Conducting Follow-Up After Training**

*Note: The Patient Recording Forms and other Job Aids in this annex need to be adapted to be consistent with adapted IMCI course materials and expected conditions in health facilities.*



Record of follow-up of trained health workers  
160mm x 250mm

back of  
Record of follow-up of trained health workers  
BLANK

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS TIME

reduce to fit

Back of form

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS  
UP TO 5 YEARS TIME

92mm x 220mm

MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS

reduce to fit

Back of form

MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP  
TO 2 MONTHS

112mm x 220mm

Caretaker Interveiw

170mm x 255mm

back of form  
Caretaker Interveiw  
BLANK

Summary: Child (age 2 months up to 5 years)

168mm x 258mm

Back of form

Summary: Child (age 2 months up to 5 years)

170mm x 250mm

Checklist of facility supports

159mm x 250mm

Back of form  
Checklist of facility supports  
159mm x 250mm

Summary form: Facility supports

170mm x 255

back of

Summary form: Facility supports

BLANK

Summary report of the visit

159mm x 230mm

BLANK

**DISTRICT RESULTS TABLE 1**  
**QUALITY OF CASE MANAGEMENT (IN CASES OBSERVED DURING FIRST FOLLOW-UP VISIT AFTER TRAINING)**

	District:							Total
	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	
<b>Visiting supervisor or team:</b>								
1. Cases assessed for all four general danger signs	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___
2. Cases assessed for the presence of all main symptoms (cough, diarrhoea, fever and ear problem)	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___
3. Cases assessed for the presence of cough, diarrhoea and fever	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___
4. Cases whose weight was correctly checked	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___
5. Cases whose immunization status was correctly checked	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___
6. Severe cases needing referral referred	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___
7. Severe cases who received first dose of antibiotic before referral	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___
8. Severe cases of malaria who received IM quinine before referral	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___
9. Cases needing an oral antibiotic or antimalarial are prescribed correctly	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___
10. Cases of pneumonia who received a full course of antibiotics at the health facility	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___
11. Cases of acute ear infection who received a full course of antibiotics at the health facility	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___
12. Cases of dysentery who received a full course of antibiotics at the health facility	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___
13. Cases of malaria who received a full course of antimalarial at the health facility	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___
14. Cases of diarrhoea with some dehydration who received ORS solution in facility	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___
15. Caretakers of children, not referred, advised on giving extra fluid and continue feeding	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___
16. Caretakers of children, not referred, advised on giving extra fluid, continue feeding and at least 2 signs for when to seek care	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___
17. Cases who should have received an immunization, according to the schedule, and received it the day of the visit	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___	___ of ___



**DISTRICT RESULTS TABLE 2**

**PROBLEMS WITH FACILITY SUPPORTS (FOUND DURING FIRST FOLLOW-UP VISIT AFTER TRAINING)**

Visiting supervisor or team:	District:							Total
<b>Problems with facility supports Space and equipment:</b>								
No functioning scale								
No timing device								
No IMCI chart booklet								
No IMCI recording forms								
No mother's card								
No patient record cards								
<b>Diarrhoea treatment corner (DTC):</b>								
No functioning DTC								
No source of drinking water								
Not enough supplies (cups, ORS)								
No DTC register available								
<b>Immunization:</b>								
No functioning refrigerator								
No functioning sterilizer								
No MCH-1 cards								
Poor vaccine conditions								
Not all vaccines available								
<b>Clinic and referral services:</b>								
Clinic not opened as scheduled								
Immunization sessions not offered daily								
No referral facility reasonable time								

**DISTRICT RESULTS TABLE 2**  
**PROBLEMS WITH FACILITY SUPPORTS (FOUND DURING FIRST FOLLOW-UP VISIT AFTER TRAINING) (continued)**

Visiting supervisor or team:	District:							Total
<b>Quality of records:</b> No individual patient records or registers kept								
Records not complete								
<b>Management of drugs:</b> Health facilities that have all the essential IMCI drugs in stock (cotrimoxazole or procaine penicillin, chloroquine, IM Benzyl penicillin, vitamin A, ORS, and IM chloramphenicol)								
All available except IM chloramphenicol								
<b>Training:</b> Health facilities with at least 60% of workers managing children trained								

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# Annex B

## Card Sort Exercise (Optional)

This exercise provides practice in selecting treatment for the sick child age 2 months to 5 years. Instructions are provided below for a basic exercise (Card Sort Exercise 1) and some variations. The exercise asks a health worker to sort cards that describe a child's signs of illness into three piles according to the treatment needed: **Refer URGENTLY to Hospital, Other Treatment, or Not Sure**. As you gain experience with this exercise, you may be able to adapt or expand it so that it provides additional practice needed by the particular health worker.

### Purpose

- To assess the health worker's knowledge about classification and treatment of children, and to review the guidelines as necessary. It is particularly helpful to use this exercise when no or few cases are available to observe during the visit.
- To review the signs requiring referral for a sick child, age 2 months up to 5 years. This exercise will help remind the health worker to watch for these signs. Some health workers see children with signs of severe illness infrequently, and may forget the important signs that identify which children need urgent referral to a hospital.

### Preparation

Copy the 2 pages of symptom cards on coloured board and cut the cards apart. Copy the 3 label cards (**Refer URGENTLY to Hospital, Other Treatment, Not Sure**) on a different colour cardboard, and keep them aside.

### Card Sort Exercise 1

1. Sit at a table with the health worker. Explain that in the card sort exercise he or she will practice classifying sick children and then will discuss any difficulties. The health worker should have the IMCI chart booklet available to refer to as needed.
2. Place the label cards **Refer URGENTLY to Hospital, Other Treatment, and Not Sure** on the table in front of the health worker. Explain that these are the stack labels for sorting the cards describing children with signs of illness.

3. Refer to the stack of cards with signs of illness, and say:

“Here are some cards describing children with signs of illness. They are age 2 months up to 5 years. Please look at each card and decide how to treat the child:

  - a. “If the child should be referred, put the card in the stack labelled **Give a pink classification and Refer URGENTLY to Hospital**.
  - b. “If the child should not be referred to hospital, place the card in the stack labelled **Other Treatment**.
  - c. “If you are not sure whether or not to refer the child, put the card in the stack labelled **Not Sure**.”
4. Hand a card to the health worker and ask him to decide which treatment the child needs. If the health worker does not seem to understand what to do, ask him to read the signs on the first card. Then ask whether the child needs to be referred for urgent treatment or needs other treatment given at the facility. (If the health worker needs to refer to the chart booklet, he may do so.) When he answers correctly, show him how to place the card under the correct label. Continue to give him one card at a time and ask him to decide on the treatment needed.
6. Discuss each card that was sorted incorrectly and any cards in the stack **Not Sure**. For each card, ask the health worker to try sorting the card again, referring to the IMCI chart booklet. Discuss the case to help the health worker make a decision if needed. Continue until the cards are sorted into the correct stacks. You may stop the exercise when you are confident that the health worker can decide treatment correctly.

## **Card Sort Exercise 2** **(an expansion of Exercise 1)**

Complete Exercise 1 with this addition:

7. Think about general problems that the health worker had sorting the cards. For example, does the health worker tend to miss signs requiring the child to receive a pink classification and be referred? Or, does he tend to refer children who could be treated in the facility? Talk with the health worker to determine why. He may have forgotten how to classify some severe signs which are infrequently seen. Or, he may find it difficult to complete some treatments at the facility (e.g. because there are not enough drugs or no ORT corner), and may thus refer more children.

If the health worker has forgotten how to classify some signs, review these signs in the chart booklet. Then offer more practice by sorting some cards again.

If there are other problems with being able to provide treatment, discuss how these may be solved. You may also need to report the situation to the district to obtain help solving it.

### **Card Sort Exercise 3** (an expansion of Exercise 1)

Complete exercise 1 as described above with one or both of these additions:

8. For each card in the stack **Other Treatment**, ask the health worker to tell the treatment needed.
9. For each card in the stack **Give a pink classification and Refer URGENTLY to Hospital**, ask the health worker to tell the urgent pre-referral treatment needed.

### **Card Sort Exercise 4** (a variation of Exercise 1)

Complete exercise 1 using only a few selected cards. Select the cards to bring up discussion of specific signs or treatments that the health worker has forgotten. Discuss these few cases in detail.



**CARDS FOR CARD SORT EXERCISE**

**SELECT TREATMENT FOR THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS**



<b>Child is not able to drink and has fast breathing</b>	<b>Child is not able to breastfeed and has mouth ulcers</b>
<b>Child vomits everything and has had diarrhoea for 15 days</b>	<b>Child has had convulsions and has a fever</b>
<b>Child is lethargic and has a fever in a high risk malaria area</b>	<b>Child is unconscious</b>
<b>Child has chest indrawing</b>	<b>Child has stridor when calm</b>
<b>Child with diarrhoea has sunken eyes and is lethargic</b>	<b>Child has oedema of both feet</b>
<b>Child with fever has stiff neck</b>	<b>Child has measles and new clouding of the cornea</b>



**CARDS FOR CARD SORT EXERCISE**

**SELECT TREATMENT FOR THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS**



<b>Child has had recent measles and now has extensive mouth ulcers</b>	<b>Child has tender swelling behind the ear</b>
<b>Child has visible severe wasting</b>	<b>Child has severe palmar pallor</b>
<b>Child has blood in the stool</b>	<b>Child has cough with fast breathing</b>
<b>Child with diarrhoea drinks eagerly</b>	<b>Child has temperature of 40 °C in a high risk malaria area</b>
<b>Child has measles with pus draining from the eye</b>	<b>Child has pus draining from the ear</b>
<b>Child has had discharge from the ear for more than 14 days</b>	<b>Child has some palmar pallor</b>
<b>Child is very low weight for age</b>	



**LABEL CARDS FOR CARD SORT EXERCISE**

**SELECT TREATMENT FOR THE SICK CHILD AGE 2 MONTHS  
UP TO 5 YEARS**



**Give a pink  
classification and  
Refer URGENTLY to  
Hospital**

**Give a yellow or green  
classification and give  
Other Treatment**

**Not Sure**