

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

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

## **SUPERVISOR'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. 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

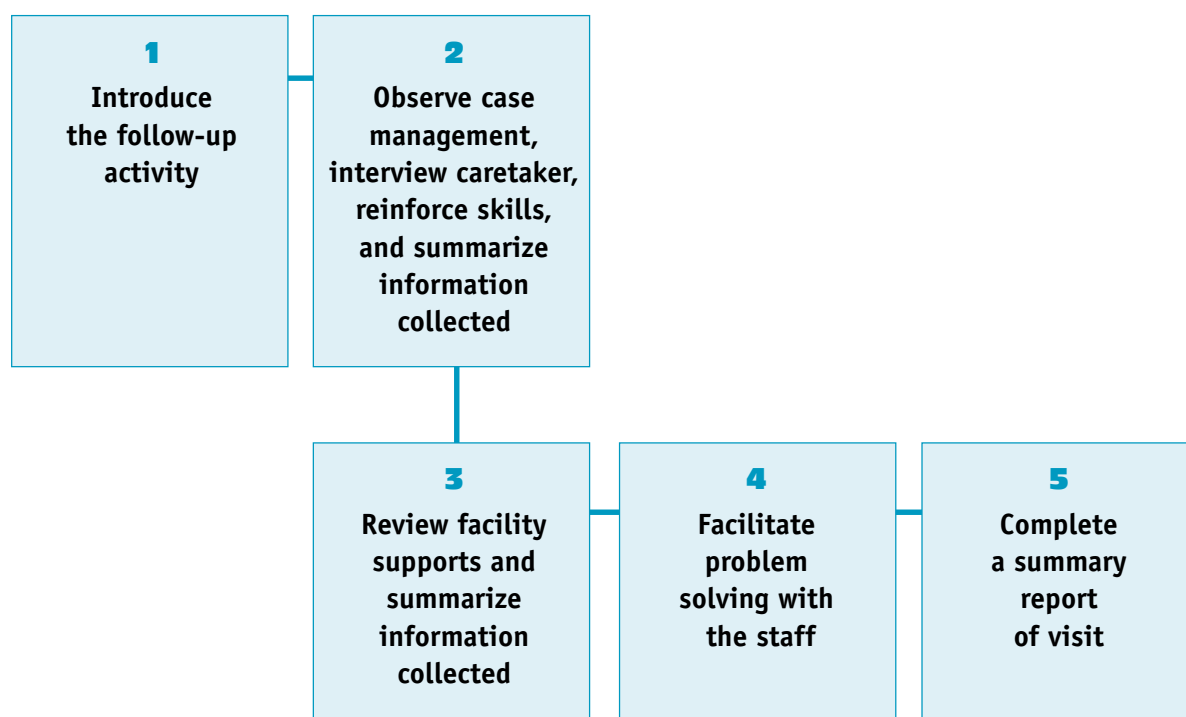
The objectives of follow-up after training are to:

- 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 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.

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



#### 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, the *Patient Recording Form*, or the *Mother's Card*. They may also have the health worker practice 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 caretakers to assess their knowledge of how to care for their children at home. This interview is designed to improve communication by the health worker with mothers.

### 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 conducting Follow-Up Visits**

WHO has developed guidelines that describe all of the tasks related to follow-up after training. This Supervisors's Guide provides an overview of what is included in follow-up after IMCI training and describes how to conduct the follow-up visits and to conduct debriefing meetings at the district and national levels. It is designed for supervisors who will participate in training for follow-up.

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# 1.

## Conduct a Follow-Up Visit

**This section is addressed to supervisors who will conduct follow-up visits. The information in this section will also be useful to planners, trainers, and others who need to know what is involved in a follow-up visit.**

### 1.1 ■ Prepare for the follow-up visit

You will be assigned to visit several health workers who have recently attended the IMCI training course for first-level health workers. The health workers may all work at different health facilities, or some may work together at the same facilities. Each facility visit will require about a half day. Your visits should already have been scheduled by the district IMCI focal person. If these are your first follow-up visits, you will be working in a small team that includes a master supervisor.

For each facility that you will visit, you will be given a *Record of Follow-Up of Trained Health Workers* to complete. The purpose of the *Record of Follow-up of Trained Health Workers* is to keep track of which health workers need to be scheduled for follow-up and when the visit was completed.

The district IMCI focal person usually completes the top part of the record. The focal person then lists the positions and names of trained health workers in the facility, and the date (month/year) when they completed their IMCI training. This record is then given to the district supervisor assigned to make the follow-up visit. Complete the rest of the form during your visit by following the instructions below.

1. Enter the date when the follow-up visit has been completed. Initial the box in the row for each trained health worker observed managing a case.
2. If a trained health worker has been reassigned and no longer manages sick children at this facility, enter the date of the reassignment in the last column on the right.
3. At the end of the visit, complete a row of boxes at the bottom of the record to determine the percentage of staff trained in IMCI at the facility. This information is used to monitor the implementation of IMCI in the district and to plan training activities.

The record is used for all follow-up visits to the same facility and is updated at each visit. The district IMCI focal person, who holds the record between visits, adds new names to the record as health workers are trained.

## 1.2 ■ Introduce the follow-up activity

When you arrive at the facility, introduce yourself to the health worker in charge, explain the purpose of the visit, and identify the health worker(s) you would like to observe. Establish a friendly atmosphere for the visit.

Ask to meet briefly with the staff (those who have received IMCI training and those who have not) to explain the reason for your visit and describe the major activities. Explain that you will:

- Observe case management in order to reinforce skills learned at IMCI training,
- Review facility supports such as equipment and supplies in order to identify any problems that might interfere with IMCI, and
- Meet again with facility staff to discuss progress and how to solve any problems.

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.

To orient yourself to the clinic, ask to be shown the examination area, diarrhoea treatment corner, and immunization area. 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, interview the caretaker, and talk with the health worker.

## 1.3 ■ Observe case management and reinforce skills

*Note: If no patients are available, begin with step 1.4 (reviewing facility supports) while waiting for patients to arrive.*

Health workers learn a complex set of skills in an IMCI course. They may find it difficult to begin using these skills in their clinics. You can help them transfer what they have learned in the course to their clinic responsibilities by observing what they do when they manage sick children and reinforcing the use of the skills they have learned in the IMCI course.

The observation of case management practices helps to ensure that:

- Health workers use their new skills in their own setting, with patients and caretakers whom they encounter in their work.
- Health workers are reinforced in what they do correctly, and can identify and improve what they do incorrectly.
- Health workers are encouraged to use the job aids provided by the course to help them improve and sustain their skills: the IMCI Chart Booklet, the *Patient Recording* forms, and the *Mother's card*.

If you have been a facilitator in an IMCI course, what you do during the follow-up visit is very similar to your tasks during clinical sessions in the outpatient clinic. In the health facility, however, you will *reinforce* the skills acquired in the course, rather than teach new skills. You will use the **Patient Recording Forms** for the sick child and the sick young infant to guide your observation of case management

tasks. *Note: These should be the adapted Patient Recording Forms used during the IMCI course.*

To provide skill reinforcement and help solve problems:

### 1. **Select a sick child (age 2 months to 5 years) visiting the clinic.**

If there are several children waiting, select a child who has multiple symptoms and signs of illness. If you are aware of certain skills that the health worker needs to improve, select a condition that will allow practice and review of these skills.

*Note:* For your first observation of a health worker's case management skills, it is important to select a child age 2 months to 5 years, so that your findings can be combined with those from other facilities. As it is uncommon to see young infants, findings on case management of young infants will not be compiled. However, if a young infant presents, use this as a teaching opportunity to review case management for the young infant. Use the *Patient Recording Form* for the young infant.

### 2. **Observe the health worker managing the child.**

Use the *Patient Recording Form* adapted by your country for the sick child to guide your observation. Begin the observation when the health worker greets the caretaker. End the observation when the health worker has referred the child or finished treating the child (including counselling the mother). Write the beginning and end times on the *Patient Recording Form* so that you can determine the total amount of time spent managing the case.

Avoid interfering with the management of the case so that you can observe what the health worker is able to do alone, without assistance. Correct the health worker only if what the health worker is doing might lead to harming the child.

### 3. As you observe, **mark a star (\*) and make notes on the *Patient Recording Form*** to remind you of any problems in case management to discuss with the health worker.

Assess the child as much as possible while the health worker is managing the child. Refer to the chart booklet, as needed, for guidance. Note your own assessment, classification, and treatment decisions. Star instances where the health worker made different decisions, omitted tasks, or did tasks incorrectly. Write enough notes to remember what was done and what should have been done, to review these tasks with the health worker.

If you need to re-assess the child (e.g. to count breaths), save this task until the end to give the health worker a chance to practice the task at the same time.

*Note: Use the Patient Recording Form in any way that it is useful to you as an aid to observe case management, identify priorities for feedback and practice, and later summarize your observations.*

### 4. **Complete the *Caretaker Interview*.** Interviewing the caretaker allows the supervisor to collect information on what caretakers learn from the health worker, and, optionally, whether they were satisfied with the care received. The interview is conducted after treatment has been given, in the presence of the health worker. The interview is not conducted if the child is being referred.

Use the *Caretaker Interview* adapted by your country. Ask the questions as they are written; be careful not to lead the caretaker to answer in a certain way. Conducting the interview in the presence of the health worker will allow the health worker to see if the caretaker understood the instructions and explain again if necessary. The caretaker's answers about her satisfaction with the visit will be instructive to the health worker. Caretakers will usually say they were satisfied, but will give different reasons. For example, a caretaker may say, "He taught me what to do when my child is sick," or "She picked up my child." It will be encouraging to the health worker to hear the reasons that caretakers are satisfied.

Follow the instructions below as you complete the *Caretaker Interview* form:

- a. Complete the information at the top of the form.
- b. In the first column, tick the treatments (items 1, 2, and/or 3) that apply. Tick items 4–6 for all children. For example, if the child received an antibiotic, tick item 1 and items 4–6.
- c. Ask the questions listed for the items that you ticked. Ask the questions as written, and do not lead the mother to answer in a certain way so that you better learn what the worker understood.
- d. Tick or write the caretaker's response in the third column. If there is one correct choice, the correct choice is indicated with an "x".
- e. In the last column, tick if the answer was correct. Also tick if all 3 answers in items 1, 2, and 3 were correct. Tick if at least two signs appropriate for the child's illness were mentioned in item 4c.

**5. Complete the Summary Form: Child (age 2 months up to 5 years).**

*The Summary Form: child age 2 months up to 5 years* is used to summarize information on the quality of case management by trained health workers in the district. After observing a trained health worker managing a case and interviewing the caretaker, the supervisor completes this *Summary Form* to indicate whether the health worker's decisions agreed with his own. The supervisor refers as needed to the *Patient Recording Form* previously completed in order to recall the details of the case.

There is room on the summary to record information about five health workers.

The same summary may be used at more than one facility in the district, until all the columns are filled.

Since feedback on the health worker's first case would influence the management of additional cases, usually only the management of the first case is summarized on this form. Some countries, however, may want to collect additional information, such as on the management of a severe case, in addition to the first child seen.

The *Summary Form* should be adapted based on the *Patient Recording Form* used in IMCI materials in the country, and based on the information needed by the country. For example, the assessment or classification of selected symptoms can be added in the spaces under *other information*. Although there usually will be very few young infants seen, some countries may decide to summarize information on the quality of case management for the young infant as well.

**To complete the Summary Form:**

Fill in the heading of a column for each health worker observed managing a case. Write the **facility name**, **date** of your visit, and name of the **health worker** observed. Five cases, one for each of five health workers can be recorded on each form.

1. **ASSESSMENT:** The column for each health worker is divided into halves. In the half-column for the **Supervisor (Superv)**, there is already a tick (✓) to indicate that assessment for danger signs, main symptoms, nutritional and immunization status should always be done. In the half-column for the **Health worker (HW agreed)**, tick if the health worker correctly assessed the child for danger signs, asked for main symptoms (cough, diarrhoea, fever and ear problems), checked for nutrition (checking the child's weight against the growth chart) and immunization status. Write 0 if the health worker failed to assess for danger signs or main symptoms, or nutrition or immunization status or made any error in assessing for any of the signs or tasks.

2. **TREATMENT:** In the half-column for the supervisor, tick (✓) each treatment the child should get (according to your assessment and classification). In the half-column for the health worker:

- Tick if the health worker agreed with your TREATMENT decision, and carried it out correctly.
- Tick if the health worker instructed the caretaker on home treatment (advised on feeding, fluid, and at least 2 signs of when to seek care).
- Mark a 0 if there is any error in the health worker's treatment.

If a treatment was not needed, mark through the supervisor box with a line to indicate that the treatment was not needed. If the health worker agreed, also mark through that box. If the health worker gave an unnecessary treatment, mark a 0.

3. **GIVE IMMUNIZATION:** In the half-column for the supervisor, tick if the health worker should give an immunization today, according to the schedule. In the half-column for the health worker:

- Tick if the health worker **agreed with** the decision to give an immunization and gave the correct immunization.
- Mark a 0 if a needed immunization was not given.

If no immunization was needed, mark through the supervisor box with a line to indicate that no immunization was needed. If the health worker agreed, also mark through that box. If the health worker gave an unnecessary immunization or gave it too early, mark a 0.

4. **ASSESS, COUNSEL ON FEEDING:** In the half-column for the supervisor, tick if the health worker should counsel the mother about feeding practices, including breastfeeding, appropriate for the child's age, or about feeding problems. In the half-column for the health worker:

- Tick if the health worker gave the appropriate age-specific advice on feeding and/or solutions to feeding problems.
- Mark a 0 if needed advice was not given, or if the wrong advice was given.

If no feeding advice was needed, mark through the supervisor box with a line. If the health worker agreed (gave no advice), also mark through that box. If the health worker gave correct advice, even though it was unnecessary, also mark through the box with a line. If the health worker gave incorrect advice, however, mark a 0.

5. Write the TIME in minutes to manage the case. (Do not include the time it took to give feedback and skill reinforcement.) The time is useful for discussing how long case management takes. Recording the time may only be necessary during the first few rounds of follow-up visits.
6. Complete this form in the same way for the initial cases treated by the next four health workers whom you visit.
7. When you have completed the information for five cases, complete the last two columns for the **Total**. To do so:
  - a. Count and record the number of ticks in the supervisor half-columns.
  - b. Count and record the number of ticks in the "HW agreed" half-columns.

This information in the totals column will later be used to summarize the **quality of case management** with statements such as:

Of \_\_\_ cases judged by supervisors to need a particular treatment, \_\_\_ were given that treatment.

8. Add the TIME in minutes, and divide by the number of cases recorded on the form, to determine the AVERAGE TIME taken to manage the cases observed.
9. *Caretaker Interview Summary*. The *Caretaker Interview Summary* should be copied on the back of the *Summary Form: Child (age 2 months to 5 years)*. Transfer information from the last column of the *Caretaker Interview* to the appropriate column for the health worker on this page. Tick all reasons given for caretaker satisfaction, if the optional questions were asked.

To complete the top part of the total column (\_\_\_ of \_\_\_), write in the first blank the number of ticks for completely correct answers on the row. In the second blank, write the number of caretakers who were questioned on the subject. In other words, do not count those caretakers for whom you marked the box as "not applicable."

**6. Give positive feedback on what the health worker did well.**

This will reinforce the health worker's skills and attitudes. For example:

- State the assessment and treatment tasks done correctly.
- Show enthusiasm for how the health worker has applied skills learned in the course.

It is especially important to reinforce new tasks that may otherwise be forgotten or left undone. For example, counselling mothers is a new task for many health workers. They may not yet be comfortable using the new skills, and it takes time to do counselling well. It is especially important, therefore, to reinforce what the health worker does well in counselling mothers, in addition to suggesting any needed improvements.

7. Privately, help the health worker **identify problems in case management, if any, and solve them**. To do this, refer to the job aids (the Chart Booklet, Patient Recording Forms and Mother's Card provided in the IMCI course.

a. Refer to the stars (\*) that you marked on the **Patient Recording Form** to identify problems such as tasks that were omitted, or incorrect classifications or treatments. If there are many errors, focus on the most important ones, that is, those that result in incorrect treatment or advice.

b. If the health worker skipped, or made any other mistake, in an *assessment* task:

Ask the health worker to look at the relevant sections of the **Patient Recording Form** to identify the missing task or other mistake. Then instruct the health worker to complete or correct the assessment task. (Do not correct the health worker in front of the caretaker. Ask the health worker to re-do the task to be able to correct his or her own mistake.)

Using the **Chart Booklet**, help the health worker determine whether the results of the completed assessment would change the classification and/or treatment of the child.

c. If the health worker missed a *classification*:

Using the **Chart Booklet**, help the health worker determine how to classify the child correctly. Then determine how the classification would change the treatment of the child and/or the counselling the mother should receive.

d. If the health worker missed the correct *treatment*, including information to include in *counselling the mother*:

Using the **Chart Booklet**, help the health worker determine how to treat the child correctly. Then determine whether the treatment would change the instructions or counselling to give the mother on home care.

If there is a change in the treatment, including the counselling of the mother, ask the health worker to complete the treatment correctly, using the **Chart Booklet** and/or **Mother's Card**.

e. As you discuss errors, *ask questions to determine* why the errors were made. There may be many reasons. For example, the health worker may not know how to do the tasks, or may have forgotten how to do the task. Supplies may not be conveniently located (e.g. a cup for assessing thirst may not be available in the examination area, or drugs may not be readily available for instructing the caretaker.) Or the organization of services at the health facility may be a barrier (e.g. immunizations not given every day).

*If a problem is caused by a lack of skill or knowledge (e.g., the health worker has forgotten or does not know how to do something):*

Individual feedback with review of the Chart Booklet, followed by more practice, may be sufficient to solve the problem. If so, provide additional practice as in step 9.

**Encourage health workers to use the job aids provided in the IMCI course:**

**Chart booklet  
Patient Recording Forms  
Mother's Card.**

**These will help them improve and sustain their skills.**

However, in some cases, health workers need to have a model, or a correct example, to remind them of what they have learned. As a result, you may need to demonstrate with a sick child specific assessment, classification, treatment, or counselling tasks, as described in step 8.

*If a problem has other causes (such as lack of supplies or organization of services), ask the health worker for ideas for solutions. These ideas will be discussed later.*

### 8. If necessary, **demonstrate tasks.**

If a health worker has forgotten many steps in the IMCI process, or no longer follows the process in a systematic way, you may need to demonstrate with one sick child the assessment, classification, treatment, and counselling tasks.

In other cases you may need to demonstrate only specific tasks that the health worker missed. The health worker may have forgotten, for example, how to identify palmar pallor or how to correct the positioning and attachment of a breastfeeding infant.

You may conduct a demonstration for an individual health worker or a group of health workers in the facility. Some tips on giving a demonstration:

- *Select a sick child or young infant with specific signs and symptoms that will permit you to demonstrate the skills needing review.*
- *Demonstrate the tasks exactly as health workers should do them, according to the IMCI chart booklet.*
- *During the demonstration, describe the case management process in as few words as possible. Demonstrate the skills by managing a case rather than by giving a lecture about the case.*
- *Reintroduce the use of job aids, such as the Patient Recording Form and the chart booklet. Ask the health worker to refer to the job aids to follow the tasks as you do them systematically.*
- *Keep the demonstration as simple and direct as possible. Do not, for example, demonstrate several alternative ways to do something in the same demonstration.*

After demonstrating, have the health worker practice the skills again with your supervision. Provide feedback.

### 9. Provide additional practice on case management tasks, as needed.

Locate other sick children and young infants who can provide the practice that the health worker needs. Emphasize practice on *tasks that the health worker did incorrectly* during your initial observation because of a lack of skill or knowledge.

Also emphasize practice on *new skills*, such as counselling mothers, and skills that are infrequently practiced, such as case management of young infants. Practising these skills will reinforce their use in the work setting.

Balance the needs for practice with the time you have and available opportunities. Any time during your visit, for example, you may see a child or young infant with a sign that is seen infrequently. If this opportunity arises, ask the health

## INFREQUENTLY SEEN SIGNS AND TREATMENTS FOR LOCAL INFECTIONS

Sick children (age 2 months up to 5 years)	<ul style="list-style-type: none"> <li>• stridor in a calm child</li> <li>• very slow skin pinch</li> <li>• stiff neck</li> <li>• measles rash</li> </ul>	<ul style="list-style-type: none"> <li>• mouth ulcer</li> <li>• severe palmar pallor</li> <li>• corneal clouding</li> <li>• pus draining from the eye</li> </ul>
Young infants (age 1 week up to 2 months)	<ul style="list-style-type: none"> <li>• severe chest indrawing</li> <li>• nasal flaring</li> <li>• grunting</li> <li>• red umbilicus, draining pus</li> <li>• umbilical redness extending to the skin</li> <li>• bulging fontanelle</li> <li>• less than normal movement</li> </ul>	<ul style="list-style-type: none"> <li>• problems with attachment or suckling</li> <li>• not able to feed, no attachment at all, or not suckling at all</li> <li>• thrush</li> <li>• many or severe skin pustules</li> </ul>
Treating local infections	<ul style="list-style-type: none"> <li>• treating eye infection with tetracycline eye ointment</li> <li>• drying the ear by wicking</li> </ul>	<ul style="list-style-type: none"> <li>• treating mouth ulcers</li> <li>• treating skin or umbilical infection or thrush in young infants</li> </ul>

worker to look at the sign and use it to classify the illness. Some examples of infrequently seen signs and treatments for local infections are listed in the table.

#### 10. Optional: Conduct a practice exercise.

Practice opportunities are not limited to the cases presenting at the health facility on the day of the visit. Some other ways to provide practice are:

- a. Use the chart booklet to practice making case management decisions (similar to the “drill practices” in the IMCI course). For example:
  - Describe the signs of illness for a sample child. Ask the health worker to use the chart booklet to classify the child’s illness.
  - State the classification of a child’s illness. Ask the health worker when the child should come back for a follow-up visit.
- b. Your facilitator will describe to you a card sort exercise and will also provide you with a stack of cards. This exercise may be used to practice identifying signs of severe illness that may need referral. This exercise may be used while waiting for patients, or after clinic hours when there are no patients to be seen. Adapt the exercise depending on the case management tasks needing review, for example:
  - Review signs of illness that indicate when a child should be referred.
  - Among the children needing referral, review the *urgent pre-referral treatments* to give each child.

#### 11. With the health worker, **identify problems that interfere with correct integrated case management, and discuss possible solutions.**

There will be an opportunity for problem solving with all of the staff at a meeting later. However, it may be best to discuss any problems affecting the trained health worker individually beforehand.

Problems related to facility conditions will be identified during the review of facility supports, described in the next step. Other common problems may be related to division of responsibilities, organization of the clinic, etc. Health workers, for example, may say that they do not have time to do all the case management tasks. You may help the health worker look for ways to make case management more efficient. You might consider, for example:

- *Case management tasks that could be done by other staff.* In some facilities, for example, with minimum reorganization of the flow of patients, the child can be weighed, temperature taken, and immunization status checked before the child sees the trained health worker. Other staff may also be trained to instruct mothers on how to give drugs and other treatments. They can observe mothers giving the first dose before the child leaves the facility.
- *The organization of space and equipment in the examination area.* Help the health worker set up the examination area so needed equipment and supplies are readily available at the opening of clinic hours.
- *The management of patients who are returning for follow-up treatment.* Help identify, for example, how the record of a patient's previous visit can be easily and quickly located.

12. **Thank the health worker for his or her efforts to use IMCI skills.** Tell the health worker that you enjoyed discussing cases and that his or her hard work is appreciated by you. Refer to the appreciation of mothers identified during their interviews.

### 1.4 ■ Review facility supports

Health workers face many challenges in starting to use the IMCI case management approach. Their facilities may not be organized to use and support the new approach and may not have the essential drugs and supplies. The health worker's training may be wasted if he or she does not receive help solving problems encountered when returning to the facility.

During your visit you will look at conditions that affect the implementation of IMCI, and help the newly trained health worker and other staff in the facility solve identified problems.

To review facility supports:

1. Use the *Checklist of Facility Supports* adapted by your country to review conditions in the facility that affect case management. The checklist also suggests possible solutions to some of the problems you may find.

*Note: Some items on the checklist need to be adapted for the district's use. Types of records and lists of drugs used in IMCI, for example, may be different from those on this list. Solutions may also need to be adapted before the checklist can be used.*

As you review items on the checklist, star [\*] any problems you find. Make brief notes to remind you of specific problems that need to be solved.

2. Start by reviewing the examination area, the diarrhoea treatment corner, and the immunization area. Visually check space, supplies, equipment, and other items

listed for each area. Ask the staff to help you locate supplies if they are not apparent.

3. Still using the checklist as a guide, ask the staff questions about clinic and referral services.
4. Ask questions to determine who does the essential case management tasks listed on the checklist. Star tasks not routinely done well.
5. Review patient records and registers, and ask questions about how they are maintained.
6. Visually examine drug supplies, and check availability of drugs and other supplies on the day of the visit.
7. Review problems that you have marked with a star (\*). In the right column of the checklist, tick [✓] possible solutions to the problems. You will discuss these later with the staff.
8. Complete the *Summary Form: Facility Supports*. You will use a version that has been adapted for the country or for this district. Use one column for each facility that you visit. When all visits have been made, the Summary Form will be used in compiling observations from all of the facilities visited.

### 1.5 ■ Facilitate problem solving with the staff

At the end of the visit, you will facilitate a meeting with all the health facility staff (trained and untrained). Begin by acknowledging the progress they have made in implementing IMCI. Then explain that the purpose of this meeting is to solve problems that they face in the implementation of IMCI.

Give the staff, first, the opportunity to identify the changes they have seen. They should discuss the problems they have encountered as the trained health worker has attempted to implement the new case management approach.

After the staff have listed all the problems they have seen, you can add to the discussion any other problems identified as you reviewed the facility. For this discussion, refer to the items you have starred [\*] on the *Checklist of Facility Supports*.

Together the staff can then identify how to solve each problem. Their agreement on solutions is particularly important on issues that affect how they work together. For example, different staff may be responsible for organizing the patient flow, weighing children, maintaining the cold chain, immunizing children, and managing the drug supply.

Next, together identify the problems that you need to share with the district or national team. For example, problems in drug availability, in the functioning of basic equipment (e.g. scales and refrigerators) and in the frequency of supervisory visits need to be discussed at other levels of the system. The facility staff will appreciate your willingness to pass these problems to the persons who may be able to help correct them.

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

**Ask ...**

**Listen ...**

**Summarize ...**

**Add important items missed.**

Finally, ask the staff to identify concrete evidence of the progress they have made in implementing the new case management approach. Add the specific evidence of progress you have seen in your visit.

Here is a summary of the process to use in the meeting with facility staff:

1. **Ask** the staff what changes they have seen since they have introduced integrated case management.
  2. **Ask** the staff what problems they have found in starting to provide integrated case management. **Listen** as the staff discuss each problem; **summarize** what you hear; and **add** any other problems that you have identified.
  3. Then, for each problem, **ask** the staff about possible solutions. For example:
    - *For space problems:* How might the space and equipment be reorganized to improve case management?
    - *For problems with organization of services:* How could the staff organize clinic responsibilities and activities to regularly provide the essential services for children (e.g. immunization and oral rehydration therapy)? What case management tasks might be shared among the staff? How should the tasks be organized? How can other staff be trained to do some of the tasks?
    - *For lack of drugs and other supplies:* What can be done to improve the supply of drugs and other items used in the management of sick children? How can ordering be improved? How can these items be used more appropriately or rationally?
- Listen** as the staff discuss each solution. It is important that they determine who will do each agreed upon action. **Summarize** decisions made. **Add** and discuss any other solutions that may be practical from the *Checklist of Facility Supports*. Help the staff solve as many problems as possible during the visit.
4. With the staff, identify problems that cannot be solved at the facility level, but that must be communicated to the district or national level to request assistance (e.g. drugs that are lacking or equipment that needs repair).
  5. Review with the staff evidence of progress they have made in implementing the new case management approach. Thank the staff for the opportunity to visit and for their efforts to improve the care of sick children.

Here are some tips on facilitating the staff discussion:

- *Give each staff member time to think*, when you ask for problems and solutions. Do not be tempted to jump in too quickly and break the silence.
- *Ask questions to support good solutions*. Help the staff identify solutions that they will be able to implement, and are willing to implement. Ask questions such as: Will that solution be practical? Who can do that task? What effect will that have?
- *Make notes on your checklist* to help you summarize the problems and solutions. Also write the names of persons who agreed to do each task.
- *Support, do not undermine, the trained health worker*. The trained health worker will need your support in order to help implement needed changes to improve

case management. Individual feedback on his or her performance should be done privately during the feedback session, rather than in front of the other staff.

## 1.6 ■ Complete a Summary Report of the Visit

Prepare a summary report that describes:

- strengths and problems identified during the visit,
- actions taken during the visit, at the facility, to solve problems, and
- future actions needed to solve problems:
  - during the next supervisory visit,
  - at the district level of the health system, or
  - at another level of the health system.

The summary report may be kept in a register book or may be written on a form developed for follow-up visits.

Leave a copy of the report at the facility. The copy can be kept with other supervisory reports, if any, or in a special folder for the follow-up visit. Return with a copy to the district office to report actions needing to be taken at other levels of the health system. Use this summary, for example, to report drug shortages and equipment needing to be repaired or replaced.

The completion of the summary report provides an opportunity to review, just before you leave the facility, the actions to be taken. Thank the staff for the visit, and for their efforts to improve the health care of young infants and children in their community.

Also be sure to complete the *Record of Follow-Up of Trained Health Workers* by entering the date of your visit, initialling by the names of health workers whom you observed, and updating any additional information as needed. Return this record to the district IMCI focal person with the *Summary Report of the Visit*.

Each afternoon or evening there should be an opportunity to discuss visits with other supervisors and turn in completed forms.

**Once you have been trained to conduct follow-up visits, you may use the checklist on the next pages as an aid to remember all of the tasks to be done during the visit.**



## Checklist of tasks to be done during a follow-up visit

### 1. Prepare for the follow-up visit

- Review the *Record of Follow-Up of Trained Health Workers* and findings from any previous visits to this health centre.
- Gather supplies needed:
  - Pens or pencils, clipboard, folder for facility
  - IMCI Chart Booklet
  - Mother's Card being used in the district
  - Blank copies of:
    - *Patient Recording Forms* for a sick child and for a sick young infant
    - *Caretaker Interview* (if this is being used)
    - Summary Form: Child (age 2 months up to 5 years)
    - *Checklist of Facility Supports*
    - *Summary Form: Facility Supports*
    - *Summary Report of the Visit*
    - *Summary Form: Caretaker's interview* (if this is being used)
    - *District Results Table* (for debriefing)
- Cards for card sort exercise (from Annex B)

### 2. At the facility, introduce the follow-up activity

- Introduce yourself to the health worker in charge, explain the purpose of the visit, and identify the health worker(s) you would like to observe.
- Meet briefly with relevant staff. Explain what you will do. Ask staff what they are doing differently or have seen since the training.
- Become oriented to the facility: See the examination and treatment areas, and areas where patient records and drug supplies are kept.
- Identify a quiet place to observe case management practices and give feedback.

### 3. Observe case management and reinforce skills

- Select a sick child age 2 months up to 5 years.
- Observe the health worker managing the child. Record notes and beginning/ending times on the *Patient Recording Form*.
- Interview the caretaker using the *Caretaker Interview* form.
- Complete the *Summary Form: Child (age 2 months up to 5 years)* for the first case that the health worker assesses and treats.
- Complete the *Summary Form: Caretaker's interview*.
- Give positive feedback on what the health worker did well.
- Privately, help the health worker identify problems in case management and solve them.
- If necessary, demonstrate tasks.

- Provide additional practice on case management tasks, as needed, by selecting other children and young infants to give practice on tasks that the health worker did incorrectly, on new skills such as counselling mothers, and/or skills that are infrequently practiced such as case management of young infants.
- Optional: Conduct a practice exercise. (Use the chart booklet to practice making case management decisions, or conduct a card-sort exercise to review signs that a child should be referred.)
- Thank the health worker for his or her efforts to use IMCI skills.

#### **4. Review facility supports**

- Use the *Checklist of Facility Supports* to review conditions and organization of services at the facility. Star (\*) any problems found.
- Review problems that you have marked with a star (\*). Tick (✓) possible solutions to problems in the right column of the checklist.
- Complete the *Summary Form: Facility Supports*.

#### **5. Facilitate problem solving with the staff**

- Congratulate the staff on progress they have made in implementing IMCI and explain that the purpose of meeting is to solve problems they face.
- Ask** the staff what problems they have found in starting to provide integrated case management. **Listen** as they discuss each problem, **summarize** what you hear; and **add** any other problems that you have identified.
- For each problem, **ask** about possible solutions. **Listen**; **summarize** decisions made; **add** and discuss any other practical solutions from the *Checklist of Facility Supports*.

*Remember: Give each staff member time to think*

*Ask questions to support good solutions*

*Make notes on your checklist*

*Support, do not undermine, the trained health worker*

- With the staff, identify problems to communicate to the district or national level to request assistance.
- Review with the staff evidence of their progress implementing IMCI. Thank the staff.

#### **6. Complete a *Summary Report of the Visit***

Describe:

- strengths and problems identified during the visit;
- actions taken during the visit, at the facility, to solve problems;
- future actions needed to solve problems during the next supervisory visit, or at the district level or at another level of the health system.
- Leave a copy of the report at the facility. Keep one copy.
- Review other Summary Forms, to make sure they are complete.
- Complete the *Record of Follow-Up of Trained Health Workers*. Return this form to the district IMCI focal person with the *Summary Report of Visit*.

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## 2.

# Conduct a Debriefing Meeting at the District Level

When all supervisors have completed their follow-up visits, a meeting will be held at the district level to discuss the findings and any actions needed. This meeting should be called by the district IMCI focal person and chaired, if possible, by a senior district official. The purpose of the meeting 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.

### 2.1 ■ Prepare for the debriefing meeting

After the visits are complete, you will have half a day to prepare for the debriefing meeting. The *District Results Tables 1 and 2* are adapted for use in your country. Use Tables 1 and 2 to compile information from all facilities visited in the district. These tables may be used at the district and national debriefing meetings. The results will be useful in planning further IMCI activities.

Table 1 illustrates how information can be summarized on the quality of case management by trained health workers in the district. Table 2 can be used to report specific problems found in facility supports throughout the district. The quantified information on the tables can be used to supplement the qualitative findings of supervisors who report on their follow-up visits. If facilities in more than one district have been visited, the same tables can be used to summarize information across districts.

The items listed on the tables should be adapted to correspond to those on the *Summary Forms*. (The information on the TIME for managing cases can be reported separately.)

#### **To complete *District Results Table 1: Quality of Case Management*:**

1. Refer to each *Summary Form: Child (age 2 months up to 5 years)* completed in the District. One column on the *District Results Table* will be filled for each *Summary Form* that has been completed. At the top of the column, write the name of the supervisor or the team who completed the *Summary Form*.
2. Transfer the information from the Totals columns of the *Summary Form* using the following format: \_\_\_\_ of \_\_\_\_

In the first blank, write the number of “health worker agreed” ticks from the relevant row of the *Summary Form*. In the second blank, write the number of “supervisor” ticks.

The blanks could be read aloud, for example, as “5 of 5 cases were correctly assessed for all danger signs”; “1 of 2 severe cases were referred”; etc.

3. In the last column, total the first and second blanks of each entry in the row. This will give you the district total.

**To complete *District Results Table 2: Problems with Facility Supports*:**

1. Refer to each *Summary Form: Facility Reports* completed in the district. One column on the *District Results Table* will be filled for each *Summary Form* that has been completed. At the top of the column, write the name of the supervisor who completed the *Summary Form*.
2. Transfer the information from the last column of the *Summary Form: Facility Supports* to the matching row on the *District Results Table*.
3. Add the results on each row for the district totals.

## **2.2 ■ Discuss progress, problems, and actions needed**

At the debriefing meeting, present the points agreed on by the group. Be sure to emphasize progress and describe evidence seen at facilities that IMCI is being implemented. This information is important to reinforce the extra efforts being made by the district to initiate the implementation of IMCI.

When discussing problems and actions needed, be sure to determine who will be responsible for taking actions. For example, if refrigerators in facilities need to be fixed, determine who will make the arrangements to repair or replace them.

## **2.3 ■ Prepare a summary report of district results**

After the meeting, the rapporteur should prepare a report. Some of the items that could be included are:

- List of meeting participants, with their positions and addresses
- Names of health facilities visited and number of trained health workers observed
- Purpose of follow-up visits
- Methodology (brief description of how visits were conducted)

*District Results Table 1: Quality of Case Management*

*District Results Table 2: Problems with Facility Supports*

For quality of case management, summary of:

- progress observed
- problems observed
- actions planned or already taken to solve problems at the facility level
- recommended actions to be taken at the district or national level

## 2. CONDUCT A DEBRIEFING MEETING AT THE DISTRICT LEVEL

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- any specific commitments made during the meeting

For quality of facility supports, summary of:

- progress observed
- problems observed
- actions planned or already taken to solve problems at the facility level
- recommended actions to be taken at the district or national level
- any specific commitments made during the meeting

Attachments: copies of adapted follow-up forms used during visits

A written report is most helpful after the first round of follow-up visits to provide information on how IMCI has been implemented and how the follow-up visits are conducted. Thereafter, the report needs to include only a summary of the results, including the *District Results tables*, and actions to be taken.

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## 3.

# Conduct a Debriefing Meeting at the National Level

Unless there was adequate national-level representation at the district debriefing, there may need to be a debriefing of key persons at the national level especially after the first round of follow-up visits in the district. The national debriefing can be important for solving health system problems and initiating reviews of policies needed to support the more effective implementation of IMCI. Be sure that persons attending are those who can help with any problems requiring action or policy change at the national level.

The district IMCI focal person should present *District Summary Tables 1 and 2* and summarize:

- progress observed
- problems observed
- actions planned or already taken to solve problems at facility and district levels
- actions needed at the national level

If possible, obtain commitments to take specific actions needed at the national level. For example, in one country, immunizations were given only one or two days per week. Thus, health facilities were unable to give immunizations according to IMCI recommendations. A policy change was needed at the national level in order for immunizations to be available daily. A commitment was made to implement this change, including ensuring the distribution of sufficient vaccines and cold chain supplies.

If a debriefing at the national level is not possible, the district focal person needs to communicate the results of the visits to the national IMCI focal person. Together they need to decide how to share results and get commitments to take corrective action among relevant groups at the national level. Perhaps joint debriefing sessions with the representation of several districts can be conducted periodically.