

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

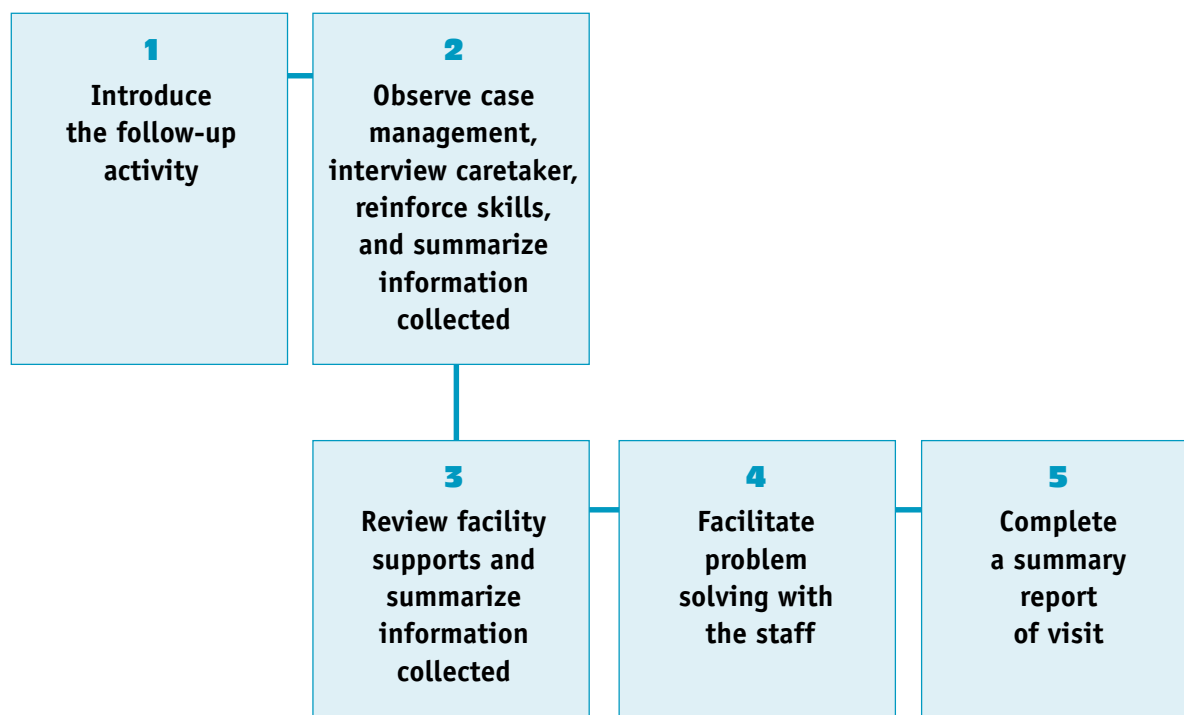
The objectives of follow-up after training are to:

- 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.

If you are a:	The following sections are most important for you:
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"> • Plan at the national level • Adapt follow-up forms • Annex A: Job Aids for Conducting Follow-Up after Training* • Conduct a debriefing meeting at the national level
District IMCI focal person	<ul style="list-style-type: none"> • Plan at the district level • Train supervisors to conduct follow-up visits • Conduct follow-up visits • Conduct a debriefing meeting at the district level • Conduct a debriefing meeting at the national level
Trainer of supervisors who will conduct follow-up visits	<ul style="list-style-type: none"> • Train supervisors to conduct follow-up visits • Conduct follow-up visits • Conduct a debriefing meeting at the district level

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