

**ANNEX 1. AREAS TO BE EMPHASIZED IN FUTURE IMCI CLINICAL TRAINING  
AND SKILL REINFORCEMENT AND FOLLOW-UP VISITS**

<b>Step</b>	<b>Targeted children</b>	<b>Condition</b>	<b>Areas to emphasize</b>	<b>Evidence from survey</b>
<b>Assessment</b>	All children	All	Case history and caretaker's answers should be carefully validated (unreliability of caretaker)	Discordant information provided by the same caretaker to provider and surveyor in several cases, leading to incorrect assessment and management of the child
	All children	ARI	Caretakers should be asked not only whether the child has cough but also whether the child has difficult breathing	Observation
	Children with cough or difficult breathing	ARI	The respiratory rate should be counted in a child who has remained calm for at least 10 minutes	Observation
			More practice is needed to <b>count the respiratory rate</b>	Unreliable ('inaccurate') counts in 34.5% of children in which count performed
	All children	Throat problem	All children should not only have their throat checked but also their <b>cervical lymph-nodes</b>	Cervical lymph-nodes not felt for in 16.2% of children
	Children with an ear problem	Ear problem	Both tasks should be performed: checking both ears <u>and</u> <b>feeling for tender swelling behind the ear</b>	(Both) ears not checked in 26.9% and feeling for tender swelling behind the ears not performed in 40.4% of children with ear problem
	Children with fever	Fever	<b>History of measles</b> within the last three months should be asked in all children with fever or history of fever	History of measles within the last three months not checked in 25.7% of children with fever or history of fever; the only child with measles in this survey was missed.

Step	Targeted children	Condition	Areas to emphasize	Evidence from survey
<b>Assessment</b> (continued)	All children	Anaemia	All children should be checked not only for palmar pallor but also for <b>mucous membrane pallor</b>	Mucous membrane pallor not assessed in 11.1% of children
			More practice is needed to assess palmar and mucous membrane pallor	No agreement on classification of cases with severe anaemia or anaemia in 38% of children
	All children	Malnutrition	All children should be checked properly for <b>visible severe wasting and oedema of both feet</b>	Visible severe wasting not (or not properly) assessed in 26.4% of children; oedema of both feet not (or not properly) checked in 23.3% of children
	Children less than 2 years old and with low weight and/or anaemia	Feeding assessment	Particular attention should be made not to miss <b>assessment of feeding practices</b> in children with low weight and/or anaemia	Feeding assessment not performed in 16.9% of children age less than 2 years and with low weight and/or anaemia
	All children	Other problems	Asking about and <b>checking for 'other problems'</b> in all children should be emphasized	Caretakers not asked about the presence of other problems in 30.7% of cases
<b>Health card</b>	All children	Health card	Child's <b>health card</b> should be routinely asked for and checked	Health card not asked for in 41.6% of cases
<b>Treatment and counselling</b>	Children needing urgent admission to hospital	Cases with a severe classification	All children with a severe classification needing urgent admission to hospital should receive the <b>first dose of 'pre-referral treatment'</b> at the hospital outpatient or emergency department	Two of the three severe cases that did not receive a pre-referral dose of antibiotic were seen at hospital outpatient departments
	Children needing oral antibiotics	IMCI conditions requiring antibiotics	Caretakers of children prescribed antibiotics should be advised also on <b>duration of treatment</b> , even if they are to come back for follow-up in 2 days	Advice on duration of treatment was not given in 11.9% of cases with an IMCI condition needing and prescribed oral antibiotics; caretakers of 34.5% of children prescribed oral antibiotics did not know for how long to give the antibiotic to the child; caretakers of 37.9% of children who were prescribed an antibiotic said they would stop treatment at any time if the child got better

Step	Targeted children	Condition	Areas to emphasize	Evidence from survey
<b>Treatment and counselling</b> (continued)	Children with diarrhoea	Diarrhoea	Communication skills to <b>advise on ORS treatment</b> should be enhanced through more supervised practice	Caretakers of 33.3% of children given ORS were unable to describe how to prepare and administer ORS correctly
	Children age 6 to 30 months with no clinical anaemia	No anaemia	<b>Iron supplements</b>	A quarter (24.2%) of children in the target age group did not receive iron supplements
	All children	Any condition	<b>Advice on when to take the child back</b> to the facility immediately	78.8% of caretakers were unable to mention <i>all</i> the three home care rules, especially the specific early danger signs to watch out at home
	Children less than 2 years old and children with low weight and/or anaemia	Feeding	Practice on <b>counselling on complementary feeding</b> should be strengthened during training and follow-up visits, especially for the age group 6 to 11 months and children with low weight and anaemia.	Caretakers of about half (42.9%) of children 6 to 11 months old were not correctly advised to continue to breastfeed and give complementary foods three times a day
	All children	Any condition	Use of mother's counselling card should be closely monitored and improved during follow-up visits	The mother counselling card was not used to advise caretakers of 26.3% of children
	Caretaker-mothers		Training should start emphasizing the need to <b>counsel on their health mothers</b> of sick children who have only a mild illness	Four mothers in five (78.6%) among the caretakers of children not needing urgent referral did not receive some advice on their health

## **ANNEX 2. MAIN STEPS OF THE IMCI PROCESS IN EGYPT**

December 1996 – June 2000

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### **1996**

- December
- MOH briefing on IMCI by WHO

### **1997**

- February
- Endorsement of the IMCI strategy by the Minister of Health & Population
  - National IMCI Task Force established and national IMCI co-ordinator appointed
  - Two Working Groups created (Adaptation and Planning & Implementation)
- July
- National IMCI Orientation Meeting and Preliminary Planning Workshop

### **1998**

- March
- National IMCI Planning & Adaptation Workshop
  - 3 Districts selected (Sharq District, Alexandria Governorate; Menouf District, Menoufeya Governorate; Sahel Seleem, Assiut Governorate)
- August
- Consensus meeting on IMCI clinical guidelines
- December
- Finalization of the IMCI adapted guidelines
  - District planning workshops

### **1999**

- February to September
- Central-level IMCI training courses (no.= 3)
- April
- First IMCI pre-service workshop (Alexandria University)
- July – August
- Baseline survey on community practices
- August
- Establishment of Working Group on Family & Community practices
- September
- Development of IMCI training materials for nurses in Arabic (4-day course)
- September to November
- District-level IMCI training courses
    - 11-day IMCI training courses for doctors
    - 4-day IMCI training courses for nurses
- November
- First follow-up visit after training

### **2000**

- April
- Review of Early Implementation Phase
- June
- Beginning of expansion to other districts and governorates

**DRUGS:** All drugs needed for IMCI included in national Essential Drug List (EDL), except for syrup formulations of nalidixic acid – not available in Egypt – and Multivitamin syrup. The National Drug Policy allows the use of all drugs needed for IMCI at PHC facilities, except for IM chloramphenicol and gentamicin (that are however made available to health facilities implementing IMCI).

### ANNEX 3. IMCI TRAINING AND IMPLEMENTATION COVERAGE

Table 1. **Training activities since inception through February 2002**

Type	Level	# courses	# participants	
			Nationals	Foreigners
Case Management	National	6	120	5
	Regional	2	17	35
	Dist / Drs	33	741	5
	Dist / Nrs	33	812	
Facilitation	National	8	79	
	Regional	1	5	? 11
Supervisory	National	4	45	1
University	Regional	1	12	14
	National	2	33	
Sum		90	1864	71

Table 2. **Egypt IMCI "District" case management training profile and implementation**

From inception through February 2002

Governorate	Total # Districts	Total # HFs	IMCI implementing			IMCI HF % of		Date trn'g started	1999		Year 2000		Year 2001		Jan-Feb 2002		Total	
			Dists	HFs	of	Dist. HFs	Gov'ate HFs		Drs	Nrs	Drs	Nrs	Drs	Nrs	Drs	Nrs	Drs	Nrs
Alexandria	7	70	2	18	18	100.0%	25.7%	19 Sep 99	22	25	63	53	24	23			109	101
Damietta	4	84	1	22	24	91.7%	26.2%	10 Feb 01					22	25			22	25
Gharbiya	8	233	2	47	47	100.0%	20.2%	06 May 01					50	49			50	49
Ismailiya	7	51	7	51	51	100.0%	100.0%	05 Aug 01					41	48	16	24	57	72
Menoufiya	10	228	6	103	103	100.0%	45.2%	10 Oct 99	24	24	42	24	92	120			158	168
Assiut	13	228	4	102	102	100.0%	44.7%	24 Oct 99	22	25	17	24	119	120			158	169
Bani-Suef	7	151	3	41	66	62.1%	27.2%	29 Oct 00			25	25	24	26			49	51
Fayoum	6	144	2	23	73	31.5%	16.0%	21 Jul 01					23	24	23	25	46	49
Minia	9	291	1	45	45	100.0%	15.5%	08 Oct 00			25	26	25	25			50	51
Quena	11	284	4	48	62	77.4%	16.9%	01 Jyl 01					24	25	24	27	48	52
<b>Totals</b>	<b>82</b>	<b>1764</b>	<b>32</b>	<b>500</b>	<b>591</b>	<b>84.6%</b>	<b>28.3%</b>		<b>68</b>	<b>74</b>	<b>172</b>	<b>152</b>	<b>444</b>	<b>485</b>	<b>63</b>	<b>76</b>	<b>747</b>	<b>787</b>

Tot # of trained HPs:	Doctors	643
	Nurses	709
	SUM	1352

NB: the training database does not include number of trainees by type of HF

## **ANNEX 4. SCHEDULE OF SURVEY ACTIVITIES**

December 2001 – April 2002

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- **PLANNING**

*Planning meeting* 2 – 6 December 2001

*Testing of revised survey forms* 17 January 2002

*Finalization of survey forms* 21 January 2002

*Finalization of survey plans* 13 February 2002

- **TRAINING**

*Surveyor training* 10 - 15 March 2002

- **FIELD WORK**

*Data collection* 16 - 27 March 2002

- **DATA ENTRY AND ANALYSIS**

*Data entry and cleaning* 28 - 31 March 2002

*Data analysis* 1 - 10 April 2002

- **PRESENTATION OF MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

*Preparation for review meeting* 14 – 15 April 2002

*Review meeting* 16 April 2002

## ANNEX 5. GEOGRAPHICAL AREAS AND HEALTH FACILITIES SELECTED FOR THE SURVEY

The tables below show the original list of health facilities selected before fieldwork. The 10 facilities among them that were replaced during the survey are listed in Annex 6.

### LOWER EGYPT

Governorate	District		Hospitals		Urban facilities		Rural facilities	
	ID	Name	Name	ID	Name	ID	Name	ID
<b>Lower Egypt</b>								
Alexandria	01	Montazah			Toson MCH	01		
	02	Sharq			Semouha HC	02	Abees 2	03
Damietta	03	Kafr Sa'ad					Kafr al-Morab'aen	04
Gharbiya	04	Basiun	Basiun DH (*)	05			Shubra Tana	06
							Nagreeg	07
	05	Kafr el-Zayyat					Questa	08
							Monshat Soliman	09
Ismailiya	06	Abu Sweer			Abu-Sweer HC	10		
	07	Ismailiya					al-Manaief	11
	08	Fayed			Fayed HC	12	Kasfareet	13
Menoufiya	09	el-Elbagour	el-Bagour DH	14			Absheesh	15
							Sobk el-Dahhak	16
							Kafr el-Khadra	17
							Meet el-Wasta	18
	10	Berket el-Sab'a					Tanbasha	19
	11	el-Sadat					Abu Nashaba	20
	12	Sers el-Layyan			Sers MCH	21		
	13	el-Shouhada					Drageel	22
							al-Iraquiya	23
	14	Menouf	Menouf Gen H	24			Gezaie	25
							Shoubra Bloula	26
							Kamshoush	27

DH = District hospital  
FH = Fever hospital

**UPPER EGYPT**

Upper Egypt								
Assiut	15	Dairut					Baweet	28
							Nazlet Daher	29
	16	Manfalut					Bani-Sha'aran	30
							Rameeh	31
	17	el-Quosiya	el-Quosiya FH	32			Bani-Zeed Buoq	33
	18	Sahel Seleem					el-Gamaila	34
							Bo'weet	35
Bani-Suef	19	Beba			Beba HC	36	Tansa IH	37
	20	Nasser	Nasser DH	38			Ashmant IH	39
							Tansa al-Malaq	40
Fayoum	21	Abshwai					Senaro al-Quibliya	41
	22	Itsa					Qualamshah	42
al-Minia	23	Samalut					al-Gaza'ier	43
							Bani-Samrug	44
							Shousha	45
							Nazlet el-mouden	46
Quena	24	Armant	Armant DH	47	Armant el-Heet HC	48		
	25	Quos					al-Aquab	49
							al-Maghzan	50
Total			Hospitals=6		Urban facilities=7		Rural facilities=37	
(*) DH= District hospital			FH=Fever hospital					

**ANNEX 6. LIST OF HEALTH FACILITIES REPLACED DURING FIELD WORK**

<b>HF code</b>	<b>Name of original HF</b>	<b>Type</b>	<b>Name of replacement</b>	<b>Type</b>	<b>Reason</b>
<b>9</b>	Monshat Suliman	Rural	Asdeemah	Rural	Physician transferred
<b>18</b>	Meet al-Wasta	Rural	Ba'I Al-Arab	Rural	Physician on sick leave
<b>20</b>	Abu Nashaba	Rural	Al-Tarranah	Rural	Physician died
<b>28</b>	Baweeet	Rural	Dairut Al-Shareef	Rural	Physician transferred
<b>31</b>	Romeeh	Rural	Al-Hawatkah	Rural	Physician transferred
<b>34</b>	Al-Gamaila	Rural	Al-Tanagha Sharqia	Rural	Physician transferred
<b>36</b>	Beba UHC	Urban	Al-Mallahiya	Rural	Physician on sick leave
<b>43</b>	Al-Gazai'er	Rural	Itsa Al-Balad	Rural	Physician attending a training course
<b>44</b>	Bani-Samrag	Rural	Al-Baiaho	Rural	Physician on maternity leave
<b>50</b>	Al-Makhzan	Rural	Al-Oliquat	Rural	Physician transferred

UHC = Urban health centre

**ANNEX 7. LIST OF SURVEYORS AND SUPERVISORS**

<b>Team</b>	<b>Responsibility</b>	<b>Name</b>	<b>Qualification/post</b>
A	Supervisor	Dr Fekry Basiouny	Paediatrician, Gharbeia
	Surveyor 1	Dr Mahmoud El-Kholy	Paediatrician, Minia
	Surveyor 2	Dr Ali El-Sheikh	Paediatrician, Menoufeia
B	Supervisor	Dr Mohamed Abdelmoniem	IMCI central staff
	Surveyor 1	Dr Ali Mostafa	Family medicine practitioner, IMCI supervisor, Assiut
	Surveyor 2	Dr Samy Mohamed El-Sayyed	Paediatrician, Menoufeia
C	Supervisor	Dr (Mrs) Mona Rakha	Paediatrician, IMCI central staff
	Surveyor 1	Dr Mamdouh Abdelhaleem	Paediatrician, Menoufeia
	Surveyor 2	Dr (Mrs) Mona Hafez	Paediatrician, Healthy Mother/Healthy Child project
D	Supervisor	Dr Al-Sayyed Nouh	Paediatrician, IMCI central staff
	Surveyor 1	Dr Nour Maquawy	Paediatrician, Minia
	Surveyor 2	Dr (Mrs) Nagwa Abu-Ali	Family medicine practitioner, Alexandria
E	Supervisor	Dr Sameer e-Naggar	Paediatrician, ARI central staff
	Surveyor 1	Dr Mohamed e-Sayyed	Paediatrician, IMCI supervisor, Assiut
	Surveyor 2	Dr Hussein Gamal	Paediatrician, Minia
F	Supervisor	Dr (Mrs) Omnia Ragab	Paediatrician, IMCI coordinator, Minia
	Surveyor 1	Dr (Mrs) Madeha Nasrat	Paediatrician, Alexandria
	Surveyor 2	Dr (Mrs) San'a Ragab	Paediatrician, Alexandria

## ANNEX 8. SURVEYOR TRAINING SCHEDULE

Alexandria  
10 – 15 March 2002  
8.30 – 16.30

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### Sunday, 10 March (DAY 1)

- Welcome, purpose of the workshop and introduction of participants *Dr Said Madkour*
- Administrative information “ “
- Introduction to the survey: survey objectives and training agenda “ “
- Survey methodology *Dr Sergio Pièche*
- Introduction to survey forms “ “
- Introduction to survey Q-by-Q instructions “ “
  - *Enrolment card*
  - *Form 1: Observation of case management*
- Classroom practice with exercises and role-plays “ “
- Briefing on 1<sup>st</sup> visit to health facility “ “

### Monday, 11 March (DAY 2):

- ☞ 1<sup>st</sup> practice at health facility: using Enrolment Form and Form 1
- Review of practice in groups and plenary *Supervisors*
- ☞ Meeting with supervisors: Enrolment Form and Form 1 *Dr Sergio Pièche*

### Tuesday, 12 March (DAY 3):

- Form 2: Exit interview *Dr Sayed Nouh*  
Classroom practice
- Form 3: Re-examination of child *Dr Mona Rakha*  
Classroom practice
- Form 4: Equipment and supply *Dr Mohamed*
- Briefing on 2<sup>nd</sup> visit to health facility *Dr Sergio Pièche*
- ☞ Meeting with supervisors: Forms 2, 3 & 4; “ “  
Providing feedback to health facility staff “ “

### Wednesday, 13 March (DAY 4):

- ☞ 2<sup>nd</sup> practice at health facility: using all forms
- Review of practice in groups and plenary *Supervisors*
- Briefing on 3<sup>rd</sup> visit to health facility *Dr Sergio Pièche*
- ☞ Meeting with supervisors: Checking surveyor reliability and forms; “ “  
Summarising qualitative observations “ “

### Thursday, 14 March (DAY 5):

- ☞ 3<sup>rd</sup> practice at health facility: using all forms
- Review of practice in groups and plenary *Supervisors*
- ☞ Meeting with supervisors: Checking surveyor reliability and forms *Dr Sergio Pièche*  
Supervisors' daily meetings with teams

### Friday, 15 March (DAY 6):

- Drills on Q-by-Q instructions and survey procedures *Dr Sergio Pièche*
- Training evaluation *Dr Mohamed*
- Survey itinerary, team composition and final arrangements *Dr Said Madkour*
- Meeting with team supervisors *Dr Sayed Nouh*

## ANNEX 9. PARTICIPANT TRAINING EVALUATION

15 March 2002

(N = 18 questionnaires)

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### 1) How do you rate the training overall?

Very good [15]      Good [3]      Just right [ ]      Inadequate [ ]

### 2) How confident do you feel in using the survey forms by now?

Very confident [13]      Confident [5]      Not too confident yet [ ]      Not confident [ ]

### 3) How clear do you feel about the survey procedures?

Very clear [16]      Clear [2]      Not too clear yet [ ]      Unclear [ ]

### 4) Do you feel that you have had enough practice with the form/s that you are going to use in the survey?

Yes [18]      No [ ]

*Practice with examples:*      Adequate [16]      Too many [2]      Too few [ ]

*Practice with role plays:*      Adequate [17]      Too many [1]      Too few [ ]

*Case demonstration at hospital on Monday:* Very helpful [15]      Helpful [3]      Not helpful [ ]

*Practice with actual cases at hospital:* Adequate [18]      Too many [ ]      Too few [ ]

### 5) In general, were all issues raised addressed clearly in the training?

Yes [18]      No [ ]

### 6) Which training method did you enjoy most? (Tick only ONE choice)

Examples [1]      Role-plays [ ]      Practice with actual cases [17]      Drills [ ]

### 7) How did you find the Q-by-Q explanations?

Very useful [14]      Useful [4]      Not very useful [ ]      Not useful [ ]

### 8) Do you think that the duration of this training course was:

Adequate [15]      Too long [3]      Too short [ ]

### 9) Do you think the venue of the training was:

Suitable [18]      Not suitable [ ]

### 10) If you have any suggestions or comments, also to improve similar training in the future, please list them on the back of this page.

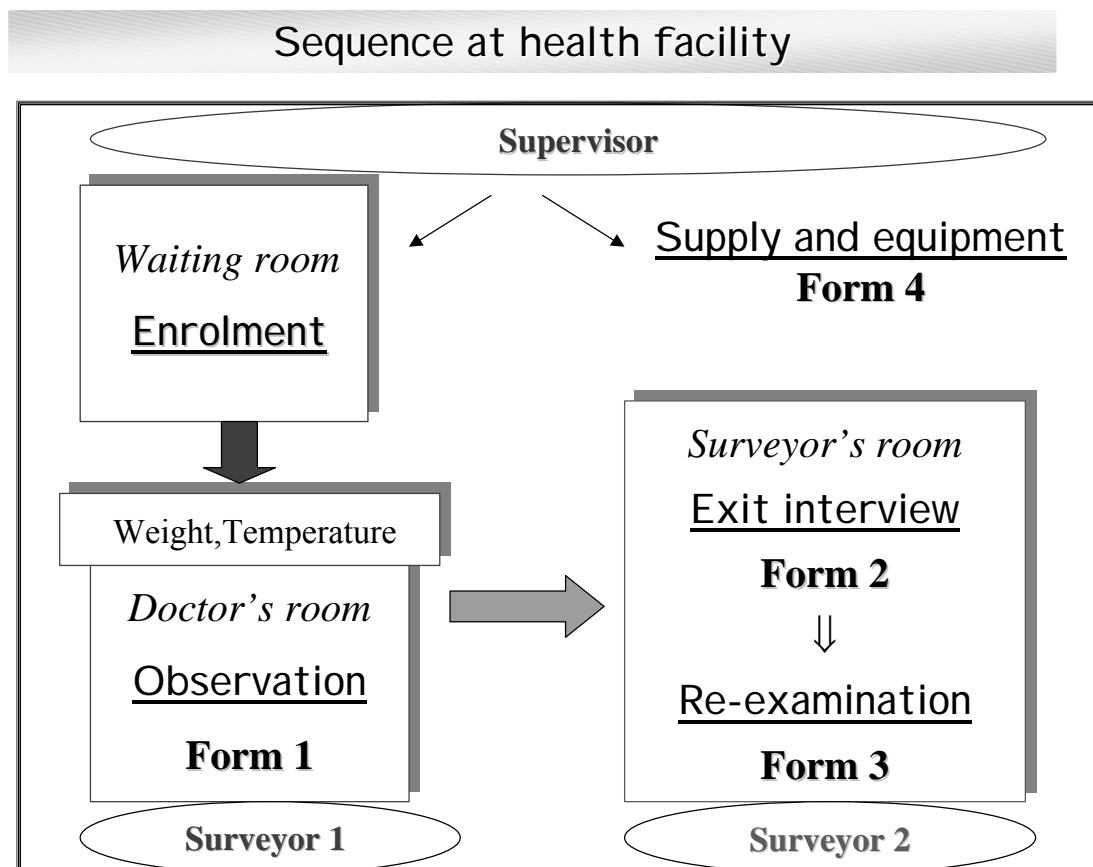
**ANNEX 10. SURVEY TEAMS AND ITINERARY**

**Survey teams**

<b>Teams</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
Supervisor	Fekry Basiouny	M'd A/Moneim	Mona Rakha	Alsayed Nouh	Sameer el-Naggar	Omnia Ragab
Surveyor 1	M'ud elKhouly	Aly Mostafa	Mamdouh A/Haleem	Nour Maquawi	M'd el-Saied	Madeha Nasrat
Surveyor 2	Aly el-Sheikh	Samy el-Sayed	Mona Hafez	Nagwa Abu-Aly	Hussein Gamal	Sana'a Ragab

<b>Survey itinerary by Governorate (facility code)</b>						
<b>Sat 16/3</b>	<b>Travel of teams to Quena, Assuit and Bani-Suef governorates</b>					
Sun 17/03	Quena (47)		Assiut (28)	Assiut (29)	Bani-Suef (36)	Bani-Suef (36)
Mon 18/03	Quena (48)		Assiut (30)	Assiut (31)	Bani-Suef (36)	Bani-Suef (36)
Tue 19/03	Quena (49)	Minia (43)	Assiut (32)	Assiut (33)	Bani-Suef (36)	Fayoum (41)
Wed 20/03	Quena (50)	Minia (44)	Assiut (34)	Assiut (35)	Travel	Fayoum (42)
Thu 21/03	Travel Back	Minia (45)	Minia (46)	Travel	Menoufiya (14)	Travel
<b>Fri 22/03</b>						
Sat 23/3	Ismailiya (10)	Alexandria (1)	Gharbiya (5)	Menoufiya (15)	Menoufiya (16)	Menoufiya (17)
Sun 24/03	Ismailiya (11)	Alexandria (2)	Gharbiya (6)	Menoufiya (18)	Menoufiya (19)	Menoufiya (20)
Mon 25/03	Ismailiya (12)	Alexandria (3)	Gharbiya (7)	Menoufiya (21)	Menoufiya (22)	Menoufiya (23)
Tue 26/03	Ismailiya (13)	Gharbiya (9)	Gharbiya (8)	Menoufiya (24)	Menoufiya (25)	Menoufiya (26)
Wed 27/03				Menoufiya (27)	Damietta (4)	

**ANNEX 11. FACILITY PROCEDURES ON DATA COLLECTION**



## ANNEX 12. NATIONAL FEEDBACK MEETING: AGENDA AND PARTICIPANTS

Cairo  
16 April 2002 – 10:00 a.m.

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### AGENDA

<b>Opening: Welcome remarks</b>	➤ <b>Dr Esmat Mansour, PHC</b> Undersecretary ➤ <b>Dr Suzanne Farhoud, WHO/EMRO</b> ➤ <b>USAID</b>
<b>Introduction</b>	<b>Dr Said Madkour</b> , National IMCI co-ordinator
<b>Objectives of the survey</b>	<b>Dr Said Madkour</b>
<b>Survey methodology</b>	<b>Dr Sergio Pièche</b> Child and adolescent health and development (CAH), WHO/EMRO
<b>Survey findings:</b>	
• <b>Sample characteristics</b>	<b>Dr Sergio Pièche</b>
• <b>Quality of clinical care:</b>	
- <i>Assessment &amp; classification</i>	- <b>Dr Mona Rakha</b>
- <i>Treatment</i>	- <b>Dr Mohamed Abdel Moneim</b>
- <i>Home care</i>	- <b>Dr Ahmed Nagaty</b>
• <b>Factors influencing care</b>	<b>Dr Sayed Nouh</b>
<b>Conclusions</b>	<b>Dr Sergio Pièche</b>
<b>Recommendations</b>	<b>Dr Sergio Pièche</b>

### LIST OF PARTICIPANTS

#### Ministry of Health and Population

*Dr Mahmoud Abul-Nasr	First Undersecretary, Primary & Preventive Care Sector
Dr Esmat Masour	Undersecretary, Central Administration for Primary Health Care (PHC)
Dr Azza el-Hoseiny	Undersecretary, Central Administration for Research & Development
* Dr Mostafa Ibraheem	Undersecretary, Central Administration for Pharmaceuticals
* Dr Hana'a Abdeltawab	Director General, Health Education
* Dr Laila Soliman	Director General, Primary Health Care (PHC) Department
Dr Ahmed Zaki Ahmed	Staff of the Primary Health Care (PHC) Department
Dr Ahmed el-Hinnawi	Director General, Integrated Medical zones
* Dr Hanem Abdelazeem	Director General, Chest Diseases (TB)
Dr Zeinab Ebaid	Director General, Pharmaceuticals Central Administration
* Dr Bahiya Ahmed	Director General, Nursing Department
Dr Nagwa Khallaf	Executive director, Acute Respiratory Infections Programme
Dr Khaled Nasr	Assistant Director General, Mother and Child Health (MCH) Department
* Nagwa Al-Ashry	Staff of the Mother and Child Health (MCH) Department, in

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\* *Persons invited and unable to attend*

charge of micro-nutrients

**Governorates**

***Menoufeia***

Dr Reda Algendy Undersecretary for Health  
Dr Ehsan elKholy IMCI Coordinator

***Gharbeia***

Dr Sayyed Hammoud Undersecretary for Health  
Dr Mohamed Soliman IMCI Coordinator

***Minia***

Dr Mohamed Ismail Undersecretary for Health  
Dr Omnia Ragab IMCI Coordinator and IMCI health facility survey team supervisor

***Assiut***

\* Dr Ferial Ahmed Undersecretary for Health  
Dr Mohamed Farghaly IMCI Coordinator  
Dr Mohamed Alsayed IMCI Assistant Co-ordinator and IMCI health facility survey surveyor

***Alexandria***

Dr Salama Abdelmoneim Undersecretary for Health  
Dr Azza Abu-Zeid IMCI Coordinator

***Quena***

Dr Abdelraouf Zoheiry Undersecretary for Health  
Dr Abbas Mostafa IMCI Coordinator

***Ismailiya***

Dr Mohamed Alsharkawy Director General for Health  
Dr Mohamed Nasry IMCI Coordinator

***Fayoum***

Dr Ibraheem Al-Refaie Director General for Health  
Dr Mohamed Anwar IMCI Co-ordinator

***Bani-Suef***

Dr Adel Alfazzary Director General for Health  
Dr Saied Abu-elkheer IMCI Coordinator and IMCI health facility survey surveyor

***Damietta***

Dr Hasan El-Sayegh IMCI Coordinator

### **Medical schools**

Prof Fadia Mohamed	Chairman, Paediatrics Department, Cairo University
Prof Mamdouh Refa'at	Chairman, Paediatrics Department, Menoufiya University
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## ANNEX 13. FINDINGS RELATED TO THE WHO GENERIC LIST OF IMCI PRIORITY INDICATORS (P) AND SUPPLEMENTAL MEASURES (S) AT HEALTH FACILITY LEVEL

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*A validated classification is a classification made by the surveyor after re-examining the child.  
The indicators listed below refer to children 2 months up to 5 years of age*

### CASE MANAGEMENT

#### ❖ ASSESSMENT

**P1. Child checked for three general danger signs:** **94.9%** of children were checked for the three general danger signs.

**Numerator:** Number of sick children aged 2 months up to five years seen who are checked for three danger signs (is the child able to drink or breastfeed, does the child vomit everything, has the child had convulsions)

**Denominator:** Number of sick children aged 2 months up to five years seen

**S11. Child not visibly awake checked for lethargy:** **Both (100%)** the two children who were not visibly awake (i.e. who were not playing, smiling, or crying with energy) were checked for lethargy.

**Numerator:** Number of sick children not visibly awake when assessed by the health provider (who are not playing, smiling, or crying with energy) who are checked for lethargy.

**Denominator:** Number of sick children not visibly awake seen.

**P2. Child checked for the presence of cough, diarrhoea and fever:** **99.0%** of children were checked for the presence of cough, diarrhoea, and fever.

**Numerator:** Number of sick children seen whose caretakers were asked about the presence of cough, diarrhoea, and fever

**Denominator:** Number of sick children seen

**P3. Child weight checked against a growth chart.** **100%** of children were weighed the same day and had their weight checked against a recommended growth chart.

**Numerator:** Number of sick children seen who have been weighed the same day and have their weight checked against a recommended growth chart

**Denominator:** Number of sick children seen

**P4. Child vaccination status checked.** **99.7%** of children had their vaccination status checked.

**Numerator:** Number of sick children seen who have their vaccination card or vaccination history checked.

**Denominator:** Number of sick children seen

**P5. Index of integrated assessment:** *mean of 9.4 assessment tasks performed out of 10 tasks per sick child assessed*

**Definition:** Arithmetic mean of 10 assessment tasks performed for each child (checked for three danger signs, checked for the three main symptoms, child weighed and weight checked against a growth chart, checked for palmar pallor, and checked for vaccination status).

**Calculation:**

- checked for "ability to drink or breastfeed", "vomits everything", and "convulsions": 1 point each
- checked for presence of "cough & fast/difficult breathing", "diarrhoea", and "fever": 1 point each
- child weighed the same day and child's weight used against a recommended growth chart: 1 point each
- child checked for palmar pallor: 1 point
- child vaccination status checked (card or history): 1 point

**P6. Child under two years of age assessed for feeding practices:** *Caretakers of 85.5% of children under two years of age were asked about breastfeeding, complementary foods, and feeding practices during this episode of illness.*

**Numerator:** Number of sick children under two years of age whose caretakers are asked if they breastfeed this child, whether the child takes any other food or fluids other than breastmilk, and if during this illness the child's feeding has changed.

**Denominator:** Number of sick children under two years of age seen

**S3. Child with low weight and/or anaemia assessed for feeding problems:** *74.7% of sick children with low weight and/or anaemia were assessed for feeding problems.*

**Numerator:** Number of sick children with a validated classification of very low weight and no severe classification whose caretaker are asked if the mother breastfeeds the child, if the child takes food or fluids other than breastmilk, and if during this illness the child's feeding has changed.

**Denominator:** Number of sick children with a validated classification of very low weight and/or anaemia

**S1. Child checked for other problems:** *69.3% of children brought to the facility were checked for "other problems".*

**Numerator:** Number of children brought to the facility for one or more of the main symptoms (cough/fast/difficult breathing, diarrhoea, fever) or for "ear problems" or for a "throat problem" and with an "other problem", whose caretaker were asked to describe this other problem.

**Denominator:** Number of children brought to the facility for one or more of the main symptoms (cough/fast/difficult breathing, diarrhoea, fever) or for "ear problems" or for a "throat problem".

## ❖ CLASSIFICATION

### S4. **Child with low weight correctly classified: 87%** of children with low weight were correctly classified.

**Numerator:** Number of children with a validated classification of very low weight who are classified as very low weight.

**Denominator:** Number of children with a validated classification of very low weight

### S5. **Child correctly classified: (\*adapted definition) 72.7%** of classifications given by the health provider for existing conditions matched the classifications<sup>#</sup> given by an IMCI-trained surveyor for the same conditions (validated classification)

**Numerator:** Number of validated classifications<sup>#</sup> for existing conditions (very severe disease or severe pneumonia or pneumonia, and/or severe dehydration or some dehydration, and/or severe persistent diarrhoea or persistent diarrhoea, and/or dysentery, and/or streptococcal or non-streptococcal sore throat, and/or mastoiditis or acute or chronic ear infection, and/or very severe febrile disease or fever-possible bacterial infection, and/or measles, and/or severe malnutrition or low weight, and/or severe anaemia or anaemia) that match the classifications given by the health provider.

**Denominator:** Number of classifications<sup>#</sup> for existing conditions

<sup>#</sup> 'Red-coded' and 'yellow-coded' classifications, including also the 'green-coded' classifications of non-streptococcal sore throat and measles.

## ❖ TREATMENT AND ADVICE

### S12. **Child with severe illness correctly treated: One (16.7%)** of the 6 children with severe classifications needing urgent referral received pre-referral treatment and referral.

**Numerator:** Number of children with validated classifications of severe disease needing urgent referral (very severe disease or severe pneumonia, severe dehydration, severe persistent diarrhoea, very severe febrile disease, severe complicated measles, mastoiditis, severe malnutrition or severe anaemia) who receive pre-referral dose of the recommended antibiotic and referral

**Denominator:** Number of children with validated classifications of severe disease needing urgent referral

### P7. **Child needing an oral antibiotic prescribed the drug correctly: 73.5%** of children who did not need urgent referral and who needed an oral antibiotic were prescribed the drug correctly.

**Numerator:** Number of sick children with validated classifications, who do not need urgent referral, who need an oral antibiotic (pneumonia, and/or dysentery, and/or acute ear infection) who are correctly prescribed them, including dose, number of times per day, and number of days

**Denominator:** Number of sick children with validated classifications who do not need urgent referral, who need an oral antibiotic.

- S6. Child with pneumonia correctly treated: 72.2%** of children with pneumonia were prescribed antibiotic treatment correctly.
- Numerator:** Number of children with a validated classification of pneumonia and no severe classification who are given/prescribed treatment with an appropriate antibiotic (including correct amount, times per day, and number of days)
- Denominator:** Number of children with a validated classification of pneumonia and no severe classification
- S7. Child with dehydration correctly treated:** *The only child with diarrhoea and some dehydration did not receive ORS at the facility.*
- Numerator:** Number of children with a validated classification of diarrhoea with some dehydration and no severe classification who receive ORS at the facility.
- Denominator:** Number of children with a validated classification of diarrhoea with some dehydration and no severe classification
- S9. Child with anaemia correctly treated: (\*adapted definition) 85.5%** of children with anaemia were prescribed iron treatment.
- Numerator:** Number of children with a validated classification of anaemia and no severe classification who are given/prescribed iron treatment.
- Denominator:** Number of children with a validated classification of anaemia and no severe classification
- S10. Child receives first dose of oral treatment at facility: 56.9%** of children, who did not need urgent referral, who needed an oral antibiotic received the first dose(s) at the facility.
- Numerator:** Number of children with validated classifications, who do not need urgent referral, who need an oral antibiotic (pneumonia, dysentery, acute ear infection or other problems) who receive the first dose(s) at the health facility.
- Denominator:** Number of children with validated classifications, who do not need urgent referral, who need an oral antibiotic
- P8. Child not needing antibiotic leaves the facility without antibiotic: 95.4%** of children who did not need urgent referral and who did not need an antibiotic left the facility without having received or having been prescribed antibiotics.
- Numerator:** Number of children with validated classification who do not need urgent referral and do not need an antibiotic for one or more IMCI classifications or other problems (no pneumonia: cough or cold, diarrhoea with or without dehydration, persistent diarrhoea, fever-bacterial infection unlikely, measles, non-streptococcal sore throat, no throat problem, chronic ear infection, no ear infection, anaemia / low weight, and/or no anaemia / not low weight, and/or other problems) who leave the facility without receiving antibiotics or a prescription for antibiotics for those validated classifications.
- Denominator:** Number of children seen who do not need urgent referral and who do not need an antibiotic for one or more IMCI classifications or other problems

**S13. Child prescribed oral medication whose caretaker is advised on how to administer the treatment: 94.9%** of children not needing urgent referral and who received or were prescribed an antibiotic [and/or an antimalarial] and/or ORS, who received at least two treatment counselling messages.

**Numerator:** Number of children with validated classifications not needing urgent referral and who received or were prescribed an antibiotic [and/or an antimalarial] and/or ORS, who receive at least two treatment counselling messages (explanation on how to administer treatment, demonstration on how to administer treatment, open-ended question to check caretaker understanding).

**Denominator:** Number of children with validated classifications not needing urgent referral, who received or were prescribed an antibiotic [and/or an antimalarial] and/or ORS

**P10. Child needing vaccinations leaves facility with all needed vaccinations: (\*adapted definition) 93.3%** of children needing vaccinations (based on vaccination card or history) left the health facility with all needed vaccinations or advice to come back for vaccination on the scheduled vaccination day (according to national immunization schedule and policy).

**Numerator:** Number of children who need vaccinations (based on vaccination card or history) who leave the health facility with all needed vaccinations or advice to come back on the scheduled vaccination day

**Denominator:** Number of children seen who need vaccinations (based on vaccination card or history)

#### ❖ ADVICE ON HOME CARE

**P9. Caretaker of sick child is advised to give extra fluids and continue feeding: the caretakers of 91.4%** of sick children were advised to give extra fluid and continue feeding.

**Numerator:** Number of sick children with validated classifications, who do not need urgent referral, whose caretakers are advised to give extra fluid and continue feeding

**Denominator:** Number of sick children with validated classifications, who do not need urgent referral

**S14. Sick child whose caretaker is advised on when to return immediately: the caretakers of 88.6%** of sick children received at least three counselling messages on when to return immediately.

**Numerator:** Number of sick children, who do not need urgent referral, whose caretakers received at least three of the following counselling messages on when to return immediately to a health facility: if the child is not able to drink or breastfeed, becomes sicker, develops a fever, has difficult breathing, has fast breathing, has blood in the stool, or is drinking poorly.

**Denominator:** Number of sick children seen who do not need urgent referral

**S15. Child with low weight whose caretaker received correct counselling:** (*\*adapted definition*)  
*The caretakers of 70.8% of children with low weight and/or anaemia were provided with age-appropriate feeding messages#.*

**Numerator:** Number of children with a validated classification of low weight and/or anaemia, who do not need urgent referral, whose caretakers are provided with age-appropriate feeding messages#.

**Denominator:** Number of children with a validated classification of low weight and/or anaemia, who do not need urgent referral.

# For definition of age-appropriate feeding advice used in this survey see note under Table A26, Annex 14

**S16. Child leaving the facility whose caretaker was given or shown a mother's card:** *The caretakers of 73.7% of children, who did not need urgent referral, were shown a mother's counselling card by the health provider.*

**Numerator:** Number of children, who do not need urgent referral, whose caretakers have been shown a mother's card by the health provider during the visit.

**Denominator:** Number of sick children seen who do not need urgent referral.

#### ❖ CARETAKER KNOWLEDGE ABOUT ORAL TREATMENT

**P11. Caretaker of child who is prescribed ORS, and/or an oral antibiotic knows how to give the treatment:** *caretakers of 60.3% of children prescribed ORS, and/or an oral antibiotic could describe correctly how to give the treatment.*

**Numerator:** Number of sick children prescribed ORS, and/or an oral antibiotic whose caretakers can describe how to give the correct treatment including the amount, number of times per day, and number of days

**Denominator:** Number of sick children prescribed ORS and/or an antibiotic and/or an antimalarial

#### ❖ REFERRAL

**P12. Child needing referral is referred:** *3 (50%) of the 6 children needing referral were referred by the health providers.*

**Numerator:** Number of sick children with a validated classification of severe disease needing referral (one or more danger signs, severe pneumonia or very severe disease, and/or severe dehydration with any other severe classification, and/or severe persistent diarrhoea, and/or very severe febrile disease, and/or severe complicated measles, and/or mastoiditis, and/or severe malnutrition or severe anaemia) who were referred by the health providers

**Denominator:** Number of sick children with a validated classification of severe disease needing referral

## **HEALTH SYSTEM SUPPORT**

- P13. Health facility received at least one supervisory visit that included observation of case management during the previous three months:** *(\*adapted definition) 36% of health facilities received at least one visit of routine supervision that included the observation of case management during the previous three months.*
- Numerator:** Number of health facilities that received at least one visit of routine supervision (excluding the follow-up visits to health providers shortly after their training that are part of IMCI training) that included the observation of case management during the previous three months
- Denominator:** Number of health facilities surveyed
- P14. Index of availability of essential oral treatments:** *a mean of 5.8 out of 6 essential oral drugs for home treatment of sick children were present on the day of visit.*
- Definition:** Arithmetic mean of essential oral drugs recommended for home treatment of diarrhoea, dysentery, pneumonia, fever, and anaemia available at each facility the day of visit.
- Calculation:**
- ORS, 1 point
  - recommended antibiotic for pneumonia, 1 point
  - recommended antibiotic for dysentery, 1 point
  - vitamin A, 1 point
  - iron, 1 point
  - paracetamol, 1 point
- P15. Index of availability of injectable drugs for pre-referral treatment:** *a mean of 3 out of 3 injectable antibiotics for pre-referral treatment of sick children and young infants were available in each facility on the day of visit.*
- Definition:** Arithmetic mean of recommended injectable pre-referral treatment for children and young infant with severe classification needing immediate referral.
- Calculation:**
- chloramphenicol, 1 point
  - gentamicine, 1 point
  - benzylpenicillin, 1 point
- P16. Health facility has the equipment and supplies to support full vaccination services:** *All (100%) non-hospital health facilities had the equipment and supplies to provide full vaccination services on the day of survey.*
- Numerator:** Number of health facilities that have the equipment and supplies to support full vaccination services (functioning refrigerator or cold chain, and functioning sterilizer and needles/syringes or disposable needles/syringes) available on the day of survey
- Denominator:** Number of health facilities surveyed

**S17. Health facility has essential equipment and materials: 92% of health facilities had all needed equipment and materials available on the day of the survey.**

**Numerator:** Number of health facilities with all needed equipment and materials (accessible and working weighing scales for adults and children, timing device, source of clean water, spoons, cups and jugs to mix and administer ORS) available on the day of the survey

**Denominator:** Number of health facilities surveyed

**S18. Health facility has IMCI chart booklet and mothers' counselling cards#: 94% of health facilities had IMCI chart booklet available for use by health providers and mothers' counselling cards for use during mothers' counselling and/or for distribution on the day of the survey.**

**Numerator:** Number of health facilities with at least one legible IMCI chart booklet available for use by health providers managing children and at least one mother counselling card for use during counselling of caretakers of sick children.

**Denominator:** Number of health facilities surveyed

#Counselling card given or shown to the caretaker during counselling and that includes at least country-appropriate and age-specific feeding advices and the danger signs when to bring the child immediately back to a health facility.

**P18. Health facilities with at least 60% of providers managing children trained in IMCI: (\*adapted definition) 77.3% of first-level health facilities had at least 60% of doctors managing children trained in IMCI.**

**Numerator:** Number of non-hospital health facilities with at least 60% of doctors managing children who are trained in IMCI

**Denominator:** Number of health facilities surveyed with at least one doctor trained in IMCI