

## **Annex 1: Evaluation tools**



## Process

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Explanatory notes on the forms and their use are provided in the following pages with each related form.



## Form 1

### Interview with the national IMCI committee or working group

#### Explanatory notes

This form is used for interviews with the national IMCI team and national IMCI pre-service education team or focal point, if these have been established. Interviews should be carried out also with the previous national IMCI coordinator and/or pre-service education focal point if new ones have been appointed since the introduction of IMCI into pre-service education.

Tables 1 to 5 can be sent in advance so that relevant information is collected and available for review before the interviews take place.

The evaluation team should formulate a major conclusion following the interviews using this form, namely:

- commitment and overall supportive environment to IMCI pre-service education at national level (advocacy, partners, official endorsement);
- mechanisms followed for coordination of IMCI pre-service education related activities: whether they are on an ad hoc basis, how institutionalized and effective they are;
- IMCI pre-service education plans and implementation; and
- issues related to the sustainability of IMCI pre-service education, how these have been or are being dealt with and other proposed realistic solutions.

Finally, the evaluation should offer some conclusions and a few practical recommendations to address the main issues identified.



## Form 1

### Interview with the national IMCI committee or working group (at least the IMCI coordinator and focal point)

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Interviewer: \_\_\_\_\_

Interviewee (name, position): \_\_\_\_\_

#### Why has the ministry of health been interested in IMCI pre-service education?

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### I. SUPPORTIVE ENVIRONMENT FOR IMCI PRE-SERVICE EDUCATION

This section of the questionnaire aims to establish whether a supportive environment for IMCI pre-service education has been created. Ask the following questions and record the answers.

#### A. AWARENESS-RAISING AND ADVOCACY ACTIVITIES

**Were any activities carried out to raise awareness and sensitize teaching institutions and other targeted partners to the IMCI strategy and pre-service education?**

Yes [ ] No [ ] → If **NO**: *Why?* \_\_\_\_\_

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*(If no activities were conducted, now go to section B)*

→ If **YES**: **What were these activities?**

*(e.g. orientation meetings, conferences, scientific groups, dissemination of newsletters and publications, etc.)*

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**B. PARTNERS**

**B.1 Do you have any partners in the IMCI pre-service education initiative?**

*(Partners refer to any institution, organization, influential persons, decision-makers and other active people. Find out whether any partners have been identified and become involved in the IMCI pre-service education initiative)*

Yes [ ]      No [ ] → If **NO**: *Why?* \_\_\_\_\_

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*(If no partners have been involved to date, now go to question B.3)*

→ If **YES**: *if partners were identified and involved in the IMCI pre-service education initiative, list in Table 1 all the partners and provide the criteria for their selection or reasons for involvement and the stage in which they were involved in the introduction and implementation of the national IMCI strategy in the country and whether they are still involved and if so, in which way. Please note that this refers to the IMCI strategy in general, not specifically to the IMCI pre-service initiative.*

*This information should be validated and complemented as appropriate with the partners identified by the national IMCI team.*

***In addition to the partners already involved, which other partners could potentially be involved at this stage, if any, and why?***

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Table 1. Involvement of IMCI pre-service education partners in the national IMCI strategy

Partner	Reason for selection / involvement	Stage of involvement in the IMCI strategy*	Still involved in IMCI strategy?	In which way? **	Outcome of their involvement***

\* The stages of involvement are meant to refer to the following: (1) Orientation; (2) Planning; (3) Adaptation; (4) Implementation; (5) Evaluation; (6) Pre-service education. Refer to this list to fill in this column (write down the corresponding reference numbers).

\*\* Possible ways of involvement: Partners may have played: A. an active role—e.g. involved in the planning or conduct of the event, or provided funding for the event; or B. a passive role—e.g. simply invited: (1) Resource persons to the national IMCI task force; (2) members of national IMCI task force; or involved in: (3) Training; (4) Follow up after training activities; (5) Routine supervision; (6) Research work; (7) Developmental work (development of tools and documents); (8) Evaluations such as reviews and surveys; (9) Teaching IMCI (pre-service education) (10) Active participation in organization and conduct of public child health events; (11) Attendance at national public child health events. Refer to this list to fill in this column (write down the corresponding numbers).

\*\*\* Outcome here refers to what their involvement in the different events lead to, e.g. consensus on technical guidelines and strategies, joint statement or declarations, strengthened partnerships, agreement on future activities and allocation of funds, etc.

**B.2 Did any of the above identified partners (listed in table 1), participate actively in public key child health events?**

Yes [ ]                      No [ ]

→ If **YES**: *Which events?*

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**B.3 Were any of the senior MOH staff of the national IMCI team and/or partners other than IMCI pre-service education involved in events related to medical education, academic sector or professional associations concerning child health?**

*(Events may include paediatric conferences or fora, medical society meetings, etc.)*

Yes [ ]                      No [ ] → If **NO**: *Why?*\_\_\_\_\_

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*(If no senior IMCI staff or partner has been involved to date, now go to section C)*

→ If **YES**: *for each of them specify in Table 2 the academic event/s in which they were involved, what role they played in the event and what the outcome of their involvement was. They may have played an active role—e.g. involved in planning or made technical presentations, participated in round tables, inaugurated the event, provided funding for the event, etc.—or a passive one—e.g. simply invited. “Outcome” here refers to what their involvement in this event lead to—e.g., consensus on technical guidelines and strategies, joint statements, strengthened partnerships, agreement on future collaboration, etc.)*

*This information should be validated and complemented, as appropriate, with the partners identified by the national IMCI team.*

Table 2. IMCI team/ partners' participation in academic events

Senior IMCI staff/ partners	Event	What kind of participation	Outcome of involvement

## C. ENDORSEMENT OF THE IMCI PRE-SERVICE EDUCATION INITIATIVE AT NATIONAL LEVEL

### C.1 Was the IMCI pre-service education initiative officially endorsed at the national level?

*(“Official endorsement” here refers to an official document, such as a directive, circular, written statement, national plan formally approved, which specifically mentions and supports the IMCI pre-service education initiative as an approach to child health in the country).*

Yes [  ]

No [  ] → If **NO**: **Why?** *If the initiative was not formally endorsed, check whether the endorsement was proposed but not approved, or whether no action was initiated for this purpose)*

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*(If the initiative was not formally endorsed, now go to section D)*

→ If **YES**: *fill in the relevant information in Table 3 indicating type of endorsement, by whom and when it was made, also in relation to the three phases of IMCI—i.e. introduction, early implementation and expansion).*

**Table 3. Endorsement of IMCI pre-service education**

Type of endorsement*	Who made the endorsement? (Position and title)	Date of endorsement (and relation to IMCI strategy phases)

\* If more than one endorsement (e.g. endorsements made at different levels), please, list them all.

**D IMCI PRE-SERVICE EDUCATION MANAGEMENT STRUCTURE**

**D.1 Was a management structure and/or a focal point for IMCI pre-service education established at national level?**

*(Describe whether a “management” structure exists to coordinate activities related to IMCI pre-service education. “Management structure” here refers to a team or committee or task force or working group or focal point at national level tasked with the responsibility of coordinating, planning and carrying out activities related to “IMCI pre-service education”. Such a structure may be part of the national IMCI working group or separate task force for pre-service education or the designation of a focal point specifically for IMCI pre-service education activities.)*

Yes [ ]                      No [ ] → **If NO: Why?** \_\_\_\_\_

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*(If no management structure or focal point was designated, now go to section E)*

→ **If YES:** *provide the following details about the management structure or focal point for IMCI pre-service education:*

**D.1.1 How was it established/appointed?**

*(Examples: through an MOH directive, circular, minutes of a meeting, etc.)*

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**D.1.2 Who were the members and why were they selected? Who are the members now?**

*(Fill in the information in Table 4. If there is only a focal point, just specify his/her position. Describe for each member his/her position and the criteria or reasons for their selection)*

**D.1.3 What are the terms of reference of this structure/focal point? Have they changed since its establishment (if so, specify)?**

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**D.1.4 Which main IMCI pre-service education activities have the members of the management structure/focal point been involved in?**

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*(→ Complement this information as appropriate with the IMCI pre-service education management structure or focal point)*

**Table 4. IMCI management structure/focal point**

Members (position)	Criteria for selection	Still a member?	New member?



## E. COORDINATION MECHANISMS FOR IMCI PRE-SERVICE EDUCATION

### E.1 Is there any mechanism for coordinating IMCI pre-service education-related activities between the MOH, teaching institutions and key partners?

*Coordination mechanisms may refer to meetings, briefings, exchanging reports, etc.*

Yes [ ]

No [ ] → If **NO**: *Why?* \_\_\_\_\_

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→ If **YES**: *describe in detail how the above institutions coordinate their activities related to IMCI pre-service education in the country.*

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(→ *Complement this information as appropriate with the IMCI pre-service education management structure or focal point*)

## II. IMCI PRE-SERVICE EDUCATION PLAN AND IMPLEMENTATION IN THE COUNTRY

### 1. Was a national plan developed for IMCI pre-service education?

Yes  No  → If **NO**: *Why?* \_\_\_\_\_

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*(If no plan was developed, now go to section III)*

→ If **YES**: *check for the availability of the plan. Is the plan available?*

Yes  No

*If the plan is available, tick which of the following relevant items are included in the plan:*

- Targets and indicators
- Identification of targeted teaching institutes
- Activities
- Responsibilities
- Time-frame
- Human resources
- Financial resources
- Monitoring of the plan
- Evaluation

*(→ Complement this information as appropriate with the IMCI pre-service education management structure or focal point)*

**2. Which process was followed for the implementation of IMCI pre-service education? How did it help implementation?**

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**3. How many teaching institutions of the same type are there in the country, by type?**

Medical schools: No. \_\_\_\_\_

Allied health sciences institutes:

(specify type): \_\_\_\_\_ No. \_\_\_\_\_

(specify type): \_\_\_\_\_ No. \_\_\_\_\_

**4. Which institutes are teaching IMCI in the country?**

*Fill in Table 5 listing names of institutes specifying whether it is a medical school or allied health sciences institute and which departments are involved in the IMCI pre-service education.*

**Table 5. Teaching institutes involved in IMCI pre-service education**

Name of Institute	Type	Departments involved in IMCI pre-service education	Is there an IMCI pre-service focal point? (if so, please specify)

**5. What are the major constraints faced in IMCI pre-service education, especially planning and implementation, and how have they been or are currently being addressed?**

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**III. CONCLUSIONS ABOUT IMCI PRE-SERVICE EDUCATION AND ITS SUSTAINABILITY**

**Conclusions on the: a) commitment and overall supportive environment to IMCI pre-service education at national level (advocacy, partners, official endorsement), b) national IMCI pre-service education coordination structure and mechanisms, c) national plan and implementation and d) sustainability.**

*a) Make your conclusions on commitment and supportive environment based on the information provided on the IMCI pre-service education initiative concerning:*

- Official endorsement
- Identification of a focal point or management structure for IMCI pre-service education
- Partnerships
- Preparation of a plan of action
- Allocation of resources
- Advocacy
- Others - specify: \_\_\_\_\_

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b) *Conclusions on mechanisms followed for coordination of IMCI pre-service education-related activities: whether they are on an ad hoc basis, how institutionalized and effective they are:*

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c) *Conclusions on IMCI pre-service education plans and implementation:*

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d) *Conclusions on issues related to the sustainability of IMCI pre-service education, how these have been or are being dealt with and other proposed realistic solutions:*

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## Form 2

### Interview with partners, including teaching institutions

#### Explanatory notes

This form is used for interviews with partners, including also teaching institutions which have introduced IMCI into their teaching programmes but which will not be evaluated at this time. Note that question # 5 is only for teaching institutions.

Interviews with partners should preferably be conducted after the interview with the national IMCI team, to have a good idea about the general context and be able to validate selected information provided during the previous interview.

Before proceeding with the interviews, it is important to review all relevant background information which has been collected before the evaluation, as this will be very helpful in guiding the interview.

The person interviewed should represent the partner/institution when answering the questions and providing information and therefore be very familiar with, and involved in, IMCI-related activities. This is why the partners/institutions must be contacted formally and well in advance about the interview and its objectives. “You” in the form therefore usually refers to the partner / teaching institution, except for a few questions which refer to the interviewee (e.g. #1, #2, #3, #5.1) or to both (e.g. #4, #7).

A separate form should be used for each partner/institution.

The evaluation team should make some conclusions on partnerships and recommendations as appropriate.



## Form 2

### Interview with partners, including teaching institutions

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Interviewer: \_\_\_\_\_

Partner/teaching institution: \_\_\_\_\_

Interviewee (name, position): \_\_\_\_\_

**1. How long have you been working with your organization/institution?**

\_\_\_\_\_

**2. When did you hear about IMCI the first time?**

\_\_\_\_\_

**3. How did you hear about IMCI the first time?**

\_\_\_\_\_

\_\_\_\_\_

**4. Did you participate in any IMCI-related events/activities?**

Yes [  ]      No [  ]

→ If YES: *Which events/activities?*

\_\_\_\_\_

\_\_\_\_\_

**5. N.B.: For teaching institutions only:**

**5.1 If you participated in any IMCI-related events, how useful was that experience in relation to the introduction of IMCI into the teaching programme of your institution?**

\_\_\_\_\_

\_\_\_\_\_

**5.2 How was IMCI introduced in your institution?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5.3 Why was a decision made to introduce IMCI in your institution?**

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**6. Has your organization/institution contributed in any way to national child health efforts?**

Yes [ ]            No [ ]

→ If YES: *How? What was the outcome of such contribution?*

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**7. Have you received or been informed of any technical update on IMCI?**

Yes [ ]            No [ ]

→ If YES: *What kind of update? In which form (newsletter, web site, meeting, etc.)? How has it been disseminated to the end-users?*

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**8. How is the coordination between your organization/institution and the MOH on IMCI-related matters?**

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**9. How do you think such coordination could be improved?**

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**10. Which activities or initiatives do you think could support your organization / institution further in its IMCI efforts, especially pre-service education (e.g., conferences, etc.)?**

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## Form 3

### **General information about the department** (Interview with the head of department)

#### **Explanatory notes**

Form 3 is used by the national team to collect general information about the concerned department of the teaching institution to be visited, at least a month before the visit takes place.

During the visit to the institution, this information can be briefly reviewed with the head or senior representative of the department concerned.

The interview with the head of the department is a good opportunity to obtain his/her views about the IMCI experience in his/her department, the process followed, facilitating factors, constraints, main issues identified and how they have been addressed and future sustainability. These issues are also discussed during the focused group discussions with teachers, in which it would be highly recommended that the head of the department participate. Finally, at the end of this interview, his/her attendance to the feedback meeting should be confirmed.

The evaluation team should make some conclusions based on this interview, recommending practical actions to address the main issues identified.





### Form 3

#### General information about the department

(Interview with the head of department)

1. Name of the teaching institution: \_\_\_\_\_

2. Department: \_\_\_\_\_

3. Degrees given by the department:

Undergraduate     Diploma     Master     MD

4. Number of teaching units: \_\_\_\_\_

5. Number of teaching staff: total number: \_\_\_\_\_

Permanent (full-time) staff: \_\_\_\_\_ Part-time staff: \_\_\_\_\_

6. Average number of teaching staff per unit: \_\_\_\_\_ / unit

(range of teaching staff per unit: min.: \_\_\_\_\_ max.: \_\_\_\_\_ )

7. Duration of student rotation in the concerned department: \_\_\_\_\_ weeks

8. Number of students per rotation: \_\_\_\_\_ / rotation

9. Number of students per unit: \_\_\_\_\_ / unit

10. Number of teaching hours: \_\_\_\_\_

11. Ratio of students to staff actively involved in teaching within the department: \_\_\_\_\_

12. Is there any established body to review the teaching curriculum?

Yes       No

→ If YES: *Which body?* \_\_\_\_\_

**Summarize below main conclusions, also on main facilitating factors, constraints and how issues have been addressed, including sustainability.**

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## Forms 4, 5 and 6

### **Introductory, planning and implementation phases** (Interview with IMCI pre-service education focal point)

#### **Explanatory notes**

Forms 4, 5 and 6 are used at the institution to collect information on the process followed to introduce IMCI. They are used to guide collection of information and for interviews with the IMCI pre-service education working group and/or focal point at the department in the teaching institution. The national IMCI pre-service education focal point can be another source of information.

The main objective of this part of the process evaluation is to comment on the type of endorsement of IMCI pre-service education at the teaching institution and the way this has been translated into action.

The information collected from the institution during the preparation for the evaluation, including reports, should be reviewed by the evaluation team before the visit to the institution.

In Form 5, targets and indicators should be checked as main elements of the plan.

*Indicators* refer to process and outcome data that can be used to measure the extent to which the programme is achieving its objectives and thus to help track progress and evaluate outcomes. *Targets* refer to the quantitative objectives which have been set for the indicators. They should be specific, measurable, attainable, relevant and time-bound (SMART).

The evaluation team should make some conclusions on the overall process of introduction of IMCI into teaching, planning and implementation followed in the department, recommending practical actions to address the main issues identified.



## Form 4

## Introductory phase

## I. Orientation workshop

**Was any IMCI orientation workshop conducted?**

Yes     No → **If NO:** go directly to section "II. Official endorsement"

**1. When was/were these workshops conducted?**

1<sup>st</sup> workshop: \_\_\_\_\_ 2<sup>nd</sup> workshop: \_\_\_\_\_

3<sup>rd</sup> workshop: \_\_\_\_\_

**2. Who organized the workshop?** (tick all that apply)

WHO             MOH         Department

Other: (specify) \_\_\_\_\_

**3. Who conducted the workshop?** (tick all that apply)

WHO             MOH         Department     Other teaching institutions

Other: (specify) \_\_\_\_\_

**4. What method was used in the orientation workshop?** (tick all that apply)

Theoretical orientation     Practical orientation

**5. How many participants attended the workshop?** \_\_\_\_\_**6. What was the level of the staff oriented in the workshop?** (tick all that apply)

Dean (or representative)     Head of department

Professors: No. \_\_\_\_\_     Assistant professors: No. \_\_\_\_\_

Junior teaching staff: No. \_\_\_\_\_     Other (specify: \_\_\_\_\_ )

**7. Were all teaching units represented at the workshop?**

Yes     No → **If NO: Why?** \_\_\_\_\_

**How many units were represented?** \_\_\_\_\_

**8. What was the outcome of the workshop?** (tick all that apply)

Endorsement                       Working group formulated

Focal point nominated       Plan of action developed

Other, specify \_\_\_\_\_

No outcome → ***If no outcome: Why?*** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**9. Was the workshop documented?**

Yes     No → ***If NO: Why?*** \_\_\_\_\_

\_\_\_\_\_

→ If **YES**: (*review the document on the workshop if available*):

- ***How was it documented?***

Report       Minutes       Video filming

Other: \_\_\_\_\_

- ***By whom?*** \_\_\_\_\_

## II. Official endorsement

**Was the introduction of IMCI into teaching officially endorsed?**

Yes     No → *If NO: Why?* \_\_\_\_\_

→ *Now go to section III "Formulation of management structure".*

→ *If YES:*

**1. At which level? (tick all that apply)**

Council of higher education                       University level (chancellor)

Faculty level (dean)                                       Department

Other (specify: \_\_\_\_\_ )

**2. When was the endorsement made?** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**3. Which form of endorsement was it?**

Circular                                       Incorporated in the related teaching curriculum

Verbal                                       Minutes of meetings (specify: \_\_\_\_\_

Other (specify): \_\_\_\_\_

*Obtain a copy of the written endorsement if available.*

**4. Was it shared with the national IMCI coordinator and/or other partners?**

Yes     No

→ *If YES: specify with which partners and how.* \_\_\_\_\_

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### III. Formulation of a management structure

*“Management structure” here refers to a group of teaching staff at the institution responsible to coordinate planning and monitoring of the introduction and implementation of IMCI into the teaching programme within the department, with other relevant departments in the same institution, with the national IMCI team and/or IMCI pre-service education task force and with partners).*

**Was a working group/task force for the IMCI pre-service education formulated?**

Yes     No → If **NO: Who is the coordinator of IMCI pre-service education at the institution** (name, position and terms of reference)?

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Terms of reference: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

→ Now go to section IV “Planning Workshop”.

→ If **YES:**

#### 1. How was it established?

Circular     Minutes of meeting     Verbal

*Obtain any written document if available*

#### 2. At which level was it established?

National     Institutional     Department

#### 3. Is more than one department involved in IMCI teaching?

Yes     No → go to item 5

#### 4. If more than one department is involved in IMCI teaching: Is there an IMCI separate management structure?

Yes     No → If **NO: Was there a task distribution and complementarity ensured to cover all IMCI task force?**

Yes     No



**5. Who are the members of the current working group/task force?**

*Fill in Table 1 indicating the name, position and responsibility of the members within the task force and criteria for selection.*

Table 1. IMCI management structure at the institutional level

Name	Position	Criteria for selection	Responsibility within the IMCI task force

**6. Has the composition of the working group changed since it was established?**

Yes       No

→ If **YES**: *Why and how?*

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**7. Was a focal point nominated?**

Yes       No

→ If **YES**: *Who was the focal point (name and position)?*

Name: \_\_\_\_\_

Position: \_\_\_\_\_

**8. Were the terms of reference of the working group clearly stated in a document?**

Yes             No

→ If **YES**: *obtain the document with the terms of reference and specify which type of document it was:*

Official circular             Minutes of meeting

**9. Has the working group ever met?**

Yes             No → If **NO**: *go to Form 5 "Planning phase"*

**9.1 How often does it meet?**

Regularly (how frequently: \_\_\_\_\_)  Ad hoc

**9.2. When was the last meeting? \_\_\_\_\_**

**9.3 Were the meetings of the working group documented?**

Yes             No

→ If **YES**: *How were they documented?*

Reports             Minutes

*(Obtain copies of reports or minutes)*

**9.4 What were the main outcomes of those meetings? \_\_\_\_\_**

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**Conclusions on the process of introducing IMCI into the department teaching programme (orientation, endorsement, management and coordination)**

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## Form 5

### Planning phase

#### I. Planning workshop

##### 1. Was an IMCI planning workshop conducted?

Yes  No  → If **NO**: go to II. Plan of action

##### 1.1 Who organized the workshop?

WHO  MOH  The department

The department jointly with other departments : specify \_\_\_\_\_

\_\_\_\_\_

##### 1.2 When was this workshop conducted? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

##### 1.3 Who attended the workshop? Tick the relevant category indicating the number:

Dean  Head of department  Chairman of curriculum committee

Professors  National IMCI coordinator in MOH

Other relevant senior staff of MOH  WHO

Other key partners, specify  Other universities

Others, specify: \_\_\_\_\_

\_\_\_\_\_

#### II. Plan of action

##### 1. Was a plan of action developed?

Yes  (obtain a copy of the plan) No  → If **NO**: mention how teaching of IMCI is conducted and then go directly to Form 6: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

→ If **YES**: *Was this plan endorsed by the department?*

Yes [ ]      No [ ] → *Go directly to 2 (checklist on components of plan of action)*

→ If **YES**: *When was the plan endorsed?* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*Is this endorsement documented?*    Yes [ ]      No [ ]

→ If **YES**: *How is it documented?* (Obtain a copy of the available document)

[ ] Official circular      [ ] Minutes of meeting

[ ] Verbal statements

**2. Check the components of the plan of action of the teaching institution against the following 16 points and tick whether each component is included or absent from the plan:**

**2.1 Indicators and targets for introducing IMCI in the teaching curriculum**

Stated [ ]      Not stated [ ]

→ If **stated**: *list targets and indicators:*

Indicator	Target

*Specify if overall the indicators are (tick all that apply):*

[ ] Specific      [ ] Measurable      [ ] Attainable      [ ] Relevant      [ ] Time bound

**2.2 IMCI learning objectives for the department**

Identified [ ]      Not identified [ ]

**2.3 Placement of IMCI teaching**

Stated [ ]      Not stated [ ]

→ **If *stated***: specify where IMCI teaching was placed: \_\_\_\_\_

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**2.4 Capacity-building of teaching staff in IMCI case management skills**

Included [ ]      Not included [ ]

→ **If *included***: Does it reflect the need within the time frame given?

Yes [ ]      No [ ]

**2.5 Capacity-building of teaching staff in IMCI facilitation skills**

Included [ ]      Not included [ ]

→ **If *included***: Does it reflect the actual needs within the time frame given?

Yes [ ]      No [ ]

**2.6 Training and reference materials development**

Included [ ]      Not included [ ]

→ **If *included***: specify which materials: \_\_\_\_\_

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**2.7 Teaching methodology**

Defined [ ]      Not defined [ ]

→ **If *defined***: describe: \_\_\_\_\_

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**2.8 IMCI teaching schedule**

Included [ ] Not included [ ]

**2.9 Preparation of training sites**

Included [ ] Not included [ ]

→ ***If included: How was the preparation of the training sites described?***

Broadly [ ] Specifically [ ]

**2.10 Students' assessment**

Included [ ] Not included [ ]

**2.11 Schedule of IMCI pre-service task force meetings at the institution**

Included [ ] Not included [ ]

**2.12 Preparation of progress reports**

Included [ ] Not included [ ]

**2.13 Monitoring and re-planning**

Included [ ] Not included [ ]

→ ***If included:***

**2.13.1 Were different areas of monitoring identified?**

Yes [ ] No [ ]

→ ***If YES: Which areas?*** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2.13.2 Was a specific monitoring plan developed?**

Yes [ ] (*Provide a copy of the plan*) No [ ]

**2.13.3 Who is responsible for monitoring?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2.13.4 Was a monitoring tool developed for each level (if relevant)?**

Yes [ ]      No [ ]

**2.14 Costing of the plan and source of funds**

Included [ ]      Not included [ ]

→ If *included*:**2.14.1 Was a source of funds identified and an amount specified for each item of the plan?**

Yes [ ]      No [ ]

**2.14.2 How much was the budget and what were the sources of funds?**


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**2.15 Were the responsibilities for different activities specified in the plan?**

Yes [ ]      No [ ]

**2.16 Was a time frame specified for every activity?**

Yes [ ]      No [ ]

**Conclusions on the plan:** Base your conclusions on the information collected but also on your judgement on the quality of the plan, e.g. feasibility, specificity, appropriateness, etc.:

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## Form 6

### Implementation phase

**1. According to the department's plan of action, were planned activities implemented?**

Yes, all  Yes, partially  No  → Mention the reasons and then go to Form 7:

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→ If **YES partially**: list which activities have been implemented: \_\_\_\_\_

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**2. What were the factors facilitating implementation?**

High level support       Availability of resources (specify): \_\_\_\_\_

Commitment of teaching staff       Commitment of partners

Others, (specify): \_\_\_\_\_

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**3. Were there any difficulties or constraints faced during implementation?**

Yes  No

→ If **YES**: *What were those difficulties or constraints?*

Lack of support

Lack of financial resources

Plan over-ambitious

Teaching staff not committed

Partners not committed

Turnover of influential staff

Turnover of IMCI-trained teaching staff       Logistics support not available

Others (specify): \_\_\_\_\_

**4. Was monitoring conducted?**

Yes [ ]      No [ ] → go to item 5

→ *If monitoring was conducted:*

**4.1. Was it conducted regularly?**

Yes [ ]      No [ ]

**4.2. Was it conducted using a tool?**

Yes [ ]      No [ ]

**4.3. Were the results of monitoring documented?**

Yes [ ] (*Provide reports*)      No [ ]

**4.4. Were the results of monitoring used for re-planning, corrective measures and other actions?**

Yes [ ]      No [ ]

→ **If YES:** *give examples of some of the major actions taken:* \_\_\_\_\_

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**5. Were the targets of the plan achieved?**

Yes [ ]      No [ ]      Targets not stated in plan [ ]

→ **If YES:** *Explain how far the targets were achieved* \_\_\_\_\_

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**Conclusions on implementation versus plans  
(implementation, constraints, monitoring, targets achieved)**

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## Form 7

### IMCI teaching process

#### Explanatory notes

This form is to be used for an interview with the IMCI pre-service education management structure, IMCI pre-service education focal point and teaching staff at the institution.

Make sure you have with you a copy of the latest version of the national IMCI guidelines (IMCI chart booklet).

To facilitate tasks, it is advisable to see the head of department at the beginning of the visit and ask whether the following information or documents could be prepared, so that it would be easier and faster to review them during the interview with the department staff:

- Information on:
  - Number of teaching units in the department;
  - Total number of department teaching staff trained in IMCI (case management and facilitation skills);
- Samples of relevant documents for review, such as those stating the learning objectives, IMCI teaching schedule, IMCI teaching and learning materials—including the recommended reference book and teaching programme of the department;
- List of interviewees at the institution, i.e. the IMCI pre-service education management structure, IMCI pre-service education focal point and teaching staff;
- The places that you would like to visit, such as:
  - Sites where theoretical, practical and clinical sessions are held, to check if they are adequate for the specific teaching purpose/s and how they are supplied with teaching and clinical equipment;
  - The library, to see whether there are copies of IMCI reference materials for the students and if these can be consulted for free.

Learning objectives should cover the overall objectives and objectives of theoretical, practical and clinical sessions:

- Theoretical sessions are those which provide knowledge (through lectures, presentations, seminars, etc.) and are conducted in a classroom;
- Practical sessions refer to those in which students practise skills under supervision but not on real patients, such as video and photo exercises, written exercises, role plays, demonstrations, practice on mannequins;

- Clinical sessions refer to sessions where the students deal with real patients under supervision;
- Self-learning, for example through skill laboratory, e-learning, reading.

In order to check whether teaching is covering all planned and identified learning objectives:

- Compare the teaching programme against the plan of action;
- Observe teaching sessions;
- Look at students' assessment.

The evaluation team should formulate conclusions on the IMCI teaching process followed in the department, recommending practical actions to address the main issues identified.

## Form 7

## IMCI teaching process

## I. General information

1. *If IMCI learning objectives were identified, obtain the documents on the learning objectives, if available, and answer the questions below. If not, go to "II. IMCI training status of teaching staff".*

## 1.1 What are the learning objectives?

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## 1.2 Are the learning objectives specific?

Yes [ ] No [ ]

## 1.3 Did the teaching cover those learning objectives?

Yes [ ] No [ ] → If **NO**: *Why?* \_\_\_\_\_

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## 1.4 Did the learning objectives cover all the IMCI tasks relevant to the department?

Yes [ ] No [ ] → If **NO**: *Which objectives were not covered and why?*

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## 2. Are all units in the department teaching IMCI?

Yes [ ] No [ ] → If **NO**:

2.1 *How many units are teaching IMCI?* \_\_\_\_\_

## 2.2 Why are not all the units teaching IMCI?

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### II. IMCI training status of teaching staff (the word "staff" below refers to teaching staff)

1. Total number of staff trained in IMCI case management: \_\_\_\_\_

Professors: No. \_\_\_\_\_ Assistant Professors: No. \_\_\_\_\_ Other staff: No. \_\_\_\_\_

2. What type of IMCI case management training?

Standard training [ ] → How many trained? \_\_\_\_\_

Others [ ] → specify type, whether it covers all IMCI tasks and how many trained:

---

3. Total number of staff trained in IMCI facilitation skills: \_\_\_\_\_

Professors: No. \_\_\_\_\_ Assistant Professors: No. \_\_\_\_\_ Other staff: No. \_\_\_\_\_

4. Do all the teaching units have staff trained in IMCI case management?

Yes [ ] No [ ] → **If NO: How many units do not have staff trained in IMCI?** \_\_\_\_\_

5. Are all the staff trained in IMCI actively involved in the IMCI teaching process?

Yes [ ] No [ ] → **If NO: What is the percentage of the staff trained in IMCI who are actively involved in IMCI teaching?** \_\_\_\_\_ %

6. What is the overall ratio of teaching staff to students?

Teaching staff to student: \_\_\_\_\_ : \_\_\_\_\_

IMCI-trained teaching staff to students: \_\_\_\_\_ : \_\_\_\_\_

7. Is this ratio applicable to each individual unit?

Yes [ ] No [ ] → **If NO: What is the range** (minimum to maximum)? \_\_\_\_\_

8. Who is conducting the training courses for the teaching staff?

WHO [ ] MOH [ ] Department [ ] Others [ ] (specify): \_\_\_\_\_

**9. Are the IMCI-trained staff informed of any technical update on IMCI clinical guidelines?**

Yes [ ] No [ ]

→ If **YES**: *How?* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**III. Teaching methodology**

**1. Is there an IMCI teaching schedule?**

Yes [ ] No [ ] → **If NO**: go to question # 3

→ **If YES**: *Provide a copy of the schedule and fill in the following information:*

**1.1 How is IMCI taught?**

Theoretical [ ] Practical [ ] Clinical [ ] → *specify*: in-patient [ ] outpatient [ ]

**1.2 Total (IMCI) teaching hours:** No. \_\_\_\_\_ hours

Lectures: No. \_\_\_\_\_ Each lecture lasting: \_\_\_\_\_ hours

Seminars: No. \_\_\_\_\_ Each seminar lasting: \_\_\_\_\_ hours

Practical sessions: No. \_\_\_\_\_ Each session lasting: \_\_\_\_\_ hours

Clinical sessions: No. \_\_\_\_\_ Each session lasting: \_\_\_\_\_ hours

**1.3 How do these relate to the total number of teaching hours?** \_\_\_\_\_ %

**2. What is the staff-to-student ratio in the following:**

Theoretical sessions: \_\_\_\_\_ Practical sessions: \_\_\_\_\_ Clinical Sessions: \_\_\_\_\_

**3. What are the approaches used to teach IMCI?**

[ ] Focusing only on the IMCI guidelines (chart boxes)

[ ] Covering other IMCI components (specify: \_\_\_\_\_)

[ ] Covering also the IMCI technical bases

[ ] Linking IMCI to general (classic) paediatrics teaching.

**4. What is the methodology used in the theoretical sessions?**

- Lecturing     Group discussions     Seminars  
 Assignments (e.g. exercises, reading)     Others, specify: \_\_\_\_\_

**5. What is the methodology used in the practical sessions?**

- Skill laboratory     Feedback     Role plays  
 Drills     Demonstration     Others, (specify): \_\_\_\_\_

**6. What is the methodology used in the clinical sessions?**

- Demonstration     Hands-on training     Case presentation  
 Group discussion     Individual feedback     Group feedback

**7. Are the students given assignments?**

Yes     No

→ **If YES:** specify: Theoretical     Practical     Clinical

**8. Is there a minimum number of cases required to be assessed by each student by the end of the rotation?**

Yes     No     Not applicable (no clinical teaching)

→ **If YES:** specify the number of cases: \_\_\_\_\_

**8.1 Is this number of cases adequate (minimum of five cases)?**

Yes     No

**9. Do students manage cases individually or in group?**

Individually     In group  → **If in group: how large is the group?** \_\_\_\_\_

**IV. Teaching materials****1. Which of the following materials are available and used by the department?**

- Teacher guide     Students' manual     Chart booklet     Recording forms  
 Photo booklet     Wall Charts     Mother card     Slides  
 Video tapes     IMCI self-learning electronic materials     Dolls  
 IMCI modules     IMCI reference materials     CDs (specify): \_\_\_\_\_



**2. Are these materials consistent with the national IMCI guidelines?** (*Compare the latest national IMCI guidelines with the materials used by the department.*)

Yes [ ]      No [ ] → **If NO:** *specify the differences:* \_\_\_\_\_

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**3. Is the content of the IMCI guidelines consistent with the content of the teaching programme of the concerned department?**

Yes [ ]      No [ ] → **If NO:** *specify the differences:* \_\_\_\_\_

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**4. Is the content of those guidelines incorporated in the department's reference book?**

Yes [ ]      No [ ]      Not applicable (no reference book) [ ]

**5. Do the materials fully cover the IMCI learning objectives?**

Yes [ ]      No [ ] → **If NO:** *list which learning objectives are not fully covered:*

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**6. Does every student receive his/ her own copy of the student materials?**

Yes [ ]      No [ ]

→ **If YES:** Which material/s? \_\_\_\_\_

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**7. Are students' materials paid by the students?**

Yes, fully [ ]      Yes, partially [ ]      No [ ]

**8. Are key IMCI student materials available in the library?**

Yes [ ]      No [ ]

→ If **YES**: *specify which materials*: \_\_\_\_\_

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**8.1 How many copies are available in the library at this time?** \_\_\_\_\_

**9. Who is providing the student materials?**

Department [ ]    MOH [ ]    WHO [ ]    Others [ ]: \_\_\_\_\_

**10. Are there any measures to ensure sustainability of provision of the materials?**

Yes [ ]      No [ ]

→ If **YES**: *Which measures?* \_\_\_\_\_

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**V. Training sites**

**1. Clinical training site**

**1.1 Type of clinical training site:**

Health centre [ ]      Hospital outpatient department [ ]

Others [ ] (specify): \_\_\_\_\_

**1.2 Is the clinical training site applying the IMCI protocol?**

Yes [ ]      No [ ] → If **NO**: *Why?* \_\_\_\_\_

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**1.3 Is the space provided for the clinical sessions adequate for teaching the number of students enrolled per session?**

Yes [ ]      No [ ]

**1.4 How is the flow of patients?**

Organized [ ]    Not well organized [ ]

Describe the flow: \_\_\_\_\_

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**1.5 What is the average daily case load of children under-5 years of age at the outpatient clinic? \_\_\_\_\_****1.6 Were all the signs and symptoms usually covered during the clinical sessions?**Yes [ ]    No [ ] → **If NO: list which ones were not covered:** \_\_\_\_\_

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**1.7 Do the clinical training sites have the following supplies and equipment?**

[ ] Audio visual aids    [ ] Weighing scales    [ ] Timers    [ ] Torch

[ ] ORT supplies (cups, spoons, ORS, measuring containers, etc.)

[ ] Tongue depressors    [ ] Nebulizer    [ ] Thermometers

[ ] IMCI wall charts    [ ] Flip chart    [ ] Board

[ ] Tables    [ ] Chairs    [ ] Source of water    [ ] Required medicines

**2. Site for theoretical training****2.1 Do theoretical training sites have the following supplies and equipment?**

[ ] Audio visual aids    [ ] Flip charts    [ ] Board

[ ] Chairs    [ ] IMCI wall charts

**VI. Factors affecting the teaching process****1. Are there any constraints affecting the teaching process?**

Yes [ ]    No [ ]

→ If **YES**: *What are they?*

- |   |  |
|---|--|
| <input type="checkbox"/> Lack of staff commitment               | <input type="checkbox"/> Shortage of teaching staff                    |
| <input type="checkbox"/> Lack of teaching materials             | <input type="checkbox"/> Lack of teaching aids                         |
| <input type="checkbox"/> Lack of student learning materials     | <input type="checkbox"/> Lack of resources for teaching materials      |
| <input type="checkbox"/> Large number of students               | <input type="checkbox"/> Turnover of leadership and IMCI trained staff |
| <input type="checkbox"/> Inadequate space for clinical teaching |  |
| <input type="checkbox"/> Others, specify _____                  |  |

**Conclusions** *(formulate your conclusions on the IMCI teaching process based on the information collected):*

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## Form 8

### IMCI student assessment

#### Explanatory notes

Ask for a sample of the last three written student examinations. Obtain also the results of the last three clinical examinations, if available.

Refer to the definitions given below for the following terms used in the form:

- *Matrix of the examination*: the representation of different areas within the examination, officially approved by the department.
- *Formative assessment*: assessment conducted during the course of studies which provides feedback to the students about their strengths and weaknesses. It also provides feedback to the teachers on the effectiveness of their teaching and gives an opportunity to reinforce learning by adjusting teaching.
- *Summative assessment (examination)*: assessment conducted at the end of the course of studies, sometimes after completion of the studies on a specific subject or at the end of an academic term. It has a major effect on students' future: fail or pass.
- *Objective structured clinical examination (OSCE)*: students rotate through a series of stations and undertake a wide variety of brief, clinically-related tasks.
- *Logbook*: supervisory tool, in which all training activities and tasks are recorded, including also overall teachers' impressions and students' attendance.

The evaluation team should formulate conclusions on the student assessment for IMCI followed in the department, recommending practical actions to address the main issues identified.



## Form 8

## IMCI student assessment

## 1. Is IMCI included in the student assessment?

Yes  No  → If **NO**: *Why?* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*(If IMCI is not included in student assessment, now go to #11)*

→ If **YES**: *Is student assessment part of the matrix of the department's exam?*

Yes  No

## 2. What type of assessment is it?

Formative  Summative  Both

## 3. When do you assess students on IMCI?

Ongoing throughout the rotation  By the end of rotation  
 By mid term  By the end of the year

## 4. Which methods do you use for IMCI student assessment?

↪ **Knowledge**

Multiple-choice questions  Short answer questions  Problem-solving  
 Essay questions  Oral examination  Case study/scenario  
 Logbook  Other (specify) \_\_\_\_\_

↪ **Skills**

Short clinical case  Long clinical case  Clinical checklist  
 Logbook  Objective structured clinical examination (OSCE)  
 Other (specify) \_\_\_\_\_

## 5. What proportion of the overall programme marks is allocated to the IMCI component?

Overall programme marks: \_\_\_\_\_ IMCI marks: \_\_\_\_\_ = \_\_\_\_\_ %

**6. How are the marks for IMCI distributed?**

↳ **For written tests:**

Overall programme marks: \_\_\_\_\_ IMCI marks: \_\_\_\_\_ = \_\_\_\_\_ %

↳ **For clinical tests:**

Overall programme marks: \_\_\_\_\_ IMCI marks: \_\_\_\_\_ = \_\_\_\_\_ %

**7. Are the skills evaluated under direct observation?**

Yes [ ] No [ ]

→ **If YES**

**7.1 Are a rating scale and checklist used for the IMCI assessment?**

Yes [ ] No [ ]

**7.2 Do they take into consideration the importance, technique and interpretation of the results?**

Yes [ ] No [ ]

**8. What are the IMCI competencies covered by the examination? (Check a few samples of the last three written examinations and then ask about the different clinical examinations. List the competencies in the space below).**

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**9. Is there a mechanism to introduce changes in student assessment?**

Yes [ ] No [ ]

→ **If YES: Which mechanism is it? Did IMCI introduction in teaching follow the same mechanism?**

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**Conclusions** (Formulate your conclusions on the IMCI teaching process based on the information collected; continue on the back of the page if necessary):

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## Form 9

### Observation of the IMCI practical teaching session

#### Explanatory notes

This form is used for the observation of practical sessions. Practical sessions in this Guide refer to those sessions in which students practise skills under supervision but not on real patients. Examples include video and photo exercises, written exercises, role plays, demonstrations, practice on mannequins.

At the end of the observations, the evaluation team should offer some conclusions, identifying main issues and recommending practical actions to address them.



## Form 9

## Observation of IMCI practical teaching session

- **Observer's name:** \_\_\_\_\_ **Date:** \_\_\_\_\_
- **Type of practical teaching session observed (specify):** \_\_\_\_\_  
\_\_\_\_\_
- **Teacher conducting the session: Title:** \_\_\_\_\_  
**Position:** \_\_\_\_\_ **IMCI training status:** \_\_\_\_\_

1. **Number of students enrolled in the session:** \_\_\_\_\_ students
2. **Total duration of the session:** \_\_\_\_\_ minutes
3. **Space:** Adequate [ ] Inadequate [ ]

*Explain why you think space is inadequate for the practical session:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. **Availability of materials, supplies and equipment for the practical session:**  
(tick all that apply)

- [ ] TV      [ ] Video      [ ] Video tapes      [ ] Slide projector      [ ] Slides
- [ ] Notebook and data show projector      [ ] CD      [ ] Screen
- [ ] Overhead projector      [ ] Photo booklet      [ ] Flip chart
- [ ] Models/mannequins

5. **Content of the session**5.1 **Session objectives**

Objectives stated [ ]      Not stated [ ]

→ If stated: ***Are session objectives stated...:***

Adequately [ ]      Not adequately [ ]

*Explain why you think session objectives are stated inadequately:*

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**5.2 Introduction of the teaching methods**

Introduction done [ ]      Not done [ ]

→ If introduction done: ***Is the introduction...:***

Adequate [ ]                  Not adequate [ ]

*Explain why you think the introduction is inadequate:*

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**5.3 Demonstration**

Demonstration done [ ]      Not done [ ]

→ If demonstration done: ***Is the demonstration...:***

Adequate [ ]                  Not adequate [ ]

*Explain why you think the demonstration is adequate or inadequate:*

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**6. Type of session and teaching methodology**

**6.1 Is there any active interaction with students?**

Yes [ ]      No [ ] → If ***NO: How was the session conducted?*** \_\_\_\_\_

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**6.2 What teaching methods are used?** (tick all that apply)

Group discussion [ ]    Role play [ ]    Drills [ ]

Exercises [ ] → specify: \_\_\_\_\_

Demonstration [ ] → specify: \_\_\_\_\_

\_\_\_\_\_

Others [ ] → describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6.3 What is the quality of the materials (e.g. audio-visual teaching aids) used in the session?**

Very good [ ]    Good [ ]    Fair [ ]    Poor [ ]

*Any remarks by the observer:* \_\_\_\_\_

\_\_\_\_\_

**6.4 How adequate is the time allocated to interaction with students?**

Very little [ ]    Little [ ]    Just right [ ]    Adequate [ ]

**6.5 Is the session wrapped up ('summarized')?**

Yes [ ]    No [ ]

→ Is **YES**: *How is the session wrapped up?*

\_\_\_\_\_

\_\_\_\_\_

**Other observations on the teaching session by the observer:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 7. Discussion with the teaching staff

### 7.1 Which constraints has IMCI practical teaching been facing?

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### 7.2 How have you addressed these constraints?

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### 7.3 What suggestions do you have to overcome constraints and improve practical sessions?

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## Form 10

### Observation of IMCI OPD teaching session

#### Explanatory notes

- Keep track of the total duration of the session.
- For item 6 on supplies and equipment, tick if these are available in the OPD or are easily accessible to it.
- Under item 7.4 on clinical practice, when practice is performed as a group, describe whether each student practises assessing signs or only observes another student doing it.
- Items under 7.4.5 are about feedback. It is useful to describe whether:
  - a. Each student presents a case or this is done by a representative of the group;
  - b. When presenting the case, students fully describe the findings of their assessment and classification or simply answer questions on the presence of certain signs;
  - c. Feedback is given during the clinical practice or only after case presentation;
  - d. Feedback focuses on showing the presence of signs, the flow of the IMCI algorithm or both;
  - e. Teaching staff focus attention on some students (if so, try to ask the teaching staff the reasons at the end of the session).
- Under item 8.3 on wrapping up the OPD teaching session, describe whether the conclusions are in relation to the stated objectives of the session and whether the main technical points are emphasized.
- Add your impressions and comments on the session. If time permits, have a brief discussion with the students on IMCI OPD sessions.

Note: A reasonable ratio of teaching staff to students for these sessions is 1:12 to 1:15.





**Form 10**  
**Observation of IMCI OPD teaching session**

- **Observer's name:** \_\_\_\_\_ **Date:** \_\_\_\_\_
- **Record starting time of the teaching session:** \_\_\_\_\_
- **Teacher/s conducting the session: Title:** \_\_\_\_\_  
**Position:** \_\_\_\_\_

1. **Number of students enrolled in the session :** \_\_\_\_\_ students
2. **Number of instructors:** \_\_\_\_\_ teaching staff
3. **Ratio instructor to student:** \_\_\_\_\_ : \_\_\_\_\_
4. **Are the instructors trained in IMCI?**  
Yes [ ] No [ ]  
→ **If YES: *In what?*** Case management [ ] Facilitation skills [ ]  
→ **If trained in IMCI case management: *How long was the course?***  
\_\_\_\_\_ days
5. **Space:** Adequate [ ] Inadequate [ ] → *Explain why you think space is inadequate for the practical session:*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Supplies and equipment at the OPD teaching site:** (tick all that apply)

- [ ] IMCI Wall charts      [ ] Thermometers      [ ] Weighing scales
- [ ] Cups/glasses      [ ] Spoons      [ ] Other ORT supplies → specify: \_\_\_\_\_
- [ ] Tongue depressors      [ ] Torch      [ ] Nebulizer
- [ ] Timers      [ ] Recording forms      [ ] Mother cards
- [ ] Chart booklets for every student → If **NO**: *comment* \_\_\_\_\_  
\_\_\_\_\_

## 7. Content of the session

### 7.1 Session objectives

Objectives stated [ ]      Not stated [ ]

→ If stated: **Are session objectives stated...:**

Adequately [ ]

Not adequately [ ] → *Explain why you think they have been stated inadequately:*

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### 7.2 Introduction of the content of the session

Introduction done [ ]      Not done [ ]

→ If introduction done: **Is the introduction...:**

Adequate [ ]

Not adequate [ ] → *Explain why you think the introduction is inadequate:*

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### 7.3 Clinical demonstration

Demonstration done [ ]      Not done [ ]

→ If demonstration done: **Is the demonstration...:**

Adequate [ ]

Not adequate [ ] → *Explain why you think the clinical demonstration is inadequate:*

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## 7.4 Clinical practice

Clinical practice done  Not done  → go to “8. Type of session”

7.4.1 What is the student-to-case ratio? \_\_\_\_\_ : \_\_\_\_\_

7.4.2 Are all students practising the skills individually?

Yes  No  → If **NO: explain:** \_\_\_\_\_

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7.4.3 How many exposures per student are provided during the session?

\_\_\_\_\_

7.4.4 Is clinical practice supervised by the teaching staff?

Yes  No

7.4.5 Do students present their case? Yes  No

→ If **YES: Is feedback given to them?** Yes  No

→ If **YES: How?** Group  Individual

**Describe how feedback is given:** \_\_\_\_\_

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## 8. Type of session and teaching methodology

8.1 What teaching methods are used? (tick all that apply)

Presentation of IMCI chart

Clinical demonstration

Clinical practice

Case presentation

Group discussion

Drills

Individual feedback

Others → describe: \_\_\_\_\_

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**8.2 Does the instructor link IMCI to “classical teaching”?**

Yes [ ]      No [ ]

**Additional comments on the teaching methodology:** \_\_\_\_\_

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**8.3 Is the OPD teaching session wrapped up (‘summarized’)?**

Yes [ ]      No [ ]

→ If **YES**: *How is the session wrapped up?* \_\_\_\_\_

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**8.4 How much time is spent on the following tasks?**

Clinical demonstration: \_\_\_\_\_ min.      Clinical practice: \_\_\_\_\_ min.

Individual feedback: \_\_\_\_\_ min.

***Other observations on the OPD teaching session and teaching staff by the observer:***

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**Record ending time of the teaching session:** \_\_\_\_\_

**Total duration of the session:** \_\_\_\_\_ hours

**9. Discussion with the teaching staff**

**9.1 Which constraints has OPD teaching been facing?**

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**9.2 How have you addressed these constraints?**

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**9.3 What suggestions do you have to overcome constraints and improve practical sessions?**

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**Observer's impressions and comments:** \_\_\_\_\_

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## Forms 11a, 11b and 12

### Focus group discussion with teachers and students

#### Explanatory notes

Conduct separate focus group discussions with:

- a group of teachers involved in IMCI teaching (Form 11a);
- a group of teachers not involved in IMCI teaching (Form 11b); and
- three groups of students (Form 12).

For the teacher group, if possible, include the IMCI focal point at the institution, the head of the concerned department and heads of teaching units. Each group should be relatively small, consisting of 5–9 people, to allow full participation of everybody. Students may be chosen among those included in the evaluation of knowledge and skills or as a new group from the same rotation batch.

Introduce the objective of the visit (evaluation of IMCI teaching) and explain the purpose of the group discussion:

- To collect information on how they feel about IMCI and the way it is taught;
- To use the information to improve teaching, learning and assessment methods and materials used for IMCI.

Try to involve all teachers and students of the group in the discussion. When you ask a question to guide the discussion, avoid “Do” questions which imply a “Yes” or “No” answer. The questions in the form are meant only to guide the discussion and should be phrased as appropriate according to the flow of the discussion. A simple approach for those who are less experienced in facilitating focus group discussions is to ask the group first how they feel about one of the listed topics, next the reasons for their answer, and, finally, whether the situation could be improved and, if so, whether they have any practical suggestions about how improvements could be introduced.

Take notes during the discussion, but there is no need to record every answer or reach a consensus in the group. Obtain the prevailing views of the group based on responses from the majority of people and summarize them by question. If you feel that certain individual comments or suggestions are of interest or special value, record them separately. It is important that you try and involve each person in the group.

Create a friendly and relaxing atmosphere during the group discussion. Avoid behaving as an “examiner” or “evaluator”.

Summarize at the end of the form main conclusions, issues and recommendations.





## Form 11a

**Focus group discussion with teachers  
involved in IMCI teaching**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Group discussion facilitator: \_\_\_\_\_

No. of teachers in the group discussion: \_\_\_\_\_.

***How do you feel about...:***

**SUPPORTIVE ENVIRONMENT**

- a. How supportive the environment is to IMCI teaching
- b. Whether department teaching staff accept IMCI teaching
- c. How department teaching staff manifest their acceptance or rejection
- d. Whether IMCI teaching is perceived as an extra load
- e. How well teaching of IMCI is coordinated with other subjects
- f. Which major constraints, in your opinion, have adversely affected IMCI teaching
- g. How the situation could be improved.

*(Note for the facilitator: examples of accepting IMCI teaching may include any type of support, endorsement, participation in meetings, willingness to learn, etc.; rejection may manifest by creating difficulties, etc.)*

**TEACHING**

- h. The new *learning objectives* (based on IMCI)
  - How useful these objectives are in preparing students for their future work as health care providers (knowledge, attitudes and skills)
  - How relevant IMCI is to the selected academic programme
- i. The *methods* used for teaching
  - How appropriate they are (i.e. feasible and understandable)
  - How different teaching of IMCI is from other subjects
- j. The *materials* used for teaching
  - How clear, understandable and useful they are
  - How available they are
  - Which ones are most useful

k. How students are appreciating IMCI

**MONITORING**

l. The *methods* used to assess student performance

- How appropriate they are (i.e. valid, reliable, objective, feasible and understandable)

m. The *materials* used to assess student performance

- How clear and understandable they are

**OVERALL**

n. The new teaching (IMCI)

- How much it meets your expectations
- How useful you think it will be for your students in their future work
- How it could be improved
- How sustainable it is in your view.

o. How IMCI may have contributed to your professional development

- Which new knowledge and skills, if any, you have gained
- What added value IMCI has in your opinion

p. How IMCI has facilitated the establishment of stronger links with the ministry of health, other teaching departments and partners

q. How the reputation of the teaching institution has been affected as a result of the introduction of IMCI teaching

- How your relationship with students and other teaching staff has been influenced

*(Note for the facilitator: examples include also accreditation criteria, rewards, invitations for faculty staff in international events as resource persons, consultants, etc.)*

**Summarize below main conclusions, issues and recommendations:**

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**Form 11b**  
**Focus group discussion with teachers**  
**not teaching IMCI**

.....  
 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Group discussion facilitator: \_\_\_\_\_

No. of teachers in the group discussion: \_\_\_\_\_  
 .....

**1. Have you been oriented or trained in IMCI?**

No. of teachers in the group discussion trained in IMCI: \_\_\_\_\_

**2. In your opinion, what is IMCI and what are its objectives?**

(If teaching staff are not well aware of it, then ask them: **why do you think you have little information about it, given that IMCI is taught in your department?**)

*(Note for the facilitator: teachers may not be fully aware of IMCI because they have not been trained in IMCI, have had no time to join relevant IMCI orientations or meetings in the department, may have some general prejudices about IMCI, etc.)*

**3. How do you feel about...:**

RELEVANCE OF IMCI

- a. The relevance of IMCI to paediatric teaching (how convincing it is to department staff like you, who are not teaching IMCI)
- b. Outpatient teaching (ask if they are involved in outpatient teaching, how it is conducted and whether students manage cases themselves)
- c. The fact that students practise managing sick children themselves in IMCI outpatient teaching sessions (ask if they feel that this has any added value to current teaching)
- d. The usefulness of IMCI to future graduates' work

SUPPORTIVE ENVIRONMENT

- e. How the decision of introducing IMCI into teaching in your department was made
- f. Why you are not teaching IMCI

- g. The way department teaching staff accept or do not accept IMCI teaching
  - o Whether IMCI teaching is perceived as an extra load (large number of students, OPD space requirements, limited time of teaching programme with many subjects to teach)
  - o How well teaching of IMCI is coordinated with subjects such as those taught by you (if closely related to the IMCI guidelines)
  - o Given that IMCI is part of your department teaching programme, which major constraints, in your opinion, have adversely affected IMCI teaching and how the situation could be improved?

*(Note for the facilitator: examples of accepting IMCI teaching may include any type of support, endorsement, participation in meetings, willingness to learn, etc.; rejection may manifest by creating difficulties, etc.)*

**OVERALL**

- h. The new (IMCI) teaching and how keen you are in knowing more about and being more involved in IMCI
- i. How IMCI has contributed to your professional development (for those fully oriented or trained in IMCI)
  - o Which new knowledge and skills, if any, you have gained
  - o What added value IMCI has in your opinion

*(Note for the facilitator: examples include also accreditation criteria, rewards, invitations for faculty staff in international events as resource persons, consultants, etc.)*

- j. Including IMCI in the examinations.

**4. How do you feel about the fact that such an evaluation is part of introducing IMCI into teaching?**

**Summarize below main conclusions, issues and recommendations:**

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## Form 12

### Focus group discussion with students

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Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Group discussion facilitator: \_\_\_\_\_

No. of students in the group discussion: \_\_\_\_\_

.....

#### 1. *What is IMCI?*

#### 2. *How do you feel about...:*

- a. IMCI
- b. How confident you are in applying the new knowledge and perform the clinical and communication skills and why?
- c. How appropriate the teaching methods are (i.e. feasible and understandable)
  - Which methods have been used more often
  - Which ones are more useful
  - How adequate the time allocated to the following is:
    - ▶ clinical practice;
    - ▶ treatment and follow-up of cases;
    - ▶ counselling; and
    - ▶ overall, IMCI teaching
- d. How much opportunity you have had to practise clinical and communication skills
  - How many patients you managed using IMCI
  - Whether you practised individually or as a group
  - How many students were supervised by a teacher during practice
  - How adequate this teacher-to-student ratio was in your opinion
- e. How available the learning materials are to you
  - How easy it is to obtain them
  - How expensive they are
  - How clear they are
  - Which ones are most useful

- f. How appropriate the methods used to assess your performance as students are (i.e. valid, reliable, objective, feasible, and understandable)
    - How teachers checked how you were learning
    - What feedback you received
    - How satisfied you are with that approach
  - g. How well the examinations assess your knowledge and skills in IMCI
  - h. How different teaching of IMCI is from other subjects
    - What is unclear to you about IMCI
    - What you like or do not like most about IMCI
  - i. How consistent IMCI teaching is with the other subjects in the department teaching programme
  - j. How relevant what you have learnt (in IMCI) is to your future work
    - Which aspects (of IMCI) are most useful and which ones are the least useful
    - Whether you have been explained the technical basis for the content of the IMCI guidelines (e.g. the reasons for inclusion of certain signs and symptoms)
- 3. Overall, how satisfied are you with IMCI teaching? Why? How could it be improved in the future?**

**Summarize below main conclusions, issues and recommendations:**

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## Form 13

### Cost analysis

#### Explanatory notes

Collect detailed and accurate information on the cost of each activity originally planned and actually carried out at national and institutional level in relation to IMCI pre-service education. Refer to all activities mentioned under the section of “Process evaluation” for both the national and institutional levels. Make sure to avoid listing the same activity under both national and institutional level. Indicate also the source of funding.

A non-exhaustive list of items to consider is provided as an example (Tables 1 and 2). The final list (e.g. possibly including also coordination meetings, periodic revision of materials for teaching and learning, review of teaching, evaluations) will depend on activities specifically related to IMCI pre-service education which have been actually implemented and the related costs incurred. These are the costs, specific to IMCI pre-service education, that should be taken into consideration in the cost-analysis, as they add to the recurrent costs that the teaching institution had before introducing IMCI and will continue to have with or without IMCI. Costs for some IMCI activities may be “absorbed” as part of the running costs of the teaching institution and thus would be excluded here. For example, if the teaching institution reviews its teaching annually, the cost of this activity should not be included in this analysis if the review of IMCI teaching is part of the overall review of teaching and adds no extra expenses.

This component of the evaluation aims at answering the following questions:

- Were there any specific funds available for the IMCI teaching activities? What was the source of those funds?
- Is the cost of activities considered in the plan?
- Which budget items were included in the plan?
- Were all planned funds received? What proportion of planned funds was actually received?
- What were the costs of IMCI pre-service education for the following:
  - Management structures, including meetings, visits, special events and supervision;
  - Orientation and training of teaching staff;
  - Teaching, training site, equipment and learning materials.

The evaluation team should make conclusions based on this cost analysis, with recommendations as relevant.

**Table 1. Cost analysis (national level)**

Area/activity	Cost originally planned (in US\$)	Funds actually received (in US\$)	Source of funds	Remarks
I. IMCI pre-service management structure (meetings and related activities, including planning meetings)				
I.1				
I.2				
I.3				
II. Awareness-raising and advocacy activities for “IMCI pre-service education” (participation of MOH staff in the scientific fora, invitation of academe in public child health activities, orientation meetings, printed materials)				
II.1				
II.2				
II.3				
III. Capacity-building activities for teaching staff specific to “IMCI pre-service education”				
II.1				
II.2				
II.3				
IV. Provision of teaching materials and equipment to the teaching institutions				
IV.1				
IV.2				
IV.3				
<b>TOTAL</b>				



Table 2. Cost analysis (institutional level): School name and type: \_\_\_\_\_

Area/activity	Cost originally planned (in US\$)	Funds actually received (in US\$)	Source of funds	Remarks
I. Orientation workshops				
I.1				
I.2				
II. Planning workshops				
II.1				
II.2				
III. Capacity-building (if paid for by the institution)				
III.1				
III.2				
IV. Logistics: supply and equipment for classroom teaching and clinical practice and learning materials				
IV.1 Teaching equipment and supply for classroom sessions:				
a. TV set				
b. Video / CD / DVD player				
c. Slide projector				
d. Overhead projector				
e. Computer				
f. Data show projector				
g. Flip charts				
h. White board				
i. Markers				
j. Transparencies				
k. Baby doll				
IV.2 Supply for outpatient clinical settings				
1. IMCI wall charts				
2. Supplies for ORT preparation and administration				
3. Inhaler / space device				
4. Nebulizers				

Area/activity	Cost originally planned (in US\$)	Funds actually received (in US\$)	Source of funds	Remarks
5. Timers				
6. Tongue depressors / torch				
7. Weighing scales				
8. Thermometers				
IV.3 Other teaching aids and student materials <sup>1</sup>				
a. Patient recording form				
b. Student monitoring forms				
c. Logbook				
d. Student manual				
e. Chart booklet				
f. Wall charts				
g. Mother cards				
h. Case recording form				
i. Photo booklet				
j. CDs / DVDs				
k. Video tapes				
l. Reference materials				
TOTAL				

<sup>1</sup> Mention if there is any cost-recovery mechanism

## Form 14 (Multiple-choice questions) and Form 15 (Case scenarios)

### Explanatory notes

The test with multiple choice questions (MCQs) and case scenarios is given separately and is used to assess student knowledge. The same students involved in the MCQ and case scenario test will also be observed managing sick children (Form 16).

Information on sampling, scoring, data entry, analysis of MCQs and case scenarios and presentation of findings is given in “Analysis and presentation of findings” in this Guide.

Two samples of MCQs and case scenarios are enclosed <sup>1</sup>:

- The first sample (Form 14A and 15A) is based on a field-test in Egypt and is suitable, adapted as needed, for countries in which the IMCI guidelines include the classification box of “VERY SEVERE DISEASE” in a child with general danger signs, include throat problem, do not include malaria and have a separate classification for nutritional status and anaemia;
- The second sample (Form 14B and 15B) is based on a field-test in Sudan and is suitable, adapted as needed, for countries in which the IMCI guidelines include malaria.

A question bank of MCQs and case scenarios is available separately. It is a resource library from which MCQs and case scenarios can be taken and properly adapted according to the national IMCI guidelines before use.

The MCQs and scenarios should be adapted:

- based on the latest version of the national IMCI guidelines which was used in teaching for the batch of students which is currently being assessed; and
- to suit the particular needs of this assessment based on the specific teaching programme of the institution, i.e. including only topics actually taught.

True–False questions are avoided as much as possible, as the student has a 50% chance of guessing the answer (either true or false); they are therefore less reliable than MCQs.

<sup>1</sup> The samples are based on the version of the IMCI guidelines used in the two countries in which the field-tests were conducted at the time. Since then, the generic version of the WHO IMCI guidelines has been revised. For more information and examples, see the MCQ and case scenario bank.

*Before the test:*

- identify the room where the test will be administered. Make sure that the room:
  - can comfortably accommodate all the students who will be performing the test, so that there is some distance from student to student both in a row and between rows;
  - is a quiet place as much as possible, well lit and ventilated;
- check that all tests with MCQs and case scenarios are complete, pages are stapled in the right order and you have enough copies of them for all students.
- check that there are enough copies of the “IMCI case recording form” (child age 2 months up to 5 years) available for each case scenario for each student for each case (one copy for each case scenario multiplied by the total number of students). For example, if the test includes five case scenarios and 30 students sit in the test, then 150 copies of the case recording form will be needed.
- check that you have one copy of the IMCI chart booklet available for each student.

*On the morning of the test:*

- Explain that this is not an examination and that their answers will provide key feedback to guide decisions on the department teaching programme and future examinations;
- Tell them that they will have about 90 minutes available for this exercise;
- Assign an ID code to each student;
- Emphasize that they will have to write the same ID code on the MCQs and case scenarios test and use it also for case management;
- Reassure them that there is no need to write their names on the forms. The student ID code is used only to relate the findings from the same student during the analysis;
- Explain how to fill in the MCQs and case scenarios, selecting the correct answer options by circling the letter to the left corresponding to those options;
- Remind them to complete all MCQs and scenarios carefully and avoid any guessing, as marks may be deducted for wrong answers;

- Stress that there are two kinds of questions<sup>2</sup>:
  - one type for which there is only one correct answer: they should circle one and only one of the options given, as instructed at the end of the question (“circle only ONE option”);
  - the other type for which there is more than one correct answer: they should circle all the correct options in the list (“circle all the correct options”); in no case should they circle all the options listed;
- Emphasize that, for each question, “correct answer” refers exclusively to what is recommended in the IMCI guidelines;
- Clarify that if certain signs or symptoms are not specifically mentioned in the case scenarios, they should assume that those signs or symptoms are not present;
- Inform them that they may refer to the IMCI chart booklet and can use the “IMCI case recording form” to record information given in each case scenario to answer the related questions;
- Distribute the MCQs and case scenarios, together with the IMCI case recording forms, to students in the classroom;
- Distribute the IMCI chart booklet to those students who have not taken their own copy with themselves;
- Ask the students to hand over the completed test to you individually as they finish it.

*During the test:*

- stay in the room, ready to respond to any request for clarification;
- move around the students from time to time to monitor progress of the test in terms of time;
- collect the completed tests, as they are handed over to you by the students, and arrange them in order according to student IDs, immediately checking that all pages have been filled in;
- collect the IMCI chart booklet that you have distributed at the beginning of the session; and
- thank the students for participating in the test as they leave.

<sup>2</sup> In countries in which students are used to items which include only one correct option among those listed, the items of the question bank which have more than one correct option may be adapted so as to have only one option correct, if it is felt that this would avoid confusing the students.

If time allows, consider informing the students of the correct answers to MCQs and scenarios and providing them with any clarification they may request. As this feedback may take much time, this task may be carried out for the whole group of students by one of the teaching staff of the institution who teach, and is familiar with, IMCI but is not directly involved in the evaluation. If so, make sure that pre-arrangements have been made for this purpose.

## Form 14a: Multiple-choice questions

To be completed by the supervisor: **Name of institution:** \_\_\_\_\_

**Department:** Paediatrics [1] Family medicine [2] Community medicine [3]

**Student year:** [4th] [5th] [6th]

To be completed by the student: **Student ID assigned for this evaluation:** |\_\_| |\_\_|

**Instructions:** Circle the letter to the left of the answer/s that you choose. Please, note that for some questions there may be more than one correct answer, as advised at the end (“circle all the correct options”). If needed, you may refer to the IMCI chart Booklet and Mother’s card. All the questions relate to the national IMCI guidelines.

### A. The IMCI guidelines

**A1. Which of the following are among the five main causes of mortality in children under-5 years of age in the country? (circle all the correct options)**

- a. Diarrhoeal diseases
- b. Pneumonia
- c. Road traffic injuries
- d. Tetanus
- e. AIDS

**A2. For which of the following settings are the IMCI guidelines suitable for use? (circle all the correct options)**

- a. Inpatient ward of a district hospital
- b. Outpatient department of a hospital
- c. First-level health facilities
- d. Inpatient ward of a specialized hospital

**A3. Which of the following age groups do the IMCI clinical guidelines address?**  
(circle only ONE answer)

- a. Birth up to 5 years
- b. 2 months up to 2 years
- c. 1 week up to 5 years
- d. 2 months up to 6 years

**Child age 2 months up to 5 years**

**B. Assessment and classification**

**B1. Which of the following signs are “general danger signs” that you should always check for in every sick child age 2 months up to 5 years, according to the IMCI guidelines?** (circle all the correct options)

- a. Child is lethargic or unconscious
- b. Child is restless or irritable
- c. Child is not able to drink or breastfeed
- d. Child vomits frequently
- e. Child has cyanosis

**B2. How do you classify a 10-month-old girl who weighs 6.5 kg and has some palmar pallor?** (circle all the correct options)

- a. SEVERE MALNUTRITION
- b. LOW WEIGHT
- c. SEVERE ANAEMIA
- d. NO ANAEMIA
- e. ANAEMIA
- f. NOT LOW WEIGHT



**B3. What is the cut-off rate for *fast breathing* in a child who is exactly 12 months old? (circle only ONE answer)**

- a. 60 breaths per minute
- b. 50 breaths per minute
- c. 40 breaths per minute
- d. 30 breaths per minute

**B4. According to the IMCI guidelines, which of the following main symptoms should always be assessed in every sick child age 2 months up to 5 years? (circle all the correct options)**

- a. Cough
- b. Abdominal pain
- c. Fever
- d. Skin infection
- e. Diarrhoea

**B5. According to the IMCI guidelines, which of the following key questions should be asked of the mother of every child with *diarrhoea*? (circle all the correct options)**

- a. For how long has the child had diarrhoea?
- b. Does the child have mucus in the stools?
- c. What did the child eat before the diarrhoea started?
- d. Does the child have blood in the stools?
- e. Does the child have pus in the stools?

**B6. How do you classify a 3-year-old child with a cough who has a respiratory rate of 55 breaths/minute and chest indrawing? (circle only ONE answer)**

- a. SEVERE PNEUMONIA OR VERY SEVERE DISEASE
- b. PNEUMONIA
- c. NO PNEUMONIA: COUGH OR COLD

**B7. Which of the following signs are used to classify a child with fever or sore throat as having **STREPTOCOCCAL SORE THROAT**? (circle all the correct options)**

- a. Severe pain in the throat
- b. Enlarged tender lymph node(s) on the front of the neck
- c. Not able to drink
- d. White or yellow exudate on the throat or tonsils
- e. Red (congested) throat

**B8. How do you classify a 1-year-old child who has been coughing for 2 days, has a respiratory rate of 60 breaths/minute and whose mother says he had convulsions last night? (circle only ONE answer)**

- a. SEVERE PNEUMONIA OR VERY SEVERE DISEASE
- b. PNEUMONIA
- c. NO PNEUMONIA: COUGH OR COLD

**B9. How do you classify a 14-month-old child who has had diarrhoea for 15 days, has sunken eyes and has no other signs? (circle all the correct options)**

- a. SEVERE DEHYDRATION
- b. SOME DEHYDRATION
- c. NO DEHYDRATION
- d. SEVERE PERSISTENT DIARRHOEA
- e. PERSISTENT DIARRHOEA

**B10. How do you classify a 4-year-old child who has an axillary temperature of 38.8°C and in whom there is resistance to bending when you try to bend his/her neck forward toward his/her chest? (circle only ONE answer)**

- a. VERY SEVERE FEBRILE DISEASE
- b. FEVER-POSSIBLE BACTERIAL INFECTION
- c. FEVER-BACTERIAL INFECTION UNLIKELY

**B11. Which of the following signs should you LOOK and FEEL for in an 8-month-old child with *diarrhoea* to classify his/her dehydration status? (circle all the correct options)**

- a. Fever
- b. Skin turgor (skin pinch)
- c. Fast breathing
- d. Restless, irritable
- e. More than three watery stools

**B12. Which of the following signs must a child have to be classified as having MASTOIDITIS? (circle only ONE answer)**

- a. Redness behind the ear
- b. Swelling behind the ear
- c. Pus draining from one of the ears
- d. Pus draining from both of the ears
- e. Tender swelling behind the ear

**B13. How do you classify a two-year-old child with an axillary temperature of 37.5°C, pus seen coming from the ear and no tender swelling behind the ear whose mother says that pus has been coming for 5 days? (circle only ONE answer)**

- a. MASTOIDITIS
- b. ACUTE EAR INFECTION
- c. CHRONIC EAR INFECTION
- d. NO EAR INFECTION

**B14. A child should be assessed for the main symptom of fever if the child: (circle all the correct options)**

- a. has a history of fever
- b. does not feel well
- c. feels hot to the touch
- d. has axillary temperature of 37.0°C or above
- e. has axillary temperature of 37.5°C or above

**B15. Which children brought to an outpatient clinic should be checked for *malnutrition and anaemia*? (circle only ONE answer)**

- a. Only children with feeding problem(s)
- b. Only children who are less than 12 months of age
- c. All children from 2 months up to 5 years
- d. Only children who are not breastfed

**B16. Which of the following statements are true?**

- a. A child who has epilepsy should be given DPT vaccine
- b. A child who is immunocompromised should not be given BCG vaccine
- c. A child who has fever should not be immunized
- d. A child who is being referred for severe classification should be immunized before referral
- e. A child who is LOW WEIGHT should not be immunized

### C. Assessment of feeding problems

**C1. You should assess the feeding of children who are: (circle all the correct options)**

- a. classified as having VERY SEVERE DISEASE
- b. less than 2 years old
- c. classified as having ANAEMIA OR LOW WEIGHT
- d. classified as having SEVERE PERSISTENT DIARRHOEA

### D. Identification of treatment

**D1. Which of the following are included in the rules of home treatment for diarrhoea? (circle all the correct options)**

- a. Give extra fluids
- b. Stop feeding during illness
- c. Give zinc
- d. Reduce breastfeeding
- e. Continue feeding

**E. Counselling: checking questions, feeding problems and when to return**

**E1. For which of the following signs should the mother of a 5-month-old child with a cough and no fever, no general danger signs, classified as “NO PNEUMONIA: COUGH OR COLD”, “NOT LOW WEIGHT” and “NO ANAEMIA” bring the child back immediately? (circle all the correct options)**

- a. Develops a fever
- b. Unable to drink or breastfeed
- c. Drinking poorly
- d. Does not get better
- e. Fast breathing

**E2. Which of the following questions are good checking questions when counselling a mother of an 8-month-old child on complementary feeding? (circle all the correct options)**

- a. Would you tell me which foods you will give to your child?
- b. Will you give good food such as meat, chicken, fish or eggs to your child?
- c. How will you prepare food for your child?
- d. Is it good to give meat to your child?

**E3. Which of the following questions are good checking questions to ensure that a mother has understood your treatment instructions well? (circle all the correct options)**

- a. Do you know when to give the antibiotic to your child?
- b. Did you understand my instructions?
- c. Could you tell me when you will bring back your child to the health facility immediately?
- d. For how many days will you give the antibiotic to your child?
- e. Will you give the antibiotic to your child 3 times a day?

**E4. Which of the following statements are true?**

- a. Children should be given fewer feeds during illness
- b. A 3-month old child should be exclusively breastfed
- c. A very thin cereal gruel is a nutritious complementary food
- d. A 3-year old child needs 2 feeds each day of family foods
- e. A 5-month old child should be breastfed as often as he/she wants, day and night

**E5. Which of the following statements are true?**

- a. A 5-month-old child who has PNEUMONIA and has been given an antibiotic should come for follow up after 5 days.
- b. A 10-month-old child who has diarrhoea with SOME DEHYDRATION should come for follow up in 2 days.
- c. A 2-year-old child who has ACUTE EAR INFECTION and has been given an antibiotic should come for follow up after 5 days.
- d. An 18-month-old child who has ANAEMIA should come for follow up in 14 days.

**Sick young infant age up to 2 months****F. Assess and classify****F1. Which of the following signs are used in the IMCI guidelines to classify a 2-week-old infant as having POSSIBLE SERIOUS BACTERIAL INFECTION and to refer him/her urgently to hospital? (circle *all the correct options*)**

- a. Respiratory rate of 60 breaths per minute or more
- b. Restless, irritable
- c. Skin pustules
- d. Not able to feed
- e. Axillary temperature of less than 35.5°C

**F2. Which of the following classifications or signs in a sick young infant less than 2 months old require referral? (circle all the correct options)**

- a. Blood in stools
- b. SIGNIFICANT JAUNDICE
- c. Diarrhoea lasting 14 days or more
- d. FEEDING PROBLEM OR LOW WEIGHT
- e. POSSIBLE SERIOUS BACTERIAL INFECTION

**F3. Which of the following are criteria for good attachment to the breast? (circle all the correct options)**

- a. Chin touching the breast
- b. Mouth wide open
- c. More areola is visible below than above the infant's mouth
- d. Lower lip turned in





## Form 15a: Scenarios

To be completed by the student: **Student ID assigned for this evaluation:** |\_\_|\_\_|

**Instructions:** Circle the letter to the left of the answer/s that you choose. Please, note that for some questions there may be more than one correct answer (“circle all the correct options”). If needed, you may refer to the IMCI chart Booklet and Mother’s card.

### Case scenario 1 (Fatima)

Fatima is a 25-month-old baby girl. She is brought to the facility because she has been asleep since the morning and very difficult to wake up. This is an initial visit for this problem. When asked, her mother says that Fatima has not vomited and had no convulsions, has no cough, no throat problem, no ear problem, but has had watery diarrhoea for about 6 days. There is no blood in the stools. She weighs 10.5 kg. Her axillary temperature is 37.0°C. You assess Fatima: she has no convulsions during your assessment; she does not watch your face when you talk, does not look at the mother either and shows no interest in what is happening around her. Her eyes look sunken. When you offer her some water with a spoon, the water runs out of her mouth. Her mother says that she has been like that since this morning. You also pinch Fatima’s skin and see that it goes back very slowly. There is no cholera in the area. Fatima has no visible severe wasting, no oedema of both feet, no palmar pallor. You complete your assessment and find no other problems.

**S.1.1 Which general danger signs does Fatima have?** (circle all the correct options)

- a. Unable to drink or breastfeed
- b. Vomiting everything
- c. History of convulsion
- d. Convulsions now
- e. Lethargic or unconscious

**S.1.2 What is your classification for dehydration?** (circle only ONE option)

- a. SEVERE DEHYDRATION
- b. SOME DEHYDRATION
- c. NO DEHYDRATION

**S.1.3 Which treatment plan is indicated for Fatima? (circle *only ONE* option)**

- a. Plan A
- b. Plan B
- c. Plan C

### Case scenario 2 (Ahmed)

Ahmed is an 18-month-old baby boy. His mother says that Ahmed has had a cough for 3 days. This is an initial visit for this problem. He weighs 8.5 kg and his axillary temperature is 37.0°C. Ahmed is awake and alert. When asked, Ahmed's mother says that he is able to drink, has not vomited, has had no convulsions, has no diarrhoea, no throat problem and no ear problem. He has no convulsions during your assessment either. You count 44 breaths per minute. You find no chest indrawing. You do not hear stridor or wheeze. He has no visible severe wasting or oedema of both feet. He has no palmar pallor. His immunizations are up to date. You complete your assessment and you find no other signs or other problems.

#### S.2.1 What is your classification for Ahmed's cough? (circle *only ONE* option)

- a. SEVERE PNEUMONIA OR VERY SEVERE DISEASE
- b. PNEUMONIA
- c. NO PNEUMONIA: COUGH OR COLD

#### S.2.2 What is your classification for Ahmed's nutritional status? (circle *only ONE* option)

- a. SEVERE MALNUTRITION
- b. LOW WEIGHT
- c. NOT LOW WEIGHT

#### S.2.3 Which of the following should be included in the treatment plan for Ahmed? (circle *all* the correct options)

- a. Paracetamol
- b. Oral antibiotics for 5 days
- c. Bronchodilator
- d. Follow-up in 2 days
- e. Follow up in 5 days, if not improving

### Case scenario 3 (Sumaia)

Sumaia is a 36-month-old baby girl. She has been brought to the clinic because she has been having diarrhoea for 18 days and has blood in the stools. This is an initial visit for this problem. She weighs 10 kg. Her axillary temperature is 37.0°C. Sumaia has no general danger signs, no cough or difficult breathing. She is irritable during the visit, her eyes are not sunken. When you offer her some water to drink, she is able to drink but is not thirsty. The skin pinch goes back slowly. There is no cholera in the area. Sumaia has no throat problem and no ear problem. She has no visible severe wasting or oedema of both feet. She has no palmar pallor. Her immunizations are up to date. You complete your assessment and you find no other signs or other problems.

#### S.3.1 How do you classify Sumaia's illness? (circle only ONE option)

- SEVERE DEHYDRATION, SEVERE PERSISTENT DIARRHOEA, DYSENTERY
- SOME DEHYDRATION, SEVERE PERSISTENT DIARRHOEA, DYSENTERY
- SOME DEHYDRATION, PERSISTENT DIARRHOEA, DYSENTERY
- SOME DEHYDRATION, DYSENTERY
- NO DEHYDRATION, SEVERE PERSISTENT DIARRHOEA, DYSENTERY

#### S.3.2 What is your classification for Sumaia's nutritional status? (circle only ONE option)

- SEVERE MALNUTRITION
- LOW WEIGHT
- NOT LOW WEIGHT

#### S.3.3 Which of the following should be included in the treatment plan for Sumaia? (circle all the correct options)

- Cotrimoxazole for 5 days
- Intravenous (IV) fluids
- ORS at the facility
- Referral to hospital
- Follow-up in 5 days

### Case scenario 4 (Mohammed)

Mohammed is a 36-month-old baby boy. His mother says that he has been coughing for 3 days and felt hot to the touch during this period; he had an episode of convulsions a month ago. This is an initial visit for this problem. He weighs 9.4 kg. His axillary temperature is 38.1°C. Mohammed is not lethargic or unconscious; he has no convulsions during your assessment. When asked, his mother says that he is able to drink and has not vomited. You count 51 breaths per minute; you find no chest indrawing; you hear no stridor or wheezing. Mohammed has no diarrhoea, no throat problem and no ear problem; he has a runny nose. He has no stiff neck but has a generalized rash. There is no clouding of the cornea, no pus draining from the eyes or mouth ulcers. He has no visible severe wasting or oedema of both feet. He has some palmar pallor. You complete your assessment and find no other signs.

**S.4.1 Which general danger signs, if any, does Mohammed have?** (circle *only ONE option*)

- a. No general danger signs
- b. Unable to drink or breastfeed
- c. Vomiting everything
- d. History of convulsion
- e. Lethargic or unconscious

**S.4.2 What is your classification for Mohammed's cough?** (circle *only ONE option*)

- a. SEVERE PNEUMONIA OR VERY SEVERE DISEASE
- b. PNEUMONIA
- c. NO PNEUMONIA: COUGH OR COLD

**S.4.3 What is/are your classification/s for Mohammed's fever?** (circle *all the correct options*)

- a. VERY SEVERE FEBRILE DISEASE
- b. MEASLES
- c. FEVER - POSSIBLE BACTERIAL INFECTION
- d. FEVER - BACTERIAL INFECTION UNLIKELY
- e. SEVERE COMPLICATED MEASLES

**S.4.4 What are your classifications for Mohammed's nutritional status and anaemia?** (circle all the correct options)

- a. ANAEMIA
- b. LOW WEIGHT
- c. NO ANEMIA
- d. SEVERE MALNUTRITION
- e. NOT LOW WEIGHT

**S.4.5 Which of the following should be included in the treatment plan for Mohammed?** (circle all the correct options)

- a. Oral antibiotic for 5 days
- b. Assess the child's feeding and counsel the mother on feeding
- c. Follow-up in 5 days, if no improvement
- d. Refer urgently to hospital
- e. Vitamin A

### Case scenario 5 (Rania)

Rania is a 32-month-old baby girl. Rania is very irritable and her mother has taken her to the facility because she has been crying and rubbing her ears for 2 days. This is an initial visit for this problem. She weighs 7.9 kg. Her axillary temperature is 36.2°C. Rania coughs during the visit and her mother confirms that she has been having cough for 3 days. She has not had any fever. She had no convulsions during this illness and has no other general danger signs. When you assess Rania, you count her respiratory rate and find it is 37 breaths per minute. You find no chest indrawing, no stridor, no wheezing. She does not have diarrhoea or throat problem. She has no swelling behind the ears and you see no pus draining from the ear. She has visible severe wasting. You find no oedema on both feet. Her palms appear very pale, almost white. Rania received vitamin A supplementation when she was 23 months old.

#### S.5.1 What is your classification for Rania's cough? (circle only ONE option)

- a. SEVERE PNEUMONIA OR VERY SEVERE DISEASE
- b. PNEUMONIA
- c. NO PNEUMONIA: COUGH OR COLD

#### S.5.2 What is your classification for Rania's ear problem? (circle only ONE option)

- a. MASTOIDITIS
- b. ACUTE EAR INFECTION
- c. CHRONIC EAR INFECTION
- d. NO EAR INFECTION

#### S.5.3 What is your classification for Rania's nutritional status and anaemia? (circle only ONE option)

- a. SEVERE MALNUTRITION
- b. LOW WEIGHT
- c. NOT LOW WEIGHT

**S.5.4 What is your classification for Rania's anaemia? (circle *only ONE* option)**

- a. SEVERE ANAEMIA
- b. ANAEMIA
- c. NO ANAEMIA

**S.5.5 Which of the following should be included in the treatment plan for Rania? (circle *all* the correct options)**

- a. Oral antibiotic for 5 days
- b. Ask mother to breastfeed Rania to prevent low blood sugar
- c. Paracetamol
- d. Vitamin A
- e. Urgent referral to hospital

It is also learnt from Rania's mother that she breastfeeds Rania 3 times in 24 hours, gives her diluted cow's milk by feeding bottle 2 times per day, gives no other food and her feeding has not changed during the illness.

**S.5.6 Which of the following are Rania's feeding problems? (circle *all* the correct options)**

- a. Infrequent breastfeeding
- b. Giving no other food
- c. Feeding by bottle
- d. Using cow's milk
- e. Giving no other fluids



## Form 14b: Multiple-choice questions

To be completed by the supervisor: **Name of institution:** \_\_\_\_\_

**Department:** Paediatrics [1] Family medicine [2] Community medicine [3]

**Student year:** [4th] [5th] [6th] [ ]

To be completed by the student: **Student ID assigned for this evaluation:** |\_\_|\_\_|

**Instructions:** Circle the letter to the left of the answer/s that you choose. Please, note that for some questions there may be more than one correct answer, as advised at the end (“circle all the correct options”). If needed, you may refer to the IMCI chart Booklet and Mother’s card. All the questions relate to the national IMCI guidelines.

### A. The IMCI guidelines

**A1. Which of the following are among the 5 main causes of mortality in children under-5 years of age in the country? (circle all the correct options)**

- a. Diarrhoeal diseases
- b. Pneumonia
- c. Road traffic injuries
- d. Malnutrition
- e. AIDS

**A2. For which of the following settings are the IMCI guidelines suitable for use? (circle all the correct options)**

- a. Inpatient ward of a district hospital
- b. Outpatient department of a hospital
- c. First level health facilities
- d. Inpatient ward of a specialized hospital

**A3. Which of the following age groups do the IMCI clinical guidelines address?**  
(circle only ONE answer)

- a. Birth up to 5 years
- b. 2 months up to 2 years
- c. 1 week up to 5 years
- d. 2 months up to 6 years

**Child age 2 months up to 5 years**

**B. Assessment and classification**

**B1. Which of the following signs are “general danger signs” that you should always check for in every sick child age 2 months up to 5 years, according to the IMCI guidelines?** (circle all the correct options)

- a. Child is lethargic or unconscious
- b. Child is restless or irritable
- c. Child is not able to drink or breastfeed
- d. Child vomits frequently
- e. Child has cyanosis

**B2. How should you classify a 10-month-old girl who weighs 5.5 kg and has some palmar pallor?** (circle only ONE answer)

- a. SEVERE MALNUTRITION OR SEVERE ANAEMIA
- b. ANAEMIA OR VERY LOW WEIGHT
- c. NO ANAEMIA AND NOT VERY LOW WEIGHT

**B3. What is the cut-off rate for *fast breathing* in a child who is exactly 12 months old?** (circle only ONE answer)

- a. 60 breaths per minute
- b. 50 breaths per minute
- c. 40 breaths per minute
- d. 30 breaths per minute

**B4. According to the IMCI guidelines, which of the following main symptoms should always be assessed in every sick child age 2 months up to 5 years? (circle all the correct options)**

- a. Cough
- b. Abdominal pain
- c. Fever
- d. Skin infection
- e. Diarrhoea

**B5. According to the IMCI guidelines, which of the following key questions should be asked of the mother of every child with *diarrhoea*? (circle all the correct options)**

- a. For how long has the child had diarrhoea?
- b. Does the child have mucous in the stools?
- c. What did the child eat before the diarrhoea started?
- d. Does the child have blood in the stools?
- e. Does the child have pus in the stools?

**B6. How should you classify a 3-year-old child with a cough who has a respiratory rate of 55 breaths/minute and chest indrawing? (circle only ONE answer)**

- a. SEVERE PNEUMONIA OR VERY SEVERE DISEASE
- b. PNEUMONIA
- c. NO PNEUMONIA: COUGH OR COLD

**B7. Which of the following signs are used to classify a 9-month-old child living in a low malaria risk area as having **VERY SEVERE FEBRILE DISEASE**? (circle all the correct options)**

- a. Lethargic
- b. Positive thick blood film
- c. Axillary temperature of 39.0 °C
- d. Unconscious
- e. Vomiting frequently

**B8. How should you classify a 1-year-old child who has been coughing for 2 days, has a respiratory rate of 60 breaths/minute and whose mother says he/she had convulsions last night? (circle only ONE answer)**

- a. SEVERE PNEUMONIA OR VERY SEVERE DISEASE
- b. PNEUMONIA
- c. NO PNEUMONIA: COUGH OR COLD

**B9. How do you classify a 7-month-old child living in a high malaria risk area who has an axillary temperature of 38.0 °C and no other signs or symptoms? (circle only ONE answer)**

- a. VERY SEVERE FEBRILE DISEASE
- b. MALARIA
- c. FEVER - MALARIA UNLIKELY

**B10. How should you classify a 4-year-old child living in a low malaria risk area who has an axillary temperature of 38.0°C and in whom there is resistance to bending when you try to bend his/her neck forward toward his/her chest? (circle only ONE answer)**

- a. VERY SEVERE FEBRILE DISEASE
- b. MALARIA
- c. FEVER – MALARIA UNLIKELY

**B11. Which of the following signs should you LOOK and FEEL for in an 8-month-old child with *diarrhoea* to classify his/her dehydration status? (circle all the correct options)**

- a. Fever
- b. Skin turgor (skin pinch)
- c. Fast breathing
- d. Restless, irritable
- e. More than three watery stools

**B12. Which of the following signs must a child have to be classified as having MASTOIDITIS? (circle only ONE answer)**

- a. Redness behind the ear
- b. Swelling behind the ear
- c. Pus draining from one of the ears
- d. Pus draining from both of the ears
- e. Tender swelling behind the ear

**B13. How do you classify a two-year-old child with an axillary temperature of 37.5°C, pus seen coming from the ear and no tender swelling behind the ear whose mother says that pus has been coming for 5 days? (circle only ONE answer)**

- a. MASTOIDITIS
- b. ACUTE EAR INFECTION
- c. CHRONIC EAR INFECTION
- d. NO EAR INFECTION

**B14. A child should be assessed for the main symptom of fever if the child: (circle all the correct options)**

- a. has a history of fever
- b. does not feel well
- c. feels hot to the touch
- d. has axillary temperature of 37.0°C or above
- e. has axillary temperature of 37.5°C or above

**B15. Which children brought to the outpatient clinic should be checked for malnutrition and anaemia? (circle only ONE answer)**

- a. Only children with feeding problem(s)
- b. Only children who are less than 12 months of age
- c. All children from 2 months up to 5 years
- d. Only children who are not breastfed

**B16. Which of the following statements are true?**

- a. A child who has epilepsy should be given DPT vaccine
- b. A child who is immunocompromised should not be given BCG vaccine
- c. A child who has fever should not be immunized
- d. A child who is being referred for severe classification should be immunized before referral
- e. A child who is VERY LOW WEIGHT should not be immunized

**C. Assessment of feeding problems**

**C1. You should assess the feeding of children who are:** (circle all the correct options)

- a. classified as having VERY SEVERE DISEASE
- b. less than 2 years old
- c. classified as having ANAEMIA OR VERY LOW WEIGHT
- d. classified as having SEVERE PERSISTENT DIARRHOEA

**D. Identification of treatment**

**D1. Which of the following are included in the rules of home treatment for diarrhoea?** (circle all the correct options)

- a. Give extra fluids
- b. Stop feeding during illness
- c. Give zinc
- d. Reduce breastfeeding
- e. Continue feeding

**E. Counselling: checking questions, feeding problems and when to return**

**E1. For which of the following signs should the mother of a 5-month-old child with cough and no fever, no general danger signs, classified as “NO PNEUMONIA: COUGH OR COLD”, “NOT VERY LOW WEIGHT” and “NO ANAEMIA” bring the child back immediately? (circle all the correct options)**

- a. Develops a fever
- b. Unable to drink or breastfeed
- c. Drinking poorly
- d. Does not get better
- e. Fast breathing

**E2. Which of the following questions are good checking questions when counselling a mother of an 8-month-old child on complementary feeding? (circle all the correct options)**

- a. Would you tell me which foods you will give to your child?
- b. Will you give good food such as meat, chicken, fish or eggs to your child?
- c. How will you prepare food for your child?
- d. Is it good to give meat to your child?

**E3. Which of the following questions are good checking questions to ensure that a mother has understood your treatment instructions well? (circle all the correct options)**

- a. Do you know when to give the antibiotic to your child?
- b. Did you understand my instructions?
- c. Could you tell me when you will bring back your child to the health facility immediately?
- d. For how many days will you give the antibiotic to your child?
- e. Will you give the antibiotic to your child three times a day?

**E4. Which of the following statements are true?**

- a. Children should be given fewer feeds during illness
- b. A 3-month old child should be exclusively breastfed
- c. A very thin cereal gruel is a nutritious complementary food
- d. A 3-year old child needs two feeds each day of family foods
- e. A 5-month old child should be breastfed as often as he/she wants, day and night

**E5. Which of the following statements are true?**

- a. A 5-month-old child who has PNEUMONIA and has been given an antibiotic should come for follow up after 5 days.
- b. A 10-month-old child who has diarrhoea with SOME DEHYDRATION should come for follow up in 2 days.
- c. A 2-year-old child who has ACUTE EAR INFECTION and has been given an antibiotic should come for follow up after 5 days.
- d. An 18-month-old child who has ANAEMIA should come for follow up in 14 days.

**Sick young infant age up to 2 months****F. Assess and classify****F1. Which of the following signs are used in the IMCI guidelines to classify a 2-week-old infant as having POSSIBLE SERIOUS BACTERIAL INFECTION and to refer him/her urgently to hospital? (circle all the correct options)**

- a. Respiratory rate of 60 breaths per minute or more
- b. Restless, irritable
- c. Skin pustules
- d. Not able to feed
- e. Axillary temperature of less than 35.5°C



**F2. Which of the following classifications or signs in a sick young infant less than 2 months old require referral? (circle all the correct options)**

- a. Blood in stools
- b. LOCAL BACTERIAL INFECTION
- c. Diarrhoea lasting 14 days or more
- d. FEEDING PROBLEM OR LOW WEIGHT
- e. POSSIBLE SERIOUS BACTERIAL INFECTION

**F3. Which of the following are criteria for good attachment to the breast? (circle all the correct options)**

- a. Chin touching the breast
- b. Mouth wide open
- c. More areola is visible below than above the infant's mouth
- d. Lower lip turned in.



## Form 15b: SCENARIOS

To be completed by the student: **Student ID assigned for this evaluation:** |\_\_|\_\_|

**Instructions:** Circle the letter to the left of the answer/s that you choose. Please, note that for some questions there may be more than one correct answer (“circle all the correct options”). If needed, you may refer to the IMCI chart Booklet and Mother’s card.

### Case scenario 1 (Fatima)

Fatima is a 25-month-old baby girl. She is brought to the facility because she has been asleep since the morning and very difficult to wake up. This is an initial visit for this problem. When asked, her mother says that Fatima has not vomited and had no convulsions, has no cough, no throat problem, no ear problem, but has had watery diarrhoea for about 6 days. There is no blood in the stools. Fatima lives in a high malaria risk area. She weighs 10.5 kg. Her axillary temperature is 37.0°C. You assess Fatima: she has no convulsions during your assessment; she does not watch your face when you talk, does not look at the mother either and shows no interest in what is happening around her. Her eyes look sunken. When you offer her some water with a spoon, the water runs out of her mouth. Her mother says that she has been like that since this morning. You also pinch Fatima’s skin and see that it goes back very slowly. There is no cholera in the area. Fatima has no visible severe wasting, no oedema of both feet, no palmar pallor. You complete your assessment and find no other problems.

**S.1.1 Which general danger signs does Fatima have?** (circle all the correct options)

- a. Unable to drink or breastfeed
- b. Vomiting everything
- c. History of convulsion
- d. Convulsions now
- e. Lethargic or unconscious

**S.1.2 What is your classification for dehydration?** (circle only ONE option)

- a. SEVERE DEHYDRATION
- b. SOME DEHYDRATION
- c. NO DEHYDRATION

**S.1.3 Which treatment plan is indicated for Fatima? (circle *only ONE* option)**

- a. Plan A
- b. Plan B
- c. Plan C

### Case scenario 2 (Ahmed)

Ahmed is an 18-month-old baby boy. His mother says that Ahmed has had a cough for 3 days. This is an initial visit for this problem. He weighs 8.5 kg and his axillary temperature is 37.0°C. Ahmed is awake and alert. When asked, Ahmed's mother says that he is able to drink, has not vomited, has had no convulsions, has no diarrhoea, no throat problem and no ear problem. He has no convulsions during your assessment either. You count 44 breaths per minute. You find no chest indrawing. You do not hear stridor or wheeze. He has no visible severe wasting or oedema of both feet. He has no palmar pallor. His immunizations are up to date. You complete your assessment and you find no other signs or other problems.

#### S.2.1 What is your classification for Ahmed's cough? (circle *only ONE* option)

- a. SEVERE PNEUMONIA OR VERY SEVERE DISEASE
- b. PNEUMONIA
- c. NO PNEUMONIA: COUGH OR COLD

#### S.2.2 What is your classification for Ahmed's nutritional status? (circle *only ONE* option)

- a. SEVERE MALNUTRITION
- b. LOW WEIGHT
- c. NOT LOW WEIGHT

#### S.2.3 Which of the following should be included in the treatment plan for Ahmed? (circle *all the correct options*)

- a. Paracetamol
- b. Oral antibiotics for 5 days
- c. Bronchodilator
- d. Follow up in 2 days
- e. Follow up in 5 days, if not improving

### Case scenario 3 (Sumaia)

Sumaia is a 36-month-old baby girl. She lives in a low malaria risk area. She has been brought to the clinic because she has been having diarrhoea for 18 days and has blood in the stools. This is an initial visit for this problem. She weighs 10 kg. Her axillary temperature is 37.0°C. Sumaia has no general danger signs, no cough or difficult breathing. She is irritable during the visit, her eyes are not sunken. When you offer her some water to drink, she is able to drink but is not thirsty. The skin pinch goes back slowly. There is no cholera in the area. Sumaia has no throat problem and no ear problem. She has no visible severe wasting or oedema of both feet. She has no palmar pallor. Her immunizations are up to date. You complete your assessment and you find no other signs or other problems.

#### S.3.1 How do you classify Sumaia's illness? (circle *only ONE* option)

- a. SEVERE DEHYDRATION, SEVERE PERSISTENT DIARRHOEA, DYSENTERY
- b. SOME DEHYDRATION, SEVERE PERSISTENT DIARRHOEA, DYSENTERY
- c. SOME DEHYDRATION, PERSISTENT DIARRHOEA, DYSENTERY
- d. SOME DEHYDRATION, DYSENTERY
- e. NO DEHYDRATION, SEVERE PERSISTENT DIARRHOEA, DYSENTERY

#### S.3.2 What is your classification for Sumaia's nutritional status? (circle *only ONE* option)

- a. SEVERE MALNUTRITION
- b. VERY LOW WEIGHT
- c. NOT VERY LOW WEIGHT

#### S.3.3 Which of the following should be included in the treatment plan for Sumaia? (circle *all* the correct options)

- a. Cotrimoxazole for 5 days
- b. Intravenous (IV) fluids
- c. ORS at the facility
- d. Referral to hospital
- e. Follow up in 5 days

### Case scenario 4 (Mohammed)

Mohammed is a 36-month-old baby boy. He lives in a low malaria risk area. His mother says that he has been coughing for 3 days and felt hot to the touch during this period; he had an episode of convulsions a month ago. This is an initial visit for this problem. He weighs 9.4 kg. His axillary temperature is 38.1°C. Mohammed is not lethargic or unconscious; he has no convulsions during your assessment. When asked, his mother says that he is able to drink and has not vomited. You count 51 breaths per minute; you find no chest indrawing; you hear no stridor or wheezing. Mohammed has no diarrhoea, no throat problem and no ear problem; he has a runny nose. He has no stiff neck but has a generalized rash. There is no clouding of the cornea, no pus draining from the eyes or mouth ulcers. He has no visible severe wasting or oedema of both feet. He has some palmar pallor. You complete your assessment and find no other signs. The thick blood film performed at your facility is positive for malaria (*p. falciparum*).

**S.4.1 Which general danger signs, if any, does Mohammed have? (circle only ONE option)**

- a. No general danger signs
- b. Unable to drink or breastfeed
- c. Vomiting everything
- d. History of convulsion
- e. Lethargic or unconscious

**S.4.2 What is your classification for Mohammed's cough? (circle only ONE option)**

- a. SEVERE PNEUMONIA OR VERY SEVERE DISEASE
- b. PNEUMONIA
- c. NO PNEUMONIA: COUGH OR COLD

**S.4.3 What is/are your classification/s for Mohammed's fever? (circle all the correct options)**

- a. VERY SEVERE FEBRILE DISEASE
- b. MEASLES
- c. FEVER- POSSIBLE BACTERIAL INFECTION
- d. FEVER- BACTERIAL INFECTION UNLIKELY
- e. SEVERE COMPLICATED MEASLES

**S.4.4 What is your classification for Mohammed's nutritional status and anaemia?**

(circle *only ONE* option)

- a. SEVERE MALNUTRITION OR SEVERE ANAEMIA
- b. ANAEMIA OR VERY LOW WEIGHT
- c. NO ANAEMIA AND NOT VERY LOW WEIGHT

**S.4.5 Which of the following should be included in the treatment plan for Mohammed? (circle *all* the correct options)**

- a. Oral antibiotic for 5 days
- b. Assess the child's feeding and counsel the mother on feeding
- c. Follow up in 5 days, if no improvement
- d. Refer urgently to hospital
- e. Vitamin A



### Case scenario 5 (Rania)

Rania is a 32-month-old baby girl. She lives in a high malaria risk area. Rania is very irritable and her mother has taken her to the facility because she has been crying and rubbing her ears for 2 days. This is an initial visit for this problem. She weighs 7.9 kg. Her axillary temperature is 36.2°C. Rania coughs during the visit and her mother confirms that she has been having cough for 3 days. She has not had any fever. She had no convulsions during this illness and has no other general danger signs. When you assess Rania, you count her respiratory rate and find it is 37 breaths per minute. You find no chest indrawing, no stridor, no wheezing. She does not have diarrhoea; she has no swelling behind the ears and you see no pus draining from the ear. She has visible severe wasting. You find oedema on both feet. Her palms appear very pale, almost white. Rania received vitamin A supplementation when she was 23 months old.

#### S.5.1 What is your classification for Rania's cough? (circle only ONE option)

- a. SEVERE PNEUMONIA OR VERY SEVERE DISEASE
- b. PNEUMONIA
- c. NO PNEUMONIA: COUGH OR COLD

#### S.5.2 What is your classification for Rania's ear problem? (circle only ONE option)

- a. MASTOIDITIS
- b. ACUTE EAR INFECTION
- c. CHRONIC EAR INFECTION
- d. NO EAR INFECTION

#### S.5.3 What is your classification for Rania's nutritional status and anaemia? (circle only ONE option)

- a. SEVERE MALNUTRITION OR SEVERE ANAEMIA
- b. ANAEMIA OR VERY LOW WEIGHT
- c. NO ANAEMIA AND NOT VERY LOW WEIGHT

**S.5.4 Which of the following should be included in the treatment plan for Rania?**

(circle all the correct options)

- a. Oral antibiotic for 10 days
- b. Ask mother to breastfeed Rania to prevent low blood sugar
- c. Paracetamol
- d. Vitamin A
- e. Urgent referral to hospital

It is also learnt from Rania's mother that she breastfeeds Rania three times in 24 hours, gives her diluted cow's milk by feeding bottle two times per day, gives no other food and her feeding has not changed during the illness.

**S.5.5 Which of the following are Rania's feeding problems? (circle all the correct options)**

- a. Infrequent breastfeeding
- b. Giving no other food
- c. Feeding by bottle
- d. Using cow's milk
- e. Giving no other fluids

## Form 16

### Observation of case management

#### Explanatory notes

This assessment will preferably involve the same students as those who have performed the knowledge assessment test through MCQs and case scenarios (Form 14 and Form 15). It is usually carried out over 3 days, one day each for a group of about 8–10 students, for a total of 24–30 students. These students should be randomly selected from all the teaching units of the same rotation batch in the concerned department, which has completed or is about to complete the paediatric—or community and family medicine—rotation.

Each morning, as per the agreed evaluation schedule, the *clinical coordinator* at the outpatient department should:

- Select the sick children for case management observation among those presenting at the OPD age 2 to 59 months old (preferably not older than 23 months if assessment of feeding is included), after a quick assessment, as follows:
  - *Illness:*
    - All children should be new cases presenting on that day, i.e. this should be an initial visit for the concerned complaint/s;
    - As much as possible, children’s IMCI classification should not be a “green row” classification (i.e. requiring only home care);
    - No child with a general danger sign, as defined in IMCI, should be included, as these children require immediate care;
    - Children with a “red/pink row” IMCI classification may be included, provided that both the clinical coordinator and the evaluator ensure that there is no delay in the provision of care to the child;
    - In countries with *no malaria*: the sick children selected should preferably have at least diarrhoea and/or cough or difficult breathing with or without fever as a basic requirement;
    - In countries with *malaria*: the sick children selected should have at least fever with preferably diarrhoea or acute respiratory infection as a basic requirement.
  - *Number of children:*
    - Ideally, one different sick child should be assigned to each student. If fewer patients are available with the conditions described above and their caretakers are agreeable, then one child could be seen a second time by another student. In no case should a child with a “red/pink row” IMCI classification be seen by more than one student, to avoid any delay in care.
- Obtain caretaker’s consent;

- Assign a consecutive number to each of the children selected and record their name, temperature and weight on the enrolment card;
- Ensure that the sick child and his/her caretaker are accompanied to the room where the observation of case management will take place, as arranged earlier.

Two samples of forms for the observation of case management are enclosed:

- The first sample (Form 16A) is based on a field-test in Egypt and is suitable, adapted as needed, for countries in which the IMCI guidelines include the classification box of “VERY SEVERE DISEASE” in a child with general danger signs, include throat problem, do not include malaria and have a separate classification for nutritional status and anaemia;
- The second sample (Form 16B) is based on a field test in Sudan and is suitable, adapted as needed, for countries in which the IMCI guidelines include malaria.

The form should be adapted:

- based on the latest version of the national IMCI guidelines which was used in teaching for the batch of students who are currently being assessed; and
- to suit the particular needs of this assessment based on the specific teaching programme of the institution, i.e. including only tasks actually taught.

### Instructions for the evaluator

The time assigned for case management is about 30 minutes, this depending on the number of tasks that a student is expected to perform based on what is covered in teaching (e.g., whether identification of treatment, assessment of feeding problems and counselling are also included). About 5–10 minutes are required for the evaluator to check each form carefully after completion before the sick child leaves.

- Ask each student his/her ID code (the same as the one assigned for the MCQs and case scenarios) and record it on Form 16 for the observation of case management;
- Ask the student to assess, classify and identify the treatment for that sick child. If counselling is taught to students, ask him/her also to counsel the caretaker as appropriate;
- Avoid interrupting the student while he/she is managing the case. Observe what he/she does, record it on Form 16 and complement any information with what the student records on the IMCI case-recording form.

As soon as the student has finished managing the child, assess any sign which requires validation and carefully complete and review Form 16 to ensure that you have filled in all its parts correctly. Then take it to the other member of the evaluation team responsible for reviewing and entering the data.

## Notes on completion of Form 16

If a symptom is volunteered by the child's caretaker (e.g., child has cough), then consider as if the student had specifically asked about it (e.g. Q. A20).

### ASSESSMENT

The following definitions can be used to decide whether a selected task has been performed correctly:

- **Child calm before and during the count?** Circle "Yes [ 1 ]" if the child was calm for at least 5 minutes before being examined and remained calm when the respiratory rate was counted;
- **Does the student pinch the skin correctly?** Circle "Yes [ 1 ]" if the student pinches the abdomen skin halfway between the umbilicus and the side of the abdomen holding the skin firmly for one second between the thumb and first finger (not the fingertips) in line up and down the child's body and not across it.
- **Does the student look for palmar pallor correctly?** Circle "Yes [ 1 ]" if the student takes the child's hand gently and looks at the palm.
- **Does the student look for visible severe wasting using the correct technique?** Circle "Yes [ 1 ]" if the student undresses the child and looks at the legs, arms, buttocks and trunk.
- **Does the student look for oedema of both feet correctly?** Circle "Yes [ 1 ]" if the student removes the child's shoes and socks of both feet and firmly presses the skin of the dorsal side of both feet to look for swelling.
- **Does the student check VITAMIN A status** (i.e. asks about it)? Circle "NA [ 8 ]" if the child is younger than the age provided in the IMCI guidelines for vitamin A supplementation.
- **Is your conclusion on which immunizations are due the same as the student's?** For example, if the student concludes that the child needs measles immunization and you come to the same conclusion, circle Yes [ 1 ]. If the student concludes the child needs OPV2 only but you conclude that the child needs OPV2 and DPT2, then circle No [ 2 ].

### CLASSIFICATION

Fill in all classification boxes in the form, as applicable.

- If a child does not have a condition (e.g., cough or difficult breathing, fever, etc.), then circle "Not applicable [8]".

- Circle “Not classified [7]” if the student did not select any classification for a condition which is present in the child (e.g. child has cough and the student did not write any classification for cough).

## IDENTIFICATION OF TREATMENT

To make recording faster, tick only the treatment items selected by the students (student column) and then those selected by you (evaluator’s column). If the student selects one item (e.g. “refer urgently to hospital”) but you do not select the same item, then for that item place a tick in the student’s column and leave blank the corresponding box of your (evaluator’s) column for the same item.

## ASSESSMENT AND IDENTIFICATION OF FEEDING PROBLEMS

- **Do you agree with student conclusions on feeding problems?** For example, if the student identifies low frequency of breastfeeding as a feeding problem and you identify the same problem in the child, then tick “Yes [ 1 ]”. If the student finds out only that the mother is not exclusively breastfeeding her 4-month-old child and identifies this as a feeding problem, but you find out that, in addition to that problem, the child’s feeding changed during the illness (a problem not identified by the student), then tick “No [ 2 ]”, as the student has not identified all the feeding problems. If both the student and you identify no feeding problems, then tick “Yes [1]”.

Whenever in doubt about how to record your observations, write a comment on the form. At the end of the form, write any qualitative observations you may have on selected aspects of case management which would help interpret the quantitative data properly (e.g. the student may ask the child’s caretaker if the child has any other problems but then fail to check for them).

Finally, check the form:

- Is the enrolment card attached to the form? Do card and form refer to the same child?
- Have all items been completed (no items have been left blank by mistake)?
- Are skipping patterns correct?
- Is any response entered in the wrong place?
- Is any mark or recording on the form unclear?

Information on scoring, data entry and analysis and presentation of findings is available in this Guide under “Analysis and presentation of findings”.

**IMCI PRE-SERVICE TRAINING EVALUATION: STUDENT SKILLS  
ENROLMENT CARD**

(give this card to the evaluator and keep it after the evaluation as a record)

Caretaker consent: YES [ ] NO [ ] → Stop here! ⊗

Child first name: \_\_\_\_\_

Child consecutive no.: |\_|\_|\_| Student no.: |\_|\_|\_|

Axillary temperature: |\_|\_|\_|. |\_|\_| °C

Weight: |\_|\_|\_|. |\_|\_|\_|\_|\_| Kg



**IMCI PRE-SERVICE TRAINING EVALUATION: STUDENT SKILLS  
ENROLMENT CARD**

(give this card to the evaluator and keep it after the evaluation as a record)

Caretaker consent: YES [ ] NO [ ] → Stop here! ⊗

Child first name: \_\_\_\_\_

Child consecutive no.: |\_|\_|\_| Student no.: |\_|\_|\_|

Axillary temperature: |\_|\_|\_|. |\_|\_| °C

Weight: |\_|\_|\_|. |\_|\_|\_|\_|\_| Kg



**IMCI PRE-SERVICE TRAINING EVALUATION: STUDENT SKILLS  
ENROLMENT CARD**

(give this card to the evaluator and keep it after the evaluation as a record)

Caretaker consent: YES [ ] NO [ ] → Stop here! ⊗

Child first name: \_\_\_\_\_

Child consecutive no.: |\_|\_|\_| Student no.: |\_|\_|\_|

Axillary temperature: |\_|\_|\_|. |\_|\_| °C

Weight: |\_|\_|\_|. |\_|\_|\_|\_|\_| Kg





## Form 16A. Observation—child (2 months - 5 years)

Date: \_\_\_\_/\_\_\_\_/2010      Evaluator ID: |\_\_|\_\_|      Student: ID: |\_\_|\_\_|  
                   day    month

Child: ID: |\_\_|\_\_|    Sex: M [ 1 ]    F [ 2 ]    Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Age (months) |\_\_|\_\_|  
                   Weight: |\_\_|\_\_|.|\_\_|\_\_|\_\_| Kg    Axillary temperature: |\_\_|\_\_|.|\_\_| °C  
                   Problems: \_\_\_\_\_

**Circle the code for the answer which applies**

(e.g.: If the answer is YES, circle [1]:    Yes **[ 1 ]**    No [ 2 ]

### ASSESSMENT

*(Record first what you see or hear and then check also the case recording form filled in by the student)*

#### ➤ **DANGER SIGNS**

**A1. Does the student ask whether the child is ABLE TO DRINK or breastfeed?**

Yes [ 1 ]      No [ 2 ] ➔ *Go to question # A4*  
 (or Child breastfeeding now)

☞ **A2. Does the mother answer that the child is unable to drink or breastfeed?**

Yes [ 1 ]      No [ 2 ] ➔ *Go to question # A4*

☞ **A3. 🚫 If YES, mother reports child is unable to drink: Does the student offer water to the child to check whether the child is able to drink?**

Yes [ 1 ]      No [ 2 ]

**A4. Does the student ask whether the child VOMITS EVERYTHING?**

Yes [ 1 ]      No [ 2 ] ➔ *Go to question # A7*

☞ **A5. Does the mother answer that the child vomits everything?**

Yes [ 1 ]      No [ 2 ] ➔ *Go to question # A7*

☞ **A6. 🚫 If YES, mother reports child vomits everything: Does the student offer water to the child to check whether the child vomits everything?**

Yes [ 1 ]      No [ 2 ]

**A7. Does the student ask whether the child has CONVULSIONS (related to this episode of illness)?**

Yes [ 1 ]      No [ 2 ]  
 [or Child convulsing now]















**A8. Does the child look sleepy, lethargic or unconscious?**

Yes [ 1 ]      No [ 2 ] ➔ *Go to question # A20*

Student: ID: |\_\_|\_\_|

- ☞ **A9.** 🛑 *If YES, child looks sleepy.* **Does the student check for lethargy or unconsciousness (tries to wake up the child)?**
- Yes [ 1 ]      No [ 2 ]
- A20.** **Does the student ask if the child has COUGH or DIFFICULT BREATHING?**
- Yes [ 1 ]      No [ 2 ] (*Ask the mother at the end of the observation*)
- A21.** **Does the child have cough or difficult breathing?**
- Yes [ 1 ] → *Go to question # A23*      No [ 2 ]
- ☞ **A22.** *If NO, child has no cough or difficult breathing:* **Does the student enter the “cough box” by mistake?**
- Yes [ 1 ] → *Go to question # A30*      No [ 2 ] → *Go to question # A30*
- 🛑 *If child has cough or difficult breathing:*
- ☞ **A23.** **Does the student ask how long the child has been having a cough for?**
- Yes [ 1 ]      No [ 2 ]
- ☞ **A24.** **Does the student count the respiratory rate?**
- Yes [ 1 ]      No [ 2 ] → *Go to question # A25*
- 🛑 *If YES, rate is counted:*
- ☞ **A24a.** **Child calm before and during the count?**
- Yes [ 1 ]      No [ 2 ]
- ☞ **A24b.** **Respiratory rate counted for full minute?**
- Yes [ 1 ]      No [ 2 ]
- ☞ **A24c.** **Write the respiratory rate/min counted by the student:**      |\_\_|\_\_|
- ☞ **A24d.** **Write the respiratory rate/min counted by you:**      |\_\_|\_\_|
- ☞ **A25.** **Does the student record on the case recording form that the child has chest indrawing?**
- Yes [ 1 ]      No [ 2 ]
- ☞ **A26.** **Does the child have chest indrawing based on your assessment?**
- Yes [ 1 ]      No [ 2 ]
- A30.** **Does the student ask if the child has DIARRHOEA?**
- Yes [ 1 ]      No [ 2 ]
- A31.** **Does the child have diarrhoea?**
- Yes [ 1 ] → *Go to question # A33*      No [ 2 ]

Student: ID: |\_\_|\_\_|

-  **A32.** If NO, child has no diarrhoea: Does the student enter the “diarrhoea box” by mistake?
- Yes [ 1 ] → Go to question # A40                      No [ 2 ] → Go to question # A40
-  If child has diarrhoea:
-  **A33.** Does the student ask how long the child has been having diarrhoea for?
- Yes [ 1 ]                      No [ 2 ]
-  **A34.** Does the student ask if there is blood in the stools?
- Yes [ 1 ]                      No [ 2 ]
-  **A35.** Does the student record on the case recording form that the child is restless, irritable?
- Yes [ 1 ]                      No [ 2 ]
-  **A36.** Is the child restless, irritable based on your assessment?
- Yes [ 1 ]                      No [ 2 ]
-  **A37.** Does the student offer the child something to drink?
- Yes [ 1 ]                      No [ 2 ] → Go to question # A38
-  **A37a.** Write student’s conclusion on child’s drinking:
- Drinking eagerly, thirsty [ 1 ]      Drinking normally [ 2 ]      Drinking poorly/unable to drink [ 3 ]
-  **A37b.** Write your conclusion on child’s drinking:
- Drinking eagerly, thirsty [ 1 ]      Drinking normally [ 2 ]      Drinking poorly/unable to drink [ 3 ]
-  **A38.** Does the student pinch the skin of the abdomen?
- Yes [ 1 ]                      No [ 2 ] → Go to question # A40
-  If YES, skin is pinched:
-  **A38a.** Does the student pinch the skin correctly?
- Yes [ 1 ]                      No [ 2 ]
-  **A38b.** Write student’s conclusion on skin pinch going back:
- Fast [ 1 ]                      Slowly [ 2 ]                      Very slowly [ 3 ]
-  **A38c.** Write your conclusion on skin pinch going back:
- Fast [ 1 ]                      Slowly [ 2 ]                      Very slowly [ 3 ]
- A40.** Does the student ask if the child has a **SORE THROAT?**
- Yes [ 1 ]                      No [ 2 ]
- A41.** Does the student check for lymph nodes on the front of the neck?
- Yes [ 1 ]                      No [ 2 ]

**A42. Does the student examine the child's throat correctly?**

Yes [ 1 ]      No [ 2 ]

**A50. Does the student ask if the child has an EAR PROBLEM?**

Yes [ 1 ]      No [ 2 ]

**A51. Does the child have an ear problem?**

Yes [ 1 ] → Go to question # A53      No [ 2 ]

 **A52.** If NO, child has no ear problem: **Does the student enter the “ear problem box” by mistake?**

Yes [ 1 ] → Go to question # A60      No [ 2 ] → Go to question # A60

 If child has an ear problem:

 **A53. Does the student ask about agonizing ear pain?**



Yes [ 1 ]      No [ 2 ]

 **A54. Does the student ask about ear discharge?**

Yes [ 1 ]      No [ 2 ] → Go to question # A56

 **A54a. Does the mother say that the child has ear discharge?**

Yes [ 1 ]      No [ 2 ] → Go to question # A56

 **A55.**  If YES, mother reports child has ear discharge: **Does the student ask for how long (ear discharge)?**

Yes [ 1 ]      No [ 2 ]

 **A56. Does the student feel for tender swelling behind the ear?**

Yes [ 1 ]      No [ 2 ]

**A60. Does the student ask/feel for FEVER (or refer to temperature if taken previously)?**

Yes [ 1 ]      No [ 2 ]

**A61. Does the child have fever ( $\geq 37.5$  °C - axillary temperature) or history of fever?**

Yes [ 1 ] → Go to question # A63      No [ 2 ]

 **A62.** If NO, child has no fever: **Does the student enter the “fever box” by mistake?**

Yes [ 1 ] → Go to question # A70      No [ 2 ] → Go to question # A70

 If child has fever:

 **A63. Does the student ask how long the child has been having fever for?**














Yes [ 1 ]      No [ 2 ]

▪ **A64. Looking or feeling for stiff neck.** *If it is unclear whether the student looks or feels for stiff neck, wait until the end of the observation (#A90), then ask the student to show you how to look or feel for stiff neck and answer the questions below.*

 **A64a. Does the student use the correct technique?**

Yes [ 1 ]      No [ 2 ]

Student: ID: |\_\_|\_\_|

-  **A64b. Does the student record that the child has a stiff neck?**  
Yes [ 1 ]      No [ 2 ]
-  **A64c. Does the child have a stiff neck according to your assessment?**  
Yes [ 1 ]      No [ 2 ]
- A70. Does the student look for VISIBLE SEVERE WASTING?**  
Yes [ 1 ]      No [ 2 ] → Go to question # A71
-  **A70a.  If YES: Does the student look for visible severe wasting using the correct technique?**  
Yes [ 1 ]      No [ 2 ]
-  **A70b. Write student's conclusion on visible severe wasting: is it present?**  
Yes [ 1 ]      No [ 2 ]
-  **A70c. Write your conclusion on visible severe wasting: is it present?**  
Yes [ 1 ]      No [ 2 ]
- A71. Does the student look for OEDEMA of both feet?**  
Yes [ 1 ]      No [ 2 ] → Go to question # A72
-  **A71a.  If YES: Does the student look for oedema of both feet correctly?**  
Yes [ 1 ]      No [ 2 ]
-  **A71b. Write student's conclusion on oedema of both feet: is it present?**  
Yes [ 1 ]      No [ 2 ]
-  **A71c. Write your conclusion on oedema of both feet: is it present?**  
Yes [ 1 ]      No [ 2 ]
- A72. Does the student check child's WEIGHT against a growth chart?**  
Yes [ 1 ]      No [ 2 ]
- A73. Does the student look for PALMAR PALLOR?**  
Yes [ 1 ]      No [ 2 ] → Go to question # A81
-  **A73a.  If YES: Does the student look for palmar pallor correctly?**  
Yes [ 1 ]      No [ 2 ]
-  **A73b. Write student's conclusion on palmar pallor:**  
No pallor [ 1 ]      Some pallor [ 2 ]      Severe pallor [ 3 ]

Student: ID: |\_\_|\_\_|

☞ **A73c. Write your conclusion on palmar pallor:**

No pallor [ 1 ]      Some pallor [ 2 ]      Severe pallor [ 3 ]

**A81. Does the student check child's IMMUNIZATION status (asks or checks card)?**

Yes [ 1 ]      No [ 2 ] → Go to question # A82

☞ **A81a.  If YES: Does the student record that the child is due for any immunization?**

Yes [ 1 ]      No [ 2 ]

☞ **A81b. Is the child due for any immunization according to your assessment?**

Yes [ 1 ]      No [ 2 ]

☞ **A81c. Is your conclusion on which immunizations are due the same as the student's?**

Yes [ 1 ]      No [ 2 ]

**A82. Does the student check VITAMIN A status (asks)?**

Yes [ 1 ]      No [ 2 ] → Go to question # A83      NA [8] Child is less than 9 months old → Go to question# A83

☞ **A82a. Write student's conclusion on vitamin A: does the child need it?**

Yes [ 1 ]      No [ 2 ]

☞ **A82b. Write your conclusion on vitamin A: does the child need it?**

Yes [ 1 ]      No [ 2 ]

**A83. Does the student ask whether the child has OTHER PROBLEMS?**

Yes [ 1 ]      No [ 2 ]

Student: ID: |\_\_|\_\_|

**CLASSIFICATION**

Circle **ONE** code for the classification given by the student and by you in each box below (If the student does not say or write anything spontaneously, probe by asking what his/her conclusions are about the child.)

**GENERAL DANGER SIGNS****By student**

<b>C1</b>	Very severe disease.....	Yes [1]	No [2]
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**By evaluator**

<b>C2</b>	<i>Very severe disease.....</i>	Yes [1]	No [2]
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**COUGH OR DIFFICULT BREATHING**

<b>C10</b>	Severe pneumonia/very sev. disease.....	[1]
	Pneumonia.....	[2]
	No pneumonia (cough or cold).....	[3]
	Not applicable.....	[8]
	Not classified.....	[7]

<b>C11</b>	<i>Severe pneumonia/very sev. disease.....</i>	[1]
	<i>Pneumonia.....</i>	[2]
	<i>No pneumonia (cough or ld).....</i>	[3]
	<i>Not applicable.....</i>	[8]

**DIARRHOEA**

<b>C20</b>	Child has diarrhoea.....	Yes [1]	No [2]
------------	--------------------------	---------	--------

<b>C21</b>	<i>Child has diarrhoea.....</i>	Yes [1]	No [2]
------------	---------------------------------	---------	--------

→  **If child has no diarrhoea, go to C40 (SORE THROAT)**

<b>C22</b>	Severe dehydration.....	[1]
	Some dehydration.....	[2]
	No dehydration.....	[3]
	Not classified.....	[7]

<b>C23</b>	<i>Severe dehydration.....</i>	[1]
	<i>Some dehydration.....</i>	[2]
	<i>No dehydration.....</i>	[3]

<b>C24</b>	Severe persistent diarrhoea.....	[1]
	Persistent diarrhoea.....	[2]
	Not applicable.....	[8]
	Not classified.....	[7]

<b>C25</b>	<i>Severe persistent diarrhoea.....</i>	[1]
	<i>Persistent diarrhoea.....</i>	[2]
	<i>Not applicable.....</i>	[8]

<b>C26</b>	Dysentery.....	[1]
	Not applicable.....	[8]
	Not classified.....	[7]

<b>C27</b>	<i>Dysentery.....</i>	[1]
	<i>Not applicable.....</i>	[8]

**SORE THROAT**

<b>C40</b>	Streptococcal sore throat.....	[1]
	Non-streptococcal sore throat.....	[2]
	No throat problem.....	[3]
	Not classified.....	[7]

<b>C41</b>	<i>Streptococcal sore throat.....</i>	[1]
	<i>Non-streptococcal sore throat.....</i>	[2]
	<i>No throat problem.....</i>	[3]

Student ID: |\_\_|\_\_|

**EAR PROBLEM**

<b>C50</b>	Mastoiditis .....	[1]
	Acute ear infection.....	[2]
	Chronic ear infection .....	[3]
	No ear infection .....	[4]
	Not applicable.....	[8]
	Not classified .....	[7]

<b>C51</b>	<i>Mastoiditis.....</i>	[1]
	<i>Acute ear infection.....</i>	[2]
	<i>Chronic ear infection.....</i>	[3]
	<i>No ear infection .....</i>	[4]
	<i>Not applicable.....</i>	[8]

**FEVER**

<b>C60</b>	Very severe febrile disease .....	[1]
	Fever-possible bacterial infection.....	[2]
	Fever-bacterial infection unlikely .....	[3]
	Not applicable .....	[8]
	Not classified .....	[7]

<b>C61</b>	<i>Very severe febrile disease.....</i>	[1]
	<i>Fever-possible bacterial infection....</i>	[2]
	<i>Fever-bacterial infection unlikely.....</i>	[3]
	<i>Not applicable.....</i>	[8]

**NUTRITIONAL STATUS**

<b>C70</b>	Severe malnutrition .....	[1]
	Low weight .....	[2]
	Not low weight.....	[3]
	Not classified.....	[7]

<b>C71</b>	<i>Severe malnutrition .....</i>	[1]
	<i>Low weight.....</i>	[2]
	<i>Not low weight.....</i>	[3]

**ANAEMIA**

<b>C80</b>	Severe anaemia.....	[1]
	Anaemia.....	[2]
	No anaemia.....	[3]
	Not classified .....	[7]

<b>C81</b>	<i>Severe anaemia.....</i>	[1]
	<i>Anaemia.....</i>	[2]
	<i>No anaemia.....</i>	[3]



Student: ID: |\_\_|\_\_|

## IDENTIFICATION OF TREATMENT

Treatment	By student		By evaluator	
	No.	Yes (tick)	No.	Yes (tick)
Give first dose of an appropriate antibiotic	sT0		eT0	
Treat the child to prevent low blood sugar	sT1		eT1	
Refer urgently to hospital	sT2		eT2	
Give an oral antibiotic for <b>pneumonia</b> for ___ days	sT3		eT3	
Treat wheezing if present	sT4		eT4	
Advise the mother <b>when to return</b> immediately	sT5		eT5	
<b>Follow up</b> in ___ days	sT6		eT6	
Follow up in ___ days <i>if not improving</i>	sT7		eT7	
Give fluid for severe <b>dehydration</b> (Plan C) / frequent ORS sips if referred	sT8		eT8	
Give fluid, zinc and food for some dehydration (Plan B)	sT9		eT9	
Give fluid, zinc and food to treat diarrhoea at home (Plan A)	sT10		eT10	
Advise the mother on feeding a child who has <b>persistent diarrhoea</b>	sT11		eT11	
Give multivitamins and minerals, including zinc, for 14 days	sT12		eT12	
Give an oral antibiotic recommended for <b>dysentery</b> for ___ days	sT13		eT13	
Give an appropriate antibiotic for <b>streptococcal sore throat</b>	sT14		eT14	
Give paracetamol for <b>fever</b> and/or pain	sT15		eT15	
If fever is present every day for more than ___ days, refer for assessment	sT16		eT16	
Give an oral antibiotic for <b>acute ear infection</b> for ___ days	sT17		eT17	
Treat with topical quinolone eardrops for 2 weeks	sT18		eT18	
Dry the ear by wicking	sT19		eT19	
Give <b>iron</b>	sT20		eT20	
Give <b>vitamin A</b>	sT21		eT21	

## ASSESSMENT AND IDENTIFICATION OF FEEDING PROBLEMS

**F1 Does the child have a severe classification?**

Yes [ 1 ] → go to question # A90      No [ 2 ]

**F2. Is child less than 2 years old?**

Yes [ 1 ]      No [ 2 ] → Go to question H1

*If not severe classification and child less than 2 years old:*

☞ **F3. Does the student ask whether the child is breastfed?**

Yes [ 1 ]      No [ 2 ]

☞ **F4. Is the child breastfed?**

Yes [ 1 ]      No [ 2 ] → Go to question # F6

*If YES, the child is breastfed:*

☞ **F5a. Does the student ask how many times the child is breastfed in the 24 hours?**

Yes [ 1 ]      No [ 2 ]

☞ **F5b. Does the student ask if the child is breastfed at night?**

Yes [ 1 ]      No [ 2 ]

☞ **F5c. Does the student ask whether any other food or fluids are given to the child?**

Yes [ 1 ]      No [ 2 ]

☞ **F5d. Is the child exclusively breastfed?**

Yes [ 1 ] → *Go to question # F9*      No [ 2 ]

*If NO, the child is not breastfed or not exclusively breastfed:*

**F6. Does the student ask what food and fluids are given to the child?**

Yes [ 1 ]      No [ 2 ]

**F7. Does the student ask how many times a day the child is given food?**

Yes [ 1 ]      No [ 2 ]

**F8. Does the student ask what is used to feed the child?**

Yes [ 1 ]      No [ 2 ]

**F9. Does the student ask whether feeding changed during illness?**

Yes [ 1 ]      No [ 2 ]

**F10. Does the student identify any feeding problems?**

Yes [ 1 ]      No [ 2 ]

**F11. Have you identified any feeding problems?**

Yes [ 1 ]      No [ 2 ]

**F12. Do you agree with student conclusions on feeding problems?**

Yes [ 1 ]      No [ 2 ]

## HOME CARE

**H1. Does the student advise the caregiver to increase fluids and continue feeding during illness?**

Yes [ 1 ]      No [ 2 ]

**A90. IF CHILD HAS FEVER and it is unclear whether the student has looked or felt for stiff neck, ask the student to show you now how to look or feel for stiff neck and then complete items A64a, A64b and A64c.**

### ❗ NOW: CHECK THE FORM AND MAKE SURE IT IS COMPLETE!

**END OF OBSERVATION** - *The evaluator may need to: ask the child's caregiver some questions if the student missed to ask these questions, validate certain findings and ask the student about the classifications made and the treatment identified during the consultation, if they were not stated during the consultation. The evaluator must complete and review this form carefully before the next child observation.*

## Form 16B. Observation—child (2 months - 5 years)

Date: \_\_\_\_/\_\_\_\_/2010      Evaluator ID: [\_\_\_\_]      Student: ID: [\_\_\_\_]  
           day    month

Child:ID: [\_\_\_\_]      Sex: M [ 1 ] F [ 2 ]      Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Age (months) [\_\_\_\_]

Weight: [\_\_\_\_].[\_\_\_\_] Kg      Axillary temperature: [\_\_\_\_].[\_\_\_\_] °C

Problems: \_\_\_\_\_

**Circle the code for the answer which applies**

(e.g.: If the answer is YES, circle [1]: Yes [ 1 ] No [ 2 ])

### ASSESSMENT

(Record first what you see or hear and then check also the case recording form filled in by the student)

#### ➤ **DANGER SIGNS**

**A1. Does the student ask whether the child is ABLE TO DRINK or breastfeed?**

Yes [ 1 ]      No [ 2 ] ➔ Go to question # A4  
 (or Child breastfeeding now)

☞ **A2. Does the mother answer that the child is unable to drink or breastfeed?**

Yes [ 1 ]      No [ 2 ] ➔ Go to question # A4

☞ **A3. ☹ If YES, mother reports child is unable to drink: Does the student offer water to the child to check whether the child is able to drink?**

Yes [ 1 ]      No [ 2 ]

**A4. Does the student ask whether the child VOMITS EVERYTHING?**

Yes [ 1 ]      No [ 2 ] ➔ Go to question # A7

☞ **A5. Does the mother answer that the child vomits everything?**

Yes [ 1 ]      No [ 2 ] ➔ Go to question # A7

☞ **A6. ☹ If YES, mother reports child vomits everything: Does the student offer water to the child to check whether the child vomits everything?**

Yes [ 1 ]      No [ 2 ]

**A7. Does the student ask whether the child has CONVULSIONS (related to this episode of illness)?**

Yes [ 1 ]      No [ 2 ]  
 [or Child convulsing now]

**A8. Does the child look sleepy, lethargic or unconscious?**

Yes [ 1 ]      No [ 2 ] ➔ Go to question # A20

Student: ID: |\_\_|\_\_|

- ☞ **A9.** 🚫 *If YES, child looks sleepy: Does the student check for lethargy or unconsciousness (tries to wake up the child)?*
- Yes [ 1 ]      No [ 2 ]
- A20.** Does the student ask if child has **COUGH or DIFFICULT BREATHING?**
- Yes [ 1 ]      No [ 2 ] (*Ask the mother at the end of the observation*)
- A21.** Does the child have cough or difficult breathing?
- Yes [ 1 ] → *Go to question # A23*      No [ 2 ]
- ☞ **A22.** *If NO, child has no cough or difficult breathing: Does the student enter the “cough box” by mistake?*
- Yes [ 1 ] → *Go to question # A30*      No [ 2 ] → *Go to question # A30*
- 🚫 *If child has cough or difficult breathing:*
- ☞ **A23.** Does the student ask how long the child has been having a cough for?
- Yes [ 1 ]      No [ 2 ]
- ☞ **A24.** Does the student count the respiratory rate?
- Yes [ 1 ]      No [ 2 ] → *Go to question # A25*
- 🚫 *If YES, rate is counted:*
- ☞ **A24a.** Child calm before and during the count?
- Yes [ 1 ]      No [ 2 ]
- ☞ **A24b.** Respiratory rate counted for full minute?
- Yes [ 1 ]      No [ 2 ]
- ☞ **A24c.** Write the respiratory rate/min counted by the student:    |\_\_|\_\_|
- ☞ **A24d.** Write the respiratory rate/min counted by you:            |\_\_|\_\_|
- ☞ **A25.** Does the student record on the case recording form that the child has chest indrawing?
- Yes [ 1 ]      No [ 2 ]
- ☞ **A26.** Does the child have chest indrawing based on your assessment?
- Yes [ 1 ]      No [ 2 ]
- A30.** Does the student ask if the child has **DIARRHOEA?**
- Yes [ 1 ]      No [ 2 ]
- A31.** Does the child have diarrhoea?
- Yes [ 1 ] → *Go to question # A33*      No [ 2 ]

Student: ID: |\_\_|\_\_|

- ☞ **A32.** *If NO, child has no diarrhoea:* **Does the student enter the “diarrhoea box” by mistake?**  
 Yes [ 1 ] → Go to question # A50      No [ 2 ] → Go to question # A50  
 ☞ *If child has diarrhoea:*
- ☞ **A33.** **Does the student ask how long the child has been having diarrhoea for?**  
 Yes [ 1 ]      No [ 2 ]
- ☞ **A34.** **Does the student ask if there is blood in the stools?**  
 Yes [ 1 ]      No [ 2 ]
- ☞ **A35.** **Does the student record on the case recording form that the child is restless, irritable?**  
 Yes [ 1 ]      No [ 2 ]
- ☞ **A36.** **Is the child restless, irritable based on your assessment?**  
 Yes [ 1 ]      No [ 2 ]
- ☞ **A37.** **Does the student offer the child something to drink?**  
 Yes [ 1 ]      No [ 2 ] → Go to question # A38
- ☞ **A37a.** **Write student’s conclusion on child’s drinking:**  
 Drinking eagerly, thirsty [ 1 ]      Drinking normally [ 2 ]      Drinking poorly/unable to drink [ 3 ]
- ☞ **A37b.** **Write your conclusion on child’s drinking:**  
 Drinking eagerly, thirsty [ 1 ]      Drinking normally [ 2 ]      Drinking poorly/unable to drink [ 3 ]
- ☞ **A38.** **Does the student pinch the skin of the abdomen?**  
 Yes [ 1 ]      No [ 2 ] → Go to question # A50  
 ☞ *If YES, skin is pinched:*
- ☞ **A38a.** **Does the student pinch the skin correctly?**  
 Yes [ 1 ]      No [ 2 ]
- ☞ **A38b.** **Write student’s conclusion on skin pinch going back:**  
 Immediately [ 1 ]      Slowly [ 2 ]      Very slowly [ 3 ]
- ☞ **A38c.** **Write your conclusion on skin pinch going back:**  
 Immediately [ 1 ]      Slowly [ 2 ]      Very slowly [ 3 ]
- A50.** **Does the student ask if the child has an **EAR PROBLEM?****  
 Yes [ 1 ]      No [ 2 ]
- A51.** **Does the child have an ear problem?**  
 Yes [ 1 ] → Go to question # A53      No [ 2 ]

Student: ID: |\_\_|\_\_|

☞ **A52.** *If NO, child has no ear problem: Does the student enter the “ear problem box” by mistake?*

Yes [ 1 ] → Go to question # A60 No [ 2 ] → Go to question # A60

🔔 *If child has an ear problem:*

☞ **A53.** Does the student ask about ear pain?

Yes [ 1 ]                      No [ 2 ]

☞ **A54.** Does the student ask about ear discharge?

Yes [ 1 ]                      No [ 2 ] → Go to question # A56

☞ **54a.** Does the mother say child has ear discharge?

Yes [ 1 ]                      No [ 2 ] → Go to question # A56

☞ **A55.** 🔔 *If YES, mother reports child has ear discharge: Does the student ask for how long (ear discharge)?*

Yes [ 1 ]                      No [ 2 ]

☞ **A56.** Does the student feel for (tender) swelling behind the ear?

Yes [ 1 ]                      No [ 2 ]

**A60.** Does the student ask/feel for **FEVER** (or refer to temperature if taken previously)?

Yes [ 1 ]                      No [ 2 ]

**A61.** Does the child have fever ( $\geq 37.5$  °C - axillary temperature) or history of fever?

Yes [ 1 ] → Go to question # A63 No [ 2 ]

☞ **A62.** *If NO, child has no fever: Does the student enter the “fever box” by mistake?*

Yes [ 1 ] → Go to question # A70 No [ 2 ] → Go to question # A70

🔔 *If child has fever:*

☞ **A63.** Does the student ask how long the child has been having fever for?

Yes [ 1 ]                      No [ 2 ]

▪ **A64.** **Looking or feeling for stiff neck.** *If it is unclear whether the student looks or feels for stiff neck, wait until the end of the observation (#A90), then ask the student to show you how to look or feel for stiff neck and answer the questions below.*

☞ **A64a.** Does the student use the correct technique?

Yes [ 1 ]                      No [ 2 ]

☞ **A64b.** Does the student record that the child has a stiff neck?

Yes [ 1 ]                      No [ 2 ]

Student: ID: |\_\_|\_\_|

☞ **A64c. Does the child have a stiff neck according to your assessment?**

Yes [ 1 ]      No [ 2 ]

☞ **A65. Is microscopic examination of blood films carried out in this facility?**

Yes [ 1 ]      No [ 2 ] → Go to question # A67

☞ 🔔 *If YES, malaria laboratory service available:* **A66. Does the student request a blood film?**  
(complete at the end of the assessment)

Yes [ 1 ]      No [ 2 ]      NA [ 8 ] [child has a GDS or any severe classification]

☞ **A67. Does the student ask if the child has had measles within the last 3 months?**

Yes [ 1 ]      No [ 2 ]

**A70. Does the student look for VISIBLE SEVERE WASTING?**

Yes [ 1 ]      No [ 2 ] → Go to question # A71

☞ **A70a. 🔔 *If YES:* Does the student look for visible severe wasting using the correct technique?**

Yes [ 1 ]      No [ 2 ]

☞ **A70b. Write student's conclusion on visible severe wasting: is it present?**

Yes [ 1 ]      No [ 2 ]

☞ **A70c. Write your conclusion on visible severe wasting: is it present?**

Yes [ 1 ]      No [ 2 ]

**A71. Does the student look for OEDEMA of both feet?**

Yes [ 1 ]      No [ 2 ] → Go to question # A72

☞ **A71a. 🔔 *If YES:* Does the student look for oedema of both feet correctly?**

Yes [ 1 ]      No [ 2 ]

☞ **A71b. Write student's conclusion on oedema of both feet: is it present?**

Yes [ 1 ]      No [ 2 ]

☞ **A71c. Write your conclusion on oedema of both feet: is it present?**











Yes [ 1 ]      No [ 2 ]

**A72. Does the student check child's WEIGHT against a growth chart?**

Yes [ 1 ]      No [ 2 ]

**A73. Does the student look for PALMAR PALLOR?**

Yes [ 1 ]      No [ 2 ] → Go to question # A81

-  **A73a.**  *If YES:* Does the student look for palmar pallor correctly?  
Yes [ 1 ]      No [ 2 ]
-  **A73b.** Write student's conclusion on palmar pallor:  
No pallor [ 1 ]      Some pallor [ 2 ]      Severe pallor [ 3 ]
-  **A73c.** Write your conclusion on palmar pallor:  
No pallor [ 1 ]      Some pallor [ 2 ]      Severe pallor [ 3 ]
- A81.** Does the student check child's **IMMUNIZATION** status (asks or checks card)?  
Yes [ 1 ]      No [ 2 ] → Go to question # A82
-  **A81a.**  *If YES:* Does the student record that the child is due for any immunization?  
Yes [ 1 ]      No [ 2 ]
-  **A81b.** Is the child due for any immunization according to your assessment?  
Yes [ 1 ]      No [ 2 ]
-  **A81c.** Is your conclusion on which immunizations are due the same as the student's?  
Yes [ 1 ]      No [ 2 ]
- A82.** Does the student check **VITAMIN A** status (asks)?  
Yes [ 1 ]      No [ 2 ] → Go to question # A83      NA [ 8 ] Child is less than 6 months old → Go to question # A83
-  **A82a.** Write student's conclusion on vitamin A: does the child need it?  
Yes [ 1 ]      No [ 2 ]
-  **A82b.** Write your conclusion on vitamin A: does the child need it?  
Yes [ 1 ]      No [ 2 ]
- A83.** Does the student ask whether the child has **OTHER PROBLEMS?**  
Yes [ 1 ]      No [ 2 ]



Student: ID: |\_\_|\_\_|

**CLASSIFICATION**

Circle **ONE** code for the classification given by the student and by you in each box below (If the student does not say or write anything spontaneously, probe by asking what his/her conclusions are about the child.)

**GENERAL DANGER SIGNS****By student**

<b>C1</b>	Present .....	Yes [1]	No [2]
-----------	---------------	---------	--------

**By evaluator**

<b>C2</b>	<i>Present .....</i>	Yes [1]	No [2]
-----------	----------------------	---------	--------

**COUGH OR DIFFICULT BREATHING**

<b>C10</b>	Severe pneumonia/very sev. disease....	[1]
	Pneumonia .....	[2]
	No pneumonia (cough or cold) .....	[3]
	Not applicable .....	[8]
	Not classified .....	[7]

<b>C11</b>	<i>Severe pneumonia/very sev. disease....</i>	[1]
	<i>Pneumonia .....</i>	[2]
	<i>No pneumonia (cough or cold) .....</i>	[3]
	<i>Not applicable .....</i>	[8]

**DIARRHOEA**

<b>C20</b>	Child has diarrhoea.....	Yes [1]	No [2]
------------	--------------------------	---------	--------

<b>C21</b>	<i>Child has diarrhoea.....</i>	Yes [1]	No [2]
------------	---------------------------------	---------	--------

→  **If child has no diarrhoea, go to C50 (EAR PROBLEM)**

<b>C22</b>	Severe dehydration .....	[1]
	Some dehydration .....	[2]
	No dehydration .....	[3]
	Not classified .....	[7]

<b>C23</b>	<i>Severe dehydration .....</i>	[1]
	<i>Some dehydration .....</i>	[2]
	<i>No dehydration .....</i>	[3]

<b>C24</b>	Severe persistent diarrhoea .....	[1]
	Persistent diarrhoea .....	[2]
	Not applicable .....	[8]
	Not classified .....	[7]

<b>C25</b>	<i>Severe persistent diarrhoea .....</i>	[1]
	<i>Persistent diarrhoea .....</i>	[2]
	<i>Not applicable .....</i>	[8]

<b>C26</b>	Dysentery .....	[1]
	Not applicable .....	[8]
	Not classified .....	[7]

<b>C27</b>	<i>Dysentery .....</i>	[1]
	<i>Not applicable .....</i>	[8]

**EAR PROBLEM**

<b>C50</b>	Mastoiditis .....	[1]
	Acute ear infection .....	[2]
	Chronic ear infection .....	[3]
	No ear infection .....	[4]
	Not applicable .....	[8]
	Not classified .....	[7]

<b>C51</b>	<i>Mastoiditis .....</i>	[1]
	<i>Acute ear infection .....</i>	[2]
	<i>Chronic ear infection .....</i>	[3]
	<i>No ear infection .....</i>	[4]
	<i>Not applicable .....</i>	[8]

Student: ID: |\_\_|\_\_|

**FEVER**

<b>C60</b>	Very severe febrile disease.....	[1]
	Malaria.....	[2]
	Fever-malaria unlikely.....	[3]
	Not applicable.....	[8]
	Not classified.....	[7]

<b>C61</b>	<i>Very severe febrile disease.....</i>	[1]
	<i>Malaria.....</i>	[2]
	<i>Fever-malaria unlikely.....</i>	[3]
	<i>Not applicable.....</i>	[8]

**NUTRITIONAL STATUS**

<b>C70</b>	Severe malnutrition.....	[1]
	Very low weight.....	[2]
	Not very low weight.....	[3]
	Not classified.....	[7]

<b>C71</b>	<i>Severe malnutrition.....</i>	[1]
	<i>Very low weight.....</i>	[2]
	<i>Not very low weight.....</i>	[3]

**ANAEMIA**

<b>C80</b>	Severe anaemia.....	[1]
	Anaemia.....	[2]
	No anaemia.....	[3]
	Not classified.....	[7]

<b>C81</b>	<i>Severe anaemia.....</i>	[1]
	<i>Anaemia.....</i>	[2]
	<i>No anaemia.....</i>	[3]

Student: ID: |\_\_|\_\_|

**IDENTIFICATION OF TREATMENT**

Treatment	By student		By evaluator	
	No.	Yes (tick)	No.	Yes (tick)
Give first dose of an appropriate antibiotic	sT0		eT0	
Give first dose of quinine for severe malaria	sT0a		eT0a	
Treat the child to prevent low blood sugar	sT1		eT1	
Refer urgently to hospital	sT2		eT2	
Give an oral antibiotic for <b>pneumonia</b> for __ days	sT3		eT3	
Treat wheezing if present	sT4		eT4	
Advise the mother <b>when to return</b> immediately	sT5		eT5	
<b>Follow up</b> in __ days	sT6		eT6	
Follow up in __ days <i>if not improving</i>	sT7		eT7	
Give fluid for severe <b>dehydration</b> (Plan C) / frequent ORS sips if referred	sT8		eT8	
Give fluid, zinc and food for some dehydration (Plan B)	sT9		eT9	
Give fluid, zinc and food to treat diarrhoea at home (Plan A)	sT10		eT10	
Advise the mother on feeding a child who has <b>persistent diarrhoea</b>	sT11		eT11	
Give multivitamins and minerals, including zinc, for 14 days	sT12		eT12	
Give an oral antibiotic recommended for <b>dysentery</b> for __ days	sT13		eT13	
Give recommended antimalarial for non-severe <b>malaria</b>	sT14		eT14	
Give paracetamol for high <b>fever</b> and/or pain	sT15		eT15	
If fever is present every day for more than __ days, refer for assessment	sT16		eT16	
Give an oral antibiotic for <b>acute ear infection</b> for __ days	sT17		eT17	
Treat with topical quinolone eardrops for 2 weeks	sT18		eT18	
Dry the ear by wicking	sT19		eT19	
Give <b>iron</b>	sT20		eT20	
Give <b>vitamin A</b>	sT21		eT21	

**ASSESSMENT AND IDENTIFICATION OF FEEDING PROBLEMS****F1 Does the child have a severe classification?**

Yes [ 1 ] → go to question # A90      No [ 2 ]

**F2. Is child less than 2 years old?**

Yes [ 1 ]      No [ 2 ] → Go to question H1

*If not severe classification and child less than 2 years old:* **F3. Does the student ask whether the child is breastfed?**





Yes [ 1 ]      No [ 2 ]

 **F4. Is the child breastfed?**

Yes [ 1 ]      No [ 2 ] → Go to question # F6

*If YES, the child is breastfed:*

Student: ID: |\_\_|\_\_|

-  **F5a. Does the student ask how many times the child is breastfed in 24 hours?**  
Yes [ 1 ]      No [ 2 ]
-  **F5b. Does the student ask if the child is breastfed at night?**  
Yes [ 1 ]      No [ 2 ]
-  **F5c. Does the student ask whether any other food or fluids are given to the child?**  
Yes [ 1 ]      No [ 2 ]
-  **F5d. Is the child exclusively breastfed?**  
Yes [ 1 ] → Go to question # F9      No [ 2 ]  
*If NO, the child is not breastfed or not exclusively breastfed:*
- F6. Does the student ask what food and fluids are given to the child?**  
Yes [ 1 ]      No [ 2 ]
- F7. Does the student ask how many times a day the child is given food?**  
Yes [ 1 ]      No [ 2 ]
- F8. Does the student ask what is used to feed the child?**  
Yes [ 1 ]      No [ 2 ]
- F9. Does the student ask whether feeding changed during illness?**  
Yes [ 1 ]      No [ 2 ]
- F10. Does the student identify any feeding problems?**  
Yes [ 1 ]      No [ 2 ]
- F11. Have you identified any feeding problems?**  
Yes [ 1 ]      No [ 2 ]
- F12. Do you agree with student conclusions on feeding problems?**  
Yes [ 1 ]      No [ 2 ]

### HOME CARE

- H1. Does the student advise the caregiver to increase fluids and continue feeding during illness?**  
Yes [ 1 ]      No [ 2 ]

**A90. IF CHILD HAS FEVER and is unclear whether the student has looked or felt for stiff neck, ask the student to show you now how to look or feel for stiff neck and then complete items A64a, A64b and A64c.**

### **NOW: CHECK THE FORM AND MAKE SURE IT IS COMPLETE!**

**END OF OBSERVATION** - The evaluator may need to: ask the child's caregiver some questions if the student missed to ask these questions, validate certain findings and ask the student about the classifications made and the treatment identified during the consultation, if they were not stated during the consultation. The evaluator must complete and review this form carefully before the next child observation.

