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**EVALUATION OF THE COUNSELING  
PERFORMED BY HEALTH WORKERS  
TRAINED IN IMCI  
LUSAKA, ZAMBIA**

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- Appendix A: Guide for observing the health worker care for a sick child
- Appendix B: Interview with mother or guardian of a sick child
- Appendix C: Guide for interviewing health workers caring for sick children
- Appendix D: Recording Form

## ACRONYMS

BASICS	Basic Support for Institutionalizing Child Support Project
IMCI	Integrated Management of Childhood Illnesses
OPD	Outpatient Department
ORS	Oral Rehydration Salts or Oral Rehydration Solution
MCH	Maternal Child Health
SD	Standard Deviation
USAID	United States Agency for International Development
UTH	University Teaching Hospital
WHO	World Health Organization
ZEN	Zambian Enrolled Nurses

## **EXECUTIVE SUMMARY**

### **Purpose**

The purpose of the study was to evaluate counseling that is performed by the health workers who were trained in the integrated management childhood illness (IMCI) course in Zambia during June 1996, with particular emphasis on nutrition counseling.

### **Methods**

Three methods were used to collect the information:

- 1) observation of the health workers as they attended to sick children under-5-years-of-age
- 2) interview mothers of those same children as they were leaving the health center
- 3) interview of the health workers to determine their own perceptions regarding the counseling

The observations and interviews were carried out from August 19-26, 1996, in the eight Lusaka urban health centers where the IMCI implementation had been initiated. All children under-5-years-of-age brought to the health workers during the period of observation were included in the study.

### **Findings**

- ◆ Thirteen of the seventeen trained health workers were either interviewed and observed (7 of them were both interviewed and observed), observed only (2), or interviewed only (4). Their availability and/or whether they were seeing children at the time of visit determined whether they were observed and/or interviewed. The 9 health workers were observed with a total of 73 children.
- ◆ Almost all the clinicians interviewed said they were more sensitive to counseling than they were before the IMCI training. Most of those observed were pleasant to the mothers and child caregivers and seemed to listen to them.
- ◆ The assessment of the nutritional status of the children was rarely performed by the health workers, even though the IMCI training recommends checking for anemia and malnutrition in the sick child. The vitamin A supplementation status was checked in only about one in seven of the children seen. Five of the nine health workers observed asked about the feeding of the majority of the children, and four of them offered some feeding advice to the mother or guardian. Only one consistently praised mothers for something

they were doing right and asked questions to make sure they understood the counsel she provided.

- ◆ Although the health workers frequently consulted the IMCI chartbook (mostly for treatment), none were observed using the recording form (appendix D) contained in it, which presents a convenient one-page guide for evaluating the sick child. They said that they do not use it because they do not have a copy for each child (as they had practiced in the training).
- ◆ Although most clinicians explained why they were prescribing drugs, the explanation of the dose, frequency, and duration of administration was commonly provided by the nurse who dispensed the drugs. Some errors in the drug dispensing were caught during the exit interview.
- ◆ In the interview, almost all of the health workers said they base their decision on whether to assess the nutritional status of the child on whether the child looks malnourished. Virtually all said that their main difficulty with counseling is a lack of time.
- ◆ The health workers had received no supervisory visits since their training.

### **Recommendations**

Recommendations are provided in this document for improving counseling and supervision, providing copies of the recording form as a job aid, and improving training.

## **BACKGROUND**

The Integrated Management of Childhood Illness (IMCI) Program initiated by WHO teaches clinicians to counsel mothers about the care, treatment, and nutrition of sick children under-5-years-of-age. Specifically regarding nutrition, the Zambian IMCI course teaches the clinicians to assess nutritional status by checking for visible wasting, palmar pallor, edema of the feet, weight-for-age, and growth faltering. Then for all the children under 2-years-of-age, and for all those showing very low weight-for-age (<3 SD of reference median), anemia, or growth faltering, the clinician is asked to assess the child's feeding by asking a series of questions about breastfeeding and other foods fed to the child. The mother or guardian is then to be offered relevant counseling according to feeding recommendations that have been found through research to be practical and acceptable to the community. The health worker is also asked to check the vitamin A supplementation status of the child and to prescribe vitamin A if it is not up to date.

In June 1996, 17 clinicians consisting of doctors, clinical officers, and registered nurses were trained in the IMCI program. Two clinicians were drawn from each of the eight health centers in Lusaka Urban District selected for the initial implementation of the IMCI program in Zambia; only one, a registered nurse, came from outside the eight health centers.

## **PURPOSE OF THE STUDY**

The purpose of this study was to evaluate the performance of the nutrition counseling provided by the health workers trained in IMCI. The study, which looked also at the general aspects of counseling, was conducted from August 19 to 26, 1996. The performance of the health workers in managing common symptoms such as cough, diarrhea, and fever had already been conducted and was not included in this study.

## **METHODS USED**

Information was collected through—

- 1) observations of the health workers as they attended to sick children under-5-years-of age
- 2) interviews of mothers of those same children as they were leaving the health center
- 3) interviews of the health workers trained in IMCI to determine their perceptions regarding counseling

The observations of the health workers were intended to determine the extent to which they practiced the nutrition guidelines taught in the IMCI course, and to assess their approach to counseling in general. An observation guide (appendix A) was prepared, closely following the

training the health workers had received regarding nutritional status assessment, feeding assessment, and counseling. The exit interview questions (appendix B) were designed to determine if the mothers could recall any questions they were asked about child feeding and/or feeding counseling they had received, and their reaction to it. The health workers were interviewed to ascertain their attitudes towards the counseling, any difficulties they might have encountered with the nutrition assessment and counseling, and any suggestions they had for improving the implementation of the program (appendix C). Questions about drug counseling were included in both the observation and exit interviews to help compare both drug and feeding counseling.

The observation and interview questions were discussed with the two proposed observers (a clinical officer and a registered nurse) who were familiar with both clinic and consulting room procedures, and had also been trained in the IMCI course. Their input and comments were incorporated in the questions.

## **SAMPLING**

All children under-5-years old brought to the health worker during the period when he or she was being observed were included in the study. All observation took place in the morning when there were more patients in the clinic. Since a significant proportion of the children seen in the clinic was expected to be under-2-years old (for whom feeding assessment is recommended), it was anticipated that there would be an adequate opportunity to observe the assessments of feeding and counseling. The inclusion of all children under-5 also increased the chances of observing the health workers evaluate children with a variety of nutritional needs. The mothers were given small numbered cards when they were seen by the health worker and asked to go for an interview when they were ready to leave the clinic.

The observations and interviews were carried out in eight urban Lusaka health centers: Chawama, Chelstone, Chilenje, Chipata, Kamwala, Kanyama, Matero Reference, and Mutindere. The two observers (one from a ninth health center) had both participated as observers and interviewers in the pre- and post-training health facility survey assessment. They and two exit interviewers (nutritionists from the National Food and Nutrition Commission) were trained to use the instruments prepared for the observations and interviews.

## **FINDINGS**

### **A. The Sample**

A total of 13 of the 17 clinicians trained in the IMCI method (12 from the 8 selected clinics) were observed and/or interviewed: 7 were observed and also interviewed; 2 more were observed, but not interviewed; and another 4 (including the 2 who were the observers for the study) were

interviewed, but not observed. The availability of the health workers and whether or not they were seeing children at the time of the health center visit determined whether they were observed, interviewed, or both. Of the four trained health workers, not reached during the study, one, a doctor, was away studying administration; another, a nurse, was in midwifery school; a third was on leave; and the fourth was away participating in the national immunization day on day her clinic was visited.

Number of health workers	
observed and interviewed	7
observed only	2
interviewed only (includes two who were observers)	<u>4</u>
Total	13

Two of the nine health workers who were observed worked in the same clinic, and of the rest, one from each of the remaining seven clinics. The health workers were observed attending a total of 73 children aged 5 years or under, with the number attended by a health worker varying from 2 to 14. Although three of the health workers who were observed attended only two or three children, the findings from observing them are included in the analysis because they were found to be no more or less likely than the others to perform the nutrition assessment and counseling in the manner taught in the training. About three-quarters of the children (53/73) were under 2 years old and, according to the IMCI training, should be expected to have their feeding assessed.

**B. Health Center Organization**

The organization of a clinic's activities, such as the hours of operation, staffing patterns and patient load, would be expected to influence the time health workers feel they can spend with patients. Clinic organization was not studied in depth, but the following information readily emerged through observation and interviews:

- The clinicians trained in IMCI evaluate both sick adults and children, as is common in most clinics. In two clinics, with mutual agreement from all concerned, the children are reportedly directed to those trained in IMCI, leaving the adults to other clinicians, whenever possible. However, such 'specialization' only works if all the clinicians are present in the clinic. In one health center, the one IMCI-trained clinical officer at the health center rotates through night duty, so on a regular basis, during some mornings there are no clinicians trained in IMCI.
- In each of these urban clinics there are others besides the two health workers trained in IMCI methods who also see children. There is an expressed need in all the clinics that the other clinicians should also be trained. There reportedly have been instances when others have questioned the (unfamiliar) care given by the IMCI-trained clinicians (such as not prescribing antibiotics when others expect them to).

- In most health centers, there is a large crowd of patients in the morning, but a much lighter load in the afternoon. The health workers generally report their working hours as 7:30 a.m. to 12:30 p.m., and 2:00 to 4:00 p.m. In reality, most patient consultations begin later than 7:30 a.m., and on most days, the morning patient load is cleared around noon or soon after. Many of the clinicians estimated that they see anywhere between 30 to 100 plus patients a day, although they were often not sure since they only keep track of new patients on their tally sheets.
- When there is a doctor attached to the health center, he or she sees only patients referred by the clinical officers or registered nurses, so the doctor sees many fewer children than the clinical officer or nurse, and presumably spends more time with each patient. One doctor said she sees only one or two children a day, while another said he sees about twenty children a day.

A more in-depth assessment of the way the clinics function will help reveal if clinic efficiency could be improved with re-organization.

### C. Screening Room Organization

In most of the screening rooms where the consultation takes place, the placement of chairs allows the clinician easy access to observe and examine the child on the mother's lap. In some cases, however, the mother and child sit opposite the clinician across a large desk, which hinders easy access to the child.

### D. Assessment of Nutritional Status

The observers looked to see if health workers checked for malnutrition and anemia. In interviews, the health workers were also asked the conditions under which they assessed nutritional status or feeding.

- An **assessment for malnutrition** was rarely performed, although it is recommended as part of the care of the sick child.
- Clinicians would lift the clothing of a child with diarrhea to check skin turgor on the abdomen, or one with a cough to assess respiratory rate, but did not look elsewhere on the body for signs of **severe wasting**, which is classified as a danger sign.
- It was uncommon for the clinicians to determine **weight-for-age**. Four out of the eight health centers reported that sick children are routinely weighed, but even the clinicians in these clinics rarely used the weight to determine the child's weight-for-age. The one clinician who checked weight-for-age most often only checked it in 4 of the 13 children she saw. (The same health worker consistently assessed feeding and counseled mothers appropriately about feeding). Another checked it in one of the two children she evaluated

during the period of observation. In the cases where the weight-for-age was determined, the child's growth chart was used, not the IMCI growth chart which has a third lower growth curve (< 3 SD of the reference median) to screen for children who are **very low weight-for-age**. (The lower of the two curves on the Zambian growth chart corresponds to 2 SD below the median reference for weight-for-age.) It might be argued that many of the children who are not yet very low weight-for-age might benefit from feeding counseling. Not using the IMCI growth chart is another example of the health workers straying from the guidelines taught in the IMCI course.

- No clinician was observed to take action based on **growth faltering**.
- **Palmar pallor** was rarely checked, not even by one clinical officer who remarked in her interview that it was easy to do.
- In the case of **edema of the feet**, only one clinician appeared to check for it. (He announced to the observer that he was checking for edema while looking at the child's feet but without pressing on them.)

#### **E. Assessment of Feeding**

- Five of the nine clinicians who were observed asked some questions about the feeding of the majority of the children with whom they were observed. Those who tended to assess feeding did not limit the assessment to children under 2 years; one consistently asked all the relevant feeding questions for all 13 children brought to her during the period of observation. Another also assessed the feeding of 13 of 14 children, but did not always ask all the questions about breastfeeding and about other foods fed to the child. A clinician would sometimes ask about breastfeeding, but not about other foods, or ask about other foods, but not the frequency of feeding.
- Sometimes the clinicians failed to assess feeding even when a feeding problem (such as loss of appetite or ulcers in the mouth) was among the presenting complaints.
- Although the IMCI training recommends the assessment of feeding of all children under-2-years-of-age and those with anemia, very low birth weight, or growth faltering, virtually all the clinicians admitted in interviews that they assess the children's nutrition or feeding only when the child looks to them to be malnourished. One (who was not observed) said she usually only asks whether the sick child is eating well or not.
- In interviews, most of the clinicians could not readily give all the indications for assessing the feeding of the child. One clinical officer admitted that he' tried to refresh his memory about the nutrition counseling in preparation for this study.

- When feeding problems were identified, they were not noted in the child's outpatient record and would, thus, be unlikely to be followed up on a return visit.

#### **F. Assessment of Vitamin A Supplementation Status**

- The vitamin A supplementation status was checked very infrequently, in only about one in seven of the children seen. A large majority of the mothers had brought their children's growth charts, which rarely had a record of vitamin A supplementation. For most of the children, the clinicians neither asked the mothers about previous vitamin A administration nor prescribed it.
- In the case of measles, sometimes a health worker remembered to prescribe vitamin A, sometimes not.
- Vitamin A is currently being dispensed in tablet form. In two cases in one health center, the children's growth charts showed that the mothers had themselves taken the vitamin A tablets meant for their infant children aged more than six months. Notations on the children's cards indicated that vitamin A had been given to the mothers and the mothers confirmed taking the tablets. Since both incidents were discovered in one health center, it is possible that there was some misunderstanding in that clinic of the guidelines for vitamin A supplementation, although similar misunderstandings in other health centers cannot be ruled out.

#### **G. Counseling of the Mother**

During the observation of the health workers, their general interaction and approach to communication with the mothers and the types of information they gave the mothers concerning feeding and treatment were noted. During interviews, they were asked their perception of the counseling and any difficulties they might have in performing it.

##### **1. General**

- All the clinicians interviewed said that they were more sensitive to the need to counsel mothers than they had been before the IMCI training. They say, in general, that they talk to mothers more than they used to and that mothers sometimes thank them for taking the time to talk to them. The two doctors remarked that they considered talking to mothers as the most important part of their consultations with them.
- Almost all the clinicians who were observed were generally pleasant to the mother or guardian, although only two of them routinely greeted the mothers. Most looked at the mothers when talking to them and appeared to listen to what they said. Most talked to the mother about the diagnosis and said something about the reason they were or were not prescribing drugs.

- Only one clinician consistently encouraged the mothers by praising them for something they were doing right and also asked mothers questions to determine if they understood the advice they had received. The same clinician also always explained how to take the drugs she prescribed.

## 2. Feeding Advice

- Four of the five health workers who commonly assessed the child's feeding were also more likely to offer feeding advice. The fifth assessed the feeding of four of her six patients, but did not offer advice or any comments on the feeding. The one health worker, mentioned above, who conducted a complete assessment of the feeding was also the one who gave the most relevant advice to the mother, advice based on the feeding problems.
- A few times a health worker failed to assess feeding, but offered advice, or failed to offer feeding advice even when a feeding problem, such as mouth ulcers or loss of appetite, was among the presenting complaints.
- When feeding counseling was provided, it was not always relevant to the situation or appropriate, especially if the clinician did not first determine if there was a problem.
- When feeding counseling was offered, mothers were rarely asked if they understood the advice given.
- Most times, feeding information was not noted in the child's medical record. Sometimes the health worker did note in the child's record that advice was provided, but not the advice itself, and, thus, would probably be unable to determine later if the advice had been followed.
- One health worker commented that they needed guidance specific to sick children. It was pointed out that the *Foodbox* sheet specifically addresses sick children who are not feeding well. However, more guidelines probably need to be provided specifically for children who are vomiting, since that is of special concern to both clinicians and mothers.

### 3. Health Worker Performance of Nutrition Assessment and Counseling During Observation

Health worker	Total no. of children attended during period of observation	No. of the children < 2 years old	Nutritional status assessed <sup>1</sup>	Feeding assessed <sup>2</sup>	Feeding counseling given <sup>3</sup>	Time spent per patient (range in mins.)	Remarks
A	8	5	No	No	Yes	3 -11	Irrelevant advice, not based on assessment
B	3	1	No	No	No	3 -5	No patients waiting at 11 A.M.
C	3	2	No	Yes	Yes	4 - 9	Advice not necessarily based on identified problem
D	6	5	No	Yes	No	5	Some questions on feeding but not followed up
E	11	9	No	No	No	2 - 8	Breastfeeding questions only in two patients
F	13	12	No	Yes	Yes	4 -10	Offered mothers' appropriate behaviors as advice without first acknowledging them
G	2	2	No	Yes	Yes	5	Inappropriate breastfeeding advice in one case
H	13	7	No	Yes	Yes	4 -12	Feeding in all chn. assessed; appropriate feeding behavior praised; drugs also explained
J	14	10	No	No	No	2 -8	Claims of performing feeding assessment and counsel not observed in practice

<sup>1</sup>Nutritional status assessed according to IMCI guidelines in half or more of children seen by health worker.

<sup>2</sup>Some or all recommended feeding questions asked in half or more of the eligible children.

<sup>3</sup>Feeding counseling offered for half or more of the eligible children.

#### **4. Mothers' Reaction to Feeding Advice**

Mothers' reaction to the feeding advice was determined from the exit interviews.

- Mothers almost always remembered and repeated what the health worker had asked them about their child's feeding. They also remembered any feeding advice that had been offered by the clinician. In one instance, the mother pointed out that the health worker advised her about breastfeeding, but did not ask her about the other foods she feeds the baby. They generally said they accepted the advice and would try to follow it, because they wanted their child to get better, not lose weight, or as one said, not "lose the child." In a couple of instances they added that they would follow the feeding advice if they could afford it.
- Interestingly, in a few instances when the advice was not relevant to the mother's situation (evident from the observation record), the mother would deny having received any feeding advice. This was particularly true in cases where the feeding advice was not based on any identified problem, or the mother was simply told to practice a behavior she was already practicing when the health worker had not first acknowledged that she was doing something right.

#### **5. Drug Dispensing and Counseling About the Drugs**

- Only the clinician who consistently offered feeding advice or praised mothers also consistently explained to all the mothers how to use the drugs she prescribed in terms of the dosage, frequency, and duration of administration of the drug. A few of the others did so sometimes, many never did. For most patients, the clinicians relied on the nurse who dispensed the drugs to explain them to the mother. These nurses, usually Zambian enrolled nurses (ZEN), are reportedly rotated through the drug dispensary. It is not clear what type of training they receive for that job.
- Most mothers were able to correctly say how much and how often to give the child the drugs that they were given at the clinic.
- There were some occasions where the drugs were not labeled, or the mothers did not know how often or how long they were to give the child the drugs. Sometimes mothers thought the chloroquine syrup was cough syrup. On a few occasions, mothers did not understand the symbols written on the package, such as '5 mls' instead of 'one teaspoon,' or '2/2/1,' which reportedly denotes how much and how often to take a drug.
- On one occasion a mother was given an adult form of septrin for the child. Another time, a mother was given an eye ointment that had not been prescribed and remarked to the exit interviewer that she did not know why she had been given that drug, but had said nothing to the drug dispenser. Occasionally, a prescribed drug was not given, and the mother was

not told to buy it elsewhere. Some of those dispensing drugs were more likely than others to make repeated mistakes.

- An exit interviewer remarked that some mothers seemed afraid to go back to the person who dispensed the drugs to have errors corrected after they had been spotted at the exit interview.
- In many clinics, if only a few tablets were prescribed, they were dispensed in very small paper-wrapped packages which would be easy to misplace in overcrowded homes.
- If mothers did not bring bottles to the clinic and if there were none available in the clinic, they were asked to go and fetch bottles and come back for the medication. It is not clear how promptly mothers come back for the drugs.
- Towards the end of the month, dispensaries reportedly tend to run out of many commonly prescribed drugs, and mothers are given prescriptions to buy the drugs outside the health centers. The general perception is that attendance at the clinics is reduced when the community realizes that there is a shortage of drugs in the health center.

#### **H. Reasons for Not Counseling**

The clinicians were asked during interviews if they had any difficulties with counseling and what suggestions they had for improving it.

- The only difficulty health workers say they have about the counseling is insufficient time. They say that because of the 'congestion' of patients in the clinics, they need to work quickly to get through the patient load. However, they do not think the assessment or counseling is difficult. They recommended an increase in staff.
- A couple of the health workers admitted that they need to practice counseling more often to do it better.

#### **I. Use of the Chartbook /Recording Form**

The IMCI chartbook and wallcharts issued to all those trained, contains algorithms of all the important information taught in the course concerning assessment, classification, and treatment of common illnesses. In the contents of the chartbook and wall charts is the recording form (appendix D). Whether and how these charts were being used was noted during the observation.

- Almost all the clinicians had the IMCI chartbook on their desks and consulted it or the wall charts, most often for treatment. In interviews, they confirmed that they used them mostly for checking on treatment, occasionally for assessment or classification of a clinical sign.

- No one was observed using the *Foodbox* or the sheet on *Counsel the Mother about Feeding Problems*. While the health workers would not be expected to consult the *Foodbox* for every child who needs counseling, because they can be expected to recall the familiar foods mentioned in the *Foodbox*, it appeared as if only a few had familiarized themselves and internalized the concepts in the *Foodbox* and the *counsel the mother*' card. For example, one clinician advised the mother of a 2 month old to give water by spoon and not by bottle, even though the guidelines teach the health worker to encourage the mother to exclusively breastfeed during the first six months. Another appeared embarrassed when in response to her comments, she was shown the guidelines specifically provided with the *Foodbox* for children who are not eating well during illness. In interviews, most admitted that they had not been consulting the *Foodbox*.
- None of the nine clinicians who were observed used the recording form, even though they referred to other parts of the chartbook. Only one (a doctor who was interviewed, but not observed) had a photocopy of the recording form on her desk, with the subheadings highlighted with a marking pen. She said that they had been given the forms during training and remarked that they were a very convenient job aid. Since this doctor was not observed with patients, no one was actually seen using the recording form as a patient evaluation aid. Another doctor also said it was a very convenient form, but that he uses it for training students. The rest said they do not use the forms because they are not available for each child. No one was observed using the mother's card to explain when to return.

#### **J. Amount of Time Spent with Patients**

The amount of time the health worker spent with each patient was recorded.

- The clinical officer who performed the most comprehensive and consistent counseling spent the most time with patients, ranging from 4 to 12 minutes, with an average of 7.4 minutes per patient (for 13 patients). Another clinical officer who also assessed the feeding of almost all her patients, but was not as thorough in assessment or counseling, spent 6.4 minutes per patient. The least amount of time per patient spent by a health worker ranged from 2-8 minutes, with an average of 4.0 minutes per patient (for 10 patients). The same health worker performed no nutrition assessments or counseling. The amount of time spent by the others ranged between the two extremes.
- In this particular sample, the male clinicians were less likely than the females to do feeding assessments and counseling.

#### **K. Supervision**

The health workers were asked if they had received any supervisory visits after the training and what concerns they would like to discuss with the supervisor.

- None of the health workers had received any supervisory visits since the training. Almost all said the problem that they would want to discuss with their supervisor is the manpower shortage.

## **CONCLUSION**

- Although all clinicians interviewed said that one benefit of the IMCI training was the way it sensitized them to the need to counsel, most do not practice the nutrition assessment and counseling as recommended during their training. Especially for those who rarely assessed the child's feeding or provided feeding counseling, it appeared that a contributing factor was the lack of a systematic approach to the evaluation of the child. (The observers remarked that a clinician sometimes appeared to remember that they were expected to deal with the child's feeding and would then ask a question or offer some counseling, which led to inconsistency in their performance.) By not using the recording form, all the health workers more often than not missed such simple and quick tasks as checking the vitamin A supplementation and they run the risk of falling into old patterns before the new behaviors have become part of their routines.
- For many of the health workers, feeding assessment and counseling during the evaluation of the sick child is new to them and to do it well and more often, they need practice and support, support that is currently not being provided.
- The clinical officer who provided the most counseling to her patients did spend the most time with her patients. If it can be shown that she does not spend more hours per day than what is expected of her, others might be encouraged to provide more counseling.

## **RECOMMENDATIONS**

Several approaches to improving counseling are suggested here. It will take some trial and repeated re-assessment to identify the most feasible and effective approaches in the long term, however, supervision, the use of the recording form, and improved training procedures (for future groups) can be tried almost immediately.

### **A. Supportive Supervision**

- Frequent supportive supervision, especially in the early period after the training, would help reinforce the practices taught during the IMCI training. The clinicians themselves admitted that the more frequently they were reminded to perform certain practices, the more likely it would become part of their routine.

- Since supervision from the district office is infrequent (even though the clinicians were trained with their district supervisors), the program could look into training the sisters-in-charge in IMCI, helping them to provide on-site supervision in their own health centers. Such an approach will probably be possible in those large urban centers where there is a hierarchy of staff culminating in a sister-in-charge with experience and seniority.

## **B. Job Aids/Recording Form**

The one page recording form that is included in the IMCI chartbook conveniently lists the danger signs to look for, the important questions and signs to elicit for the common presenting symptoms, and questions to ask to assess the child's feeding. It also reminds the clinician to check the child's immunization status and vitamin A supplementation. These forms are not available for use with each child, but their use as a job aid could be promoted in several ways:

- During training, discuss with the trainees that the forms should be used as a convenient job aid, even if they do not have one for each child. Discuss and practice how the form can be used in conjunction with the existing OPD cards or exercise books.
- Since it is unlikely that there would be a recording form for each child in the foreseeable future, photocopies of the form, possibly laminated, could be made available to the clinicians to have on their desk as a reference during their consultation with mothers and their children. Routine tasks, such as checking for vitamin A supplementation, immunization, and/or assessing the feeding of children under 2 years, could be highlighted.
- In the long term, new children's OPD cards could be imprinted with the information on the recording form, or the inside cover of the exercise books used as OPD record books could be stamped with similar information to guide the health workers.
- Clinicians could have samples of vitamin A capsules (or tablets) in the consulting room to remind them to ask mothers about vitamin A supplementation and to explain how to give it to the children.

## **C. Improved Training**

There is a need to strengthen the training of the health workers concerning counseling in general, and feeding counseling in particular. Topics and activities that could be included in the training to motivate and improve their performance could include—

- Emphasizing the point, and demonstrating it throughout the training, that good communication skills are important throughout the interaction with the mother or guardian.

- Counseling about feeding is a *component* of providing good care for the sick child, as important as all the other services provided for the child.
- Given the very high prevalence of diarrhea, vomiting, and loss of appetite, feeding issues are of great concern to mothers and caregivers and they are likely to appreciate some guidance and support about feeding. It may even be that mothers are even more receptive to nutrition counseling at the time of illness, when it becomes an issue.
- With repeated infections and anorexia, children's nutritional status will continue to deteriorate unless mothers can be helped to understand that danger and are encouraged to stop the slide with particular attention to feeding during and after illness.
- Most children who are not growing well do not necessarily 'look malnourished', so limiting feeding assessment to only those who look malnourished will miss those whose growth is faltering. Taking action (even if it is to refer the mother elsewhere, such as to the MCH section for continued counseling) might avert continued deterioration of the nutritional status.
- Explaining to the trainees the process by which the feeding recommendations in the *Foodbox* are arrived at might help illustrate the general principle of making counseling relevant to a child's identified feeding problems.
- During training, have a person with special competence in counseling mothers about breastfeeding and other feeding practices participate as a trainer. In addition, have trainers observe a good counselor (such as the one identified in this evaluation) in a real clinic situation to show that counseling can be performed under ordinary conditions.
- In the long term, reassess how counseling techniques can be incorporated throughout the training. Also, work with the pre-service trainers to strengthen counseling during pre-service training.

#### **D. Infant Feeding Counselor**

If most clinicians are unwilling or unable to provide appropriate feeding counseling, train special feeding counselors to be available at the clinics. Possible approaches suggested are—

- Each clinic could have infant feeding counselors specially trained to counsel mothers referred by clinicians who feel they do not have the time to counsel well. These counselors could be nurses or, where possible, could even be women recruited from the community from among a mothers' breastfeeding support group, for example. The clinicians would still have to be willing to do an initial nutrition assessment to determine the children who need counseling.

- All the clinics have ORS corners where children are referred for rehydration or to receive packets of ORS to be prepared and given at home. The health worker assigned to the ORS corner could be trained to also offer feeding advice for the children referred for ORS and rehydration.
- Currently, many clinicians refer children assessed to be malnourished to the MCH section of the health center for follow up if they don't need hospitalization. Selected staff at the MCH section could be provided improved training to be special child feeding counselors to do assessments and offer relevant feeding advice to mothers.

**E. Improve Training for Drug Dispensers**

Review the approach to drug dispensing in the health centers to decide who needs to be trained, and train them to improve the dispensing of drugs and counseling about the prescribed medication.

**F. Review Clinic Organization**

The organization of the clinics should be reviewed to determine if any changes could be made in such aspects as the hours of work, distribution of personnel, and the time of initiation of work. It is not clear how much the public has been encouraged to spread their clinic attendance throughout the day and not limit it mostly to the morning. With the outpatient sections of the University Teaching Hospital (UTH) expected to close, some clinic re-organization will very likely be necessary to accommodate the expected increase in patients at the health centers.

**G. Screening Room Reorganization**

The few screening rooms that had a table between the mother/child and the clinician should be rearranged to facilitate the observation and examination of the child.

**APPENDIXES**

**APPENDIX A**

**QUESTION GUIDE FOR OBSERVING  
THE HEALTH WORKER CARE FOR A SICK CHILD**

**APPENDIX A**

**Question guide for observing the health worker care for a sick child**

District \_\_\_\_\_ Health center \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_  
Observer \_\_\_\_\_ Health worker name \_\_\_\_\_  
Patient no. \_\_\_\_\_ Time consultation began \_\_\_\_\_ Hrs  
Time consultation ended \_\_\_\_\_ Hrs

*Introduce yourself to the health worker. Explain that we are continuing the evaluation of how the IMCI approach is working to help further planning of the program, and you would like to sit with her this morning while she works. Explain that you will take some notes and also time some of the activities to get an idea of how much time the process takes. Note the time the consultation begins and ends, and use the stopwatch to time all segments of nutrition counseling.*

Type of health worker being observed (circle):

Clinical officer \_\_\_\_\_ Registered nurse (ZRN) \_\_\_\_\_  
Doctor \_\_\_\_\_ Other (specify) \_\_\_\_\_

Child's age (months) \_\_\_\_\_ Child's date of birth? \_\_\_ / \_\_\_ / \_\_\_  
Child's age was obtained from the child's card/ mother/ guardian/other? (circle one)

Child brought in by mother or other guardian (specify guardian's relation to child)  
\_\_\_\_\_

Did the health worker:

greet the mother or guardian Y N  
offer her a chair politely (if mother seemed timid or unsure?) Y N  
look at the mother when she talked to her? Y N

***Start timing the consultation now by writing down the time \_\_\_\_\_ HRS***

Did the health worker ask what the problem was?  
\_\_\_\_\_

How long? \_\_\_\_\_ Did not ask

Is this the child's first visit for this illness Y N Don't know

## ASSESSING THE CHILD'S NUTRITIONAL STATUS

Did the health worker look for:

Visible severe wasting? Y N Don' know

If yes, how (*circle all that apply*)? (take clothes off, look at shoulder girdle, ribs, buttocks, arms, legs)

Look for pallor? Y N If yes, how \_\_\_\_\_

Clouding of the cornea? Y N

Foamy patches on the white of the eye? Y N

Oedema of both feet? Y N If yes, how \_\_\_\_\_

Weigh the child? Y N Already weighed Sent for weight

Determine weight for age? Y N

If yes, how (*circle one*): used child's regular growth chart  
used IMCI growth chart

Did the health worker record positive or negative signs of malnutrition? Y N

Did the health worker record positive or negative signs of anemia? Y N

*Write here the classification of malnutrition or anemia recorded by the health worker (write both positive and negative signs recorded by health worker)*

visible severe wasting \_\_\_\_\_

wasting \_\_\_\_\_

severe pallor \_\_\_\_\_

edema of both feet \_\_\_\_\_

very low weight for age \_\_\_\_\_

growth faltering \_\_\_\_\_

Did the health worker check to see if the child should receive vitamin A and record it?

Y N Don't know

If yes, how do you know \_\_\_\_\_

**IDENTIFYING FEEDING PROBLEMS**

Did the health worker assess the child's feeding by asking the following questions about feeding:  
 Y N

(Check those the health worker asked and note the answers given by the mother):

Feeding question	Asked	Mother's answer
Do you breastfeed your child?	Y N	
If yes, how many times in 24 hours?	Y N	
Do you breastfeed during the night?	Y N	
Does the child take other food or fluids?	Y N	
If yes, what foods or fluids?	Y N	
How many times per day?	Y N	
What do you use to feed the child?	Y N	
How large are the servings?	Y N	
Does the child receive his own serving?	Y N	
Who feeds the child and how?	Y N	
During the illness, has the child's feeding changed?		
If yes, how?	Y N	
	Y N	

Did the health worker note all the feeding problems?(circle one)  
 Y N Did not record Did not ask questions

If not, what feeding problems were missed?

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**COUNSELING THE MOTHER OR GUARDIAN**

Did the health worker advise the mother about the feeding of the child? Y N

If not, skip to page 5

Did the health worker seem to listen carefully to what the mother or guardian said? Y N

If not, why do you think the health worker was not listening carefully?

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Did the health worker praise the mother for something she is doing right? Y N

If yes, what did the health worker say to the mother?

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Did the health worker give advice relevant to this child's situation?

If not, what advice was not relevant?

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Was the advice correct for the problems identified? Y N Don't know

Was the advice complete for the problems identified? Y N Don't know

If no, what was incorrect or incomplete?

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What was the advice the health worker gave to the mother?

Breastfeeding

More often Y N N/A

Longer Y N N/A

Other foods

Foods suggested \_\_\_\_\_

Consistency (e.g., *thick porridge*) \_\_\_\_\_

More often Y N

Amount per feeding Y N, If yes how was the amount indicated?

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Active feeding Y N

Separate plate Y N

How did the mother respond to the advice?

Agreed (what did she say)

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Asked questions

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Said nothing

Did the health worker ask questions to check the mother's understanding of the advice she had given?

Y N

IF THIS WAS A FOLLOW-UP VISIT Y N

Did the health worker check to see if this was a follow-up visit? Y N

Did she ask the mother if the child has developed any new problems? Y N

Did the health worker ask the mother if she had been following the feeding recommendations given her on the last visit? Y N

If the mother had been trying to follow the recommendations, did the worker congratulate her?

Y N

If the mother had not been following the recommendations, did the health worker try to find out the mother's reasons for not being able to follow the recommendations? Y N

What did the mother say was the reason for not following the advice?

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Did the health worker try to work with the mother on how she might be able to improve the child's feeding? Y N

If yes, what suggestions did the health worker discuss with the mother?

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**BREASTFEEDING DIFFICULTY**

Did the mother have breastfeeding difficulty? Y N N/A

If she did, did the health worker observe the breastfeeding and check the positioning?  
Y N

Did she help the mother correct the positioning? Y N N/A

The health worker referred the child to the postnatal ward Y N

**PERSISTENT DIARRHEA**

Did the child have persistent diarrhea Y N

If yes, did the health worker give feeding advice to the mother? Y N

If yes, what was the advice?

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**COUNSELING ABOUT MEDICINES**

Did the health worker explain how to take the medicines? Y N  
(check what she explained):

- Dose Y N
- Times of day Y N
- Duration Y N
- Potential side effect Y N
- The remainder of the medicines at the end of the treatment Y N

**ADVICE FOR RETURN VISIT**

Did the health worker advise the mother to return for a follow-up visit? Y N

Was the time given for a return visit appropriate for the child's problem? Y N

How many days was the mother told to return \_\_\_\_\_ days

Did she explain the signs to look for to return immediately for further care? Y N

Did she include if the child refuses to breastfeed or eat any food? Y N

**YOUR PERCEPTION**

Do you think the health worker could have improved the counseling for this child? Y N

If you think the counseling could have been improved, do you have any suggestions how or what could have been done differently?

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*Record the time the consultation was completed \_\_\_\_\_ HRS*

ASK THE HEALTH WORKER WHAT THE DIAGNOSIS FOR THIS CHILD WAS

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*Please check if the health worker (check all that apply):*

had the chartbook on the table and consulted it (for:

had the chartbook on the table

consulted the wall charts

did not have the chartbook on the table

used the mothers' card in counseling mothers

**APPENDIX B**

**EXIT INTERVIEW WITH MOTHER  
OR GUARDIAN OF A SICK CHILD**

**APPENDIX B**

**Exit interview with mother or guardian of a sick child**

*Greet the mother and explain that you would like to ask her some questions about her visit to the clinic today. Tell her to feel free to answer the questions. Tell her you are only interested in her answers and will not use her name.*

District \_\_\_\_\_ Health center \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Interviewer \_\_\_\_\_  
Patient no. \_\_\_\_\_ Child's age (months) \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1. What condition does your child have that brought you to the clinic today?

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2. Did the health worker ask you about the child's feeding today? Y N Don't know

3. (If yes), what did she ask you about the child's feeding?

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4. Did the health worker give you advice today about the child's feeding?  
Y N Can't remember

5. (If yes), what did she say? (*don't prompt*)

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6. What do you think of the advice?

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7. Will you try it? Y N

8. (If yes), why?

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9. (If no), why not

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10. Is this your first visit here for this illness? Y N  
(If yes, go to Q13)

11. (If no), when were you here for the same illness? \_\_\_\_\_

12. (If return visit):

- Were you the person who brought the child for the first visit? Y N

- Why was the child brought back today?

Was told to bring her back \_\_\_\_\_

Not getting better \_\_\_\_\_

Other reason (specify) \_\_\_\_\_

- Were you seen by the same health worker today who attended the child during the last visit for the same illness? Y N Don't know

- Were you given advice about the child's feeding during the last visit?  
Y N Don't know

(If no, or don't know, go to Q13)

(If yes), do remember the advice? Y N N/A

(If yes), what was it?

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- Did the health worker ask you whether you were able to follow the previous advice?  
Y N Can't remember

- Were you able to follow the previous feeding advice? Y N

(If not),

- Why were you not able to follow the advice?

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13. Were you given any medicines or prescription for medicine today? Y N  
(If yes),

14. Was it explained to you how to give the medicines? Y N

15 (If yes) Ask to see the medicines, then ask about each medicine, the dose, time of day, how many days to be taken. If answer is correct, mark +, if incorrect mark - in the table below

Medicine	How much	How many times/ day	For how many days

16. Who explained to you how to take the medicine? (check all applicable)

Health worker who screened the child

Pharmacist

Both

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

17. Were you told when to return? Y N

18. When will you return? \_\_\_\_\_

19. Ask to see the growth chart if available. Check to see if:

today's weight was recorded Y N

child is growing well Y N

child's growth is faltering Y N

child has low weight for age Y N

vitamin A supplementation is up to date Y N Not recorded

\_\_\_No card

Thank the mother and wish her well.

**APPENDIX C**

**QUESTION GUIDE FOR INTERVIEWING  
HEALTH WORKERS CARING FOR SICK CHILDREN**

**APPENDIX C**

**Question guide for interviewing health workers caring for sick children**

District \_\_\_\_\_ Health center \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer \_\_\_\_\_ Health worker name \_\_\_\_\_

**Type of health worker:**

Clinical officer \_\_\_\_\_ Environmental health technician \_\_\_\_\_

Registered nurse (ZRN) \_\_\_\_\_ Doctor \_\_\_\_\_

Enrolled nurse (ZEN) \_\_\_\_\_ Other (specify) \_\_\_\_\_

How many years have you held this professional position? \_\_\_\_\_

Have you received training in IMCI? \_\_\_\_\_

How long have you been at this facility? \_\_\_\_\_

About how many sick children do you see in a day? \_\_\_\_\_

How many hours do you spend seeing sick children? \_\_\_\_\_

Do you also attend to non-sick children? \_\_\_\_\_

Do you perform any other professional activities outside of the health center? Y N

If yes, what are they?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you received any supervision since you started using your training in IMCI? Y N

If yes, how many times? \_\_\_\_\_

Was the supervisor also trained in IMCI? \_\_\_\_\_

Have you had any problems with the counseling that you wished you could discuss with a supervisor?

Y N

If yes, what were the problems?

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What did you do about the problem(s) you had?

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Have you had any difficulties with the counseling in general? Y N

If yes, what are the problems?

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How do you think the difficulty can be addressed?

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Under what conditions do you ask about the feeding of the child?

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Are there any aspects of the nutritional assessment or classification you have difficulties with?  
Y N

If yes, which aspects do you find difficult?

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Are there any aspects of the feeding counseling you find particularly difficult to perform?

Y N

If yes, what aspects are you referring to?

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Under what circumstances do you ask mothers to come for follow up?

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When they do come for follow-up do you find that they have followed the feeding advice you gave them? Y N Sometimes

If they have not, what are some of the reasons they give for not following the advice?

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Are there any aspects of the feeding counseling that you think mothers have difficulty understanding?

Y N

If yes, what are they and why do you think it presents difficulties to the mother?

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Do you have any suggestions to improve the feeding counseling?

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When you are seeing a sick child, do you use the chartbook? Y N Sometimes

If not, why do you not use it?

If yes, what do you use it for?

When you are seeing a sick child where do you record your findings?

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Do you record the feeding problems? Y N Sometimes All the time

If sometimes only, when do you record them?

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If not, how do you know if the previous feeding recommendations were followed when the child returns? \_\_\_\_\_

Have you ever had the chance to do the following:

- Observe a breastfeeding Y N If yes, how often do you think you do so?
- Help a mother correct faulty positioning of the baby at the breast. Y N  
If yes how often?

If not, why do you think you have not had the chance to observe breastfeeding or help a mother correct breastfeeding positioning

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Do you generally screen newborns Y N Sometimes

If not, who sees newborns? \_\_\_\_\_ and up to what age? \_\_\_\_\_

Do you have anything else to say about IMCI and the counseling?

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**APPENDIX D**  
**RECORDING FORM**

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

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ kg Temperature: \_\_\_\_\_ °C

ASK: What are the child's problems? \_\_\_\_\_ Initial Visit? \_\_\_\_\_ Follow-up Visit? \_\_\_\_\_

ASSESS (Circle all signs present)

**CLASSIFY**

<p><b>CHECK FOR GENERAL DANGER SIGNS</b>                  NOT ABLE TO DRINK OR BREASTFEED                  VOMITS EVERYTHING                  CONVULSIONS</p>	<p>LETHARGIC OR UNCONSCIOUS</p>	<p>General danger sign present?                  Yes ___ No ___                  Remember to use danger sign                  when selecting classifications</p>
<p><b>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</b> Yes ___ No ___</p> <ul style="list-style-type: none"> <li>• For how long? ___ Days</li> <li>• Count the breaths in one minute. _____ breaths per minute. Fast breathing?</li> <li>• Look for chest indrawing.</li> <li>• Look and listen for stridor or wheezing</li> </ul>		
<p><b>DOES THE CHILD HAVE DIARRHOEA?</b> Yes ___ No ___</p> <ul style="list-style-type: none"> <li>• For how long? ___ Days</li> <li>• Is there blood in the stool?</li> <li>• Look at the child's general condition. Is the child:                      Lethargic or unconscious?                      Restless and irritable?</li> <li>• Look for sunken eyes.</li> <li>• Offer the child fluid. Is the child:                      Not able to drink or drinking poorly?                      Drinking eagerly, thirsty?</li> <li>• Pinch the skin of the abdomen. Does it go back:                      Very slowly (longer than 2 seconds)?                      Slowly?</li> </ul>		
<p><b>DOES THE CHILD HAVE FEVER?</b> (by history/feels hot/temperature 37.5°C or above) Yes ___ No ___</p> <ul style="list-style-type: none"> <li>• For how long? ___ Days</li> <li>• If more than 7 days, has fever been present every day?</li> <li>• Has child had measles within the last 3 months?                      If the child has measles now or within the last 3 months:</li> <li>• Look or feel for stiff neck.                      Look for signs of MEASLES:                      • Generalized rash and                      • One of these: cough, runny nose, or red eyes.                      • Look for mouth ulcers.                      If Yes, are they deep and extensive?</li> <li>• Look for pus draining from the eye.</li> <li>• Look for clouding of the cornea.</li> </ul>		
<p><b>DOES THE CHILD HAVE AN EAR PROBLEM?</b> Yes ___ No ___</p> <ul style="list-style-type: none"> <li>• Is there ear pain?</li> <li>• Is there ear discharge? If Yes, for how long? ___ Days?</li> <li>• Look for pus draining from the ear.</li> <li>• Feel for tender swelling behind the ear.</li> </ul>		
<p><b>THEN CHECK FOR MALNUTRITION AND ANAEMIA</b></p> <ul style="list-style-type: none"> <li>• Look for visible severe wasting.</li> <li>• Look for palmar pallor.                      Severe palmar pallor? Some palmar pallor?</li> <li>• Look for oedema of both feet.</li> <li>• Determine weight for age.                      - Very Low ___ Not Very Low ___</li> <li>• Check for growth faltering</li> </ul>		
<p><b>CHECK THE CHILD'S IMMUNIZATION STATUS</b> Circle immunizations needed today.</p> <p>BCG OPVO DPT1 OPV1 DPT2 OPV2 DPT3 OPV3 Measles</p>		<p>Next immunization on (Date) _____</p>
<p><b>CHECK WHETHER THE CHILD SHOULD RECEIVE VITAMIN A</b></p>		
<p><b>ASSESS CHILD'S FEEDING</b> if child has ANAEMIA OR VERY LOW WEIGHT or GROWTH FALTERING or is less than 2 years old.</p> <ul style="list-style-type: none"> <li>• Do you breastfeed your child? Yes ___ No ___                      If Yes, how many times in 24 hours? ___ times. Do you breastfeed during the night? Yes ___ No ___</li> <li>• Does the child take any other food or fluids? Yes ___ No ___                      If Yes, what food or fluids? _____                      How many times per day? ___ times. What do you use to feed the child? _____                      If very low weight for age or growth faltering: How large are servings? _____                      Does the child receive his own serving? ___ Who feeds the child and how? _____</li> <li>• During this illness, has the child's feeding changed? Yes ___ No ___ If Yes, how? _____</li> </ul>		<p>Feeding problems: _____</p>

**ASSESS THE CHILD'S OTHER PROBLEMS**

**ASSESS THE MOTHER'S HEALTH NEEDS**

- Do you have any health problems? Yes \_\_\_ No \_\_\_
- Do you want help with family planning? Yes \_\_\_ No \_\_\_
- Did you bring your maternal health card? Yes \_\_\_ No \_\_\_  
 May I please look at it? Yes \_\_\_ No \_\_\_