REPORT

BASICS
TRAINING ON INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES IN THE COPPERBELT REGION, KITWE, ZAMBIA

September 16 to October 4, 1996

Rose Macauley
Paula Nersesian

BASICS Technical Directive: 000 HT 53 014
USAID Contract Number: HRN-6006-C-00-3031-00
# TABLE OF CONTENTS

**ACKNOWLEDGMENTS**

**ACRONYMS**

**EXECUTIVE SUMMARY** ..................................................... 1

**PURPOSE OF VISIT** ........................................................... 1

**BACKGROUND** .................................................................... 1

**TRIP ACTIVITIES** .............................................................. 2

**CONCLUSIONS AND RECOMMENDATIONS** ................................. 3

**FOLLOW-UP ACTION REQUIRED** ............................................ 5

**APPENDICES**

- **Appendix A:** IMCI Course Schedule and List of Course Participants and Facilitators from the Kitwe Training
- **Appendix B:** List of Corrections and Suggestions for the Zambia-adapted Chart Booklet and Zambia-adapted IMCI Course Modules
- **Appendix C:** IMCI Facilitator Skills Development Workshop Schedule: Course Schedule from the Kitwe Training, October, 1996
- **Appendix D:** IMCI Facilitator Skills Development Workshop List of Participants and Facilitators
ACKNOWLEDGMENTS

The integrated management of childhood illness is a new initiative for which an orientation would benefit international health professionals. We consider ourselves privileged to now be included in the cadre of IMCI consultants. We would like to express our heartfelt thanks to all who made it possible for us to participate in the course.

A special thanks to the facilitators who were very patient and flexible in dealing with all the participants.
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<th>ACRONYMS</th>
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<td>Basic Support for Institutionalizing Child Survival Project</td>
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<td>IMCI</td>
<td>Integrated Management of Childhood Illnesses</td>
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EXECUTIVE SUMMARY

From 14 September to 5 October BASICS Technical Officers Rose Macauley and Paula Nersesian were in Kitwe, Zambia to participate in the basic IMCI training course and the IMCI Facilitators Skills Development Workshop. Also participating in the training were 15 Zambian health professions of various background and responsibilities. This training course was the first IMCI training in the Copperbelt Province. Zambia’s first training courses were held in Lusaka during the period from May to August 1996.

PURPOSE OF VISIT

The primary purpose of the visit was for the technical officers to participate in the integrated management of childhood illness (IMCI) basic course and the facilitators’ training. The following additional tasks were included in the scope of work:

- Expand the draft proposal of the IMCI Facilitator Skills Development Workshop.
- Begin work on the adaptation of the Facilitator Guide for Modules for Zambia.
- Review other materials on integrated management of childhood illnesses, including the IMCI adaptation guide and the technical background papers.

BACKGROUND

After nearly two decades of promoting disease-specific control programs in developing countries with limited success in sustaining reduction of morbidity and mortality in children less than 5 years of age, the international public health community has been faced with the challenge of identifying a single, more efficient and effective approach to managing childhood illnesses. In response to this challenge, the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) used updated technical findings to combine these disease-specific measures into an approach that would provide effective management of the illnesses that account for more than 70 percent of deaths in children less than 5 years of age. This approach is now known as integrated management of childhood illness (IMCI). The two United Nation Agencies (WHO and UNICEF), in collaboration with their partners, developed a training package to teach health workers. This course is known as the Management of Childhood Illness Course (MCI).

The United States Agency for International Development (USAID), through its largest child survival project, BASICS, is playing a major role in assisting countries to adapt training materials and to train health workers. One of the first countries to benefit from the USAID assistance for the implementation of IMCI is Zambia. The current training was the first to be held in the Copperbelt Province. The first set of training courses were held in Lusaka on May 13-31, June
3-14, and July 29 to August 9, 1996. Fifty-four Zambians were trained in the basic IMCI course, and eight Zambians were trained as IMCI course facilitators.

This training provided the BASICS technical officers with the necessary skills to offer technical assistance in the planning and implementation of IMCI in Zambia and other countries, as well as to provide ongoing support to the IMCI technical working group at BASICS headquarters.

TRIP ACTIVITIES

1. Training

A. Basic IMCI Course: The technical officers participated in the basic IMCI course, which was conducted over a period of 11 days, September 15-27, 1996. The course provides instruction for the use of the IMCI chart booklet, wall charts, and recording forms that are designed to provide an operational framework for first-line health workers. The course uses two main teaching methods: self study of modules with facilitation, and clinical practice in both outpatient and inpatient settings. See Appendix A for the basic course schedule and list of participants and facilitators from the Kitwe training.

The course was attended by 17 participants, including doctors, nurses, clinical officers, and a nutritionist. Fifteen of the seventeen participants were Zambians whose responsibilities ranged from health facility administration and teaching at teaching hospitals to upper-level staff positions at rural hospitals and health centers. All 17 participants successfully completed the basic course. The facilitators consisted of physicians and clinical officers who are affiliated with various organizations, including the World Health Organization (WHO), the University Teaching Hospital (UTH) in Lusaka, Zambia, the BASICS project, and the Gondar College of Medical Sciences in Ethiopia. All facilitators had previously participated in the basic course training and had some facilitator training.

During the course, the technical officers identified corrections and made suggestions for improving and clarifying points in the chart booklet and modules. These observations are listed in Appendix B.

B. IMCI Facilitator Skills Development Workshop: The 5-day IMCI Facilitators Skills Development Workshop provides instruction that enables participants to develop and strengthen their facilitation skills. Although the course director's guide describes "a facilitators' training," the training is not delineated from the basic IMCI course. Reading the description, one gets the impression that trainees would gain facilitation skills by the end of their participation in the basic course. Based on experience gained from earlier training courses, a number of facilitators, spear-headed by BASICS, recognized the need for future facilitators to go through a 5-day "facilitation skills development workshop"
immediately following the basic course. See Appendix C for the workshop schedule. The training manual for the IMCI Facilitators Skills Development Workshop is currently being developed. Six Zambian participants and the two BASICS technical officers participated in the workshop under the guidance of three facilitators, one of which also served as the course director. See Appendix D for a list of participants and facilitators.

2. **Expand the draft proposal of the IMCI Facilitator Skills Development Workshop:**
   In order to further develop the draft proposal for a 5-day training-of-trainers workshop developed by BASICS staff, the activities of the training-of-trainers workshop conducted in Kitwe were documented in a table entitled, Template for Field Test of the Facilitator’s Training Manual. The document outlined each activity, how they were conducted, and the time it took to complete each activity. The findings from the Zambia application of the draft facilitator training proposal are helping to direct further development of the IMCI Facilitator Skills Development Workshop. A draft of the training manual should be available in the first quarter of 1997.

3. **Begin work on the adaptation of the Facilitator Guide for Modules for Zambia:** The initial step of identifying the changes needed to be made in order to adapt the generic Facilitators Guide for Modules for Zambia was completed in Kitwe. A copy of the Facilitators Guide for Modules, with the suggested adaptations hand-written on a copy of the document, was left with the Zambia Child Health Project staff in Lusaka.

4. **Review other materials on integrated management of childhood illness:** The review of background materials on IMCI was accomplished through participating in the basic IMCI course and the IMCI Facilitator Skills Development Workshop, by reviewing the adaptation guide and the supporting technical documents, and by discussing the material with the course facilitators.

**CONCLUSIONS AND RECOMMENDATIONS**

Discussions during the course showed that a number of policy-related issues for the implementation of IMCI in Zambia are still unclear. Zambian health workers in the course repeatedly expressed concern as to whether they would be expected to practice what they had learned in the course or to continue practices based on national policy. Perhaps this confusion is not unique to Zambia. Similar confusion would exist in any country where IMCI training precedes appropriate policy changes. At the time of the training, some of the treatment and intervention recommendations in Zambia either did not comply with current national policy or were not possible to implement due to the unavailability of recommended medications and supplies.

With this experience, the authors recommend that countries should do everything possible to ensure that necessary policy changes for the implementation of IMCI precede IMCI health
worker training. As mentioned earlier, the Zambians are still debating several policy issues. Until policy decisions are made, health workers will not be able to fully apply what they have learned through the IMCI course.

While those involved in adapting the IMCI material for Zambia must be commended for a good job, participants in this course identified a number of corrections that range from typographical and formatting errors to technical issues. Some of the issues might require policy-level decisions by the Ministry of Health (MOH). The authors encourage the MOH and the BASICS project to consider the recommended changes prior to the production of any future editions of the Zambia materials.

Considering the diverse background and reading ability of the course participants, it is not surprising that they progressed at different speeds through the course material. In this course all participants had at least post high school training. But, like in all adult learning situations, people learn at different rates using different methods. The challenge for the facilitators is to maintain a reasonable level of interest and motivation among all the participants without compromising the integrity of the carefully programmed course. The authors believe that one way of doing this is by making available a number of technical papers that provide the justification for the treatment algorithms for those who progress through the course material more quickly instead of having them sit through the activities or sessions with nothing to do.

Clearly, not everyone who goes through the basic IMCI course is a potential facilitator. But, in the absence of some selection criteria, it becomes difficult for facilitators to decide who should be trained as a facilitator. The authors recommend that BASICS take a lead on developing the selection criteria to make the process more objective. To jump-start the process, the authors propose the following for inclusion in the facilitator selection criteria.

Those selected must—

- exhibit exemplary performance during the basic IMCI course.
- be willing and available to serve as a facilitator during future IMCI basic training courses;
- have a background in a clinical science.
- have previous training experience or a willingness and commitment to be trained as a trainer.
- be committed to the IMCI initiative.

As the number of BASICS-assisted countries interested in implementing IMCI continues to grow, more technical officers need to participate in a formal adaptation training to meet the anticipated demand for adaptation consultants. Formal IMCI adaptation training would equip technical officers with the requisite skills to assist governments when providing technical assistance to adapt the IMCI materials.
In addition to monitoring the counseling component of IMCI, monitoring site visits to the Copperbelt Region to follow up on the implementation of other components IMCI should be conducted before the next training course in the Copperbelt. Lessons learned from their early experiences may be crucial for the improvement of future training.

FOLLOW-UP ACTION REQUIRED

1. BASICS should move quickly to develop the IMCI Facilitator Skills Development Workshop so that field testing of the training manual can begin soon.

2. The adaptation of the Facilitator Guide for Modules for Zambia should be completed before the next training course in Zambia. But first, the hand-written changes indicated on a copy of the Facilitator Guide for Modules need to be entered onto an electronic file of the document that was left with the staff of the Zambia Child Health Project in Lusaka. Then, the first draft of the Zambia-adapted Facilitator Guide for Modules should be reviewed by the Zambia IMCI Advisory Group for further changes.
APPENDIXES
APPENDIX A

IMCI COURSE SCHEDULE AND LIST OF COURSE PARTICIPANTS
AND FACILITATORS FROM THE KITWE TRAINING
INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMCI)
TRAINING COURSE FOR FACILITATORS
KITWE, COPPERBELT PROVINCE
16 -27 SEPTEMBER 1996

Day 1: Monday, 16 September 1996

08:00-8:30  Registration at Edinburgh Hotel
08:30-9:30  Opening ceremony
09:30-10:00 Coffee/Tea break
10:00-12:30 Small group work: School of Nursing (Central Hospital compound)
  ▶ Module Introduction
  ▶ Module Assess and Classify the Sick Child Age 2 months up to 5 years
12:30-13:30 Lunch
13:30-15:15 Small group work:
  ▶ Module Assess & Classify (2 months-5 years)
15:15-15:30 Coffee/Tea break
15:30-17:30 Small group work:
  ▶ Module Assess & Classify the Sick Child Age 2 months-5 years through
    4.1 Assess Diarrhoea
  ▶ Video: General danger signs, cough or difficult breathing

Starting from Tuesday, 17 September work in small groups:
  ▶ Each group starts at 08:00
  ▶ Lunch from 12:30-13:30
  ▶ Coffee/tea break at the School of Nursing (Central Hospital compound)
  ▶ End of group work at 17:30
Day 2: Tuesday, 17 September 1996

8:00 - 12:30 Outpatient session: Assess & Classify the Sick Child:
  > Check for danger signs
  > Cough and difficult breathing

Inpatient session:
  > Check for danger signs
  > Assess and classify cough or difficult breathing

Module
  > Assess & Classify the Sick Child through 5.1 Assess Fever
  > Video: Diarrhea

Day 3: Wednesday, 18 September 1996

8:00 - 12:30 Outpatient session: Assess & Classify the Sick Child:
  > Assess and classify diarrhoea

Inpatient session:
  > Assess and classify diarrhoea

Module:
  > Continue Assess and & Classify the Sick Child through 6.2 Classify Ear Problem
  > Video
    > Fever

Day 4: Thursday, 19 September 1996

Outpatient session: Assess & Classify the sick child:
  > Fever

Inpatient session:
  > Fever

Class work:
  > Module Assess & Classify (2 months-5 years)
  > Video: Ear problem, malnutrition and anaemia

Day 5: Friday, 20 September 1996

Outpatient session: Assess & Classify the sick child:
  > Ear problem
  > Malnutrition and anaemia

Inpatient session:
  > Ear problem
  > Review assess and classify process
Day 6: Saturday, 21 September 1996
Outpatient session: No outpatient session
Inpatient session: Assess & Classify
  • Malnutrition and anaemia
Class work:
  • Module Treat the Child

Sunday, 22 September 1996: Day Off

Day 7: Monday, 23 September 1996
Outpatient session: Identify treatment & treat the child
  • Identify treatment
  • Teach mother to give oral drugs
  • Advise mother when to return immediately
Inpatient session: Assess & Classify sick children
Class work:
  • Module Treat the Child

Day 8: Tuesday, 24 September 1996
Outpatient session: Treat the child
  • Treat diarrhoea at home: Plan A
  • Treat some dehydration with ORS: Plan B
Inpatient session: Treat the Child
  • Treat some dehydration with ORS: Plan B
  • Treat severe dehydration quickly: Plan C
  • Assess and classify additional children
Class work:
  • Module Counsel the mother

Day 9: Wednesday, 25 September 1996
Outpatient session: Counsel the mother
  • Counsel the mother about feeding problems
Inpatient session: Treat the Child

- Observe and practice Plan B and Plan C
- Assess and classify additional children

Class work:

- Module Counsel the mother
- Video: Assess & Classify young infant for bacterial infections

Day 10: Thursday, 26 September 1996

Outpatient session: Management of sick young infant

- Assess & classify bacterial infection & diarrhoea

Inpatient session:

- Assess & Classify bacterial infections & diarrhoea

Class work:

- Module Management of sick young infant
- Video: Assessment of breastfeeding

Day 11: Friday, 27 September 1996

Outpatient session: Management of sick young infant

- Assessment of breastfeeding
- Correct positioning and attachment

Inpatient session:

- Assessment of breastfeeding
- Assess & Classify young infants

Class work:

- Module Follow-up

CLOSING SESSION
### IMCI Training in Kitwe, Copperbelt
**16 - 27 September, 1996**

#### Morning sessions master schedule

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<th>Day/Date</th>
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APPENDIX B

LIST OF CORRECTIONS AND SUGGESTIONS FOR THE ZAMBIA-ADAPTED CHART BOOKLET AND ZAMBIA-ADAPTED IMCI COURSE MODULES
List of Corrections and Suggestions for the Zambia-adapted IMCI Chart Booklet, Wall Charts and Course Modules

Corrections and suggestions for the Zambia-adapted IMCI chart booklet, wall charts and course modules were noted during the training and are listed here. The issues range from typographical and formatting errors to technical issues that might require policy level decisions by the Ministry of Health. The authors recommend that these issues be considered prior to finalization of any future editions of the Zambia materials.

Issues related to the Zambia-adapted IMCI Chart booklet

Page 1 (Table of Contents)
2. First column, under “Assess, Classify and Identify Treatment”: alignment of page numbers is off. Align the third incidence of page #4.
3. Second column, under “Give Follow-up Care”: add “Feeding Problem……..17” under “Very Low Weight or Growth Faltering…..17”.
4. Third Column, under “Assess, Classify and Identify Treatment”: alignment of topics is off and spelling error. The third topic should read “Then Check for Feeding Problem or Low Weight or Growth Faltering” and ensure that it is aligned with the other topics.
5. Third column, under “Give Follow-up Care for the Sick Young Infant”: Add a reference for treatment of convulsions for the Sick Young Infant.

Page 4 (Does the child have fever?)
1. In the Identify Treatment column, the yellow box associated with Malaria: add a triangle bullet for the point “Advise mother when to return immediately.”

Page 8 (Treat the Child)
1. Regarding cotrimoxazole treatment box: in the bottom row the dosage for pediatric tablets should be 4 not 3 and for syrup the dosage should be 10ml not 7.5ml. To be equivalent to the dose using adult tablet.
2. Regarding treatment recommended for dysentery: Zambian participants said that Nalidixic acid is not available in outpatient facilities. Also, need to add dosage schedule for children <4kg, if you decide to maintain it as a drug of choice.

Page 9 (Teach the Mother to Give Oral Drugs at Home)
1. Regarding antimalarial treatment: the box needs to be corrected so that dosages agree across columns for various concentrations and to reflect treatment using 25mg/kg/course split into treatment as follow: 1st day 10mg, 2nd day 10mg, 3rd day 5 mg. The first row for syrup (4<10kg) should be changed to read 10ml/10ml/5ml.
2. Regarding iron treatment: the first dosage column is incorrect. Mg. of elemental iron is 20% of the mg. of ferrous sulfate. So, the table should read as follows.
3. Also regarding iron treatment: the second dosage column has one error in the last row. It should be 6 tablets, not 5 tablets so that the dosages are consistent with various concentrations.

4. Regarding the paracetamol box: need to change the parenthetical statement “(>38.5°C)” to “(≥38.5°C)”. 

Page 11 (Give These Treatments in Clinic Only)
1. In the box titled “Give Intramuscular Quinine for Severe Malaria” the concentrations cited in the second and third columns are marked with asterisks, but there is no accompanying explanation.

2. The treatment of on-going convulsions is contradictory in the chart booklet as compared with the dosages recommended in Annex E of the “Treat the Child” module. Consider creating a diazepam dosage box based on the one in the annex and including it here.

Page 19 (Feeding Recommendations During Sickness and Health)
There are several points that need clarification with the food box, particularly those that are linked to Zambia policy:

1. When to introduce complementary foods: between 4 & 6 months or at 6 months? Under what conditions should they be introduced: because the child is not gaining weight, shows interest in semisolid foods, or seems hungry after breast feeding. What is the policy?

2. Determining what are complementary foods at which ages (porridge and nshima are complementary between 6 & 12 months, but breastmilk is complementary for children 12 months and older).

3. Need to clarify the number of feeds to recommend to mothers in the 6 months to 12 months column. The way it is written, breastfed infants need feeding 5 times per day and non-breastfed infants need 8 feeds. Is this the desired recommendation? Some participants interpret this as 5 & 8 feeds per day and others interpret it as 3 & 5 feeds per day.

Page 20 (Counsel the Mother About Feeding Problems)
In the text of the first bulleted point: need to indicate that this point refers to children 1 week up to 2 months ONLY. As it is currently stated, older children’s mothers may be assessed and counseled inappropriately. Consider “If the mother of a young infant, age 1 week up to 2 months, reports difficulty with breastfeeding...”
Page 22 (Assess, Classify and Treat the Sick Young Infant)

1. Since the treatment guidelines for cotrimoxazole require that you know if the young infant under one month was born prematurely, consider how and when this information should be obtained. It may be reasonable to include it under the “ASK:” section of the “Check for Possible Bacterial Infection” box.

2. Under the “SIGNS:” column in the pink area: the sign of fever has asterisks but no accompanying explanations.

3. Under the “TREATMENT:” column in the pink area: “Refer urgently to hospital has two asterisks following it but no accompanying explanation.

4. Under the “TREATMENT:” column in the yellow area: three of the four treatments listed need a triangle bullet added.

Page 24 (Then Check for Feeding Problem...)

1. Under the “TREATMENT:” column in the yellow area: there is a spelling error in the bulletted item that should read “Advise about correctly prepared breast milk substitutes and using a cup.”

Page 26 (Treat the Young Infant and Counsel the Mother)

1. In the box titled “Give an Appropriate Oral Antibiotic” Add to the asterisk citation indicating contraindications: “avoid in infants that are jaundiced.”

2. In the box titled “Give first dose of Intramuscular Antibiotics”: clarify what concentration of gentamicin is available in Zambia. Zambian participants stated that this concentration was not available at health centers.

3. Also in the box titled “Give first dose of Intramuscular Antibiotics”: the benzylpenicillin dosage volumes are very small and may not be accurately measured with the syringes available in health centers. Consider increasing the dilution amount in order to increase the volume of fluid for desired dosages.

4. At the bottom of the box titled “Give first dose of Intramuscular Antibiotics”: it is not clear why so much information is included here regarding treatment in the absence of referral. Why not refer the reader to the “When you cannot refer” annex?

Page 27 (Treat the Young Infant and Counsel the Mother)

1. In the first box regarding diarrhea treatment: consider directing the user to pages 13 &14 where this information sits.

2. In the second box regarding immunization: consider directing the user to page 6 where the immunization schedule sits.

Page 28 (Treat the Young Infant and Counsel the Mother)

1. In the second box regarding advice for the mother about home care: consider including under the statement “Breastfeed frequently...” the additional statements “Exclusively breastfeed your child,” and “If you cannot breastfeed, use a cup to feed your child.”
Page 29 (Give follow-up care for the sick young infant)
1. In the second box regarding dysentery: the second line ends with the word “above.” It is suggested that “above” be replaced with “page 23.”

Page 30 (Give follow-up care for the sick young infant)
1. In the first box regarding feeding problem: the second line should read “Reassess feeding. >See “Then Check for Feeding Problem or Very Low Weight or Growth Faltering” page 24.”
2. In the second box regarding low weight or growth faltering: the second line should read “Reassess feeding. >See “Then Check for Feeding Problem or Very Low Weight or Growth Faltering” page 24.”

Page 32 (backside of the Young Infant recording form)
1. Why not include “When to return immediately” and “Feeding advice” on this form?

Back page of the chart booklet (Weight for age chart)
Mothers are still given the Under 5 card where the growth chart is calibrated on the basis of percentiles. Which of the two charts should health workers use? There should be consistency between what health workers are trained in and what they are using in the field.

Issues related to the Zambia-adapted wall charts

Assess and classify the sick child, Does the child have diarrhea? box: need to replace in the signs box for severe persistent diarrhea “diarrhea for 14 days or more” with “dehydration present.”

Assess and classify the sick child, Then check for malnutrition and anemia? box: need to add a statement to only do this assessment if there are no indications to refer urgently to hospital. (See the Assess and classify the sick young infant chart for an example of the concept. If this is adopted, then there will need to be some text added in the module Assess and Classify the Sick Child.

Issues related to the Zambia-adapted IMCI Modules

Module: ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Page 2: Need to add an objective for assessing the mother’s (or care giver’s) health needs.

Page 16, paragraph 4, line 3: replace the word “stridor” with “wheezing” so that the sentence reads “To look and listen for wheezing, look to see when the child breathes OUT.” Also, delete the last sentence (Then listen for wheezing.) since it is redundant.
Page 38, Classify Diarrhea: need to clarify in the text that when there is one sign from the pink section and one from the yellow section that the child should be classified as some dehydration. In the absence of this information, the algorithm directs the user to classify these children as “No dehydration.”

Page 46, example box at the bottom of the page: not filled in. The classification should be NO DEHYDRATION AND DYSENTERY. The signs leading to that classification need to be filled in. Consider the following: check “yes,” diarrhea lasting 3 days with blood and perhaps circle one sign of dehydration, irritable.

Page 88: replace the picture with child that looks more like the Zambian majority.

Page 98, photograph 46: this photo set is misleading. The first shot of the child looks like severe pallor and the second shot looks like some pallor. Since the photo leads you to believe that it is the same child, there is a mixed message, particularly since the second photo allows for better visualization of the palms.

Page 104, Assess for growth faltering: it was stated in our training that the clinician should not go back beyond 2 months when assessing growth faltering because only an incomplete picture of the child’s weight is available for determination. It is apparent that there is confusion regarding this point because some participants were instructed that growth faltering cannot be assessed if only one month of weight monitoring is missed. Please clarify the outside limits for ability to determine growth faltering, ie. how far back is too far back for making the comparison?

Page 106, 3rd paragraph, 1st line, last word “is”: delete “is”. Sentence should read “Treat the child with iron unless the child has a pink…….”

Page 107: It is much better to have the case study and blank reporting forms on opposing pages. Flipping back and forth is distracting. Revise formatting to ensure this layout.

Page 119, 2nd paragraph, 5th line, last word: typo error, add a space between “infants” and “are”.

Page 120, Exercise Q instructions: improve the clarity of the instructions by rewording them as follows: “Review the information in section 8.0 about contraindications to immunizations. Then decide if a contraindication is present for each of the immunizations the following children would need:”

Page 121, 1.d: typo, should be 1.d

Page 126, need to address changes in the national immunization guidelines when available: OPV-O and 1 year booster shots, and the age for administration of DPT-1 and OPV-1 (the national guidelines recommend it at 8 weeks, but the chart booklet states 6 weeks).
Page 127, 2nd paragraph, 1st line, 7th word should read “danger” not “Chandager.” This typographical error also occurs on page 125 and 129.

Page 128, need to address in the text or orally how to document the need or no need for Vitamin A on the recording form.

Page 130, need to address in the text or verbally how to document, or not to document previous immunizations on the recording form. There is a conflicting example on page 21 in the Identify Treatment module where immunizations received are indicated with a check marks. But, the instructions state to only circle immunizations needed that day.

Page 138, 5th paragraph, 2nd line, typo error delete duplicate “that,” and 6th paragraph, 2nd line, typo error delete “neonatal” (You don’t immunize the mother to fully immunize her against neonatal tetanus, you are protecting her child from neonatal tetanus. This is fully and clearly explained in the ensuing sentences.)

Module: IDENTIFY TREATMENT

Page 12, 1st paragraph, last sentence: to improve the clarity of the sentence, it is suggested to use “You will list only the treatments that apply to the specific classifications being treated.”

Page 13, sample completed recording form: need to include a short explanation of why this example is included here. It is too abrupt and cuts the discussion on pages 12 & 13.

Page 14, backside of the example completed recording form: need to add “give an antibiotic for 5 days” to the list of treatments required for the child’s ear infection.

Page 19, Exercise B instructions, 3rd sentence is confusing: reword the sentence to read “For cases 3 & 4 you will complete the backside of the Sick Child Recording Form.”

Page 21, see page 130 reference above. Need to remove check marks from immunizations that were previously given.

Page 25, Need to think about how to better teach and indicate on the recording form how to document the “Advise the Mother” information. It may be reasonable to list them, then participants can check the ones that apply.

Page 29, whole page:
1. List of 8 treatments: identify the first 4 as “Most Urgent Treatments” and the last 4 as “Also Urgent Treatments.”
2. The paragraph that follows the list would be clearer with the following changes. Reword the first sentence “The first four treatments above are most urgent because…” Reword the last sentence in that paragraph “The other listed treatments are also urgent treatments.
that can help prevent worsening of the illness.” Without these changes, it sounds like the last four treatments are not urgent.

Page 40
1. Point #3: it may be useful to have a form template for referral. This could be a useful tool for health workers that do not have the luxury of having this module on hand. It is likely that with a job aid, such as a form template, that the quality of referral notes would be better. It could be placed on page 7 of the chart booklet.

Page 41, 2nd starred item: it would be useful to include the time the dose was given in the clinic.

Module: TREAT THE CHILD

Page 2, last paragraph, 2nd sentence: should read “The antibiotics recommended for Zambia are on the ...”

Page 4:
1. Provide some explanation about the use of single drug therapy for multiple classifications. For example, you may use the second line drug for a condition when the first line drug is available when it provides coverage for multiple classifications, such as when there is pneumonia and dysentery (ie, you do not need to give cotrimoxazole for the pneumonia and nalidixic acid for the dysentery.)
2. For the 2nd starred item: according to the Zambia treatment tables, pneumonia and cholera can both be treated with cotrimoxazole, so two antibiotics would not be required. In fact, cotrimoxazole occurs in each of the treatment boxes for oral antibiotics, so more discussion should be programmed to help participants understand when it is best to use a single drug and when it is best to use multiple antibiotics, such as in the case of known resistance.

Page 5, Exercise A: provide a written example before the exercise or as the first part of the exercise.

Page 8-9: Need to clarify the treatment box for Vitamin A:
1. Indicate that it can be used for therapy and supplementation with the qualification that the health worker should give two doses for therapy and one dose for supplementation.
2. Enhance the sick child recording form vitamin A box. The box should read “Check whether the child should receive vitamin A today.” This box is then in agreement with the style used in the immunization box.

Page 10, first paragraph, 4th sentence: need to add a phrase regarding the fact that children with sickle cell anemia have concentrated hemoglobin not only due to transfusions, but generally. Therefore iron therapy is contraindicated. Consider “Children with sickle cell anemia already
have extra hemoglobin in their blood, or may have previously received transfusion and their bodies might...” Also, delete the extra period at the end of the sentence.

Page 11, 1st paragraph, last sentence: typo error, add “at”, should read “Select the concentration of each drug that is available at your clinic.”

Page 14, 3rd section, 1st sentence: typo error, add “to”, should read “Ask the mother to do the task...”

Page 22, #5: need to use the same course language that is used previously in the module on page 17. Reword the instructions as follows: “The following poor questions can be answered “yes” or “no” by the mother. Rewrite these poor questions as good checking questions.”

Page 23: insert a “d” that reads “Write the full name of the child on the label.”

Page 24:
1. 1st column in the box, typo error: last item should be written “15.0 ml”
2. To improve clarity, the last sentence on the page should read “If the child vomits within 30 minutes of receiving the medicine (tablets or syrup may be seen in the...”

Page 25, bold-type bulleted item: to increase accuracy it should read “Explain carefully when to give the drug...” A previous bulleted point was about “how” and this point is about “when.”

Page 28: replace the picture with one that looks more like the majority of Zambian women.

Page 31, Exercise E:
1. The Zambian participants stated that iron syrup is not available in their clinics, nor is there a column for iron syrup in the treatment table. Therefore we need to change “The Situation” to reflect this reality.
2. The reason stated for not giving mebendazole is incorrect. Reword the 5th paragraph as follows “..., the health worker notes that Chanda needs 2 iron tablets but no mebendazole because he is under 2 years old.”

Page 42, Determine Priority of Advice: the list at the bottom of the box includes paracetamol and second dose of vitamin A with asterisks, but no explanations are included at the bottom of the page. Need to check a generic module for the information.

Page 49, 1st paragraph below the box, 2nd sentence: replace “clean water” with “sterile water.”

Page 51: Insert a table on this page showing the age and appropriate dose for intrarectal diazepam.

Page 55, 1st paragraph below the box, 1st sentence, typo error: replace “giv” with “give.”
Page 56, answers #1&2: should read “weight” not “weigh.”

Page 92, Annex A Nasogastric Rehydration, item 3: the description is confusing: suggested alternative is “Measure the tube from just above the naval to the nose and from the nose to behind the ear.”

Page 99, #1 Time: For an Infant: it appears that there is an error in the asterisked points. Need to determine the recommended monitoring times.

Page 100, the box at the bottom of the page: change the times to military time since that is the method used in Zambia.

Page 104, the box at the top of the page: change the times to military time since that is the method used in Zambia.

Page 110, the box in the middle of the page: change the times to military time since that is the method used in Zambia.

Page 122, 1st paragraph, 2nd sentence, 3rd word: typo error, replace “Mwaleline” with “Saline.”

Module: COUNSEL THE MOTHER

Page 2: replace the picture with one that looks more like the majority of Zambian women.

Page 3, box in the right corner of the page: the last phrase “once or twice” is not clear. Suggested change is “...not gaining weight, add complementary foods (discussed in the box to the right) once or twice a day.”

Page 4, 7th paragraph, 1st sentence: to increase clarity and agreement with information previously given, reword the sentence as follows “It is best not to give an infant under 6 months any milk or food other than breastmilk.”

Page 5, 3rd paragraph, reword as follows “By 6 months of age, children should be introduced a thick, nutritious complementary food.”

Page 7, last two sentences on the page: typo errors
1. Replace “poiled” with “boiled”
2. Replace “mayehu” with “maheu” (according to the Zambian participants).

Page 18, in the paragraph that begins “The health worker...” replace the parenthetical statement “(reprinted below)” with “(reprinted on the next page)”
Page 21, last sentence on the page: typo errors, replace “formul” with “formula” and put a space between “milk” and “is”

Page 25: Consider replacing the picture with one that looks more like the majority of Zambians.

Page 26 is blank, is this correct or an error?

Page 38: replace the picture with one that looks more like the majority of Zambian women.

Page 46, 1st paragraph, 2nd line, delete the unnecessary hard return to format properly.

Page 49, delete a couple of the hard returns below the box in order to fit the last paragraph entirely on this page instead of having it wrap to the next page.

Page 64:
1. Answers to short answer exercise, page 14: under #1 need to add “OR GROWTH FALTERING” at the end of the classification “ANEMIA OR VERY LOW WEIGHT”
2. Answers to short answer exercise, page 32: need to change the page number to 34 (page number may change if the module is reformatted)

Page 65, Answers to short answer exercise, page 46: need to change the page number to 52 (page number may change if the module is reformatted)

**Module: MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS**

Page 1, last sentence. Need to indicate that the there are “charts” not just one “chart” for the Zambia young infant series. The wording of the first sentence on page two also should be changed to “These charts are not used for ...” to ensure agreement with the change on page 1.

Page 2, Learning objectives, 3rd starred point: add “or growth faltering” after “low weight.” Also need to add a learning objective addressing assessing the mother’s health needs.

Page 5, box: if a question regarding prematurity is to be asked, this may be a good location.

Page 9, description of a lethargic infant: in relation to the video exercise, when this description is considered, the child shown on the video is technically not lethargic. Therefore, the video exercise should demonstrate that an attempt was made to “wake” the child by stimulating it in some way.

Page 14, example box: need to place a check mark beside “yes” in the diarrhea row.

Page 25, 4th point under “If attachment is not good..” delete the unnecessary extra spaces.
Page 33, last paragraph: the terminology used in the modules changes abruptly here. Before all references to the care-giver were “mother” but now, without explanation, the terminology changes to “caretaker,” “mother &/or father,” “he or she.”

Page 37, case 4: Jenna: in the last paragraph it states that she has growth faltering but no information regarding her previous weight was provided, unlike the other case studies.

Page 43: need to specifically state to give cotrimoxazole for children <4 kg OR provide a dosage scale for nalidixic acid.

Module: FOLLOW-UP

* None of the names in this module have been changed to Zambian names. Therefore, the entire module should be examined for such changes.

Page 7, Exercise A: need to insert spaces for question 1.a so participants have space to write their answer.

Page 12, Exercise B, box at top of page: 2nd starred point is inconsistent with previous information. Nalidixic acid is indicated as the first line drug on both the wall chart and the chart booklet.

Page 13: number 2 needs to have a classification corrected: should read “NO ANEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT FALTERING”

Page 17, first bulleted point: the Zambian participants stated that there is no injectable chloramphenicol available in their clinics. An acceptable alternative for Zambia should be suggested.

Page 19:
1. 2nd paragraph: the classification of VERY SEVERE FEBRILE DISEASE was omitted, add it.
2. Exercise C, regarding paracetamol administration: why is it not recommended to give crushed paracetamol paste via nas-gastric tube or intra rectally for children who cannot swallow but have very high fever? Consider adding this as a route of administration. The child in this exercise has a very high fever and is having a naso-gastric tube placed for administration of sugar water to prevent low blood sugar prior to referral. So, why would we not advise the health worker to give the first dose of paracetamol also by NG tube?

Page 29, Exercise D: need to change the patient’s name to a Zambian name and revise the diet so that it is Zambian style.
Facilitator Guide to Outpatient Clinical Practice

The "Checklist for Monitoring Outpatient Sessions" (both for sick children and young infants) needs to be adapted to Zambia Sick Child Recording Form. Be sure to add rows for "Growth Faltering," "Immunizations needed," and "Vitamin A needed," and delete "Fever-Malaria unlikely."
APPENDIX C

IMCI FACILITATOR SKILLS DEVELOPMENT WORKSHOP
SCHEDULE
Course Schedule from the Kitwe Training, October, 1996
IMCI FACILITATOR SKILLS DEVELOPMENT WORKSHOP
Course Schedule from the Kitwe Training, October, 1996

DAY 1
Introductions
Administrative tasks
Explanation of the role of the facilitators of this course
Objectives and overview of the Facilitator Skills Development Workshop
Classroom management skills
Introducing Modules

Lunch
Introducing Modules (continued)
Review of activities

DAY 2
Giving Individual Feedback

Lunch
Conducting a Demonstration
Review of activities

DAY 3
Leading a Discussion

Lunch
Conducting a Video Exercise
Review of activities

DAY 4
Coordinating a Role Play
Clinical Practice Objectives

Lunch
Outpatient Clinical Practice : Assess and Classify the Sick Child
Supervising Clinical Practice at Outpatient Sessions
Practice Filling out the Forms
Facilitators Meeting

DAY 5
Leading Oral Drills
Summarizing Modules
Lunch
Review of Outpatient Clinical Practice Session
Outpatient Clinical Practice Session
Closing Ceremony
APPENDIX D

IMCI FACILITATOR SKILLS DEVELOPMENT WORKSHOP LIST OF PARTICIPANTS AND FACILITATORS
**List of Facilitators and Participants**  
**IMCI Facilitators Training Course**  
**Kitwe, Zambia**  
**September 30 to October 4, 1996**

<table>
<thead>
<tr>
<th>Facilitators:</th>
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</thead>
<tbody>
<tr>
<td>Dr. Teshome Desta (Course Director)</td>
<td>Head of Department of Pediatrics</td>
<td>Gondar College of Medical Sciences Box 196 Gondar, Ethiopia Fax: 251-8-111479</td>
</tr>
<tr>
<td>Dr. Tessfaye Tessema</td>
<td>Associate Professor</td>
<td>Gondar College of Medical Sciences Box 196 Gondar, Ethiopia Fax: 251-8-111479</td>
</tr>
<tr>
<td>Mr. Kabika Mulonda</td>
<td>Clinical Officer</td>
<td>University Teaching Hospital B/BAG RW IX Lusaka, Zambia Tel: 254-969</td>
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<tbody>
<tr>
<td>Dr. Rose J. Macauley</td>
<td>Technical Officer</td>
<td>BASICS Project 1600 Wilson Blvd., Suite 300 Arlington, VA 22209 USA Fax: 703-312-6900</td>
</tr>
<tr>
<td>Ms. Anayawa K. Mundia</td>
<td>Registered Midwife</td>
<td>Chainama College Hospital P.O. Box 33991 Lusaka, Zambia</td>
</tr>
<tr>
<td>Mr. Tennyson Musyani</td>
<td>Clinical Instructor</td>
<td>Kitwe School of Nursing P.O. Box 21994 Kitwe, Zambia</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
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<tr>
<td>Ms. Rose Mwale</td>
<td>Human Resources Development Officer</td>
<td>Kitwe Central Hospital</td>
</tr>
<tr>
<td>Ms. Paula V. Nersesian</td>
<td>Technical Officer</td>
<td>BASICS Project</td>
</tr>
<tr>
<td>Ms. Imeldah Nyangu</td>
<td>Infection Control Officer</td>
<td>Kitwe Central Hospital</td>
</tr>
<tr>
<td>Dr. Mubita Saasa</td>
<td>District Medical Officer</td>
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<tr>
<td>Dr. Felix Silwimba</td>
<td>Medical Officer</td>
<td>Mpongwe Mission Hospital</td>
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