

**Figure 3: Experiences of follow-up after training: Results of Qualitative Data from NPOs, National IMCI Focal Persons (Ministries of Health), Course Directors and IMCI Trainees**

**Facilitator/Course director opinions:**

**Positive opinions:**

- *“They like it. Opportunity as a second training. Not like an exam”*
- *“IMCI without follow-up means that ones money spent on training has been lost”*
- *“Essential and necessary that health workers implement in routine work. Helps identify gaps”*
- *“Interest in training quality, application of skills and knowledge by health workers”*
- *“Part of the training”*
- *“One of the important components, and needs to be strictly done to improve performance”*

**Negative opinions / Barriers / Impression that there is no way out:**

- *“Participants feel supervisors will police them”*
- *“How can it be established as a regular part of IMCI”*
- *“Lack of operational funds”*
- *“Follow-up is difficult”*

**Opinions of IMCI Trainees:**

**Positive opinions**

- *“Very important”*
- *“This is a good thing - we need it frequently”*
- *“Very useful”*
- *“Should be conducted more regularly”*
- *“Provide technical support”*

**Despondency**

- *“Not sure whether they will ever come for follow-up”*
- *“Important but frequently not done”*
- *“Important but not done routinely”*
- *“Who will do this as supervisors are inferior in their skills”*

**Negative opinions**

- *“I don't like these visits and their monitoring”*
- *“I hope I get it right - (it's almost like policing)”*