

Training Course on The Management of **ACUTE MALNUTRITION**



COURSE DIRECTOR GUIDE

3rd edition, 2019
Addis Ababa, Ethiopia



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MINISTRY OF HEALTH - ETHIOPIA
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HEALTHY CITIZENS FOR PROSPEROUS NATION

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Contact information:

Federal Ministry of Health
Post Office Box 1234
Sudan Street
Addis Ababa
Ethiopia

Telephone: +25115517011
Fax: +251 115519366
Email: nutriexpert12@gmail.com or moh@ethionet.et

Acknowledgement

The first National Protocol on the Management of Severe Acute Malnutrition (SAM) for Ethiopia was developed in 2004 and the 2nd and updated version was made available as of March 2007. The training course material was developed on 2011 titled "*Training Course on the Management of SAM*" using the WHO "*Training Course on the Management of SAM, 2002*" as template but taking most of the contents from the "National Protocol for the Management of SAM, 2007". The Third National Protocol for the management of acute malnutrition incorporated updates from the 2013 World Health Organization (WHO) global recommendations on the management of severe acute malnutrition in infants and children and revised. The revised guideline was launched in June 2019 by the FMOH titled "National Guideline for Management of Acute Malnutrition, Ethiopia". Subsequently, the training package has been revised in line with the national guideline. The training package incorporates both the in-patient and outpatient management of acute malnutrition.

This third edition of the training materials was developed through the technical and financial support from World Health Organization (WHO), Ethiopia and the valuable input of from the national experts from regional referral hospitals and teaching institutions, United Nations Children's Fund (UNICEF), World Food Programme (WFP), and experts from implementing Non-Governmental Organizations. It is our strong belief that this training package will contribute significantly to the efforts being made to improve the quality of care provided for malnourished children and pregnant & lactating women.

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Federal Ministry of Health
H.E Dr. Lia Tadesse (MD, MHA)
Minister of Health



PART ONE

PLANNING AND ADMINISTRATIVE ARRANGEMENTS

Careful planning and strong administrative support are essential before, during, and after the Training Course on the Management of Acute Malnutrition. This section of the Course Director Guide describes the necessary plans and arrangements.

Clinical practice is an essential part of the training course. The course provides daily practice in using case management skills so that participants can apply these skills correctly when they return to their own health facilities. In addition to daily classroom work, each small group of participants visits a SC or severe malnutrition ward each day and the Out Patient treatment on the fifth day to practice identifying clinical signs and managing children with SAM.

It is critical to select a location for the course (town or area) which has a hospital with a Stabilization center (SC) or severe malnutrition ward that can be visited by participants for in-patient clinical practice and preferably with OTP site. If the hospital does not have OTP, a nearby health center with OTP site shall be selected. This hospital/health center should manage severe acute malnutrition according to the principles and procedures in the Protocol for the Management of Acute Malnutrition Federal Ministry of Health 2019. It may be necessary to provide certain equipment, supplies, and consultation to this hospital/health center, well in advance of the course, to ensure that the facility will demonstrate good case management.

Part one of this guide describes how to select the hospital and/or health center to be used during the course and presents a checklist of the necessary plans and arrangements for the entire course. It also describes detailed instructions for making some of the arrangements.

1.1 Criteria for selecting hospital and/ or health center for clinical practice

The selected hospital and/or health center must have a separate ward or area for severely malnourished children; a sufficient caseload; acceptable quality of care; and a director and staff who are interested in the course and willing and able to cooperate.

The therapeutic feeding unit (TFU)/ Stabilization center (SC) or severe malnutrition ward will be visited daily by all course participants, who will come in several small groups throughout the day and the OTP site will be visited at the 5th day of the course. It is best if the TFU/ or ward is close to lodging and classrooms to minimize time needed for transportation.

The TFU/SC or ward should have the supplies and equipment listed on the following pages. If some supplies are not available, they will need to be provided before the course, in plenty of time for staff to learn to use them.

Case management practices should be consistent with those in the National Protocol for the Management of Acute Malnutrition –Federal Ministry of Health 2019. If procedures are not consistent, they should be made consistent to the extent possible prior to the training course.

- If there are significant discrepancies between current practices and the National protocol, the effectiveness of the training will be seriously compromised as the participants will see practices that are different than those being taught in the course. If a facility wants to upgrade its procedures to be consistent with those in the National Protocol, this may require training of staff, changing ward procedures, and obtaining additional supplies; the facility may request technical assistance from FMOH or partners like UNICEF, WHO well in advance of a training course.
- If there are only a few discrepancies between current practices and the National Protocol, the clinical instructor should be prepared to support the Protocol and explain the practice in the training site. Local adaptation of some procedures is reasonable; the clinical instructor or Course Director should be prepared to explain how the current practice is consistent (or not consistent) with the National Protocol and the reasons for it.

Equipment and supplies needed for a severe malnutrition care

1. In-Patient Equipment/Supplies

Dextrostix

- Thermometers
- Child weighing scales (must be functioning correctly)
- Items of known weight for checking scales
- Board for measuring length
- MUAC tape
- Supplies for IV:
 - Scalp vein (butterfly) needles, canula gauge 21 or 23
 - Pediatric nasogastric tubes
 - Sticky tape
 - Syringes (50 ml for feeds)
 - Sterile needles
- Supplies for blood transfusion
- Blankets or wraps for warming
- Incandescent lamp or heater
- Wash basin for bathing children
- Safe, homemade toys
- Clock
- Calculator

For hygiene of mothers and staff:

Toilet and hand washing facilities
Soap for hand washing
Place for washing bedding and clothes
Method for trash disposal

For reference and record keeping:

National protocol for management of AM, March 2019.
Five laminated reference cards such as:
– Weight-for-height reference card
– F-75 reference card for phase 1
– F-100 and RUTF reference card for transition and Phase 2
– SAM classification wall chart

Kitchen Equipment/Supplies

Large containers and spoons for mixing/cooking feed for the ward
Feeding cups, saucers, spoons
Measuring cylinders (or suitable utensils for measuring ingredients and leftovers)
Jugs (1-litre and 2-litre)
Refrigeration
Commercially manufactured F-75, F- 100, and RUTF(Plumpy'Nut)

Pharmacy Equipment/Supplies

- WHO ORS for use in making ReSoMal (or commercial ReSoMal)
 - Combined Mineral Vitamin Mix (CMV) Folic acid
 - Vitamin A (100 000 / 200 000 IU capsules) Glucose (or sucrose) IV fluids – one of the following, listed in order of preference:
 - Ringer's lactate solution with 5% glucose*
 - 0.45% (half-normal) saline with 5% glucose*
- *If either of these is used, sterile potassium chloride (20 mmol/l) should be added if possible. 0.9% saline (for soaking eye pads)

Sterile water for diluting

Vaccines (BCG, OPV, Pentavalent, and Measles)

Drugs (See formulations listed on Antibiotics Reference Card)

Amoxicillin Ampicillin Chloramphenicol

Cotrimoxazole Gentamicin Ceftriaxone Augmentin

Metronidazole Nalidixic acid

Mebendazole or albendazole

Tetracycline or chloramphenicol eye drops Atropine eye drops

For skin

Gentian violet

Potassium permanganate Zinc-boric ointment

Petroleum jelly ointment

Nystatin ointment or cream (for Candidiasis) Paraffin gauze

Laboratory resources accessible if needed

TB tests (x-ray, culture of sputum, Mantoux) Urinalysis

Stool culture

Blood culture

Cerebrospinal fluid culture

2. Materials needed for OTP

Estimation per facility:

<i>Item</i>	<i>Quantity</i>
Equipment	
-File for admission cards	1 per clinically
-Soap for hand washing	1 bar
-Water jug (with lid)	2
-Plastic cups	10
-Metal spoons	2
-Thermometer	3
-Uni- Scale/ Salter scale (25 kg) plus pants	1
-Height board	1
-MUAC tape	5
-Weight-for-height reference card	1
-SAM classification Wall chart	1
-SAM management reference card	1
-RUTF reference card	2

Minimum stock to keep

-Outpatient care cards for new admissions	100
-Outpatient care ration cards for new admissions	100
- Registration books	
- Formats for reporting	
-Drinking water	1 jerry can
-Sugar to make 10 % sugar solution	500 g
-RUTF	2 months stock
-Routine Medicines (per 500 children)	
-Amoxicillin	500 bottles
-Vitamin A	1 Tin
-Albendazole or Mebendazole	4 Tin
-Folic acid	
- ReSoMal	2 Packet

1.2 Checklist for planning and administrative arrangements

As the Course Director, you may not be directly responsible for all of the items on this checklist, but you can ensure that appropriate arrangements are being made, or can assign someone responsibility for making them.

Arrangements may not be listed in the exact order in which they will be made. Space has been left for any additional reminders.

Initial Planning

1. ____ Location of course selected. The location must be near a hospital and health center with a Therapeutic Feeding Unit that meets the criteria on page 1 of this Guide. The location must also have adequate lodging and classroom facilities (see item 8 on this list).
2. ____ Time-frame for giving the course identified (during a time of year when the hospital will admit sufficient numbers of severely malnourished children for clinical practice).
3. ____ Technical assistance provided to hospital or health center, if necessary, to ensure case management practices are consistent with Protocol for the Management of Severe Malnutrition-FMOH.
4. ____ Course materials printed or obtained from FMOH or Partner.
5. ____ Specific dates for the course (participants training) and facilitators training selected. As indicated on the schedules provided in Annexes B and C:
 - a. ____ 3 1/2 days (plus at least 1 day off) allowed for facilitators training.
 - b. ____ 7 days (starting on Monday morning and end Sunday by 12:00 am) allowed for training the course on the management of AM course.
 - c. ____ Course Director and clinical instructor available 1 - 2 days before facilitator training and during all of facilitator training and course.
6. ____ Letters sent to the appropriate district/regional/local office asking that office to identify appropriate physicians, health officers, nutritionists, and senior nurses for training. Letter:
 - a. ____ announces the training Course on the Management of Acute Malnutrition and explains the purpose of the course.
 - b. ____ clearly states the number of participants to attend the course (24 maximum), and that these should be physicians, health officers, nutritionists, and senior nurses who are responsible for treating severely malnourished children in hospitals and health centers.
 - c. ____ states that participants should plan to attend the entire course
 - d. ____ states that participants who complete the course will receive a certificate
 - e. ____ describes the location and dates of the course.
 - f. ____ states the date by which course participants should be nominated and the person to whom names should be sent.

- g. ___ clearly states required language and reading skills and stresses that the course is challenging and requires hard work.
7. ___ Facilitators and clinical instructor selected and invited. (See "Criteria for selecting clinical instructor and facilitators" on pages 13 - 14.) Ensure that:
- a. ___ there will be at least one facilitator for every 3 -- 4 participants expected to attend the course.
 - b. ___ facilitators will attend all of facilitator training and the course.
 - c. ___ clinical instructor is qualified and is available from 1 - 2 days before facilitator training through the end of the course.
- (The clinical instructor must arrive early to assist with arrangements for clinical sessions. He should attend facilitator training, if he has not done so before, to become familiar with the course and learn facilitation skills. He will lead one clinical session during facilitator training.)
- d. ___ course materials are sent to clinical instructor ahead of time so that he can prepare.
8. ___ Precise locations selected and reserved for classrooms and lodging. (To minimize transportation needs, classrooms should be within easy walking distance of the lodging and the hospital.) Selection based on availability of:
- a. ___ adequate lodging for all facilitators and participants.
 - b. ___ accessibility to hospital.
 - c. ___ convenient meal service.
 - d. ___ large room for seating all participants, facilitators, and visitors to the course (needed only for the course, not for facilitator training).
 - e. ___ videotape player and monitor (1 or more).
 - f. ___ smaller rooms for groups of 6 - 8 people to work in, plus separate space for individual consultations (During facilitator training, only one of these rooms will be needed. During the course, one room is needed for each small group of participants.)
 - g. ___ tables, chairs, adequate lighting, and blackboard or poster stand for each of these rooms
 - h. ___ separate room for secretariat
9. ___ List compiled of physicians health officers, nutritionists, and senior nurses who will be invited to participate in the course.

10. ____ Letters of invitation sent out to selected participants. re write in the Letters:
 - a. ____ briefly describe the purpose and organization of the course.
 - b. ____ state desired arrival and departure times for participants and stress the importance of attending entire course.
 - c. ____ describe arrangements for travel and payment of per diem.
11. ____ Arrangements made for a secretary to arrive at the course location 3 days before facilitator training to ensure that necessary administrative tasks are done. (See next section of this checklist for administrative tasks.) During the course, the secretary will need to work with local staff to ensure that things go smoothly and that the facilitators' and participants' work is not unduly interrupted. This person may also need to stay an extra day after the course to pack up remaining materials and pay bills.
12. ____ Travel authorizations sent to facilitators, clinical instructor, and participants.
13. ____ Course completion certificate designed and adequate copies printed (to be signed and awarded to all participants and facilitators at the end of the course).
14. ____ Arrangements made for providing adequate numbers of copies of the course materials, necessary supplies for classroom activities, and supplies for clinical practice. (Necessary materials and supplies are listed on pages 3–5 and pages 15-17 of this Guide.)
15. ____ Arrangements made for sending/transporting necessary materials and supplies to the course location.

At the course location, before facilitator training begins

3 days before facilitator training: Secretary arrives at the course location early to take care of administrative arrangements described in this section of the checklist.

1 - 2 days before facilitator training: Course Director and clinical instructor visit the hospital ward and OTP and discuss/confirm arrangements. (See item 25 on this checklist.)

16. ___ Adequate lodging arrangements confirmed for all facilitators and participants.
17. ___ Arrangements made for welcoming facilitators and participants at the airport and/or train station, and hotel.
18. ___ Arrangements confirmed for rooms for conducting facilitator training:
 - a) ___ one room for conducting facilitator training (with characteristics listed in 19 below).
 - b) ___ one room for the secretary with space for storing modules, forms, and other supplies, available during both facilitator training and the course.
 - c) ___ one overhead projector.
 - d) ___ one video player and monitor.
 - e) ___ area that can be used for preparing ReSoMal, F-75, and F-100.
19. ___ Arrangements confirmed for adequate rooms for conducting the course:
 - a) ___ large room available on the first and last day of the course for seating all facilitators, participants and visitors.
 - b) ___ smaller room available during the course for each small group of participants, each room having:
 - ___ Sufficient table/desk area and chairs for up to 6 participants and 2 facilitators, plus separate consultation area with additional chairs.
 - ___ Additional table area for supplies.
 - ___ Blackboard or flipchart stand with paper.
 - ___ Adequate lighting and ventilation.
 - ___ Freedom from distractions such as traffic or construction noises or loud music.
 - c) ___ Videotape player and monitor, preferably on a cart which can be moved around.
 - d) ___ One room for a secretary and the course supplies.
 - a) ___ Overhead projectors (Ideally, there would be one per group, but if this is not possible, equipment may be shared.)
 - b) ___ Area that can be used for preparing ReSoMal, F-75, and F-100. (Preferably, each classroom will have an area that can be used; if this is not possible, a kitchen area may be

shared.)

20. ____ Arrangements made for registering facilitators for facilitator training and participants for the course.
 - a. ____ Sample registration form (in Annex D of this Guide) reviewed and items added if needed.
 - b. ____ Registration Form prepared.
21. ____ Arrangements made for typing and copying of materials during the course (for example, registration forms, schedules, list of participants, end-of-course questionnaires).
22. ____ Arrangements made for meals and coffee/tea service.
23. ____ Arrangements made for reconfirming or changing airline, train, bus, car reservations for participants.
24. ____ Arrangements made for paying per diem to participants and facilitators.
25. ____ Hospital ward visited and confirmed to be suitable for clinical practice. Director and staff informed about practice sessions to be held during facilitator training and the course. (See the Clinical Instructor Guide for more information about preparing for clinical practice. In this Guide, see "Part Two: Preparing for Clinical Practice".)
 - a. ____ Clinical practice schedule discussed and agreed on with ward head. (See section of this guide titled "Scheduling clinical practice sessions", page 21.)

____ During facilitator training, one group for 2 hours on Day 3. ____
During the course, ____ groups per day scheduled. ____ Dates
and schedules confirmed in writing.
 - b. ____ Drugs and supplies in the ward checked and supplemented as necessary. (See list pages 3 - 4.)
 - c. ____ Role of ward staff during practice sessions discussed with ward director.
- 26 ____ Sufficient copies made of registration forms, schedule for facilitator training, Multi- chart, Discharge Cards, etc. for use during facilitator training.

During facilitator training

27. ____ Facilitators registered and given schedule and course materials for facilitator training.
28. ____ Plans for opening ceremony of course finalized with local authorities.
29. ____ Course schedule developed and reproduced in sufficient quantity to give a copy to each facilitator and participant. (Suggested course schedule is in Annex C.)
30. ____ Clinical practice schedule finalized and reproduced in sufficient quantity to give a copy to each facilitator and participant. (See Annex A.)
31. ____ Pairs of facilitators assigned (near the end of facilitator training) to work together during the course. To the extent possible, consideration given to the following when making assignments:
 - Fluency in language in which the course is given and language spoken with Mothers in the clinic
 - Strengths (for example, clinical expertise, experience with case management procedures, understanding of course content, capability as a classroom trainer or clinical trainer)
 - Motivation to be a facilitator
 - Personal dynamics/temperament (for example, shy paired with outgoing)
 - For nurses' group facilitators, ability to communicate well with nurses and adapt materials according to suggestions in the Facilitator Guide.
32. ____ Course materials and supplies organized and placed in the appropriate rooms.(See lists pages 15-17 of this guide.)

During the course

- 33 ____ Course participants registered using registration form in Annex D.
- 34 ____ Groups of up to 6 participants assigned to pairs of facilitators. Group assignments posted following opening ceremony. (Note: It is preferable to have separate groups for doctors and nurses.)
- 35 ____ Copies of completed Registration Forms for participants in each group distributed to the facilitators for that group.
- 36 ____ Secretariat monitors or carries out administrative activities.
- 37 ____ Course Directory (including names and addresses of all participants, facilitators, clinical instructor, and the Course Director) provided to everyone.
- 38 ____ Course photographs, if desired, made in time to be developed before closing ceremony.
- 39 ____ Course Evaluation Questionnaire (pages 54-55 of this guide) modified as needed and reproduced in sufficient quantity to give a copy to each facilitator and participant.
- 40 ____ Arrangements made for closing session.
- 41 ____ Course completion certificate signed for presentation to each participant.

1.3 Criteria for selecting clinical instructor and facilitators

A full-time clinical instructor is critical for conducting this course. The clinical instructor will be responsible for selection of cases and all clinical practice done in the severe malnutrition ward. The clinical instructor's tasks are described in detail in the Clinical Instructor Guide. The facilitators can be used as a clinical instructor too in case there is shortage of manpower or if resource is limited.

A group of motivated facilitators is also needed. The facilitators will work in pairs with small groups of participants to guide them through work on the modules and assist with clinical practice. Two facilitators are needed for each small group of up to 6-8 participants. The facilitators' tasks are described in detail in the Facilitator Guide.

Criteria for selecting clinical instructor

1. The clinical instructor should be **currently active in clinical care** of children. If possible, he (or she) should have a current position on the severe malnutrition ward of the facility where the training is being conducted. (If the clinical instructor is not on the staff of the facility, a staff assistant will be needed to help with arrangements and perhaps with translation.)
2. The clinical instructor should have proven **clinical teaching skills**.
3. The clinical instructor should be very **familiar with National Protocol for management of children with acute malnutrition and the training Manual** and have experience using them. It is best if he has **participated in the course Management of Acute Malnutrition** previously as a participant or facilitator.
4. He/she should be **clinically confident**, in order to sort through a ward of children quickly, identify clinical signs that participants need to observe, and determine the progress of different children. He/she should understand the daily procedures in the ward and quickly see where participants may assist with care. He/she should understand each child's clinical diagnosis and prognosis so as to not compromise the care of critically ill children. He/she should be comfortable handling severely malnourished children and **convey a gentle, positive, hands-on approach**.
5. He/she must have **good organizational ability**. It is necessary to be efficient to accomplish all of the tasks in each clinical session. The individual must be able to stay on the subject, avoiding any extraneous instruction or discussion. He/she must be able to keep a view of the ward and all the participants, and keep all participants involved and learning productively. Teaching two groups of participants requires 4 1/2 to 6 hours, and these are very active periods. He/she must be energetic.
6. The individual must be **outgoing and able to communicate** with ward staff, participants, and mothers. He/she should be a good role model in talking with mothers. (A translator may be provided if needed.)
7. If possible, in preparation for this role, the individual should work as an assistant to a clinical instructor at another course to see how to select cases, organize the clinical sessions and interact with participants. Or another skilled clinical instructor can join him during the first few days of the facilitator training or the course.
8. The clinical instructor must be available 1 - 2 days prior to facilitator training, during all of facilitator training, and during the entire course. He/she must be willing and motivated to get up early each morning to review cases in the severe malnutrition ward or in-patient care and prepare for the day's clinical sessions.

Criteria for selecting facilitators

Note: Facilitators may have different strengths and weaknesses. If a facilitator is weak in one of the following areas, it is important to pair him with another facilitator who is strong in that area.

1. Facilitators should be **currently active in care of severely malnourished children**. They must have the **basic clinical skills and technical knowledge** which will allow them to teach the case management process used in this course.
2. (This criterion should be applied after a number of courses have been given). They must recently have **been participants in the Training Course on the Management of Acute Malnutrition**.
3. They must have **good communication skills**, including the ability to explain things clearly and simply to others. Facilitators in this course are not expected to give lectures, but to guide participants through written materials, role play exercises, discussions, etc. It is most important that facilitators be observant individuals who can see when participants are having difficulty, explain things clearly, and give helpful feedback.
4. If participants speak a **language** other than the language in which the course is written, it is helpful for at least one facilitator per group to speak that language.
5. They must be **organized**. They must be able to keep the group on schedule and ensure that they arrive for clinical practice on time and with the necessary supplies.
6. If there will be a small group of nurses at the course, it is important to select at **least two facilitators who can relate well to nurses and can teach clearly, patiently, and creatively**. These facilitators will be expected to adapt some of the activities in the course according to suggestions in the Facilitator Guide, for example, by omitting certain parts of exercises, or by adding examples or demonstrations.
7. Facilitators must be **available during all of facilitator training and during all of the course**. They must have the **energy and motivation** to work a long day with participants and then attend a facilitator meeting to review the day's work and prepare for the next day.

Note: In any course, facilitators may identify participants who would eventually make good facilitators themselves. Ask facilitators to point out participants who:

- Understand the module easily
- Perform well in the clinical sessions
- Communicate clearly
- Help others and work well with others in their group
- Participate confidently in discussions and role plays.

1.4 Checklist of instructional materials needed

Instructional materials needed by each small group

Each small group will need the following instructional materials to work on the module in the classroom setting. During facilitator training, the group of facilitators will also need these materials.

ITEM NEEDED	NUMBER NEEDED
Facilitator Guide	1 for each facilitator
1 module, Chart booklet, and Photographs booklet (shared)	1 for each facilitator and 1 for each participant
national guideline for the management of Acute Malnutrition, FMOH, June 2019 (optional)	1 for each facilitator and if possible one for each participant
Therapeutic treatment multi-chart OTP card	1 for each facilitator and 1 for each participant 1 for each facilitator and 1 for each participant
Extra copies of Multi-chart (for use in exercises)	10 for each participant
Extra copies of OTP card	At least 3 for each participant
Extra copies of initial management section of the multi-chart chart (for use of shock follow up in exercises)	2 for each participant
Extra copies of Monitoring Record (for use in exercises)	3 for each participant
TFP Registration book	1 for each facilitator to demonstrate
Extra copies of TFP Registration book	5 copies
Monthly statistics TFP Report form	One copy for facilitator and 2 copies for participants
Set of overheads of multi-chart and other forms (if overhead projector is available), and PPT of conceptual framework of malnutrition. Alternative: Enlarged wall chart of multi-chart, SAM assess and classification table, OTP card, TFP Monthly statistics report form, and TFP registration form	1 set per group
Videotape WHO, Videotape, prepared for HEWs	1 per group 1 per group
Schedule for the course	1 for each facilitator and participant
Schedule for clinical sessions	1 for each facilitator and participant

*Based on schedules in Annexes A and C of this guide but including specific times

5. List of other supplies needed

Supplies needed for each person

- Name tag and holder
- 2 pens
- 2 pencils with erasers
- Paper
- Highlighter
- Folder or large envelope to collect answer sheets
- Calculator

Supplies needed for each small group

- Paper clips
- Pencil sharpener
- Stapler and staples
- Scissors
- 1 roll masking tape
- Extra pencils and erasers
- Flipchart pad and markers OR blackboard and chalk
- LCD projector (if possible)
- In addition, certain exercises require special supplies. Supplies for demonstrations, role plays and group activities for each small group include:
 - Ingredients and supplies for preparing ReSoMal

If using:	Ingredients:	Supplies:
Commercial ReSoMal	ReSoMal packet Cooled, boiled water (at least 2 litters)	'A'Mixing spoon 'A'Container to hold 1 or 2 litters 'A'Measuring cup or medicine cup with ml markings, or 50 ml syringe Small cups or spoons for tasting
ReSoMal made from standard ORS	'A'1-litre standard ORS packet Sugar (at least 50g) 'A'Mineral mix solution (at least 40ml) or tin of CMV Cooled, boiled water (at least 2 liters)	Same as above, plus: 'A'Container to hold > 2 liters 'A'Dietary scale that weighs to 5g*

- Commercially prepared Tin formulation of F-75 and F- 100, add Specific number of scoop to specific ml of water as to the instruction on the tin..
- Red , green and Blue bucket and Mug
- RUTF mainly Plumpy'Nut
- Props for role plays: a baby doll with clothes, a basin for bathing, a towel, a cup and saucer for feeding. (Creative substitutions are allowed. It is optional)

Supplies to be shared by groups

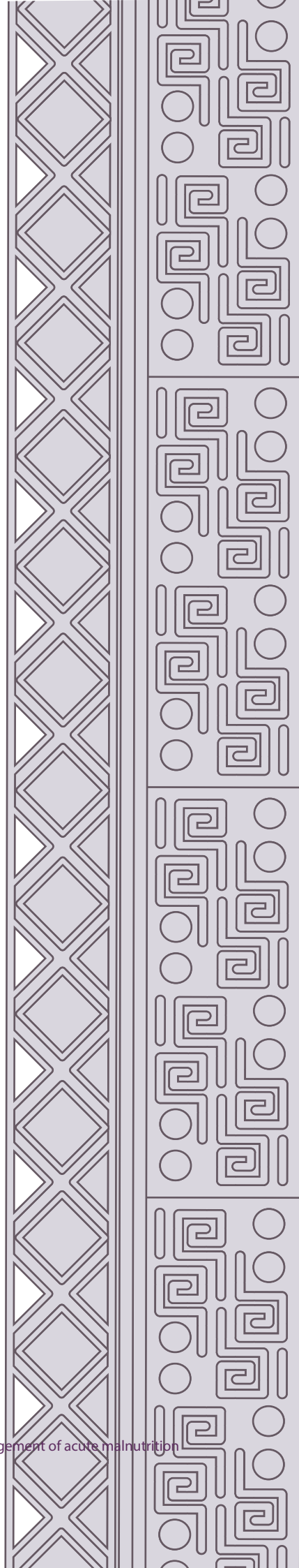
Near the classrooms, all groups need access to the following equipment and supplies, to be shared by the groups:

- video player and monitor, preferably on a rolling cart or in a separate room that groups can easily go to
- electrical outlets, extension cords if needed

Additional supplies needed for clinical practice

Participants will bring their laminated reference cards to clinical practice sessions. The following additional instructional supplies will be needed. Enough supplies are listed here for a course with 15 – 20 participants. In addition, the facilitators will need these supplies for clinical practice during facilitator training.

- Multi-chart (100 copies) for a course with 15 - 20 participants.
- OTP card (40 copies) for a course with 15-20 participants.
- Pens and pencils
- 6 - 8 clipboards and string or tape to fasten clipboards to foot or head of bed
- Thermometers
- A few watches (or participants may all have their own)
- Scales, and MUAC tape
- Length board and, stadiometer for measuring infants and children
- Soap for hand washing, and a supply of clean cloth towels that can be washed or a supply of paper towels. (Participants must wash hands before and after clinical practice and between patients.)
- If lab coats must be worn in the hospital, there should be one for each participant and facilitator, and these should be laundered as needed. To limit risk of transmitting infections, lab coats should not be shared.





PART TWO

PREPARING FOR CLINICAL PRACTICE

1. Preparing the clinical instructor

A clinical instructor who meets the criteria specified in part one of this guide (see “Criteria for selecting clinical instructor and facilitators”) will not require extensive training. However, he must learn the content of the course and adapt to the methods presented in the Clinical Instructor Guide. You can use the facilitators in case there are no adequate number of clinical instructors or if you have budget limitation. For some clinical instructors, this is a major change in how they normally teach or conduct rounds.

As the Course Director, you supervise the clinical instructor. Preparation of the clinical instructor should include the following steps:

- Send all of the course materials to the clinical instructor well in advance of the course.
- The clinical instructor should study all of the course materials, focusing especially on the Clinical Instructor Guide. (Note: Explain to the clinical instructor that selected activities will be conducted during the third day of facilitator training. Suggested activities are proposed on page 10-12 of the Clinical Instructor Guide. All clinical sessions will be conducted during the actual course.)
- The clinical instructor should discuss his responsibilities and any questions with you, so that you both understand and agree what he will do.
- Prior to facilitator training, the clinical instructor should visit the TFU/SC or ward with the Course Director, as described in the next section.
- The clinical instructor should attend as much of facilitator training as possible to learn the content of the course and how the course is structured.
- **On the third day of facilitator training**, he should go early to work with the clinical assistant and translator, if needed, to prepare for selected activities. He will then practice these activities with the facilitators as “participants”.
- Refer to the Clinical Instructor Guide for details on how the instructor should prepare himself and the ward. Help the instructor to be sure that everything is ready and make arrangements for any remaining items.

2. Visiting the TFU/SC or ward and OTP site to finalize arrangements

Prior to facilitator training, visit the hospital where the in-patient and OTP clinical sessions will be conducted and to meet the TFU/SC or ward head or OTP nurse and staff, discuss, and confirm final arrangements. The clinical instructor should be present at this visit.

1. Briefly describe to the ward director or head nurse the objectives of the course, the importance of clinical practice in the course, and the kinds of clinical signs and case management practices that participants will need to observe.
2. Tour the areas where severely malnourished children may be seen in the hospital (this may include more than one ward) and where OTP services are provided:
3. Observe where children arrive, when they typically arrive, and where they are directed. (During one clinical session, participants will observe children in the admissions area or in the ward in order to identify those with severe malnutrition.)
4. Observe the emergency treatment area.
5. See the kitchen area and observe as F-75 and F-100 are prepared, if possible.
6. Observe how children are fed and how drugs are administered.
7. Observe the OTP site where children with SAM are evaluated, registered, treated and followed up.
8. In all areas see what supplies and equipment are available. (Circle items not available on the list on pages 3-5 of this guide. Obtain items before the course begins.)
9. Discuss the schedule for clinical practice during facilitator training and the course. (Scheduling is described on page 21 of this guide and on pages 13 – 15 in the Clinical Instructor Guide.) During facilitator training, there will be a 2-hour clinical practice session on the third day. (Also, if desired and if there is time on the first day of facilitator training, there may be a brief tour of the ward.) During the course, several small groups will visit the ward at different times each day.
10. Determine if there are certain times that are best for clinical practice or certain times that are not appropriate.
11. Ask whether teaching sessions are conducted with parents on the ward and, if so, when they are conducted. Ask about play sessions as well. Explain that you would like participants to observe these sessions if possible.
12. Agree on the schedule with the ward director or head nurse. As soon as possible after the visit, confirm the schedule in writing.
13. Plan with the ward director or head nurse what role the ward staff will play during the participants' clinical practice sessions.
14. If possible, arrange for a clinical assistant (a regular staff member such as a nurse) to assist with clinical practice sessions. This staff member would help to identify suitable children. If necessary, arrange for a translator as well.
15. Determine what participants will be allowed to do in the TFU or ward and OTP site. It is expected that they will be allowed to feed children, monitor children's respirations, pulse and temperature, and assist with activities such as weighing, measuring, and bathing (all with supervision).
16. Brief ward staff and OTP nurse, so they understand what to expect during the clinical sessions (e.g., how many people will come, what they will be doing and learning). During some sessions, participants will observe and assist staff as they feed and give daily care to children in the ward. Get ideas from staff on the best ways to do this. Encourage their cooperation and thank them for their help.

3. Scheduling clinical practice sessions

One clinical practice session must be scheduled during facilitator training, preferably for about 2 hours on the third day and 1 hour on the fourth day for the OTP. This session will allow the clinical instructor to practice some of the activities planned for the course. It will allow the facilitators to become familiar with what will happen during clinical practice.

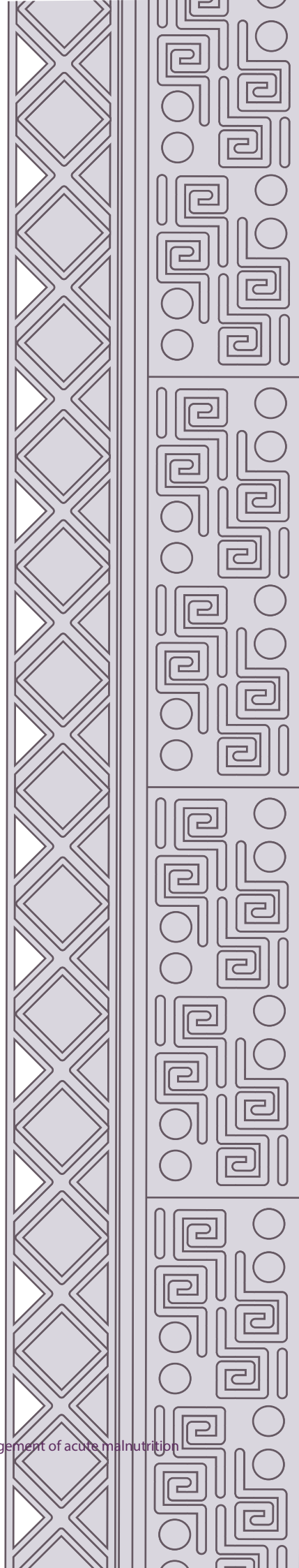
During the course each small group will visit the ward once each day. Visits will be from 1 to 2 hours in length. Scheduling is discussed in detail in the *Clinical Instructor Guide*, pages 13 - 15.

In Annex A, there is a blank form to use in figuring out the schedule for clinical training during the course. Plan the schedule with the clinical instructor and ward director. Make a copy for each participant.

Example

Here is an example of a schedule for clinical sessions in a course in which there are two small groups (groups A and B). Notice that groups visit the ward at different times each day to ensure that they observe different parts of the daily routine. In the example schedule that follows, all two groups will observe a play session at the same time on Day 3 and 4.

Dates	Clinical session	Group A	Group B
Day 2	Tour of ward and Clinical signs (2 hours)	1.30 - 3:30	3.30 - 5.30
Day 3	Initial management (2 hours)	1.30 - 3.30	3.30 - 5.30
Day 4	Feeding and Daily Care and (2 hours) Observe teaching session for mothers and play session	10.30 - 12.30	8.30 - 10.30
Day 5	OTP and TSFP (2 hours) Observe organization of OTP and TSFP; Assess , Admit and treat a Child, and recording in OTP and TSFP	1:30 - 3:00	9:00 - 10:30





PART THREE

TRAINING FACILITATORS

Eventually facilitators should be prepared in three phases as follows. For the first courses given, a high-quality 3 ½ -days facilitator training session will have to suffice.

Preparation of a facilitator for this course occurs in three phases:

1. The individual attends the course as a participant in order to learn the course content and develop skill in managing acutely malnourished children according to the National Protocol for management of SAM 2019, and WHO guidelines.
2. The individual attends a 3 ½ -days facilitator training session (usually immediately prior to a course in which he or she will serve as a novice facilitator).
3. He or she has a first experience as a facilitator, paired with an experienced facilitator and closely supervised by the Course Director.
4. After successful completion of this process, an individual is considered fully prepared to serve as a facilitator in the Training Courses on the Management of Acute Malnutrition. Part Three of this Guide describes in detail how to conduct the 3 ½ -days facilitator training session mentioned above.

1. General structure of the facilitator training session

The 3 ½ -days facilitator training session occurs before the course. As Course Director, you are responsible for conducting facilitator training. If possible, you should be assisted by a codirector or an experienced facilitator. As the training is intensive, it is very helpful to have two people work together. By working together, you can also demonstrate how co-facilitators share the work during the actual course.

Facilitator training is extremely important, and all new facilitators should attend. 6-8 facilitators may be trained during a session. Well-trained and supportive facilitators are necessary for the success of the course.

Even if facilitators are familiar with the course content and are experienced in managing severely malnourished children, they need facilitator training in order to learn how to teach the course.

Facilitator trainees will work quickly through the modules and will take turns practicing the teaching activities described in the Facilitator Guide. A clinical instructor will organize and supervise clinical sessions during this course, so facilitators will assist rather than direct these sessions. During the facilitator training, facilitators will attend two clinical sessions in order to become familiar with the severe malnutrition ward or TFU and OTP site and how clinical training will work.

Three methods will be used to demonstrate and practice teaching activities:

You (the Course Director) act as a facilitator. Facilitator trainees observe appropriate behaviors as you introduce a module, provide individual feedback, do a demonstration, conduct a video exercise, lead a group discussion, coordinate a role play, lead an oral drill, etc.

1. A facilitator trainee acts as a facilitator speaking to a group of participants. The trainee is practicing teaching activities when introducing a module, doing a demonstration, conducting a video exercise, leading a group discussion, coordinating a role play, leading an oral drill, or summarizing a session. While practicing, the trainee is also demonstrating these teaching activities for the others in the group.
2. One trainee act as a course participant and other acts as a facilitator providing individual feedback. Both sit in front of the room positioned as a facilitator and participant would be. The facilitator trainee is both practicing and demonstrating individual feedback. He asks questions to ensure that the “participant” understands the exercise, discusses how the concept is applicable in real situations, and mentions all the major points specified in the Facilitator Guide.
3. Note: Situating these two individuals apart from the rest of the group is important because it clearly shows that giving individual feedback is different from leading a group discussion. In the past, individuals have not understood the individual feedback procedure until they have observed and participated in it. If facilitator trainees are told that feedback is to be given individually, but they never practice it or see it done, they are not likely to provide it during the course.

2. Daily schedule

The 3 ½ -days facilitator training schedule will focus on teaching skills to be used in the classroom. Most of the time will be spent in the classroom reviewing the session in the module, learning techniques for teaching session and practicing those techniques. During the third day and fourth day, there will be a 2-hour and 1-hour clinical session respectively led by the clinical instructor. The final half-day is also used to finish work on the module as well as set up the classrooms for the course.

A suggested schedule for facilitator training is provided in Annex B. A suggested schedule for the course itself is provided in Annex C. These schedules can be used to make more precise schedules including specific dates and times once you know the times for clinical sessions, transport to clinical sessions, and the arrangements for lunch, tea breaks, etc.

The schedule for facilitator training is highly compressed and will require efficient and concentrated work. Facilitator trainees will review in only 3½ days what they will teach to participants in 7 days. In facilitator training, sessions will be reviewed very quickly; it may be necessary to do some independent work on exercises at night. The focus in the classroom will be on learning to give feedback for those exercises.

From time to time, you will need to remind facilitator trainees that the course will not be conducted the way that facilitator training is conducted. During the course, participants will read a section of the module, do an exercise, receive feedback, etc., as described in the Facilitator Guide. Participants will attend a clinical session on every day of the course. Refer to the Facilitator Guide and the actual course schedule frequently, so everyone understands how the actual course will differ.

E. Practice of facilitator techniques

At appropriate points during facilitator training, you will introduce the following facilitator techniques:

- working with a co-facilitator
- introducing a session
- giving individual feedback
- conducting a demonstration
- leading a discussion
- conducting a video activity
- coordinating a role play
- leading an oral drill
- summarizing the session

Once a technique has been introduced, you will assign facilitator trainees to practice the technique in front of the group. For some teaching activities, it is suggested that two trainees practice together, acting as co-facilitators. This will allow them to practice working in pairs, as they will in the course. After every activity, it is useful and important to discuss the trainees' performance and give feedback.

By the end of the training, every trainee should have practiced each facilitator technique. A Practice Assignment Grid is provided in Annex E to help you ensure that each trainee has adequate practice. Turn to this grid and list the names of the trainees. Whenever someone practices a technique, make an entry on this grid.

3. Using this Guide to conduct the facilitator training

We assume you are already familiar with this course and have experience as a facilitator in this course or similar courses. To prepare to teach others to be facilitators, read this Guide, and reread and study the Facilitator Guide.

When conducting the facilitator training, keep available the schedule in Annex B for an overview of the steps to be accomplished each day.

This Guide gives instructions, day by day and step by step, for conducting facilitator training. Just turn to the appropriate part, the appropriate day, and follow the instructions.

Some instructions tell you to go to the Facilitator Guide and do certain steps described there. When you do that, leave the Course Director Guide open to keep your place. When you have finished the steps in the other guide, look back to the Course Director Guide to find out what to do next. (You will end up with several books open at the same time. Therefore, it is a good idea to have a large area for yourself at the table so that you can arrange your guides and the module in front of you as you lead the training.)

FACILITATOR DAY 1

1. Opening Session

Examples of slides presentation to accompany this opening session are provided in Annex F of this guide. The slides may be used in a PowerPoint presentation, for which a disk is provided with this course.

A. Introductions

Introduce yourself as the Course Director and write your name in large letters on a blackboard or flipchart. Ask the facilitator trainees to introduce themselves and write their names under yours on the flipchart. They may also wish to tell other information about themselves.

B. Administrative tasks

Make any necessary announcements regarding meals, transportation, payments, hotel regulations, etc.

C. Review of purpose of the course (Slide 1, Annex F)

This training course will eventually be used in hospitals in many countries. The purpose is to teach the case management processes both in-patient and out-patient described in the National Protocol entitled Management of Severe Malnutrition. The content of the course is consistent with the National Protocol in certain hospitals that have used these case management procedures over time, case fatality has been reduced from over 30% to less than 5%.

The course is intended for doctors, health officers, nutritionists, and senior nurses in hospitals or health centers that have Stabilization center/ Therapeutic Feeding Units and OTP or plan to start such services. It is expected that participants will return to their facilities and make changes to improve case management of Acute Malnutrition.

2. Introduction to facilitator training

A. Context of facilitator training (Slide 2)

Cover the following points:

- There will be (number) participants attending the course titled Training Course on the Management of Acute Malnutrition (dates).
- The participants will be doctors, health officers, nutritionists, and senior nurses who manage severely malnourished children in hospitals and health centers.
- All of you (number) will be facilitators to assist participants to learn the skills presented in the course materials. These 3 ½ days are your time to work through the materials and prepare to teach others.
- As facilitators, you will work in pairs to teach the course. Each pair will be assigned a group of about (number) participants. Pairs for the course will be assigned later. During facilitator training, each of you will work with a variety of other trainees.

B. Materials needed (Slide 3)

Give each facilitator the following materials. (Other materials, such as the video, will be provided later as needed.) Comment that participants will be given the module with nine sessions.

- A Module and Photographs booklet
- Facilitator Guide
- Chart booklet
- Set of five laminated reference cards

C. Objectives of facilitator training (Slide 4)

- Learn the course content.
- Practice the teaching techniques used with the module (for example, giving individual feedback, leading group discussions, leading oral drills).
- Become familiar with the Stabilization center/ Therapeutic Feeding Unit and OTP and how clinical practice will be conducted.
- Learn ways to work effectively with a co-facilitator.
- Practice communicating in supportive ways that reinforce learning.
- Discuss problems that may be faced during the course (for example, slower readers, logistical difficulties in the ward, or sections of a module which may be difficult to teach) and prepare to handle these difficulties.

Facilitator training is far more than learning the content of the course materials. It is training in teaching techniques.

D. Teaching methods (Slide 5)

Explain that teaching methods of this course are based on several assumptions about learning.

3. Instruction should be performance-based.

Instruction should teach the student tasks he will be expected to do on the job. This course is developed based on an analysis of tasks involved in managing severe malnutrition. Each session of the module teaches the knowledge and skills needed to perform some of these tasks. At the beginning of each session is a list of learning objectives describing the tasks taught in that session.

1. Active participation increases learning.

Students learn far more quickly and efficiently by actually doing a task than by just reading or hearing about it. Practice helps students remember more and keeps them interested and more alert. This course actively involves the participants in doing written exercises, participating in group discussions, drills and role plays, and most importantly, in clinical practice.

2. Immediate feedback increases learning.

Feedback is information given to a participant on how well he is doing. If a participant does well on an exercise, and is reinforced immediately, he is more likely to retain what he has learned. Immediate feedback also allows misunderstandings to be corrected before they become strong beliefs, or before the student becomes further confused. In this course, the facilitators give immediate feedback on each exercise, tailored to each participant's needs. Feedback is provided through group discussion or individual consultation.

3. Learning is increased when instruction is individualized.

Participants attending this course will learn at different speeds and in different ways. For maximum learning to occur, the instruction must be flexible enough to allow each participant to proceed at a pace that is comfortable for him. Each participant should ask questions and receive explanations to the extent necessary for him to understand and acquire the skill and knowledge. This course is structured so that the participants are able to do the exercises at a comfortable pace and then discuss any problems or questions with a facilitator.

4. Positive motivation is essential if learning is to take place.

Participants must want to learn for instruction to be effective. Most of the time, participants come to a course highly motivated. Facilitators help the participants to maintain this motivation by providing individual attention, giving prompt feedback, reinforcing them for their work on the exercises, ensuring that they understand each exercise, and encouraging them in group activities and clinical practice.

E. Schedule for facilitator training (Slide 6)

Distribute a written schedule for facilitator training based on the one in Annex B. Explain that this 3 ½ -day schedule is condensed from the 7 day course. Give facilitator trainees a copy of the actual course schedule as well, so that they can compare the activities and pace of the actual course with those of facilitator training.

Explain that facilitator trainees will move very quickly through the modules and will focus mainly on teaching techniques. They will have one clinical session led by the clinical instructor.

Introduction of Facilitator Guide (Slides 7 and 8)

Trainees will learn to use the Facilitator Guide during the 3 ½ -day training.

1. Ask trainees to read pages 7- 10 of the Facilitator Guide – a description of the roles and responsibilities of a facilitator.
2. Answer any questions about pages 7-10. Then, briefly summarize the major duties of a facilitator **(Slide 7)**:
 - To introduce the module and the chart booklet
 - To answer questions and assist participants while they work
 - To provide individual feedback on completed exercises
 - To do demonstrations and give explanations of certain steps
 - To conduct oral drills
 - To lead and summarize video exercises and group discussions
 - To coordinate role plays
 - To summarize the modules
 - To assist with clinical practice as requested by the clinical instructor.

Be clear that facilitators are not in charge of ward visits; they are there to assist, and also to observe so that they can discuss what was seen back in the classroom.

3. **(Slide 8)** Urge facilitator trainees to follow procedures in the Facilitator Guide and make the points specified. Review the parts of the Facilitator Guide:

- Checklists of instructional materials and supplies needed (pages 15-18)
- Procedures table for each session.
- Notes for each step of the procedures
- Blank boxes (at the end of each session) for additional points
- Notes to use the chart booklet with the module and
- The section of “Guidelines for All Sessions” at the end of the guide (page 63).

4. Point out that answer sheets are on page 69 of the facilitators guide. The facilitator will give feedback to the participants using this answer sheets.

You may want to write the message “Remember to use your Facilitator Guide” on a flipchart page and leave the message visible throughout the training. Encourage trainees to write notes in their guides about important points to make during the course.

3. Session 1: Introduction

A. Review and Demonstration

Ask facilitator trainees to open to page 13 of the Facilitator Guide. Point out the Procedures table and the corresponding notes. Ask the group to follow along as you use the notes to lead them through the session 1.

Follow the procedures closely, but save time by asking trainees to quickly review the contents of the session rather than reading carefully. Since trainees have already introduced themselves, simply mention this step rather than doing it.

If you have an assistant, turn to your assistant for help in remembering to include all of the relevant points. For example, ask him or her aloud, "Have I forgotten anything?" In this way, you will demonstrate one way to work together as co-facilitators.

When you have finished, tell the group that you have just demonstrated how to follow the procedures for session 1. Answer any questions about how to use the Facilitator Guide.

B. Facilitator techniques: Working with a co-facilitator

Explain that there are several ways that co-facilitators can help each other and work as a team. For example, while one facilitator is leading a discussion, introducing the module, or doing a demonstration, the other facilitator can:

- Record information on the flipchart
- Operate the video player
- Follow along in the Facilitator Guide to ensure that no important points are omitted, and politely add certain points if necessary.

When first assigned to work together, co-facilitators should take time to talk about prior teaching experiences and individual strengths and weaknesses. They should agree on roles and responsibilities and how to work together as a team.

Suggestions for working together as co-facilitators:

1. Discuss in advance how you will work together on exercises and other activities. Review the teaching activities for the next day, and agree who will prepare for each demonstration, lead the drill, play each role, collect supplies, etc. However, do not divide your work with a feeling that "this is your piece and this is mine." Be flexible and ready to adjust roles if needed.
2. Work together on each session rather than taking turns having sole responsibility for a session. Within a session, you will at some times be the leader and at other times the helper, writing on the flipchart, stopping and starting the video player, etc.
3. When you lead a discussion, always try to ask the opinion of your co-facilitator. For example, ask "Dr. King, do you have something to add?" or "Would you agree with this explanation?"
4. When you are assisting, be respectful and polite. Give your co-facilitator your full attention. If you need to add information, wait until a suitable point in the presentation. Then politely ask, "Do you mind if I add something here?" Or say, "Excuse me, there is one more point I would like to mention."
5. If you think that your co-facilitator is doing a demonstration incorrectly, or giving incorrect information, avoid directly contradicting him or her in front of the group. It may be possible to say, "Excuse me, but may I clarify that?" If the situation is more complicated, quickly excuse yourselves, discuss the error privately, and decide how to clarify the explanation or demonstration to the group. The group must be given correct information as soon as possible.

If there is a serious disagreement between you and your co-facilitator, you may need to seek help from the Course Director.

During facilitator training, pairs of trainees will practice working together on demonstrations, video exercises, group discussions, and other exercises. When given an assignment, each pair should discuss in advance how to work together.

4. Session 2: Principles of Care

Facilitator trainees will now begin the Principles of Care. During facilitator training, facilitators must work quickly. In contrast, in the actual course, facilitators should not rush participants through the materials, but should allow them to proceed at a comfortable pace.

A. Facilitator Techniques: Introducing a session

Demonstrate introducing the session as described on page 17 of the Facilitator Guide. Ask trainees to notice the instructions for introducing the session as you speak. Tell them that from now on you will ask them to introduce each session. Tell them to keep introductions brief (just a few remarks). They should not lecture on the content of the module, but should cover the points in the Facilitator Guide.

B. Reading and work on the session

Ask trainees to quickly read Principles of Care through page 23 and do Exercise A using the Photographs booklet. Suggest that trainees highlight points in the session where the facilitator intervenes. For example, highlight the places where individual feedback is given or where a discussion is held. It will be helpful to highlight all of the sessions in this manner.

C. Facilitator Techniques: Leading a discussion

Point out that Exercise A involves individual work prior to a group discussion. Most discussions in this course require some individual work first, so that participants can organize their thoughts and prepare to share their ideas.

Acting as a facilitator, demonstrate how to lead the group discussion in Exercise A, being careful to use good facilitator techniques and follow the steps in the Facilitator Guide.

Ask trainees to look at page 67 of the Facilitator Guide. This page gives general guidelines for leading a discussion. Review the points on page 67. Explain that from now on trainees will practice leading the group discussions.

D. Reading and work on module

Ask trainees to read pages 25-33 of the module and do Exercise B using their *Weight-for-Height Reference Card* or the *Chart Booklet*.

E. Facilitator Techniques: Demonstration

Explain that trainees may need a demonstration of how to use the Weight-for-Height Reference Card before they attempt Exercise B. Facilitators will quickly see how much assistance a group needs. It is important to give enough explanation that participants do not become frustrated by a lack of understanding. However, too much explanation can be boring and can be seen as condescending.

Acting as a facilitator, demonstrate how to use the *Weight-for-Height Reference Card*.

After the demonstration, ask the trainees if they would have found the demonstration helpful before doing Exercise B. Remind trainees that participants will come from a variety of backgrounds.

Facilitators will need to be sensitive to the strengths and weaknesses of participants in their groups. If a group is likely to need extra help with a concept, facilitators should give additional explanations or demonstrations. If the group seems able to understand the reading and do the exercises independently, then facilitators should not interrupt their work with unnecessary explanations.

F. Facilitator Techniques: Individual feedback

Referring to the procedures table on page 16 of the Facilitator Guide, point out that Exercise B requires individual feedback, as indicated in the “Feedback” column of the table. Point out the related notes on pages 18 and the answer sheet on page 690 of the facilitator guide.

Explain that individual feedback is done by one facilitator talking to one participant privately. Each facilitator may set up a place in a separate area where participants can come to them for individual feedback.

Ask for a volunteer to act as a “course participant” who has just completed Exercise B. The participant will present his or her answers as written in the module. (He or she may wish to make up a wrong answer or two.) You will act as the facilitator, modeling the technique of giving individual feedback. Sit face to face with the participant in the front of the room and speak clearly so that everyone can “overhear”.

After modeling individual feedback, ask facilitator trainees to look at page 66 of the Facilitator Guide. It explains what facilitators should do when giving individual feedback. Review each point on that list. Then review the additional points below:

- If space allows, provide individual feedback somewhat away from the group, in order to avoid disturbing others and to give the participant some privacy. For example, a participant and facilitator could sit in chairs in the hall where a case management chart is posted, or in the corner of the room.
- Individual feedback may be brief. During the course, individual feedback may not be as complete and lengthy as it is during facilitator training, when you are learning how to provide feedback.
- Sometimes the guidelines for feedback on an exercise suggest a question to ask about the participant’s own hospital or health center and its procedures. For example:
 - What admission criteria are used in your hospital?
 - Are 3-hourly feedings given to new patients?

When these questions are suggested, ask them and listen carefully to the participant’s answers. You will understand his situation better and may help the participant think through any concerns.

- All of you will practice giving individual feedback during this training. You will review a “participant’s” answers and discuss how he arrived at his answers. You will practice consulting the guide and mentioning any key points. However, the questions and comments of the individual acting as the participant may not be similar to those encountered during the course. Actual participants are likely to be shyer and may read or understand less quickly.

G. Reading and work the session; practice leading group discussion of Exercise C

Ask facilitator trainees to read page 35-40 of the module and do Exercise C. They should also look at corresponding guidelines in the Facilitator Guide.

Assign one trainee (someone who works quickly) to be prepared to lead the group discussion after Exercise C. Remind this trainee to follow the guidelines on pages 16 of the Facilitator Guide. Record the assignment on the grid in Annex E.

When everyone is ready, ask the assigned trainee to lead the discussion. After the discussion, invite the rest of the group to comment on how it was lead. Start by mentioning good points, and then discuss what should be improved. Be sure to clarify the content of the module if there is any confusion.

Note: Every time that a facilitator trainee practices leading an activity, be sure to give feedback. You may find it helpful to refer to the performance criteria on pages 5 1-52 of this guide to remind you of items to note when providing feedback to facilitators.

I. Facilitator Techniques: Demonstration

Explain that trainees need a demonstration of how to use the Multi-Chart.

Acting as a facilitator, demonstrate how to use the Multi-Chart. Tell them to use the notes on page 20-21 of the facilitator guide during the demonstration.

After the demonstration, ask the trainees if they would have found the demonstration helpful.

Facilitators will need to be sensitive to the strengths and weaknesses of participants in their groups. If a group is likely to need extra help with a concept, facilitators should give additional explanations or demonstrations. If the group seems able to understand the reading and do the exercises independently, then facilitators should not interrupt their work with unnecessary explanations.

J. Facilitator Techniques: Oral drills

Referring to the procedures table on page 16 of the Facilitator Guide, point out the oral drill. Point out the related notes on page 19-20 Explain that repetitive practice will help participants learn certain skills. This oral drill provides practice in determining weight-for-height Z-score and using admission criteria. There will be other oral drills (for example, on determining amounts of F-75 needed) later in the course. Explain how to lead an oral drill:

- Gather the participants together. A drill works best when the chairs are arranged in a circle or around a table.
- Tell the participants that you are going to do a drill. A drill is not a test. It is an opportunity to practice a step, in order to develop speed and confidence.
- Ask a question and direct a participant to answer. He should answer quickly.
- If he cannot answer or answers incorrectly, you will ask the next person. Continue asking questions to participants in order, going around the circle.
- Keep the pace lively and the mood cheerful. Congratulate participants as they improve in their ability to answer correctly or more quickly.

Facilitators have some flexibility in when to lead a drill during the course. They may do a drill at a time when participants need a break from reading. They may do a drill after a tea break or lunch, as a way to focus the group's attention.

Begin the drill on weight-for-height Z-score as described in the Facilitator Guide. Then, after the pace of the drill is set, let a trainee take a turn being the "facilitator" while the others act as "participants". Afterwards, discuss how the drill went. Were there ways that the drill could have been improved? Facilitators may add some more items to the drill in the blank spaces provided. Record on the grid in Annex E the trainee who practiced leading the drill.

K. Reading and short answer exercises

Explain that the next part of the session includes reading about the rationale for the case management procedures taught in this course. To break up the reading and check the participants' understanding, a few short-answer exercises are given. The first two (on pages 44 and 47 of the module) are group-checked. In other words, when everyone has completed the short-answer exercise, the facilitator will review the answers with the group. Answers are given on page 21 of the Facilitator Guide These should not be long discussions, just a way to ensure that the participants understand the material.

After the third short-answer exercise (page 50), participants should check their own answers by looking at the correct answers given on page 51 of the module.

Ask facilitator trainees to continue reading to the end of the session, doing the short answer exercises as they come to them. Assign a trainee to lead each of the following brief discussions to check the answers. Remember to record the assignments on the grid in Annex E:

Group discussion, checking answers to short answer exercise on page 44
(Guidelines on page 21 of Facilitator Guide)

Group discussion, checking answers to short answer exercise on page 47 (guidelines on page 21 of Facilitator Guide)

When everyone has finished the session, ask the above trainees to practice leading these brief discussions. Remember to give them feedback. Remind trainees to avoid confusing participants with too many medical details. If a participant wants to discuss a complicated issue at length, facilitators should offer to discuss it after class.

L. Facilitator Techniques: Video activity

Referring again to the procedures on page 16 of the Facilitator Guide, point out that a video is used in this session. Each group will have a videotape that includes four video segments to be used in the course.

Show the group how the video player works. Ask them to come close as you show them how to insert the videotape, turn on the power, rewind, play the tape, stop the tape, etc. Explain where the equipment will be during the course.

Discuss the techniques of leading a video exercise. Include the following points:

- Practice with the video before the exercise, so that you know what to expect, when to start and stop it, and how to adjust it. If it is a temperamental machine, give yourself enough time to get it working or arrange to have someone there who works well with the machine.
- Be sure that the lighting and the arrangement of chairs will allow everyone to see the monitor clearly.
- The first few times you show a video, it may take participants a few minutes to focus their attention on the video, and become accustomed to the picture and the narrator's voice. If you feel this is true, ask the participants if they would like you to restart the video.
- You may show the video again if time allows and there are no other groups waiting to use the machine.

Explain that the main point of this video is to review the signs of severe malnutrition as well as show dramatic improvements over time. Show the video.

After showing the video, ask what signs of recovery the facilitators saw. Also discuss photos 27. These photos show changes in three children over a period of weeks.

There will be a chance for trainees to practice leading a video activity later.

M. Facilitator Techniques: Summarizing the session

Point out the guidelines for summarizing the Principles of Care in the Facilitator Guide (page 16). Show trainees the blank box in which they may write additional points to include in the session summary. Ask for any suggestions to put in the box for this session.

Then summarize the session as instructed. Explain that from now on you will be asking trainees to introduce and summarize sessions. Guidelines are always given in the Facilitator Guide.

Introductions and summaries should be very brief. Records on the Practice Assignment Grid as trainees have a chance to introduce or summarize sessions.

5. Session 3: Initial Management

Point out the procedures for the initial management session on page 24 of the Facilitator Guide. Point out the section titled “Preparations for the session” on page 24. This section describes special supplies needed for a session, in this case an overhead projector (or enlarged copies of forms), ingredients for ReSoMal, etc.

Be sure that you have these supplies ready in the classroom or kitchen area.

A. Reading and practice introducing the session

Ask trainees to read through page 55 of the module. Point out that trainee will stop at page 75 for a brief review and explanation. Ask one person to be prepared to introduce the session. Record the assignment on the grid in Annex E. (In the real course, the facilitators will introduce the session before the participants begin reading; the order is reversed here simply to allow the trainee time to prepare.)

Introduction of the session (pages 24 of the Facilitator Guide)

B. Facilitator Techniques: Conducting a demonstration

Referring to the procedures table on page 24 of the Facilitator Guide, point out that after the introduction of the session, course participants will read through page 75 of the module, and then the facilitator will introduce the Therapeutic Treatment Multi-chart for SAM essential for management of complication session and demonstrate how to use the Multi-chart. Point out the guidelines for the demonstration on pages 24 of the Facilitator Guide.

If an overhead projector is available, use the overhead transparencies of Multi-chart. If not, use the enlarged copies and have everyone gather around. Some facilitators may feel more comfortable using the enlarged paper copies.

Acting as a facilitator, demonstrate use of the Multi-chart. Ask another person to act as a co-facilitator and read the story of “Debela” while you record. After the demonstration, discuss the technique of conducting a demonstration. Include the following points:

- A demonstration introduces something that participants will soon read about in the module, such as a recording form. The purpose is to begin to explain it, so that participants will understand more easily when they read the text. Trainees have now seen two demonstrations: one on how to use the Weight-for-Height Reference Card, and one on use of the Multi-chart
- A demonstration may be easier to understand for some participants who have difficulty reading, or who are more used to listening to oral presentations than reading.
- The Facilitator Guide describes how to do the demonstration. Follow the guide closely, and do not explain more than is included in the instructions. It may be confusing if you go farther than the next step that participants will learn in the module.
- Be sure that all the participants can see the form that you are using. If needed, have the participants get up from their chairs and come over to the form to see what you are describing.
- Be sure to speak clearly and loudly enough. Do not turn your back to participants as you speak. Try not to read directly from the guide or module. Speak in a conversational tone, varying the pitch and speed of your voice.
- Pairs of facilitator trainees will be assigned a demonstration to do as practice.
- Even if you have seen other facilitator trainees do the demonstration, you need to practice the demonstration before doing it in front of your group during the course. Study the guide and then practice what to say so you will not have to read from the guide. Practice using any visual aids so you can do the demonstration comfortably and smoothly.

6. Assignments for the next day

Ask facilitator trainees to read and work the written exercises in the rest of the session. Explain that the group activities will be done tomorrow. Facilitators should also carefully read the Facilitator Guide section for management of complication session.

Assign facilitator trainees to be prepared to practice specific teaching activities (listed below) in front of the group. For Exercise A (preparing ReSoMal), and for the video exercise, assign pairs of facilitator trainees to work together.

For individual feedback, assign one person to act as the “facilitator” and one person to act as the “participant”. During facilitator training, each trainee should have an opportunity to be the “facilitator” giving individual feedback. After each trainee has had a turn, if you feel that all are well prepared to give individual feedback, you may stop assigning it to be practiced aloud.

Keep track of assignments on the grid in Annex E. Be sure that each trainee is assigned a variety of practice. For example, if he has already practiced leading a group discussion, assign him to provide individual feedback.

_____ Exercise A, preparing ReSoMal, group discussion (pages 27 of Facilitator Guide)
Note: It is best to assign someone who has prepared ReSoMal before to lead this exercise.

_____ Individual feedback, Exercise B, Case 1 - Tablets (page 27 of the Facilitator Guide)

_____ Individual feedback, Exercise B, Case 2 - Kedija (page 27 of the Facilitator Guide)

_____ Individual feedback, Exercise B, Case 3 - Yohannes (page 27 of the Facilitator Guide)

Demonstration for trainees using the Therapeutic diet section of the Multi-chart (pages 25 of the Facilitator Guide)

_____ Individual feedback, Exercise C, Cases 1 and 2 – Mola and Radiel (page 29 of the Facilitator Guide)

Group work, Exercise C, Case 3 - Etaferaw (page 29-30 of the Facilitator Guide) Note:
When recording this assignment on the grid in Annex E, count it as a demonstration

_____ Individual feedback, Exercise D, Cases 1 and 2 – Debebe and Hana (page 30 of the Facilitator Guide)

_____ Video: Emergency treatment (page 29 of the Facilitator Guide)

_____ Session summary (page 29 of the Facilitator Guide)

Explain that trainees will practice the teaching activities in the order that they come in the Facilitator Guide. It is essential that they complete the module.

Note to Course Director on preparations for the next day:

Have, large and small commercially prepared packets of F-75 and F-100, buckets and cups of different color, and water for preparing F-75 and F- 100 in the classroom or kitchen area. Prepare in advance ORS and water for making ReSoMal.

FACILITATOR DAY 2

1. Continuation of Session: Initial management

A. Practice of facilitator techniques

Starting with individual feedback on Exercise B, have facilitator trainees practice their assigned teaching activities in the order that they come in the Facilitator Guide. Be prepared with ingredients and supplies for Exercise A (preparing ReSoMal).

During each practice, trainees should refer to the Facilitator Guide to see whether all the points are covered. After each practice, discuss what was done well and what could be improved. Refer frequently to the Facilitator Guide, so trainees stay aware of the order of events that they will follow during the real course.

Keep the focus on teaching techniques, but also clarify any confusion about session content if necessary. Refer to the performance criteria on pages 51-52 of this Guide while providing feedback.

B. Facilitator Techniques: Coordinating Role Plays

Ask trainees to look at page 67 of the Facilitator Guide. Discuss each point on page 67 and answer any questions. Also review the following points:

- Role plays will not (and should not) be perfectly prepared and rehearsed performances. The point of role plays is to practice dealing with new or surprising information while communicating effectively.
- The person playing the role of the health worker should not be told in advance any more information than is provided in the module; however, this person should be encouraged to review the relevant sections of the charts, or the communication skills to be used. The facilitator should be sure that the health worker understands the purpose of the role play and the steps or points to cover.
- The persons playing roles should behave realistically, incorporating any background information given about the role. Players may make up additional information if necessary, as long as it is realistic and consistent with the background information.
- It is important to look ahead in the guide to see when role plays will occur and prepare for them. Some role plays require supplies such as a baby doll or a basin for bathing a child. These supplies will be listed in the instructions for the exercise. Explain where these supplies are located.

Tell trainees that they will all have opportunities to participate in role plays during the next few days. Keep a record on the Assignment Grid (Annex E) of who has played roles. You will act as the coordinator for the role plays during facilitator training. In doing so, you will provide a model of how to coordinate a role play. Draw attention to the things that you do as a coordinator; for example, obtain photocopies of role descriptions, obtain props, assign roles, etc.

Note: After discussing role plays, remember to ask the assigned person to summarize the session.

2. Session 4: Feeding

Point out the Procedures for this session on page 31 of the Facilitator Guide. Unless trainees have previously taken the course as participants, they have not yet had time to read the Feeding session, so they will read and work the exercises in order. For exercises requiring individual feedback, trainees should check their own answers and come to you with questions as needed.

A. Introduction and Exercise A, preparing F-75 and F-100

Ask trainees to read through page 101 of the module. Ask someone to briefly introduce the session Feeding. After the introduction, act as a facilitator and lead the group in preparing F75 and F-100 as in Exercise A of the session. (It is important that you lead this activity to set a good example.) Conduct a brief group discussion after preparing F-75 and F-100. Point out the guidelines in the Facilitator Guide (pages 31-39).

B. Facilitator Techniques: While participants are working

Looking at the procedures on page 31 of the Facilitator Guide, point out that participants have much independent reading, including some self-checked short answer exercises. Facilitators should be available to help during this individual work, if needed.

Ask facilitator trainees to look at page 66 of the Facilitator Guide. Review each point on the list. Also mention the following points:

- Watch participants as they begin an exercise to be sure they understand what to do. If it takes a participant a long time to figure out the instructions for an exercise, or if he misunderstands the instructions, this can use a lot of time and create frustration. If you observe such difficulty, help the participant right away.
- Look to make sure that participants are actually doing short answer exercises. They must do these self-checked exercises and not simply read the answers in the back of the module.
- If a participant is having trouble, you can lean down beside him and quietly give him some brief help. Try not to disturb other participants around him

C. Reading and work through Exercise B; practice of facilitator techniques

Ask trainees to work independently through pages 106 of the Module. Trainees should check their own answers or come to you for feedback if needed.

Assign the following activities to be practiced in front of the group. Keep track of assignments on the Practice Assignment Grid in Annex E. Remember to assign someone to be the "participant" for individual feedback. Trainees may be given more than one assignment:

Demonstration: 24-Hour intake on the Therapeutic diet section of the Multi-chart Intake Chart (pages 32 of Facilitator Guide). Assign two trainees to work together on this.

Oral drill: determining amounts of F-75 to give (page 36 of Facilitator Guide). Assign 2 trainees to do this drill. Have one start it and another one continue it.

Individual feedback, Exercise B, Case 1 - Dendir (page 36 of Facilitator Guide)

When everyone is ready, have trainees practice the assigned activities. Mention the reading that will come between each activity in the real course. As always, provide constructive feedback after practice.

D. Reading and work through the end of the session; practice of facilitator techniques

Ask trainees to continue reading and working in the session to the end. Ask them to check their own answers or come to you for feedback if needed. They should also read the corresponding facilitator guidelines. If all of the trainees have successfully practiced individual feedback by now, there is no longer a need to enact this. Unless there is a need to continue practicing giving

individual feedback aloud, stop assigning individual feedback at this point.

Assign trainees to be prepared to practice the following activities:

Group discussion, Exercise G (page 38 of Facilitator Guide). Assign 2 trainees to work together on this.

Summary of the session (page 38 of Facilitator Guide)

When everyone is ready, look at the Procedures table on page 31 and review the order in which activities will occur in the session. Discuss any questions that trainees may have related to Exercises C, D, E, and F. Discuss how to handle Exercise E in the course.

Have the assigned trainees lead the discussion of Exercise G and summarize the module. As always, provide constructive feedback after practice.

3. Assignments for the next day

Assign all of Daily Care and Monitoring and Problem Solving sessions to be done as homework.

Point out the Procedures for the Daily Care session on page 40 and for Monitoring and Problem solving session on page 47 of the Facilitator Guide. Notice that most of the activities in these sessions are written exercises followed by individual feedback or group discussion.

Ask trainees to read all of the session and do the exercises tonight. Exercise B of the daily care session is a group exercise; trainees should skip Exercise B since they will do it as a group tomorrow.

To complete Exercise C of daily care session, trainees will need to take from the classroom a blank Monitoring Record. Since they will not have completed Exercise B, they should use the answer sheet for Exercise B in order to complete Exercise C.

Trainees should check their own answers and read the facilitator guidelines related to the sessions.

Assign the following to be practiced in front of the group on the next day. Remember to keep track of assignments on the Practice Assignment Grid in Annex E (Only selected exercises are listed.)

Introduction of the Daily care session (page 41 of Facilitator Guide)

Demonstration of the Multi-chart essential for Daily Care (pages 41-42 of Facilitator Guide)

Group work followed by group feedback, Exercise B (pages 43 of Facilitator Guide)

Demonstration of Monitoring Record (page 44 of Facilitator Guide). Assign two trainees to work together on this.

Summary of daily care session (page 46 of Facilitator Guide)

Introduction of monitoring and problem solving session (page 48 of Facilitator Guide)

Individual work followed by discussion: Exercise C (page 49 of Facilitator Guide)

Introduction of involving mothers session (pages 527 of the Facilitator Guide)

Exercise B, Role plays 1 and 2 (pages 53 of the Facilitator Guide). Assign roles:

- _____ Role play 1 Nurse
- _____ Role play 1 Mother
- _____ Role play 2 Nurse
- _____ Role play 2 Mother

_____ Video: Teaching mothers about home feeding and discussion, Exercise C (page 54 of the Facilitator Guide)

_____ Video: Malnutrition and mental development (page 54 of the Facilitator Guide)

_____ Summary of the session (page 55 of Facilitator Guide)

Announce the time that clinical practice will occur tomorrow. Give any related instructions about when and where to meet to go to the ward. Tell facilitators that the clinical instructor will be in charge of this session and they will act as participants. Tell facilitators to bring all four laminated reference cards to clinical practice.

Notes for Course Director on preparation for the next day:

Have a photocopied enlarged multi-charts surveillance section.

Have role descriptions photocopied for role plays in Involving Mothers in Care. (See pages 53 of the Facilitator Guide.) The role plays in Involving Mothers will be done in the classroom tomorrow.

Have props ready for role plays.

FACILITATOR DAY 3

Note: A two-hour clinical practice session will occur during this day. Simply stop these activities when it is time for clinical practice, and resume when you return to the classroom. Remind facilitators to take their laminated reference cards to the clinical session.

1. Session 5: Daily Care

A. Introduction of the session: discussion of questions

Facilitators should have completed the Daily Care session the night before and checked their own answers.

Ask the assigned trainee to introduce the session.

Referring to the Procedures on page 40 of the Facilitator Guide, review the activities of the session in order. Offer an opportunity to discuss or ask questions about the reading and written exercises.

B. Practice of facilitator techniques

Have trainees practice their assigned activities in front of the group. As always, provide feedback after each practice.

Draw attention to points made in the Facilitator Guide.

2. Session 6: Monitoring and Problem Solving

A. Introduction of the session: discussion of questions

Facilitators should have completed the monitoring and problem solving session the night before and checked their own answers.

Ask the assigned trainee to introduce the session.

Referring to the Procedures on page 47 of the Facilitator Guide, review the activities of the session in order. Offer an opportunity to discuss or ask questions about the reading and written exercises.

B. Practice of facilitator techniques

Have trainees practice their assigned activities in front of the group. As always, provide feedback after each practice.

Draw attention to points made in the Facilitator Guide.

C. Summary of the session

During each practice, refer to the Facilitator Guide to see whether all the points are covered. After each practice, discuss what was done well and what could be improved.

Explain that step 6 of the Procedures (described on page 47 of the Facilitator Guide) may occur at a different time than it is listed. If participants have time during a clinical session to use the Checklist for Monitoring Food Preparation or the Checklist for Monitoring Ward Procedures, the group should discuss the results upon returning to the classroom.

If they never have an opportunity to use the checklists during a clinical session, they may be able to complete them back in the classroom simply by reflecting on what they have seen and heard. Use of the monitoring checklists may be a good way to identify real problems in the ward.

Session 7: Involving mothers in care

A. Introduction of session

Facilitators should have completed involving mothers in care session the night before. Ask the assigned trainee to introduce the session.

Point out the Procedures on page 51 of the Facilitator Guide and emphasize that participants will do them in this order during the course.

B. Practice of facilitator techniques

Have trainees practice their assigned activities in front of the group. As always, provide constructive feedback after each practice.

Tell facilitators where role play supplies will be during the course. Between each practice, refer to the next steps in the Facilitator Guide, so that trainees stay aware of the order of events that they will follow during the real course. Draw attention to notes on exercises that are being skipped; Exercise A was not assigned, but it will be included in the specified order in the course.

4. Assignments for the next day

Assign all of OTP, MAM, Monitoring and reporting of TFP session and Supply chain session to be done as homework. This is a brief session, and facilitators should be able to read it quickly. Since they have practiced most facilitator techniques extensively at this point, they will focus on only three techniques in this session: demonstration of OTP card, TFP registration book and reporting formats.

Referring to your Practice Assignment Grid, assign trainees to practice the following. (Only selected exercises are listed.)

Demonstration of OTP card (page 58-59 of Facilitator Guide). Assign two trainees to work together on this.

Demonstration of TFP registration book and Monthly report statistics forms (page 58-59 of Facilitator Guide). Assign two trainees to work together on this.

Uninterrupted supply of nutrition commodities, by identifying essential supplies, quantities need, stock management and requesting of supplies

Notes for Course Director on preparation for the next day:

Have copies of OTP cards and TSFP cards.

Be ready to distribute a final schedule for the course and clinical sessions tomorrow. If you have not already done so, plan which facilitators will work together as co-facilitators during the course.

Plan which classroom will be used by each pair of facilitators. Ensure that course materials will be available to set up the classrooms tomorrow.

FACILITATOR DAY 4

This is a half day of facilitator training. After completing the last session, facilitators will need time to set up their classrooms.

Note: A one-hour clinical practice session for OTP and TSFP service will occur during this day. Simply stop these activities when it is time for clinical practice, and resume when you return to the classroom. Remind facilitators to take their laminated reference cards or chart booklet to the clinical session.

Session 8: Out-patient therapeutic care

Point out the procedures for this session on page 56 of the Facilitator Guide. Trainees should read and work the exercises in order.

A. Introduction and work on the session

Ask facilitator trainees to read and do the work through Exercise A in the session Assessment and classification of SAM; deciding whether the child has SAM. Assign a facilitator trainee to lead the discussion. Assign someone to introduce the session. Remember to keep track of assignments on the Practice Assignment Grid in Annex E.

Introduction of the session (page 57 of Facilitator Guide).

When everyone is ready, ask the assigned person to introduce the session. Ask facilitators if they have any questions about the first part of the session, on the short answer, or Exercise A. After answering any questions, continue work on the next sections of the OTP.

Facilitators will do the rest of this session much as participants will do it. They will read a section, do some individual work in preparation for a group discussion, and then participate in a group discussion. Follow the Facilitator Guide as you lead the group through this session. Before each new section of reading, assign a facilitator or a pair of facilitators to lead the next discussion.

B. Practice of facilitator techniques

As the group works through the sessions, assign facilitators to lead each discussion. The group should continue working individually.

Discussion following Exercise B (page 60 of Facilitator Guide).

Summary of the session

During each practice, refer to the Facilitator Guide to see whether all the points are covered. After each practice, discuss what was done well and what could be improved.

Point out the guidelines for summarizing the OTP in the Facilitator Guide (page 60). Show trainees the blank OPT Card and blank box on the card in which they may write additional points (action taken section), to be include in the session summary. Ask for any suggestions to put in the box for this session.

2. Session 9: Supplementary feeding program

The facilitator trainees have already read through the document, till the last session as a home assignment. So, continue through this session as well.

A. Introduction to the session: -

This session describes the skills and knowledge specifically needed for the management of moderate acute malnutrition.

See introduction of this section (on FG page 61)

When everyone is ready, ask the assigned facilitator to introduce the session and to explain that this session describes also how to organize TSFP services. Ask facilitators, if they have any questions about the session as a whole and on the short answer exercise and Exercise A. They can self-check the short answers ask for any unclarities and

B. Practice of facilitator techniques

Since the group read through the sessions, assign a facilitator to lead group discussion.

Discussion following Exercise A(page 61 of Facilitator Guide).

Session 10: SUPPLY CHAIN MANAGEMENT

This session describes the essential supplies for acute malnutrition and their management. It also highlights on the processes and procedures that need to be undertaken to ensure consistent availability of SAM and MAM supplies at the facility level

A. Introduction of the session: discussion of questions

Assign another trainee and ask the assigned facilitator to introduce the session. and summarize the session.

B. Practice of facilitator techniques

Discuss the short answer question and allow for other trainees to say somethings about Supply chain management in the organization/ health center/ hospital, they came from.

Session 11: MONITORING AND REPORTING IN TFP AND TSFP

A. Introduction of the session: discussion of questions

Facilitators should have completed the monitoring and reporting session the night before and checked their own answers.

Ask the assigned facilitator trainee to introduce the session.

Review the activities of the session in order. Offer an opportunity to discuss or ask questions about the reading and written exercises.

B. Practice of facilitator techniques

Have trainees practice their assigned activities in front of the group. As always, provide feedback after each practice.

Draw attention to points made in the Facilitator Guide.

At the end of all sessions

Facilitator trainees now have practiced all of the techniques they will use in the course. Ask them to turn to pages 63-65 of the Facilitator Guide. These pages describe ways to motivate course participants and improve teaching. Allow about 10 minutes to read these pages. (If there is no time for this reading, ask them to read these pages before the course begins.)

C. Facilitator Techniques: Review

While the group is reading, review the list of “Performance Criteria for Facilitators” given on pages 51-52 of this guide. These are the criteria that you will use when supervising, monitoring, and giving feedback to facilitators during the course. Write a star by any of the criteria that you feel need to be reinforced with this particular group. When all have finished reading, lead a brief discussion on the reading and on the criteria that you have starred.

Ask facilitators if they would like to discuss any problems that they anticipate may occur in the course. Suggest ways to deal with these problems. Mention that there will be more opportunities for this type of discussion in daily facilitator meetings during the course.

1. Practical arrangements for the course

If you have not already done so, announce assignments of facilitator pairs who will work together during the course. Give facilitators the written schedule for the course and the schedule for clinical sessions. Explain when and where participants will meet for transportation (if needed) to the clinical sessions.

Inform facilitators that lists of the participants in each group will be prepared on the first morning as soon as participants have registered. Facilitators will be given a copy of the Course Registration Form for each participant in their groups.

Tell facilitators which classrooms they will use. Tell them when and where they can obtain the course materials for their group, or when the materials will be delivered to their classrooms. Tell them when they can go to their classrooms to:

- arrange the tables, chairs, and materials
- arrange a place for individual feedback

Remind facilitators to discuss with their co-facilitators how they will divide the work for the first few sessions.

Tell facilitators whom to contact if they need extra supplies or materials during the course. Remind facilitators where the video player and monitor, and any other shared equipment, will be during the course. Inform them of any problems with electrical supply that could affect when to show the video.

Ask if facilitators have any questions about practical arrangements.

2. Closing remarks to facilitators

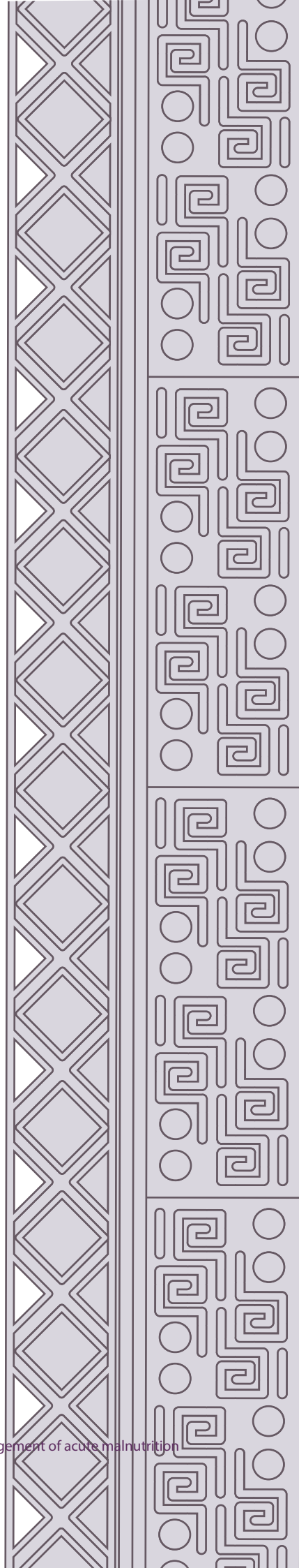
Tell facilitators when the daily facilitator meetings will be held. Explain the objectives of these brief meetings, which are:

1. To assess progress made by each group and identify any problems. To agree on actions to solve each problem.
2. To provide opportunity to meet with the clinical instructor, who also has feedback on your group of participants.
3. To discuss techniques which some facilitators found useful and can recommend to others (for example, techniques for leading a group discussion, providing individual feedback, or demonstrating use of a form).
4. To prepare for the next day (for example, to review points to be emphasized in modules, remind facilitators of group activities, discuss any modifications which may be needed in the schedule).
5. To make any necessary administrative announcements.

Tell facilitators that their schedule will be very busy. Encourage informal discussions to be held after class hours (for example, to discuss practical use of what they are learning, potential problems, or other ideas related to the course). Ask facilitators to suggest ways, times, and places that such informal discussions could take place.

If an end-of-course evaluation questionnaire will be used, tell facilitators that they will be given the questionnaire at the end of the course to distribute to participants.

Thank the facilitators for their hard work. Tell them that they will receive certificates along with the course participants at the end of the course.





PART FOUR

RESPONSIBILITIES OF THE COURSE DIRECTOR DURING THE COURSE

1. Suggestions for opening remarks to course participants

As Course Director you will want to make some opening remarks to all participants, probably during an opening ceremony. Keep in mind, however, that facilitators will provide an introduction to the course in their small groups. Your remarks should be on a general scale, perhaps focusing on the importance of the course to health care in the country. You may wish to adapt the following outline:

- A. Welcome and introductions
- B. Statement of the need for and importance of the course and further plans for use of the course
- C. Key characteristics of the course
 1. This course may be rather different from many you have attended in that you will actually practice the skills being taught, both in a classroom and in a clinical setting.
 2. You will primarily be working in small groups where there will be many opportunities for individual and group discussion.
 3. 3. The course will be hard work, but will be equally rewarding in that you will learn or improve skills that you can actually use on the job when you return home.
- D. Announcements about schedule, posting of group assignments, etc.

2. Supervision of facilitators

A. Observe facilitators at work

1. Visit each group in their classrooms each day. Also observe one or two clinical session each day.
2. When observing facilitators, refer to the "Performance Criteria for Facilitators" listed on the next pages. Use the appropriate section(s) of the list for the activity that is under way when you visit the group. For example, if they are having a group discussion, refer to the sections titled "Facilitator Technique: Leading a Discussion." Also refer to the section titled "Facilitator Technique: Working with a Co-Facilitator."
3. The performance criteria are not intended to be used as a "report card" for the facilitators, but rather as a job aid for your observations and feedback. You do not need to mark on the list for each facilitator; simply keep it in front of you as you make your observations. After your visit to each group, make notes on things that the facilitators were doing well, and things that could be improved. You may give feedback to a facilitator privately, or if the feedback applies to a number of

facilitators, in a daily facilitator meeting. Be careful never to embarrass a facilitator by correcting him in front of his group.

4. On the first day of the course, tactfully but firmly enforce the practice of providing individual feedback and commend those who provide it. Be sure that facilitators have set up and are using a comfortable place for individual consultations. If not, help them find a better spot, such as on a terrace near the room or in a hallway, and encourage them to move the necessary chairs there, etc.
5. Ensure that the facilitators are mentioning all the major points of each module specified in the Facilitator Guide.
6. Be sure that at least one facilitator attends each clinical session with the group. Facilitators should help the clinical instructor as needed during these sessions.

B. Performance Criteria for Facilitators

When observing facilitators with their groups, refer to this list as a reminder of appropriate facilitator techniques for the activity observed:

1. Facilitator Technique: Working with a Co-Facilitator

- a. Shares the work on each module in an organized way (each facilitator has a role in the exercise, discussion, presentation, etc.)
- b. Is flexible and able to adjust role as needed
- c. Is polite and respectful when adding comments or making suggestions while his partner is leading
- d. When leading, invites his partner to participate by adding comments or an opinion

2. Facilitator Technique: Introducing the session

- a. Keeps introduction brief
- b. Includes all points mentioned in the Facilitator Guide

3. Facilitator Technique: Individual Feedback

- a. Sits privately with the participant to give feedback
- b. Checks answers carefully; listens as participant discusses reasons for his answers
- c. Encourages and reinforces participant's efforts
- d. Helps participant to understand any errors; gives clear explanations
- e. Refers to the reference cards and encourages participant to do so as well
- f. When appropriate, asks questions about the participant's own hospital and how the exercise applies to the situation there

4. Facilitator Technique: Video Activity

- a. Starts the videotape at the right spot and knows how to work the video player
- b. Directs the exercise in an organized manner
- c. Replays parts of the video as needed

5. Facilitator Technique: Leading a Discussion

- a. Sets up the discussion by explaining its purpose and how it will proceed

- a. Involves all participants in the discussion
- b. Reinforces participants by thanking them for comments, praising good ideas, etc.
- c. Handles incorrect or off-the-subject comments from participants tactfully
- d. Asks questions to keep the discussion active and on track
- e. Responds adequately to unexpected questions; offers to seek answers if not known
- f. Records ideas on the flipchart in a clear, useful manner
- g. Includes points listed in the Facilitator Guide
- i. At the end of the discussion, summarizes the major points made

6. Facilitator Technique: Oral Drills

- a. Arranges the group appropriately
- b. Gives clear instructions on how the drill will proceed
- c. Keeps the pace of the drill appropriate for the group
- d. Encourages participants; gives positive feedback; makes corrections tactfully

7. Facilitator Technique: Coordinating Role Plays

- a. Sets up role play carefully by obtaining any necessary props, briefing those participants who will play roles, and allowing time to prepare
- a. Clearly introduces role play by explaining the purpose, the situation being enacted, background information, and the roles being played
- b. Interrupts only if players are having tremendous difficulty or have strayed from the purpose of the role play
- c. Guides discussion after the role play so that feedback is supportive and includes things done well and things that could be improved

8. Facilitator Technique: While Participants are Working

- a. Looks available, interested, and willing to help
- b. Encourages questions
- c. Watches participants as they work; offers individual help to participants who appear confused
- d. Gives individual help quietly, without disturbing others in the group

9. Facilitator Technique: Summarizing the session

- a. Keeps summary brief and clear
- b. Includes the major points to be remembered from the module
- c. Conduct daily facilitator meetings

Facilitator meetings are usually conducted for about 30 - 45 minutes at the end of each day. Facilitators will be tired, so keep the meetings brief.

1. Begin the meeting by asking a facilitator from each group to describe progress made by his group, to identify any problems impeding progress, and to identify any skill or any section of the modules which participants found especially difficult to do or understand.

2. Identify solutions to any problems related to any particular group's progress or related to difficult skills or sections of the modules.
3. Discuss teaching techniques which the facilitators have found to be successful.
4. Provide feedback to the facilitators on their performance. Use the notes that you have taken while observing the groups during the day.
 - a. Mention a few specific actions that were well done (for example, providing participants with individual feedback; making all the major points listed in the Facilitator Guide).
 - b. Mention a few actions which might be done better. (For example, provide more guidance individually instead of in discussions with the whole group; review any major points of the last module before introducing the next module.)
5. Remind facilitators of certain actions which you consider important, for example:
 - a. Discuss problems with a co-facilitator. If co-facilitators cannot solve problems together, go to the Course Director. The Course Director may be able to deal with these situations (for example, by setting up tutorials, discussing matters privately with the individuals).

Speak softly while giving feedback to avoid disturbing others. Put chairs out in the hall so that a participant and a facilitator can talk without disturbing the rest of the group.
 - b. Always be open to questions. Try to answer immediately, but if a question takes too long to answer, diverts the attention of the group from the main topic, or is not relevant at the moment, suggest that the discussion be continued later (for example, during free time, over dinner). If a question will be answered later in the course, explain this. If unsure of the answer to a question, offer to ask someone else and then come back later with an explanation.
 - c. Interact informally with participants outside of scheduled class meetings.
 - d. For participants who cannot read the modules and/or do the exercises as quickly as others, the facilitators should:
 - avoid doing exercises for them
 - reinforce small successes
 - be patient (or ask another facilitator to help).
6. Review important points to emphasize in the module(s) the next day.
7. Remind the facilitators to consult the Facilitator Guide and gather together any supplies needed for the next day.
8. Make any necessary administrative announcements (for example, location of supplies, room changes, transportation arrangements, etc.).
9. After a few days, ask facilitators to point out to you any participants who might be good candidates for facilitator training. These would be participants who:
 - understand the modules easily
 - communicate clearly
 - help others and work well with others in their group
 - participate confidently in discussions and role plays.

10. Supervision of the clinical instructor

During the course, the clinical instructor will be teaching each group each day. You will not be able to observe all clinical sessions. Plan to visit some of the sessions. When you do, do not interfere in any way with the session, but observe as inconspicuously as possible. Each session is very full, and there is no extra time for conversation with you. Any discussion should take place later at the end of the day.

If the clinical instructor is new to this position, you may ask an experienced clinical instructor to observe and give him feedback on his technique.

11. Collection of data during the course

This guide provides several possible forms for collecting data during the course. These forms are just suggestions. Different forms may be developed for other needs. The forms given in this guide are:

- A. Course Registration Form** (located in Annex D) - completed by participants at registration on the first morning of the course.
- B. Summary Participant List** (optional, located in Annex D) – partly completed on the basis of registration data and partly by facilitators as they work with the participants during the course. Includes information on the level of difficulty that participants have in reading the module. This information can be useful in planning future courses.
- C. Course Director Summary** (located in Annex D- completed by the Course Director at the end of the course. Includes information on the total numbers of participants and facilitators, modules completed by each group, hours devoted to clinical sessions, number of patients seen, etc. All of this information is useful for monitoring numbers of facilitators and participants trained, selecting future training sites (based on adequacy of case load), and ensuring that the course is being given as planned and not altered or shortened unacceptably.

In addition, the clinical instructor will be keeping a tally sheet of the clinical objectives achieved by each group. (This tally sheet is in Annex C of the Clinical Instructor Guide.) Review this record with the clinical instructor and discuss any problems with achieving the objectives and implications for planning future courses.

12. End-of-course evaluation

You may wish to use an evaluation questionnaire to determine participants' opinions at the conclusion of the course. A sample questionnaire appears on the next few pages. Review and revise this questionnaire as necessary to ensure that it is appropriate for evaluating the course as it has been conducted.

Note that there are some blank spaces in the left column of the table on the first page. Add any other activity you wish to evaluate (for example, a plenary on a particular subject) in one of these spaces before you make duplicate copies for the participants.

You may wish to add or delete specific questions. If you make such revisions, remember:

- 1) keep the questionnaire as short as possible; and
- 2) only include questions if you will use the responses to the questions for a specific purpose, for example, to plan future courses, or to evaluate helpfulness of a particular activity.

Sample Evaluation Questionnaire:

Training Course on the Management of Acute Malnutrition

1. Do you provide care for severely malnourished children in your job at your hospital?
(Tick) Yes No

What is your position?

Physician Nurse Other, please describe: _____

2. For each module or activity listed in the left column, tick () the box which you think best describes it.

	Very Useful	Useful	Some what Useful	Useless
Initial Management				
Feeding				
Daily Care				
Monitoring and Problem Solving				
Involving Mothers in Care				
Out-patient therapeutic care				
Supplementary feeding program				
Supply chain management				
Monitoring and Reporting of TFP and TSFP				
Video: Transformations				
Video: Emergency Treatment				
Video: Teaching about Feeding				
Video: Mental Development				
Photograph examples and exercises				
Clinical Sessions				

3. Which module was most difficult for you? Why?
4. What was good about the course?
5. What was not good about the course?
6. Are there any skills for managing severe malnutrition that you think should be added to the course? What are they?
7. Please list any other comments or suggestions for improvement of the course.
8. For each activity listed below, tick one box to indicate whether you thought the time spent on that activity was too short, adequate or too long.

Type of Activity	Time Spent Was:		
	Too Short	Adequate	Too Long
Written exercises followed by individual discussions of your work with a facilitator			
Photo Exercises			
Videos			
Role plays			
Group discussions			
Oral drills			
Clinical sessions			
Entire course			

9. Based on what you have learned about caring for severely malnourished children, what will you try to change or improve in your hospital?

6. Closing Session

- A. Prepare and give a brief summary of the course. The summary may include a review of the learning objectives from the beginning of each module and any important points that may have been raised during the course.
- B. Explain that participants should try to begin using the case management process taught in this course when they return to their hospitals. If they encounter difficulties, they should seek help. Describe any help that may be available in the form of consultation, email contacts, etc.
- C. Present course photos and certificates to the participants and facilitators and congratulate them on their hard work.

ANNEXES

- A:** Chart for scheduling clinical sessions and Objectives for clinical practice sessions
- B:** Schedule for facilitator training
- C:** Schedule for the course
- A:** Course Registration Form Summary Participant List Course Director Summary
- D:** Practice assignment grid
- E:** Slides for facilitator training

ANNEX A: Chart for Scheduling Clinical Sessions

Dates	Clinical session	Group A	Group B
Day 2	Tour of ward and Clinical signs (2 hours)	1.30 pm - 3:30 pm	3.30 pm - 5.30 pm
Day 3	Initial management (2 hours)	1.30pm - 3.30pm	3.30pm - 5.30 pm
Day 4	Feeding and Daily Care (2 hours) Observe teaching session for mothers and play session	10.30 am - 12.30 pm	8.30 am - 10.30 am
Day 5	OTP and TSFP (2 hours) Observe organization of OTP and TSFP; Assess , Admit and treat a Child in OTP and TSFP and recording of OTP and TSFP	1:30 pm - 3:00 pm	9:00 am- 10:30 am

Objectives for Clinical Practice Sessions

Clinical practice is an essential part of the Training Course on the Management of Severe Malnutrition. Clinical sessions are led by the clinical instructor in the TFU or ward and OTP each day of the course. The focus of the clinical sessions is to see and participate in the management of severely malnourished children, following the procedures described in the National Protocol for the Management of SAM and the training course.

Each clinical session has specific objectives for observation and practice. The course schedule is designed so that participants learn about skills in the Sessions before practicing those skills in a clinical session.

Day 1: Tour of ward(s) and Clinical Signs

- Observe the admissions area
- Observe the emergency treatment area
- Observe how the severe malnutrition in-patient care ward or area is organized
- Observe kitchen area
- Observe any special areas for play, health education, etc.
- Look for clinical signs of severe acute malnutrition
- Weigh, and measure height and MUAC of children
- Look up weight-for-height Z-score
- Identify children who are severely malnourished

Day 2: Management of Medical Complications

- Observe initial management of severely malnourished children
- Identify clinical signs of severe malnutrition, hypoglycemia, hypothermia, shock, and dehydration
- Practice filling a multi-chart during initial management
- Assist in doing initial management, if feasible, such as:
 - Taking rectal temperature
 - Measure and give ReSoMal
 - Monitor a child on ReSoMal
 - Giving bolus of glucose for hypoglycaemia
 - Warming child
 - Giving first feed
- Determine antibiotics and dosages

Day 3: Feeding

- Observe nurses measuring and giving feeds
- Practice measuring, giving, and recording feeds
- Review 24-Hour Food Intake in the multi-charts and plan feeds for next day
- Determine if child is ready for transition phase and phase 2

Day 4: Daily Care and Feeding

- Assist with feeding (continued practice)
- Keep multi-charts on children observed and cared for
- Participate in daily care tasks, as feasible:
 - Measure respiratory rate, pulse rate and temperature
 - Administer eye drops, antibiotics, multivitamins; change eye bandages, etc.
 - Weigh child and record (on the anthropometric chart section of the multi-chart)
- Provide feedback on the recording and reporting formats of the facility

Day 5: Outpatient Treatment Program (OTP)

- Observe the organization of OTP
- Assess and Admit a Child to Outpatient Care
- Assess children for bilateral pitting oedema
 - Measure MUAC, weight, height
 - Classify nutritional status
 - Test appetite (wash hands before handling the RUTF)
 - Decide: referral to inpatient care or admission to outpatient care
- Treat a child with SAM
 - Calculate doses and give routine medicines to child
 - Explain medical treatment to mother/caregiver
 - Calculate amount of RUTF for child, record it and give to the mother
 - Discuss key messages with mothers/caregivers
- Record on outpatient care treatment cards and registration book
 - Review registration book and the Previous Monthly and Discuss With Staff How to Use and Interpret Data
 - Assess and Treat a Child During an Outpatient Care Follow-On Session

Additional Objectives for In-Patient clinical Practice

- Observe teaching session with mothers
- Observe play session

ANNEX B: Schedule for Facilitator Training

A possible schedule for facilitator training is provided on the next page. When adapting this schedule, keep the following points in mind:

1. The schedule is 3½ working days. Seven working hours have been scheduled each day. It is assumed that an additional 1 - 1½ hours will be needed for lunch and tea breaks. On the third day and fourth day, some additional time may be needed for transportation to clinical practice.
2. Facilitator training is critical to the success of the training effort. The 3½-day schedule is very full. Do not try to shorten the schedule.
3. The schedule will require facilitators to work in a concentrated way. If facilitators have not taken the course before, extensive homework will be required each night. Even if facilitators have taken the course previously as participants, some homework will be needed.
4. The third day and fourth day should include 2 hours and 1 hour of clinical practice respectively. (Clinical practice should be scheduled at the time of day when most patients arrive, usually in the morning.) Facilitators may wish to see the ward and OTP site before the third day. If there is time, and if desired, a tour of the ward may be conducted on the first day of the course.
5. The schedule includes time for discussion of facilitator techniques such as individual feedback, leading discussions, etc.
6. The schedule should be flexible. If work is completed ahead of schedule on a certain day, facilitator trainees should begin work on the next session. If work takes too long, extra homework can be assigned, or some activities delayed until the next day.
7. Reserve time on the last half day for arrangements such as discussion of the schedule for the course, assignments of classrooms, and distribution of instructional materials and supplies.
8. Before the end of facilitator training, assign pairs of facilitators to work together, and designate classrooms. This will allow the facilitator pairs time to get organized in their rooms and plan how they will work together.
9. There should be at least one complete day off prior to the course to allow facilitators to rest.

FACILITATOR DAY 1*	
Activity	Time
1. Opening session A. Introductions B. Administrative tasks C. Review of purpose of the course	30 minutes
2. Introduction to facilitator training A. Context of facilitator training B. Materials needed C. Objectives of facilitator training D. Teaching methods E. Schedule for facilitator training A. Introduction of Facilitator Guide	45 minutes
3. Session: Introduction A. Review and Demonstration B. Facilitator Techniques: Working with a Co-Facilitator	15 minutes
4. Session: Principles of Care A. Facilitator Techniques: Introducing a session B. Reading and work on session C. Facilitator Techniques: Leading a discussion D. Reading and work on module E. Facilitator Techniques: Individual feedback G. Reading and work on session, practice group discussion G. Facilitator Techniques: Oral drills G. Reading and short answer exercises G. Facilitator Techniques: Video activity K. Facilitator Techniques: Summarizing a session	4 hours
5. Session: Initial Management A. Reading and practice introducing Session B. Facilitator Techniques: Conducting a demonstration 6. Assignments for the next day: * Read and do exercises in Initial Management * Read corresponding facilitator guidelines * Prepare for assigned activities	1.5 hours

Activity	Time
Clinical Practice Session: 1. Session: Monitoring and Reporting of TFP and TSFP A. Introduction and work on the Session B. Practice of facilitator techniques	1 hour 1 hour
2. Session: Involving Mothers in Care A. Introduction of Session B. Practice of facilitator techniques C. Facilitator Techniques: Review	1.5 hours
3. Practical arrangements for the course 3. Closing remarks to facilitators	30 min
4. Co-facilitators discuss plans for first day; set up classroom if possible	1 hour

ANNEX C: Schedule for the Course

A possible schedule is on the next page. When adapting this schedule, keep the following points in mind:

1. Since groups will work at different paces, the schedule should be somewhat flexible. It should not list precise times for completion of sessions but should indicate general time frames instead. You will, however, need to list specific times for beginning and ending the day, tea breaks and lunch.
2. Six days of work are required for the participants to complete the module and clinical practice.
3. The schedule includes 6:30 working hours on every day except the half days on the first and last day. It is assumed that 1 1/2 additional hours will be used for lunch and tea breaks each day (it starts at 8:30 am and finish at 5:30 pm with 1 hr lunch break and 30 minute tea break). If time is required for transportation to and from clinical training, this transition time will add to the length of each day.
4. Every full day includes clinical practice. It will occur at different times each day.
5. It is helpful to schedule a time apart from regular course hours when at least one facilitator is available to discuss any problems or questions.
6. Homework to do additional work in the evenings.

	Activity	Time
Day 1	Registration	
	Opening presentation	0.5 hour
	Session 1: Introduction	0.5 hour
	Session 2: Principles of care Video: Transformations	3.0 hours
Day 2	Session 3: Initial Management	4.0 hours
	Video: Emergency care	0.5 hours
	Clinical session: Tour of ward, Clinical signs	2.0 hours
Day 3	Session 4: Feeding	4.0 hours
	Clinical session: Initial Management	2.0 hours
Day 4	Session 5: Daily care	3.0 hours
	Clinical Session: Feeding and Daily care	2.0 hours
	Session 6: Monitoring and problem solving through exercise D	1.5 hour
Day 5	Session 7: Involving mothers in care	1.0 hours
	Session 8: Outpatient Treatment program (OTP)	2.5 hours
	Video : Appetite test and organization of OTP	0.5
	Session 9: Supplementary feeding program	1.0 hours
	Clinical session: OTP , TSFP and Monitoring and Reporting	2.0 hours
Day 6	Finish Supplementary feeding program	1.5 hours
	Session 10: Supply chain management	1.5 hours
	Session 9: Involving mothers in care Videos: Teaching mothers about home feeding and Malnutrition and mental development	2.0 hours 0.5 hours
Day 7 (half day)	Session 8: Monitoring and Reporting of TFP and TSFP	3 hours
	Closing ceremony	0.5 hours

ANNEX D COURSE REGISTRATION FORM

Name and location of hospital where you work:

Does your hospital have a severe malnutrition ward? If not, where are severely malnourished children treated?

What is your current work position or job title?

What medical or nursing training have you previously received (either in school or in relation to your job)?

What year did you finish your basic medical or nursing training?

Please print clearly	
Your Name	
Best Mailing Address:	

Summary Participant List

Name	Mailing Address	Position	Hospital	Has severe malnutrition ward? (Yes, No)	Degree of difficulty reading modules	Other comments

COURSE DIRECTOR SUMMARY

Training Course on the Management of Severe Acute Malnutrition

Location of course:

Facilitator Training:

Dates of Facilitator Training: ___/___/___ = ___/___/___

Number of full days: _____

Number of facilitators trained: _____*

Course:

Dates of course: ___/___/___ = ___/___/___

Number of full days: _____

Total number of hours worked in course: _____

Number of participants: _____

Clinical sessions:

Number of clinical sessions conducted:

Number of hours devoted to clinical sessions: _____

Sessions completed: (Tick if all completed, or indicate number of participants who completed.)

Introduction: ___ All completed ___ completed

Principles of Care: ___ All completed ___ completed

Initial Management: ___ All completed ___ completed Feeding: ___ All completed ___ completed

Daily Care: ___ All completed ___ completed

Monitoring and Problem Solving: ___ All completed ___ completed

Outpatient Treatment Program: ___ All completed ___ completed

Monitoring and Reporting of TFP: ___ All completed ___ completed

Involving Mothers in Care: ___ All completed ___ completed

Manual: Did each participant receive a copy of the course and manual to take home? ___ Yes ___ No If no, why not?

***Number of facilitators serving at course:** _____ If different from the number trained above, please explain:

Ratio of facilitators to participants: 1 to _____

Course Director Comments and Observations (On the reverse side, please comment on administrative issues, staff attitude and supplies at hospital, problems and how you solved them, constructive suggestions for future courses, etc.)

ANNEX E: PRACTICE ASSIGNMENT GRID

(Enter the name of the session and the exercise in which each facilitator trainee practices each skill.)

Module Summary							
Oral Drill							
Role Play Actor							
Video Activity							
Group Discussion							
Demonstration							
Session Introduction							
Individual Feedback: Facilitator							
Names of Facilitator Trainees							

ANNEX F : Slides for Facilitator Training

The slides on the following pages may be used in a Power point presentation or they may be made into transparencies and used with an overhead projector. These slides/overheads will be useful to the Course Director on the first day of facilitator training, for the presentation described on pages 25 – 28 of this Guide.

TRAINING COURSE ON MANAGEMENT OF ACUTE MALNUTRITION

- Teaches procedures in National Protocol for the management of SAM 2019 and WHO manual:
Management of Severe Malnutrition:
a manual for physicians and other senior health workers
- Procedures are shown to reduce case fatality rate from 30% to less than 5%
- Training is for doctors, health officers, nutritionists and nurses

Participants are doctors, Health Officers, nutritionists and seniornurses who manage severely malnourished children in hospital and health centers

- facilitators and participant
- Facilitators assist participants to learn the procedures in the course
- Facilitator training 3 1/2 days
- Facilitators work in pairs
- Each pair assigned to a group of participants

Materials:

- One module and Photographs booklet
- Facilitator Guide
- Chart booklet
- Set of five laminated reference cards

Objectives of facilitator training:

- Learn the course content
- Practice teaching techniques
- Become familiar with ward and plans for clinical practice
- Learn to work with co-facilitator
- Practice supportive communication to reinforce learning
- Plan how to handle problems

Teaching methods:

Based on assumption about learning:

- Instruction should be performance-based
- Active participation increases learning
- Immediate feedback increases learning
- Learning is increased when instruction is individualized
- Positive motivation is essential if learning is to take place

Schedule:

- Facilitator training is 3 1/2 days
- Course is 7 days
- Facilitator training will:
 - move quickly through modules
 - focus mainly on teaching techniques
 - include one clinical session

TRAINING COURSE ON MANAGEMENT OF SEVERE ACUTE MALNUTRITION

Duties of a Facilitator:

- Introduce each session
- Answer questions and assist participants while they work
- Provide individual feedback on completed exercises
- Do demonstrations and give explanations
- Conduct oral drills
- Lead and summarize video exercises and group discussions
- Coordinate role plays
- Summarize the modules
- Assist with clinical practice, as requested

Facilitator Guide:

- Checklist of instructional materials and supplies (pages 7- 8)
- Guidelines for teaching each session:
 - procedures table
 - notes for each step of the procedures
 - blank box at end of section for additional notes
- “Guidelines for all sessions” at end of guide
- Answer sheets at the end of the guide

