



Government of Malawi  
Ministry of Health

Training Course on  
INPATIENT  
MANAGEMENT OF  
SEVERE ACUTE  
MALNUTRITION

**Course Director Guide**



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## Preface

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The *Malawi Inpatient Management of Severe Acute Malnutrition Training Package* includes training modules, training guides, training aids, training planning tools, and job aids. The training package is based on the 2002 WHO Training Course on the Management of Severe Malnutrition (SAM) and has been updated to include the 2013 WHO update on management of SAM in infants and children. The training package guides participants in applying the National Guidelines for the Community-based Management of Acute Malnutrition (CMAM), 2016.

This *Guide* is one of a set of training guides and modules for conducting the *Training Course on Inpatient Management of Severe Acute Malnutrition*:

### **Guides**

*Facilitator Guide*

*Clinical Instructor Guide*

*Course Director Guide*

### **Modules**

*Module 1—Introduction*

*Module 2—Principles of Care*

*Module 3—Initial Management*

*Module 4—Feeding*

*Module 5—Daily Care*

*Module 6—Monitoring, Problem Solving and Reporting*

*Module 7—Involving Mothers in Care*

The *Course Director Guide* is one part of a set of training guides and modules for conducting the *Training Course on Inpatient Management of Severe Acute Malnutrition*. The user of this guide should be familiar with the course materials and teaching methods.

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## Acronyms and Abbreviations

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AWG	Average Daily Weight Gain
cm	Centimetre(s)
CMAM	Community-Based Management of Acute Malnutrition
CMV	Combined Mineral and Vitamin Mix
dl	Decilitre(s)
g	Gram(s)
Hb	Haemoglobin
HFA	Height-for-Age
HIV	Human Immunodeficiency Virus
IGF	Insulin Growth Factor
IM	Intramuscular
IMCI	Integrated Management of Childhood Illness
IU	International Unit(s)
IV	Intravenous
IYCF	Infant and Young Child Feeding
kcal	Kilocalorie(s)
kg	Kilogram(s)
L	Litre(s)
LOS	Length of Stay
M&R	Monitoring and Reporting
MAM	Moderate Acute Malnutrition
mg	Milligram(s)
ml	Millilitre(s)
mm	Millimetre(s)
MOH	Ministry of Health
MUAC	Mid-Upper Arm Circumference
NG	Nasogastric
NRU	Nutrition Rehabilitation Unit
OPD	Outpatient Department
OTP	Outpatient Therapeutic Programme
ORS	Oral Rehydration Solution
PCR	Polymerase Chain Reaction
PCV	Packed Cell Volume
QI	Quality Improvement
RDT	Rapid Diagnostic Test

ReSoMal	Rehydration Solution for Malnutrition
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SFP	Supplementary Feeding Programme
TB	Tuberculosis
WFH	Weight-for-Height
WFL	Weight-for-Length
WFP	World Food Programme
WHO	World Health Organisation
µg	Microgram(s)



## Part 1: Planning and Administrative

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Careful planning and strong administrative support are essential before, during and after the *Training Course on Inpatient Management of Severe Acute Malnutrition*, herein after referred to Case Management Training. This section of the *Course Director Guide* not only describes the plans and arrangements for conducting Case Management Training, but also for selecting qualified facilitators and training them prior to the actual Case Management Training itself.

Clinical practice is an essential part of the Case Management Training. The training provides daily clinical practice in using case management of severe acute malnutrition (SAM) so that Case Management Training participants can apply these skills correctly when they return to their own hospitals. In addition to daily classroom work, on each day of training every small group of participants visits a ward (Nutrition Rehabilitation Unit [NRU]) where children with SAM are treated to practise identifying clinical signs and managing patients.

Select a location for the training course (town or area) that has a hospital with an NRU that the participants can visit during the training course. This hospital should manage SAM according to the principles and procedures in the Ministry of Health (MOH) national guidelines for the Community-based Management of Acute Malnutrition, 2016 (referred to throughout the training materials as the CMAM Guidelines). It may be necessary to provide certain equipment, supplies and consultation to this hospital, well in advance of the training course, to ensure that the hospital will demonstrate good case management.

Part 1 of this guide describes first how to have the training materials updated to the latest approved practices and how to select the hospital to be used during the training course. It then presents a checklist of the necessary plans and arrangements for the entire training course. Following the checklist are more detailed instructions for making some of the arrangements.

### 1. Training Materials

The training course covers all aspects of inpatient management of SAM in children with medical complications until the condition of the child or infant is stabilised and can continue treatment in outpatient care. It also covers inpatient management of SAM in children in the absence of ready-to-use therapeutic food (RUTF). Although the training course focuses on inpatient management, participants are introduced to the other components in the management of acute malnutrition: community and systematic case finding for early identification and initiation of treatment, outpatient care for managing SAM in children and infants less than 6 months and managing moderate acute malnutrition (MAM), to understand the links and the comprehensive continuity of care. Health workers will be better prepared for the collaboration with colleagues involved in the other components.

This training course relies on the active use of materials that include problem-solving discussions and exercises and on applying case management skills. If possible, a field visit to an outpatient care site is organised so that participants can learn about the links between inpatient care and outpatient care for the management of SAM without medical complications, referral systems between the two sites, systematic case finding in the health system, and active case finding in the communities. Participants have opportunities to discuss ways to offer outpatient care in the Outpatient Department (OPD) of their hospital, in case no outpatient care sites are available but RUTF is, not to have to keep a child hospitalised unnecessarily.

The training materials presented here cover all inpatient management practices and are consistent with the best practices adopted and promoted by the MOH, which are summarised in job aids and described in the CMAM Guidelines. It is expected that with new emerging evidence the MOH will adapt treatment protocols and promote new practices, and, therefore, regularly update the job aids.

Training materials might also need to be updated to reflect the changes. If procedures in the training materials are not consistent with current or new MOH-approved practices, they should be made consistent to the extent possible prior to the training course.

To avoid compromising the effectiveness of the training, the practices that are taught will adhere to the latest MOH practices. If a health facility wants to upgrade its procedures to be consistent with the best practices of the MOH, staff may need training, ward procedures may need to be changed and additional supplies may need to be obtained. The health facility may request technical assistance from the MOH (and partners in-country) well in advance of a training course.

## 2. Criteria for Selecting a Hospital for Clinical Sessions

The selected hospital must have an NRU or a separate area for children with SAM, a sufficient caseload, experienced staff, acceptable quality of care and a director and staff who are interested in the training course and willing and able to cooperate.

During the Case Management Training, the participants will come daily in several small groups throughout the day to visit the ward. It is best if the ward is close to the classrooms to minimise time needed for transportation.

The NRU 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 training course, in plenty of time for staff to learn to use them.

## 3. Equipment and Supplies for Inpatient Management of SAM

### Ward Equipment/Supplies

- Running water
- Thermometers (preferably low-reading)
- Stethoscope
- Child weighing scales (and items of known weight for checking scales)—preferably digital scales and electronic mother-baby scale should be available for the sick child
- Infant weighing scales with 10 g precision (and item of known weight for checking scales)
- Mid-upper arm circumference (MUAC) tapes
- Height board for measuring height and length (and pole of known length for checking accuracy)
- Adult beds with mattress
- Bed sheets
- Insecticide-treated bednets
- Blankets or wraps for warming children
- Incandescent lamp or heater
- Wash basin for bathing children
- Safe, homemade toys
- Clock
- Calculator

### Pharmacy Equipment/Supplies

- Commercial F-75, F-100, infant formula and RUTF
- Oral rehydration solution (ORS) for preparing rehydration solution for malnutrition (ReSoMal), or commercial ReSoMal
- Iron syrup (e.g., ferrous sulphate)

- Vitamin A (Retinol 100,000 and 200,000 IU capsules)
- Sterile 10% glucose (or sucrose)
- Intravenous fluids:
  - Half-strength Darrow's
  - Ringer's lactate
  - Normal saline
- Sterile water for diluting
- Sterile potassium chloride (20 mmol/L)
- Vaccines as per the national expanded programme of immunisation
- Dextrostix (glucostix)
- Haemoglobinometer
- Urine dipstix
- Supplies for IV fluid administration:
  - Scalp vein (butterfly) needles, gauge 21 or 23
  - Heparin solution, 10–100 units/ml
  - Poles or means of hanging bottles of IV fluid
  - Tubing
  - Bottles or bags
- Paediatric nasogastric (NG) tubes
- Sticky tape
- Syringes (50 ml for feeds)
- Syringes (2 ml for drugs, 5 ml for drawing blood, 10 ml)
- Sterile needles
- Eye pads
- Bandages
- Gauze
- Supplies for blood transfusion:
  - Blood packs
  - Bottles
  - Syringes and needles
  - Other blood collecting materials

## Drugs

- Amoxicillin
- Antimalarial: Lumefantrine–Artemether (LA)
- Atropine 1% eye drops
- Ceftriaxone
- Ciprofloxacin
- Cloxacillin
- Cotrimoxazole
- Gentamicin
- Albendazole/Mebendazole
- Metronidazole
- Paracetamol
- Tetracycline eye ointment or chloramphenicol eye drops

### For Skin

- Benzyl benzoate
- Gentian violet
- Nystatin
- Paraffin gauze
- Potassium permanganate
- Whitfield's ointment
- Zinc oxide ointment

### Laboratory Resources

- Blood culture (if available)
- Cerebrospinal fluid microbiology and culture (if available)
- HIV tests (rapid diagnostic test and polymerase chain reaction test)
- Malaria tests (rapid diagnostic test, thick blood test)
- Stool microscopy and culture (available)
- TB tests (x-ray, culture of sputum, Mantoux)
- Urinalysis

### Hygiene Equipment/Supplies of Mothers and Staff

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

### Kitchen Equipment/Supplies

- Large containers and spoons for mixing/cooking feed for the ward
- Hotplate or electric kettle
- Feeding cups, saucers, spoons
- Measuring cylinders (or 50 ml syringe or any suitable utensils for measuring amount of feeds, ReSoMal, ingredients and leftovers)
- Jugs (1-litre and 2-litre)
- Refrigeration (if possible)
- Food for mothers

### Job Aids

#### Laminated Set (and Wall Charts)

- Admission, Transfer and Discharge Criteria for the Management of SAM in Children under 5
- Management of SAM in Children 6–59 Months Flow Chart
- Management of SAM in Children less than 6 Months Flow Chart
- Medicine Protocols and Preventive Actions for Inpatient Management of SAM
- Emergency Management of SAM in Inpatient Care
- Monitoring Danger Signs in Inpatient Management of SAM
- Anthropometry

- Weight-for-Height/Length Look-Up Tables, Growth Charts, Weight Velocity Tables
- Therapeutic Foods Look-Up Tables
- Use of RUTF in Inpatient Care
- Monitoring Inpatient Management of SAM

### Forms and Checklists, Examples

- 24-Hour Feeds Chart
- Daily Feeds Chart
- Quality Improvement of Clinical Care Checklist
- Supportive Supervision Checklist
- Inpatient Care Treatment Card

## 4. Checklist for Planning and Administrative Arrangements

For every training course a brief concept is developed that outlines the rationale, overall purpose, specific learning objectives, course director and coordinators, target audience and funding sources (including a budget) of the training course. It is essential to define the target audience well and to tailor the training to the specified learning objectives and audience. Organisers and/or partners of the training course are involved in defining the target audience, defining selection criteria and selecting participants. The responsible agency in charge of sending invitation letters will have to respect these decisions.

One Course Director and one Course Coordinator will be appointed who will ensure that appropriate planning and administrative arrangements are made and will assign roles and responsibilities to course assistants.

The following checklist for planning and administrative arrangements is only illustrative and should be reviewed, adapted and completed for each course. The checklist may not list the tasks in the exact order in which they will be conducted. Space has been left for additional reminders.

### Initial Planning

1. \_\_\_\_ Location of training course selected. The location must be near a hospital with an NRU that meets the criteria on [page 2](#) of this guide. The location must also have adequate lodging and classroom facilities (see item #8 on this list).
2. \_\_\_\_ Timeframe for giving the training course identified (during a time of year when the hospital will admit a sufficient number of children with SAM for clinical practice).
3. \_\_\_\_ Consultant or other assistance provided to hospital, if necessary, to ensure case management practices are consistent with the job aids.
4. \_\_\_\_ Course materials printed or obtained from the MOH.
5. \_\_\_\_ Specific dates selected for the Facilitator Training and the subsequent Case Management Training the trained facilitators will carry out. As indicated on the schedules provided in **Annexes D and E**:
  - a. \_\_\_\_ 4 days (plus at least 1 day off) allowed for Facilitator Training.
  - b. \_\_\_\_ 6 days allowed for the Case Management Training.
  - c. \_\_\_\_ Course Director and clinical instructor available 1–2 days before the Facilitator Training, and during all of the Facilitator Training and Case Management Training.

6. \_\_\_\_\_ Letters sent to the appropriate institutions and/or offices on behalf of the MOH asking them to nominate appropriate clinicians and senior nurses (and nutritionists) for the Facilitator Training and the Case Management Training. A sample request letter to institutions can be found in Annex A. The letter:
- a. \_\_\_\_\_ Announces the *Training Course on Inpatient Management of Severe Acute Malnutrition* and explains the purpose of the training course. It states the dates and location.
  - b. \_\_\_\_\_ Invites them to nominate candidates to serve as facilitators, who will receive training for their role prior to the Case Management Training.
  - c. \_\_\_\_\_ Clearly states how many candidates are nominated by the MOH to attend the Facilitator Training. It is desirable to select facilitator trainees who have been trained in inpatient case management of SAM as they are already familiar with the course content. It is recommended that 6–8 facilitators be trained; however, this may be increased to a maximum of 12, including course director and clinical instructor from among these trainees (8 facilitators, 2 course directors and 2 clinical instructors). Some facilitator trainees may not make it to become facilitators, therefore the total number of invited can be increased to a maximum of 15. The facilitator trainees should be clinicians, senior nurses, nutritionists and dieticians.
  - d. \_\_\_\_\_ Invites them to nominate candidates to participate as trainees in the Case Management Training.
  - e. \_\_\_\_\_ Clearly states that each facility may nominate four to six participants to attend the Case Management Training. Each training should have 24–40 participants and the participants should be clinicians, senior nurses, nutritionists, and dieticians who are responsible for managing children with SAM in inpatient care.
  - f. \_\_\_\_\_ States the date by which participants for the Facilitator Training and Case Management Training should be nominated and the person to whom names should be sent.
  - g. \_\_\_\_\_ States that facilitator trainees should plan to attend the entire Facilitator Training (4 days + 1 rest day) and the Case Management Training (6 days).
  - h. \_\_\_\_\_ States that facilitators who complete the Facilitator Training and lead the Case Management Training and participants who complete the Case Management Training will receive a certificate from the MOH, WHO, UNICEF (and other partners involved).
  - i. \_\_\_\_\_ Clearly states required language and reading skills and stresses that the training course is challenging and requires hard work.
7. \_\_\_\_\_ Facilitators and clinical instructor selected and invited. Ensure that:
- a. \_\_\_\_\_ Letter is sent to selected facilitators informing them of the training and giving them and giving details of their responsibilities and more about the Case Management Training. A sample letter to selected facilitators and participants is available in Annex B
  - b. \_\_\_\_\_ There will be at least one facilitator for every four to five participants expected to attend the Case Management Training.

- c. \_\_\_\_ Facilitators will attend all of the Facilitator Training and lead the Case Management Training.
- d. \_\_\_\_ The clinical instructor is qualified and is available from 1 to 2 days before the Facilitator Training through the end of the Case Management Training.

*The clinical instructor must arrive early to assist with arrangements for clinical sessions. The clinical instructor should attend the Facilitator Training if he/she has not done so before, to become familiar with the course materials and learn facilitation skills. He/she will lead one clinical session during the Facilitator Training.*

- e. \_\_\_\_ Course materials are sent to the clinical instructor ahead of time so that he/she can prepare.

8. \_\_\_\_ Precise locations selected and reserved for classrooms and lodging. (To minimise 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 participants.
- b. \_\_\_\_ Accessibility to hospital.
- c. \_\_\_\_ Convenient meal service.
- d. \_\_\_\_ Large room for seating all participants and visitors to the Case Management Training.
- e. \_\_\_\_ Laptop computer and digital projector (one or more).
- f. \_\_\_\_ Smaller room for each case management group of up to 20 people to work in, plus separate space for individual consultations.

*During the Facilitator Training, only one large room will be needed. During the Case Management Training, one large room is needed at the start and the end and one room is needed for each facilitator group of participants (for two case management groups).*

- g. \_\_\_\_ Tables, chairs, adequate lighting and blackboard or poster stand for each of these rooms.
- h. \_\_\_\_ Separate room for the secretariat.

9. \_\_\_\_ List compiled of clinicians and senior nurses, and nutritionists and dieticians who will be invited to participate in the Facilitator Training and the Case Management Training.

10. \_\_\_\_ Letters of invitation sent out to selected participants to the Facilitator Training and the Case Management Training. The letters:

- a. \_\_\_\_ Briefly describe the purpose and organisation of the course
- b. \_\_\_\_ State the desired arrival and departure times for participants and stress the importance of attending the entire course.
- c. \_\_\_\_ Describe arrangements for travel and payment of per diem.

11. \_\_\_\_ Arrangements made for a secretary to arrive at the training course location 3 days before Facilitator Training to ensure that the necessary administrative tasks are done. (See next section of this checklist for administrative tasks.) During the training course, the secretary will need to work with local staff to ensure that things go smoothly and that the



facilitators' and case managers' work is not unduly interrupted. This person may also need to stay an extra day after the training course to pack up remaining materials and pay bills.

12. \_\_\_\_ Travel authorisations sent to facilitators, clinical instructor and participants.
13. \_\_\_\_ Training course completion certificates designed and adequate copies printed (to be signed and awarded to all participants: facilitators for the Facilitator Training and clinicians, and/or nurses and nutritionists, for the Case Management Training at the end of the training course).
14. \_\_\_\_ Arrangements made for providing adequate numbers of copies of the course materials, necessary supplies for classroom activities and supplies for clinical sessions. (Necessary materials and supplies are listed on pages 2–5 and pages 15–16 of this guide.)
15. \_\_\_\_ Arrangements made for sending/transporting necessary materials and supplies to the training course location.

The following sections provide advice on planning for the Facilitator Training followed by the Case Management Training.

### **At the Course Location, before Facilitator Training Begins**

Three days before Facilitator Training, the secretary arrives at the training course location to take care of administrative arrangements described in this section of the checklist.

One to two days before Facilitator Training the Course Director and clinical instructor visit the hospital ward and discuss/confirm arrangements. (See item #25 on this checklist.)

16. \_\_\_\_ Lodging arrangements confirmed for all facilitators and participants.
17. \_\_\_\_ Arrangements made for welcoming facilitators and participants at the airport and/or hotel.
18. \_\_\_\_ Arrangements confirmed for rooms for conducting Facilitator Training:
  - a. \_\_\_\_ One room for conducting Facilitator Training (with characteristics listed in item #19b below).
  - b. \_\_\_\_ One room for the secretariat with space for storing modules, forms and other supplies, available during both the Facilitator Training and Case Management Training.
  - c. \_\_\_\_ One laptop computer.
  - d. \_\_\_\_ One digital projector.
  - e. \_\_\_\_ Area that can be used for preparing ReSoMal, F-75 and F-100.
19. \_\_\_\_ Arrangements confirmed for adequate rooms for conducting the Case Management Training:
  - a. \_\_\_\_ Large room available on the first and last day of the training course for seating all participants and facilitators.
  - b. \_\_\_\_ Smaller rooms available during the Case Management Training for each small group of participants, each room having:
    - \_\_\_\_ Sufficient table/desk area and chairs for up to 20 participants and 4 facilitators, plus separate consultation area with additional chairs.



- \_\_\_\_\_ Additional table area for supplies.
  - \_\_\_\_\_ Black/white board with chalk/markers or flipchart stand with paper.
  - \_\_\_\_\_ Adequate lighting and ventilation.
  - \_\_\_\_\_ Freedom from distractions, such as traffic or construction noises or loud music.
- c. \_\_\_\_\_ One laptop computer.
- d. \_\_\_\_\_ One digital projector. (Ideally, there would be one per group, but if this is not possible, equipment may be shared.)
- e. \_\_\_\_\_ One room for a secretariat and the training course supplies.
- f. \_\_\_\_\_ 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 participants for the Facilitator Training and Case Management Training.
- a. \_\_\_\_\_ Registration form (see **Annex F**) reviewed and items added if needed.
  - b. \_\_\_\_\_ Registration form prepared.
21. \_\_\_\_\_ Arrangements made for typing and copying materials during the training course (for example, registration forms, schedules, list of participants, pre- and post-course test for the Case Management Training, end of training evaluations).
22. \_\_\_\_\_ Arrangements made for meals and coffee/tea service.
23. \_\_\_\_\_ Arrangements made for reconfirming or changing airline, train, bus and/or car reservations for participants.
24. \_\_\_\_\_ Arrangements made for paying per diem to participants.
25. \_\_\_\_\_ Hospital ward visited and confirmed to be suitable for clinical sessions. Directors and staff informed about the clinical sessions to be held during the Facilitator Training and Case Management Training. (See the *Clinical Instructor Guide* for more information about preparing for clinical sessions. Also see Part 2, Preparing for Clinical Sessions.)
- a. \_\_\_\_\_ Clinical session schedule discussed and agreed on with hospital and ward director. (See Part 2, Section 3, Scheduling Clinical Sessions, on pages 18–19.)
    - \_\_\_\_\_ During the Facilitator Training, one group for 2 hours on day 3.
    - \_\_\_\_\_ During the Case Management Training, \_\_\_\_\_ groups per day scheduled.
    - \_\_\_\_\_ Dates and schedules confirmed in writing.
  - b. \_\_\_\_\_ Drugs and supplies in the ward checked and supplemented as necessary. See list on pages 2–5.
  - c. \_\_\_\_\_ Role of ward staff during clinical sessions discussed with the hospital and the ward director.

26. \_\_\_\_ Schedule for the Facilitator Training prepared based on suggested schedule in **Annex D**.
27. \_\_\_\_ Arrangements made for daily transportation to and from hospital/classrooms.
28. \_\_\_\_ Sufficient copies made of registration forms, schedule for the Facilitator Training, copies of job aids for inpatient care, forms and checklists and so on for use during Facilitator Training.

### During the Facilitator Training

29. \_\_\_\_ Facilitators registered and given schedule and course materials for Facilitator Training.
30. \_\_\_\_ Plans for opening ceremony of the Case Management Training finalised with local authorities.
31. \_\_\_\_ Case Management Training schedule developed and reproduced in sufficient quantity to give a copy to each facilitator and each participant. A suggested Case Management Training schedule is in **Annex E**.
32. \_\_\_\_ Clinical sessions schedule finalised and reproduced in sufficient quantity to give a copy to each participant. See **Annex C**.
33. \_\_\_\_ Pairs of facilitators assigned (near the end of the Facilitator Training) to work together during the Case Management Training. To the extent possible, consideration given to the following when making assignments:
  - Fluency in language in which the Case Management Training is given and in the language spoken with mothers in the clinic.
  - Strengths (for example, clinical expertise, experience with case management procedures, understanding of Case Management Training content, capability as a classroom trainer or case management trainer).
  - Motivation to be a facilitator.
  - Personal dynamics/temperament (for example, shy paired with outgoing).
34. \_\_\_\_ Course materials and supplies organised and placed in the appropriate rooms. See lists on pages 15–16 of this guide.

### During the Case Management Training

35. \_\_\_\_ Case Management Training participants registered using registration form in **Annex F**.
36. \_\_\_\_ Case Management Training participants pre-course test conducted at the start of the Case Management Training, and post-test conducted at the end, with pre- and post-course results compared and communicated to the participants at the end of the Case Management Training. Results of pre- and post-course test are summarised in the training course report.
37. \_\_\_\_ Groups of up to 6–10 participants assigned to pairs of facilitators. Group assignments posted following opening ceremony.
38. \_\_\_\_ Copies of completed registration forms for participants in each group distributed to the facilitators for that group.
39. \_\_\_\_ Secretariat monitors or carries out administrative activities.

40. \_\_\_\_ Course directory (including names and addresses of all participants, facilitators, clinical instructor and Course Director) provided to everyone.
41. \_\_\_\_ If desired, photographs of course participants made in time to be developed before closing ceremony.
42. \_\_\_\_ End of training evaluations (**Annex J**) modified as needed and reproduced in sufficient quantity to give a copy to each facilitator and participant.
43. \_\_\_\_ Arrangements made for closing session.
44. \_\_\_\_ Training course completion certificate signed for presentation to each participant.

### Additional Reminders

45. \_\_\_\_
46. \_\_\_\_

## 5. Criteria for Selecting a Clinical Instructor and Facilitators

A full-time clinical instructor is critical for conducting the Case Management Training. The clinical instructor is responsible for selecting cases and all clinical sessions done in the NRU. The clinical instructor's tasks are described in detail in the *Clinical Instructor Guide*.

A group of motivated and experienced facilitators is also needed. The facilitators will work in pairs with two small groups of Case Management Training participants to guide them through work on the modules and assist with clinical sessions. Up to four facilitators are needed for each small group of up to 20 Case Management Training participants. The facilitators' tasks are described in detail in the *Facilitator Guide*.

### Criteria for Selecting a Clinical Instructor

1. The clinical instructor should be currently active in clinical care of children. If possible, he/she should have a current position on the NRU 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 case management teaching skills.
3. The clinical instructor should be very familiar with the job aids and the CMAM Guidelines and have experience using them. It is best if he/she has participated in the *Training Course on Inpatient Management of Severe Acute Malnutrition* previously as a participant or facilitator. He/she should at least be familiar with and use the practices summarised in the job aids and described in the CMAM Guidelines.
4. He/she should be clinically confident, able to sort through a ward of children quickly, identify clinical signs that participants need to observe and determine the progress of different children and their care. 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 not to compromise the care of critically ill children. He/she should be comfortable handling children with SAM and convey a gentle, positive, hands-on approach.

5. He/she must have good organisational skills. To accomplish all of the tasks in each clinical session it is necessary to be efficient. 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 three groups of participants requires 4.5–6 hours, and these are very active periods. He/she must be energetic.
- . 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, to prepare for this role, the individual should work as an assistant to a clinical instructor at another Case Management Training to see how to select cases, organise the clinical sessions and interact with participants. Or another skilled clinical instructor can join him/her during the first few days of the Facilitator Training and/or Case Management Training.
8. The clinical instructor must be available 1–2 days prior to the Facilitator Training, during all of Facilitator Training and during the entire Case Management Training. He/she must be willing and motivated to get up early each morning to review cases in the NRU 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/her with another facilitator who is strong in that area.

1. Facilitators should currently be active in care of children with SAM. They must have the basic clinical skills and technical knowledge that will allow them to teach the case management process used in this Case Management Training.
2. (*This criterion should be applied after a number of Case Management Training sessions have been given.*) They must recently have been participants in the *Training Course on Inpatient Management of Severe Acute Malnutrition*.
3. They must have good communication skills, including the ability to explain things clearly and simply to others. Facilitators in the Case Management Training 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 Case Management Training is written, it is helpful for at least one facilitator per group to speak that language.
5. They must be organised. They must be able to keep the group on schedule and ensure that they arrive for clinical sessions on time and with the necessary supplies.
6. If there will be a small group of nurses and nutritionists at the Case Management Training, it is important to select at least two facilitators who can relate well to nurses and nutritionists and can teach clearly, patiently and creatively. It is advisable that one of the facilitators is a clinician. These facilitators will be expected to adapt some of the activities in the *Facilitator Guide*, for example, by omitting certain parts of exercises, spending more time on specific sessions as required, or by adding examples or demonstrations.
7. Facilitators must be available during the entire Case Management Training. They must have the energy and motivation to work a long day with Case Management Training participants and then attend a facilitator meeting in the evening to review the day's work and prepare for the next day.

**Note:** In any Case Management Training, facilitators may identify participants who would eventually make good facilitators themselves. These individuals will then qualify to participate in an upcoming Facilitator Training. Ask facilitators to point out participants who:

- Understand the modules 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

Certainly not all participants who graduate successfully from a Case Management Training will be potential facilitator trainees, or will become facilitators. It is better to have a smaller but experienced and motivated group of facilitators than to have an expanded team of weak facilitators, which would risk decreasing the quality of trainings and care.

## 6. Checklist of Instructional Training Course Materials Needed

Item needed	Number needed
<i>Course Director Guide</i>	1 each for the Course Director, the clinical instructor, and each facilitator
<i>Clinical Instructor Guide</i>	1 each for the Course Director, the clinical instructor, and each facilitator
<i>Facilitator Guide</i>	1 each for the Course Director, the clinical instructor, and each facilitator
CMAM Guidelines	1 for each participant (if possible)
Seven training modules	1 set for each participant
Photographs booklet	1 for each
Set of laminated Job Aids for Inpatient Care	1 set for each
Set of forms used in Inpatient Care	1 set for each, plus a few extras
Set of checklists used in Inpatient Care	1 set for each
Set of wall charts used in Inpatient Care	1 set for each small group
Inpatient Care Treatment Card (all pages)	3 for each participant, plus a few extras
Inpatient Care Treatment Card, enlarged format (all pages)	1 set for each small group
Extra copies of Inpatient Care Treatment Card, loose (for use in exercises)	4 for each participant, plus a few extras
Extra copies of Daily Care Chart of Treatment Card, loose (for use in exercises)	3 for each, plus a few extras
Extra copies of Monitoring, Weight, Reporting and Outcome Charts of Treatment Card, loose (for use in exercises)	2 for each, plus a few extras
Five video films	1 set for the whole class
Slide presentation for the Facilitator Training	1 for the Course Director
Slide presentation for Orientation on Management of SAM	1 set for the whole class
Support reading	1 set of soft copies on Flash drive for each participant
Laptop computer and digital projector	1 set for the group (or 1 set for each small group)
Schedule for the Facilitator Training	1 for each
Schedule for the Case Management Training	1 for each
Schedule for Clinical Sessions	1 for each
Pre- and post-course test for the Case Management Training	2 for each
Facilitator Practice Assessment Grid	1 for each facilitator
End of training evaluation	1 for each in the Facilitator Training and Case Management Training
Registration form	1 for each
Flash drives for sharing soft copies of all course materials	1 for each

## 7. List of Other Supplies Needed

### Supplies Needed for Each Person

- Name tag and holder
- 2 pens
- 2 pencils with erasers
- Paper
- Highlighter
- Calculator (or on personal mobile phones)

### 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
- Laptop computer and digital projector (if possible)

In addition, certain exercises require special supplies. Supplies for demonstrations, role-plays and group activities for **each small group** include:

- Copies of recipes for F-75, F-100 and infant formula or F-100 Diluted used in the hospital, and packets of RUTF. If these are not suitable, you may use generic recipes for F-75 and F-100 given in **Annex A, Module 4. Feeding**.
- All ingredients, containers, utensils and other supplies needed to prepare recipes for F-75 and F-100, infant formula or F-100 Diluted, and ReSoMal. (For example: mixing spoon, whisk, containers to hold 1–2 litres, measuring cup, medicine cup with ml marking, 50 ml syringes, small cups, spoons. Equipment such as a blender or hot plate for cooking may be needed. If necessary, some of the supplies may be shared by all of the groups in a specified kitchen area.)
- 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.)

### Supplies Shared by Groups

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

- Photocopy machine
- Laptop computer and digital projector, preferably in a separate room that groups can easily go to
- (If sharing these items) hot plate, blender, dietary scale as needed for recipes
- Electrical outlets, extension cords if needed

## Additional Supplies Needed for Clinical Sessions

Participants will bring their set of job aids for inpatient care to clinical sessions. The following additional instructional supplies will be needed. Enough supplies are listed here for the Case Management Training with 25–30 participants. In addition, the facilitators will need these supplies for clinical sessions during Facilitator Training.

- Initial Management Chart of the Treatment Card plus 60 complete Treatment Cards for a Case Management Training (100 copies for a course with 25–30 participants)
- 24-Hour Food Intake Charts of the Treatment Card (100 copies for a course with 25–30 participants)
- Pens and pencils
- 6–8 clipboards and string or tape to fasten clipboards to foot or head of bed
- Thermometers
- A few watches (some participants may have their own)
- Dextrostix, blood samples, gloves for every participant
- Mid-upper arm circumference (MUAC) bands, scales and length/height board, for measuring infants and children
- Soap for handwashing, 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 sessions and between patient visits)
- 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.



## Part 2: Preparing for Clinical Sessions

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### 1. Preparing the Clinical Instructor

A clinical instructor who meets the criteria specified in Part 1, Section 5, Criteria for Selecting a Clinical Instructor and Facilitators, will not require extensive training. However, he/she must learn the content of the training course and adapt to the methods presented in the *Clinical Instructor Guide*. 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 training 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 the Facilitator Training. Suggested activities are proposed on pages 8–9 of the *Clinical Instructor Guide*. All clinical sessions will be conducted during the actual Case Management Training.)
- The clinical instructor should discuss his/her responsibilities and any questions with you, so that you both understand and agree on what he/she will do.
- Prior to the Facilitator Training, the clinical instructor should visit the 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 Case Management Training and how it is structured.
- On the third day of Facilitator Training, he/she should go early to work with the clinical assistant and translator, if needed, to prepare for selected activities. He/she will then practise these activities with the facilitators as ‘participants’.
- Refer to the *Clinical Instructor Guide* for details on how the clinical instructor should prepare himself/herself and the ward. Help the clinical instructor ensure that everything is ready and make arrangements for any remaining items.

### 2. Visiting the Ward to Finalise Arrangements

Prior to the Facilitator Training, visit the hospital where clinical sessions will be conducted to meet the ward director and staff and to discuss and confirm final arrangements. The clinical instructor should be present at this visit.

1. Briefly describe to the ward director the objectives of the Case Management Training, the importance of clinical sessions in the Case Management Training and the kinds of clinical signs and case management practices that participants will need to observe.
2. Tour the areas where children with SAM may be seen in the hospital (this may include more than one ward):
  - 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 and outpatient department (OPD), the emergency room or in the NRU to identify those with SAM.)

- Observe the emergency room.
  - See the kitchen area and observe as F-75 and F-100/F-100 Diluted are prepared.
  - Observe how children are fed and how drugs are administered.
  - In all areas, see what supplies and equipment are available. (Circle items from the list on pages 2–5 of this guide that are not available in the ward or facility. Obtain these items before beginning the training course.)
3. Discuss the schedule for clinical sessions during the Facilitator Training and Case Management Training. (Scheduling clinical sessions is described in Section 3 below and on pages 8–9 in the *Clinical Instructor Guide*.) During Facilitator Training, there will be a 2-hour clinical session on the third day. (Also, if desired and if there is time on the first day of the Facilitator Training, there may be a brief tour of the ward.) During the Case Management Training, several small groups will visit the ward at different times each day.

Determine whether there are certain times that are best for clinical sessions or certain times that are not appropriate.

Ask whether teaching sessions are conducted with parents on the NRU 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.

Agree on the schedule with the hospital director and the head of the NRU. As soon as possible after the visit, confirm the schedule in writing.

4. Plan with the person responsible for the NRU what role the ward staff will play during the participants' clinical sessions.

If possible, arrange for a clinical instructor assistant (a regular staff member, such as a nurse) to assist with clinical sessions. This staff member would help identify suitable children. If necessary, arrange for a translator as well.

5. Determine what participants will be allowed to do in the NRU. It is expected that they will be allowed to feed children; monitor children's respirations, pulse and temperature; and assist with various activities, such as weighing, measuring and bathing (all with supervision).
6. Brief ward staff so that 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 Sessions

One clinical session must be scheduled during Facilitator Training, preferably for about 2 hours on the third day. This session will allow the clinical instructor to practise some of the activities planned for the Case Management Training. It will allow the facilitators to become familiar with what will happen during a clinical session.

During the Case Management Training, each small group will visit the NRU once each day. Visits will be from 1 to 2 hours in length. Scheduling is discussed in detail in the *Clinical Instructor Guide*, pages 8–9. **Annex A** contains a blank form to use in figuring out the schedule for clinical sessions during the Case Management Training. Plan the schedule with the clinical instructor and the person responsible for the NRU and/or hospital director. Make a copy for each participant.

## Example Clinical Session Schedule

Below is an example of a schedule for clinical sessions in a Case Management Training in which there are three small groups (groups A, B, C). Notice that groups visit the ward at different times each day to ensure that they observe different parts of the daily routine. Remember that your schedule may be very different, depending on the number of groups, the ward schedule and so on.

### Schedule for Clinical, Kitchen and Video Sessions

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>GROUP A</b>		14 <sup>th</sup> November, 2016	15 <sup>th</sup> November, 2016	16 <sup>th</sup> November, 2016	17 <sup>th</sup> November, 2016	18 <sup>th</sup> November, 2016	19 <sup>th</sup> November, 2016
	<b>WARD</b>	11.00 – 12.00	14.00 – 15.30	11.00 – 12.30	14.00 – 15.30	14.00 – 15.00	11.00 – 12.30
		Tour of the ward	Clinical signs and <i>Measuring MUAC &amp; Weight</i>	Initial Management – <i>CCP Chart</i> Feeding: F-75	Initial Management and Feeding: F-75, Transition to RUTF/F-100	Daily Care, Assessment for Outpatient Treatment: Criteria for Early Discharge	Referral to OTP/Discharge Procedure
	<b>KITCHEN</b>		16.30 – 17.15	15.00 – 16.00		08.30 – 09.30	
			Preparation of ReSoMal	Preparation of F-75, F-100 Show RUTF		Visit to OTP Clinic	
	<b>VIDEO</b>	14.00 – 14.30	11.00 – 11.30				12.00 – 13.00
		<i>Transformations</i>	<i>Emergency Care</i>				Nutritional advice; play
<b>GROUP B</b>	<b>WARD</b>	12.00 – 13.00	11.00 – 12.30	14.00 – 15.30	15.30 – 17.00	15.00 – 16.00	
		Tour of the ward	Clinical Signs and <i>Measuring MUAC &amp; Weight</i>	Initial Management – <i>CCP Chart</i> Feeding: F-75	Initial Management and Feeding: F-75, Transition to RUTF/ F-100	Daily Care, Assessment for Outpatient Treatment: Criteria for Early Discharge	
	<b>KITCHEN</b>		14.30 – 15.15	10.00 – 11.00		09.30 – 10.30	
			Preparation of ReSoMal	Preparation of F-75, F-100 Show RUTF		Visit to OTP Clinic	
	<b>VIDEO</b>	14.00 – 14.30	11.00 – 11.30				12.00 – 13.00
		<i>Transformations</i>	<i>Emergency Care</i>				Nutritional advice; play

**\*\* VIDEO SESSIONS: all groups to watch together**

**\*\*FRIDAY 18<sup>th</sup> November, EACH GROUP VISIT THE OTP CLINIC at the times indicated in the schedule**

## Part 3: Training Facilitators

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*Eventually facilitators should be prepared in three phases described below. However, for the first training course, a high-quality, 4-day Facilitator Training session will have to suffice.*

Preparing a facilitator for this training course occurs in three phases:

1. The individual attends the Case Management Training as a participant to learn the training course content and develop skills in managing children with SAM according to the job aids and the SAM Guidelines.
2. The individual attends a 4-day Facilitator Training (usually immediately prior to a course in which he/she will serve as a novice facilitator).
3. He/she has a first experience as a facilitator in either the Facilitator Training or the Case Management Training, paired with an experienced facilitator and closely supervised by the Course Director.

After successful completion of this process, an individual is considered fully prepared to serve as a facilitator in the *Training Course on Inpatient Management of Severe Acute Malnutrition*. The qualified facilitator, along with a co-facilitator (facilitators always work in pairs, and at least one of them is a clinician) and a clinical instructor, will be able to repeat the Case Management Training for a maximum of 15 participants (clinicians, nurses, nutritionists and dieticians).

This part of the guide describes in detail how to conduct the 4-day Facilitator Training session mentioned above.

### 1. General Structure of the Facilitator Training Session

The 4-day Facilitator Training session occurs before the Case Management Training. As Course Director, you are responsible for conducting Facilitator Training. If possible, you should be assisted by a co-director or an experienced facilitator. As the training is intensive, it is very helpful to have two people work together. By working together, you can demonstrate how co-facilitators share the work during the actual Case Management Training.

Facilitator training is extremely important, and all new facilitators should attend. A maximum of 10 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 the management of children with SAM, they need the Facilitator Training to learn **how to teach** the Case Management Training.

Facilitator trainees work quickly through the modules and take turns practising the teaching activities described in the *Facilitator Guide*. A clinical instructor organises and supervises clinical sessions during this Case Management Training, so facilitators assist rather than direct these sessions. During the Facilitator Training, facilitators attend one clinical session to become familiar with the NRU and how the Case Management Training will work.

Three methods are used to demonstrate and practise teaching activities:

1. You (the Course Director) act as a facilitator. Facilitator trainees observe appropriate behaviours as you introduce a module, provide individual feedback, do a demonstration, conduct a video exercise, lead a group discussion, co-ordinate a role-play, lead an oral drill and so on.

2. A facilitator trainee acts as a facilitator speaking to a group of participants. The facilitator trainee is practising teaching activities when introducing a module, doing a demonstration, conducting a video exercise, leading a group discussion, co-ordinating a role-play, leading an oral drill or summarising a module. While practising, the facilitator trainee is also demonstrating these teaching activities for the others in the group.
3. A facilitator trainee acts as a Case Management Training participant and another 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 practising and demonstrating individual feedback. He/she 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*.

**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 Case Management Training.

## 2. Daily Schedule

The 4-day Facilitator Training schedule focuses on teaching skills to be used in the classroom. Most of the time will be spent in the classroom reviewing the modules, learning techniques for teaching modules and practising those techniques. During the third day, there will be a 2-hour clinical session led by the clinical instructor. The final half-day is used to finish work on the modules and to set up the classrooms for the Case Management Training.

A suggested schedule for the Facilitator Training is provided in **Annex D**. A suggested schedule for the Case Management Training is in **Annex E**. 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 and so on.

The schedule for the Facilitator Training is highly compressed and will require efficient and concentrated work. Facilitator trainees will review in only 4 days what they will teach to Case Management Training participants in 6 days. In the Facilitator Training, modules 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 Case Management Training will **not** be conducted the way that the Facilitator Training is conducted. During the Case Management Training, participants will read a section of the module, do an exercise, receive feedback and so on, as described in the *Facilitator Guide*. Participants will attend a clinical session on every day of the Case Management Training. Refer to the *Facilitator Guide* and the Case Management Training schedule frequently, so that everyone understands how the Case Management Training will differ.

## 3. Practice of Facilitator Techniques

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

- Working with a co-facilitator
- Introducing a module

- Giving individual feedback
- Conducting a demonstration
- Leading a discussion
- Conducting a video activity
- Co-ordinating a role-play
- Leading an oral drill
- Adapting teaching methods for nurses (and nutritionists) groups
- Summarising a module

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

By the end of the training, every facilitator trainee should have practised all facilitator techniques. A Facilitator Practice Assessment Grid is provided in **Annex G** of the *Course Director Guide* to help you ensure that each trainee has adequate practice. Turn to this grid and list the names of the facilitator trainees. Whenever someone practises a technique, make an entry on this grid.

#### 4. Using this Guide to Conduct the Facilitator Training

We assume that you are already familiar with the Case Management Training and have experience as a facilitator in this 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 D** for an overview of the steps to be accomplished each day.

This guide gives instructions, day by day and step by step, for conducting the Facilitator Training. Just turn to the appropriate part and 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 modules in front of you as you lead the training.)



*Course Director Guide*



*Facilitator Guide*



*Module*

# Facilitator Day 1

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## Opening Session

Examples of slides to accompany this opening session are provided in **Annex L & M** of this guide. The slides may be used in a slide presentation, and are provided with your course materials.

### 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. You may want to ask them to give a little background or other relevant information.

### B. Administrative Tasks

Make any necessary announcements regarding meals, transportation, payments, hotel regulations and so on.

### C. Review of Purpose of the Training Course (Annex L, Slide 1)

This training course will eventually be used in hospitals in many countries. The purpose is to teach the case management process summarised in the job aids and described in the national CMAM Guidelines. The content of the Case Management Training is consistent with those. In certain hospitals that have used these case management procedures over time, case fatality has been reduced from more than 30 percent to less than 5 percent.

The Case Management Training is intended for clinicians, senior nurses and nutritionists in hospitals that have NRUs or plan to start such wards. It is expected that participants will return to their hospitals and make changes to improve quality of care of inpatient management of SAM.

## Introduction to the Facilitator Training

### A. Context of the Facilitator Training (Annex L, Slide 2)

Cover the following points:

- There will be (number) participants attending the *Training Course on Inpatient Management of Severe Acute Malnutrition*, (dates).
- The participants will be clinicians, senior nurses and nutritionists who manage children with SAM in hospitals.
- All (number) of you are being trained to serve as facilitators to assist participants in learning the skills presented in the course materials. These 4 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 the Facilitator Training, each of you will work with a variety of other participants.

### B. Course Materials Needed (Annex L, Slide 3)

Give each facilitator the following materials. (Other materials, such as the video, will be provided later as needed.) Mention that participants will be given modules **one at a time**, but that you are giving facilitators the modules **all at once** so that they may work ahead.

- Seven modules



- *Photographs* booklet
- Four videos (plus one optional)
- Facilitator guide
- *Clinical Instructor Guide*
- Set of job aids
- Set of forms and checklists
- CMAM Guidelines

### C. Objectives of the Facilitator Training (Annex L, Slide 4)

Cover the following points:

- Learn the Case Management Training content.
- Practise the teaching techniques used with the modules (for example, giving individual feedback, leading group discussions, leading oral drills).
- Become familiar with the NRU and how clinical sessions will be conducted.
- Learn ways to work effectively with a co-facilitator.
- Practise communicating in supportive ways that reinforce learning.
- Discuss problems that may be faced during the Case Management Training (for example, slower readers, logistical difficulties in the ward and sections of a module that 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 (Annex L, Slide 5)

Explain that teaching methods of the Case Management Training are based on several assumptions about learning.

#### 1. *Instruction should be performance based.*

Instruction should teach the student tasks he/she will be expected to do on the job. This Case Management Training is developed based on an analysis of tasks involved in the management of SAM. Each module teaches the knowledge and skills needed to perform some of these tasks. At the beginning of each module is a list of learning objectives describing the tasks taught in the respective modules.

#### 2. *Active participation increases learning.*

Participants learn far more quickly and effectively by actually doing a task than by just reading or hearing about it. Practice helps participants remember more and keeps them interested and more alert. This Case Management Training actively involves the participants in doing written exercises and participating in group discussions, drills, role-plays and, importantly, clinical sessions.

#### 3. *Immediate feedback increases learning.*

Feedback is information given to a participant on how well he/she is doing. If a participant does well on an exercise, and is reinforced immediately, he/she is more likely to retain what he/she has learned.



Immediate feedback also allows misunderstandings to be corrected before they become strong beliefs, or before the student becomes further confused. In this Case Management Training, the facilitators give immediate feedback on each exercise, tailored to each participant's needs. Feedback is provided through group discussion or individual consultation.

4. *Learning is increased when instruction is individualised.*

Participants attending this Case Management Training 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 or her. Each participant should ask questions and receive explanations to the extent necessary for him or her to understand and acquire the skill and knowledge. This Case Management Training 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.

5. *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 maintain this motivation by providing individual attention, giving prompt feedback, showing appreciation for their work on the exercises, ensuring that they understand each exercise and encouraging them to participate in group activities and clinical sessions.

### **E. Schedule for the Facilitator Training (Annex L, Slide 6)**

Distribute a written schedule for the Facilitator Training based on the one in **Annex D**. Explain that this 4-day schedule is very much condensed from the full 6-day Case Management Training. Give facilitator trainees a copy of the Case Management Training schedule as well, so that they can compare the activities and pace of the actual course with those of the 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.

### **F. Introduction of the *Facilitator Guide* (Annex L, Slides 7 and 8)**

Facilitator trainees will learn to use the *Facilitator Guide* during the 4-day Facilitator Training.

1. Ask facilitator trainees to read the Introduction of the *Facilitator Guide*, a description of the roles and responsibilities of a facilitator.
2. Answer any questions about the Introduction. Then briefly summarise the major duties of a facilitator (**Annex L, Slide 7**):
  - Introduce the modules
  - Answer questions and assist facilitator trainees while they work
  - Provide individual feedback on completed exercises
  - Conduct demonstrations and give explanations of certain steps
  - Conduct oral drills
  - Lead and summarise video exercises and group discussions
  - Co-ordinate role-plays
  - Summarise the modules
  - Assist with clinical sessions 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. Urge facilitator trainees to follow procedures in the *Facilitator Guide* and make the points specified. Review the following parts of the *Facilitator Guide* (**Annex L, Slide 8**):
  - Checklists of instructional materials and supplies needed
  - Procedures table for each module
  - Notes for each step of the procedures
  - Shaded boxes with special notes for nurses and nutritionists groups
  - Blank boxes (at the end of each module section) for additional points
  - The ‘Facilitator Guidelines for All Modules’ section at the end of the *Facilitator Guide*
4. Point out that answers to the exercises are at the back of each module.

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 facilitator trainees to write notes in their guides about important points to make during the Case Management Training.

## Module 1: Introduction

### A. Orientation to CMAM, National Strategy and Updates in the 2016 Guidelines

Provide an overview on CMAM, and then lead a group discussion on the CMAM strategy and updates in the 2016 National Guidelines. Let the participants know that the CMAM overview presentation is available in **Module 1. Introduction**, for further reference (*the slides are also in annex M*). In the group discussion session, participants can ask questions about CMAM.

### B. Review and Demonstration

Ask facilitator trainees to open the *Facilitator Guide* to page 7. Point out the procedures table and the corresponding notes. Ask the group to follow along as you use the notes to lead them through **Module 1. Introduction**.

Follow the procedures closely, but save time by asking facilitator trainees to quickly review the contents of the module rather than reading carefully. Since facilitator 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/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 **Module 1. Introduction**. Answer any questions about how to use the *Facilitator Guide*.

### C. 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 a module or doing a demonstration, the other facilitator can:

- Record information on the flipchart
- Prepare to view the video
- 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 on who will prepare for each demonstration, lead the drill, play each role, collect supplies and so on. Do not divide your work with a feeling that ‘this is your piece and this is mine’, however. Be flexible and ready to adjust roles if needed.
2. Work together on each module rather than taking turns having sole responsibility for an entire module. Within a module or clinical session, you will sometimes be the leader and at other times the helper, writing on the flipchart, stopping and starting the video and so on.
3. When you lead a discussion, always try to ask the opinion of your co-facilitator. For example, ask ‘Mr Banda, 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/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 the Facilitator Training, pairs of facilitator trainees will practise 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.

## Module 2: Principles of Care

Facilitator trainees will now begin **Module 2. Principles of Care**. During the Facilitator Training, facilitators must work quickly. In contrast, in the Case Management Training, facilitators should not rush participants through the materials, but should allow them to proceed at a comfortable pace. Homework is not recommended during the Case Management Training, since participants will be tired in the evenings.

### A. Facilitator Techniques: Introducing a Module

Demonstrate introducing the module as described on [page 10](#) in the *Facilitator Guide*. Ask facilitator trainees to notice the instructions for introducing the module as you speak. Tell them that from now on you will ask them to introduce each module. 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 Module

Ask facilitator trainees to quickly read the module’s **sections 1.0 and 2.0** from the beginning through [page 9](#) and do Exercise A ([page 10](#)) using the *Photographs* booklet. Suggest that facilitator trainees highlight points in the module 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 modules 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 Case Management Training require some individual work first, so that facilitator trainees can organise their thoughts and prepare to share their ideas.

Point out the shaded box for nurses and nutritionists groups on [page 13](#) of the *Facilitator Guide*. Because this is the first exercise in the Case Management Training, and nurses and nutritionists may be unsure what is expected of them, this box suggests that several photos be discussed as a group before the nurses and nutritionists are asked to work individually. Explain that you will lead the discussion as though the group includes clinicians rather than nurses and nutritionists. 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 facilitator trainees to look at ‘When leading a group discussion’ on [page 75](#) of the *Facilitator Guide*. Review the points in that section. These pages give general guidelines for leading a discussion. Explain that from now on facilitator trainees will practise leading the group discussions.

### D. Read and Work on Module

Ask facilitator trainees to read the module’s **sections 3.0 and 4.0** on [pages 13–20](#) then do Exercise B ([page 21](#)) using the *Weight-for-Height/Length Look-Up Tables* in **Annex B**.

### E. Facilitator Techniques: Adapting for Nurses and Nutritionists

Explain that some participants may need a demonstration of how to use the *Weight-for-Height/Length Look-Up Table* before they attempt Exercise B. Facilitators will quickly see how much assistance a group needs. It is important to give enough explanation that facilitator trainees do not become frustrated by a lack of understanding. Too much explanation can be boring and can be seen as condescending, however.

Acting as a facilitator, demonstrate how to use the *Weight-for-Height/Length Look-Up Table*. Use the notes in the shaded box on [page 16](#) of the *Facilitator Guide*.

After the demonstration, ask the facilitator trainees whether they would have found the demonstration helpful before doing Exercise B. Remind facilitator 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 use the shaded boxes to 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.

Since it takes time with participants to do some additional demonstrations, it is necessary to omit parts of some exercises to make up the time. The shaded boxes suggest which exercises may be shortened.

### F. Facilitator Techniques: Individual Feedback

Referring to the procedures table on [page 7](#) 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 guidelines on [pages 16–17](#) of the *Facilitator Guide* and the ‘Answers to Exercises’ at the end of Module 2.

Explain that individual feedback means that one facilitator talks 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 participant who has just completed Exercise B. The participant will present his/her answers as written in the module. (He/she may wish to make up a wrong answer or two.) You will act as the facilitator, modelling 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 modelling individual feedback, ask facilitator trainees to look at [page 74](#), ‘When providing individual feedback’, 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, 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 fairly brief. During the Case Management Training, individual feedback may not be as complete and lengthy as it is during the 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 and its procedures. For example:
  - What admission criteria are used in your hospital?
  - Are 2-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/her situation better and may help the participant think through any concerns.

- All of you will practise giving individual feedback during this training. You will review a ‘participant’s’ answers and discuss how he/she arrived at his/her answers. You will practise consulting the *Facilitator 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 Case Management Training. Actual participants are likely to be more shy and may read or understand less quickly.

### **G. Read and Work on Module/Practice Leading Group Discussion of Exercise C**

Ask facilitator trainees to read [pages 22–25](#) of the module and do Exercise C ([page 26](#)). They should also look at corresponding guidelines for Exercise C on [pages 18–19](#) in the *Facilitator Guide*.

Assign one facilitator trainee (someone who works quickly) to be prepared to lead the group discussion after Exercise C. Remind this facilitator trainee to follow the guidelines on [pages 18–19](#) of the *Facilitator Guide*. Record the Assessment Grid in Annex G of the Course Director’s Guide.

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

**Note:** Every time a facilitator trainee practises leading an activity, be sure to give feedback. You may find it helpful to refer to ‘Performance Criteria for Facilitators’ on [pages 45–46](#) of this guide to remind you of items to note when providing feedback to facilitators.

### **H. Facilitator Techniques: Oral Drills**

Referring to the procedures table on [page 12](#) of the *Facilitator Guide*, point out the ‘Oral drills’ and the related notes on [page 17](#) and [page 19](#) of the *Facilitator Guide*.

Explain that repetitive practice will help participants learn certain skills. The first oral drill provides practice in determining weight-for-height (WFH) using the look-up tables. The second oral drill provides practice in determining SAM based on low MUAC and low WFH z-score, and presence of oedema. There will be other oral drills (for example, on determining amounts of F-75 needed) later in the Case Management Training.

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 practise a step, to develop speed and confidence.
- Ask a question and direct a participant to answer. He/she should answer quickly. If he/she 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 Case Management Training. 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 drills as described on [page 17](#) and [page 19](#) of the *Facilitator Guide*. Then, after the pace of the drill is set, let a facilitator trainee take a turn being the 'facilitator' while the others act as 'participants'. Afterward, discuss how the drills 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 Annex G of the Course Director's Guide the facilitator trainee who practised leading the drill.

## I. Reading and Short Answer Exercises

Explain that the next part of the module includes reading about the rationale for the case management procedures taught in the Case Management Training. To break up the reading and check the participants' understanding, a few short answer exercises are given. The first two, on [pages 30 and 36](#) of Module 2, 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 in 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 40](#)), participants should check their own answers by looking at the correct answers given in the back of the module.

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

\_\_\_\_\_ Group discussion, checking answers to short answer exercise (exercise on [page 26](#) of the module) (guidelines on [pages 18–19](#) of the *Facilitator Guide*).

\_\_\_\_\_ Group discussion, checking answers to short answer exercise (exercise on [page 29](#) of the module) (guidelines on [page 19](#) of the *Facilitator Guide*).

When everyone has finished the module, ask the facilitator trainees entered on the line above to practise leading these brief discussions. Remember to give them feedback. Remind facilitator 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.

### J. Facilitator Techniques: Video Activity

Referring again to the procedures table on [page 12](#) of the *Facilitator Guide*, point out that a video is used in this module. Each group will have access to a video that includes five film segments to be used in the Case Management Training.

Show the group how to play the video and how the digital projector works. Ask them to come close as you show them. Explain where the equipment will be during the Case Management Training.

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

- Practise with the use of 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 whether 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 SAM as well as to show dramatic improvements over time. Show the video. After showing the video, ask what signs of recovery the facilitator trainees saw. Also discuss **photos 21–29**. These photos show changes in three children over a period of weeks.

There will be a chance for participants to practise leading a video activity later.

### K. Facilitator Techniques: Summarising the Module

Point out the guidelines for summarising **Module 2. Principles of Care**, on [pages 21–22](#) of the *Facilitator Guide*. Show facilitator trainees the blank box ([page 22](#)) in which they may write additional points to include in the module summary. Ask for any suggestions to put in the box for this module.

Then summarise the module as instructed. Explain that from now on you will be asking facilitator trainees to introduce and summarise modules. Guidelines are always given in the *Facilitator Guide*. Introductions and summaries should be very brief.

Record on the Facilitator Practice Assessment Grid in Annex G of the Course Director's Guide as facilitator trainees have a chance to introduce or summarise modules.

## Module 3: Initial Management

Point out the procedures table for **Module 3. Initial Management** on [page 22](#) of the *Facilitator Guide*. Point out the section titled 'Preparing for the module' on [pages 22–23](#). This section describes special supplies needed for a module, in this case copies of forms, ingredients for ReSoMal and so on. Be sure that you have these supplies ready in the classroom or kitchen area.

### A. Reading and Practice Introducing the Module

Ask facilitator trainees to read through [page 9](#) of the module. Point out that nurses and nutritionists groups will stop at [page 8](#) for a brief review and explanation of the Treatment Card. Point out the

shaded box for nurses and nutritionist on [page 25](#) of the *Facilitator Guide*. Facilitator trainees should read these shaded boxes, but, unless instructed otherwise, facilitator trainees should practise as though they are leading a group of clinicians.

Ask one person to be prepared to introduce the module. Record the assessment on the grid in Annex G of the Course Director's Guide. (In the Case Management Training, the facilitators will introduce the module before the participants begin reading; the order is reversed here simply to allow the facilitator trainees time to prepare.)

\_\_\_\_\_ Introducing Module 3 ([page 24](#) of the *Facilitator Guide*).

## **B. Facilitator Techniques: Conducting a Demonstration**

Referring to the procedures table on [page 23](#) of the *Facilitator Guide*, point out that after the introduction of the module, Case Management Training participants will read through [page 9](#) of the module, and then the facilitator will introduce the Inpatient Care Treatment Card and demonstrate use of the Initial Management page of the Treatment Card. Point out the guidelines for the 'Demonstration' on [pages 25–27](#) of the *Facilitator Guide*.

Use copies of the Inpatient Care Treatment Cards, and ask for everyone's attention.

Acting as a facilitator, demonstrate use of the Inpatient Care Treatment Card. Ask another person to act as a co-facilitator and read the story of 'Dziko' 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. Participants have now seen two demonstrations: one on how to use the *Weight-for-Height/Length Look-Up Table Job Aid* or **Annex B of Module 2. Principles of Care** and one on use of the Treatment Card in **Annex A of Module 3. Initial Management**.
- 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 beyond the next step that participants will learn in the module.
- Be sure that all 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 practise the demonstration before doing it in front of your group during the Case Management Training. Study the guide and then practise what to say so you will not have to read from the guide. Practise using any visual aids so you can do the demonstration comfortably and smoothly.



## Assignments for the Next Day

Ask facilitator trainees to read and work the written exercises in the rest of the module. Explain that the group activities will be done tomorrow. Remind facilitator trainees that this is NOT how the work will be done in the Case Management Training. Facilitator trainees should also carefully read the *Facilitator Guide* section for **Module 3. Initial Management**.

Assign the facilitator trainees to be prepared to practise specific teaching activities (listed below) in front of the group. For Exercise B (preparing and measuring 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 the Facilitator Training each facilitator trainee should have an opportunity to be the facilitator giving individual feedback. After each facilitator trainee has had a turn, if you feel that all are well prepared to give individual feedback, you may stop assigning it to be practised aloud.

Keep track of assignments on the grid in Annex G of the Course Director's Guide. Be sure that each participant is assigned a variety of practice. For example, if he/she has already practised leading a group discussion, assign him/her to provide individual feedback.

\_\_\_\_\_ Individual feedback, Exercise A, Case 1 – Chisomo ([page 28](#) of the *Facilitator Guide*).

\_\_\_\_\_ Individual feedback, Exercise A, Case 2 – Tamanda ([page 28](#) of the *Facilitator Guide*).

\_\_\_\_\_ Individual feedback, Exercise A, Case 3 – John ([page 28](#) of the *Facilitator Guide*).

\_\_\_\_\_ Exercise B, preparing ReSoMal, group discussion ([pages 29–30](#) of the *Facilitator Guide*).  
**Note:** It is best to assign someone who has prepared ReSoMal before to lead this exercise.

\_\_\_\_\_ Demonstration for nurses and nutritionists using Initial Management page ([pages 29–30](#) of the *Facilitator Guide*).

\_\_\_\_\_ Individual feedback, Exercise C, Cases 1 and 2 – Yamikani and Khama ([page 31](#) of the *Facilitator Guide*).

\_\_\_\_\_ Group work, Exercise C, Case 3 – Ellen ([pages 31](#) of the *Facilitator Guide*). **Note:** When recording this assignment on the grid in **Annex G**, count it as a demonstration.

\_\_\_\_\_ Individual feedback, Exercise D, Cases 1 and 2 – Precious and Ana ([page 32](#) of the *Facilitator Guide*).

\_\_\_\_\_ Video: Emergency Treatment ([pages 32–33](#) of the *Facilitator Guide*).

\_\_\_\_\_ Role of clinician, role-play in Exercise E ([pages 33–34](#) of the *Facilitator Guide*).

\_\_\_\_\_ Role of nurse, role-play in Exercise E ([pages 33–34](#) of the *Facilitator Guide*).

\_\_\_\_\_ Summary of the module ([page 34](#) of the *Facilitator Guide*).

Explain that facilitator trainees will practise the teaching activities in the order that they come in the *Facilitator Guide*. It is essential that they complete the module and prepare for their assigned activities before the next day's training.

Meet briefly with the individuals assigned to play the role of the clinician and nurse in the role-play in Exercise E. Point out the related guidelines in the *Facilitator Guide*. Suggest that they plan together how they will behave in the role-play. Their dialogue should be interesting but realistic.

### **Notes for Course Director on preparations for the next day**

Have recipes, ingredients and equipment for making ReSoMal, F-75 and F-100 ready in the classroom or kitchen area.

## Facilitator Day 2

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### Continuation of Module 3: Initial Management

#### A. Practice of Facilitator Techniques

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

During each practice, facilitator 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 facilitator trainees stay aware of the order of events that they will follow during the Case Management Training.

Keep the focus on teaching techniques, but also clarify any confusion about module content if necessary. Refer to the ‘Performance Criteria for Facilitators’ on [pages 45–46](#) of this guide while providing feedback.

Before the role-play in Exercise E, explain that this is the first of several role-plays in the Case Management Training. Role-plays are especially useful for practising communication skills. Acting as a facilitator, co-ordinate the role-play in Exercise E. Follow the guidelines in the *Facilitator Guide*.

#### B. Facilitator Techniques: Co-ordinating Role-plays

After the role-play in Exercise E, ask facilitator trainees to look at ‘When coordinating a role-play’ on [page 75–76](#) of the *Facilitator Guide*. Discuss each point and answer any questions.

Also review the following points:

- Role-plays will not (and should not) be perfectly prepared and rehearsed performances. One of the objectives of role-plays is to practise 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 and 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.

Facilitators should tell participants that they will all have opportunities to participate in role-plays during the next few days. Keep a record on the Facilitator Practice Assessment Grid in Annex G of the Course Director’s Guide, 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 and so on.

**Note:** After discussing role-plays, remember to ask the assigned person to summarise the module.

## Module 4: Feeding

Point out the procedures table for this module on [page 35](#) of the *Facilitator Guide*. Unless facilitator trainees have previously taken the Case Management Training as a participant, they have not yet had time to read the module, so they will read and work the exercises in order. For exercises that require individual feedback, participants 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 the facilitator trainees to read through [page 7](#) of the module up to Exercise A ([page 8](#)). Ask someone to briefly introduce the module. After the introduction, act as a facilitator and lead the group in preparing F-75, F-100 and infant formula or F-100 Diluted and discuss RUTF as in Exercise A of the module. (It is important that you lead this activity to set a good example.) Conduct a brief group discussion after preparing F-75, F-100, and infant formula or F-100 Diluted. Point out the corresponding guidelines in the *Facilitator Guide* ([pages 36–37](#)).

### B. Facilitator Techniques: While Participants Are Working

Looking at the procedures on [page 35](#) of the *Facilitator Guide*, point out that participants have a lot of 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 ‘When Participants Are Working’ on [page 74](#) 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 that they understand what to do. If it takes a participant a long time to figure out the instructions for an exercise, or if he/she misunderstands the instructions, this can take up 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, lean down beside him/her and quietly give him/her some brief help. Try not to disturb other participants around him/her.

### C. Read and Work through Exercise B: Facilitator Practices Techniques

Ask facilitator trainees to work independently on [pages 9–19](#) of the module. The facilitator trainees should check their own answers or come to you for feedback.

Assign the following activities to be practised in front of the group. Keep track of assignments on the Facilitator Practice Assessment Grid in Annex G of the Course Director’s Guide. Remember to assign someone to be the participant for individual feedback. Participants may be given more than one assignment:

\_\_\_\_\_ Oral drill: Determining amounts of F-75 to give ([pages 37–38](#) of the *Facilitator Guide*).

*Assign two facilitator trainees to do this drill. Have one start it and another one continue it.*

\_\_\_\_\_ Demonstration of 80 percent for nurses and nutritionists (shaded box on [pages 38–39](#) of the *Facilitator Guide*).

\_\_\_\_\_ Demonstration: 24-Hour Food Intake Chart ([pages 39–40](#) of the *Facilitator Guide*). *Assign two facilitator trainees to work together on this.*

\_\_\_\_\_ Individual feedback, Exercise B, Case 1 – Dalitso ([page 40](#) of the *Facilitator Guide*).

When everyone is ready, have facilitator trainees practise the assigned activities. Mention the reading that will come between each activity in the Case Management Training. As always, provide constructive feedback after practice.

#### **D. Read and Work through the End of the Module/Practice of Facilitator Techniques**

Ask facilitator trainees to continue reading and working in the module to [page 63](#). 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 facilitator trainees have successfully practised individual feedback by now, there is no longer a need to conduct this. Unless there is a need to continue practising giving individual feedback aloud, stop assigning individual feedback at this point.

Explain that facilitator trainees will skip Exercise F (scheduling activities for a NRU), but will discuss how to handle it in the Case Management Training.

Assign facilitator trainees to be prepared to practise the following activities:

\_\_\_\_\_ Group discussion ([pages 42](#) of the *Facilitator Guide*). Assign two facilitator trainees to work together on this.

\_\_\_\_\_ Summary of the module ([page 44](#) of the *Facilitator Guide*).

When everyone is ready, look at the procedures table for Module 4 on [page 36](#) of the *Facilitator Guide* and review the order in which activities will occur in the module. Discuss any questions that participants in the Case Management Training may have related to Exercises C, D, E, F, G and H. Discuss how to handle Exercise E in the Case Management Training. Have the assigned facilitator trainees lead the discussion of Exercise G.

Summarise the module. As always, provide constructive feedback after practice.

#### **Assignments for the Next Day**

Point out the procedures table for **Module 5. Daily Care** on [page 46](#) of the *Facilitator Guide*. Notice that most of the activities in this module are written exercises followed by individual feedback. Ask facilitator trainees to read the entire module and, before arriving back the next morning, do the exercises, with the exception of Exercise B. Exercise B is a group exercise that they will do in group on the next day.

To complete Exercise C, facilitator trainees will need to take from the classroom a blank Monitoring Chart. Since they will not have completed Exercise B, they should use the answer sheet for Exercise B to complete Exercise C.

Facilitator trainees should check their own answers and read the facilitator guidelines related to the module.

Assign the following to be practised in front of the group. Remember to keep track of assignments on the Facilitator Practice Assignment Grid in **Annex G**.

\_\_\_\_\_ Introducing the module ([page 46](#) of the *Facilitator Guide*).

\_\_\_\_\_ Demonstration of Daily Care Chart of the Treatment Card ([pages 47–48](#) of the *Facilitator Guide*).

\_\_\_\_\_ Group work followed by group feedback, Exercise B ([pages 49–50](#) of the *Facilitator Guide*).

\_\_\_\_\_ Demonstration of Monitoring Chart of the Treatment Card ([pages 50](#) of the *Facilitator Guide*). Assign two facilitator trainees to work together on this.

\_\_\_\_\_ Optional demonstration, Weight Chart of the Treatment Card (pages 52–53 of the *Facilitator Guide*). Assign two facilitator trainees to work together on this.

\_\_\_\_\_ Summary of the module (page 53 of the *Facilitator Guide*).

Announce the time that the clinical session will occur tomorrow. Give any related instructions about when and where to meet to go to the NRU. Tell facilitator trainees that the clinical instructor will be in charge of this session and that they will act as participants. Tell facilitator trainees to bring the set of Job Aids for Inpatient Care to the clinical session.

*Notes for Course Director on preparations for the next day*

Have role descriptions photocopied for role-plays in **Module 6. Monitoring, Problem Solving and Reporting**, and **Module 7. Involving Mothers in Care**. (See pages 58–60, 63–64 and 65–66 of the *Facilitator Guide*.) The role-play in **Module 6. Monitoring, Problem Solving and Reporting**, will be done in the classroom tomorrow. The role-plays in **Module 7. Involving Mothers in Care**, will be assigned tomorrow afternoon, so you will need to be ready to distribute role-play descriptions and an example of a Transfer Form and a Discharge Card, see **Annexes C and D** of **Module 7. Involving Mothers in Care**.

## Facilitator Day 3

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**Note:** A 2-hour clinical session will occur during this day. Simply stop the training activities when it is time for the clinical session, and resume when you return to the classroom. Remind facilitator trainees to take their set of Job Aids for Inpatient Care to the clinical session.

### Module 5: Daily Care

#### A. Introduction of Module; Discussion of Questions

Facilitator trainees should have completed the module the night before and checked their own answers.

Ask the assigned facilitator trainees to introduce the module.

Referring to the procedures table on [page 46](#) of the *Facilitator Guide*, review the activities of the module in order. Offer an opportunity to discuss or ask questions about the reading and written exercises.

#### B. Practice of Facilitator Techniques

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

Draw attention to points made in the *Facilitator Guide* and to the shaded boxes for nurses and nutritionists.

### Module 6: Monitoring, Problem Solving and Reporting

Point out the procedures table for this module on [page 54](#) of the *Facilitator Guide*. Unless facilitator trainees have previously taken the Case Management Training as participants, they have not yet had time to read Module 6, so they will read and work the exercises in order.

#### A. Introduction and Work on the Module

Ask facilitator trainees to read and do the work through Exercise A ([pages 1–12](#)), and check their own answers. Assign someone to introduce the module. Remember to keep track of assignments on the Facilitator Practice Assessment Grid in Annex G of the Course Director's Guide.

\_\_\_\_\_ Section 1, Introduce Module 6 ([page 55](#) of the *Facilitator Guide*).

When everyone is ready, ask the assigned person to introduce the module. Ask facilitator trainees if they have any questions about the first part of the module or Exercise A. After answering any questions, continue work on this module.

Facilitator trainees will do the rest of this module 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 or role-play. Follow the *Facilitator Guide* as you lead the group through this module. Before each new section of reading, assign one or two facilitator trainees to lead the next discussion.

#### B. Practice of Facilitator Techniques

As the group works through the module, assign facilitator trainees to lead each discussion and to participate in the final role-play. Allow a little extra time to prepare if needed. (The rest of the group can continue working individually while they prepare.)

\_\_\_\_\_ Discussion following Exercise B ([pages 56](#) of the *Facilitator Guide*).

\_\_\_\_\_ Discussion following Exercise C ([page 56–57](#) of the *Facilitator Guide*).

\_\_\_\_\_ Discussion following Exercise D (page 57 of the *Facilitator Guide*).

\_\_\_\_\_ Role-play, Exercise E (pages 58–61 of the *Facilitator Guide*). Assign six roles:

- \_\_\_\_\_ Clinician in charge
- \_\_\_\_\_ Senior nurse (morning)/matron
- \_\_\_\_\_ Senior nurse (afternoon, evening)
- \_\_\_\_\_ Night nurse
- \_\_\_\_\_ Home-craft worker
- \_\_\_\_\_ Hospital administrator

\_\_\_\_\_ Section 11, Summary of the module (page 62 of the *Facilitator Guide*).

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 item #9 on the procedures table (described on page 54 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 monitoring checklists: ‘Supportive Supervision Checklist’ or the ‘Quality Improvement Checklist’ (decide to use one or the other, or both; if both, discuss their usefulness or appropriateness), the group should discuss the results upon returning to the classroom. If they do not 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 for another role-play of a problem-solving session like the one done in Exercise E.

Explain that item #10 on the procedures table (described on page 54 of the *Facilitator Guide*) will need particular attention. Participants will have to be sure that they completely understand the use of the monthly report. Exercise F will be useful to practise filling in a monthly report and interpreting performance.

## Assignments for the Next Day

Assign all of **Module 7. Involving Mothers in Care**, to be done as homework. This is a brief module, and facilitator trainees should be able to read it quickly. Since they have practised most facilitator techniques extensively at this point, they should focus on only two in this module: conducting video activities and role-plays.

Referring to your Facilitator Practice Assessment Grid in Annex G of the Course Director’s Guide assign participants to practise the following. (Only selected exercises are listed.)

\_\_\_\_\_ Introduction of the module (page 64–65 of the *Facilitator Guide*).

\_\_\_\_\_ Exercise B, Role-plays 1 and 2 (pages 65–66 of the *Facilitator Guide*). Assign roles:

- \_\_\_\_\_ Role-play 1 Bossy nurse
- \_\_\_\_\_ Role-play 1 Mother
- \_\_\_\_\_ Role-play 2 Nice nurse
- \_\_\_\_\_ Role-play 2 Mother

\_\_\_\_\_ Video: Teaching mothers about home feeding and discussion, Exercise C (pages 66 of the *Facilitator Guide*).



\_\_\_\_\_ Video: Malnutrition and mental development (page 67 of the *Facilitator Guide*).

\_\_\_\_\_ Exercise D, Role-play (pages 67–69 of the *Facilitator Guide*).

\_\_\_\_\_ Nurse

\_\_\_\_\_ Mother

\_\_\_\_\_ Summary of the module (page 69 of the *Facilitator Guide*).

Give role-play facilitator trainees copies of their role-play descriptions. Give the nurse for the Exercise D role-play a completed discharge card. Point out to facilitator trainees the preparations that you have made for the role-play. For example, you assigned roles and distributed role-play descriptions and you prepared a discharge card for use in Exercise D. You will also find some objects, such as a basin and wrapped-up towel to be used as a baby (or some creative substitution) helpful. Facilitator trainees will need to make these arrangements during the Case Management Training.

### **Notes for Course Director on Preparations for the Next Day**

Have objects ready for role-plays.

Be ready to distribute a final schedule for the Case Management Training and Clinical Sessions for the next day. If you have not already done so, plan which facilitators will work together as co-facilitators during the Case Management Training.

Plan which classroom will be used by each small group/pair of facilitators. Ensure that the Case Management Training materials will be available to set up the classrooms tomorrow.



## Facilitator Day 4

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*This is the last day of Facilitator Training. After completing the last module, facilitator trainees will need time to set up their classrooms and fill in an ‘End of Training Evaluation’ of the Facilitator Training. They also will need to familiarise themselves with the ‘Pre/Post-Course Test’ questions for the participants.*

### Module 7: Involving Mothers in Care

#### A. Introducing Module 7

Facilitator trainees should have completed the module the night before. Ask the assigned facilitator trainee to introduce the module.

Point out the procedures table on [page 63](#) of the *Facilitator Guide* and emphasise that participants will do them in this order during the Case Management Training.

#### B. Practice of Facilitators Techniques

Have facilitator trainees practise 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 Case Management Training. Between practices, refer to the next steps in the procedures table on [page 63](#) of the *Facilitator Guide*, so that facilitator trainees stay aware of the order of events that they will follow during the Case Management Training. 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 Case Management Training.

Explain that Exercise E is optional; if many participants are from hospitals where early discharge will be common, include this discussion.

#### C. Facilitator Techniques: Review

Facilitator trainees now have practised all of the techniques that they will use in the Case Management Training. Ask them to read [pages 71–76](#) of the *Facilitator Guide*. These pages describe ways to motivate 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 Case Management Training begins.*)

While the group is reading, review the section called ‘Performance Criteria for Facilitators’ on [pages 45–46](#) of this guide. These are the criteria that you will use when supervising, monitoring and giving feedback to facilitators during the Case Management Training. Draw a star next to 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 facilitator trainees whether they would like to discuss any problems that they think might occur in the Case Management Training. 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 Case Management Training.

### Practical Arrangements for the Case Management Training

If you have not already done so, announce assignments of facilitator pairs who will work together during the Case Management Training. Give facilitators the written schedule for the Case Management Training and the schedule for the 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 registration form and a pre- and post-course test form for each participant in their group. Remind facilitators to discuss with their co-facilitator how they will divide the work for the first few sessions.

Remind facilitators that a presentation on overview of CMAM will be given to all participants at the opening session and that course materials will be distributed in each small group gradually. Facilitators will be given a copy of the post-test and end of training evaluations at the end of the Case Management Training to distribute to participants.

Tell facilitators which classrooms they will use. Tell them when and where they can obtain the course materials and stationery 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 course materials
- Arrange a place for individual feedback and support

Tell facilitators whom to contact if they need extra supplies, materials or stationery during the Case Management Training.

Remind facilitators where the laptop computer, digital projector and any other shared equipment will be during the Case Management Training. Inform them of any problems with the electrical supply that could affect when to show the video.

Ask whether facilitators have any questions about practical arrangements.

## 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, identify any problems and 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 that 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 emphasised in modules, remind facilitators of group activities, discuss any modifications that 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 Case Management Training). Ask facilitators to suggest ways, times and places that such informal discussions could take place.

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

Ask facilitators to fill in an end-of-training evaluation before leaving the training site.

## Part 4: Responsibilities of the Course Director during the Case Management Training

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### Suggestions for Opening Remarks to Case Management Training 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 Case Management Training in their small groups. Your remarks should be on a general scale, perhaps focusing on the importance of the Case Management Training 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 Case Management Training and Further Plans for Use of the Case Management Training
- C. Key Characteristics of the Case Management Training
  1. This Case Management Training may be rather different from many you have attended in that you will actually practise 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. The Case Management Training 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 and so on.

### Supervision of Facilitators

#### A. Observe Facilitators at Work

1. Visit each group in their classrooms each day. Also observe one or two clinical sessions each day.
2. When observing facilitators, refer to the 'Performance Criteria for Facilitators' below ([pages 45–46](#)). Use the appropriate section(s) of the list for the activity that is underway when you visit the group. For example, if they are having a group discussion, refer to the section titled 'Facilitator Technique: Leading a Discussion'. Also refer to the section titled 'Facilitator Technique: Working with a Co-facilitator'.

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 on 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/her in front of his/her group.

3. On the first day of the Case Management Training, 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.

Ensure that the facilitators are mentioning all the major points of each module specified in the *Facilitator Guide*.

4. 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.

## 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 organised way (each facilitator has a role in the exercise, discussion, presentation and so on.)
  - b. Is flexible and able to adjust role as needed
  - c. Is polite and respectful when adding comments or making suggestions while his/her partner is leading
  - d. When leading, invites his/her partner to participate by adding comments or an opinion
- 2. Facilitator Technique: Introducing a Module**
  - 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/her answers
  - c. Encourages and reinforces participant's efforts
  - d. Helps participant to understand any errors; gives clear explanations
  - e. Refers to the job aids 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. Knows the system how to show the video and starts the video at the right spot
  - b. Directs the exercise in an organised 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
  - b. Involves all participants in the discussion
  - c. Reinforces participants by thanking them for comments, praising good ideas and so on.
  - d. Handles incorrect or off-the-subject comments from participants tactfully
  - e. Asks questions to keep the discussion active and on track

- f. Responds adequately to unexpected questions; offers to seek answers if not known
- g. Records ideas on the flipchart in a clear, useful manner
- h. Includes points listed in the *Facilitator Guide*
- i. At the end of the discussion, summarises 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: Co-ordinating 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
- b. Clearly introduces role-play by explaining the purpose, the situation being enacted, background information and the roles being played
- c. Interrupts only if players are having tremendous difficulty or have strayed from the purpose of the role-play
- d. 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: Adapting for Nurses and Nutritionists**

- a. Uses suggestions in shaded boxes in the *Facilitator Guide*
- b. Gives enough extra explanation but not too much
- c. Is not condescending

**10. Facilitator Technique: Summarising the Module**

- a. Keeps summary brief and clear
- b. Includes the major points to be remembered from the module

## B. 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 each meeting by asking a facilitator from each group to describe progress made by his/her group, to identify any problems impeding progress and to identify any skill or any section of the modules that 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 that the facilitators 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 that 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 that 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).
  - b. 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.
  - c. 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 Case Management Training, explain this. If unsure of the answer to a question, offer to ask someone else and then come back later with an explanation.
  - d. Interact informally with participants outside of scheduled class meetings.
  - e. 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 emphasise 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 and so on.).

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

## Supervision of the Clinical Instructor

During the Case Management Training, 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. During these visits, 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/her feedback on his/her technique.

## Collection of Data during the Case Management Training

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

- Registration Form (Annex F)** – completed by participants at registration on the first morning of the Case Management Training.
- Summary Participant List (Annex F)** – partly completed on the basis of registration data and partly by facilitators as they work with the participants during the Case Management Training. Also includes information on the level of difficulty that participants have in reading the modules. This information can be useful in planning future Case Management Training courses.
- Pre- and Post-Course Test of the Case Management Training (Annex I)** – evaluation of knowledge and skills of participants is completed at the beginning and at the end of the Case Management Training. This information is useful to evaluate the quality of the Case Management Training, the level of knowledge of participants and their improvement, at the end of the Case Management Training.
- End of Training Evaluations (Annex J)**
- Course Director Summary – Report Outline (Annex K)** – completed by the Course Director at the end of the Case Management Training. Includes information on the total numbers of participants and facilitators, modules completed by each group, hours devoted to clinical sessions, number of patients seen and so on. All of this information is useful for monitoring numbers of facilitators and participants trained, selecting future training sites (based on adequacy of caseload) and ensuring that the Case Management Training 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 training courses.



## Pre- and Post-Course Test

Facilitators will assist the Course Director to conduct a pre- and post-course test of the Case Management Training provided in **Annex I**. A summary of test results will be developed to provide an indication of the participant's individual and group progress made in knowledge of the subject matter and on the overall performance of the training course, including performances of the Course Director, the clinical instructor and facilitators, the course materials and the course methods.

An impact evaluation specifically of the training or in general of the overall capacity strengthening strategy should be conducted after some time, and is advisable for assessing the impact of the training and further developing or refining the capacity strengthening strategy to the needs of different audiences and for improving overall quality of care.

## End of Training Evaluations

You may wish to use an evaluation questionnaire to determine participants' opinions at the conclusion of the Facilitator Training and Case Management Training. Sample evaluation questionnaires are provided in **Annex J**. Review and revise these questionnaires as necessary to ensure that it is appropriate for evaluating the Facilitator Training and Case Management Training as they have been conducted.

You may wish to add or delete specific questions. If you make such revisions, remember: keep the questionnaire as short as possible and include questions only if you will use the responses for a specific purpose, for example, to plan future training courses or to evaluate the helpfulness of a particular activity.

## Closing Session

1. Prepare and give a brief summary of the Case Management Training. The summary may include a review of the learning objectives from the beginning of each module and any important points that might have been raised during the Case Management Training.
2. Explain that participants should try to begin using the case management process taught in this Case Management Training 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, e-mail contacts and so on.
3. Present training course photos and certificates to the participants and facilitators and congratulate them on their hard work.



## Annex A: Sample Letter to Institutions to Nominate Candidates for Facilitator and Case Management Training and Information Sheet

---

[Show on appropriate letterhead.

Use the locally appropriate format for addressee and date header]

Dear [ ]:

On behalf of the Ministry of Health, I request your office to nominate candidates for facilitators and participants in the upcoming Case Management Training entitled *Training Course on Inpatient Management of Severe Acute Malnutrition*, offered under the auspices of the MOH. Facilitator Training will be held [dates], followed by Case Management Training from [dates], at [location] in [city]. We are pleased to offer clinical practice as part of these training programmes, in collaboration with [name] Hospital in [location]. Nominations are due on [date] to [name and address]. Details are given below and in the attached information sheet.

As you know, improving case management for infants and children with severe acute malnutrition is of paramount importance for the Ministry of Health in Malawi. This training is being offered to help ensure that clinicians, nurses, nutritionists and dieticians have opportunities to improve the quality of the care they give, in turn strengthening the hospitals and health facilities they represent.

You may nominate up to [number] candidates to receive Facilitator Training. From the lists of nominees from invited institutions and offices, a final short list of [number] facilitator trainees will be selected. Candidates may be clinicians or senior nurses with experience show currently treat children with SAM. Facilitator nominees must be available to take the 4-day Facilitator Training and the 6-day Case Management Training that follows, which the trained facilitators will ultimately teach.

For the Case Management Training, you may nominate up to [number] candidates. Potential participants may be nurses, nutritionists, dieticians or others who are directly involved in the care of infants and children with SAM. All nominees must be able to stay for the entire 6-day training.

Further criteria for candidates are on the attached sheet. All facilitators and participants who successfully finish the Facilitator Training and Case Management Training will receive a certificate of completion.

[You should include a short paragraph explaining 1) when nominations are due, to whom, and the address, 2) by what date you expect to announce those selected and that the nominating institution will be notified as well as the successful nominee, 3) whether the MOH (or other donor) is supporting this effort financial or whether the nominating institution has to bear some cost and what this will cover, 4) literacy and language requirements to be able to take the training.]

Thank you for your attention in this important opportunity. We look forward to receiving a list of candidates from your institution. Please feel free to contact me if you have further questions.

Sincerely,

[Name]

## Facilitator Training and Training Course on Inpatient Management of Severe Acute Malnutrition

*Training Course on Inpatient Management of Severe Acute Malnutrition* offers clinicians, nurses, nutritionists and dieticians the opportunity to enhance their knowledge and strengthen their skills in the important work of inpatient management of severe acute malnutrition (SAM) in infants and children, a priority area of the Malawi Ministry of Health. Below you will find details of the upcoming course, and criteria for nominating both potential facilitators for the Facilitator Training course and potential participants for Case Management Training.

### Facilitator Training

Course dates: [dates]—4-day course plus a day of rest

Course location: [location]

Clinical practice: [hospital name]

### Criteria for Nominating Facilitators (nominate up to X candidates)

- Current clinician or senior nurse
- Currently works in management of acute malnutrition in infants and children
- Has good communication skills; works well with staff and with children and their caregivers and can explain information clearly
- Is able to take a course in [language] as the language of instruction; helpful to speak [languages] for instructing participants in Case Management Training
- Must be able to attend both the Facilitator Training and the Case Management Training that follows it

Nominations are due [date] to [person and address]. Up to [number] of facilitator trainees will be selected for the course. Candidates selected will be notified. Those who complete the course successfully and assist in teaching the Case Management Training that follows will received a certificate of completion from the [MOH?].

### Case Management Training (*Training Course on Inpatient Management of Severe Acute Malnutrition*)

Course dates: [dates]

Course location: [location]

Clinical practice: [hospital name]

### Criteria for Nominating Participants for Case Management Training (up to X candidates)

- May be clinicians, nurses, nutritionists or dieticians who are new to treating children with SAM
- May be clinicians, nurses, nutritionists or dieticians with some experience who wish to enhance their knowledge and skills in treating children with SAM
- Have good communication skills, especially with children and their caregivers

Nominations are due [date] to [name and address]. Up to X participants will be selected and will be notified directly of their acceptance. Those who complete the course successfully will received a certificate of completion from the [MOH?].

## Annex B: Sample Letter to Selected Candidates for Facilitator and Case Management Training and Information Sheet

---

[Show on appropriate letterhead.]

Use the locally appropriate format for addressee and date header]

Dear [ ]:

On behalf of the Ministry of Health, it is my pleasure to announce that you have been nominated and selected as a participant in [state either Facilitator Training or Case Management Training] for the upcoming Case Management Training entitled *Training Course on Inpatient Management of Severe Acute Malnutrition*, offered under the auspices of the MOH. Facilitator Training will be held [dates], followed by Case Management Training from [dates], at [location] in [city]. We are pleased to offer clinical practice as part of these training programmes, in collaboration with [name] Hospital in [location]. Details are given below and in the attached information sheet.

As you know, improving case management for infants and children with severe acute malnutrition is of paramount importance for the Ministry of Health in Malawi. This training is being offered to help ensure that clinicians, nurses, nutritionists and dieticians have opportunities to improve the quality of the care they give, in turn strengthening the hospitals and health facilities they represent.

[For facilitator trainees: Facilitator trainees must be available to take the 4-day Facilitator Training and the 6-day Case Management Training that follows, which the trained facilitators will ultimately teach.

[For case management participants: Participants in the 6-day Case Management Training must be able to stay for the duration of the course.]

Further information for [facilitator trainees/participants] is on the attached sheet. All those who successfully finish the Facilitator Training and Case Management Training will receive a certificate of completion.

[You should include a short paragraph explaining financial arrangements—whether the MOH (or other donor) is supporting this effort financial or whether the nominating institution has to bear some cost and what this will cover and per diem. State the language requirements the appropriate training.]

Again, congratulations on your selection. Please feel free to contact me if you have further questions.

Sincerely,

[Name]

## Facilitator Training and Training Course on Inpatient Management of Severe Acute Malnutrition

*Training Course on Inpatient Management of Severe Acute Malnutrition* offers clinicians, nurses, nutritionists and dieticians the opportunity to enhance their knowledge and strengthen their skills in the important work of inpatient management of severe acute malnutrition (SAM) in infants and children, a priority area of the Malawi Ministry of Health. Below you will find details of the [Facilitator Training/Case Management Training].

### Facilitator Training

Course dates: [dates]—4-day course plus a day of rest

Course location: [location]

Clinical practice: [hospital name]

[List anything any additional information the facilitator trainee should know about travel arrangements, per diem or other financing, language used for the course, any other important information.]

### Case Management Training (*Training Course on Inpatient Management of Severe Acute Malnutrition*)

Course dates: [dates]

Course location: [location]

Clinical practice: [hospital name]

[List anything any additional information the case management participants should know about travel arrangements, per diem or other financing, language used for the course, any other important information.]

## Annex C: Scheduling Clinical Sessions

### Clinical Sessions Schedule

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>GROUP A</b>		14 <sup>th</sup> November, 2016	15 <sup>th</sup> November, 2016	16 <sup>th</sup> November, 2016	17 <sup>th</sup> November, 2016	18 <sup>th</sup> November, 2016	19 <sup>th</sup> November, 2016
	<b>WARD</b>	11.00 – 12.00	14.00 – 15.30	11.00 – 12.30	14.00 – 15.30	14.00 – 15.00	11.00 – 12.30
		Tour of the ward	Clinical signs and <i>Measuring MUAC &amp; Weight</i>	Initial Management – <i>CCP Chart</i> Feeding: F-75	Initial Management and Feeding: F-75, Transition to RUTF/F-100	Daily Care, Assessment for Outpatient Treatment: Criteria for Early Discharge	Referral to OTP/Discharge Procedure
	<b>KITCHEN</b>		16.30 – 17.15	15.00 – 16.00		08.30 – 09.30	
			Preparation of ReSoMal	Preparation of F-75, F100 Show RUTF		Visit to OTP Clinic	
	<b>VIDEO</b>	14.00 – 14.30	11.00 – 11.30				12.00 – 13.00
	<i>Transformations</i>	<i>Emergency Care</i>				Nutritional advice; play	
<b>GROUP B</b>	<b>WARD</b>	12.00 – 13.00	11.00 – 12.30	14.00 – 15.30	15.30 – 17.00	15.00 – 16.00	
		Tour of the ward	Clinical Signs and <i>Measuring MUAC &amp; Weight</i>	Initial Management – <i>CCP Chart</i> Feeding: F-75	Initial Management and Feeding: F-75, Transition to RUTF/ F-100	Daily Care, Assessment for Outpatient Treatment: Criteria for Early Discharge	
	<b>KITCHEN</b>		14.30 – 15.15	10.00 – 11.00		09.30 – 10.30	
			Preparation of ReSoMal	Preparation of F-75, F-100 show RUTF		Visit to OTP Clinic	
	<b>VIDEO</b>	14.00 – 14.30	11.00 – 11.30				12.00 - 13.00
		<i>Transformations</i>	<i>Emergency Care</i>				Nutritional advice; play

#### Schedule for Clinical, Kitchen and Video Sessions

\*\* VIDEO SESSIONS: all groups to watch together

\*\*FRIDAY 18<sup>th</sup> November, EACH GROUP VISIT THE OTP CLINIC at the times indicated in the schedule

## Objectives for Clinical Sessions

Clinical practice is an essential part of the *Training Course on Inpatient Management of Severe Acute Malnutrition*. Clinical sessions are led by the clinical instructor in the NRU each day of the Case Management Training. The focus of the clinical sessions is to see and participate in the management of SAM in children, following the procedures described in the CMAM Guidelines 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 modules before practising those skills in a clinical session.

### Day 1: Tour of Ward, Clinical Signs and Anthropometric Measurements

- Observe the admissions area, emergency room, outpatient department (OPD)
- Observe how the NRU or area is organised
- Observe the kitchen area
- Observe any special areas for play, health and nutrition counselling and so on.
- Observe children with clinical signs of SAM
- Look for signs of medical complications
- Measure mid-upper arm circumference (MUAC)
- Measure weight, length and height
- Look up weight-for-height (WFH) z-scores classification
- Test appetite with RUTF of children who are clinically well and alert
- Identify children with SAM, review admission criteria and discuss treatment in inpatient care or outpatient care

### Day 2: Initial Management

- Observe initial management of children with SAM
- Identify emergency signs of SAM: hypoglycaemia, hypothermia, pneumonia, lethargy, unconsciousness, shock, blinding eye signs, severe anaemia, dehydration and other common infections such as urinary tract infections, malaria and so on.
- Practise using dextrostix
- Practise filling out a Treatment Card during initial management
- Assist in conducting initial management, if feasible, such as:
  - Taking temperature, respiratory rate, pulse rate
  - Giving bolus of glucose for hypoglycaemia
  - Warming the child

### Day 3: Initial Management (continued)

- Observe and/or assist in treatment of shock:
  - Identifying signs of shock in a child with SAM
  - Measuring and giving IV fluids
  - Monitoring a child on IV fluids
- Observe and/or assist in the treatment of dehydration:
  - Identifying signs of dehydration in a child with SAM
  - Measuring and giving Rehydration Solution for Malnutrition (ReSoMal)
  - Monitoring a child on ReSoMal
- Determine antibiotics and dosages

### Day 4: Feeding

- Prepare F-75, F-100, F-100-Diluted or infant formula, and ReSoMal, and learn the contents of RUTF
- Observe health workers measuring and giving feeds: Practise measuring the therapeutic food amounts.
- Determine whether child has regained appetite and is ready for transition
- Practise feeding by nasogastric (NG) tube
- Practise feeding by cup
- Practise feeding by supplemental suckling technique
- Review food intake, record feeds on 24-Hour Food Intake Chart, and plan feeds for the next day
- Determine whether child and/or non-breastfed infant less than 6 months has regained appetite and is ready for transition

### Day 5: Daily Care and Monitoring Quality Care and OTP

- Keep Treatment Cards on children observed and cared for, and complete recording during practice
- Participate in daily care tasks, as feasible:
  - Measure pulse rate, respiratory rate and temperature
  - Administer eye drops, antibiotics, other drugs and supplements, change eye bandages and so on.
  - Weigh the child
  - Observe and assist with bathing children
- Assist with feeding (continued practice)
- Discuss progress and response, or failure, to treatment
- Determine whether child and infant less than 6 months are ready for discharge to continue treatment in outpatient care or at end of treatment

- Practise the preparation for discharge from hospital and transfer to outpatient care to continue treatment until full recovery, or for discharge from hospital at the end of treatment when fully recovered
- Monitor quality of care using checklists and discuss steps for quality improvement
- Practise filling monthly reporting sheets and assess performance
- Observe a clinic session for the Outpatient Therapeutic Programme (OTP). The objectives for OTP session are:
  - Practice taking weight, height, MUAC, assessing for bilateral pitting oedema, and conducting an appetite test
  - Observe the nurse or clinician conducting clinical assessment for medical complications; and administering appropriate treatment according to the OTP Action Protocol outlined in the CMAM Guidelines
  - Using admission criteria charts, participants should determine where the child should be managed
  - Observe transfer protocol between outpatient care and inpatient care

### Additional Objectives

- Observe a health and nutrition counselling session
- Observe a cooking session
- Observe a play session



## Annex D: Schedule for the Facilitator Training

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An illustrative schedule for the Facilitator Training is provided on the [next page](#).

When adapting this schedule, keep the following points in mind:

1. The schedule is 4 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, some additional time may be needed for transportation to clinical sessions.
2. Facilitator training is critical to the success of the training effort. The 4-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 Case Management Training before, extensive homework will be required each night. Even if facilitators have taken the Case Management Training previously as participants, some homework will be needed.
4. The third day should include 2 hours of clinical session. (Clinical sessions should be scheduled at the time of day when most patients arrive, usually in the morning.) Facilitators may wish to see the ward 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 Case Management Training.
5. The schedule includes time for discussion of facilitator techniques, such as individual feedback, leading discussions and so on.
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 module. If work takes too long, extra homework can be assigned, or some activities delayed until the next day.
7. Reserve time on the last day for such arrangements as discussion of the schedule for the Case Management Training, assignments of classrooms and distribution of instructional materials and supplies.
8. Before the end of the Facilitator Training, assign pairs of facilitators to work together and designate classrooms. This will allow the facilitator pairs time to get organised in their rooms and plan how they will work together.
9. There should be at least 1 complete day off prior to the Case Management Training to allow facilitators to rest.

## Example of Facilitator Training Schedule

### Facilitator Day 1\*

<b>FACILITATOR DAY 1: 8<sup>th</sup> November, 2016</b>	
<b>Activity</b>	<b>Time</b>
<b>1. Opening session</b> A. Introductions B. Administrative tasks C. Review of purpose of the course	<b>30 minutes</b>
<b>2. Introduction to facilitator training</b> A. Context of facilitator training B. Materials needed C. Objectives of facilitator training D. Teaching methods E. Schedule for facilitator training F. Introduction to <i>Facilitator Guide</i>	<b>45 minutes</b>
<b>3. Module: <i>Introduction</i></b> A. Review and demonstration B. Facilitator Techniques: Working with a co-facilitator	<b>15 minutes</b>
<b>4. Module: <i>Principles of Care</i></b> A. Facilitator Techniques: Introducing a module B. Read and work on module C. Facilitator Techniques: Leading a discussion D. Read and work on module E. Facilitator Techniques: Adapting for nurses' groups F. Facilitator Techniques: Individual feedback G. Read and work on module, practice group discussion H. Facilitator Techniques: Oral drills I. Read and short answer exercises J. Facilitator Techniques: Video activity K. Facilitator Techniques: Summarising a module	<b>4 hours</b>
<b>5. Module: <i>Initial Management</i></b> A. Reading and practice introducing module B. Facilitator techniques: Conducting a demonstration	<b>1.5 hours</b>
<b>6. Assignments for the next day</b> <ul style="list-style-type: none"> <li>• Read and do exercises in <i>Initial Management module</i></li> <li>• Read corresponding facilitator guidelines</li> <li>• Prepare for assigned activities</li> </ul>	

\* If time allows, and if desired, a tour of the ward may be added to the first day.

## Facilitator Day 2

FACILITATOR DAY 2: 9 <sup>th</sup> November, 2016	
Activity	Time
<b>1. Continuation of Module: <i>Initial Management</i></b> A. Practice of facilitator techniques B. Facilitator Techniques: Coordinating role plays	<b>3 hours</b>
<b>2. Module: <i>Feeding</i></b> A. Introduction and Exercise A, preparing F-75 and F-100 B. Facilitator Techniques: While participants are working C. Read/work through Exercise B; practice of facilitator techniques D. Read/work through end of module; practice of facilitator techniques	<b>4 hours</b>
<b>3. Assignments for the next day</b> <ul style="list-style-type: none"> <li>• Read and do exercises in <i>Daily Care</i> Module</li> <li>• Read and corresponding facilitator guidelines</li> <li>• Prepare for assigned activities</li> </ul>	

## Facilitator Day 3

FACILITATOR DAY 3: 10 <sup>th</sup> November, 2016	
Activity	Time
<b>Clinical practice session</b>	<b>2 hours</b>
<b>1. Module: <i>Daily Care</i></b> A. Introduction of module, discussion of questions B. Practice of facilitator techniques	<b>1.5 hours</b>
<b>2. Module: <i>Monitoring and Problem Solving</i></b> A. Introduction and work on the module B. Practice of facilitator techniques	<b>3.5 hours</b>
<b>3. Assignments for the next day</b> <ul style="list-style-type: none"> <li>• Read and do exercises in <i>Involving Mothers in Care</i></li> <li>• Read corresponding facilitator guidelines</li> <li>• Prepare for assigned activities</li> </ul>	

## Facilitator Day 4

FACILITATOR DAY 4: 11 <sup>th</sup> November, 2016	
Activity	Time
<b>1. Module: <i>Involving Mothers in Care</i></b> A. Introduction of module B. Practice of facilitator techniques C. Facilitator Techniques: Review	<b>3 hours</b>
<b>2. Practical arrangements for the course</b>	<b>2 hours</b>
<b>3. Closing remarks to facilitators</b>	
<b>4. Co-facilitators discuss plans for first day; set up classroom if possible</b>	<b>2 hours</b>

## Annex E: Schedule for the Case Management Training

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An illustrative 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 completing modules, but should rather indicate general time frames. You will, however, need to list specific times for beginning and ending the day, tea breaks and lunch.
2. Seven half days of work are required for the participants to complete the modules and clinical sessions. The half day is scheduled in the middle of the Case Management Training to allow some flexible time for catching up, extra clinical sessions or planning exercises with hospital groups. The rest of this half day should be reserved for participants to rest, review and do personal errands.
3. The schedule includes 7 working hours on every day except the middle half day. It is assumed that 1–1½ additional hours will be used for lunch and tea breaks each day. If time is required for transportation to and from Case Management Training, this transition time will add to the length of each day.
4. Every full day includes clinical sessions. It will occur at different times each day.
5. It is helpful to schedule a time apart from regular training hours when at least one facilitator is available to discuss any problems or questions.
6. Homework on exercises is not recommended for participants. The coursework during the Case Management Training is tiring, so participants should not be asked to do additional work in the evenings.

## Example of Case Management Training Schedule

DATE	ACTIVITY	TIME
<b>Monday:</b> <b>14<sup>th</sup> November, 2016</b> <b>09.30 – 17.30 hrs</b>	Registration Module: <i>Introduction+ updates</i> Module: <i>Principles of Care</i> Video: <i>Transformations</i> Ward: Tour of the ward	5 hours
<b>Tuesday:</b> <b>15<sup>th</sup> November, 2016</b> <b>08.30 – 17.30</b>	Module: <i>Initial Management</i> Video: <i>Emergency Care</i> Kitchen: Making ReSoMal Ward: Clinical signs, measuring MUAC, weighing children	7 hours
<b>Wednesday:</b> <b>15<sup>th</sup> November, 2016</b> <b>08.30 – 17.30</b>	Module: <i>Initial Management</i> Module: <i>Feeding</i> Kitchen: Making F-75/F-100. Discuss RUTF Ward: Initial Management – CCP Chart, including MUAC assessment. Feeding on F-75	7 hours
<b>Thursday:</b> <b>16<sup>th</sup> November, 2016</b> <b>08.30 – 17.30</b>	Module: <i>Feeding</i> Module: <i>Daily Care</i> Ward: Initial Management and feeding transition	7 hours
<b>Friday:</b> <b>4<sup>th</sup> September, 2009</b> <b>08.30 – 17.30</b>	<i>Visit to OTP Clinic</i> Module: <i>Daily Care</i> Module: <i>Monitoring and Problem Solving</i> Ward: Monitoring patients on RUTF Use of CCP charts to monitor progress Criteria for <b>early discharge</b>	7 hours
<b>Saturday:</b> <b>5<sup>th</sup> September, 2009</b> <b>08.30 – 16.30</b>	Module: <i>Involving Mothers in Care</i> Video: Teaching mothers about home feeding Malnutrition and mental development  Presentations: <i>Overview of CMAM, Implementing CMAM in Malawi. Monitoring Tools</i> <b>WAY FORWARD</b>	
<b>17.00</b>	<b>CLOSING CEREMONY</b>	6 hours

## Annex F: Training Course Registration Form

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### Registration Form

Facilitator Training/Case Management Training (Circle)

Please print clearly.

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

E-mail address: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Name and location  
of hospital  
where you work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your hospital have an NRU? If not, where are children with SAM treated?

What is your current work position or job title?

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

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

**Summary Participant List**

**Facilitator Training/Case Management Training**

Name	E-mail address/Mobile phone	Position	Hospital/ Institution	If linked to a hospital, has NRU? (Yes, No)	Degree of difficulty reading modules	Other comments



## Annex G: Facilitator Practice Assessment Grid

*(Enter the name of the module and the exercise in which each facilitator trainee practises each skill.)*

<b>Name of Facilitator Trainee</b>	<b>1. Individual Feedback</b>	<b>2. Module Introduction</b>	<b>3. Demonstration</b>	<b>4. Group Discussion</b>	<b>5. Video Activity</b>	<b>6. Role-Play Actor</b>	<b>7. Oral Drill</b>	<b>8. Module Summary</b>


## Annex H: Facilitator Meetings Report

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### Daily Facilitator Meeting Report

**Group:**

**Name of facilitator:**

		Comments
Start Time		
End Time		

**Reading:**

	Reading (Time)	Module	Page	Comments
Start				
End				

**Suggestions for improvements:**

**Performance of participants throughout the day (Please put a tick where you see fit)**

No.	Name	Poor	Average	Good	Excellent
a)					
b)					
c)					
d)					
e)					
f)					
g)					
h)					
i)					
j)					

**Comment:**

**Clinical Session:**

	Time	Comments
To Hospital		
Return back		

**Issues to be raised in the meeting**

Module	Page	Comments

**Suggestions:**

**Logistics:**

**Other comments:**

# Annex I: Pre- and Post-Course Test of the Case Management Training

Name Trainee: \_\_\_\_\_ Mark: \_\_\_\_\_/10 Date: \_\_\_\_\_

- Choose the best definition of severe acute malnutrition (SAM) for children 6–59 months (Circle) (1 point)
  - k) Form of malnutrition characterised by severe abnormal weight-for-height and/or bilateral pitting oedema
  - l) Form of malnutrition characterised by thinness and/or bilateral pitting oedema
  - m) Form of malnutrition characterised by severe thinness and/or bilateral pitting oedema ---YES
  - n) Form of malnutrition characterised by low weight and/or bilateral pitting oedema
  - o) Form of malnutrition characterised by very low weight and/or bilateral pitting oedema

- Which one of the following signs may be present in a child with severe wasting? (Write Yes or No) (1 point in total; 0.10 point for each correct answer)

	Yes/No
Loose skin on the arm	Y
Corneal clouding	N
Sunken eyes	Y
Swollen legs	N
Small head	N
Skin discoloration	N
Smiling face	N
Baggy pants (loose skin on buttocks)	Y
Big head	N
Visible ribs	Y

- What is the currently recommended cut-off mid-upper arm circumference (MUAC) for SAM diagnosis in children 6–59 month? (Write Yes or No) (1 point in total; 0.20 points for each correct answer)

	Yes/No
-3 z-score MUAC-for-age	N
-2 z-score MUAC-for-age	N
< 110 mm	N
< 115 mm	Y
< 125 mm	N

- Select in the list below clinical signs in children with SAM requiring an immediate emergency intervention: (Write Yes or No) (1 point in total; 0.10 point for each correct answer)

	Yes/No
Watery stools more than three times a day	N
Lethargy or unconsciousness	Y
Severe palmar pallor	Y
Distension of jugular veins	Y
Corneal ulceration	Y
Dermatosis +++	N
Hypothermia	Y
Poor appetite	N

Oedema ++	N
Enlarged liver	N

5. In the management of SAM where (inpatient care and/or outpatient care) and when (reason) is the following therapeutic product used:

(2 points in total; 0.25 point for each correct answer)

	Where (Inpatient/Outpatient)	When (Reason)
ReSoMal	Inpatient	Oral rehydration
F-75	Inpatient	Diet during stabilisation
RUTF	Inpatient/Outpatient	Diet during transition/rehabilitation
ORS	Inpatient care Outpatient care	Oral rehydration in case of cholera Oral rehydration in case of diarrhoea without dehydration to replace loss of fluid by loose stool
F-100 Diluted	Inpatient care	Nutrition diet of infant < 6 m without oedema
Sugar water	Outpatient care and inpatient care	To prevent hypoglycaemia
F-100	Inpatient care	Transition/rehabilitation
Half-strength Darrow's solution	Inpatient care	IV fluid for rehydration

6. With the information available, decide whether the following children with SAM should be treated at outpatient care (Outpatient) or inpatient care (Inpatient).

(2 points in total; 0.25 point for each correct answer)

	Outpatient/Inpatient
2-year-old, no oedema, MUAC 109 mm, weight-for-height (WFH) < -3 z-score good appetite and no medical complications	Outpatient
Breastfed 4-month-old infant, mother says baby is not sucking well and lost weight during the several last days	Inpatient
3-year-old, no oedema, MUAC 113 mm, not eating well, cough, fever 39.5°C and respiration rate > 45 breaths/minute	Inpatient
2-year-old, oedema (++) , MUAC 108 mm, WFH between -2 and -3 z-score, good appetite, no medical complication, alert	Inpatient
2-year-old, oedema (+), MUAC 116 mm, eats 1/4 of the RUTF packet during appetite test, does not look well	Inpatient
2-year-old, oedema (++) , MUAC 116 mm, eats 1/3 of the RUTF packet during appetite test, alert	Outpatient
4-year-old, no medical complications, eats 1/3 of RUTF during the appetite test, MUAC 119 mm, WFH < -3 z-score	Outpatient
2-year-old, MUAC 114 mm, oedema (++) , good appetite and dermatosis (+++), alert	Inpatient

7. True or False. Briefly explain your choice:

(2 points in total; 0.20 point for each correct answer)

	True or False	Briefly explain your choice:
The role of the community in the management of SAM is not important.	False	Communities need to understand what is SAM and what is the treatment and the need for it, and to be involved in screening for early detection and referral for treatment

ReSoMal should be immediately given to a child with severe wasting, watery diarrhoea, and recent sunken eyes.	True	The child is dehydrated (and without shock).
Iron supplementation is given from the start of treatment of SAM in children directly admitted as outpatients.	True	RUTF contains iron.
In presence of eye signs of vitamin A deficiency, one single dose of vitamin A is given during treatment.	False	3 doses of vitamin A are needed as treatment.
The height is not measured in children below 2 years.	True	Length is measured.
Antibiotics are given to children with SAM only if there is a confirmed infection.	False	All children with SAM receive antibiotic treatment.
IV fluid is given to all children with SAM and confirmed diarrhoea, sunken eyes and dry mouth.	False	Only if child is in shock.
A child with lethargy, cold hands, weak and rapid pulse, or fast breathing should be immediately treated with ReSoMal.	False	Child is in shock and is given IV fluid.
F-100 Diluted can be used during stabilisation for all children with SAM and complications.	False	F-100 Diluted is only used for infants less than 6 months without oedema.
F-100 contains iron.	False	There is no iron in F-100.

**GOOD LUCK and THANK YOU**

## Summary Sheet Pre- and Post-Course Test of the Case Management Training

#	Name participant	Position	Affiliation and origin	Result pre-course test (/10)	Result post-course test (/10)	Difference (+ or -/10)	Comment
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
	<b>Average</b>						



## Annex J: End of Training Evaluations

### Facilitator Training Evaluation [Place, Date]

- For each module or activity listed in the left column, mark the box **Good, Medium, Weak** that you think the facilitator course prepared you well for. Also, please share suggestions for improvement.

	Good	Medium	Weak	Suggested improvements
<i>Module 1. Introduction</i>				
<i>Module 2. Principles of Care</i>				
<i>Module 3. Initial Management</i>				
<i>Module 4. Feeding</i>				
<i>Module 5. Daily Care</i>				
<i>Module 6. Monitoring, Problem Solving and Reporting</i>				
<i>Module 7. Involving Mothers in Care</i>				
<i>Slide Presentation on Orientation</i>				
<i>Video: Anthropometry</i>				
<i>Video: Transformations</i>				
<i>Video: Emergency Treatment</i>				
<i>Video: Home Feeding</i>				
<i>Video: Mental Development</i>				
<i>Photograph exercises</i>				
<i>Clinical sessions</i>				

- Which training methods were useful to practise in the Facilitator Training?

3. Which training methods were not useful to practise in the Facilitator Training?
  
  
  
  
  
  
  
  
  
  
  
4. Are there training methods that need to be added? What are they?
  
  
  
  
  
  
  
  
  
  
  
5. Did you feel you had enough opportunities to develop your own training skills? If not, specify the training method that you missed strengthening during the Facilitator Training.
  
  
  
  
  
  
  
  
  
  
  
6. Overall appreciation for the Facilitator Training?
  
  
  
  
  
  
  
  
  
  
  
7. Overall recommendation for improving the Facilitator Training?
  
  
  
  
  
  
  
  
  
  
  
8. Was the training venue comfortable? Yes / No (Circle)  
Suggestions for improvement:

9. Were the tea and lunch breaks well scheduled and respected? Yes / No (Circle)

Suggestions for improvement:

## Case Management Training Evaluation

[Place, Date]

1. Do you provide care for children with SAM in your job at your hospital? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is your position? Clinician \_\_\_\_\_ Nurse \_\_\_\_\_ Nutritionist \_\_\_\_\_ Home-craft worker \_\_\_\_\_

2. For each module or activity listed in the left column, mark the box that you think best describes it.

	Good	Medium	Weak	Suggested improvements
<i>Module 1. Introduction</i>				
<i>Module 2. Principles of Care</i>				
<i>Module 3. Initial Management</i>				
<i>Module 4. Feeding</i>				
<i>Module 5. Daily Care</i>				
<i>Module 6. Monitoring, Problem Solving and Reporting</i>				
<i>Module 7. Involving Mothers in Care</i>				
<i>Slide Presentation on Orientation</i>				
<i>Video: Anthropometry</i>				
<i>Video: Transformations</i>				
<i>Video: Emergency Treatment</i>				
<i>Video: Teaching about Feeding</i>				
<i>Video: Mental Development</i>				
<i>Photograph exercises</i>				
<i>Clinical Session 1</i>				
<i>Clinical Session 2</i>				
<i>Clinical Session 3</i>				

<i>Clinical Session 4</i>				
<i>Clinical Session 5</i>				
<i>Optional clinical sessions</i>				

3. Which module was most difficult for you? Why?

4. What was good about the Case Management Training?

5. What was not good about the Case Management Training?

6. Are there any skills for managing SAM that you think should be added to the Case Management Training? What are they?

7. Please list any other comments or suggestions for improvement of the Case Management Training.

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 with facilitator			
Photo exercises			
Videos			
Role-plays			
Group discussions			
Oral drills			
Clinical sessions			
Entire clinical training			
Slide presentations			

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

## Annex K: Training Course Report Outline

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### Facilitator Training

Justification

Objectives with place, dates and number of days

Participants summary profile: number, position, affiliation, state and/or hospital of origin

Brief description of activities and/or highlights

Training course materials, brief description. Did each participant receive a copy of all course materials to take home?

Evaluation summary

Overall Course Director comments and observations: Comment on administrative issues, staff attitude and supplies at hospital, problems and how you solved them, constructive suggestions for future courses and so on.

Annex: List of participants and (co-)course directors, training agenda, list of training materials used

### Case Management Training

Justification

Objectives with place, dates and number of days

Participants summary profile: number, position, affiliation, state and/or hospital of origin

Brief description of activities and/or highlights:

Modules completion. Describe.

Organisation of training sub-groups. Describe.

Number and profile of facilitators serving at course, and ratio of facilitators to participants

Organisation of Clinical Sessions. Describe.

Number of clinical sessions conducted; number of hours (per group) devoted to clinical sessions

Training course materials, brief description. Did each participant receive a copy of all course materials to take home?

Evaluation summary

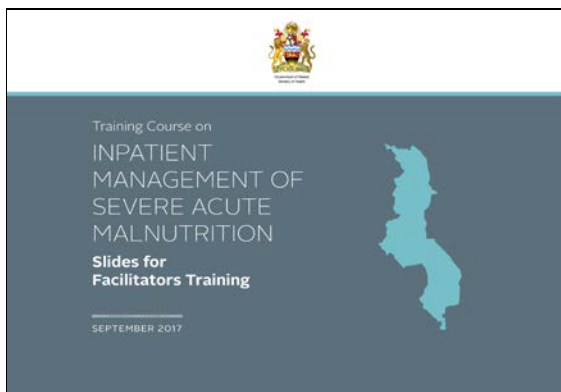
Pre-post test results and interpretation

Overall Course Director comments and observations:

Comment on administrative issues, staff attitude and supplies at hospital, problems and how you solved them, constructive suggestions for future courses and so on.

Annex: List of participants, facilitators and (co-)course directors, training agenda, list of training materials

# Annex L: Facilitators Training Slides



### Training Course on Inpatient Care Management of Severe Acute Malnutrition

- The course teaches procedures in:
  - WHO Manual on Management of Severe Malnutrition: A Manual for Physicians and Other Senior Health Workers
  - Malawi National CMAM Guidelines—2016
- Procedures are shown to reduce case fatality from over 30% to less than 5%.
- Training is for doctors, clinicians, and nurses in hospitals with inpatient care. Nutritionist and dieticians will also benefit from this training.
- The course has been adapted for Malawi and includes latest evidence in the management of SAM.

### Training Course on Inpatient Care Management of Severe Acute Malnutrition

- Participants are doctors, clinicians, nurses, nutritionist, and dieticians who manage children with SAM in inpatient care
- 3–4 facilitators and 12–15 participants
- Facilitators assist participants to learn the procedures
- Facilitator training: 3-1/2 days
- Facilitators work in pairs
- Each pair (or 3 facilitators) assigned a group of about 15 participants

Slide 2

### Materials

- Set of seven modules and Photographs booklet
- Facilitator Guide
- Answer sheets
- Set of four laminated reference cards
- Sample of referral forms from inpatient to outpatient care
- Set of laminated reference cards
- National CMAM Guidelines 2016

### Objectives of Facilitator Training

- Learn the course content
- Practise teaching techniques
- Become familiar with ward and plans for clinical practice
- Learn to work with co-facilitator
- Practise 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 individualised
- Positive motivation is essential if learning is to take place

### Schedule

- Facilitator training is 3-1/2 days
- Course is 6-1/2 days
- Facilitator training will:
  - move quickly through modules
  - focus mainly on teaching techniques
  - include one clinical session

Slide 6

### Duties of a Facilitator

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



### **Facilitator Guide**

- Checklist of instructional materials and supplies (pages 5–6)
- Guidelines for teaching each module:
  - procedures table
  - notes for each step of the procedures
  - grey boxes with special notes for nurses groups
  - blank box at end of section for additional notes
- “Guidelines for all modules” at end of guide
- Answer sheets in separate packet

# Annex M: Orientation on CMAM, National Strategy and Updates in the 2016 CMAM Guidelines



### Presentation Outline

1. History of CMAM in Malawi
2. Policy and Strategic Environment
3. Overview of CMAM: Components and the Continuum of Care
4. Updates in the 2016 CMAM Guidelines

### 1) History of CMAM in Malawi

- 2001**
  - Hunger Crisis
- 2002**
  - CMAM in emergency and operational research in Dowa
  - Research Projects by College of Medicine
- 2003**
  - Scale up to one more district for further operational pilot
  - Local small scale RUTF production

### History of CMAM in Malawi

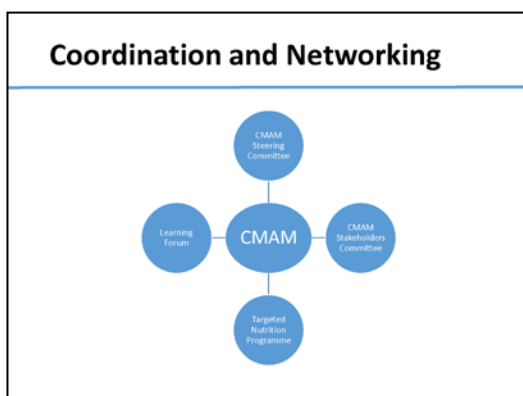
- 2004**
  - CMAM National dissemination workshop
  - More interest generated among DHOs, partners, and NGOs
- 2005**
  - Another food crisis
  - Three additional districts to pilot CMAM
  - Second dissemination and consensus meeting
- 2006**
  - Adopted as a national strategy
  - Integration of CMAM into PHC
  - Formation of the CTC Advisory Service
  - Interim guidelines
  - Intensive advocacy for buy-in within MOH Mgt, DHOs, NGOs, and partners
  - CTC scaled up to 12 districts

### 2) Policy & Strategy Environment

- Political commitment and leadership
- Inclusion of nutrition in National Development policies—MGDS, EHP, ACSD
- Development of guiding operational tools such as National Nutrition Policy and Strategic Plan, CMAM Guidelines, CMAM M & E tools, CMAM Training Manual
- Setting up committees to guide scale up and quality implementation—CMAM Steering Committee, CAS, TNP, CMAM Stakeholders Committee, CMAM Taskforce
- Local Production of RUTF

### Policy & Strategy Environment (continued)

- Partnership in financing CMAM program
  - Procurement of Supplies: MoH, UNICEF, WFP, Irish Aid, CIDA, CHAI
  - Other core CMAM activities: MoH, FANTA, SSDI, UNICEF, WFP, WHO, CHAI
- Coordination
  - CMAM Steering committee, CAS, TNP, CMAM Stakeholders Committee
- Linkages
  - CMAM integrated with other Child Survival Programmes such as IMCI, HTC/ART, IMCI, PMTCT, IYCN



### 3) Overview of CMAM & Rationale

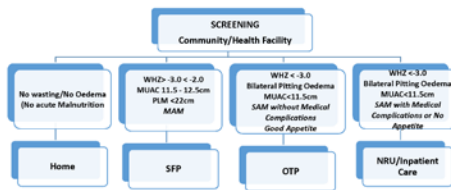
**Advantages of CMAM**

- Decentralised to health centre level
- Active case-finding through volunteers
- Lower caseload in NRU

**Comparison with classical approach**

- Higher coverage
- Acceptable cure, default, and death rates
- Earlier presentation of cases
- Less intensive medical care
- Reduces cross infections
- Care giver not removed from the family

## CMAM Components



## Component of CMAM (2)

2) **Outpatient care** for children with SAM without medical complications at decentralised health facilities and at home

- Initial medical and anthropometry assessment with the start of medical treatment and nutrition rehabilitation with take home ready-to-use therapeutic food (RUTF)
- Weekly or bi-weekly medical and anthropometry assessments monitoring treatment progress
- Continued nutrition rehabilitation with RUTF at home

ESSENTIAL: a good referral system to inpatient care, based on Action Protocol

## Components of CMAM (4)

4) **Services or programmes** for the management of moderate acute malnutrition (MAM)

- Supplementary Feeding

## 4) Highlights of updates in the 2016 CMAM Guidelines

- Low coverage and poor outcomes
- Limited pre-service training and orientation
- Service standards and guidelines
- Global (WHO) and national updates

## Components of CMAM (1)

### 1) Community Outreach

- Community assessment
- Community mobilisation and involvement
- Community outreach workers:
  - Early identification and referral of children with SAM before the onset of serious complications
  - Follow-up home visits for problem cases
- Community outreach to increase access and coverage

## Components of CMAM (3)

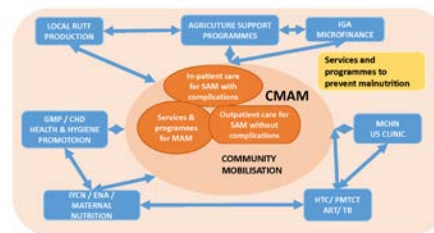
3) **Inpatient care** for children with SAM with medical complications or no appetite

- Child is treated in a hospital to stabilise the medical complication
- Child resumes outpatient care when complications are resolved

ESSENTIAL: A good referral system to outpatient care

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## CMAM Emphasis on Service Linkages



## Admission Criteria

2012 Protocol	WHO 2013 update	Malawi 2016 update
Includes older children >59mo and adolescents.	Older children and adolescents not included or discussed.	The inclusion of older children . 59mo and adolescents has been retained in the revision.
Includes older children and adolescents.	Excluded.	Retained older children and adolescents.
Includes pregnant and lactating women.	Excluded.	Retained pregnant and lactating women.
Did not include a section on infants < 6 mo.	A section has been added to the 2013 WHO guidelines.	Section on infants < 6mo has been added to the new guidelines.
Include use of BMI as admission criteria.	Uses WHZ & MUAC.	BMI dropped from the criteria.

## HIV

Current Protocol	WHO 2013 update	Malawi 2016 update
Does not mention when to start ARTs in children.	All HIV-infected infants and children < 2 yrs should be initiated with ART, irrespective of clinical staging and CD4 count.	<ul style="list-style-type: none"> <li>All HIV positive children should start on ARVs irrespective of staging and CD 4 count (2016 Clinical HIV guidelines).</li> <li>Examine all infants less than 12 months of age with confirmed HIV antibodies for PSHD.</li> <li>All children &lt; 2 yrs who start ART should be referred for a new confirmatory DNA-PCR DBS sample. This can be collected on the day of starting ART.</li> </ul>
	All HIV-infected children > 2 yrs and <5 yrs should be started on lifelong antiretroviral drug treatment based on their CD4 count ( $\leq 750$ cells/mm <sup>3</sup> ) or CD4 percentage ( $\leq 25\%$ ), or if they have WHO clinical staging 3 or 4 (including severe acute malnutrition).	

## HIV & TB

Current Protocol	WHO 2013 update	Malawi 2016 update
Does not guide the health worker on when to suspect TB in HIV infected children .	Children living with HIV who have any one of the following symptoms—poor weight gain, fever, current cough, or contact history with a TB case—may have TB and should be evaluated for TB and other conditions.	This has been added as part of the assessment for treatment failure (in conformity with the 2016 Clinical HIV guidelines).
Does not mention when to start ARTs in HIV infected children.	Children with SAM who are HIV infected and qualify for ART should be started on ART after stabilization of metabolic complications and sepsis (indicated by return of appetite and resolution of severe oedema). (Same ART regimens, and doses, as children with HIV without SAM.)	Added to guidelines in section 5.4 on in-patient treatment page 54. (In conformity with the 2016 Clinical HIV guidelines)

## Micronutrient Supplementation: Vitamin A

Current protocol	WHO 2013 update	Malawi 2016 update
Give high dose vitamin A on admission except in children with oedema—page 73 (Annex 4-2 Routine Medicines for SAM in OTP/ NRU) and page 81 (Routine Daily treatment and Prophylaxis, Vitamin A) .	Give low-dose (5000 IU) vitamin A supplementation daily from the time of admission until discharge from treatment.	<p>There is no clear rationale for giving a single high-dose vitamin A supplement, unless children have eye signs of vitamin A deficiency or have had measles recently.</p> <p>(The vitamin A intake of children who are fed therapeutic food [F-75, F-100, or ready-to-use therapeutic food] that complies with WHO specifications exceeds the recommended nutrient intake for well-nourished children and seems adequate for malnourished children.)</p>

## Micronutrient Supplementation: Vitamin A and Measles

Current Protocol	WHO 2013 update	Malawi 2016 update
The section on measles on page 82 in the current Malawi CMAM Guidelines discusses giving measles vaccines but not high dose vitamin A	A high dose (50 000 IU, 100 000 IU or 200 000 IU, depending on age) of vitamin A should be given to all children with severe acute malnutrition with severe measles on day 1, with a second and a third dose on day 2 and day 15 (or at discharge from the programme), irrespective of the type of therapeutic food they are receiving.	Added to the guidelines. (High-dose vitamin A supplementation reduces mortality in children with severe acute malnutrition complicated by measles-specific respiratory infections.)

## Micronutrient Supplementation: Zinc

Current Protocol	WHO 2013 update	Malawi 2016 update
Page 97: If clinically indicated add zinc: 0-6 months: 10 mg (1/2 tablets) daily for 10-14 days and > 6months give 20 mg (1 tablet) daily for 10-14 days. Page 99: For infants < 6 months or > 6 months but <3kgn (breastfed), the current Malawi guideline is silent on the use of F-75 in edematous breastfed young infants. It only discusses the use of F100-D.	<p>If children with SAM are admitted to hospital and treated with F-75 and subsequently with ready-to-use therapeutic food, they should not receive oral zinc supplements in addition to F-75 or RUTF as these therapeutic foods contain the recommended amounts of zinc for management of diarrhea</p> <p>Recommendation 8.2 (bullet 3): For infants with severe acute malnutrition and oedema, infant formula or F-75 should be given as a supplement to breast milk.</p>	Added to the guideline.

## Antibiotics

Current Protocol	WHO 2013 update	Malawi 2016 update
Routine amoxicillin used in ambulatory care	Routine use of ambulatory antibiotics recommended using either Cotrimoxazole or Ampicillin	Retained use of amoxicillin (CT used in HIV programme) for ambulatory care of SAM.
Table 16, Page 82: Give benzyl penicillin 50,000iu/kg 6 hourly IV/IM for 48 hours then oral amoxicillin 15mg/kg 8 hourly for 5 days AND if the child fails to improve within 48 hours add Gentamycin 7.5mg/kg once a day IV/IM for 7 days or Chloramphenicol 25mg/kg IM/IV 8 hourly for 5 days	Antibiotics for the management of complicated malnutrition has not been discussed in the 2013 WHO updates.	Give benzyl penicillin 50,000 iu/kg 6 hourly IV/IM for 48 hours then oral amoxicillin 25-40 mg/kg 8 hourly for 5 days PLUS Gentamycin 7.5 mg/kg once a day IV/IM for 7 days. <small>(WHO Paediatric Hospital Care 2013, page 207)</small>

## Malaria Treatment

Current Protocol	WHO 2013 update	Malawi 2016 update
Intravenous infusion of quinine should be used for severe malaria but with caution in severe malnutrition. (Page 83)		<p>Artesunate should be used for the treatment of severe malaria.</p> <p>Malawi 2013 Edition of Malarial treatment Guidelines (page 10).</p>

Thank You



