Government of Malawi
Ministry of Health

Training Course on

INPATIENT MANAGEMENT OF SEVERE ACUTE MALNUTRITION

Facilitators Guide for the Home-Craft Workers Module

SEPTEMBER 2017

Contents

These training materials are made possible by the generous support of the American people through the support of the Office of Health, Infectious Diseases, and Nutrition, Bureau for Global Health, U.S. Agency for International Development (USAID) and USAID/Malawi, under terms of Cooperative Agreement No. AID-OAA-A-12-00005, through the Food and Nutrition Technical Assistance III Project (FANTA), managed by FHI 360.

The contents are the responsibility of FHI 360 and do not necessarily reflect the views of USAID or the United States Government.

Preface

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 World Health Organisation (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 *Facilitator Guide* is intended for the personnel facilitating the training for home-craft workers in inpatient management of SAM. This *Facilitator Guide* should be used hand in hand with the *Manual for Home-Craft Workers Module.*

Acronyms and Abbreviations

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
IM	Intramuscular
IMCI	Integrated Management of Childhood Illness
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
ml	Millilitre(s)
mm	Millimetre(s)
MOH	Ministry of Health
MUAC	Mid-Upper Arm Circumference
NG	Nasogastric
NRU	Nutrition Rehabilitation Unit
OPD	Outpatient Department
ORS	Oral Rehydration Solution
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

Introduction

What methods of instruction are used in this training?

This training uses a variety of instruction methods, including reading, written exercises, discussions, role-plays, video, demonstrations and practice in a real nutrition rehabilitation ward. Practice, whether in written exercises or on the ward, is considered a critical element of instruction.

How is the training conducted?

- Small groups of participants are led and assisted by 'facilitators' as they work through the module. The facilitators are not lecturers, as in a traditional classroom. Their role is to answer questions, provide individual feedback on exercises, lead discussions, structure role-plays and so on.
- The module provides the basic information to be learned. Information is also provided through demonstrations, photographs and videotapes (to strengthen knowledge).
- The module helps each participant develop the specific skills necessary for case management of children with severe acute malnutrition (SAM). Participants develop these skills as they read the modules, observe live and videotaped demonstrations and practise skills in written exercises, group discussions, oral drills and role-plays (to develop and practise skills, with appropriate attitudes).
- After practising skills in the module, participants practise the skills in a real hospital setting, with supervision to ensure correct patient care. A clinical instructor supervises the clinical sessions in the NRU.
- Each participant discusses any problems or questions with a facilitator, and receives prompt feedback from the facilitator on completed exercises. Feedback includes telling the participant how well he/she has done the exercise and what improvements could be made.

For whom is this training intended?

This training is intended for home-craft workers involved in the feeding and care of children with SAM admitted to in inpatient care. Because of different educational background and experience of the home-craft workers, the mode of training allows use of lecture room teaching and demonstration on the areas where participants are likely not to understand by reading alone.

Throughout the *Facilitator Guide* there are special sections used for groups having difficulty understanding the concept or doing the work at a suitable pace.

What is a 'facilitator'?

A facilitator is a person who helps the participants learn the skills presented in the training. The facilitator spends much of his/her time in discussions with participants, either individually or in small groups. For facilitators to give enough attention to each participant, a ratio of 1 facilitator to 3–6 participants is desired. In your assignment to teach this training, **you** are a facilitator.

As a facilitator, you need to be very familiar with the material being taught. It is your job to explain, demonstrate, answer questions, talk with participants about their answers to exercises, conduct role-plays, lead group discussions, assist the clinical instructor with clinical practice in hospital and generally give participants any help they need to successfully complete the training. You are not expected to teach the content of the training through formal lectures even if this is the teaching method to which you are most accustomed.

What, then, does a facilitator do?

As a facilitator, you do **three basic things.**

1. You **INSTRUCT**:
    - Make sure that each participant understands how to work through the materials and what he/she is expected to do in this module and each exercise.
    - Answer the participant's questions when they are asked.
    - Explain any information that the participant finds confusing, and help him/her understand the main purpose of each exercise.
    - Lead group activities, such as group discussions, oral drills, video exercises and role-plays, to ensure that learning objectives are met.
    - Promptly review each participant's work and give correct answers.
    - Discuss with the participant how he/she obtained his/her answers to identify any weaknesses in the participant's skills or understanding.
    - Provide additional explanations or practice to improve skills and understanding.
    - Help the participant understand how to use skills taught in the training in his/her own hospital.
    - Assist the clinical instructor as needed during clinical sessions.
2. You **MOTIVATE**:
    - Compliment the participant on his/her correct answers, improvements or progress.
    - Make sure that there are no major obstacles to learning (such as too much noise or not enough light).
3. You **MANAGE**:
    - Plan ahead and obtain all supplies needed each day, so that they are in the classroom or taken to the hospital ward when needed.
    - Monitor the progress of each participant.

How do you do these things?

- Show enthusiasm for the topics covered in the training and for the work that the participants are doing.
- Be attentive to each participant's questions and needs. Encourage the participants to come to you at any time with questions or comments. Be available during scheduled times.
- Watch the participants as they work, and offer individual help if you see a participant looking troubled, staring into space, not writing answers or not turning pages. These are clues that the participant may need help.
- Promote a friendly, cooperative relationship. Respond positively to questions (by saying, for example, 'Yes, I see what you mean' or 'That is a good question'). Listen to the questions and try to address the participant's concerns, rather than rapidly giving the 'correct' answer.
- Always take enough time with each participant to answer his/her questions completely (that is, so that both you and the participant are satisfied).

What NOT to do

- During times scheduled for clinical training activities, do not work on other projects or discuss matters not related to the training.
- In discussions with participants, avoid using facial expressions or making comments that could cause participants to feel embarrassed.
- Do not call on participants one by one as in a traditional classroom, with the potential for an awkward silence when a participant does not know the answer. Instead, ask participants to voluntarily respond, or do drills that require participants one by one to give quick answers to simple questions. If a participant cannot answer the question quickly enough or gives the wrong answer, move on to the next participant.
- Do not lecture about the information that participants are about to read.
- Give only the introductory explanations that are suggested in the *Facilitator Guide*. If you give too much information too early, it may confuse participants. Let them read it for themselves in the Manual.
- Do not review text paragraph by paragraph. (This is boring and suggests that participants cannot read for themselves.) As necessary, review the highlights of the text during individual feedback or group discussions.
- Avoid being too much of a showman. Enthusiasm (and keeping the participants awake) is great, but learning is most important. Keep watching to ensure that participants understand the materials. Difficult points may require you to slow down and work carefully with individuals.
- Do not be condescending. In other words, do not treat participants as if they are children. They are adults.
- Do not talk too much. Encourage the participants to talk.
- Do not interrupt or distract the clinical instructor when he/she is conducting a clinical session. He/she has certain objectives to cover in a limited time.
- Do not be shy, nervous or worried about what to say. This *Facilitator Guide* will help you remember what to say. Just use it!

How can this *Facilitator Guide* help you?

This *Facilitator Guide* will help you teach the course module, including the video segments. This *Facilitator Guide* includes the following:

- A list of the procedures to complete the module, highlighting the type of feedback to be given after each exercise
- A list of any special supplies or preparations needed for activities in the module
- Guidelines describing:
    - How to do demonstrations, role-plays and group discussions
    - How to conduct the video exercises
    - How to conduct oral drills
    - Points to make in group discussions or individual feedback
- A place to write down points to make in addition to those listed in the guide.

To prepare yourself for the module, you should:

- Read the Manual for Home-Craft Workers Module and work the exercises.
- Check your answers by referring to the answers provided in the back of the Manual for Home-Craft Workers Module.
- Read in this *Facilitator Guide* all the information provided about the module.
- Plan with your co-facilitator how work on the module will be done and what major points to make.
- Collect any necessary supplies for exercises in the module, and prepare for any demonstrations or role-plays.
- Think about sections that participants might find difficult and questions they may ask.
- Plan ways to help with difficult sections and answer possible questions.
- Ask participants questions that will encourage them to think about using the skills in their own hospitals.

Checklist of Instructional Course Materials Needed in Each Small Group

Item needed	Number needed
Facilitator Guide	1 each for the Course Coordinator, the Clinical Instructor and all Facilitators
Manual for Home-Craft Workers Module	1 for each participant and facilitators
CMAM Guidelines	1 for each participant (if possible)
Photographs booklet	1 for each participant and facilitators
Set of laminated Job Aids for inpatient care	1 set for each participant
Treatment Card (all pages)	1 for each participant, plus a few extras
Treatment Card, enlarged format (all pages)	1 set for each small group
Demonstration Charts	3 for each group
Extra copies of Daily Care, Monitoring, Weight and 24 -hour feed charts of Treatment Card, loose (for use in exercises)	2 for each, plus a few extras
Two video films	1 set for the whole group
Slide presentation for Orientation on Management of SAM	1 set for the whole group
Laptop computer and digital projector	1 set for the whole group
Schedule for the Training	1 for each participant
Schedule for Clinical Sessions	1 for each participant
Pre- and post-course test for the Training	2 for each participant
End of training evaluation	1 for each participant
Registration form	1 for each participant
Flash drives for sharing soft copies of all course materials	1 for each participant

Checklist of Other Supplies Needed

Supplies Needed for Each Person

- ❑ Name tag and holder
- ❑ 2 pens
- ❑ 2 pencils with erasers
- ❑ Paper
- ❑ Highlighter
- ❑ Calculator (or 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

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 ready-to-use therapeutic food (RUTF). If these are not suitable, you may use generic recipes for F-75 and F-100 given in **Annex B of the Manual for Home-Craft Workers Module.**
- All ingredients, containers, utensils and other supplies needed to prepare recipes for F-75 and F-100, infant formula or F-100 Diluted and rehydration solution for malnutrition (ReSoMal). These are: mixing spoon, whisk/spoon, 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

Facilitator Guidelines for the Introduction Session

Procedures	Feedback
1. Course Registration	------
2. Introductions	------
3. Have participants discuss their responsibility for care of children with SAM	------
4. Take care of any necessary administrative tasks	------
5. Conduct the pre-course test of the training	------
6. Explain your role as Facilitator	
7. Give an overview of CMAM and a summary of the updates made to the CMAM Guidelines	------
8. Answer any questions about the Overview of CMAM	------
9. Divide the participants into two or three groups	------

1. Course Registration

Ask participants to complete the course registration form as soon as the participants arrive. The participants will indicate their name, job title, the facility where they come from, whether the facility has a Nutrition Rehabilitation Unit (NRU) and whether the participants' work station is the NRU. Refer to Annex A of this guide. The registration form should be printed in advance and given to each participant as soon as they arrive. Also circulate an attendance sheet.

2. Introductions

Introduce yourself and ask other facilitators and training organisers to introduce themselves and their roles in the training. Ask the facilitators and training organizers to write their names on the blackboard or flipchart. Ask the participants to introduce themselves, stating whether they have previously attended a training course in inpatient management of SAM children or CMAM training, and the period they have been working in inpatient care for SAM children. Ask the participants to write their names on the blackboard or flipchart. Everyone should also write their names on large name cards and place them on their desks. Leave the list of names where everyone can see it. This will help facilitators and the participants learn each other's names.

3. Have participants discuss their responsibility for care of children with SAM

Explain to participants that you would like to learn more about their responsibilities for caring for children with SAM. This will help you understand their situations and be a better facilitator for them. For now, you will ask each of them to tell where he/she works and what his/her job is. During the training, you will further discuss what they do in their hospitals.

Begin with the first participant listed on the flipchart and ask the two questions below. Note the answers on the flipchart.

- What is the name of the hospital where you work and where is it?
- What is your position or responsibility for managing children with SAM?

***Note*:** Ask the participants to remain seated. You should ask the questions and have the participant answer you, as in a conversation. It is very important at this point that the participant feels relaxed and not intimidated or put on the spot. Though it may be interesting to you to ask the participant more questions about his/her responsibilities, do **not** do that now; this should not be a long discussion. The test results will inform the facilitator what parts in the management of SAM are not well understood, and what needs to be strengthened during the course.

4. Take care of any necessary administrative tasks

There may be some administrative tasks or announcements that you should address. For example, you may need to explain the arrangements that have been made for lunches, transportation of participants and payment of per diem. This is a good time to distribute the training schedule and point out when your group will be visiting the hospital's inpatient care (NRU) for clinical practice.

5. Conduct a pre-course test

Introduce and conduct the pre-course test. (See Annex B of this guide). Explain that at the beginning and at the end of the training a test will be given to evaluate the quality of the training, the participants' learning process as well as their individual capacity levels.

The questions will reflect knowledge and skills that health care providers are expected to have when involved in inpatient management of SAM. Inform participants that the test will take approximately 30 minutes.

6. Explain your role as facilitator

Explain to participants that, as facilitator, your role throughout this training is to:

- Guide them through the Training activities
- Answer questions as they arise or find the answer if you do not know
- Clarify information they find confusing
- Give individual feedback on exercises where indicated
- Lead group discussions, drills, video exercises and role-plays
- Observe and help as needed during their practice in clinical sessions

One of the more experienced facilitators (preferably who works in the NRU, e.g., Nurse), will be assigned the role of a clinical instructor to organise and lead the clinical sessions held at the hospital.

7. Give an overview of CMAM in Malawi and the updates made to the CMAM Guidelines

Give an overview of CMAM and a summary of the updates made to the CMAM Guidelines. Let the participants know that the CMAM overview presentation is available on handouts for further reference.

8. Answer any questions about the overview of CMAM

Respond to any questions that arise after the presentation. Note that participants may ask questions that are addressed in the module. You will need to park those questions until the module is covered. Usually those questions are clarified after participants have read the Manual for Home-Craft Workers Module.

9. Divide the participants into two to three groups

The participants will be split into two to three groups if the number of participants is large. Direct the other group to a separate classroom where they will complete the rest of the module. One class should have less than 20 participants and at least three facilitators, ideally the participant to facilitator ratio should be 6:1. Once the participants are settled in their respective classes, proceed to **Section 1 of the Manual for Home-Craft Workers Module: Principles of Care.**

Facilitator Guidelines for Section 1: Principles of Care

Procedures	Feedback
1. Distribute the Manual for Home-Craft Workers Module, the *Photographs* booklet and the complete set of Job Aids. Introduce the section. Review the learning objectives	------
2. Ask the participants to read pages 1–5 of the Manual for Home-Craft Workers Module and complete Exercise 1A (page 6) using the *Photographs* booklet.	Group discussion
3. Ask the participants to read pages 7–13 of the Manual for Home-Craft Workers Module. Conduct a demonstration of how to measure mid-upper arm circumference (MUAC), weight, height and length. Show how to use the weight-for-height/length (WFH/WFL) reference tables.	------
4. Ask the participants to complete Exercise 1B (page 14) using their WFH/WFL reference tables.	Group discussion
5. Lead a group oral drill on determining WFH classification using the WFH/WFL reference tables.	Drill
6. Ask the participants to read pages 15–18 of the Manual for Home-Craft Workers Module and complete Exercise 1C (page 19).	Group discussion
7. Lead a group oral drill on classification of SAM and discuss admission.	Drill
8. Reading and short answer exercises	Group discussion
9. Reading	------
10. Show the video: Transformations. Discuss the video and Photos 21–29.	Group discussion
11. Summarise the section.	------

Preparing for Section 1

Prepare carefully by reviewing the exercises and discussing with your co-facilitator how to work together to lead the group discussions, role-plays and so on. At the end of this section, you will show a video showing signs of SAM and transformations that can occur with correct case management of children with SAM. Make sure the following equipment and supplies are available. Ensure that the equipment is in functioning condition.

- Video
- Laptop computer
- Digital projector
- Electrical outlets, cables

1. Introduce Section 1

Explain that **Section 1** describes how to recognise a child with SAM and how to measure the child's MUAC, weight and height/length, and how to classify a SAM child. The section gives an overview of correct case management for children with SAM and provides a rationale for the essential components of case management. The section also describes how the child with SAM is different, and why this affects care. Participants will use their *Photographs* booklets to see examples of signs of SAM. Later, in the clinical session, they will look for these signs in children in hospital.

Ask participants to read pages 1–5 and complete Exercise 1A on page 6 using the ***Photographs*** booklet. Encourage participants to ask you questions while they are reading or completing the exercise.

Discuss several photos in Exercise 1A as a group before asking the participants to work individually on the exercise. This exercise can be time-consuming. If you expect that the group will work slowly, you may assign two or three photos to each person rather than having everyone review all the photos. Then the assigned person can present those photos in the group discussion at the end of the exercise.

2. Exercise 1A: Individual work followed by group discussion – Identifying signs of severe acute malnutrition in photographs

Possible answers for this exercise are provided below in this guide for your convenience. Refer to the answers as you lead this discussion. Remember that the answers given are possible answers. There is room for discussion of almost all the photos.

Inform the participants that many cases, the degree of a problem cannot accurately be judged without examining the child.

First point out the signs in **Photo 1** (answered as an example in the exercise).

Next, for each photo in turn, ask a different participant what signs are visible. Ask the more confident participants first. If a participant does not mention all the signs, ask 'Does anyone see another sign?'

Avoid discussing irrelevant signs at length. Remind them to look for: severe wasting, oedema, dermatosis and eye signs.

Possible Answers to Exercise 1A:

Photo 1: Moderate oedema (++) seen in feet and lower legs.

Severe wasting of upper arms. Ribs and collar bones clearly show.

Photo 2: Severe dermatosis (+++). Note fissure on lower thigh.

Moderate oedema (++) at least. Feet, legs, hands and lower arms appear swollen. The child's face is not fully shown in the photo, but the eyes may also be puffy, in which case the oedema would be severe (+++). The child looks unwell; probably the child is unconscious.

Photos 3 and 4: These show the front and back of the same child. The child has severe wasting. From the front, the ribs show and there is loose skin on the arms and thighs. The bones of the face clearly show. From the back, the ribs and spine show; folds of skin on the buttocks and thighs look like 'baggy pants'. There seems to be dermatosis on the head.

Photo 5: Generalised oedema (+++). Feet, legs, hands, arms and face appear swollen. Probably moderate (++) dermatosis. Several patches are visible, but you would have to undress the child to see if there are more patches or any fissures. There may be a fissure on the child's ankle, but it is difficult to tell. The child appears to be very sick.

Photo 6: Severe wasting. The child looks like 'skin and bones'. Ribs clearly show. The child's upper arms are extremely thin with loose skin. *(Also note the sunken eyes, a possible sign of dehydration, which will be discussed later.)* There is some discolouration on

the abdomen, which may be mild dermatosis (+); it is difficult to tell from the photo. The child is very ill.

Photo 7: Mild dermatosis (+). This child has skin discolouration, often an early skin change in malnutrition. There is some wasting of the upper arms, and the shoulder blades show.

Participants will then learn how to use the information on MUAC, weight and height and presence of oedema to determine whether a child has SAM and medical complications. Hold up the weight-for-height (WFH) and weight-for-length (WFL) reference tables and the admission and discharge criteria job aid, and explain that participants will need to refer to these. Explain when to use MUAC, when to use WFL and when to use WFH[1].

3. Reading and demonstration

Ask participants to read pages 7–12.

Demonstrate how to measure MUAC, weight (using different scales), height and length on health children. Highlight the importance of following the steps as indicated to have **accurate** and **precise** measurements that are standardised across different measurers. If the child is measured by different measurers or repeated by the same measurer at a different time, the measurement should be the same. Underline the importance of accuracy of the measurement up to the decimals and appropriate rounding. Example: MUAC is measured in mm, length and height in cm, with one decimal and rounded, and weight in kg with 2 decimals rounded to 1 decimal.

Most participants are well conversant with measuring Anthropometry measurements. Therefore, have one or two participants demonstrate how to take the measurements (MUAC and weight with a seca scale) or explain the steps (Length or height), let the participants give feedback. From the errors and feedback of the demonstration, show the appropriate methods basing on the steps provided in section 1.8.

For rounding decimals apply the following rule: x.0 - x.4 = x.0 and x.5 - x.9 = x+1.0 for height and length; x.x0 - x.x4 = x.0 and x.x5 - x.x9 = x.x+1 for weight.

4. Exercise 1B: Individual work followed by individual feedback – Determining z-scores

Ask participants to read page 13 of the Manual for Home-Craft Workers Module.

Some groups will easily understand the reading and how to use the WFH reference table. These groups should complete the reading, and go on to Exercise 1B independently. Some groups may need a demonstration of how to use the WFH reference table available the annexes of the Manual for Home-Craft Workers Module.

[1] For simplicity weight-for height (WFH) will also refer to weight-for length, (WFL), for use according to the child's age (or stature).

Demonstration for groups (when appropriate): Before Exercise 1B, review the content of Section 1.8.5 of **Section 1** on page 13 together and demonstrate how to use the WFH/WFL reference tables.

Hold up the reference table and point to the appropriate columns as you speak. Talk through the examples on page 13.

Be sure that participants understand that the left side of the card is for boys and the right is for girls. Show how the lowest weights are in the **outside** columns on both the boys' and girls' sides, furthest away from the median.

Explain when to use weight-for-length (WFL) and when to use weight-for-height (WFH).

Talk through several more examples, such as the following. Ask a participant to tell you the z-score classification:

Girl, < 2 years, 73.0 cm, 7.4 kg = –2 z-score

Boy, > 2 years, 94.0 cm, 11.0 kg = –3 z-score

Girl, < 2 years, 67.2 cm, 5.8 kg = –3 z-score

*Boy, > 2 years, 75.0 cm, 7.6 kg < –2 z-score

*Girl, > 2 years, 81.0 cm, 7.9 kg < –3 z-score

*When a weight falls between the weights listed on the card, it may help to first point on the card to the space between the columns where the child's weight falls. Then look at the top of those columns to see which z-scores the weight lies **between**. Then look back at the weights to see where the sign should go. In the example of the boy who is 73 cm, suppose that his weight is 7.6 kg, which is between 7.3 kg (–3 z-score) and 7.9 kg (–2 z-score). The weight 7.6 kg is obviously not < 7.2 kg, but < 7.7 kg, so the score is written < –2 z-score*.

Since this is the first time that you will give individual feedback to the participants, be sure to make each participant feels comfortable. Some techniques to use while giving individual feedback are described in the ***'When providing individual feedback'*** subsection under ***'Facilitator Guidelines for the Module'*** at the end of this guide.

Participants may not be familiar with z-scores. The important thing is to know how to use the WFH reference table to determine how the child's weight compares to other children's weight of the same length or height. Children whose z-score is less than –3 (< –3 z-score) are considered to have SAM.

Compare the participant's answers to those given in the answer sheet. Discuss any differences and correct any misunderstandings. If necessary, make up another example and have the participant try it. For example, ask 'If a girl is ___ cm long and weighs ___ kg, what is her z-score?'

Point out the instructions at the top of each page of the WFH reference table. These instructions state that if a child is under 2 years old, or less than 87 cm tall and his/her age is unknown, measure length while the child is lying down. The instructions also state that if a child is 2 years old or older, or at least 87 cm tall and his/her age is unknown, measure height while standing up. If a child 2 years old or older, or 87 cm tall or taller, cannot stand up and so on, if the child is too weak to stand, measure length while the child is lying down and subtract 0.7 cm from the length to arrive at a comparable height.

Ask the participants to look at the answers of Exercise 1B.

5. Oral drill: WFH classification using the reference tables

Tell participants that a drill is a fun, lively group exercise. It is not a test, but rather an active way to practise using information.

Ask participants to sit around the table. Each participant will need his or her WFH reference table. Tell participants that you will call on them one by one to participate. You will usually call on them in order, going around the room. If a participant cannot answer, just go quickly to the next person and ask the question again. Participants should wait to be called on and should answer as quickly as they can.

Begin the drill. Call out the information in the first column on the left, and ask the first participant to determine the child's z-score by using the reference table.

If a participant cannot answer or makes a mistake, let the next person try. Keep the pace rapid. You may make up additional cases if needed.

Sex, age, length or height, weight	*Z-score*
Girl, 19 months, 82.0 cm, 7.8 kg	*< –3*
Boy, age unknown, 74.0 cm, 7.9 kg	*= –2*
Girl, 22 months, 73.8 cm, 6.2 kg	*< –3*
Boy, age under 2, 67.0 cm, 6.1 kg	*= –3*
Girl, age under 2, 55.5 cm, 3.9 kg	*= –2*
Girl, 11 months, 67.1 cm, 4.9 kg	*< –3*
Boy, age above 2, 90.0 cm, 10.8 kg	*< –2*
Girl, age under 2, 70.5 cm, 6.1 kg	*< –3*
Girl, 3 years, 87.0 cm, 9.8 kg	*< –2*
Boy, age unknown, 79.3 cm, 9.4 kg	*< –1*
Girl, age under 2, 69.5 cm, 6.8 kg	*< –2*
Boy, 99.0 cm, 11.2 kg	*< –3*
Girl, 3 months, 48.7 cm, 2.2 kg	*< –3*
Boy, 5 months, 52.3 cm, 3.3 kg	*= –2*

6. Exercise 1C: Individual work followed by group discussion – Determining whether a child should be admitted

Ask participants to read pages 15-18 and complete Exercise 1C on page 19

Participants look at **photos** and use the following criteria to decide whether a child should be classified as having SAM. They should decide to classify a child as SAM if they have:

- Oedema of both feet (+ oedema or worse ++ or +++), *and/or*
- MUAC less than 115 mm, *or*
- WFH < –3 z-score

Further explain that children 6 months to 15 years with SAM and medical complications should be treated in inpatient care. Children 6 months to 15 years with SAM without medical complications or who are clinically well and alert should be treated in outpatient care.

Infants less than 6 months with SAM, bilateral pitting oedema or losing weight/unable to breastfeed should be treated in inpatient care (regardless whether they have a medical complication or not).

For each photo in turn, ask a different participant what the child's z-score or MUAC is, whether or not there is oedema of both feet and what decisions should be made regarding how the child should be classified as having SAM, and whether he or she should be admitted to outpatient care or inpatient care. Add to the discussion as needed based on the comments below. (These comments are in the answer sheet in the end of the Manual for Home-Craft Workers Module).

Photo 18: This child should be classified as having SAM. Her MUAC is > 115 mm and her WFL is > –3 z-score, but she has oedema of both feet, as well as the lower legs (at least moderate [++] oedema). If the child has appetite and no medical complications, she is admitted to outpatient care. If the child has no appetite or a medical complication, then she is admitted to inpatient care.

Photo 19: This child should be classified as having SAM. Her WFL is < −3 z-score and MUAC is < 115 mm. The child has no apparent oedema. After testing the appetite and checking for signs of medical complications, it will be decided whether the child will be admitted to inpatient care or outpatient care.

Photo 20: This child should be classified as having SAM. He has a MUAC < 115 mm and WFH < –3 z-score. The child has no apparent oedema. Point out that if the child has a good appetite and no medical complications, he should be treated in outpatient care. If there is poor appetite or a medical complication, he should be treated in inpatient care.

It would be important to remove his shirt to examine him. Notice that the mother in this photo is also extremely thin.

Then do the following oral drill.

7. Oral drill: SAM classification

Ask participants to sit around the table. Begin the drill. Call out the information in the first, second and third column on the left (you can also read or MUAC or WFH, and not both, since they are independent indicators for wasting), and ask the first participant if the child is classified as being severely wasted. Then give the additional information in the third column, and ask whether the child should be classified as having SAM.

If a participant cannot answer or makes a mistake, let the next person try. Keep the pace rapid. You may make up additional cases if needed.

	MUAC	*Z-score*	*Classify as severely wasted?*	Additional information	*Classify as SAM?*
Girl	110 mm	*< –3*	*Yes*	No oedema	*Yes*
Boy	114 mm	*= –2*	*Yes*	No oedema	*Yes*
Girl	108 mm	*< –3*	*Yes*	No oedema	*Yes*
Boy	106 mm	*< –3*	*Yes*	Oedema	*Yes*
Girl	114 mm	*< –2*	*Yes*	Oedema ++	*Yes*
Girl	104 mm	*< –3*	*Yes*	No oedema	*Yes*
Boy	116 mm	*< –2*	*No*	Oedema both feet	*Yes*
Girl	111 mm	*< –3*	*Yes*	No oedema	*Yes*
Girl	116 mm	*< –2*	*No*	One swollen foot	*No*
Boy	121 mm	*< –1*	*No*	No oedema	*No*
Girl	117 mm	*< –2*	*No*	Oedema both feet	*Yes*

Boy	111 mm	*< –3*	*Yes*	No oedema	*Yes*
Girl	/	*< –3*	*Yes*	No oedema	*Yes*
Boy	/	*< –1*	*No*	Oedema ++	*Yes*

8. Reading and short answer exercise (group-checked)

Page 20 provide the rationale for some of the case management procedures taught in the rest of the module. Ask the group to read this page and do the short answer exercise on page 21 as a review. The group will discuss the answers together. Use the questions as a review. Keep the discussion simple and brief. The point is to break up the reading and check participants' understanding. Brief answers are given below.

Possible answers to exercise on page 21

1. When a child has SAM, why is it important to begin feeding slowly and cautiously?

   The systems of the body slow down with SAM (reductive adaptation). Rapid changes (such as rapid feeding or fluids) would overwhelm the systems, so feeding must be started slowly and cautiously.

2. When should Iron be given during Inpatient care?

   Iron should be given only when the child is on F100

3. For rehydration of children with SAM with diarrhoea and recent sunken eyes, what should be given?

   A. ReSoMal

   B. ORS

   C. Either of the above

4. Why is it important to feed the child within 30 minutes of admission in inpatient care?

   To prevent the risk of the child going into hypoglycemia (low blood sugar) which can lead to death

9. Reading

Ask participants to continue reading pages 22-23 and refer to the job aid on WHO 10 steps for the inpatient management of SAM.

Refer to the job aid: 10 Steps protocol for inpatient management of SAM

Describe in brief each of the WHO the 10 steps, emphasizing on the steps are relevant to the participants. Explain to the home-craft workers that they have a key role in providing preventive steps, but treatment should be done only under the instruction and supervision of a nurse or clinician. Home-craft workers should inform the nurse or clinician immediately if a child needs treatment through any of the 10 steps.

10. Video and photos: *Transformations*

In a short training, participants may not be able to observe in the hospital ward the dramatic changes that can occur over time in children with SAM who are correctly managed. Thus, photos and a video are provided to show these changes.

Before or after the video, discuss **Photos 21–29** with participants. These photos show changes in three children over a period of weeks. Information about each photo is provided in the *Photographs* booklet. (***Note:*** Weight-for-age is given for **Photos 24 and 25** since height information was not available. Nevertheless, the changes are obvious. The MUAC of the children was not taken.)

Show the **Video** titled *Transformations*. This part of the video provides a review of the signs of SAM as well as two 'success stories': children named Babu and Kenroy. After the video, ask participants what signs of recovery they noticed in the children. They may mention such signs as smiling, standing up or moving around and having more flesh.

You can repeat if the participants demand to view this brief video segment again.

11. Summary of the section

1. Remind participants that the purpose of this section was to give an overview of case management for children with SAM and explain some of the reasons for these case management practices. Participants will learn more about each practice in later sections. Participants will practise weighing children and measuring MUAC, height or length and determining z-scores in clinical sessions.
2. Remind the participants of the classifications of SAM and the recommended criteria for triage for treating children with SAM in inpatient care or outpatient care.
3. Review any points that you have noted below, and answer any questions that participants may still have. If you cannot answer a question, park it and discuss it later when you have consulted and have clearer information.

Facilitator Guidelines for Section 2: Feeding

Procedures	Feedback
1. Refer participants to **Section 2. Feeding** on page 24. Ensure everybody has the set of job aids that contain the Therapeutic Foods Reference Tables. Introduce the section. Review the learning objectives	------
2. Ask participants to read through pages 24–28. Ask the group to complete Exercise 2A (page 29).	Group discussion
3. Ask the participants to read pages 30–31 and complete the short answer exercise on page 32.	Self-checked
4. Lead the group oral drill on determining amounts of F-75 to give.	Drill
5. Ask participants to read pages 33–36. Demonstration: ReSoMal preparation and 24-Hour Food Intake Chart	
6. Ask participants to complete the short answer exercise on page 37	Self-checked
7. Ask participants to read and complete Exercise 2B (pages 38–43).	Individual feedback
8. Ask participants to read pages 44–49 and complete Exercise 2C (pages 50–51).	Individual feedback
9. Ask participants to read pages 52–56 and complete Exercise 2D (page 57).	Individual feedback
10. Ask participants to read pages 58–60 and complete Exercise 2E (page 61). Participants may work with others from their own hospital on this exercise.	Group discussion
11. Ask participants to read pages 62–63 and complete Exercise 2F (page 64).	Group exercise
12. Ask participants to read page 66 and prepare for the group discussion in Exercise 2G page 67.	Group discussion
13. Summarise the section.	------

Preparing for the section

Early in this section the group will prepare F-75, F-100, and infant formula or F-100 Diluted and discuss the use of RUTF. Note that you will need a dietary scale and possibly a blender or a hot plate for cooking. Water should be boiled and cooled in advance. There may be a designated kitchen area that all the groups will use. If so, find out whether there is a certain time that your group will use the kitchen area.

You will need copies of the 24-Hour Food Intake Chart and Daily Ward Feeds Chart (and enlarged copies of these forms that can be used for demonstrations to the whole group on how to complete the forms).

1. Introduce Section 2

Explain that this section describes a critical part of managing SAM—that is, feeding. As explained in **Section 1. Principles of Care**, feeding must begin cautiously, with F-75 for children 6 months and older, or F-100 Diluted for infants less than 6 months. This section describes how to start feeding during stabilisation, transition and rehabilitation for the cases remaining in inpatient care. This section focuses on preparing the feeds, planning feeding and giving the feeds according to the plan.

Point out the learning objectives for this section.

2. Exercise 2A: Group work followed by group discussion – Preparing F-75, F-100, and infant formula or F-100 Diluted

The group will prepare F-75 and F-100, and Infant Formula or F-100 Diluted, and discuss the use of RUTF (Exercise 2A page 29). Instead of demonstrating, engage the participants in the preparation with the assistance of a skilled person.

(If necessary, preparation of the milk formulae can be delayed until it is time for your group to use the kitchen area. The group can continue work on the Manual for Home-Craft Workers Module while waiting for a turn in the kitchen area.)

Make F-75 first and then F-100. Point out differences in the recipes. If you prepare the milk with a local recipe (from the recipes in Table 1), you may prepare one recipe with a whisk/spoon and one with an electric blender to show both methods.

Have participants take turns doing the steps in the recipes (e.g., measuring an ingredient, stirring). Ask participants to notice steps where errors are likely to be made and point these out. After preparing the formulas, let everyone have a taste. The remaining amount may be used during the next drill or in the hospital ward.

Discuss with the group such questions as:

- What aspects of preparing these recipes would be difficult in your health facility or hospital?
- How can you make sure recipes are prepared correctly?
- Does any equipment need to be purchased, such as correctly sized scoops or hand whisks/spoons?

After you have finished, discuss the composition of RUTF and how it is used. Let the participants taste the RUTF.

3. Reading and short answer exercise

Participants will read pages (30-31) and answer the short questions (page 32) using the therapeutic milk reference tables in this section. Be aware that one F-75 reference table is for children 6 months and older with severe wasting and mild (+) or moderate (++) oedema, and the other F-75 reference table is for children 6 months and older with severe (+++) oedema. For infants, less than 6 months the reference tables for breastfed or not-breastfed infants will be used. While participants are working, prepare for the drill below.

Discuss the answers in a group feedback.

4. Drill: Determining amounts of therapeutic milk to give

Ask participants to gather around for the drill. They will need their therapeutic milk reference tables. The purpose of this drill is to practise using the reference table to determine amounts of F-75 or infant formula/F-100 Diluted to give.

Remind participants of the procedure for drills. You will call on each person in order. If a participant cannot answer, you will go quickly to the next person and ask the question again. Participants should wait until it is their turn and should answer as quickly as they can. It should be a fun, lively exercise.

Begin the drill. Use the case information in the table below. Call out the case information, then ask the first participant to use the job aid and tell how much therapeutic milk should be given. Explain that, unless specified otherwise, the weight given is the weight on admission (or after initial rehydration). Unless otherwise specified, the degree of oedema is also what was present on admission.

If a participant cannot answer or makes a mistake, let the next person try. Keep the pace rapid. You may make up additional cases if needed. Some blank spaces are allowed for this. At several points in the drill, you may stop and have a participant measure out the correct amount from the batch of F-75 and infant formula/F-100 Diluted just prepared. Choose some larger and some smaller amounts to show the range.

Case information for drill	Type and Amount per feed
7.2 kg, no oedema, 2-hourly feeds	F-75 80 ml
8.4 kg, no oedema, 2-hourly feeds	F-75 90 ml
6.1 kg, no oedema, 2-hourly feeds	F-75 65 ml *(use amount for 6.0 kg, the next lower weight on chart)*
7.9 kg, no oedema, 2-hourly feeds	F-75 85 ml
6.4 kg, mild (+) oedema, 3-hourly feeds	F-75 105 ml
8.6 kg, no oedema, 4-hourly feeds	F-75 190 ml
9.15 kg, moderate (++) oedema, 3-hourly feeds	F-75 145 ml
10.6 kg, severe (+++) oedema, 2-hourly feeds	F-75 90 ml
8.4 kg, severe (+++) oedema, 3-hourly feeds	F-75 105 ml
8.8 kg, mild (+) oedema, 4-hourly feeds	F-75 195 ml
8.6 kg with severe (+++) oedema on admission; now weighs 6.4 kg and has no oedema, 4-hourly feeds	F-75 145 ml *(continue using severe oedema chart and starting weight for this child while on F-75)*
7.5 kg, hypoglycaemia, moderate (++) oedema, half-hourly feeds	F-75 20 ml per ½ hour (80 ml ÷ 4)
7.4 kg, hypoglycaemia, severe (+++) oedema, half-hourly feeds	F-75 15 ml per ½ hour (60 ml ÷ 4)
9.0 kg with severe (+++) oedema on admission; now weighs 6.8 kg and has no oedema, 4-hourly feeds	F-75 150 ml
6.9 kg, severe (+++) oedema, 2-hourly feeds	F-75 55 ml

After the drill, tell participants that the next section of reading will explain how to record feeds on a 24-Hour Food Intake Chart and on the Daily Care Chart of the Treatment Card. Hold up both charts for everyone to see. **(Inform participants to refer to Job aid- Treatment Card provided, page 2 and 4)**

The 24-Hour Food Intake Chart will be used to provide the details of each feed of the day. The Daily Care Chart simply provides a summary of the feed plan and the amount taken during the day. Participants will use only a small part of the Daily Care Chart at this point; that is, the three lines related to the feed plan. Point out these three lines on the Daily Care Chart.

5. Reading, demonstration on ReSoMal preparation and using 24-Hour Food Intake Chart

Have participants read pages 33–36 of the Manual for Home-Craft Workers Module about feeding and recording feeds.

Explain to the participants that ReSoMal, should be given to children with watery diarrhoea (watery loose stools more than 4 times a day). Give after every loose stool.

Demonstrate how to prepare ReSoMal from commercial package and from ORS- refer to the provided job aid, ReSoMal preparation instructions.

Explain and summaries this section in the simplest form as possible. Ask if any areas of clarification.

After participants reached page 36, ask how they will know if a child needs an NG tube. *(Answer: The child needs an NG tube if he/she does not take 80 percent of the F-75 orally [i.e., he/she leaves more than 20 percent] for two or three consecutive feeds.)*

Help the participants understand what 80 percent means; 80 percent is 'almost all' of the feed. Show examples using a glass of drinking water:

- Put 100 ml of water in a clear glass. Ask a participant to imagine where the water would be after drinking 80 ml and draw a line on the glass at that spot. Then ask her to drink 80 ml. Show the amount left to the group. Ask the group what percentage the participant took (80 percent) and what was left (20 percent). Measure the amount left to see how accurate the participant's guess was. If about 20 ml is left, the guess was accurate.
- Again put 100 ml of water in a glass and show the amount to the group. This time, have a participant mark where half would be and drink half. Show the group the amount left. Ask participants what percentage was taken (50 percent). Ask participants if enough was taken. It should be clear, just from looking in the glass, that half (50 percent) is less than 80 percent and clearly not enough.

In many cases, it will be obvious whether or not 80 percent has been taken. However, if unsure, one can use simple math or a calculator. To make the calculation, it is important to remember the relationship between percentages and decimal fractions. Write the following on the flipchart:

80 percent = 80/100 = 0.80

Ask a participant to use his/her calculator to figure out what 80 percent of 60 ml is. (Multiply 0.80 × 60 ml. *Answer: 48 ml.*) If 60 ml is offered, any amount less than 48 ml is not enough. (Likewise, if more than 12 ml is left, the child has not taken enough [60 ml – 48 ml = 12 ml].)

Give one more example. A child is offered 75 ml of F-75 orally. Show this amount in a glass. He/she takes 55 ml (pour out this amount) and leaves 20 ml. Show the amount left in the glass. Ask: Did the child take enough? Let half the group judge based on appearance, and the other half by doing a calculation (0.80 × 75 ml = 60 ml). Compare the results. *(Answer: He/she took 55 ml, which is less than 60 ml [80 percent and not quite enough.)*

Note: If F-75 is not given in graduated cups or marked glasses, it will take extra effort to measure the amount left after each feeding. Leftovers will need to be poured into a graduated cup or syringe for measuring. If a syringe will be used for nasogastric feeding, leftovers may be measured in the syringe, and then dripped through the NG tube.

Demonstration of 24-Hour Food Intake Chart

Do the following demonstration to show how a 24-Hour Food Intake Chart can help staff notice feeding problems early. Use an overhead transparency or an enlarged copy of the form and complete the form in front of the group. One facilitator can record while the other tells the following story.

> *A girl named Marina weighs 5.4 kg on admission. It is her second day in hospital, and she still weighs 5.4 kg. She is supposed to receive 12 feeds of 60 ml F-75 today.* Record this information at the top of the form.
>
> *The feeding day starts at 8:00 and ends at 6:00 the next morning, so the 2-hourly feeding times are: 8:00, 10:00, 12:00, 14:00 and so on.* List all 12 feeding times in the 'Time' column.

At 8:00, the nurse offers Marina 60 ml of F-75. She left 5 ml, so the amount taken is 55 ml. She did not vomit any of the feed, and she did not have any watery diarrhoea. Record that 60 ml was offered, 5 ml was left, and 55 ml was taken. Ask: Did she take enough? *(Answer: Yes, she took more than 80 percent; 55 ml is 'almost all' of 60 ml; 80 percent of 60 ml is 48 ml.)* Marina did not need NG feeding, so record 0 in the NG column.

Tell participants that you are going to continue to record what happened at the next feeds. Ask them to stop you if they think something different should be done:

10:00 60 ml offered, 0 ml left, 60 ml taken, 0 NG, no vomiting, no diarrhoea

12:00 60 ml offered, 10 ml left, 50 ml taken, no vomiting, no diarrhoea

14:00 60 ml offered, 0 ml left, 60 ml taken, 0 NG, vomited 30 ml, no diarrhoea

16:00 60 ml offered, 20 ml left, 40 ml taken, 0 NG, no vomiting, no diarrhoea*

* If no one stops you, go on to record the next feed. Someone may stop you here and suggest NG feeding. Since Marina took all of the previous feed before vomiting, it may be best to wait one more feed before deciding to put in an NG tube.

18:00 60 ml offered, 30 ml left, 30 ml taken, 0 NG, No vomiting, No diarrhoea**

** Someone should stop you here and suggest that an NG tube be used. The child vomited half of the 14:00 feed and took less than 80 percent of the next two feeds. Night is coming, and she will need to be fed well through the night or she is likely to become hypoglycaemic. If no one stops you, record more feeds in which Marina takes less than 80 percent. Someone should stop you soon.

Discuss the point of this demonstration, which is that staff should not simply record the feeds; they should also notice feeding problems and act promptly by calling a nurse of clinician to consider using an NG tube to finish feeds. They should not wait 24 hours between noticing a problem and taking action.

6. Short answer exercise

Have participants read and complete a short answer exercise about feeding and recording feeds on the 24-Hour Food Intake Chart on page 36 of the Manual for Home-Craft Workers Module. They can check their own answers in the answer sheet.

Although participants can check their own answers to the short answer exercise, a facilitator should review the answers in a group and co-facilitator can check and assist any participant who seems to be having difficulty.

7. Exercise 2B: Individual work followed by individual feedback – Determining F-75 feeding plans for the next day

Ask participants to read and complete the four cases on pages 39–43 of Exercise 2B. In this exercise, participants will need to refer to the **criteria for increasing volume/decreasing frequency of feeds** on page 38 of the Manual for Home-Craft Workers Module. Briefly explain the criteria to the participants and ask areas needed for clarification. If time is a challenge, Case 2 of exercise 2B can be discussed in a group.

8. Exercise 2C: Individual work followed by individual feedback – Feeding RUTF or F-100 during transition

Read and briefly explain through pages 44–49. If possible, let participants take turns reading out loud, pausing to allow fellow participants to summarize the read paragraphs. Ask participant to complete Exercise 2C (pages 50–51). Exercise 2C may be assigned for homework to be done at night. If Exercise 2C is given as homework, remember to give individual feedback when the group returns.

Refer to the answers provided. It is important that other facilitators cross-check and assist participants who need help.

- When giving individual feedback, be sure that participants understand the importance of giving RUTF or F-100 slowly and gradually during transition. In case not all the amount of the RUTF-feed is eaten, the missed amount of the feed should be completed with F-75. For instance, 20 g (2 teaspoons) of missed RUTF can be replaced by 130 ml of F-75. To simplify, explain to the participants that half a sachet of the 92 g RUTF (46 g) is equivalent to 310 ml of RUTF; therefore, the ration supplemented can be based on the amount of RUTF remaining in the sachet
- This may be necessary for the first day the child is on RUTF. Explain to the participants that it is very common that the child eats all the RUTF from the first feed, once appetite has returned and the child is indeed ready for transition.
- Make sure that the participants understand the importance of careful and gradual feeding of high-energy therapeutic foods during transition to rehabilitation. Monitoring of danger signs is very important during transition. Highlight that the monitoring will be covered in **Section 3. Daily Care.**

Possible question. Participants may ask if it is permissible to give a child more RUTF or more F-75 or F-100 if he/she is crying with hunger. During transition, it is very important to be cautious. If 4 hours is too long for a child to wait between feeds, it is fine to give 3-hourly feeds, keeping the total daily amount the same.

9. Exercise 2D: Group discussion – Management of SAM in infants less than 6 months

Aiding the participants when necessary, ask participants to read pages 52–56, and complete Exercise 2D on (pages 57).

When giving feedback in group, be sure that the participants understand that infants less than 6 months never receive F-100 but expressed breast milk, or F-100 Diluted or infant formula, and F-75 only in case of oedema. Ensure that participants are comfortable with breastfed infants being supplemented by the different techniques with the aim to restore breastfeeding, and that, therefore, amounts of supplements gradually decrease, and with non-breastfed infants following a very different protocol. Allow time to develop a feeding plan for the two cases described in Exercise 2D, and be alerted for participants' understanding and fill in knowledge gaps as is needed.

10. Exercise 2E: Preparing a schedule for activities on the ward followed by group discussion

Groups from the same hospital may do this exercise. If they do, you may be assigned to facilitate a hospital group for this exercise rather than your usual small group.

Ask the participants to read pages 58–60 of the Manual for Home-Craft Workers Module. Explain that Exercise 2E involves making a schedule for the ward; use the **Daily Feeds Chart**. If arrangements have been made so that participants from the same hospital can work together on Exercise 2E, explain these arrangements.

Depending on how much time is available, you may need to fix a time limit for this exercise. 20 minutes may be suitable. Stress that the schedule does not has to be perfect. This is an opportunity to discuss options and draft a possible schedule.

Some participants may feel that they have no power to change the schedule at their hospitals. If this is the case, suggest that they develop a schedule that accepts that some things cannot change, but perhaps others in the hospital might be able to make some changes if they were convinced the importance, and to consider discussing the schedule with their nurse-in-charge when they return to their facility.

When most people are ready, lead a group discussion. (Some participants may wish to continue work on their schedules later, on their own). Ask participants:

- Was there a need to adjust shifts, kitchen hours or other aspects of your hospital's schedule to accommodate feeds? What adjustments did you make?
- How did you provide times in the schedule for play and educating mothers about feeding their children?

11. Exercise 2F: Individual work followed by individual feedback – Planning feeding for the ward

Ask participants to continue reading pages 62–63 and complete Exercise 2F on pages 64–65. In this exercise, participants complete a Daily Feeds Chart by adding three children to the chart and doing the calculations at the bottom of the form.

> If you anticipate that participants will have difficulty with the **Daily Feeds Chart**, use an enlarged copy of the Daily feeds chart and complete the exercise as a demonstration, working in groups.

12. Exercise 2G: Group discussion – Preparing staff to do tasks related to feeding

Ask the participants to read page 66 prepare for the discussion in Exercise 2G (page 67). The discussion will focus on ways to prepare hospital staff to do new tasks related to feeding.

Before leading this discussion, review the general guidelines for leading group discussions given at the end of this *Facilitator Guide.*

Use the questions given in the exercise (page 67) to structure the discussion. In answering the questions, try to focus on one task at a time. For example, you may discuss how to prepare staff to do one of the following tasks:

- Prepare F-75, F-100 and F-100 Diluted
- Measure F-75, F-100 and F-100 Diluted
- Define daily and feed amounts of RUTF
- Record feedings on a 24-Hour Food Intake Chart
- Feed through an NG tube

The above are specific tasks. If you try to discuss 'feeding' as a whole, the discussion will become general and less helpful. Answers will vary greatly. Participants may have some very creative ideas. As a model, here are some possible answers to the questions on page 67 of the Manual for Home-Craft Workers Module, focusing on one task.

Examples

1. Staff do not know how to prepare F-75, F-100 or F-100 Diluted.
2. Nurse or home-craft worker on duty at 7:00 and 19:00 will be responsible for this task. Two staff (nurses or home-craft workers) from each of these shifts need to be selected to be responsible for preparing feeds. They need to be informed by the head nurse.
3. Information can be provided by written recipes.
4. Examples can be provided by demonstrations. A skilled person should demonstrate how to prepare the recipes.
5. The home-craft workers should have supervised practice. A skilled person watches them prepare the recipes and corrects any problems.
6. A problem might be lack of ingredients. The kind of milk available might vary from day to day. Several recipes should be available for different kinds of milk. Training should be provided in how to make these recipes.

13. Summary of the section

1. Point out that participants have learned about planning feeding for **individual patients** and for the **ward**. It is important to set aside a planning time every day. Once each patient's 24-Hour Food Intake Chart is reviewed and plans made for the day, then a Daily Feeds Chart can be completed for the entire ward.
2. Remind participants of the importance of:
    - Starting with small, frequent feeds of F-75
    - Having a gradual transition to RUTF or F-100 during a maximum 3 days
    - Adjusting the feeding plan on RUTF, F-100 or F-100 Diluted as the child's weight and appetite increase, and the child or infant is ready for discharge from hospital
3. Stress the need to carefully prepare hospital staff to do new feeding tasks.
4. Provide a summary on how to manage infants less than 6 months with SAM, breastfed and non-breastfed, and underline how the feeding management of the breastfed infant is very different as the aim is to re-lactate on breastfeeding only.
5. Review any points that you have noted in the box below. Answer any questions that participants may still have. (If you cannot answer a question, offer to obtain more information and discuss it later.)

Facilitator Guidelines for Section 3: Daily Care

Procedures	Feedback
1. Introduce the section. Review the learning objectives	------
2. Ask participants to read through pages 68–69 and complete the short answer exercise (page 70). Demonstration: Daily Care Chart and Monitoring Chart of the Treatment Card.	Self-checked
3. Ask participants to read pages 74–77	-------
4. Ask participants to complete Exercises 3A and 3B (pages 78–80).	Individual and group feedback
5. Demonstration: Weight Chart. Ask participants to read pages 81–82 and complete the short answer exercise on page 83.	Group-checked
6. Ask participants to complete Exercise 3C (pages 84–85). Read page 86.	Group feedback
7. Summarise the section.	------

Preparation for the section

Be sure that you have a complete set of the inpatient treatment card (blank), enough for each participant as outlined in the list of supplies. Each participant will need one or two Treatment Cards for exercises in this section, and the subsequent sections.

1. Introduce Section 3

Explain that this section will focus on the routine tasks that should occur in the ward each day, beside feeding. These tasks, such as weighing and bathing are very important for a child's recovery.

This section also focuses on monitoring the vital signs of a child with SAM, specifically monitoring pulse, respiration and temperature. Monitoring is critical so that problems can be identified and treatment can be adjusted where necessary. Monitoring will enable identify if there is failure-to-respond to treatment.

Point out the learning objectives. Most of these tasks will be practised on the ward. Participants will learn to complete three pages of the Treatment Card: The Daily Care Chart, the Monitoring Chart and the Weight Chart. Hold up and show the enlarged copies.

2. Reading, short answer exercise, demonstrations

Ask participants to read through page 68–69 of the Manual for Home-Craft Workers Module.

Read the questions in the short answer exercise on page 70 and randomly ask the participants to select the correct answer. The participants can check their own answers found at the back of the Manual for Home-Craft Workers Module. Tell them that, after the short answer exercise, there will be a demonstration of how to use the Daily Care Chart and Monitoring Chart.

Demonstration of the Daily Care Chart

Note: The focus of this demonstration is on how to use the charts, not on the treatment provided.

Show an overhead (or enlarged copy) of the Daily Care Chart. Point out that one column is used every day. There are enough columns for 21 days or 3 weeks.

Point out the items in the left column on this page. Not every child will have something recorded for every item. For example, some children will not have eye problems. When a row will not be used, it can be shaded out, or you can write 'NONE'.

Some items on the Daily Care Chart require that information be recorded (e.g., the child's weight, the degree of oedema, the volume of feed taken). Others require that the staff sign when a task is performed. For example, when a nurse gives an antibiotic, he/she should sign the form. Explain to the participants, the most important areas to be documented are the first two boxes and have previously been covered in **Section 2: Feeding.**

Write on the overhead or enlarged copy to set up a Daily Care Chart for a 2-year-old girl named Atuweni. You will set up the left column of the chart like the example on page 72 in the Manual for Home-Craft Workers Module by entering appropriate times and doses. You will also record information for Atuweni's first day in hospital. Talk as you write, for example:

- Atuweni's first day in hospital is 8 January, so I record the date as '8 Jan' for day 1.
- Atuweni's weight is 8.8 kg.
- She has no oedema, so I record '0'.
- Atuweni has diarrhoea, but no vomiting, so I record only 'D'. (If she had vomiting only, I would record 'V'. If she had diarrhoea and vomiting, I would record both 'D' and 'V'.)
- She will be taking F-75.
- She will be fed on a 2-hourly basis, so I record that she will receive '12 feeds' daily.
- At the end of the day, or the next morning, I will record the total volume that she took during day 1. *(Question: Where can I find the total volume? Answer: On the 24-Hour Food Intake Chart).*
- I record +++ to show that Atuweni has severe dermatosis. I circle that she will need bathing with 1 percent permanganate. Atuweni is too sick to be bathed today, but I sponge 1 percent permanganate solution on the oozing spots and dress them with gauze. Then I sign the form.

Take note:

Iron and Vitamin A should be given by the nurse, but take note that Vitamin A is not given because Atuweni has no eye signs or measles and iron will be given only when Atuweni is receiving F-100.

Participants can see how Atuweni's Daily Care Chart was filled for 9 days by looking at the example on page 72 of the Manual for Home-Craft Workers Module.

Explain to the participants that some parts of the daily care chart will be completed by the nurse and other parts by the home-craft worker.

Participants will learn about use of the Monitoring Chart in this section.

Demonstration of the Monitoring Chart

Put up a blank overhead of the Monitoring Chart (or use an enlarged copy).

Point out that a child's respiratory rate and pulse rate are recorded at the top, and temperature is graphed so changes can easily be seen. Monitoring should be done every 4-hours until the patient is stable on RUTF or F-100 in transition. One page can be used for about 7 days if monitoring is done frequently. If necessary, additional pages can be attached.

Use the following story to show how the chart is completed. One facilitator can read the story of Dziko while the other facilitator records:

- *Dziko's axillary temperature at 9:00 on day 1 is 36.0° C.* (Plot temperature with an 'X' on the line for 36° C in the middle of the left-most column of the graph. Record time below the column.)
- *Dziko's respiratory rate is 35 breaths per minute.* Record in left-most box at top of form. *His pulse rate is 90 beats per minute.* Record pulse rate below the respiratory rate. Point out that the temperature is recorded on the horizontal line midway between the vertical lines that separate the dates.
- *Dziko's axillary temperature at 13:00 is 36.5° C. His respiratory rate is still 35 and his pulse rate is 95*. Record these on the Monitoring Chart. Connect the points for the temperature graph.
- *Dziko's axillary temperature at 17:00 is 37° C. His respiratory rate is still 35 and his pulse rate is back to 90.* Record these on the Monitoring Chart. Connect the points for the temperature graph. Point out that it is easy to see the increase in temperature.

Explain that participants will practise using the Monitoring Chart in the next exercises.

Point out the example of a Monitoring Chart on page 73 of the Manual for Home-Craft Workers Module.

3. Reading

Ask participants to read pages 74–77 of the Manual for Home-Craft Workers Module. If necessary, you can talk through the key points of this chapter. It is not the responsibility of Home-Craft workers to check vital signs, but in circumstances where there is acute shortage of nurses, they are asked to support the nurses. In such cases, the nurse in charge should ensure that there is proper and adequate orientation.

Inform the participants that demonstration and practice of these procedures will be done at the clinical session.

4. Exercise 3A and 3B: Use of the Monitoring Chart

In exercise 3A, participants will make entries on the Monitoring Chart that they will set up for Bwerani.

Participants will need a blank Monitoring Chart for this exercise.

In Exercise 3B, participants will practise interpreting the Monitoring Chart to identify danger signs. Point out that the participants can refer to Table 4: Summary of danger signs on page 76.

If there isn't enough time or participants are having difficulties in understanding the activity, the facilitator can review exercise 3A on demonstration chart with the group, followed by group feedback. Participants can make corrections as go along.

5. Demonstration, reading and short answer exercise

Section 3.6.6 of the Manual for Home-Craft Workers Module describes how to complete a Weight Chart for a child with SAM. Most Home-Craft workers will be familiar with using the old weight charts and will be able to work independently, however a demonstration of the how to complete the Weight Chart should still be done, as some updates have been made to the new Weight Chart. Tell participants to read page 81–82

Demonstration of a weight chart

Use an overhead transparency or an enlarged copy of the Weight Chart. Point out that the vertical axis shows the possible range of weights for the child, and the horizontal axis shows the days that the child is in hospital. Each point plotted on the graph on the vertical line indicates the day the child's weight on a certain day.

One facilitator should tell the story of a child and describe the graphing process using the italicised narration below. The other facilitator should record information, label the graph and plot weights following the directions given in regular type below:

- Oliver is a 9-month-old boy. His weight on admission is 6.1 kg, his length is 67.0 cm and his MUAC is 112 mm. He has moderate (++) oedema on admission. Oliver has oedema with severe wasting and is admitted to inpatient care. Record this information in the spaces to the left of the weight chart.
- Now we need to set up the vertical axis of the graph. Point to the vertical axis. Each heavy line going across represents a whole number weight, such as 5.0 kg, 6.0 kg and so on. Each lighter line represents 0.1 kg. Point to the heavy lines and lighter lines.
- Since Oliver has some oedema, he will lose some weight before he gains any weight. So, we cannot put his starting weight at the bottom of the vertical axis. We *should* leave some room for weight loss. Since Oliver has moderate oedema, we will allow for 1 kg weight loss. If he had severe oedema, we would allow for a 2 kg or 3 kg loss. His starting weight is 6.1 kg, so we will write 6.0 kg by the first heavy line up from the bottom of the chart; 6.1 kg will be on the first light line above this. Label the heavy line '6.0 kg'.
- We can now label the other heavy lines that intersect the vertical axis. There is no need to label the lighter lines. We will just remember that each one represents 0.1 kg. Label the remaining heavy lines 5.0 (bottom line), 7.0 kg, 8.0 kg and 9.0 kg (top line).
- Now the graph is set up. We can plot the admission weight of 6.1 kg. To do this, we follow the line up from day 1, and across from the weight 6.1 kg, and make a mark at the intersection. The mark can be a heavy dot or an 'X'. Point to show how to find the intersection of lines above day 1 and across from weights 6.1 kg. Make a mark, such as an 'X' to plot the point.
- On the next day, we would plot a point for the weight on day 2. The weight on day 2 is the same, 6.1 kg. We then connect the points with a line. Plot a point for this weight and connect the points.
- On day 3, Oliver has lost some weight. He weighs 5.9 kg. Plot the weight for day 3 and connect the points.
- *On day 4, Oliver has lost some more weight. He weighs 5.5 kg. He starts F-100 on day 4.* Plot the weight for day 4 and connect the points. Underneath the point for day 4 write 'F-100'.
- On day 5, Oliver has gained some weight. He weighs 5.6 kg. Plot the weight for day 5 and connect the points.
- On day 6, Oliver has gained some more weight. He weighs 5.7 kg. Plot the weight for day 6 and connect the points.
- *Over the next days, Oliver continues to gain weight.* Plot points for day 7 (5.8 kg), day 8 (5.9 kg), day 9 (5.9 kg) and day 10 (6.1 kg). Connect the points.
- You can easily see from looking at the graph that Oliver first lost some weight due to reduced oedema fluid and then gained weight once he started on F-100. Point to show the line going down and then up again.

Participants should complete the short answer exercise on page 83. Answers can be reviewed as a group discussion and continue to Exercise 3C (pages 84–85).

Facilitators should also check answers to the short answer exercise individually to be sure that participants understand how to read the Weight Chart.

6. Exercise 3C: Individual work followed by individual feedback – Preparing a weight chart

When giving individual feedback, be sure that participants understand why Daniel lost weight, i.e., that he was losing oedema fluid. Remind participants that children are not expected to gain weight until they are on RUTF or F-100.

Ask participants whether weight charts like this one are kept in their hospitals. Ask if they can see the usefulness of this type of chart in showing a 'picture' of weight gains and losses.

If many participants had challenges completing the exercise, a group demonstration of Exercise 3C on an enlarged Weight Chart can be done.

7. Summary of the section

1. Lead the participants into a brief discussion on Infection Prevention in the NRU (page 86), then summarize the section.
2. Ask participants to tell you why it is important to keep good records of daily care, weights and results of monitoring. They may have a number of ideas. For example, good records are important for communicating with other staff (e.g., when the shift changes). Monitoring is important to quickly identify danger signs, etc.
3. Review the learning objectives of this section on page 68 of the Manual for Home-Craft Workers Module and explain that participants will have a chance to do some of these tasks during clinical practice.
4. Review any points that you have noted in the box below. Answer any questions that participants may still have. (If you cannot answer a question, offer to obtain more information and discuss it later.)

Facilitator Guidelines for Section 4: Monitoring, Reporting and Quality Improvement

Procedures	Feedback
1. Introduce the section. Review the learning objectives	------
2. Ask participants to read through page 87–89 of the Manual for Home-Craft Workers Module	------
3. Prepare for the role-play in Exercise 4A (page 90). Conduct the role-play.	Group discussion
4. Ask participants to read pages 91–93	Group discussion
5. Group discussion – Reporting for SAM	Group discussion
6. Summarise the section.	------

Preparation:

Exercise 4A of this section is a role-play of a problem-solving session. A problem is described in this guide. Several roles are also described. You will need to photocopy the role descriptions and provide these to the participants who will play those roles.

1. Introduce Section 4

Monitoring is important for identifying progress, problems and/or failure to respond to treatment. This section focuses on monitoring as a way to identify problems so that they can be solved.

The section describes a general process of QI; these processes will be learnt in detail at a separate training of Quality Improvement for Inpatient Care of Children with SAM.

The section also shows how monitoring individual progress and care can identify problems.

Point out the learning objectives on page 87 of the Manual for Home-Craft Workers Module. Stress that an important concept in this module is to look for the cause of a problem before deciding on a solution.

2. Reading and short answer exercises

Ask participants to read through page 87–89 of the Manual for Home-Craft Workers Module.

Briefly explain through the points. Discuss with the participants if similar activities take place in their respective facilities based on the points covered.

3. Exercise 4A: Role-play – Problem-solving session

Ask participants to read page 90, about role-play in Exercise 4A.

In this role-play, participants will each take a role of someone who might be on the staff of a hospital. Ask for six volunteers, assign them one of the roles below:

i. Clinician in charge (this person will lead the problem-solving session)

ii. Senior nurse on duty in the morning (in some hospitals, this person is called the ‘Matron’)

iii. Senior nurse on duty in the afternoon

iv. Night nurse

v. Home-craft worker

vi. Hospital administrator

> The role-play may go more smoothly if one facilitator plays the role of the 'clinician in charge' and the other facilitator records on the flipchart. Other roles should be assigned to participants.

Prior to this exercise, photocopy the role descriptions outlined below (separate page for each role). Give each person the description for their role. In front of each person, place a card or folded piece of paper showing that person's role. These cards will help participants remember who is playing what role.

Tell the 'clinician in charge' that he/she should take the lead in the discussion and should follow the process outlined on page 90 of the Manual for Home-Craft Workers Module. Try not to interrupt. Assist only if the discussion becomes very much 'off track'.

Ask someone to help by recording on the flipchart. The format below will help provide structure.

Example of flipchart format

Problem:	
Causes:	Solutions:

After the role-play, discuss what went well and what could have been improved. Ask whether participants could conduct such a session in their hospitals. Ask whether all the solutions identified appear to be appropriate for the causes of the problem.

If there is time, you may do another role-play using a real problem observed in ward visits.

Descriptions of roles

Clinician in charge

From December through February, there were no deaths in the NRU. In the past week, there have been two deaths.

- Ekari, a 15-month-old girl, died during her second night in hospital (last Monday). She was dead when you arrived in the morning.
- Khama, a 24-month-old boy, died during his third night in hospital (last Wednesday). His NG tube had been removed and it was his first night to feed orally.

Both children were supposed to be taking F-75 every 2 hours.

There is no monitoring data for the nights of the deaths, and the 24-Hour Food Intake Charts were not completed during the night.

You suspect that the children were not fed during the night and that they became hypoglycaemic and died.

You want to know more about what happened so that this will not happen again.

Senior nurse (morning), also known as the Matron

You are on duty from 7:00 until 15:30. You remember the deaths of Ekari and Khama last week, although you were not present at night when they occurred.

When you arrived in the morning after Ekari had died, the night nurse and junior nurse (who had been on duty all night) were visibly upset. They had been trying to reach the clinician in charge for over 2 hours.

You are not sure what happened during the night, but you are very protective of the nursing staff, and you do not want to lose any more nurses. You feel that the ward is understaffed and overworked.

On the morning after Khama's death, you found the junior nurse alone in the ward. The other night nurse had not reported for duty.

Senior nurse (afternoon/evening)

You are on duty from 15:00 until 22:30. You heard about the deaths of Ekari and Khama last week, although you were not present when they occurred.

When you left at 22:30 Monday night, Ekari was fine and was taking F-75 well at 2-hourly feeds.

On Wednesday evening, at about 18:00, you removed Khama's NG tube so that he could take F-75 orally. He had two successful oral feeds before you left for the night. When you left, the junior nurse had arrived, but the other night nurse had not arrived.

Night nurse

You were recently moved from the infectious disease ward to the NRU. You have been on the night shift for only 2 weeks, and you are not yet used to the schedule. You get very tired at night.

You do not understand why children should be awakened every 2 hours to eat when they are sleeping soundly. When you wake the children, they often refuse to eat anyway.

You received no special training when you were moved to the NRU. You were simply told to feed the children according to their charts throughout the night.

On Monday night, when Ekari died, the junior auxiliary nurse woke you at 4:30 in a panic. You were not surprised when you couldn't reach the clinician.

On Wednesday night, when Khama died, you did not come to work because your husband did not come home, and there was no one to stay with your own children. It was too late to find a substitute.

Home-craft worker

You work in the ward at night and were on duty when both Ekari and Khama died.

You try very hard to stay awake all night and feed the children, but sometimes you fall asleep.

You are very conscientious, and you were extremely upset when the children died. In Ekari's case, you went to feed her at about 4:00 and she was dead. She was uncovered when you found her. Her mother had gone home for the night and was to return in the morning. You woke the other nurse and called the clinician, but he/she could not be reached.

In Khama's case, you were alone because the other nurse did not show up. You realised that he was not taking his feeds well at 24:00 and 2:00, but you could not spend a lot of time with him because you had many other children to feed. Khama's mother was very ill and was not with him in hospital. You do not know how to insert an NG tube.

At 4:00, you had trouble with waking Khama and tried to call the clinician, but he/she could not be reached. Khama never woke up.

Hospital administrator

The hospital recently lost some funding from the government, and you had to decrease staff. You decreased the number of night staff in particular, since the patients are sleeping then anyway.

You are not happy with the NRU because patients stay there so long. You wish they could be released after a week, or at most 2 weeks, and fed at home.

Recently, the senior nurses approached you about providing better accommodations for mothers at night, so that mothers would be more likely to stay with their children. You said there was simply no money for this. However, you realise during the problem-solving discussion that providing adult cots for mothers would be less expensive than hiring more night staff, and children with SAM are best sleeping with their mothers, which also will affect faster healing.

4. Group discussion – Results of monitoring food preparation and ward procedures

Ask participants to read from pages 91–93, answer any questions. Ask participants to identify problems or challenges in monitoring of SAM children and ward procedures noted during clinical sessions or back in their facilities.

Lead a group discussion. Select one or two important problems (similar in all facilities) and discuss possible causes and possible solutions. Ask participants to formulate recommendations for

improvements and propose activities. They could indicate whether the proposed activities for improvement need additional resources or not. Activities for improvements that do not need extra resources could be initiated at any time soon.

5. Group discussion – Reporting for SAM

Ask participants to read Section 4.5 on page 93. When the participants finish reading, discuss when indicators of performance are calculated and how they are calculated and the importance of recording indicators (outcome indicators). Discuss with the participants any issues related to preparation of monthly reports for their facilities

6. Summary of the section

1. Review the problem-solving process outlined in the introduction on page 87 of the Manual for Home-Craft Workers Module. Stress the importance of investigating causes before deciding on solutions.

2. Stress the importance of monitoring individual care and services, and the role of reporting in the management of SAM.

3. Review any points that you have noted in the box below. Answer any questions that participants may still have. (If you cannot answer a question, offer to obtain more information and discuss it later.)

Facilitator Guidelines for Section 5: Involving Mothers in Care

Procedures	Feedback
1. Introduce the section. Review the learning objectives	------
2. Ask participants to read through pages 94–95 and prepare for the discussion in Exercise 5A (page 96).	Group discussion
3. Ask participants to read page 97 and prepare for the role-plays in Exercise 5B (page 98). Conduct the role-plays.	Group discussion
4. Ask participants to read pages 99–102. Show video: *Teaching Mothers about Home Feeding*. This will be followed by a group discussion of exercise 5C on page 103 and general discussion on home feeding	Group discussion
5. Ask participants to read page 104. Show video: *Malnutrition and Mental Development*, followed by group discussion	Group discussion
6. Ask participants to read pages 105–108, study the examples of Referral Form and Information in the Child Health Passport (Annex G&H of the Manual for Home-Craft Workers Module) and prepare for the role-play in Exercise 5D (page 109). Conduct the role-play.	Group discussion
7. Summarise the section.	------

Preparation for the section

Two videos are shown in this module. Be sure that you have the videos – *Teaching Mothers about Home Feeding and Malnutrition and Mental Development* and know when and where the video player with sound is available.

For the role-plays in Exercise 5B, it will be helpful to have some props: a baby doll with clothes, a basin for bathing, a towel and a cup and saucer for feeding. If these are not available, be creative about substitutions. For example, a rolled-up sweater can be a 'baby'.

Photocopy and cut out role descriptions for the role-plays in Exercises 5B and 5D.

Blank sample Discharge Cards are provided with this training. Before role-plays 1, 2 and 3 in Exercise 5D, complete a Transfer Form (1) or Discharge Card (2) with the following information. The 'nurse' will use this card in the role-play to give instructions to a mother. All of the information should be appropriate for the local area.

Role-play 1

- Name, date of birth, address for a 15-month-old boy
- Admission and discharge dates showing child has been in hospital 7 days
- Admission weight: 4.9 kg, MUAC 111 mm, oedema: mild (+)
- Amount of RUTF given to the child and how many to consume per day
- Transfer to outpatient care
- RUTF key messages provided to the mother and understood (observations should be made during the mother's stay in hospital)
- Medications and supplements to be continued in outpatient care if this would still be the case.

- Enter a place and date for planned follow-up once a week in outpatient care
- Check to show that the child has received all immunisations

Role-play 2

- Name, date of birth, address for a 2-year-old boy
- Admission and discharge dates showing child has been in hospital 18 days
- Admission weight: 7.6 kg, MUAC 111 mm, length 78 cm
- What to feed: Local cereal staple, local vegetables and fruits, local sources of protein, local snacks
- How much/how often: Describe serving size in local terms; give family foods at meals three times each day, plus two nutritious snacks between meals
- Medications and supplements: Fill in blanks with appropriate information for local formulations
- Enter a place and date for planned follow-up 1 week from discharge date
- Check to show that the child has received all immunisations

Role-play 3

- Name, date of birth, address for a 4 month-old breastfed boy
- Admission and discharge dates showing infant has been in hospital 28 days
- Describe feeding support received and further needed
- Enter a place and date for planned community-based infant and young child feeding (IYCF) follow-up
- Check to show that the infant has received all immunisations

Decide whether your group will conduct the optional discussion in Exercise E. Your decision may be affected by the time available, the number of participants who work in hospitals where early discharge is common, typical hospital policies in the area and so on.

1. Introduce Section 5

Explain that emotional, mental and physical stimulation are critical for children that have SAM. This section describes ways that hospitals can involve mothers to ensure that children receive such stimulation, both in hospital and later at home.

It is hoped that participants have observed or will observe examples of how to involve mothers in the hospital ward. For example, they may have seen a teaching session or a play session that involved mothers. They will also see a video showing these types of sessions with mothers.

Point out the learning objectives on page 94 of the Manual for Home-Craft Workers Module.

2. Exercise 5A: Group discussion – Ways to involve mothers and other family members

Ask participants to read through pages 94–95 of the Manual for Home-Craft Workers Module and prepare for the group discussion in Exercise 5A on page 96.

Usually participants have many ideas on how to involve family members, and things that can hinder family involvement. Structure the group discussion by asking each participant in turn for one idea. Record the ideas on the flipchart.

Note: No answer sheets are given for the exercises in this section since they are all discussions or role-plays for which there are no 'right or wrong' answers.

3. Exercise 5B: Role-play – Teaching a mother to bathe or feed a child

Ask participants to read page 97 of the Manual for Home-Craft Workers Module and then come to you for instructions for the role-play. You will need to assign roles to four people for this exercise.

For Role-play 1, assign someone to be a 'bossy nurse' and someone to be a mother.

For Role-play 2, assign someone else to be a 'nice nurse' and someone else to be a mother. Others will observe and take notes.

Provide props as needed (for example, a baby doll, a basin for bathing, a towel, a cup and saucer) or creative substitutions for these.

Give role descriptions to those who will play roles. Role descriptions are below.

After each role-play, lead a brief discussion using the questions given in the Manual for Home-Craft Workers Module. You may need to explain about the questions, which are asked to ensure that the learner understands. They should not be answered simply 'yes' or 'no'. They should be more open-ended questions that ask, 'How, what, how many and so on'.

For example, if a home-craft worker has taught a recipe, she might then ask the mother such questions as: 'What ingredients will you use?' 'How much oil will you put in?' 'How much will you feed your child?'

Role descriptions for Exercise 5B

Role-play 1 – Bossy home-craft worker

You are a bossy and cold home-craft worker. You are experienced, and you feel that you know better than all of the mothers. You tend to feel it is their fault that their children are malnourished.

You are supposed to teach a mother how to bathe her child. Instead of first showing her how, you start off by saying, 'Let's see how you do....' Then you are critical of how she undresses the child, holds the child and so on. You end up taking over the procedure.

Role-play 1 – Mother

You are a young mother and this is your first child. You have no husband to help you, and you are very poor.

Your 15-month-old daughter has been on the ward for 2 days. She is better and is taking F-75 well by mouth now. She will be given a bath today. Although you are accustomed to bathing your daughter at home, you are nervous about doing it with the nurse watching you. You fear that the nurse will criticise you.

Role-play 2 – Nice home-craft worker

You are a helpful and kind home-craft worker. You feel it is important for mothers to learn how to feed and care for their children in the hospital.

You are going to teach a mother how to feed her child and encourage the child to eat.

You first explain what you are going to do, then you show the mother how to hold the child and so on, then you encourage her to try. You give helpful, positive suggestions. If the mother asks a question, you assure her that it is a good question, and you answer it carefully.

Role-play 2 – Mother

You are very timid and frightened about being in hospital. You are afraid your son, age 20 months, will die.

Your son was unable to eat on arrival at the hospital and was fed by NG tube for the first day. At the last two feeds, the home-craft worker fed him successfully orally. At this feed, she will show you how to feed him.

4. Video: *Teaching Mothers about Home Feeding*, Exercise 5C: Group discussion – Teaching mothers to feed children at home

Ask participant to read pages 99–102 and prepare for exercise 5C on page 103. This will be followed by a video: ***Teaching Mothers about Home Feeding.*** Explain that this video segment will show a teaching session in which *khichuri* (an example of a home food used in Bangladesh described in the module) is prepared. In the video, the mother is preparing a large amount of food for a hospital ward. Amounts used in the home would be smaller, as in the recipe in the module. Explain that some things have been done before the video begins. For example, the rice and lentils have been thoroughly washed, and the mother has washed her hands.

After the video, ask participants what they thought was done well in the teaching session and what could have been done better. How were examples given in the teaching session? How did mothers practise?

Participants may wish to view the video again. This is fine as long as there is enough time.

Ask participants to begin thinking about how they will teach mothers about feeding in their own hospitals. Use the questions in Exercise 5C to structure a discussion.

5. Reading and video: Malnutrition and *Mental Development*

Explain that this video shows how mental development can be encouraged through play in the hospital ward, at home and in the community. At three points in the video, there are opportunities for discussion. Questions for discussion will appear on the screen. These questions are printed below for your reference. Stop the video and take a moment to discuss these questions.

First discussion point in video

How can you:

- Make mothers feel welcome?
- Show your respect?
- Encourage play and interaction?

- Make the ward friendly?

What should mothers be allowed to do?

Second discussion point in video

Can you use any of these ideas (from the video)?

How will you:

- Use everyday activities?
- Involve mothers?

Third discussion point in video

Talk about:

- Toys
- How to start a programme of play and interaction

Stress that mental stimulation may be achieved during normal, everyday activities (such as washing and cooking) and by playing with simple, homemade toys. It does not require great amounts of time or expense.

6. Discharge procedures and preparations, Exercise C: Group Discussion

Ask participants to read pages 105–108. At the end of each sub-section summarize and answer any questions the participants may have. It is important that participants understand the discharge criteria of patients from inpatient care to OTP/SFP and home. Emphasize the importance of teamwork between nurses, clinicians and home-craft workers on decision making when discharging a patient.

Depending on the reading ability of the participants, the facilitator can opt to read through these sections or explain the key points to the participants.

7. Exercise 5D: Role-play – Giving discharge instructions

Assign one person to be the home-craft worker and one person to be the mother for each case. Give the home-craft worker the Referral Form or the Information on Child Health Passport provided in Annex G and H of the Manual for Home-Craft Workers Module. For the first case give the home-craft worker and the mother the role descriptions that follow, and orient them on the purpose of the role-play. For the second and third case, ask the home-craft worker and mother to decide on their role description, following the case description in the module and the information on the discharge card, applying the learning from the course and the practice from you experience.

Role Description Case 1

Role-play: Home-craft worker

Follow the order of the Discharge Card carefully, covering all of the information on the card. Ask the mother questions to ensure that she understands. Specific information that this mother needs includes:

- Give medications that should be continued at home, and ensure that the mother is clear on how much to give to the child.
- Ask the mother where the closest health facility with outpatient care to her home is located, and refer her to the health facility.
- Provide the RUTF key messages:
    1. Do not share RUTF. RUTF is a food and medicine for very thin and swollen children only.
    2. Give small, regular meals of RUTF and encourage the child to eat often (five to six meals per day). Your child should have ___ packets per day. Thin and swollen children often do not like to eat.
    3. Continue to breastfeed regularly (if applicable). Offer breast milk first before every RUTF feed.
    4. Do not give other food. RUTF is the only food apart from breast milk that thin and swollen children need to recover during their time in outpatient care. Other foods, such as homemade foods (use local name or porridge), will be introduced when the child is recovering well and has eaten the full daily RUTF ration.
    5. Offer the child plenty of clean water to drink while he/she is eating RUTF. Children will need more water than normal.
    6. Wash the child's hands and face with soap before feeding if possible.
    7. Keep RUTF packet clean and covered between feeds.
    8. Keep the child covered and warm. Thin and swollen children get cold quickly.
    9. Do not stop feeding when a child has diarrhoea. Continue to feed RUTF and (if applicable) breast milk.
    10. Return to the health facility whenever the child's condition deteriorates or if the child is not eating sufficiently.
- This child is up-to-date on immunisations.
- The child needs a follow-up visit in 1 week at the health facility with Outpatient Care.
- Provide a 1-week ration of RUTF or until the mother can visit the health facility to which she is referred.

Also give information on danger signs, how to play with the child and so on.

You are consistently courteous and helpful to the mother, correcting her nicely if she misunderstands.

Mother

You are very eager to go home after 18 days in hospital with your 2-year-old son who has recovered, but you are concerned that you may not have all the necessary foods at home to keep him healthy. For example, you may not have *(meat or local source of protein).* You wonder if you can feed him something else.

You understand most of what the home-craft worker says, but you miss a few points when she asks you follow-up questions. (This will allow the home-craft worker to correct you in a nice way.)

Case 2

This mother and child have been in hospital for 18 days. The child, who is 2 years old, has reached the end-of-treatment criteria. The mother has already been taught carefully how to continue feeding at home with nutritious complementary food and how to play with her child. The mother and child are ready for discharge. It is now time for the home-craft worker to review instructions with the mother using a discharge card. The home-craft worker will use the Information on the Child Health Passport given in **Annex H** of the Manual for Home-Craft Workers Module.

Case 3

This mother and infant have been in hospital for 28 days. The infant, who is 4 months old, is gaining weight well on exclusive breastfeeding and is ready for discharge. The mother has received good breastfeeding support but is still very insecure. It is now time for the home-craft worker to review instructions with the mother using a discharge card. The home-craft worker will use the Information on the Child Health Passport given in **Annex H** of the Manual for Home-Craft Workers Module.

During the role-play, observers should refer to their Referral Form and the Information on the Child Health Passport in **Annexes G and H** of the Manual for Home-Craft Workers Module and make notes so that they can answer the questions in the module. After the role-play, use these questions to structure a brief discussion.

Also, ask whether this type of Referral Form or the Information on the Child Health Passport would be useful in the participants' own hospitals. How would they need to modify it?

7. Summary of the section

1. Emphasise the importance of involving mothers and family members in care at the hospital, as well as the importance of preparing them to continue good care at home.
2. Perhaps ask each participant to say one thing he/she will do in his/her hospital to encourage families to participate in care or to make the ward more stimulating for children. This can be a small thing, such as providing chairs for mothers or putting colourful pictures on the walls. Or it may be a large task, such as changing a hospital policy.
3. Review any points that you have noted below, and answer any questions that participants may still have. Tell participants that you have enjoyed working with them. If there are any further activities, such as a closing ceremony or a questionnaire to complete, give participants the relevant instructions.

Note: There will be an End-of-Course Evaluation and a Post-Course Test to organise.

The Course Coordinator will share with you the questionnaires the participants will complete in the small groups.

Practice Sessions in the Ward

The practice session will be conducted in two days. Divide the participants into two groups that will alternate the ward visits. At the ward, divide the group into smaller groups and allocate patients to each group. When allocating patients, choose SAM children in transition or rehabilitation (children who are stable) for practice session.

For anthropometric measurements, this can be done at the under-five OPD, on more stable, non-malnourished children or at the OTP as the children are being weighed (some facilities conduct routine nutrition screening of all children at under-five OPD).

Prior to conducting the sessions, the Clinical Instructor or facilitator assigned as a clinical instructor should visit the health facility a day before and meet with the NRU In-charge to discuss the schedule. This will guide on timing the session to observe certain activities, e.g. feeding schedule, weighing etc.

Day 1: Tour of Ward and Clinical Signs

- Observe the admissions area and the under-five OPD
- Observe how the NRU is organised
- Observe children with clinical signs of SAM
- Look for signs of SAM
- Weigh and measure children (length, height and MUAC
- Look up WFH/WFL z-scores
- Identify children who have SAM

Day 2: Feeding and Daily Care

- Observe the kitchen area
- Observe staff measuring, giving, and recording feeds
- Counsel mothers about importance of giving feeds to children with SAM
- Observe and practice feeding by NG tube, by cup and spoon
- Observe and assist feeding by supplemental suckling technique
- Review 24-Hour Food Intake Charts and plan feeds for the next day
- Determine readiness for transition in a child > 6 months old
- Determine whether the child and/or non-breastfed infant less than 6 months has regained appetite and is ready for transition
- Do appetite test with RUTF
- Observe any special areas for play, health and nutrition counselling and so on
- Measuring pulse rate, respiratory rate and temperature and record on the Monitoring Chart
- Observe and assist with bathing children
- Observe a health and nutrition counselling session
- Observe a cooking session
- Observe a play session

General Facilitator Guidelines for the Module

1. Techniques for motivating participants

Encourage interaction

1. During the first day, you will talk individually with each participant several times (for example, during individual feedback). If you are friendly and helpful during these first interactions, it is likely that the participants will overcome their shyness, realise that you want to talk with them and interact with you more openly and productively throughout the training.

2. Look carefully at each participant's work (including answers to short answer exercises). Check to see if participants are having any problems, even if they do not ask for help. If you show interest and give each participant undivided attention, the participants will feel more compelled to do the work. Also, if the participants know that someone is interested in what they are doing, they are more likely to ask for help when they need it.

3. Be available to talk with participants as needed.

Keep participants involved in discussions

4. Frequently ask questions of participants to check their understanding and to keep them actively thinking and participating. Questions that begin with 'what', 'why' or 'how' require more than just a few words to answer. Avoid questions that can be answered with a simple 'yes' or 'no'.

   After asking a question, PAUSE. Give participants time to think and volunteer a response. A common mistake is to ask a question and then answer it yourself. If no one answers your question, rephrasing it can help break the tension of silence. But do not do this repeatedly. Some silence is productive.

5. Acknowledge all participants' responses with a comment, a 'thank you' or a definite nod. This will make the participants feel valued and encourage participation. If you think a participant has missed the point, ask for clarification, or ask if another participant has a suggestion. If a participant feels his/her comment is ridiculed or ignored, he/she may withdraw from the discussion entirely or not speak voluntarily again.

6. Answer participants' questions willingly, and encourage participants to ask questions when they have them rather than to hold the questions until a later time.

7. Do not feel compelled to answer every question yourself. Depending on the situation, you may turn the question back to the participant or invite other participants to respond. You may need to discuss the question with the Course Director or another facilitator before answering. Be prepared to say, 'I don't know but I'll try to find out'.

8. Use names when you call on participants to speak, and when you give them credit or thanks. Use the speaker's name when you refer back to a previous comment.

9. Maintain eye contact with the participants so everyone feels included. Be careful not to always look at the same participants. Looking at a participant for a few seconds will often prompt a reply, even from a shy participant.

Keep the session focused and lively

10. Keep your presentations lively:

    - Present information conversationally rather than read it.
    - Speak clearly. Vary the pitch and speed of your voice.

- Use examples from your own experience, and ask participants for examples from their experience.

11. Write key ideas on a flipchart as they are offered. (This is a good way to acknowledge responses. The speaker will know his/her suggestion has been heard and will appreciate having it recorded for the entire group to see.)

    When recording ideas on a flipchart, use the participant's own words if possible. If you must be briefer, paraphrase the idea and check it with the participant before writing it. You want to be sure that the participant feels that you understood and recorded his/her idea accurately.

    Do not turn your back to the group for long periods as you write.

12. At the beginning of a discussion, write the main question on the flipchart. This will help participants stay on the subject. When needed, walk to the flipchart and point to the question.

    Paraphrase and summarise frequently to keep participants focused. Ask participants for clarification of statements as needed. Also, encourage other participants to ask a speaker to repeat or clarify his/her statement.

    Restate the original question to the group to get them focused on the main issue again. If you feel someone will resist getting back on track, first pause to get the group's attention, tell them they have gone astray and then restate the original question.

    Do not allow several participants to talk at once. When this occurs, stop the talkers and assign an order for speaking. (For example, say 'Let's hear Dr Banda's comment first, then Mr Phiri's, then Mrs Lungu's.) People usually will not interrupt if they know they will have a turn to talk.

    Thank participants whose comments are brief and to the point.

13. Try to encourage quieter participants to talk. Ask to hear from a participant in the group who has not spoken before, or walk toward someone to focus attention on him/her and make him/her feel that he/she is being asked to talk.

Manage any problems

14. Some participants may talk too much. Here are some suggestions on how to handle an overly talkative participant:

    - Do not call on this person first after asking a question.
    - After a participant has gone on for some time say, 'You have had an opportunity to express your views. Let's hear what some of the other participants have to say on this point'. Then rephrase the question and invite other participants to respond, or call on someone else immediately by saying, 'Dr Banda, you had your hand up a few minutes ago'.
    - When the participant pauses, break in quickly and ask to hear from another member of the group or ask a question of the group, such as, 'What do the rest of you think about this point?'
    - Record the participant's main idea on the flipchart. As he/she continues to talk about the idea, point to it on the flipchart and say, 'Thank you, we have noted your idea'. Then ask the group for another idea.
    - Do not ask the talkative participant any more questions. If he/she answers all the questions directed to the group, ask for an answer from another individual specifically or from a specific subgroup. (For example, ask, 'Does anyone on this side of the table have an idea?')

15. Try to identify participants who have difficulty understanding or speaking the course language. Speak slowly and distinctly so that you can be more easily understood and encourage the participant in his/her efforts to communicate.

    Discuss with the Course Director any language problems that might seriously impair the ability of a participant to understand the written material or the discussions. It may be possible to arrange help for the participant.

    Discuss disruptive participants with your co-facilitator or with the Course Director. The Course Director may be able to discuss matters privately with the disruptive individual.

Reinforce participants' efforts

16. As a facilitator, you will have your own style of interacting with participants. However, a few techniques for reinforcing participants' efforts include:

    - Avoiding use of facial expressions or comments that could cause participants to feel embarrassed
    - Sitting or bending down to be on the same level as the participant when talking to him/her
    - Answering questions thoughtfully, rather than hurriedly
    - Encouraging participants to speak to you by allowing them time
    - Appearing interested, saying 'That's a good question/suggestion'

17. Reinforce participants who:

    - Try hard
    - Ask for an explanation of a confusing point
    - Do a good job on an exercise
    - Participate in group discussions
    - Help other participants (without distracting them by talking at length about irrelevant matters)

2. Techniques for relating the module to participants' jobs

1. Discuss the use of these case management procedures in participants' own hospitals. The guidelines for giving feedback on certain exercises suggest specific questions to ask. Be sure to ask these questions and listen to the participants' answers. This will help participants begin to think about how to apply what they are learning.

   Reinforce participants who discuss or ask questions about using these case management procedures by acknowledging and responding to their concerns.

3. Techniques for adapting materials for non-trained support staff (Patient attendants)

1. Use the suggestions for adapting materials for other support staff working in the NRU that have not undergone formal training as the home-craft (as given in shaded boxes in the *Facilitator Guide*. These suggest additional demonstrations or explanations that may be needed. They also suggest parts of exercises that may be omitted, or that may be discussed as a group rather than done individually.

2. Be sensitive to the needs of your group. Give enough explanation that participants do not become frustrated. However, be aware that too much explanation can be boring and can be seen as condescending.

3. If your group becomes very frustrated, or is very far behind in the schedule, talk with the Course Director about adjustments that may be needed, such as omitting additional exercises or sections of reading.

4. Techniques for assisting co-facilitators

1. Spend some time with the co-facilitator when assignments are first made. Exchange information about prior teaching experiences and individual strengths, weaknesses and preferences. Agree on roles and responsibilities and how you can work together as a team.

2. Assist one another in providing individual feedback and conducting group discussions. For example, one facilitator may lead a group discussion, and the other may record the important ideas on the flipchart. The second facilitator could also check the *Facilitator Guide* and add any points that have been omitted.

3. Each day, review the teaching activities that will occur the next day (such as role-plays, demonstrations and drills), and agree who will prepare the demonstration, lead the drill, play each role, collect the supplies and so on.

4. Work together on the module rather than taking turns having sole responsibility for the module.

5. When participants are working

1. Look available, interested and ready to help.

2. Watch the participants as they work, and offer individual help if you see a participant looking troubled, staring into space, not writing answers or not turning pages. These are clues that the participant may need help.

3. Encourage participants to ask you questions whenever they would like some help.

4. If important issues or questions arise when you are talking with an individual, make note of them to discuss later with the entire group.

5. If a question arises that you feel you cannot answer adequately, obtain assistance as soon as possible from another facilitator or the Course Director.

6. Review the points in this *Facilitator Guide* so that you will be prepared to discuss the next exercise with the participants.

6. When providing individual feedback

1. Before giving individual feedback, refer to the appropriate notes in this guide to remind yourself of the major points to make.

2. Compare the participant's answers to the answers provided in the back of the Manual for Home-Craft Workers Module as indicated.

3. If a participant's answer to any exercise is incorrect or is unreasonable, ask the participant questions to determine why the error was made. There may be many reasons for an incorrect answer. For example, a participant may not understand the question, may not understand certain terms used in the exercise, may use different procedures at his/her hospital, may have overlooked some information about a case or may not understand a basic process being taught.

4. Once you have identified the reason(s) for the incorrect answer to the exercise, help the participant correct the problem. For example, you may only need to clarify the instructions. On the other hand, if the participant has difficulty understanding the process itself, you might try using a specific case example to explain. After explaining, ask the participant questions to be sure he/she understands.

5. Give each participant the information to find the answers in the back of the Manual for Home-Craft Workers Module, if one is provided.

6. Always reinforce the participant for good work by (for example):

   – Commenting on his/her understanding

   – Showing enthusiasm for ideas for application of the skill in his/her work

   – Telling the participant that you enjoy discussing exercises with him

   – Letting the participant know that his/her hard work is appreciated

7. When leading a group discussion

1. Plan to conduct the group discussion at a time when you are sure that all participants will have completed the preceding work. Wait to announce this time until most participants are ready, so that others will not hurry.

2. Before beginning the discussion, refer to the appropriate notes in this guide to remind yourself of the purpose of the discussion and the major points to make.

3. Always begin the group discussion by telling the participants the purpose of the discussion.

4. Often there is no single correct answer that needs to be agreed on in a discussion. Just be sure that the conclusions of the group are reasonable and that all participants understand how the conclusions were reached.

5. Try to get most of the group members involved in the discussion. Record key ideas on a flipchart as they are offered. Keep your participation to a minimum, but ask questions to keep the discussion active and on track.

6. Always summarise, or ask a participant to summarise, what was discussed in the exercise. Tell participants they can find the answer sheet in the back of the Manual for Home-Craft Workers Module, if one is provided.

7. Reinforce the participants for their good work by (for example):

   – Praising them for the list they compiled

   – Commenting on their understanding of the exercise

   – Commenting on their creative or useful suggestions for using the skills on the job

   – Praising them for their ability to work together as a group

8. When coordinating a role-play

1. Before the role-play, refer to the appropriate notes in this guide to remind yourself of the purpose of the role-play, roles to be assigned, background information and major points to make in the group discussion afterwards.

2. As participants come to you for instructions before the role-play:

- Assign roles. At first, select individuals who are outgoing rather than shy, perhaps by asking for volunteers.
- Give role-play participants any props needed, for example, a baby doll or a Discharge Card.
- Give role-play participants any background information needed. (There is usually some information for the ‘mother’ or ‘nurse’, which can be photocopied or clipped from this guide.)
- Suggest that role-play participants speak loudly.
- Allow preparation time for role-play participants.

3. When everyone is ready, arrange seating/placement of individuals involved. Have the players stand or sit apart from the rest of the group, where everyone can see them.
4. Begin by introducing the players in their roles and stating the purpose or situation. For example, you may need to describe the age of the child, assessment results and any treatment already given.
5. Interrupt if the players are having tremendous difficulty or have strayed from the purpose of the role-play.
6. When the role-play is finished, thank the players. Ensure that feedback offered by the rest of the group is supportive. First discuss things done well. Then discuss things that could be improved.
7. Try to get all group members involved in discussion after the role-play. In many cases, there are questions given in the module to help structure the discussion.
8. Ask participants to summarise what they learnt from the role-play.

Annex A: Course Registration Form

Government of Malawi, Ministry of Health

Inpatient Management of Severe Acute Malnutrition

Training Course for Home-Craft Workers

Individual Registration Form

Name: _____

E-Mail Address: _____

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

What year did you finish your basic training?

Annex B: Pre- and Post-Course Test with Answers

Name: _____ Mark: _____ Date: _____

1. Choose the best definition of Severe Acute Malnutrition (SAM) for children 6–59 months (Circle)

   a) Form of malnutrition characterised by severe abnormal weight for the height and/or bilateral pitting oedema
   b) Form of malnutrition characterised by thinness and/or bilateral pitting oedema
   c) Form of malnutrition characterised by severe thinness and/or bilateral pitting oedema -YES
   d) Form of malnutrition characterised by low weight and/or bilateral pitting oedema
   e) Form of malnutrition characterised by very low weight and/or bilateral pitting oedema

2. Which one of the following signs may be present in a child with severe wasting? (Write Yes or No)

	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

3. What is the currently recommended cut-off mid-upper arm circumference (MUAC) for SAM diagnosis in 6–59 month-old children? (Write Yes or No)

	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

4. With the information available, decide whether the following children with SAM should be treated at Outpatient Care (Outpatient) or Inpatient Care (Inpatient) or not:

	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 39.5º C and respirations rate > 45 breaths/minute	INPATIENT
2-year old, oedema (+), MUAC 116 mm, eats 1/4 of the RUTF packet during appetite test, and does not look well	INPATIENT

2-year old, oedema (++), MUAC 112 mm, eats 1/3 of the RUTF packet during appetite test, and 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 (+++), and alert	INPATIENT

5. True or False, briefly explain your choice:

	True or False
The role of the community in the management of SAM is not important	FALSE
ReSoMal should be immediately given to a child with severe wasting, watery diarrhoea, and recent sunken eyes	TRUE
The height is not measured in children below 2 years	TRUE
F-100 Diluted can be used during stabilisation for all children with SAM and complications	FALSE
F-100 contains iron	FALSE

6. Which of these statements are true or false?

TRUE Feeds should be given immediately to a child once admitted.

FALSE When a child is admitted to the NRU, will wait to receive F75 until time for next feed.

FALSE Child is allowed to take feeds alone.

FALSE It is not a must to wake up a sleeping child to feed at night.

TRUE Play is important in care of a SAM child in rehabilitation phase.

7. True or False statements: What is the correct way of giving ReSoMal?

FALSE Freely given to children by a home-craft worker.

FALSE Mother take ReSoMal from bucket and freely gives child when needed.

TRUE Homecraft worker carefully gives the children ReSoMal as prescribed and records.

FALSE All children with SAM are given ReSoMal.

Annex C: Overall Course Evaluation

Government of Malawi, Ministry of Health

Inpatient Management of Severe Acute Malnutrition

Training Course for Home-Craft Workers

Summary Evaluation

Positions participants: Home-craft workers

1. Please rate each training objective in the table using the scoring system; tick where appropriate:

	1 Strongly Disagree	**2 Disagree**	**3 Neither Agree nor Disagree**	**4 Agree**	**5 Strongly Agree**	**Suggested improvements**
Section 1: Principles of Care						
Section 2: Feeding						
Section 3: Daily Care						
Section 4: Monitoring, Problem Solving and Reporting						
Section 5: Involving Mothers in Care						
Slide Presentation on Overview of CMAM						
Video: Transformations						
Video: Home Feeding						
Video: Mental Development						
Photograph exercises						
Clinical Sessions						

1. Which section was most difficult? Why?

2. What was good about the training?

3. What was not good about the training?

4. Are there any skills for managing SAM that should be added to the training? What are they

5. Summary of comments or suggestions for improvement of the training.

6. Indications on time spent on that activity:

Type of Activity	Time Spent Was:		
	Too Short	Adequate	Too Long
Written exercises followed by individual discussions with facilitator			
Role-plays			
Group discussions			
Clinical sessions			
Slide presentations			

7. What do you propose to change or improve in your NRU after this course?

Annex D: Example of Training Schedule

Government of Malawi, Ministry of Health

Inpatient Management of Severe Acute Malnutrition

Training Course for Home-Craft Workers

DATE	ACTIVITY	TIME
Day 1: Tuesday **April 25, 2017** **08.30 – 16.30hrs**	Registration + training overview (15 minutes) ***Pre- test*** *(15 minutes**)*** ***Introduction to Severe Acute Malnutrition and CMAM Guidelines updates (****15 minutes)*** Section: ***Principles of Care (4hrs)*** Video: Transformations (10mins) Section: Feeding (2hr)	7 hours
Day 2: Wednesday **April 26, 2017** **08.00 – 16.30**	Section: ***Feeding (4.00hrs)*** ***Lunch*** Section: ***Feeding (2.30hrs)*** Making ReSoMal/ Making F75/F100. Discuss RUTF (30 mins)	7 hours
Day 3: Thursday **April 27, 2017** **08.00 – 17.00**	*Section:* ***Daily care (4hrs)*** ***Lunch*** *Group 1 & 2: Clinical Session (2hrs per group, alternating)* Section*:* ***Introduction to monitoring and reporting (2hrs) for the group 2***	8.30 hours
Day 4: Friday **April 28, 2017** **08.00 – 16.00**	Section*:* ***Introduction to monitoring and reporting (2hrs) and Clinical session alternating Groups*** Section: ***Involving mothers, Discharge to OTP (2hrs)*** **Video:** ***Play and teaching mothers (15mns)*** **Post-test and Course Evaluation (15 mins)** **CLOSING CEREMONY**	6.5 hours

NOTE: TEA BREAKS: 10.00 – 10.15 and 15.00 – 15.15
LUNCH BREAK: 12.30 - 13.30