

# COURSE DIRECTOR GUIDE



Government of Sudan

**Training Course on  
Inpatient Management of  
Severe Acute Malnutrition**

**Children 6–59 Months with SAM  
and Medical Complications**

June 2011

This modified version of the 2002 World Health Organisation's *Training Course on Inpatient Management of Severe Acute Malnutrition (SAM)* is the practical application of the 2009 Government of Sudan (GOS) Federal Ministry of Health (FMOH) *Interim Manual Community-Based Management of Severe Acute Malnutrition (November 2009)*. The training course is made possible by the generous support of the American people through the support of the Office of U.S. Foreign Disaster Assistance, Bureau for Democracy, Conflict and Humanitarian Assistance, and the Office of Health, Infectious Diseases, and Nutrition, Bureau for Global Health, United States Agency for International Development (USAID), under terms of Cooperative Agreement No. AID-OAA-A-11-00014, through the FANTA-2 Bridge, 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.

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

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## Acronyms and Abbreviations

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AIDS	acquired immune deficiency syndrome
ART	antiretroviral therapy
AWG	average daily weight gain
BMI	body mass index
cm	centimetre(s)
CMAM	Community-Based Management of Acute Malnutrition
CMV	combined mineral and vitamin mix
dl	decilitre(s)
ENA	Essential Nutrition Actions
FMOH	Federal Ministry of Health
g	gram(s)
GOS	Government of Sudan
Hb	haemoglobin
HFA	height-for-age
HIV	human immunodeficiency virus
IGF	insulin growth factor
IM	intramuscular
IMCI	Integrated Management of Childhood Illness
IU	international unit(s)
IV	intravenous
IYCF	infant and young child feeding
kcal	kilocalorie(s)
kg	kilogram(s)
L	litre(s)
LOS	length of stay
M&R	monitoring and reporting
MAM	moderate acute malnutrition
ml	millilitre(s)
mm	millimetre(s)
MUAC	mid-upper arm circumference
µg	microgram(s)
NG	nasogastric
NGT	nasogastric tube
OPD	outpatient department
ORS	oral rehydration solution
PCV	packed cell volume
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission of HIV
QI	quality improvement
ReSoMal	Rehydration Solution for Malnutrition
RUTF	ready-to-use therapeutic food
SAM	severe acute malnutrition
SFP	supplementary feeding programme
TB	tuberculosis
UNSCN	United Nations Standing Committee on Nutrition
WFA	weight-for-age
WFH	weight-for-height
WFP	World Food Programme
WHO	World Health Organisation

## Part 1: Planning and Administrative Arrangements

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

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

It is critical to select a location for the training course (town or area) that has a hospital with a SAM ward that can be visited by participants during the training course. This hospital should manage SAM according to the principles and procedures in the Government of Sudan Interim Manual: Community-Based Management of Severe Acute Malnutrition, Version 1.0 (November 2009) (referred to throughout the set of training materials as the CMAM Manual). It may be necessary to provide certain equipment, supplies and consultation to this hospital, well in advance of the training course, to ensure that the hospital will demonstrate good case management.

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

### 1. Training Materials

The training course on inpatient management of SAM covers all aspects of case management of children 6–59 months with SAM and medical complications in Inpatient Care until the condition of the child is stabilised and the child can continue treatment in Outpatient Care. It also covers the treatment of infants under 6 months with SAM, and the treatment of children 6–59 months with SAM with and without medical complications until full recovery in Inpatient Care in the absence of ready-to-use therapeutic food (RUTF). While the training course focuses on Inpatient Care, Case Management Training participants are introduced to the other components of the Community-Based Management of Acute Malnutrition (CMAM) approach to understand the links and are prepared for the collaboration with colleagues involved in the other components.

This training course relies on the active use of materials that include problem-solving discussions and exercises and on the application of case management skills. The aim is to ensure that Case Management Training participants can apply these skills correctly when they return to their own hospitals. In addition to daily classroom work, every day of training all participants, broken into small groups, visit a ward where children with SAM (Inpatient Care or SAM ward) are treated, so that participants can practise identifying clinical signs and managing patients. If possible, a field visit to an Outpatient Care site is organized so that participants can learn about the links between Inpatient Care and Outpatient Care for the management of SAM without medical complications, referral systems between the two sites,

routine case-finding in the health system, and active case-finding in the communities. Case Management Training participants have opportunities to discuss the set-up of an Outpatient Care site in the outpatient department (OPD) of their hospital, in case no Outpatient Care sites are available.

The training materials that are presented here cover all SAM case management practices for Inpatient Care and are consistent with the best practices adopted and promoted by the Federal Ministry of Health (FMOH), which are summarized in the Inpatient Care job aids and described in the CMAM Manual. It is expected that with new emerging evidence the FMOH will adapt treatment protocols and promote new practices, and therefore regularly update the job aids. Training materials might also need to be updated to reflect changes in the job aids. If procedures in the training materials are not consistent with current or new FMOH-approved practices, they should be made consistent to the extent possible prior to the training course.

It could be that there are discrepancies between practices summarized in the job aids and the CMAM Manual, as knowledge in the medical science continuously evolves, and the review of the CMAM Manual may take longer than the review and updating of job aids. To avoid compromising the effectiveness of the training, the practices that are taught will adhere to the latest practices adopted and promoted by the FMOH. If a health facility wants to upgrade its procedures to be consistent with the best practices of the FMOH, staff may require training, ward procedures may need to be changed and additional supplies may be to be obtained. The health facility may request technical assistance from the FMOH (and the World Health Organisation [WHO] or other partners) well in advance of a training course.

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

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

During the Case Management Training, the SAM ward will be visited daily by trainees who will come in several small groups throughout the day. It is best if the ward is close to the classrooms to minimise time needed for transportation.

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

Case management practices in the ward should be consistent with those summarized in the job aids and described in the CMAM Manual. If there are discrepancies between current practices of the health facility where the clinical sessions of the training course occur, the clinical instructor should be prepared to support the training site to implement the best practices of the FMOH. Local adaptation of some procedures is reasonable; the clinical instructor or Course Director should be prepared to explain how the current practice is consistent (or not consistent) with the best practices of the FMOH and the reasons for it.

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

#### Ward Equipment/Supplies

- Running water
- Thermometers (preferably low-reading)
- Child weighing scales (and item of known weight for checking scales)
- Infant weighing scales with 10 g precision (and item of known weight for checking scales)
- MUAC tapes
- Height board for measuring height and length (and pole of known length for checking accuracy)
- Adult beds with mattress
- Bed sheets
- Insecticide treated bednets
- Blankets or wraps for warming children
- Incandescent lamp or heater
- Wash basin for bathing children
- Potties
- Safe, homemade toys
- Clock
- Calculator

#### Pharmacy Equipment/Supplies

- Oral rehydration solution (ORS) for use in making Rehydration Solution for Malnutrition (ReSoMal) (or commercial ReSoMal)
- Combined mineral vitamin mix (CMV)
- Iron syrup (e.g., ferrous fumarate)
- Folic acid
- Vitamin A (Retinol 100,000 and 200,000 IU capsules)
- Glucose (or sucrose)
- IV fluids – one of the following, listed in order of preference:
  - Half-strength Darrow's solution with 5% glucose
  - Ringer's lactate solution with 5% glucose\*
  - Half-normal (0.45%) saline with 5% glucose\*

\* If either of these is used, add sterile potassium chloride (20 mmol/L) if possible.
- Normal (0.90%) saline (for soaking eye pads)
- Sterile water for diluting
- Vaccines as per the national expanded programme of immunisation
- Dextrostix
- Haemoglobinometer
- Supplies for intravenous (IV) fluid administration :
  - Scalp vein (butterfly) needles, gauge 21 or 23
  - Heparin solution, 10–100 units/ml
  - Poles or means of hanging bottles of IV fluid
  - Tubing
  - Bottles or bags
- Paediatric nasogastric tubes (NGTs)
- Sticky tape
- Syringes (50 ml for feeds)

- Syringes (2 ml for drugs, 5 ml for drawing blood, 10 ml)
- Sterile needles
- Eye pads
- Bandages
- Gauze
- Supplies for blood transfusion:
  - Blood packs
  - Bottles
  - Syringes and needles
  - Other blood collecting materials

### **Drugs**

- Amoxicillin
- Amoxicillin-clavulanic acid
- Gentamicin
- Chloramphenicol
- Ceftriaxone
- Cotrimoxazole
- Mebendazole and/or albendazole
- Tetracycline eye ointment or chloramphenicol eye drops
- Atropine 1% eye drops
- Paracetamol
- Antimalarial: Artemisinin Combination Therapy (ACT)
- Metronidazole

### **For Skin**

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

### **Laboratory Resources**

- Malaria diagnostic test
- TB tests (x-ray, culture of sputum, Mantoux)
- Urinalysis
- Stool culture
- Blood culture
- Cerebrospinal fluid culture

### **Hygiene Equipment/Supplies of Mothers and Staff**

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

### **Kitchen Equipment/Supplies**

- Dietary scales able to weigh to 5 g
- Electric blender or manual whisks
- Large containers and spoons for mixing/cooking feed for the ward
- Cooking stove
- Feeding cups, saucers, spoons
- Measuring cylinders (or suitable utensils for measuring ingredients and leftovers)
- Jugs (1-litre and 2-litre)
- Refrigeration (if possible)
- For making F-75 and F-100:
  - Dried skimmed milk, whole dried milk, fresh whole milk or long-life milk
  - Sugar
  - Cereal flour
  - Vegetable oil
  - Clean water supply
- Food for mothers
- Foods similar to those used in homes (for teaching transition to homemade complementary foods)

### **Reference**

- CMAM Manual
- Operational Guide for Inpatient Care

### **Job Aids**

#### **Laminated Set**

- Admission and Discharge Criteria for the Management of Severe Acute Malnutrition in Children under 5
- Routine and Other Medicine Protocols and Vaccines for Children under 5 with SAM in Inpatient Care
- Action Protocols in Inpatient Care
- Danger Signs for the Management of Severe Acute Malnutrition in Children under 5 in Inpatient Care
- 10 Steps for the Management of SAM in Children 6–59 Months in Inpatient Care
- Pathophysiology Basis for the Treatment of Severe Acute Malnutrition
- Hypernatraemic Dehydration in Children under 5 in Inpatient Care
- Weight-for-Height/Length Look-Up Tables
- F-75 Look-Up Tables
- F-100 Look-Up Tables
- F-100-Diluted Look-Up Tables
- Use of RUTF in Children 6-59 months with SAM in Inpatient Care and RUTF Appetite Test
- Guidance Table to Identify Target Weight for Discharge from Management of Severe Acute Malnutrition for Children 6–59 Months
- Entry and Exit Categories for Monitoring the Management of Severe Acute Malnutrition in Children 6–59 Months

#### **Wall Charts**

- Admission and Discharge Criteria for the Management of Severe Acute Malnutrition in Children under 5
- Action Protocols in Inpatient Care

- Danger Signs for the Management of Severe Acute Malnutrition in Children under 5 in Inpatient Care
- 10 Steps for Management of SAM in Children 6–59 Months in Inpatient Care

### Forms and Checklists

- Inpatient Management Record
- Daily Feeds Chart
- Referral Form
- Site Tally Sheet
- Monthly Site Report for CMAM
- Supervisor's Checklist

### Other Documents

- List of outpatient care sites with catchment area, and names community outreach workers (developed per Inpatient Care site) (if available)
- Job descriptions

### Staff

#### *Clinical Care Staff*

This includes physicians, senior nurses and junior nurses. A physician is recommended but is not always necessary. Only clinicians who are specifically trained in the management of SAM should treat these patients, because treatment for the non-malnourished child could be dangerous for the malnourished child.

A ratio of 1 clinician per 10 patients is considered appropriate in Inpatient Care.

#### *Feeding Assistants*

Feeding assistants are in charge of weighing children, supervising meals, interacting with mothers, monitoring clinical warning signs and filling in most of the information on the patient's Inpatient Management Record. Other staff in this category could be in charge of the emotional and physical stimulation programme.

A ratio of 1 assistant per 10 patients is considered appropriate in Inpatient Care.

#### *Support Staff*

Cleaners and kitchen staff are vital to maintaining a tidy environment and preparing therapeutic milks and food for mothers. In large centres, a person in charge of the logistics and transport will be necessary. Guardians, storekeepers and other ancillary staff might be needed depending on the context and size of the facility.

#### *Supervisors*

One supervisor is needed for each ward with Inpatient Care (usually, but not necessarily, a clinician).

#### 4. Checklist for Planning and Administrative Arrangements

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

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

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

##### Initial Planning

1. \_\_\_\_ Location of training course selected. The location must be near a hospital with a SAM ward that meets the criteria on pages 1–5 of this guide. The location must also have adequate lodging and classroom facilities (see item #8 on this list).
2. \_\_\_\_ Time frame for giving the training course identified (during a time of year when the hospital will admit a sufficient number of children with SAM for clinical practice).
3. \_\_\_\_ Consultant or other assistance provided to hospital, if necessary, to ensure case management practices are consistent with the job aids,
4. \_\_\_\_ Course materials printed or obtained from the FMOH.
5. \_\_\_\_ Specific dates for the Facilitator Training and Case Management Training selected. As indicated on the schedules provided in **Annexes B and C**:
  - a. \_\_\_\_ 4 days (plus at least 1 day off) allowed for Facilitator Training.
  - b. \_\_\_\_ 7 calendar days allowed for the Case Management Training.
  - c. \_\_\_\_ Course Director and clinical instructor available 1–2 days before the Facilitator Training, and during all of the Facilitator Training and Case Management Training.
6. \_\_\_\_ Letters sent to the appropriate institutions and/or offices asking to identify appropriate physicians and senior nurses (and nutritionists) for the Facilitator Training and Case Management Training. Letter:
  - a. \_\_\_\_ Announces the *Training Course on Inpatient Management of Severe Acute Malnutrition* and explains the purpose of the training course.
  - b. \_\_\_\_ Clearly states the number of participants to attend the Facilitator Training (10 maximum), and that the participants should be physicians and senior nurses (and nutritionists) who are responsible for training

- and/or quality improvement (QI) of treating (and feeding) children with SAM in Inpatient Care.
- c. \_\_\_\_ Clearly states the number of participants to attend the Case Management Training (25–30 maximum), and that the participants should be physicians and senior nurses (and nutritionists) who are responsible for treating (and feeding) children with SAM in Inpatient Care.
  - d. \_\_\_\_ States that participants should plan to attend the entire Facilitator Training (4 days + 1 rest day) and/or the Case Management Training (7 days).
  - d. \_\_\_\_ States that participants who complete the Facilitator Training and Case Management Training will receive a certificate from the FMOH, WHO, UNICEF (other partners involved).
  - e. \_\_\_\_ Describes the location and dates of the training course.
  - f. \_\_\_\_ States the date by which participants for the Facilitator Training and Case Management Training should be nominated and the person to whom names should be sent.
  - g. \_\_\_\_ Clearly states required language and reading skills and stresses that the training course is challenging and requires hard work.
7. \_\_\_\_ Facilitators and clinical instructor selected and invited. Ensure that:
- a. \_\_\_\_ There will be at least 1 facilitator for every 4–5 participants expected to attend the training course.
  - b. \_\_\_\_ Facilitators will attend all of the Facilitator Training and Case Management Training.
  - c. \_\_\_\_ The clinical instructor is qualified and is available from 1 to 2 days before the Facilitator Training through the end of the Case Management Training.  
*(The clinical instructor must arrive early to assist with arrangements for clinical sessions. He/she should attend the Facilitator Training, if he/she has not done so before, to become familiar with the course materials and learn facilitation skills. He/she will lead one clinical session during the Facilitator Training.)*
  - d. \_\_\_\_ Course materials are sent to the clinical instructor ahead of time so that he/she can prepare.
8. \_\_\_\_ Precise locations selected and reserved for classrooms and lodging. (To minimise transportation needs, classrooms should be within easy walking distance of the lodging and the hospital.) Selection based on availability of:
- a. \_\_\_\_ Adequate lodging for all participants.
  - b. \_\_\_\_ Accessibility to hospital.
  - c. \_\_\_\_ Convenient meal service.
  - d. \_\_\_\_ Large room for seating all participants and visitors to the training course.
  - e. \_\_\_\_ Laptop computer and digital projector (1 or more).
  - f. \_\_\_\_ Smaller room for each case management group of up to 12 people to work in, plus separate space for individual consultations.  
*During the Facilitator Training, only one large room will be needed. During the Case Management Training, one large room is needed at the start and the end and one room is needed for each facilitator group of participants (for a maximum of three case management groups).*

- g. \_\_\_\_ Tables, chairs, adequate lighting and blackboard or poster stand for each of these rooms.
  - h. \_\_\_\_ Separate room for the secretariat.
9. \_\_\_\_ List compiled of physicians and senior nurses (and nutritionists) who will be invited to participate in the Facilitator Training and Case Management Training.
10. \_\_\_\_ Letters of invitation sent out to selected participants to the Facilitator Training and the Case Management Training. Letters:
- a. \_\_\_\_ For facilitators, briefly describe the purpose and organisation of the Facilitator Training and the Case Management Training.
  - b. \_\_\_\_ For clinicians (and/or nurses and nutritionists), briefly describe the purpose and organisation of the Case Management Training.
  - c. \_\_\_\_ State the desired arrival and departure times for participants and stress the importance of attending the entire Facilitator Training and/or Case Management Training.
  - d. \_\_\_\_ Describe arrangements for travel and payment of per diem.
11. \_\_\_\_ Arrangements made for a secretary to arrive at the training course location 3 days before Facilitator Training to ensure that the necessary administrative tasks are done. (See next section of this checklist for administrative tasks.) During the training course, the secretary will need to work with local staff to ensure that things go smoothly and that the facilitators' and case managers' work is not unduly interrupted. This person may also need to stay an extra day after the training course to pack up remaining materials and pay bills.
12. \_\_\_\_ Travel authorisations sent to facilitators, clinical instructor and participants.
13. \_\_\_\_ Training course completion certificates designed and adequate copies printed (to be signed and awarded to all participants: facilitators for the Facilitator Training and clinicians (and/or nurses and nutritionists) for the Case Management Training at the end of the training course).
14. \_\_\_\_ Arrangements made for providing adequate numbers of copies of the course materials, necessary supplies for classroom activities and supplies for clinical sessions. (Necessary materials and supplies are listed on pages 2–5 and pages 16–17 of this guide.)
15. \_\_\_\_ Arrangements made for sending/transporting necessary materials and supplies to the training course location.

The following sections provide advice on planning for the Facilitator Training followed by the Case Management Training. When the Case Management Training is followed by a Facilitator Training, or if the facilitator and case management trainings are conducted separately, the planning might need revision and adaptation to the context.

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

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

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

16. \_\_\_\_ Adequate lodging arrangements confirmed for all facilitators and participants.
17. \_\_\_\_ Arrangements made for welcoming facilitators and participants at the airport and/or train station and hotel.
18. \_\_\_\_ Arrangements confirmed for rooms for conducting Facilitator Training:
  - a. \_\_\_\_ One room for conducting Facilitator Training (with characteristics listed in item #19b below).
  - b. \_\_\_\_ One room for the secretariat with space for storing modules, forms and other supplies, available during both the Facilitator Training and Case Management Training.
  - c. \_\_\_\_ One laptop computer.
  - d. \_\_\_\_ One digital projector.
  - e. \_\_\_\_ Area that can be used for preparing ReSoMal, F-75 and F-100.
19. \_\_\_\_ Arrangements confirmed for adequate rooms for conducting the Case Management Training:
  - a. \_\_\_\_ Large room available on the first and last day of the training course for seating all participants (facilitators, clinicians) and visitors.
  - b. \_\_\_\_ Smaller rooms available during the Case Management Training for each small group of participants, each room having:
    - \_\_\_\_ Sufficient table/desk area and chairs for up to 10 participants and 2 facilitators, plus separate consultation area with additional chairs.
    - \_\_\_\_ Additional table area for supplies.
    - \_\_\_\_ Black/white board with chalk/markers or flipchart stand with paper.
    - \_\_\_\_ Adequate lighting and ventilation.
    - \_\_\_\_ Freedom from distractions, such as traffic or construction noises or loud music.
  - c. \_\_\_\_ One laptop computer with CD-ROM drive.
  - d. \_\_\_\_ One digital projector. (Ideally, there would be one per group, but if this is not possible, equipment may be shared.)
  - e. \_\_\_\_ One room for a secretariat and the training course supplies.
  - f. \_\_\_\_ Area that can be used for preparing ReSoMal, F-75 and F-100. (Preferably, each classroom will have an area that can be used; if this is not possible, a kitchen area may be shared.)
20. \_\_\_\_ Arrangements made for registering participants for the Facilitator Training and Case Management Training.
  - a. \_\_\_\_ Registration form (see **Annex D**) reviewed and items added if needed.
  - b. \_\_\_\_ Registration form prepared.

21. \_\_\_\_ Arrangements made for typing and copying materials during the training course (for example, registration forms, schedules, list of participants, pre- and post-course test for the Case Management Training, end of training evaluations).
22. \_\_\_\_ Arrangements made for meals and coffee/tea service.
23. \_\_\_\_ Arrangements made for reconfirming or changing airline, train, bus and/or car reservations for participants.
24. \_\_\_\_ Arrangements made for paying per diem to participants.
25. \_\_\_\_ Hospital ward visited and confirmed to be suitable for clinical sessions. Directors and staff informed about the clinical sessions to be held during the Facilitator Training and Case Management Training. (See the *Clinical Instructor Guide* for more information about preparing for clinical sessions. Also see Part 2, Preparing for Clinical Sessions.)
  - a. \_\_\_\_ Clinical session schedule discussed and agreed on with hospital and ward director. (See Part 2, Section 3, Scheduling Clinical Sessions, on [page 19](#).)
    - \_\_\_\_ During the Facilitator Training, one group for 2 hours on day 3.
    - \_\_\_\_ During the Case Management Training, \_\_\_\_ groups per day scheduled.
    - \_\_\_\_ Dates and schedules confirmed in writing.
  - b. \_\_\_\_ Drugs and supplies in the ward checked and supplemented as necessary. See list on [pages 2–5](#).
  - c. \_\_\_\_ Role of ward staff during clinical sessions discussed with the hospital and the ward director.
26. \_\_\_\_ Schedule for the Facilitator Training prepared based on suggested schedule in **Annex B**.
27. \_\_\_\_ Arrangements made for daily transportation to and from hospital/classrooms.
28. \_\_\_\_ Sufficient copies made of registration forms, schedule for the Facilitator Training, copies of job aids for Inpatient Care, forms and checklists, etc. for use during Facilitator Training.

### **During the Facilitator Training**

29. \_\_\_\_ Facilitators registered and given schedule and course materials for Facilitator Training.
30. \_\_\_\_ Plans for opening ceremony of the Case Management Training finalised with local authorities.
31. \_\_\_\_ Case Management Training schedule developed and reproduced in sufficient quantity to give a copy to each facilitator and participants. A suggested Case Management Training schedule is in **Annex C**.

32. \_\_\_\_\_ Clinical sessions schedule finalised and reproduced in sufficient quantity to give a copy to each participant. See **Annex A**.
33. \_\_\_\_\_ Pairs of facilitators assigned (near the end of the Facilitator Training) to work together during the Case Management Training. To the extent possible, consideration given to the following when making assignments:
- Fluency in language in which the Case Management Training is given and in the language spoken with mothers in the clinic.
  - Strengths (for example, clinical expertise, experience with case management procedures, understanding of Case Management Training content, capability as a classroom trainer or case management trainer).
  - Motivation to be a facilitator.
  - Personal dynamics/temperament (for example, shy paired with outgoing).
  - For nurses (and nutritionists) group facilitators, ability to communicate well with nurses (and nutritionists) and adapt materials according to suggestions in the *Facilitator Guide*.
34. \_\_\_\_\_ Course materials and supplies organised and placed in the appropriate rooms. See lists on pages 15–17 of this guide.

### **During the Case Management Training**

35. \_\_\_\_\_ Case Management Training participants registered using registration form in **Annex D**.
36. \_\_\_\_\_ Case Management Training participants pre-course test conducted at the start of the Case Management Training, and post-test conducted at the end of the Case Management Training, with pre- and post-course results compared and communicated to the participants at the end of the Case Management Training. Results of pre- and post-course test summarised in the training course report.
37. \_\_\_\_\_ Groups of up to six participants assigned to pairs of facilitators. Group assignments posted following opening ceremony. (*Note: It is preferable to have physicians in separate groups from and nurses [and nutritionists].*)
38. \_\_\_\_\_ Copies of completed registration forms for participants in each group distributed to the facilitators for that group.
39. \_\_\_\_\_ Secretariat monitors or carries out administrative activities.
40. \_\_\_\_\_ Course directory (including names and addresses of all participants, facilitators, clinical instructor and Course Director) provided to everyone.
41. \_\_\_\_\_ If desired, photographs of course participants made in time to be developed before closing ceremony.
42. \_\_\_\_\_ End of training evaluations (**Annex H**) modified as needed and reproduced in sufficient quantity to give a copy to each facilitator and participant.

43. \_\_\_\_ Arrangements made for closing session.
44. \_\_\_\_ Training course completion certificate signed for presentation to each participant.

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

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

A group of motivated and experienced facilitators is also needed. The facilitators will work in pairs with two to three small groups of Case Management Training participants to guide them through work on the modules and assist with clinical sessions. Two facilitators are needed for each small group of up to 10 Case Management Training participants. The facilitators' tasks are described in detail in the *Facilitator Guide*.

### Criteria for Selecting a Clinical Instructor

1. The clinical instructor should be **currently active in clinical care** of children. If possible, he/she should have a current position on the SAM ward of the facility where the training is being conducted. (If the clinical instructor is not on the staff of the facility, a staff assistant will be needed to help with arrangements and perhaps with translation.)
2. The clinical instructor should have proven **case management teaching skills**.
3. The clinical instructor should be very **familiar with the job aids and the CMAM Manual** and have experience using it. It is best if he/she has **participated in the Training Course on Inpatient Management of Severe Acute Malnutrition** previously as a participant or facilitator. He/she should at least be familiar with and use the practices summarized in the job aids and described in the CMAM Manual.
4. He/she should be **clinically confident**, to be able to sort through a ward of children quickly, identify clinical signs that participants need to observe and determine the progress of different children and their care. He/she should understand the daily procedures in the ward and quickly see where participants may assist with care. He/she should understand each child's clinical diagnosis and prognosis so as not to compromise the care of critically ill children. He/she should be comfortable handling children with SAM and **convey a gentle, positive, hands-on approach**.
5. He/she must have **good organisational skills**. To accomplish all of the tasks in each clinical session it is necessary to be efficient. The individual must be able to stay on the subject, avoiding any extraneous instruction or discussion. He/she must be able to keep a view of the ward and all the participants, and keep all participants involved and learning productively. Teaching three groups of participants requires 4.5–6 hours, and these are very active periods. He/she must be energetic.

6. The individual must be **outgoing and able to communicate** with ward staff, participants and mothers. She should be a good role model in talking with mothers. (A translator may be provided if needed.)
7. If possible, in preparation for this role, the individual should work as an assistant to a clinical instructor at another Case Management Training to see how to select cases, organise the clinical sessions and interact with participants. Or another skilled clinical instructor can join him/her during the first few days of the Facilitator Training and/or Case Management Training.
8. The clinical instructor must be available 1–2 days prior to the Facilitator Training, during all of Facilitator Training and during the entire Case Management Training. He/she must be willing and motivated to get up early each morning to review cases in the SAM ward and prepare for the day's clinical sessions.

### Criteria for Selecting Facilitators

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

1. Facilitators should be **currently active in care of children with SAM**. They must have the **basic clinical skills and technical knowledge** that will allow them to teach the case management process used in this Case Management Training.
2. (*This criterion should be applied after a number of Case Management Training sessions have been given.*) They must recently have **been participants in the Training Course on Inpatient Management of Severe Acute Malnutrition**.
3. They must have **good communication skills**, including the ability to explain things clearly and simply to others. Facilitators in the Case Management Training are not expected to give lectures, but to guide participants through written materials, role-play exercises, discussions, etc. It is most important that facilitators be observant individuals who can see when participants are having difficulty, explain things clearly and give helpful feedback.
4. If participants speak a **language** other than the language in which the Case Management Training is written, it is helpful for at least one facilitator per group to speak that language.
5. They must be **organised**. They must be able to keep the group on schedule and ensure that they arrive for clinical sessions on time and with the necessary supplies.
6. If there will be a small group of nurses (and/or nutritionists) at the Case Management Training, it is important to select **at least two facilitators who can relate well to nurses (and nutritionists) and can teach clearly, patiently and creatively**. It is advisable that one of the facilitators is a clinician. These facilitators will be expected to adapt some of the activities in the Case Management Training according to suggestions in the

*Facilitator Guide*, for example, by omitting certain parts of exercises, spending more time on specific sessions as required, or by adding examples or demonstrations.

7. Facilitators must be **available during the entire Case Management Training**. They must have the **energy and motivation** to work a long day with Case Management Training participants and then attend a facilitator meeting in the evening to review the day's work and prepare for the next day.

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

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

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

## 6. Checklist of Instructional Training Course Materials Needed

Item needed	Number needed
<i>Course Director Guide</i>	1 each for the Course Director, the clinical instructor, and all facilitators
<i>Clinical Instructor Guide</i>	1 each for the Course Director, the clinical instructor, and all facilitators
<i>Facilitator Guide</i>	1 each for the Course Director, the clinical instructor, and all facilitators
CMAM Manual	1 for all (if possible)
Operational Guide for Inpatient Care	1 for all
Set of seven training modules	1 set for all
Photographs booklet	1 for all
Set of laminated Job Aids for Inpatient Care	1 set for all
Set of forms used in Inpatient Care	1 set for all, plus a few extras
Set of checklists used in Inpatient Care	1 set for all
Set of wall charts used in Inpatient Care	1 set for all (or 1 set for each small group)
Inpatient Management Record	3 for all, plus a few extras
Inpatient Management Record, enlarged format	1 set for each small group
Extra copies of Inpatient Management Record, loose (for use in exercises)	4 for all, plus a few extras
Extra copies of Daily Care page of Inpatient Management Record, loose (for use in exercises)	3 for all, plus a few extras
Extra copies of Monitoring, Problem Solving and Reporting page of Inpatient Management Record, loose (for use in exercises)	2 for all, plus a few extras
Video films	1 set for all
Slide presentation for the Facilitator Training	1 for the Course Director
Slide presentation for CMAM Orientation	1 set for all
Support reading (Includes United Nations Joint Statements on SAM 2007 and 2009)	1 set of soft copies on CD Rom/Flash drive for all
Laptop computer with CD-ROM drive and digital projector	1 set for the group (or 1 set for each small group)
Schedule for the Facilitator Training	1 for all
Schedule for the Case Management Training	1 for all
Schedule for clinical sessions	1 for all
Pre- and post-course test for the Case Management Training	2 for all
Facilitator Practice Assignment Grid	1 for all facilitators
End of training evaluation	1 for all in the Facilitator Training and Case Management Training
Registration form	1 for all
CD-ROM or flash drives for sharing soft copies of all course materials	1 for all

## 6. List of Other Supplies Needed

### *Supplies Needed for Each Person*

- Name tag and holder
- 2 pens
- 2 pencils with erasers
- Paper
- Highlighter
- Folder or large envelope to collect answer sheets
- Calculator (on personal mobile phones)

### *Supplies Needed for Each Small Group*

- Paper clips
- Pencil sharpener
- Stapler and staples
- Scissors
- 1 roll masking tape
- Extra pencils and erasers
- Flipchart pad and markers *OR* blackboard and chalk
- Laptop computer and digital projector (if possible)

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

- Ingredients and supplies for preparing ReSoMal

If using	Ingredients	Supplies
Commercial ReSoMal	ReSoMal packet Cooled boiled water (at least 1 L for a 1 L packet)	Mixing spoon Container to hold 1 or 2 L Measuring cup or medicine cup with ml markings, or 50 ml syringe Small cups or spoons for tasting
ReSoMal made from standard ORS	1-litre standard ORS packet Sugar (at least 50 g) CMV (1 level scoop) Cooled boiled water (at least 2 L)	Same as above, plus: Container to hold > 2 L Dietary scale that weighs to 5 g*
ReSoMal made from low-osmolarity ORS	1-litre low-osmolarity ORS packet Sugar (at least 40g) CMV (1 level scoop) Cooled boiled water (at least 1.7 L)	Same as above, plus: Container to hold > 2L Dietary scale that weighs to 5 g*

\* Scale could be shared by groups.

- Copies of recipes for F-75 and F-100 used in the hospital, and packets of RUTF. If these are not suitable, you may use generic recipes for F-75 and F-100 given in **Module 4, Feeding**.

- All ingredients, containers, utensils and other supplies needed to prepare recipes for F-75 and F-100. (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 to be Shared by Groups***

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

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

### ***Additional Supplies Needed for Clinical Sessions***

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

- 100 copies of the Initial Management page of the Inpatient Management Record plus 60 complete Inpatient Management Records for a Case Management Training with 25–30 participants
- 24-Hour Food Intake Charts (100 copies for a course with 25–30 participants); copy from **Module 4, Feeding, Annex D**
- Pens and pencils
- 6–8 clipboards and string or tape to fasten clipboards to foot or head of bed
- Thermometers
- A few watches (some participants may have their own)
- Dextrostix, blood samples, gloves for every participant
- Mid-upper arm circumference (MUAC) tapes, scales and length/height board, for measuring infants and children
- Soap for hand-washing, and a supply of clean cloth towels that can be washed or a supply of paper towels (participants must wash hands before and after clinical sessions and between patient visits)
- If lab coats must be worn in the hospital, there should be one for each participant and facilitator, and these should be laundered as needed. To limit risk of transmitting infections, lab coats should not be shared.

## Part 2: Preparing for Clinical Sessions

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### 1. Preparing the Clinical Instructor

A clinical instructor who meets the criteria specified in Part 1, Section 4, Criteria for Selecting a clinical instructor and facilitators, will not require extensive training. However, he/she must learn the content of the training course and adapt to the methods presented in the *Clinical Instructor Guide*. For some clinical instructors, this is a major change in how they normally teach or conduct rounds.

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

- Send all of the course materials to the clinical instructor well in advance of the training course.
- The clinical instructor should study all of the course materials, focusing especially on the *Clinical Instructor Guide*. (*Note:* Explain to the clinical instructor that selected activities will be conducted during the third day of the Facilitator Training. Suggested activities are proposed on pages 8–9 of the *Clinical Instructor Guide*. All clinical sessions will be conducted during the actual Case Management Training.)
- The clinical instructor should discuss his/her responsibilities and any questions with you, so that you both understand and agree on what he/she will do.
- Prior to the Facilitator Training, the clinical instructor should visit the ward with the Course Director, as described in the next section.
- The clinical instructor should attend as much of Facilitator Training as possible to learn the content of the Case Management Training and how it is structured.
- **On the third day of Facilitator Training**, he/she should go early to work with the clinical assistant and translator, if needed, to prepare for selected activities. He/she will then practise these activities with the facilitators as ‘participants’.
- Refer to the *Clinical Instructor Guide* for details on how the instructor should prepare himself/herself and the ward. Help the instructor ensure that everything is ready and make arrangements for any remaining items.

### 2. Visiting the Ward to Finalise Arrangements

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

1. Briefly describe to the ward director the objectives of the Case Management Training, the importance of clinical sessions in the Case Management Training and the kinds of clinical signs and case management practices that participants will need to observe.
2. Tour the areas where children with SAM may be seen in the hospital (this may include more than one ward):
  - Observe where children arrive, when they typically arrive and where they are directed. (During one clinical session, participants will observe children in the admissions area or in the ward to identify those with SAM.)
  - Observe the emergency treatment area.
  - See the kitchen area and observe as F-75 and F-100 are prepared, if possible.

- Observe how children are fed and how drugs are administered.
  - In all areas, see what supplies and equipment are available. (Circle items from the list on pages 2–5 of this guide that are not available in the ward or facility. Obtain these items before beginning the training course.)
3. Discuss the schedule for clinical sessions during the Facilitator Training and Case Management Training. (Scheduling clinical sessions is described in Section 3 below and on pages 8–10 in the *Clinical Instructor Guide*.) During Facilitator Training, there will be a 2-hour clinical session on the third day. (Also, if desired and if there is time on the first day of the Facilitator Training, there may be a brief tour of the ward.) During the Case Management Training, several small groups will visit the ward at different times each day.

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

Ask whether teaching sessions are conducted with parents on the ward and, if so, when they are conducted. Ask about play sessions as well. Explain that you would like participants to observe these sessions if possible.

Agree on the schedule with the ward director. As soon as possible after the visit, confirm the schedule in writing.

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

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

5. Determine what participants will be allowed to do in the ward. It is expected that they will be allowed to feed children; monitor children's respirations, pulse and temperature; and assist with various activities, such as weighing, measuring and bathing (all with supervision).
6. Brief ward staff so that they understand what to expect during the clinical sessions (e.g., how many people will come, what they will be doing and learning). During some sessions, participants will observe and assist staff as they feed and give daily care to children in the ward. Get ideas from staff on the best ways to do this. Encourage their cooperation and thank them for their help.

### **3. Scheduling Clinical Sessions**

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

During the Case Management Training, each small group will visit the ward once each day. Visits will be from 1 to 2 hours in length. Scheduling is discussed in detail in the *Clinical Instructor Guide*, pages 8–10. **Annex A** contains a blank form to use in figuring out the schedule for clinical sessions during the Case Management Training. Plan the schedule with the clinical instructor and the person responsible for the ward and/or hospital director. Make a copy for each participant.

**Example**

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

Clinical Session	Group A	Group B	Group C
<b>Day 1</b> Tour of Ward 1 hour	11:00 – 12:00	13:00 – 14:00	14:15 – 15:15
<b>Day 2</b> Clinical Signs and Anthropometric Measurements 1.5 hours	9:00 – 10:30	10:45 – 12:15	13:30 – 15:00
<b>Day 3</b> Initial Management 1.5 hours	13:30 – 15:00	9:00 – 10:30	10:45 – 12:15
<b>Day 4</b> Flexible half-day, optional clinical session	All groups will observe play session at 10:00		
<b>Day 5</b> Initial Management and Feeding 2 hours	10:45 – 12:45 (11:00 feed)	13:30 – 15:30 (15:00 feed)	8:30 – 10:30 (9:00 feed)
<b>Day 6</b> Feeding 1.5 hours	8:30 – 10:00 (9:00 feed)	10:15 – 11:45 (11:00 feed)	12:45 – 14:15 (13:00 feed)
<b>Day 7</b> Daily Care and Monitoring Quality Care 2 hours	13:00 – 15:00	9:00 – 11:00	10:45 – 12:45
Observe health and nutrition education session (and cooking sessions) for mothers	Day 7 at 14:00	Day 5 at 14:00	Day 6 at 14:00
Observe play session	Day 4 at 10:00	Day 4 at 10:00	Day 4 at 10:00

## Part 3: Training Facilitators

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

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

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

After successful completion of this process, an individual is considered fully prepared to serve as a facilitator in the *Training Course on Inpatient Management of Severe Acute Malnutrition*. The qualified facilitator, along with a co-facilitator (facilitators always work in pairs, and at least one of them is a clinician) and a clinical instructor, will be able to repeat the Case Management Training for a maximum of 10 participants (clinicians, nurses and/or nutritionists).

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

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

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

Facilitator training is extremely important, and all new facilitators should attend. A maximum of 10 facilitators may be trained during a session. Well-trained and supportive facilitators are necessary for the success of the course.

Even if facilitators are familiar with the course content and are experienced in the management of children with SAM, they need the Facilitator Training to learn **how to teach** the Case Management Training.

Facilitator trainees work quickly through the modules and take turns practising the teaching activities described in the *Facilitator Guide*. A clinical instructor organises and supervises clinical sessions during this Case Management Training, so facilitators assist

rather than direct these sessions. During the Facilitator Training, facilitators attend one clinical session to become familiar with the SAM ward and how the Case Management Training will work.

Three methods are used to demonstrate and practise teaching activities:

1. You (the Course Director) act as a facilitator. Facilitator trainees observe appropriate behaviours as you introduce a module, provide individual feedback, do a demonstration, conduct a video exercise, lead a group discussion, co-ordinate a role-play, lead an oral drill, etc.
2. A facilitator trainee acts as a facilitator speaking to a group of participants. The facilitator trainee is practising teaching activities when introducing a module, doing a demonstration, conducting a video exercise, leading a group discussion, co-ordinating a role-play, leading an oral drill or summarising a module. While practising, the facilitator trainee is also demonstrating these teaching activities for the others in the group.
3. A facilitator trainee acts as a Case Management Training participant and another as a facilitator providing individual feedback. Both sit in front of the room positioned as a facilitator and participant would be. The facilitator trainee is both practising and demonstrating individual feedback. He/she asks questions to ensure that the ‘participant’ understands the exercise, discusses how the concept is applicable in real situations and mentions all the major points specified in the *Facilitator Guide*.

*Note:* Situating these two individuals apart from the rest of the group is important because it clearly shows that giving individual feedback is different from leading a group discussion. In the past, individuals have not understood the individual feedback procedure until they have observed and participated in it. If facilitator trainees are told that feedback is to be given individually, but they never practice it or see it done, they are not likely to provide it during the Case Management Training.

## 2. Daily Schedule

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

A suggested schedule for the Facilitator Training is provided in **Annex B**. A suggested schedule for the Case Management Training is provided in **Annex C**. These schedules can be used to make more precise schedules, including specific dates and times, once you know the times for clinical sessions; transport to clinical sessions; and the arrangements for lunch, tea breaks, etc.

The schedule for the Facilitator Training is highly compressed and will require efficient and concentrated work. Facilitator trainees will review in only 4 days what they will teach to Case Management Training participants in 7 days. In the Facilitator Training, modules will be

reviewed very quickly; it may be necessary to do some independent work on exercises at night. The focus in the classroom will be on learning to give feedback for those exercises.

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

### 3. Practice of Facilitator Techniques

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

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

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

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

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

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

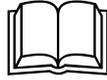
When conducting the Facilitator Training, keep available the schedule in **Annex B** for an overview of the steps to be accomplished each day.

This guide gives instructions, day by day and step by step, for conducting the Facilitator Training. Just turn to the appropriate part and the appropriate day, and follow the instructions.

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



*Course Director Guide*



*Facilitator Guide*



*Module*

## Facilitator Day 1

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### Opening Session

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

#### A. Introductions

Introduce yourself as the Course Director and write your name in large letters on a blackboard or flipchart. Ask the facilitator trainees to introduce themselves and write their names under yours on the flipchart. You may want to ask them to give a little background or other relevant information about themselves.

#### B. Administrative Tasks

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

#### C. Review of Purpose of the Training Course (Annex J, Slide 2)

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

The Case Management Training is intended for physicians and senior nurses (and nutritionists) in hospitals that have SAM wards or plan to start such wards. It is expected that participants will return to their hospitals and make changes to improve case management.

### Introduction to the Facilitator Training

#### A. Context of the Facilitator Training (Annex J, Slide 3)

Cover the following points:

- There will be (number) participants attending the *Training Course on Inpatient Management of Severe Acute Malnutrition*, (dates).
- The participants will be physicians and senior nurses (and nutritionists) who manage children with SAM in hospitals.
- All (number) of you are being trained to serve as facilitators to assist participants in learning the skills presented in the course materials. These 4 days are your time to work through the materials and prepare to teach others.
- As facilitators, you will work in pairs to teach the course. Each pair will be assigned a group of about (number) participants. Pairs for the course will be assigned later. During the Facilitator Training, each of you will work with a variety of other participants.

## **B. Course Materials Needed (Annex J, Slide 4)**

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

- CMAM Manual
- Photographs booklet
- Set of seven Training Modules
- Facilitator Guide
- Set of Job Aids for Inpatient Care
- Set of Forms and Checklists

## **C. Objectives of the Facilitator Training (Annex J, Slide 5)**

Cover the following points:

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

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

## **D. Teaching Methods (Annex J, Slide 6)**

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

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

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

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

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

3. *Immediate feedback increases learning.*

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

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

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

5. *Positive motivation is essential if learning is to take place.*

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

### **E. Schedule for the Facilitator Training (Annex J, Slide 7)**

Distribute a written schedule for the Facilitator Training based on the one in **Annex B**. Explain that this 4-day schedule is very much condensed from the full 7-day Case Management Training. Give facilitator trainees a copy of the Case Management Training schedule as well, so that they can compare the activities and pace of the actual course with those of the Facilitator Training.

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

### **F. Introduction of the *Facilitator Guide* (Annex J, Slides 8 and 9)**

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

1. Ask facilitator trainees to read the 'Introduction' on pages 1–4 of the *Facilitator Guide*, a description of the roles and responsibilities of a facilitator.

2. Answer any questions about the ‘Introduction’. Then briefly summarise the major duties of a facilitator (**Annex J, Slide 8**):
  - Introduce the modules
  - Answer questions and assist facilitator trainees while they work
  - Provide individual feedback on completed exercises
  - Conduct demonstrations and give explanations of certain steps
  - Conduct oral drills
  - Lead and summarise video exercises and group discussions
  - Co-ordinate role-plays
  - Summarise the modules
  - Assist with clinical sessions as requested by the clinical instructor

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

3. (**Annex J, Slide 9**) Urge facilitator trainees to follow procedures in the *Facilitator Guide* and make the points specified. Review the following parts of the *Facilitator Guide*:
  - Checklists of instructional materials and supplies needed (pages 5–6)
  - Procedures table for each module
  - Notes for each step of the procedures
  - Shaded boxes with special notes for nurses (and nutritionists) groups
  - Blank boxes (at the end of each module section) for additional points
  - The ‘Facilitator Guidelines for All Modules’ section at the end of the *Facilitator Guide* (pages 74–79)
4. Point out that answers to the exercises are at the back of each module.

You may want to write the message ‘Remember to use your *Facilitator Guide*’ on a flipchart page and leave the message visible throughout the training.

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

## **Module 1: Introduction**

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### **A. Provide an Orientation Session on CMAM**

Provide an orientation on CMAM and/or present the slide presentation and respond to questions. Discuss briefly the strategy of CMAM integration and scale-up in Sudan. (See the slide presentation in **Annex J**.)

### **B. Review and Demonstration**

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

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

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

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

### C. Facilitator Techniques: Working with a Co-Facilitator

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

- record information on the flipchart
- prepare to view the video
- follow along in the *Facilitator Guide* to ensure that no important points are omitted, and politely add certain points if necessary

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

Suggestions for working together as co-facilitators:

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

quickly excuse yourselves, discuss the error privately and decide how to clarify the explanation or demonstration to the group. The group must be given correct information as soon as possible. If there is a serious disagreement between you and your co-facilitator, you may need to seek help from the Course Director.

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

## Module 2: Principles of Care

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

### A. Facilitator Techniques: Introducing a Module

Demonstrate introducing the module as described on [page 10](#) in the *Facilitator Guide*. Ask facilitator trainees to notice the instructions for introducing the module as you speak. Tell them that from now on you will ask them to introduce each module. Tell them to keep introductions brief (just a few remarks). They should not lecture on the content of the module, but should cover the points in the *Facilitator Guide*.

### B. Reading and Work on Module

Ask facilitator trainees to quickly read the module from the beginning through [page 7](#) and do Exercise A using the *Photographs* booklet. Suggest that facilitator trainees highlight points in the module where the facilitator intervenes. For example, highlight the places where individual feedback is given or where a discussion is held. It will be helpful to highlight all of the modules in this manner.

### C. Facilitator Techniques: Leading a Discussion

Point out that Exercise A involves individual work prior to a group discussion. Most discussions in this Case Management Training require some individual work first, so that facilitator trainees can organise their thoughts and prepare to share their ideas.

Point out the shaded box for nurses (and nutritionists) groups on [page 11](#) of the *Facilitator Guide*. Because this is the first exercise in the Case Management Training, and nurses (and nutritionists) may be unsure what is expected of them, this box suggests that several photos be discussed as a group before the nurses (and nutritionists) are asked to work individually. Explain that you will lead the discussion as though the group includes physicians rather than nurses (and nutritionists). Acting as a facilitator, demonstrate how to lead the group discussion in Exercise A, being careful to use good facilitator techniques and follow the steps in the *Facilitator Guide*.

Ask facilitator trainees to look at ‘When leading a group discussion’ on pages 78–79 of the *Facilitator Guide*. Review the points in that section. These pages give general guidelines for leading a discussion. Explain that from now on facilitator trainees will practise leading the group discussions.

#### **D. Reading and Work on Module**

Ask facilitator trainees to read pages 10–19 of the module and then do Exercise B using the *Weight-for-Height/Length Look-Up Table Job Aid*.

#### **E. Facilitator Techniques: Adapting for Nurses (and Nutritionists) Groups**

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

Acting as a facilitator, demonstrate how to use the *Weight-for-Height/Length Look-Up Table*. Use the notes in the shaded box on page 14 of the *Facilitator Guide*.

After the demonstration, ask the facilitator trainees if they would have found the demonstration helpful before doing Exercise B. Remind facilitator trainees that they will come from a variety of backgrounds. Facilitators will need to be sensitive to the strengths and weaknesses of facilitator trainees in their groups. If a group is likely to need extra help with a concept, facilitators should use the shaded boxes to give additional explanations or demonstrations. If the group seems able to understand the reading and do the exercises independently, then facilitators should not interrupt their work with unnecessary explanations.

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

#### **F. Facilitator Techniques: Individual Feedback**

Referring to the procedures table on page 10 of the *Facilitator Guide*, point out that Exercise B requires individual feedback, as indicated in the ‘Feedback’ column of the table. Point out the related guidelines on pages 14–15 of the *Facilitator Guide* and the ‘Answers to Exercises’ at the end of Module 2.

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

Ask for a volunteer to act as a participant who has just completed Exercise B. The participant will present his/her answers as written in the module. (He/she may wish to make up a wrong answer or two.) You will act as the facilitator, modelling the technique of giving **individual**

**feedback.** Sit face to face with the participant in the front of the room and speak clearly so that everyone can ‘overhear’.

After modelling individual feedback, ask facilitator trainees to look at page 78, ‘When providing individual feedback’, of the *Facilitator Guide*. It explains what facilitators should do when giving individual feedback. Review each point on that list. Then review the additional points below:

- If space allows, provide individual feedback somewhat away from the group, to avoid disturbing others and to give the participant some privacy. For example, a participant and facilitator could sit in chairs in the hall where a case management chart is posted, or in the corner of the room.
- Individual feedback may be fairly brief. During the Case Management Training, individual feedback may not be as complete and lengthy as it is during the Facilitator Training, when you are learning how to provide feedback.
- Sometimes the guidelines for feedback on an exercise suggest a question to ask about the participant’s own hospital and its procedures. For example:
  - What admission criteria are used in your hospital?
  - Are 2-hourly feedings given to new patients?

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

- All of you will practise giving individual feedback during this training. You will review a ‘participant’s’ answers and discuss how he/she arrived at his/her answers. You will practise consulting the *Facilitator Guide* and mentioning any key points. However, the questions and comments of the individual acting as the participant may not be similar to those encountered during the Case Management Training. Actual participants are likely to be more shy and may read or understand less quickly.

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

Ask facilitator trainees to read pages 21–22 of the module and do Exercise C. They should also look at corresponding guidelines for Exercise C on pages 15–16 in the *Facilitator Guide*.

Assign one facilitator trainee (someone who works quickly) to be prepared to lead the group discussion after Exercise C. Remind this facilitator trainee to follow the guidelines on pages 15–16 of the *Facilitator Guide*. Record the assignment on the grid in **Annex E**.

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

*Note:* Every time that a facilitator trainee practises leading an activity, be sure to give feedback. You may find it helpful to refer to ‘Performance Criteria for Facilitators’ on pages 51–52 of this guide to remind you of items to note when providing feedback to facilitators.

## H. Facilitator Techniques: Oral Drills

Referring to the procedures table on [page 10](#) of the *Facilitator Guide*, point out the ‘Oral drill’ and the related notes on [pages 16–17](#).

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

Explain how to lead an oral drill:

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

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

Begin the drill on applying admission criteria as described in the *Facilitator Guide* ([pages 16–17](#)). Then, after the pace of the drill is set, let a facilitator trainee take a turn being the ‘facilitator’ while the others act as ‘participants’. Afterward, discuss how the drill went. Were there ways that the drill could have been improved? Facilitators may add some more items to the drill in the blank spaces provided.

Record on the grid in **Annex E** the facilitator trainee who practised leading the drill.

## I. Reading and Short Answer Exercises

Explain that the next part of the module includes reading about the rationale for the case management procedures taught in the Case Management Training. To break up the reading and check the participants’ understanding, a few short answer exercises are given. The first two (on [pages 26 and 30](#) of Module 2) are group-checked. In other words, when everyone has completed the short answer exercise, the facilitator will review the answers with the group. Answers are given in the *Facilitator Guide*. These should not be long discussions, just a way to ensure that the participants understand the material.

After the third short answer exercise ([page 33](#)), participants should check their own answers by looking at the correct answers given at the end of the module.

Ask facilitator trainees to continue reading to the end of the module, doing the short answer exercises as they come to them. Assign a facilitator trainee to lead each of the following brief

discussions to check the answers. Remember to record the assignments on the grid in **Annex E**:

\_\_\_\_\_ Group discussion, checking answers to short answer exercise (exercise on page 26 of the module) (guidelines on pages 17–18 of the *Facilitator Guide*).

\_\_\_\_\_ Group discussion, checking answers to short answer exercise (exercise on page 30 of the module) (guidelines on page 18 of the *Facilitator Guide*).

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

### **J. Facilitator Techniques: Video Activity**

Referring again to the procedures table on page 10 of the *Facilitator Guide*, point out that a video is used in this module. Each group will have access to a video that includes four film segments to be used in the Case Management Training.

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

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

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

Explain that the main point of this video is to review the signs of SAM as well as to show dramatic improvements over time. Show the video. After showing the video, ask what signs of recovery the facilitator trainees saw. Also discuss photos 21–29. These photos show changes in three children over a period of weeks.

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

### **K. Facilitator Techniques: Summarising the Module**

Point out the guidelines for summarising **Module 2, Principles of Care**, on page 19 of the *Facilitator Guide*. Show participants the blank box (page 20) in which they may write

additional points to include in the module summary. Ask for any suggestions to put in the box for this module.

Then summarise the module as instructed. Explain that from now on you will be asking participants to introduce and summarise modules. Guidelines are always given in the *Facilitator Guide*. Introductions and summaries should be very brief. Record on the Facilitator Practice Assignment Grid (**Annex E**) as participants have a chance to introduce or summarise modules.

## **Module 3: Initial Management**

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Point out the procedures table for **Module 3, Initial Management** on page 21 of the *Facilitator Guide*. Point out the section titled ‘Preparation for the module’ on pages 21–22. This section describes special supplies needed for a module, in this case copies of forms, ingredients for ReSoMal, etc. Be sure that you have these supplies ready in the classroom or kitchen area.

### **A. Reading and Practice Introducing the Module**

Ask participants to read through page 9 of the module. Point out that nurses (and nutritionists) groups will stop at page 3 for a brief review and explanation of the Inpatient Management Record. Point out the shaded box for nurses (and nutritionist)’ groups on page 23 of the *Facilitator Guide*. Participants should read these shaded boxes, but, unless instructed otherwise, participants should practise as though they are leading a group of physicians.

Ask one person to be prepared to introduce the module. Record the assignment on the grid in **Annex E**. (In the Case Management Training, the facilitators will introduce the module before the participants begin reading; the order is reversed here simply to allow the participant time to prepare.)

\_\_\_\_\_ Introducing Module 3 (pages 22–23 of the *Facilitator Guide*).

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

Referring to the procedures table on page 21 of the *Facilitator Guide*, point out that after the introduction of the module, Case Management Training participants will read through page 8 of the module, and then the facilitator will introduce the Inpatient Management Record and demonstrate use of the Initial Management page of the Inpatient Management Record. Point out the guidelines for the ‘Demonstration’ on pages 23–25 of the *Facilitator Guide*.

Use copies of the Inpatient Management Records, and ask for everyone’s attention.

Acting as a facilitator, demonstrate use of the Inpatient Management Record. Ask another person to act as a co-facilitator and read the story of ‘Dikki’ while you record.

After the demonstration, discuss the technique of conducting a demonstration. Include the following points:

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

## Assignments for the Next Day

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

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

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

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

\_\_\_\_\_ Individual feedback, Exercise A, Case 1 – Tina ([page 26](#) of the *Facilitator Guide*).

\_\_\_\_\_ Individual feedback, Exercise A, Case 2 – Kalpana (page 27 of the *Facilitator Guide*).

\_\_\_\_\_ Individual feedback, Exercise A, Case 3 – John (page 27 of the *Facilitator Guide*).

\_\_\_\_\_ Exercise B, preparing ReSoMal, group discussion (pages 27–28 of the *Facilitator Guide*). *Note:* It is best to assign someone who has prepared ReSoMal before to lead this exercise.

\_\_\_\_\_ Demonstration for nurses (and nutritionists) groups using Initial Management page (pages 28–29 of the *Facilitator Guide*).

\_\_\_\_\_ Individual feedback, Exercise C, Cases 1 and 2 – Marwan and Ram (page 29 of the *Facilitator Guide*).

\_\_\_\_\_ Group work, Exercise C, Case 3 – Irena (pages 29–30 of the *Facilitator Guide*). *Note:* When recording this assignment on the grid in **Annex E**, count it as a demonstration.

\_\_\_\_\_ Individual feedback, Exercise D, Cases 1 and 2 – Pershant and Ana (page 31 of the *Facilitator Guide*).

\_\_\_\_\_ Video: Emergency Treatment (pages 31–32 of the *Facilitator Guide*).

\_\_\_\_\_ Role of physician, role-play in Exercise E (pages 32–33 of the *Facilitator Guide*).

\_\_\_\_\_ Role of nurse, role-play in Exercise E (pages 32–33 of the *Facilitator Guide*).

\_\_\_\_\_ Summary of the module (page 33 of the *Facilitator Guide*).

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

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

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

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

## Facilitator Day 2

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### Continuation of Module 3: Initial Management

#### A. Practice of Facilitator Techniques

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

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

Keep the focus on teaching techniques, but also clarify any confusion about module content if necessary. Refer to the ‘Performance Criteria for Facilitators’ on [pages 51–52](#) of this guide while providing feedback.

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

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

After the role-play in Exercise E, ask participants to look at ‘When coordinating a role-play’ on [page 79](#) of the *Facilitator Guide*. Discuss each point on [page 79](#) and answer any questions.

Also review the following points:

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

Tell participants that they will all have opportunities to participate in role-plays during the next few days. Keep a record on the Facilitator Practice Assignment Grid (**Annex E**) of who has played roles. You will act as the co-ordinator for the role-plays during Facilitator

Training. In doing so, you will provide a model of how to co-ordinate a role-play. Draw attention to the things that you do as a co-ordinator. For example, obtain photocopies of role descriptions, obtain props, assign roles, etc.

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

## Module 4: Feeding

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Point out the procedures table for this module on [page 35](#) of the *Facilitator Guide*. Unless facilitator trainees have previously taken the Case Management Training as a participant, they have not yet had time to read the module, so they will read and work the exercises in order. For exercises requiring individual feedback, participants should check their own answers and come to you with questions as needed.

### A. Introduction and Exercise A: Preparing F-75 and F-100

Ask participants to read through [page 5](#) of the module up to Exercise A. Ask someone to briefly introduce the module. After the introduction, act as a facilitator and lead the group in preparing F-75 and F-100 and discuss RUTF as in Exercise A of the module. (It is important that you lead this activity to set a good example.) Conduct a brief group discussion after preparing F-75 and F-100. Point out the corresponding guidelines in the *Facilitator Guide* ([pages 36–37](#)).

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

Looking at the procedures on [page 37](#) of the *Facilitator Guide*, point out that participants have a lot of independent reading, including some self-checked short answer exercises. Facilitators should be available to help during this individual work, if needed.

Ask facilitator trainees to look ‘When Participants Are Working’ on [page 78](#) of the *Facilitator Guide*. Review each point on the list. Also mention the following points:

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

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

Ask participants to work independently on [pages 7–21](#) of the module. The participants should check their own answers or come to you for feedback.

Assign the following activities to be practised in front of the group. Keep track of assignments on the Facilitator Practice Assignment Grid in **Annex E**. Remember to assign

someone to be the participant for individual feedback. Participants may be given more than one assignment:

- \_\_\_\_\_ Oral drill: Determining amounts of F-75 to give (pages 37–38 of the *Facilitator Guide*). Assign two participants to do this drill. Have one start it and another one continue it.
- \_\_\_\_\_ Demonstration of 80% for nurses (and nutritionists) groups (shaded box on page 39 of the *Facilitator Guide*).
- \_\_\_\_\_ Demonstration: 24-Hour Food Intake Chart (page 40 of the *Facilitator Guide*). Assign two participants to work together on this.
- \_\_\_\_\_ Individual feedback, Exercise B, Case 1 – Delroy (page 41 of the *Facilitator Guide*).

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

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

Ask participants to continue reading and working in the module to page 46. Ask them to check their own answers or come to you for feedback if needed. They should also read the corresponding facilitator guidelines. If all of the participants have successfully practised individual feedback by now, there is no longer a need to conduct this. Unless there is a need to continue practising giving individual feedback aloud, stop assigning individual feedback at this point.

Explain that participants will skip Exercise E (scheduling activities for a ward), but will discuss how to handle it in the Case Management Training. (*For example, Exercise E may be done in hospital groups on the middle half-day of the Case Management Training.*)

Assign participants to be prepared to practise the following activities:

- \_\_\_\_\_ Group discussion (page 44 of the *Facilitator Guide*). Assign two participants to work together on this.
- \_\_\_\_\_ Summary of the module (page 45 of the *Facilitator Guide*).

When everyone is ready, look at the procedures table for Module 4 on page 35 of the *Facilitator Guide* and review the order in which activities will occur in the module. Discuss any questions that participants may have related to Exercises C, D, E and F. Discuss how to handle Exercise E in the Case Management Training.

Have the assigned participants lead the discussion of Exercise G.

Ask participants to read Section 6.1 on pages 48–53 of the module. Ask a participant to summarise; provide constructive feedback. Make sure to discuss the use of F-100-Diluted and the supplemental suckling technique. Ask participants to read Sections 6.2 and 6.3 on pages 53–57 of the module. Ask a participant to summarise; provide constructive feedback.

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

## Assignments for the Next Day

Point out the procedures table for **Module 5, Daily Care** on page 46 of the *Facilitator Guide*. Notice that most of the activities in this module are written exercises followed by individual feedback. Ask participants to read the entire module and, before arriving back the next morning, do the exercises, with the exception of Exercise B. Exercise B is a group exercise; participants should skip Exercise B since they will do it as a group on the next day.

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

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

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

- \_\_\_\_\_ Introducing the module (page 46 of the *Facilitator Guide*).
- \_\_\_\_\_ Demonstration of Daily Care page of the Inpatient Management Record (pages 47–48 of the *Facilitator Guide*).
- \_\_\_\_\_ Group work followed by group feedback, Exercise B (pages 49–50 of the *Facilitator Guide*).
- \_\_\_\_\_ Demonstration of Monitoring Record of the Inpatient Management Record (pages 50–51 of the *Facilitator Guide*). *Assign two participants to work together on this.*
- \_\_\_\_\_ Optional demonstration, Weight Chart of the Inpatient Management Record (pages 52–53 of the *Facilitator Guide*). *Assign two participants to work together on this.*
- \_\_\_\_\_ Summary of the module (page 54 of the *Facilitator Guide*).

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

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

Have role descriptions photocopied for role-plays in **Module 6, Monitoring, Problem Solving and Reporting**, and **Module 7, Involving Mothers in Care**. (See pages 59–63, 68–69 and 70–72 of the *Facilitator Guide*.) The role-play in **Module 6, Monitoring, Problem Solving and Reporting**, will be done in the classroom tomorrow. The role-plays in **Module 7, Involving Mothers in Care**, will be assigned tomorrow afternoon, so you will need to be ready to distribute role-play descriptions and a sample referral form (see the *Referral Form Job Aid*) and a sample discharge card (see page 22 of **Module 7, Involving Mothers in Care, Annex B**).

## Facilitator Day 3

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

### Module 5: Daily Care

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

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

Ask the assigned participant to introduce the module.

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

#### B. Practice of Facilitator Techniques

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

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

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

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Point out the procedures table for this module on page 55 of the *Facilitator Guide*. Unless participants have previously taken the Case Management Training as participants, they have not yet had time to read Module 6, so they will read and work the exercises in order.

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

Ask facilitator trainees to read and do the work through Exercise A (pages 1–10), and check their own answers. Assign someone to introduce the module. Remember to keep track of assignments on the Facilitator Practice Assignment Grid in **Annex E**.

\_\_\_\_\_ Section 1, Introducing the module (page 56 of the *Facilitator Guide*).

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

Facilitators will do the rest of this module much as participants will do it. They will read a section, do some individual work in preparation for a group discussion and then participate in a group discussion or role-play. Follow the *Facilitator Guide* as you lead the group through

this module. Before each new section of reading, assign a facilitator or a pair of facilitators to lead the next discussion.

## B. Practice of Facilitator Techniques

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

\_\_\_\_\_ Discussion following Exercise B (pages 57–58 of the *Facilitator Guide*).

\_\_\_\_\_ Discussion following Exercise C (page 58 of the *Facilitator Guide*).

\_\_\_\_\_ Discussion following Exercise D (page 59 of the *Facilitator Guide*).

\_\_\_\_\_ Role-play, Exercise E (pages 59–63 of the *Facilitator Guide*). Assign six roles:

- \_\_\_\_\_ Physician in charge
- \_\_\_\_\_ Senior nurse (morning)/matron
- \_\_\_\_\_ Senior nurse (afternoon, evening)
- \_\_\_\_\_ Night nurse
- \_\_\_\_\_ Junior auxiliary nurse
- \_\_\_\_\_ Hospital administrator

\_\_\_\_\_ Section 11, Summary of the module (page 64 of the *Facilitator Guide*).

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

Explain that item #9 on the procedures table (described on page 55 of the *Facilitator Guide*) may occur at a different time than it is listed. If participants have time during a clinical session to use the ‘Checklist for Monitoring Food Preparations’ or the ‘Checklist for Monitoring Ward Procedures’, the group should discuss the results upon returning to the classroom. If they don’t have an opportunity to use the checklists during a clinical session, they may be able to complete them back in the classroom simply by reflecting on what they have seen and heard. Use of the monitoring checklists may be a good way to identify real problems in the ward for another role-play of a problem-solving session like the one done in Exercise E.

Explain that item #10 on the procedures table (described on page 55 of the *Facilitator Guide*) will need particular attention. Participants will have to be sure that they completely understand the use of the tally sheet and must be able to fill in the monthly site report. Exercises F and G will be useful to practise filling in a monthly site report and interpreting performance.

## Assignments for the Next Day

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

Referring to your Facilitator Practice Assignment Grid (**Annex E**), assign participants to practise the following. (Only selected exercises are listed.)

- \_\_\_\_\_ Introduction of the module (page 67 of the *Facilitator Guide*).
- \_\_\_\_\_ Exercise B, Role-plays 1 and 2 (pages 68–69 of the *Facilitator Guide*). Assign roles:
- \_\_\_\_\_ Role-play 1 Bossy nurse
- \_\_\_\_\_ Role-play 1 Mother
- \_\_\_\_\_ Role-play 2 Nice nurse
- \_\_\_\_\_ Role-play 2 Mother
- \_\_\_\_\_ Video: Teaching mothers about home feeding and discussion, Exercise C (pages 69–70 of the *Facilitator Guide*).
- \_\_\_\_\_ Video: Malnutrition and mental development (page 70 of the *Facilitator Guide*).
- \_\_\_\_\_ Exercise D, Role-play (pages 70–72 of the *Facilitator Guide*):
- \_\_\_\_\_ Nurse
- \_\_\_\_\_ Mother
- \_\_\_\_\_ Summary of the module (page 72 of the *Facilitator Guide*).

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

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

Have objects ready for role-plays.

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

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

## Facilitator Day 4

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*This is the last day of Facilitator Training. After completing the last module, facilitators will need time to set up their classrooms and fill in an end of training evaluation of the Facilitator Training. They also will need to familiarise themselves with the pre- and post-course test questions for the participants.*

## Module 7: Involving Mothers in Care

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### A. Introducing Module 7

Facilitators should have completed the module the night before. Ask the assigned participant to introduce the module.

Point out the procedures table on [page 66](#) of the *Facilitator Guide* and emphasise that participants will do them in this order during the Case Management Training.

### B. Practice of Facilitators Techniques

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

Tell facilitators where role-play supplies will be during the Case Management Training. Between practices, refer to the next steps in the procedures table on [page 66](#) of the *Facilitator Guide*, so that participants stay aware of the order of events that they will follow during the Case Management Training. Draw attention to notes on exercises that are being skipped; Exercise A was not assigned, but it will be included in the specified order in the Case Management Training.

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

### C. Facilitator Techniques: Review

Facilitator trainees now have practised all of the techniques that they will use in the Case Management Training. Ask them to read [pages 74–79](#) of the *Facilitator Guide*. These pages describe ways to motivate participants and improve teaching. Allow about 10 minutes to read these pages. *(If there is no time for this reading, ask them to read these pages before the Case Management Training begins.)*

While the group is reading, review the section called ‘Performance Criteria for Facilitators’ on [pages 51–52](#) of this guide. These are the criteria that you will use when supervising, monitoring and giving feedback to facilitators during the Case Management Training. Draw a star next to any of the criteria that you feel need to be reinforced with this particular group.

When all have finished reading, lead a brief discussion on the reading and on the criteria that you have started.

Ask facilitators if they would like to discuss any problems that they think might occur in the Case Management Training. Suggest ways to deal with these problems. Mention that there will be more opportunities for this type of discussion in **daily facilitator meetings** during the Case Management Training.

## **Practical Arrangements for the Case Management Training**

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

Inform facilitators that lists of the participants in each group will be prepared on the first morning as soon as participants have registered. Facilitators will be given a copy of the registration form and a pre- and post-course test form for each participant in their group. Remind facilitators to discuss with their co-facilitators how they will divide the work for the first few sessions.

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

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

- Arrange the tables, chairs and course materials
- Arrange a place for individual feedback and support

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

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

Ask if facilitators have any questions about practical arrangements.

## **Closing Remarks to Facilitators**

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

1. To assess progress made by each group, identify any problems and agree on actions to solve each problem.
2. To provide opportunity to meet with the clinical instructor, who also has feedback on your group of participants.

3. To discuss techniques that some facilitators found useful and can recommend to others (for example, techniques for leading a group discussion, providing individual feedback or demonstrating use of a form).
4. To prepare for the next day (for example, to review points to be emphasised in modules, remind facilitators of group activities, discuss any modifications that may be needed in the schedule).
5. To make any necessary administrative announcements.

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

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

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

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

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### Suggestions for Opening Remarks to Case Management Training Participants

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

#### A. Welcome and Introductions

#### B. Statement of the Need for and Importance of the Case Management Training and Further Plans for Use of the Case Management Training

#### C. Key Characteristics of the Case Management Training

1. This Case Management Training may be rather different from many you have attended in that you will actually **practise** the skills being taught, both in a classroom and in a clinical setting.
2. You will primarily be working in small groups where there will be many opportunities for individual and group discussion.
3. The Case Management Training will be hard work, but will be equally rewarding in that you will learn or improve skills that you can actually **use on the job** when you return home.

#### D. Announcements about Schedule, Posting of Group Assignments, etc.

### Supervision of Facilitators

#### A. Observe Facilitators at Work

1. Visit each group in their classrooms each day. Also observe one or two clinical sessions each day.
2. When observing facilitators, refer to the ‘Performance Criteria for Facilitators’ below (pages 51–52). Use the appropriate section(s) of the list for the activity that is under way when you visit the group. For example, if they are having a group discussion, refer to the section titled ‘Facilitator Technique: Leading a Discussion’. Also refer to the section titled ‘Facilitator Technique: Working with a Co-facilitator’.

The performance criteria are not intended to be used as a ‘report card’ for the facilitators, but rather as a job aid for your observations and feedback. You do not need to mark on the list for each facilitator; simply keep it in front of you as you make your observations. After your visit to each group, make notes on things that the facilitators were doing well and on things that could be improved. You may give feedback to a facilitator privately or, if the feedback applies to a number of

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

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

## Performance Criteria for Facilitators

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

### 1. Facilitator Technique: Working with a Co-facilitator

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

### 2. Facilitator Technique: Introducing a Module

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

### 3. Facilitator Technique: Individual Feedback

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

### 4. Facilitator Technique: Video Activity

- a. Knows the system how to show the video and starts the video at the right spot
- b. Directs the exercise in an organised manner
- c. Replays parts of the video as needed

### 5. Facilitator Technique: Leading a Discussion

- a. Sets up the discussion by explaining its purpose and how it will proceed
- b. Involves all participants in the discussion
- c. Reinforces participants by thanking them for comments, praising good ideas, etc.
- d. Handles incorrect or off-the-subject comments from participants tactfully
- e. Asks questions to keep the discussion active and on track

- f. Responds adequately to unexpected questions; offers to seek answers if not known
- g. Records ideas on the flipchart in a clear, useful manner
- h. Includes points listed in the *Facilitator Guide*
- i. At the end of the discussion, summarises the major points made

**6. Facilitator Technique: Oral Drills**

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

**7. Facilitator Technique: Co-ordinating Role-Plays**

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

**8. Facilitator Technique: While Participants Are Working**

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

**9. Facilitator Technique: Adapting for Nurses (and Nutritionists) Groups**

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

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

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

## B. Conduct Daily Facilitator Meetings

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

1. Begin each meeting by asking a facilitator from each group to describe progress made by his/her group, to identify any problems impeding progress and to identify any skill or any section of the modules that participants found especially difficult to do or understand.
2. Identify solutions to any problems related to any particular group's progress or related to difficult skills or sections of the modules.
3. Discuss teaching techniques that the facilitators found to be successful.
4. Provide feedback to the facilitators on their performance. Use the notes that you have taken while observing the groups during the day.
  - a. Mention a few specific actions that were well done (for example, providing participants with individual feedback, making all the major points listed in the *Facilitator Guide*).
  - b. Mention a few actions that might be done better (for example, provide more guidance individually instead of in discussions with the whole group, review any major points of the last module before introducing the next module).
5. Remind facilitators of certain actions that you consider important, for example:
  - a. Discuss problems with a co-facilitator. If co-facilitators cannot solve problems together, go to the Course Director. The Course Director may be able to deal with these situations (for example, by setting up tutorials, discussing matters privately with the individuals).
  - b. Speak softly while giving feedback to avoid disturbing others. Put chairs out in the hall so that a participant and a facilitator can talk without disturbing the rest of the group.
  - c. Always be open to questions. Try to answer immediately, but if a question takes too long to answer, diverts the attention of the group from the main topic or is not relevant at the moment, suggest that the discussion be continued later (for example, during free time, over dinner). If a question will be answered later in the Case Management Training, explain this. If unsure of the answer to a question, offer to ask someone else and then come back later with an explanation.
  - d. Interact informally with participants outside of scheduled class meetings.
  - e. For participants who cannot read the modules and/or do the exercises as quickly as others, the facilitators should:
    - Avoid doing exercises **for** them
    - Reinforce small successes
    - Be patient (or ask another facilitator to help)
6. Review important points to emphasise in the module(s) the next day.
7. Remind the facilitators to consult the *Facilitator Guide* and gather together any supplies needed for the next day.
8. Make any necessary administrative announcements (for example, location of supplies, room changes, transportation arrangements, etc.).

9. After a few days, ask facilitators to point out to you any participants who might be good candidates for Facilitator Training. These would be participants who:
  - Understand the modules easily
  - Communicate clearly
  - Help others and work well with others in their group
  - Participate confidently in discussions and role-plays

## Supervision of the Clinical Instructor

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

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

## Collection of Data during the Case Management Training

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

- A. Registration Form (Annex D)** – completed by participants at registration on the first morning of the Case Management Training.
- B. Summary Participant List (Annex D)** – partly completed on the basis of registration data and partly by facilitators as they work with the participants during the Case Management Training. Also includes information on the level of difficulty that participants have in reading the modules. This information can be useful in planning future Case Management Training courses.
- C. Pre- and Post-Course Test of the Case Management Training (Annex G)** – evaluation of knowledge and skills of participants is completed at the beginning and at the end of the Case Management Training. This information is useful to evaluate the quality of the Case Management Training, the level of knowledge of participants and their improvement, at the end of the Case Management Training.
- D. End of Training Evaluations (Annex H)**
- E. Course Director Summary – Report Outline (Annex I)** – completed by the Course Director at the end of the Case Management Training. Includes information on the total numbers of participants and facilitators, modules completed by each group, hours devoted to clinical sessions, number of patients seen, etc. All of this information is useful for monitoring numbers of facilitators and participants trained, selecting future training sites (based on adequacy of caseload) and ensuring that the Case Management Training is being given as planned and not altered or shortened unacceptably.

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

## Pre- and Post-Course Test

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

An impact evaluation specifically of the training or in general of the overall capacity strengthening strategy can be conducted and is advisable for tailoring the capacity strengthening strategy to the needs of different audiences and for improving overall quality of care.

## End of Training Evaluations

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

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

## Closing Session

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

## Annex A: Chart for Scheduling Clinical Sessions

### Clinical Sessions Schedule

Clinical Sessions	Group A	Group B	Group C
<b>Day 1</b> Tour of Ward 1 hour			
<b>Day 2</b> Clinical Signs and Anthropometric Measurements 1.5 hours			
<b>Day 3</b> Initial Management 1.5 hours			
<b>Day 4</b> Flexible half-day, optional clinical session			
<b>Day 5</b> Initial Management and Feeding 2 hours			
<b>Day 6</b> Feeding 1.5 hours			
<b>Day 7</b> Daily Care and Monitoring Quality Care 2 hours			
Observe health and nutrition education session (and cooking sessions) for mothers			
Observe play session			

## Objectives for Clinical Sessions

Clinical practice is an essential part of the *Training Course on Inpatient Management of Severe Acute Malnutrition*. Clinical sessions are led by the clinical instructor in the SAM ward each day of the Case Management Training. The focus of the clinical sessions is to see and participate in the management of SAM in children, following the procedures described in the CMAM Manual and the training course.

### Day 1: Tour of Ward

- Observe the admissions area
- Observe the emergency treatment area
- Observe how the SAM ward or area is organised
- Observe the kitchen area
- Observe any special areas for play, health education, etc.

### Day 2: Clinical Signs

- Observe children with clinical signs of SAM
- Look for signs of SAM and medical complications
- Measure MUAC
- Measure weight and length/height
- Look up weight-for-height z-scores
- Look up target weight for discharge
- Test appetite with RUTF
- Identify children with SAM, review admission criteria and discuss treatment in Inpatient Care and referral to Outpatient Care

### Day 3: Initial Management

- Observe initial management of SAM in children
- Identify clinical signs of SAM and medical complications: hypoglycaemia, hypothermia, shock, dehydration, severe anaemia and corneal ulceration
- Practise using dextrostix
- Practise filling out an Inpatient Management Record during initial management
- Assist in conducting initial management, if feasible, such as:
  - Take rectal temperature
  - Give bolus of glucose for hypoglycaemia
  - Warm child
  - Give first feed

### Day 4: Flexible Half-Day, Optional Clinical Session

Any of the preceding activities may be repeated for extra practice. If case management in the hospital is good, participants may be assigned to ‘shadow’ and assist a health care provider in the hospital for part of the day. This day may also be a good opportunity to observe a teaching session with mothers or a play session.

### Day 5: Initial Management and Feeding

- Observe and assist in conducting initial management, if feasible, including:
  - Identify signs of possible dehydration in a child with SAM
  - Measure and give ReSoMal

- Monitor a child on ReSoMal
- Determine antibiotics and dosages
- Practise testing the appetite with RUTF: appetite test, for a child who shows appetite and is clinically well and alert
- Practise conducting the supplemental suckling technique if possible
- Observe nurses (and nutritionists) measuring and giving feeds
- Practise measuring, giving and recording feeds

### **Day 6: Feeding**

- Review 24-Hour Intake Charts and plan feeds for the next day
- Determine if child is ready for RUTF and/or F-100; practise testing the appetite with RUTF: appetite test (continued)
- Prepare F-75, F-100 and ReSoMal, and learn the contents of RUTF
- Practise measuring, giving and recording feeds (continued)

### **Day 7: Daily Care and Monitoring Quality Care**

- Keep Inpatient Management Records on children observed and cared for
- Participate in daily care tasks, as feasible:
  - Measure pulse rate, respiratory rate and temperature
  - Administer eye drops, antibiotics, other drugs and supplements; change eye bandages, etc.
  - Weigh child and record weight (on Daily Care and on weight chart of Inpatient Management Record)
  - Look up target weight for discharge and mark on weight chart
  - Observe and assist with bathing children
- Assist with feeding (continued)
- Discuss progress to referral and/or discharge and decide when the child is ready; practise referral to Outpatient Care when stabilised and discharge when full recovery
- Monitor quality of care using checklist
- Practise filling out tally and reporting sheets, and assess performance

### **Additional Objectives**

- Observe a health and nutrition education session (and a cooking session) with mothers
- Observe a play session

## Annex B: Schedule for the Facilitator Training

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An illustrative schedule for the Facilitator Training is provided on the next page. When adapting this schedule, keep the following points in mind:

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

## Facilitator Training Schedule

### Facilitator Day 1\*

Activity	Time
Registration	
1. Opening session	30 minutes
A. Introductions	
B. Administrative tasks	
C. Review of purpose of the training course	
2. Introduction to the Facilitator Training	45 minutes
Introduction to CMAM and national CMAM strategy, implementation and scale-up	
A. Context of Facilitator Training	
B. Course materials needed	
C. Objectives of Facilitator Training	
D. Teaching methods	
E. Schedule for Facilitator Training	
F. Introduction of the <i>Facilitator Guide</i>	
3. <b>Module 1: Introduction</b>	15 minutes
A. Orientation on CMAM	
B. Review and Demonstration	
B. Facilitator Techniques: Working with a Co-facilitator	
4. <b>Module 2: Principles of Care</b>	4 hours
A. Facilitator Techniques: Introducing a module	
B. Reading and work on module	
C. Facilitator Techniques: Leading a discussion	
D. Reading and work on module	
E. Facilitator Techniques: Adapting for nurses (and nutritionists)' groups	
F. Facilitator Techniques: Individual feedback	
G. Reading and work on module, practise group discussion	
H. Facilitator Techniques: Oral drills	
I. Reading and short answer exercises	
J. Facilitator Techniques: Video activity	
K. Facilitator Techniques: Summarising a module	
5. <b>Module 3: Initial Management</b>	1.5 hours
A. Reading and practice on introducing module	
B. Facilitator Techniques: Conducting a demonstration	
6. Assignments for the next day:	
* Reading and exercises in Initial Management module	
* Reading of corresponding facilitator guidelines	
* Preparing for assigned activities	

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

### Facilitator Day 2

Activity	Time
1. Continuation of <b>Module 3: Initial Management</b> A. Practice of facilitator techniques B. Facilitator Techniques: Co-ordinating role-plays	3 hours
2. <b>Module 4: Feeding</b>  A. Introduction and Exercise A, preparing F-75 and F-100 B. Facilitator Techniques: While participants are working C. Reading/work through Exercise B; practice of facilitator techniques D. Reading/work through end of module; practice of facilitator techniques	4 hours
3. Assignments for the next day * Reading and exercises in Daily Care module * Reading corresponding facilitator guidelines * Preparing for assigned activities	

### Facilitator Day 3

Activity	Time
Clinical session	2 hours
1. <b>Module 5: Daily Care</b>  A. Introduction of module, discussion of questions B. Practice of facilitator techniques	1.5 hours
2. <b>Module 6: Monitoring, Problem Solving and Reporting</b>  A. Introduction and work on the module B. Practice of facilitator techniques	3.5 hours
3. Assignments for the next day * Reading on monitoring and reporting of Inpatient Care * Reading and exercises in <b>Module 7, Involving Mothers in Care</b> * Reading corresponding facilitator guidelines * Prepare for assigned activities	

### Facilitator Day 4

Activity	Time
<p>1. <b>Module 6: Monitoring, Problem Solving and Reporting</b> (<i>continued</i>)</p> <p>A. Work on reporting for CMAM B. Practice of facilitator techniques</p>	2 hours
<p>2. <b>Module 7: Involving Mothers in Care</b></p> <p>A. Introduction of module B. Practice of facilitator techniques C. Facilitator Techniques: Review</p>	2 hours
<p>3. Practical arrangements for the Case Management Training</p>	1 hour
<p>4. End evaluation the Facilitator Training</p>	0.25 hour
<p>5. Closing remarks to facilitators</p>	0.5 hour
<p>6. Co-facilitators discuss plans for first day of the Case Management Training; set up classroom and course materials</p>	

## **Annex C: Schedule for the Case Management Training**

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

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

## Case Management Training Schedule

	Activity	Time
<b>DAY 1</b>	Registration	0.5 hour
	Opening presentation	1 hour
	Pre-course test	0.5 hour
	<b>Module 1: Introduction</b>	0.5 hour
	<b>Module 2: Principles of Care</b> Video: Transformations	4 hours
	Clinical session: Tour of ward(s)	1 hour
<b>DAY 2</b>	<b>Module 3: Initial Management</b> through Exercise C	5.5 hours
	Clinical session: Clinical Signs and Anthropometric Measurements	1.5 hours
<b>DAY 3</b>	Finish <b>Module 3: Initial Management</b> Video: Emergency Care	2.5 hours
	<b>Module 4: Feeding</b> through Exercise B	3 hours
	Clinical session: Initial Management	1.5 hours
<b>DAY 4</b>	Individual work on <b>Module 4: Feeding</b>	1 hour
	Flexible half-day: This time can be used for an additional clinical session, observing health and nutrition education sessions with mothers, observing play sessions, catch-up time, discussion/planning time for participants from the same hospital, etc.	3 hours
<b>DAY 5</b>	Finish <b>Module 4: Feeding</b>	4 hours
	<b>Module 5: Daily Care</b> through Exercise A	1 hour
	Clinical session: Initial Management and Feeding	2 hours
<b>DAY 6</b>	Finish <b>Module 5: Daily Care</b>	3 hours
	<b>Module 6: Monitoring, Problem Solving and Reporting</b> through Exercise B	2.5 hours
	Clinical session: Feeding	1.5 hours
<b>DAY 7</b>	Finish <b>Module 6: Monitoring, Problem Solving and Reporting</b>	2 hours
	<b>Module 7: Involving Mothers in Care</b>	3 hours
	Clinical session: Daily Care and Monitoring Quality Care	1.5 hours
	Post-course test	0.5 hour
	End evaluation Case Management Training	
	Closing ceremony	0.5 hour

## Annex D: Training Course Registration Form

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### Registration Form

Facilitator Training/Case Management Training (Circle)

Please print clearly.

Name:

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Best Mailing Address:

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Name and location  
of hospital  
where you work:

---

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Does your hospital have a SAM ward? If not, where are children with SAM treated?

What is your current work position or job title?

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

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

**Summary Participant List**

**Facilitator Training/Case Management Training (Circle)**

Name	Mailing Address	Position	Hospital/ Institution	If linked to a hospital, has SAM ward? (Yes, No)	Degree of difficulty reading modules	Other comments

## Annex E: Facilitator Practice Assessment Grid

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

<b>Names of Facilitator Trainees</b>	<b>Individual Feedback: Facilitator</b>	<b>Module Introduction</b>	<b>Demonstration</b>	<b>Group Discussion</b>	<b>Video Activity</b>	<b>Role-Play Actor</b>	<b>Oral Drill</b>	<b>Module Summary</b>

## Annex F: Facilitator Meetings Report

### Daily Facilitator Meeting Report

**Group:**

**Name of facilitator:**

		Comments
Start Time		
End Time		

**Reading:**

	Reading (Time)	Module	Page	Comments
Start				
End				

**Suggestions for improvements:**

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

No.	Name	Poor	Average	Good	Excellent
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**Comment:**

**Clinical Session:**

	Time	Comments
To Hospital		
Return back		

**Issues to be raised in the meeting:**

Module	Page	Comments

**Suggestions:**

**Logistics:**

**Other comments:**

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

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

Mark: \_\_\_\_\_/20

1. Choose the best definition of Severe Acute Malnutrition (SAM) for children 6–59 months (Circle) (1 point)
  - 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 are signs of severe wasting? (Write Yes or No) (0.6 points and 0.1 for each correct answer)

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

3. What is the currently recommended cut-off mid-upper arm circumference (MUAC) for SAM diagnosis in 6–59 month-old children? (Tick the correct answer) (0.9 points and 0.1 for each correct answer)

-3 z-score MUAC-for-age	N
-2 z-score MUAC-for-age	N
< 110 mm	N
< 115 mm	Y
< 125 mm	N
< 135 mm	N

4. Indicate the different components of Community-Based Management of Acute Malnutrition (CMAM) (Write Yes or No) (0.9 points and 0.1 for each correct answer)

	Yes/No
Mobile clinic	N
Home gardening	N
Inpatient care	Y
Growth monitoring and prevention	N
Management of moderate acute malnutrition	Y
Outpatient care	Y
Community outreach	Y
Expanded program of vaccination	N
Cooking demonstration	N

5. Select in the list below conditions of SAM in children requiring an immediate intervention when in Inpatient Care: **(2.5 points and 0.25 for each correct answer)**

	Yes/No
Diarrhoea	N
Hypoglycaemia	Y
Shock	Y
Severe iron deficiency	N
Corneal ulceration	Y
Photophobia	Y
Fever	Y
Hypothermia	Y
Poor appetite	N
Oedema ++	N

6. In the management of SAM in CMAM where (Inpatient Care and/or Outpatient Care) and when (Reason) is the following product used: **(2 points, 0.25 for each correct answer)**

	Where (Inpatient/Outpatient)	When (Reason)
ReSoMal	Inpatient	Dehydration
F-75	Inpatient	Stabilisation
RUTF	Inpatient/Outpatient	Transition/Rehabilitation
ORS	NEVER or Inpatient Care	Only exception is in case of cholera
F-100-Diluted	Inpatient	Infant < 6 m
Modified animal milk	Inpatient/Outpatient	Infant < 6 m
Sugar water	Inpatient	Hypoglycaemia/Shock
F-100	Inpatient	Transition/Rehabilitation

7. With the information available, decide whether the following children with SAM should be treated at Outpatient Care (Outpatient) or Inpatient Care (Inpatient) or not: **(2.5 points and 0.25 for each correct answer)**

	Outpatient/ Inpatient
2-year old, MUAC 116 mm, no oedema, weight for height (WFH) between -2 and -3 z-score, good appetite and no medical complications	MAM
Breastfed 4-month-old infant, visible wasting, mother says baby not sucking well	Inpatient
3-year old, MUAC 111 mm, no oedema, good appetite but cough, fever 39.5° C and respirations rate > 45 breaths/minute	Inpatient
2-year old, MUAC 123 mm, oedema (++), WFH between -2 and -3 z-score, good appetite and no medical complication	Outpatient
2-year old referred from the community, eats 2/3 of the RUTF packet during appetite test, oedema (++), MUAC 111 mm	Inpatient
2-year old referred from the community, eats 1/4 of the RUTF packet during appetite test, oedema (+), MUAC 117 mm	Inpatient
2-year old referred from the community, eats 1/3 of the RUTF packet during appetite test, oedema (++), MUAC 118 mm	Outpatient
2-year old, MUAC 116 mm, no oedema, WFH between -2 and -3 z-score, good appetite and no medical complications	MAM
4-year old, no medical complications, eats 1/3 of RUTF during the appetite test, MUAC 119 mm, WFH < -3 z-score	Outpatient
Breastfed 7-month-old infant, visible wasting, 3.7 kg, good appetite according to the mother and mother happy with Outpatient Care management	Inpatient
2-year old, MUAC 123 mm, oedema (++), WFH between -2 and -3 z-score, good appetite and dermatosis (+++)	Inpatient

8. True or False, briefly explain your choice (5 points, 0.3 for each correct answer):

	True or False	Briefly explain your choice:
The role of the community in the management of SAM is negligible	F	Community mobilisation and community screening for understanding SAM, and CMAM and early detection and referral for treatment is essential
ReSoMal should be immediately given to a child with marasmus, sunken eyes, dry mouth and three liquid stools in past 24 hours	F	Only if dehydration
Iron is given from the start of treatment of SAM in children directly admitted as outpatient	T	RUTF contains iron
In presence of eye signs of vitamin A deficiency, one single dose of vitamin A is given during treatment	F	3 doses
It is advisable to admit a child with SAM and complication in the general paediatric ward.	F	Risk of cross-infection and risk of mismanagement
The height is not measured in children below 2 years	T	Length
The use of standard case management of SAM reduces the case fatality by 50%	F	Case fatality reduces from 30% to 5%, is reduction > 80%
Antibiotics are given to all children with SAM and confirmed infection	F	All children
IV fluid is given to all children with confirmed diarrhoea, sunken eyes and dry mouth	F	Only if child is in shock
A child with lethargy, weak and rapid pulse, cold extremities, tachypnea and tachycardia should be immediately treated with ReSoMal	F	Child is in shock and is given IV fluid
The only acceptable method for the treatment of SAM is through 24-hour Inpatient Care.	F	SAM without medical complication is treated in Outpatient Care
All patients receive vitamin A on admission in Outpatient Care	F	Vitamin A is provided on week 4 or upon discharge; oedematous children are never given vitamin A until the oedema has resolved
F-100 can be used during stabilisation for children with SAM and complications	F	F-100 is given in transition and rehabilitation
F-100 contains iron	F	No iron in F-100
RUTF provides similar quantities of macronutrients and micronutrients than F-100 per 100 kcal taken	T	F-100 and RUTF have a similar composition (except for the iron)

9. What is the combination of criteria for referral from Inpatient Care to Outpatient Care for a child admitted with oedema +++: (1 point)
- a) Child clinically well and alert + Passed appetite test + Medical complications resolved + Bilateral pitting oedema resolved
  - b) Child clinically well and alert + Passed appetite test + Medical complications resolved + Bilateral pitting oedema resolving (if present at Inpatient Care admission)
  - c) Child clinically well and alert + Passed appetite test + Medical complications resolving + Bilateral pitting oedema resolving (if present at Inpatient Care admission) ---YES
  - d) Child clinically well and alert + Passed appetite test + Medical complications resolving + Bilateral pitting oedema resolved
10. Monitoring and reporting for CMAM inpatient management of SAM in children under 5: Complete the missing text in the below definitions (4 points, 1 point for each correct answer)
- a) The Inpatient Care Case-Fatality Rate last month in my hospital was 5% and measured the number of children with SAM who died last month \_\_\_\_\_ out of all children with SAM who were admitted in the hospital last month \_\_\_\_\_. It is a measure that indicates severity of illness upon admission and/or performance at the early stage of the treatment and/or of community screening and referral.
- b) Cured Rate measures the number of \_\_\_children that have been successfully cured in a certain time period\_\_\_\_\_ out of \_\_\_all children that were discharged during that time period (discharged cured, died, defaulted, non-responded)\_\_\_\_\_. It is a measure that indicates performance or quality of care\_\_\_\_\_.
- c) A defaulter in Inpatient Care is a child who had been admitted and received treatment for SAM in the hospital and left the hospital before approved referral to outpatient care or end of treatment at full recovery. After 2 days of absence the child is classified as a defaulter.
- d) A returnee in Inpatient Care is a child who had been admitted and received treatment for SAM in the hospital and defaulted, but returns to the hospital to continue treatment during the same episode of SAM (duration of illness is on average 2 months).

*GOOD LUCK and THANK YOU*

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

#	Name participant	Position	Affiliation and origin	Result pre-course test (/20)	Result post-course test (/20)	Difference (+ or -/20)	Comment
1	Abdullahi	Medical officer SAM ward	FMOH Hospital, State Capital	11/20	18/20	+7/20	Great participant, with facilitator capacities
2							
3							
	<b>Average</b>			<b>/20</b>	<b>/20</b>	<b>/20</b>	<b>All participants improved</b>

## Annex H: End of Training Evaluations

### Facilitator Training Evaluation Place, Date

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

	Good	Medium	Weak	Suggested improvements
<i>Principles of Care</i>				
<i>Initial Management</i>				
<i>Feeding</i>				
<i>Daily Care</i>				
<i>Monitoring, Problem Solving and Reporting</i>				
<i>Involving Mothers in Care</i>				
Video: Transformations				
Video: Emergency Treatment				
Video: Teaching about Feeding				
Video: Malnutrition and Mental Development				
Photograph examples and exercises				
Clinical Session				



## Case Management Training Evaluation

**Place, Date**

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

What is your position? Physician \_\_\_\_ Nurse \_\_\_\_ Nutritionist \_\_\_\_

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

	Very Useful	Useful	Somewhat Useful	Useless
<i>Principles of Care</i>				
<i>Initial Management</i>				
<i>Feeding</i>				
<i>Daily Care</i>				
<i>Monitoring, Problem Solving and Reporting</i>				
<i>Involving Mothers in Care</i>				
Video: Transformations				
Video: Emergency Treatment				
Video: Teaching about Feeding				
Video: Malnutrition and Mental Development				
Photograph examples and exercises				
Clinical Sessions				

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

4. What was good about the Case Management Training?

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

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

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

8. For each activity listed below, tick one box to indicate whether you thought the time spent on that activity was too short, adequate or too long.

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

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

## Annex I: Training Course Report Outline

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### **Facilitator Training**

*Justification*

*Objectives with place, dates and number of days*

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

*Brief description of activities and/or highlights*

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

*Evaluation summary*

*Overall Course Director comments and observations:*

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

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

### **Case Management Training**

*Justification*

*Objectives with place, dates and number of days*

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

*Brief description of activities and/or highlights:*

***Modules completion. Describe.***

***Organization of training sub-groups. Describe.***

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

***Organization of Clinical Sessions. Describe.***

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

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

*Evaluation summary*

*Pre-post test results and interpretation*

*Overall Course Director Comments and Observations:*

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

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

## Annex J: Training Course on Inpatient Management of Severe Acute Malnutrition, Slide Presentation

The slides below and on the following page may be used in a slide presentation. These slides will be useful to the Course Director on the first day of Facilitator Training, for the presentation described on pages 26–29 of this guide.

### TRAINING COURSE ON INPATIENT MANAGEMENT OF SEVERE ACUTE MALNUTRITION

2011

Training Course on Inpatient Management of Severe Acute Malnutrition, 2011

#### TRAINING COURSE ON INPATIENT MANAGEMENT OF SEVERE ACUTE MALNUTRITION

- Teaches procedures in the national Community-Based Management of Severe Acute Malnutrition (CMAM) Guidelines
- Procedures are shown to reduce case fatality from more than 30% to less than 5%
- Training is for physicians and senior nurses (and nutritionists) in hospitals with Inpatient Care

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#### TRAINING COURSE ON INPATIENT MANAGEMENT OF SEVERE ACUTE MALNUTRITION

<ul style="list-style-type: none"> <li>→ Participants in the <b>Case Management Training</b> are physicians and senior nurses (and nutritionists) who manage children with SAM in the hospital</li> <li>→ _____ facilitators and _____ participants</li> </ul>	<ul style="list-style-type: none"> <li>→ Facilitator trainees will learn the procedures</li> <li>→ Facilitator training: 4 days</li> <li>→ Facilitators work in pairs</li> <li>→ Each pair assigned a group of _____ participants</li> </ul>
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#### TRAINING COURSE ON INPATIENT MANAGEMENT OF SEVERE ACUTE MALNUTRITION

**Materials:**

- Set of Seven Modules
- Photographs Booklet
- CMAM Manual and Operational Guide for Inpatient Care
- Facilitator Guide
- Clinical Instructor Guide
- Set of Laminated Job Aids for Inpatient Care
- Set of Forms and Checklists for Inpatient Care
- Two Slide Presentations
- Wall Charts
- Videos
- Support Reading

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#### TRAINING COURSE ON INPATIENT MANAGEMENT OF SEVERE ACUTE MALNUTRITION

**Objectives of facilitator training:**

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

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#### TRAINING COURSE ON INPATIENT MANAGEMENT OF SEVERE ACUTE MALNUTRITION

**Teaching methods:**

**Based on assumptions about learning:**

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

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**TRAINING COURSE ON INPATIENT MANAGEMENT  
OF SEVERE ACUTE MALNUTRITION**

**Schedule:**

- ➔ Facilitator Training is 4 days
- ➔ Case Management Training is 7 days
- ➔ Facilitator training will:
  - ✓ move quickly through modules
  - ✓ focus mainly on teaching techniques
  - ✓ include one clinical session

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**TRAINING COURSE ON INPATIENT MANAGEMENT  
OF SEVERE ACUTE MALNUTRITION**

**Duties of a facilitator:**

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

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**TRAINING COURSE ON INPATIENT MANAGEMENT  
OF SEVERE ACUTE MALNUTRITION**

**Facilitator Guide:**

- ➔ Checklist of instructional materials and supplies
- ➔ Guidelines for teaching each module:
  - ✓ procedures table
  - ✓ notes for each step of the procedures
  - ✓ grey boxes with special notes for nurses groups
  - ✓ blank box at end of section for additional notes
- ➔ 'Guidelines for all modules' at end
- ➔ Answers to exercises at end of each module

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