

Guiding

Course director's guide

TRAINING COURSE ON THE INPATIENT MANAGEMENT OF SEVERE ACUTE MALNUTRITION



World Health
Organization

Guide

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Organization**

Training course on the inpatient management of severe acute malnutrition: course director's guide

(Training course on the inpatient management of severe acute malnutrition)

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PREFACE

The World Health Organization (WHO) *Training course on the inpatient management of severe acute malnutrition* includes training modules, training guides, and supporting materials. The training package is based on the 2002 WHO *Training course on the management of severe malnutrition*¹, which was updated in 2009² to include the WHO Child Growth Standards, the use of mid-upper arm circumference to assess wasting, and the provision of ready-to-use therapeutic foods (RUTF) for the management of severe acute malnutrition, which enabled early transfer of children from inpatient to outpatient care. In 2013, WHO issued the *Guideline: updates on the management of severe acute malnutrition in infants and children*³, which provided updated recommendations on the following:

- a. admission and discharge criteria for children aged 6–59 months with severe acute malnutrition;
- b. where to manage children with severe acute malnutrition who have bilateral pitting oedema;
- c. use of antibiotics in the management of children with severe acute malnutrition in outpatient care;
- d. changes in the provision of vitamin A supplementation in the treatment of children with severe acute malnutrition;
- e. options for therapeutic feeding approaches in the management of severe acute malnutrition in children aged 6–59 months;
- f. fluid management of children with severe acute malnutrition and dehydration with and without shock;
- g. management of HIV-infected children with severe acute malnutrition;
- h. identifying and managing infants who are less than 6 months old with severe acute malnutrition.

The training course has been updated to incorporate these updates. Table 1 lists the key technical updates made for each module.

¹ Training course on the management of severe malnutrition. Geneva: World Health Organization; 2002 (WHO/NHD/02.4; <http://apps.who.int/iris/handle/10665/70449>).

² Training course on the management of severe malnutrition, update - 2009. Geneva: World Health Organization; 2009 (WHO/NHD/02.4_update 2009; <http://apps.who.int/iris/handle/10665/70449>).

³ Guideline: updates on the management of severe acute malnutrition in infants and children. Geneva: World Health Organization; 2013 (<https://apps.who.int/iris/handle/10665/95584>).

Table 1. Key technical updates for each module

Module		Procedure	2009 version	New version
Module 2: Principles of care	Admission criteria for inpatient care for children aged 6 months or older	Use of visible severe wasting as a sign of severe acute malnutrition	Visible severe wasting is no longer recommended as a sign of severe acute malnutrition, due to its subjective nature	
		Admit all severely malnourished children for inpatient care	<ul style="list-style-type: none"> Severely malnourished children with medical complications or failed appetite test should be admitted for inpatient care (or severely malnourished children who have mitigating circumstances such as disability, social issues, or difficulties with access to care) Severely malnourished children without these signs or mitigating circumstances should be managed in outpatient care <p>Emphasis on appetite test as an important procedure to decide whether severely malnourished children should be admitted for inpatient or outpatient care</p>	
		Oedema of both feet	<ul style="list-style-type: none"> Children with severe acute malnutrition who have severe bilateral oedema (+++) should be admitted for inpatient care, even when they do not present with medical complications and have appetite Children who have only + or ++ bilateral pitting oedema but present with medical complications or have no appetite, or are wasted, should be admitted for inpatient care Children aged 6 months or older who have + or ++ bilateral pitting oedema but no medical complications and have appetite should be managed in outpatient care 	

Module	Procedure	2009 version	New version
Module 2: Principles of care	Criteria for transfer to outpatient care for children aged 6 months or older		Transfer to outpatient care when: <ul style="list-style-type: none"> • medical complications have been treated, and • the child has minimal oedema, and • the child is alert, and • the child eats 75% of the proposed daily amount of ready-to-use therapeutic food (RUTF); The decision should be determined by assessment of clinical condition and not anthropometric outcomes
	Criteria for discharge from all care for children aged 6 months or older		Discharge from all care when: <ul style="list-style-type: none"> • weight-for-height/length Z-score is ≥ -2, and • no oedema for at least 2 weeks, or • mid-upper arm circumference is ≥ 125 mm, and • no oedema for at least 2 weeks The anthropometric indicator used to confirm severe acute malnutrition should also be used to assess whether a child has reached nutritional recovery Children admitted with only bilateral pitting oedema +++ should be discharged from treatment based on whichever anthropometric indicator is routinely used in programmes Percentage weight gain should not be used as a discharge criterion

Module	Procedure	2009 version	New version
Module 3: Initial management	Doses of routine antibiotics	<ul style="list-style-type: none"> • Amoxicillin 25 mg/kg • Gentamicin 5 mg/kg • Ampicillin 50 mg/kg 	<p>The doses of routine antibiotics have been adjusted, for example: amoxicillin 25–40 mg/kg, gentamicin 7.5 mg/kg, to reflect the latest recommendations from the 2013 WHO Pocket book of hospital care for children</p>
	Vitamin A		<p>Children with severe acute malnutrition should receive the daily recommended nutrient intake of vitamin A (5000 IU) throughout the treatment period. If the children are receiving F-75, F-100 or RUTF that comply with WHO specifications (and therefore already contain sufficient vitamin A), or vitamin A is part of other daily supplements, the children do not require additional vitamin A</p> <p>Children with severe acute malnutrition should be given a high dose of vitamin A (50 000 IU, 100 000 IU or 200 000 IU, depending on age) on admission, only if they are given therapeutic foods that are not fortified as recommended in WHO specifications and vitamin A is not part of other daily supplements</p>
		High dose only indicated in corneal ulceration	<p>Give a high dose (50 000 IU, 100 000 IU or 200 000 IU, depending on age) of vitamin A to children with severe acute malnutrition and eye signs of vitamin A deficiency or recent measles in inpatient care on Days 1, 2, and 15 (or at discharge to outpatient care), irrespective of the type of therapeutic food they are receiving</p>
	Atropine	1% 3 times a day	<p>The concentration of atropine has been adjusted to 0.1% 3 times a day following discussion with and guidance from several experts as well as the WHO Model List of Essential Medicines.</p>

**Module 4:
Feeding**Transition to
RUTF

Two options for transitioning children from F-75 to RUTF are suggested:

- a. Start feeding by giving RUTF as prescribed for the transition phase. If the child does not take the prescribed amount, then top up the feed with F-75. Increase the amount of RUTF over 2–3 days until the child takes the appropriate amount of RUTF to meet energy needs, or:
- b. Give the child the prescribed amount of RUTF for the transition phase. If the child does not take at least half the prescribed amount in the first 12 hours, then stop giving RUTF and give F-75 again. Retry the same approach after another 1–2 days until the child takes the appropriate amount of RUTF to meet energy needs

Transition for
children with
oedema

Children with bilateral pitting oedema should transition to RUTF when appetite returns and oedema is reducing

Rehabilitation
phase for
children on
F-100

Children who are taking F-100 and are achieving rapid weight gain during rehabilitation should be changed to RUTF. Ensure that they are finishing up the appropriate amount of RUTF before transferring them for outpatient care

Admission
criteria for
infants aged
0–6 months

- Weight-for-height Z-score < -3, and/or
- Bilateral oedema
- Weight-for-length Z-score < -3, or
- Presence of bilateral pitting oedema, or
- Recent weight loss
- Prolonged failure to gain weight
- Serious breastfeeding difficulties after mother's counselling

Feeding for
infants aged
0–6 months

- Infants with severe acute malnutrition but no oedema should be given expressed breast milk. Where this is not possible, commercial (generic) infant formula or F-75 or diluted F-100 may be given, either alone or as the supplementary feed together with breast milk
- Infants with severe acute malnutrition and *bilateral pitting oedema* should be given F-75 as a supplement to breast milk

Module	Procedure	2009 version	New version
Module 4: Feeding	Criteria for transfer to outpatient care for infants aged 0–6 months		<p>Transfer to outpatient care when:</p> <ul style="list-style-type: none"> • all clinical conditions are resolved, and • the infant has good appetite, is clinically well and alert, and • weight gain is satisfactory, and • the infant has been checked for immunizations, and • the mother or caregiver is linked with community-based follow-up and support
Module 5: Daily care	Criteria for discharge from all care for infants aged 0–6 months		<p>Discharge from all care when the infant:</p> <ul style="list-style-type: none"> • is breastfeeding effectively or feeding well with replacement feeds, and • has adequate weight gain, and • has a weight-for-length Z-score ≥ -2 <p>Similar updates as those made to modules 3 and 4, where applicable</p>
Module 6: Monitoring and problem solving			<p>No major technical updates. Minor updates, for example where RUTF replaces F-100</p>
Module 7: Involving mothers in care	Criteria for referral to outpatient care for children aged 6 months or older		<p>Similar updates as in module 2</p>
	Criteria for discharge from all care for children aged 6 months or older		<p>Similar updates as in module 2</p>

Module	Procedure	2009 version	New version
Module 8: Outpatient management of severe acute malnutrition			New module
Supporting materials	Critical care pathways and answers to exercises		All critical care pathways and answers to exercises have been updated to reflect the updates in modules
	Organization of supporting materials		The supporting materials have been incorporated within the modules and guides concerned

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ABBREVIATIONS

BCG	Bacillus Calmette–Guérin
CCP	critical care pathway
CMV	combined minerals and vitamins
IV	intravenous
ORS	oral rehydration solution
ReSoMal	rehydration solution for malnutrition
RUTF	ready-to-use therapeutic food
WHO	World Health Organization

INTRODUCTION

This guide is divided into four parts. Part 1 presents the structure and necessary materials to plan and make administrative arrangements for the course. Part 2 explains what is necessary for the clinical practice sessions. Part 3 includes the training for facilitators and presents activities to train facilitators in the teaching approaches to be used during the modules. Finally, part 4 talks about your responsibilities as the course director. There is also an annex section, which includes schedule templates (Annexes 1-3) and other materials that will be useful during facilitator training and practices.

You will need to read this guide and go through the modules before implementing a course; therefore, you should reserve 2 days before a course to prepare yourself and be familiar with all the material proposed in this training.

As you already know, the course is organized into modules, in a structure that presents procedures for the management of severe acute malnutrition in children with medical complications. The course includes different pedagogic strategies to provide a comprehensive training through reading, discussions, role plays and actual clinical practices in a hospital. All these activities for participants are planned to occupy 7 days of training.

There will also be a previous training for facilitators, planned as a workshop of 3.5 days. The training for facilitators aims to show them how best to manage the activities presented, how to adapt the dynamics of the course to the group, and how to make the most of this experience for the participants.

The training course is designed for paediatricians, nurses, nutritionists, dietitians and doctors who provide care for children with severe acute malnutrition who have medical complications. It is expected that participants will return to their hospitals and begin to implement the procedures learned in this course and adapt the tools to their context.

1. PLANNING AND ADMINISTRATIVE ARRANGEMENTS

Careful planning and strong administrative support are essential before, during, and after the *Training course on the inpatient management of severe acute malnutrition*. This section of the *Course director's guide* describes the necessary plans and arrangements.

Clinical practice is an essential part of the training course. The course provides daily practice in using case management skills so that participants can apply these skills correctly when they return to their own hospitals. In addition to daily classroom work, each small group of participants visits a severe acute malnutrition ward each day to practise identifying clinical signs and managing patients.

It is critical to select a location for the course (town or area) that has a hospital with a severe acute malnutrition ward that can be visited by participants during the course. It would be ideal to choose a health facility where both inpatient and outpatient care are provided. It may be necessary to provide certain equipment, supplies, and consultation to this hospital, well in advance of the course, to ensure that the hospital will demonstrate good case management.

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

1.1 Criteria for selecting hospital for clinical practice

The selected hospital must have a separate ward or area for severely malnourished children, a sufficient case-load, acceptable quality of care, and a director and staff who are interested in the course and willing and able to cooperate.

The severe acute malnutrition ward will be visited daily by all course participants, who will come in several small groups throughout the day. It is best if the ward is close to lodging and classrooms to minimize time needed for transportation.

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

Case management practices should be consistent with the WHO guidelines on the management of severe acute malnutrition. If procedures are not consistent, they should be made consistent to the extent possible prior to the training course.

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

Equipment and supplies needed for severe acute malnutrition ward

Ward equipment and supplies

- bandages
- blankets or wraps for warming children
- board for measuring length (plus pole of known length for checking accuracy)
- calculator
- child weighing scales (plus items of known weight for checking scales)¹
- MUAC tapes
- clock
- dextrostix or glucometer with test strips
- eye pads
- gauze
- haemoglobinometer
- incandescent lamp or heater
- paediatric nasogastric tubes
- running water
- safe, home-made toys
- stadiometer (to measure standing height)
- sterile needles
- sticky tape
- supplies for blood transfusion:
 - blood packs
 - bottles
 - syringes and needles
 - other blood-collecting materials
 - grouping and cross-match, testing for HIV, syphilis, and hepatitis (necessary before blood transfusion)
- supplies for IV:
 - scalp vein (butterfly) needles, gauge 21 or 23
 - citrate solution, 10–100 units/ml
 - poles or means of hanging bottles of IV fluid
 - tubing
 - bottles or bags
- syringes (2 ml for drugs, 5 ml for drawing blood, 10 ml)
- syringes (50 ml for feeds)
- thermometers (preferably rectal and low-reading)
- wash basin for bathing children

For hygiene of mothers and staff

- method for trash disposal
- place for washing bedding and clothes
- soap for handwashing
- toilet and handwashing facilities

¹ Scales must be functioning correctly, preferably digital mother-child scale, in order to weigh even the very ill or weak, since weighing is done while being held by caregiver, and digital scale for infants aged under 6 months.

For reference and record keeping

- relevant tables, such as:
 - weight-for-height reference card
 - F-75 reference card
 - F-100 reference card
 - RUTF reference card
 - antibiotics reference card
- suitable forms for record keeping, such as CCP and other forms requesting similar information (weight charts, monitoring records, etc.)
- 24-hour food intake charts

Kitchen equipment and supplies

- clean water supply
- dietary scales able to weigh to 5 grams
- electric blender or manual whisks
- feeding cups, saucers, spoons
- foods similar to those used in homes (for teaching or use in transition to home foods)
- jugs (1 litre and 2 litres)
- large containers and spoons for mixing and cooking feed for the ward
- measuring cylinders (or suitable utensils for measuring ingredients and leftovers)
- recipes/preparation instructions for therapeutic milks
- refrigeration

Pharmacy equipment and supplies

- combined minerals and vitamins (CMV) or mineral mix (if CMV not available)
- electrolytes and minerals:
 - potassium chloride
 - tripotassium citrate
 - magnesium chloride
 - zinc acetate
 - copper sulfate
- folic acid
- glucose (or sucrose)
- iron syrup (e.g. ferrous fumarate)
- IV fluids – one of the following, listed in order of preference:
 - half-strength Darrow's solution with 5% glucose (dextrose)
 - Ringer's lactate solution with 5% glucose*
 - 0.45% (half-normal) saline with 5% glucose*

* If either of these is used, sterile potassium chloride (20 mmol/L) should be added if possible.

- multivitamin without iron
- pharmaceutical scales
- sterile water for diluting

- vaccines (Bacillus Calmette-Guérin (BCG), oral poliomyelitis vaccine (OPV), diphtheria-pertussis-tetanus (DPT) and measles)
- vitamin A
- water for injection (ampoules 2, 5 and 10 ml)
- WHO oral rehydration solution (ORS) for use in making rehydration solution for malnutrition (ReSoMal) (or commercial ReSoMal)
- 0.9% saline (for soaking eye pads)

Drugs (see formulations listed on antibiotics reference card)

- amoxicillin
- ampicillin
- artemether + lumefantrine tablets
- artesunate suppository
- atropine eye drops
- benzylpenicillin
- cefotaxime
- ciproflaxacillin (oral formulation)
- cloxacillin
- cotrimoxazole
- fluconazole for injection
- gentamicin
- magnesium sulfate for injection (intramuscular)
- mebendazole, albendazole or other drugs for treatment of worms
- metronidazole
- nystatin
- tetracycline or chloramphenicol eye drops

For skin

- gentian violet
- nystatin ointment or cream (for candidiasis)
- paraffin gauze (tulle gras)
- permethrin: cream and lotion
- petroleum jelly ointment
- zinc oxide ointment

Laboratory resources, accessible if needed

- blood culture
- cerebrospinal fluid culture
- full blood count
- malaria slide or rapid diagnostic test (in malaria-endemic areas)
- HIV test kits (in settings where HIV prevalence is high)
- stool culture
- tuberculosis tests (X-ray, culture of sputum, Mantoux test)
- urinalysis

1.2 Checklist for planning and administrative arrangements

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

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

Initial planning

1. _____ Location of course selected. The location must be near a hospital with a severe acute malnutrition ward that meets the criteria in section 1.1 above. The location must also have adequate lodging and classroom facilities (see item 8 on this list).
2. _____ Time frame for giving the course identified (during a time of year when the hospital will admit sufficient numbers of severely malnourished children for clinical practice).
3. _____ Consultant or other assistance provided to hospital, if necessary, to ensure case management practices are consistent with WHO guidelines.
4. _____ Course materials translated (if needed) and printed or obtained from WHO.
5. _____ Specific dates of course and facilitator training selected, as indicated on the schedules provided:
 - a. _____ 3.5 days (plus at least 1 day off) allowed for facilitator training;
 - b. _____ 7 calendar days allowed for the course;
 - c. _____ course director and clinical instructor available 1–2 days before facilitator training and during all of facilitator training and course.
6. _____ Letter sent to the appropriate district, regional or local office asking that office to identify appropriate participants for training. The letter:
 - a. _____ announces the *Training course on the inpatient management of severe acute malnutrition* and explains the purpose of the course;
 - b. _____ clearly states the number of participants to attend the course (24 maximum), and that these should be physicians, nurses, nutritionists, dietitians and paediatricians who are responsible for treating severely malnourished children in hospitals;
 - c. _____ states that participants should plan to attend the entire course (7 days with 6.5 days of course work);
 - d. _____ states that participants who complete the course will receive a certificate from the World Health Organization;
 - e. _____ describes the location and dates of the course;
 - f. _____ states the date by which course participants should be nominated and the person to whom names should be sent;

- g. _____ clearly states required language and reading skills and stresses that the course is challenging and requires hard work.
7. _____ Clinical instructor and facilitators selected and invited (see the criteria for selecting clinical instructor and facilitators, section 1.3 below). Ensure that:
- a. _____ there will be at least one facilitator for every three to four participants expected to attend the course;
 - b. _____ facilitators will attend all of the facilitator training and the course;
 - c. _____ the clinical instructor is qualified and is available from 1–2 days before facilitator training through to the end of the course;²
 - d. _____ course materials are sent to the clinical instructor ahead of time so that he or she can prepare.
8. _____ Precise locations selected and reserved for classrooms and lodging. (To minimize transportation needs, classrooms should be within easy walking distance of the lodging and the hospital.) Selection based on availability of:
- a. _____ adequate lodging for all facilitators and participants;
 - b. _____ accessibility to hospital;
 - c. _____ convenient meal service;
 - d. _____ large room for seating all participants, facilitators, and visitors to the course (needed only for the course, not for facilitator training);
 - e. _____ laptop computer and digital projector;
 - f. _____ smaller rooms for groups of six to eight people to work in, plus separate space for individual consultations (during facilitator training, only one of these rooms will be needed; during the course, one room is needed for each small group of participants);
 - g. _____ tables, chairs, adequate lighting, and blackboard or poster stand for each of these rooms;
 - h. _____ separate room for secretariat.
9. _____ List compiled of paediatricians, nutritionists, nurses and physicians who will be invited to participate in the course.
10. _____ Letters of invitation sent out to selected participants. The letters:
- a. _____ briefly describe the purpose and organization of the course;
 - b. _____ state desired arrival and departure times for participants and stress the importance of attending the entire course;
 - c. _____ describe arrangements for travel and payment of per diem.
11. _____ Arrangements made for a secretary to arrive at the course location 3 days before facilitator training to ensure that necessary administrative tasks are done (see next section of this checklist for administrative tasks). During the course the secretary will need to work with local staff to ensure that things go smoothly and that the facilitators' and

² The clinical instructor must arrive early to assist with arrangements for clinical sessions. The clinical instructor should attend facilitator training, if they have not done so before, to become familiar with the course and learn facilitation skills. The clinical instructor will lead one clinical session during facilitator training.

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

12. _____ Travel authorizations sent to facilitators, clinical instructor, and participants.
13. _____ Course completion certificate designed and adequate copies printed (to be signed and awarded to all participants and facilitators at the end of the course).
14. _____ Arrangements made for providing adequate numbers of copies of the course materials, necessary supplies for classroom activities, and supplies for clinical practice (necessary materials and supplies are listed in sections 1.1 and 1.4 of this guide).
15. _____ Arrangements made for sending or transporting necessary materials and supplies to the course location.

At the course location, before facilitator training begins

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

One to two days before facilitator training, the course director and clinical instructor visit the hospital ward to discuss and confirm arrangements (see item 25 of this checklist). Ensure the following arrangements are in place:

16. _____ Adequate lodging arrangements confirmed for all facilitators and participants.
17. _____ Arrangements made for welcoming facilitators and participants at the airport, train station or other transport location, and at the hotel.
18. _____ Arrangements confirmed for rooms for conducting facilitator training:
 - a. _____ one room for conducting facilitator training (with characteristics listed in 19b below);
 - b. _____ one room for the secretary with space for storing modules, forms, and other supplies, available during both facilitator training and the course;
 - c. _____ one projector;
 - d. _____ one laptop;
 - e. _____ area that can be used for preparing ReSoMal, F-75, and F-100.
19. _____ Arrangements confirmed for adequate rooms for conducting the course:
 - a. _____ large room available on the first and last day of the course for seating all facilitators, participants and visitors;

- b. _____ smaller room available during the course for each small group of participants, each room having:
 - _____ sufficient table or desk area and chairs for up to six participants and two facilitators, plus separate consultation area with additional chairs;
 - _____ additional table area for supplies;
 - _____ blackboard or flipchart stand with paper;
 - _____ adequate lighting and ventilation;
 - _____ freedom from distractions such as traffic or construction noises or loud music;
 - c. _____ laptops (ideally, there would be one per group, but if this is not possible, equipment may be shared.);
 - d. _____ one room for a secretary and the course supplies;
 - e. _____ projectors (ideally, there would be one per room, but if this is not possible, equipment may be shared);
 - 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 facilitators for facilitator training and participants for the course:
- a. _____ sample registration form (in Annex 4 of this guide) reviewed and items added if needed;
 - b. _____ registration form prepared.
21. _____ Arrangements made for typing and copying of materials during the course (for example, registration forms, schedules, list of participants, end-of-course questionnaires).
22. _____ Arrangements made for meals and coffee/tea service.
23. _____ Arrangements made for reconfirming or changing airline, train, bus, or car reservations for participants.
24. _____ Arrangements made for paying per diem to participants and facilitators.
25. _____ Hospital ward visited and confirmed to be suitable for clinical practice. Director and staff informed about practice sessions to be held during facilitator training and the course (see the *Clinical instructor's guide* for more information about preparing for clinical practice. In this guide, see part 2 on preparing for clinical practice):
- a. _____ clinical practice sessions schedule discussed and agreed on with ward director (see section 2.3 below):
 - _____ during facilitator training, one group for 2 hours on Day 3;
 - _____ during the course, ___ groups per day scheduled;
 - _____ dates and schedules confirmed in writing;
 - b. _____ drugs and supplies in the ward checked and supplemented as necessary (see lists in section 1.1);

- c. _____ role of ward staff during practice sessions discussed with ward director.
- 26. _____ Schedule for facilitator training prepared based on suggested schedule in Annex 2.
- 27. _____ Arrangements made for daily transportation to and from hospital/classrooms.
- 28. _____ Sufficient copies made of registration forms, schedule for facilitator training, CCP pages, discharge cards, etc. for use during facilitator training.

During facilitator training

- 29. _____ Facilitators registered and given schedule and course materials for facilitator training.
- 30. _____ Plans for opening ceremony of course finalized with local authorities.
- 31. _____ Course schedule developed and reproduced in sufficient quantity to give a copy to each facilitator and participant (see suggested course schedule in Annex 3).
- 32. _____ Clinical practice schedule finalized and reproduced in sufficient quantity to give a copy to each facilitator and participant (see Annex 1).
- 33. _____ Pairs of facilitators assigned (near the end of facilitator training) to work together during the course. To the extent possible, consideration is given to the following when making assignments:
 - _____ fluency in language in which the course is given and language spoken with mothers in the clinic;
 - _____ strengths (for example, clinical expertise, experience with case management procedures, understanding of course content, capability as a classroom trainer or clinical trainer);
 - _____ motivation to be a facilitator;
 - _____ personal dynamics and temperament (for example, shy paired with outgoing);
 - _____ for nurses' group facilitators, ability to communicate well with nurses and adapt materials according to suggestions in the *Facilitator's guide*.
- 34. _____ Course materials and supplies organized and placed in the appropriate rooms (see section 1.4).

During the course

- 35. _____ Course participants registered using registration form in Annex 4.
- 36. _____ Groups of up to six participants assigned to pairs of facilitators. When forming the groups, facilitators should try to put different professions to work together to enhance learning and sharing.

37. _____ Copies of completed registration forms for participants in each group distributed to the facilitators for that group.
38. _____ Secretariat monitors or carries out administrative activities.
39. _____ Course directory (including names and addresses of all participants, facilitators, clinical instructor, and the course director) provided to everyone.
40. _____ Course photograph, if desired, made in time to be developed before closing ceremony.
41. _____ Course evaluation questionnaire (section 4.5 below) modified as needed and reproduced in sufficient quantity to give a copy to each facilitator and participant.
42. _____ Arrangements made for closing session.
43. _____ Course completion certificate signed for presentation to each participant.

1.3 Criteria for selecting clinical instructor and facilitators

A full-time clinical instructor is critical for conducting this course. The clinical instructor will be responsible for selection of cases and all clinical practice sessions done in the severe acute malnutrition ward. The clinical instructor's tasks are described in detail in the *Clinical instructor's guide*.

A group of motivated facilitators is also needed. The facilitator can work with small groups of participants to guide them through the tasks in the modules and assist with clinical practice. Two facilitators can work together. The facilitators' tasks are described in detail in the *Facilitator's guide*.

Criteria for selecting the clinical instructor

The clinical instructor should have as many of the following qualifications as possible.

1. The clinical instructor should be *currently active in clinical care* of children. If possible, they should have a current position on the severe acute malnutrition ward of the facility where the training is being conducted. (If the clinical instructor is not on the staff of the facility, a staff assistant will be needed to help with arrangements and perhaps with translation.)
2. The clinical instructor should have *proven clinical teaching skills*.
3. The clinical instructor should be *familiar with the WHO guidelines* relevant to the management of children with severe acute malnutrition and have experience using them.³ It is best if the clinical instructor has participated in the training course on management of severe acute malnutrition previously, as a participant or facilitator.
4. The clinical instructor should be *clinically confident* in order to sort through a ward of children quickly, identify clinical signs that participants need to observe, and determine the progress of different children. The clinical instructor should

³ See, for example: Pocket book of hospital care for children: guidelines for the management of common childhood illnesses, second edition. Geneva: World Health Organization; 2013 (http://apps.who.int/iris/bitstream/10665/81170/1/9789241548373_eng.pdf?ua=1). Also see: Guideline: updates on the management of severe acute malnutrition in infants and children. Geneva: World Health Organization; 2013 (http://apps.who.int/iris/bitstream/handle/10665/95584/9789241506328_eng.pdf?sequence=1).

understand the daily procedures in the ward and quickly see where participants may assist with care, and should understand each child's clinical diagnosis and prognosis so that the care of critically ill children is not compromised. The clinical instructor should also be comfortable handling severely malnourished children and *convey a gentle, positive, hands-on approach*.

5. The clinical instructor must have *good organizational ability*. It is necessary to be efficient to accomplish all of the tasks in each clinical session. The individual must be able to stay on the subject, avoiding any extraneous instruction or discussion; maintain 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 to 6 hours, and these are very active periods. The clinical instructor must be energetic.
6. The clinical instructor must be *outgoing and able to communicate* with ward staff, participants, and mothers, and 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 clinical instructor should work as an assistant to an experienced clinical instructor at another course to see how to select cases, organize the clinical sessions and interact with participants. Or another experienced clinical instructor could join him/her during the first few day of the facilitator training or the course.
8. The clinical instructor must be available 1-2 days prior to facilitator training, during all of facilitator training, and during all of the course. The clinical instructor must be willing and motivated to get up early each morning to review cases in the severe acute malnutrition 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 or her with another facilitator who is strong in that area.

1. Facilitators should be *currently active in care of severely malnourished children*. They must have the basic clinical skills and technical knowledge that will allow them to teach the case management process used in this course.
2. They must recently have been participants in the *Training course on the inpatient management of severe acute malnutrition*. (This criterion should be applied after a number of courses have been given.)
3. They must have *good communication skills*, including the ability to explain things clearly and simply to others. Facilitators in this course are not expected to give lectures, but to guide participants through written materials, role play exercises, discussions, and other activities. It is most important that facilitators be observant individuals who can see when participants are having difficulty, explain things clearly, and give helpful feedback.
4. If participants *speak a language* other than the language in which the course is written, it is helpful for at least one facilitator per group to speak that language.
5. Facilitators *must be organized*. They must be able to keep the group on schedule and ensure that they arrive for clinical practice on time and with the necessary supplies.

6. The facilitators will be expected to *adapt some of the activities in the course* according to the rhythm of the group and the suggestions in the *Facilitator's guide*, for example by teaching clearly, patiently and creatively, or by adding examples or demonstrations.
7. Facilitators must be available during all of facilitator training and during all of the course. They must have the *energy and motivation to work a long day* with participants and then attend a facilitator meeting to review the day's work and prepare for the next day.

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

- understand the modules easily
- perform well in the clinical practice sessions
- communicate clearly
- help others and work well with others in their group
- participate confidently in discussions and role plays.

1.4 Checklist of instructional materials needed by each small group

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

Item needed	Number needed
<i>Facilitator's guide</i>	1 for each facilitator
Set of 8 modules and photographs (Facilitator's guide, Web Annex B)	1 set for each facilitator and 1 set for each participant
Sample discharge card (Module 7, Web Annex)	1 for each facilitator and 1 for each participant, plus a few extras for use in classroom
Set of 4 reference cards (Module 2, Web Annex A; Module 3, Web Annex B; Module 4, Web Annex A; Module 4, Web Annex C)	1 set for each facilitator and 1 set for each participant
Answer sheets (Facilitator's guide, Web Annex A)	1 packet for each facilitator and 1 packet for each participant
Extra copy of critical care pathway (CCP; Module 3, Web Annex A; all 5 pages, stapled)	1 for each facilitator and 1 for each participant
Extra copies of initial management page of CCP, loose (for use in exercises)	4 for each participant
Extra copies of daily care page of CCP, loose (for use in exercises)	3 for each participant
Extra copies of monitoring page of CCP, loose (for use in exercises)	2 for each participant
Monitoring checklists (Module 6, Web Annex B)	1 set for each facilitator and 1 set for each participant
24-hour food intake chart (Module 4, Annex 2)	1 for each facilitator and 1 for each participant
Daily ward feed chart (Module 4, Web Annex D)	1 for each facilitator and 1 for each participant

Item needed	Number needed
Set of slides of CCP and other forms in a visual presentation (if projector is available)	2 sets per group
Alternative: Enlarged photocopies of forms	
Videos	1 per group
Schedule for the course ^a	1 for each facilitator and participant
Schedule for clinical sessions ^a	1 for each facilitator and participant

^a Based on schedules in Annexes 1 and 3 of this guide but including specific times.

1.5 List of other supplies needed

Supplies needed for each person

- name tag and holder
- 2 pens
- 2 pencils with erasers
- paper
- highlighter
- folder or large envelope to collect answer sheets.

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 and projector.

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

- 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

If using:	Ingredients	Supplies
ReSoMal made from standard ORS	1 L standard ORS packet Sugar (at least 50 g) Tin of CMV Cooled, boiled water (at least 2 L)	Same as above, plus: Container to hold > 2 L Dietary scale that weighs to 5 g ^a

^a Scale could be shared by groups.

- 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 and projector;
- (if sharing these items) hot plate, blender, dietary scale as needed for recipes;
- electrical outlets, extension cords if needed.

Additional supplies needed for clinical practice sessions

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

- CCPs (100 copies of the initial management page plus 60 complete CCPs for a course with 15–20 participants);
- 24-hour food intake charts (100 copies for a course with 15–20 participants) – copy from Annex 4 of Module 4 on feeding;
- pens and pencils;
- six to eight clipboards, and string or tape to fasten clipboards to foot or head of bed;
- thermometers;
- a few watches (or participants may all have their own);
- dextrostix, gloves for every participant;
- scales and length board, stadiometer for measuring infants and children;
- soap for handwashing, and a supply of clean cloth towels that can be washed or a supply of paper towels (participants must wash hands before and after clinical practice and between patients);

- if lab coats must be worn in the hospital, there should be one for each participant and facilitator, and these should be laundered as needed. To limit risk of transmitting infections, lab coats should not be shared.

2. PREPARING FOR CLINICAL PRACTICE

2.1 Preparing the clinical instructor

A clinical instructor who meets the criteria specified in section 1.3 of this guide will not require extensive training. However, the clinical instructor must learn the content of the course and adapt to the methods presented in the *Clinical instructor's 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.

- All of the course materials should be sent to the clinical instructor well in advance of the course.
- The clinical instructor should study all of the course materials, focusing especially on the *Clinical instructor's guide*. (Note: Explain to the clinical instructor that selected activities will be conducted during the third day of facilitator training. Suggested activities are proposed on page 5 of the *Clinical instructor's guide*. All clinical sessions will be conducted during the actual course.)
- The clinical instructor should discuss his or her responsibilities and any questions with you, the course director, so that you both understand and agree what the clinical instructor will do.

Prior to 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 facilitator training as possible to learn the content of the course and how the course is structured.
- On the third day of facilitator training, the clinical instructor should go early to work with the clinical assistant and translator, if needed, to prepare for selected activities. The clinical instructor will then practise these activities with the facilitators as “participants”.
- Refer to the *Clinical instructor's guide* for details on how the clinical instructor should prepare themselves and the ward. Help the clinical instructor to be sure that everything is ready and make arrangements for any remaining items.

2.2 Visiting the ward to finalize arrangements

Prior to facilitator training, visit the hospital where clinical sessions will be conducted to meet the ward directors 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 course, the importance of clinical practice in the course, and the kinds of clinical signs and case management practices that participants will need to observe.
2. Tour the areas where severely malnourished children may be seen in the hospital (this may include more than one ward):
 - observe where children arrive, when they typically arrive, and where they are directed (during one clinical practice session, participants will observe children in the admissions area or in the ward in order to identify those with severe acute malnutrition);
 - 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 not available on the lists in section 1.1 of this guide, and obtain items before the course begins).
3. Discuss the schedule for clinical practice during facilitator training and the course (see section 3.1 below and section 6 of the *Clinical instructor's guide*). During facilitator training, there will be a 2-hour clinical practice session on the third day. (Also, if desired and if there is time on the first day of facilitator training, there may be a brief tour of the ward.) During the course, several small groups will visit the ward at different times each day. Determine if there are certain times that are best for clinical practice 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 ward director what role the ward staff will play during the participants' clinical practice sessions. If possible, arrange for a clinical assistant (a regular staff member such as a nurse) to assist with clinical practice sessions. This staff member will help to 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 activities such as weighing, measuring, and bathing (all with supervision).
6. Brief ward staff so they understand what to expect during the clinical sessions (for example, 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.

2.3 Scheduling clinical practice sessions

One clinical practice 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 course. It will allow the facilitators to become familiar with what will happen during clinical practice.

During the course each small group will visit the ward once each day. Visits will be from 1 to 2 hours in length. Scheduling is discussed in detail in section 6 of the *Clinical instructor's guide*. Annex 1 of this guide contains a blank form to use in planning the schedule for the clinical training during the course. Plan the schedule with the clinical instructor and ward director. Make a copy for each participant.

Example of schedule for clinical session

Here is an example of a schedule for clinical sessions in a course in which there are three small groups (groups A, B, and 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	Duration	Group A	Group B	Group C
Day 1: tour of ward	1 hour	11:00–12:00	13:00–14:00	14:15–15:15
Day 2: clinical signs	1.5 hours	09:00–10:30	10:45–12:15	13:30–15:00
Day 3: initial management	1.5 hours	13:30–15:00	09:00–10:30	10:45–12:15
Day 4: flexible half day, optional clinical practice		All groups will observe play session at 10:00		
Day 5: initial management and feeding	2 hours	10:45–12:45 (11:00 feed)	13:30–15:30 (15:00 feed)	08:30–10:30 (09:00 feed)
Day 6: feeding	1.5 hours	08:30–10:00 (09:00 feed)	10:15–11:45 (11:00 feed)	12:45–14:15 (13:00 feed)
Day 7: daily care	1.5 hours	13:00–14:30	9:00–10:30	10:45–12:15
Observe teaching session for mothers (same time daily)	0.5 hour	Day 7 at 14:00	Day 5 at 14:00	Day 6 at 14:00
Observe play session (same time daily)	1 hour	Day 4 at 10:00	Day 4 at 10:00	Day 4 at 10:00

3. TRAINING FACILITATORS

Eventually, facilitators should be prepared in three phases, as described below. For the first courses given, a high-quality 3.5-day facilitator training session will have to suffice.

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

1. The individual attends the course as a participant in order to learn the course content and develop skill in managing severely malnourished children according to the WHO guidelines.
2. The individual attends a 3.5-day facilitator training session (usually immediately prior to a course in which he or she will serve as a novice facilitator).
3. He or she has a first experience as a facilitator, paired with an experienced facilitator and closely supervised by the course director.

After successful completion of this process, an individual is considered fully prepared to serve as a facilitator in the *Training course on the inpatient management of severe acute malnutrition*. Part 3 of this guide describes in detail how to conduct the 3.5-day facilitator training session mentioned above.

3.1 General structure of the facilitator training session

The 3.5-day facilitator training session occurs before the course. As course director, you are responsible for conducting facilitator training. If possible, you should be assisted by an experienced facilitator. As the training is intensive, it is very helpful to have two people work together. By working together, you can also demonstrate how co-facilitators share the work during the actual course.

Facilitator training is extremely important, and all new facilitators should attend.

Six to eight facilitators may be trained during a session. Well trained and supportive facilitators are necessary for the success of the course.

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

Facilitator trainees will work quickly through the modules and will take turns practising the teaching activities described in the *Facilitator's guide*. A clinical instructor will organize and supervise clinical practice sessions during this course, so facilitators will assist rather than direct these sessions. During the facilitator training, facilitators will attend one clinical practice session in order to become familiar with the severe acute malnutrition ward and how clinical training will work.

Three methods will be 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, coordinate a role play, lead an oral drill, etc.
2. A facilitator trainee acts as a facilitator speaking to a group of participants. The trainee is practising teaching activities when introducing a module, doing a demonstration, conducting a video exercise, leading a group discussion, coordinating a role play, leading an oral drill, or summarizing a module. While practising, the trainee is also demonstrating these teaching activities for the others in the group.
3. One trainee acts as a course participant and another acts as a facilitator providing individual feedback. Both sit in front of the room positioned as a facilitator and participant would be. The facilitator trainee is both practising and demonstrating individual feedback. He or 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’s 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 practise it or see it done, they are not likely to provide it during the course.

3.2 Daily schedule

The 3.5-day facilitator training schedule will focus on teaching skills to be used in the classroom. Most of the time will be spent in the classroom reviewing the 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 set up the classrooms for the course.

A suggested schedule for facilitator training is provided in Annex 2. A suggested schedule for the course itself is provided in Annex 3. These schedules can be used to make more precise schedules, including specific dates and times, once you know the times for clinical practice sessions, transport and the arrangements for lunch, tea breaks, and other activities.

The schedule for facilitator training is highly compressed and will require efficient and concentrated work. Facilitator trainees will review in only 3.5 days what they will teach to course participants in 6.5 days. In 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 course will *not* be conducted the way that facilitator training is conducted. During the

course, participants will read a section of the module, do an exercise, and receive feedback, as described in the *Facilitator's guide*. Participants will attend a clinical practice session on every day of the course. Refer to the *Facilitator's guide* and the actual course schedule frequently, so everyone understands how the actual course will differ.

3.3 Practice of facilitator techniques

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

- introducing a module
- giving individual feedback
- conducting a demonstration
- leading a discussion
- conducting a video activity
- coordinating a role play
- leading an oral drill
- adapting teaching methods depending on the group
- summarizing a module
- working with a co-facilitator when resources are available.

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 trainees practise together, acting as co-facilitators. This will allow them to practise working in pairs, as they might in the course. After every activity, it is useful and important to discuss the trainees' performance and give feedback.

By the end of the training, every trainee should have practised each facilitator technique. A practice assignment grid is provided in Annex 5 to help you ensure that each trainee has adequate practice. Turn to this grid and list the names of the trainees. Whenever someone practises a technique, make an entry on this grid.

3.4 Using this guide to conduct the facilitator training

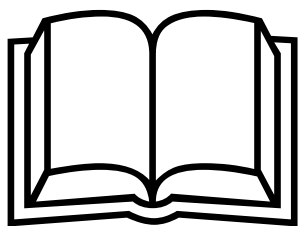
We assume you are already familiar with this course and have experience as a facilitator in this course or similar courses. To prepare to teach others to be facilitators, read this guide, and reread and study the *Facilitator's guide*.

When conducting the facilitator training, keep available the schedule in Annex 2 for an overview of the steps to be accomplished each day.

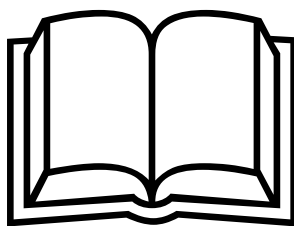
This guide gives instructions, day by day and step by step, for conducting facilitator training. Just turn to the appropriate part, and the appropriate day, and follow the instructions.

Some instructions tell you to go to the *Facilitator's guide* and do certain steps described there. When you do that, leave the *Course director's guide* open to keep your place. When you have finished the steps in the other guide, look back to the *Course director's 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

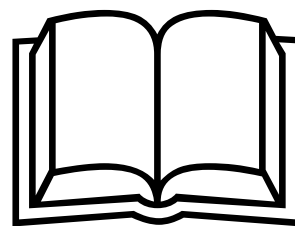
area for yourself at the table so that you can arrange your guides and modules in front of you as you lead the training.)



Course director's guide



Facilitator's guide



Module

Facilitator Day 1

1. Opening session

Examples of slides to accompany this opening session are provided in Annex 6 of this guide. The slides may be used in a Powerpoint presentation, for which a memory stick is provided with this course.

A. Introductions

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

B. Administrative tasks

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

C. Review of purpose of the course (Annex 6, slide 1)

This training course will eventually be used in hospitals in many countries. The purpose is to teach the case management process described in the WHO manual titled *Management of severe malnutrition: a manual for physicians and other senior health workers*. The content of the course is consistent with the manual. In certain hospitals that have used these case management procedures over time, case fatality has been reduced from over 30% to less than 5%.

This course is intended for paediatricians, nurses, nutritionists, dietitians and doctors who manage severely malnourished children in hospitals. These professionals must work closely together as a team, so they should have consistent training in the use of the same case management practices. Because of their different backgrounds, some may find different parts of this course more interesting and applicable to their work than others. However, learning about the steps to manage severe acute malnutrition will be helpful to understand and provide comprehensive care.

It is expected that participants will return to their hospitals and make changes to improve case management in inpatient and outpatient services.

2. Introduction to facilitator training

A. Context of facilitator training (slide 2)

Cover the following points:

- There will be (*number*) participants attending the course titled *Training course on the inpatient management of severe acute malnutrition*, (*dates*).
- The participants will be paediatricians, nurses, nutritionists, dietitians and doctors who manage severely malnourished children in hospitals.
- All of you (*number*) will be facilitators to assist participants to learn the skills presented in the course materials. These 3.5 days are your time to work through the materials and prepare to guide others during this training course.
- As facilitators, you will work in pairs to lead the course. Each pair will be assigned a group of about (*number*) participants. Pairs for the course will be assigned later. During facilitator training, each of you will work with a variety of other trainees.

B. Materials needed (slide 3)

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

- set of eight modules and photographs
- *Facilitator's guide*
- answer sheets
- set of four reference cards
- sample discharge card.

C. Objectives of facilitator training (slide 4)

Ensure the trainee facilitators are familiar with the following objectives:

- learn the course content;
- practise pedagogic techniques used with the modules (for example, giving individual feedback, leading group discussions, leading oral drills);
- become familiar with the severe acute malnutrition ward and how clinical practice 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 course (for example, slower readers, logistical difficulties in the ward, or 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 involves training in teaching techniques.

D. Teaching methods (slide 5)

Explain that the teaching methods of this course are based on several learning methodologies, as outlined below.

- ***Instruction should be performance-based***

Instruction should teach the students tasks they will be expected to do on the job. This course is developed based on an analysis of tasks involved in managing severe acute malnutrition. 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 module.

- ***Active participation increases learning***

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

- ***Immediate feedback increases learning***

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

- ***Learning is increased when instruction is individualized***

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

- ***Positive motivation is essential to learn***

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

E. Schedule for facilitator training (slide 6)

Distribute a written schedule for facilitator training based on the one in Annex 2. Explain that this 3.5-day schedule is very much condensed from the full 6.5-day course. Give facilitator trainees a copy of the actual course schedule as well, so that they can compare the activities and pace of the actual course with those of facilitator training.

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

F. Introduction of Facilitator's guide (slides 7 and 8)

Trainees will learn to use the *Facilitator's guide* during the 3.5-day training.

- Ask trainees to read the introduction to the *Facilitator's guide* – a description of the roles and responsibilities of a facilitator.
- Answer any questions. Then, briefly summarize the major duties of a facilitator (slide 7):
 - to introduce the modules
 - to answer questions and assist participants while they work
 - to provide individual feedback on completed exercises
 - to do demonstrations and give explanations of certain steps
 - to conduct oral drills
 - to lead and summarize video exercises and group discussions
 - to coordinate role plays
 - to summarize the modules
 - to assist with clinical practice as requested by the clinical instructor.
- Be clear that facilitators are not in charge of ward visits; they are there to assist, and also to observe so that they can discuss what was seen back in the classroom.
- Urge facilitator trainees to follow procedures in the *Facilitator's guide* and make the points specified (slide 8). Review the relevant parts of the *Facilitator's guide*:
 - checklists of instructional materials and supplies needed for the course (found at the end of the introduction to the *Facilitator's guide*);
 - table of procedures for each module;
 - notes for each step of the procedures;
 - boxes with special notes when applicable for groups;
 - spaces for additional points at the end of each module section;
 - the section entitled “Guidelines for all modules” at the end of the *Facilitator's guide*.
- Point out that answer sheets for the exercises are in a separate packet. The facilitator may want to keep the answer sheets stapled together. However, the facilitator will detach sheets one at a time to give to each participant after feedback. Participants may keep their loose answer sheets in a folder or envelope that should be provided with the course supplies.

You may want to write the message “Remember to use your *Facilitator's guide*” on a flipchart page and leave the message visible throughout the training.

Encourage trainees to write notes in their guides about important points to make during the course.

3. Module 1: Introduction

A. Review and demonstration

- Ask facilitator trainees to open the *Facilitator's guide* at the “Facilitator guidelines for Module 1: Introduction”. Point out the procedures table and the corresponding notes. Ask the group to follow along as you use the notes to lead them through the *Introduction* module.
- Follow the procedures closely, but save time by asking trainees to quickly review the contents of the module rather than reading carefully. Since trainees have already introduced themselves, simply mention this step rather than doing it.
- If you have an assistant, turn to your assistant for help in remembering to include all of the relevant points. For example, ask the assistant 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 the *Introduction* module. Answer any questions about how to use the *Facilitator's guide*.

B. Facilitator techniques: working with a co-facilitator

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

- record information on the flipchart;
- operate the video player or the visual slides presentation;
- follow along in the *Facilitator's 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:

- Discuss in advance how you will work together on exercises and other activities. Review the teaching activities for the next day, and agree who will take responsibility for each activity, such as preparing for each demonstration, leading the drill, playing each role, or collecting supplies. 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.
- Work together on each module rather than taking turns having sole responsibility for a module. Within a module or clinical session, you will at some times be the leader and at other times the helper, for example in writing on the flipchart or stopping and starting the video player.

- 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?”
- 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.”
- If you think that your co-facilitator is doing a demonstration incorrectly, or giving incorrect information, avoid directly contradicting him or her in front of the group. It may be possible to say, “Excuse me, but may I clarify that?” If the situation is more complicated, quickly excuse yourselves, discuss the error privately, and decide how to clarify the explanation or demonstration to the group. The group must be given correct information as soon as possible. If there is a serious disagreement between you and your co-facilitator, you may need to seek help from the course director.

During facilitator training, pairs of trainees will 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.

4. Module 2: Principles of care

Facilitator trainees will now begin the *Principles of care* module. During facilitator training, facilitators must work quickly. In contrast, in the actual course, facilitators should not rush participants through the materials, but should allow them to proceed at a comfortable pace. Homework is not recommended during the course, as participants will be tired in the evenings.

A. Facilitator techniques: introducing a module

Demonstrate introducing the module, as described in the section of the *Facilitator’s guide* entitled “Facilitator guidelines for Module 2: Principles of care”. Ask 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’s guide*.

B. Reading and work on module

Ask trainees to quickly read the *Principles of care* module from the beginning up to Exercise A. Suggest that 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. Reading and work on module

Ask facilitator trainees to start reading and then do Exercise A using the weight-for-height/length reference cards.

D. Facilitator techniques: adapting activities to the dynamic of the group

Explain that some groups may need the dynamic to be adapted to their rhythm. As an example, some may need a demonstration of how to use the weight-for-height reference card before they attempt Exercise A of Module 2. Facilitators will quickly see how much assistance a group needs. It is important to give enough explanation that participants do not become frustrated by a lack of understanding. However, too much explanation can be boring and can be seen as condescending.

Acting as a facilitator, demonstrate how to use the weight-for-height reference card. Refer to the box containing a demonstration of how to use the weight-for-height/length reference card in the “Facilitator guidelines for Module 2”.

After the demonstration, ask the trainees if they would have found the demonstration helpful before doing Exercise A. Remind trainees that participants will come from a variety of backgrounds. Facilitators will need to be sensitive to the strengths and weaknesses of participants in their groups. If a group is likely to need extra help with a concept, facilitators should use the information 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.

In some cases, the information boxes suggest which exercises may be shortened in case of time constraints.

E. Facilitator techniques: individual feedback

Referring to the procedures table at the start of the “Facilitator guidelines for Module 2” in the *Facilitator’s guide*, point out that Exercise A requires individual feedback, as indicated in the “Feedback” column of the table.

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

Ask for a volunteer to act as a course participant who has just completed Exercise A. The participant will present their answers as written in the module. (They 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 the guidance for providing individual feedback at the end of the *Facilitator’s guide*. It explains what facilitators should do when giving individual feedback. Review each point on that list. Then review the additional points below.

- If space allows, provide individual feedback somewhat away from the group, in order to avoid disturbing others and to give the participant some privacy. For example, a participant and facilitator could sit in chairs in the hall where a case management chart is posted, or in the corner of the room.

- Individual feedback may be fairly brief. During the course, individual feedback may not be as complete and lengthy as it is during facilitator training, when you are learning how to provide feedback.
- Sometimes the guidelines for feedback on an exercise suggest a question to ask about the participant’s own hospital 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 the participant’s situation better and may help them think through any concerns.
- All of you will practise giving individual feedback during this training. You will review the answers of a “participant” and discuss how they arrived at those answers. You will practise consulting the guide and mentioning any key points. However, the questions and comments of the individual acting as the participant may not be similar to those encountered during the course. Actual participants are likely to be shyer and may read or understand less quickly.

F. Facilitator techniques: leading a discussion

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

Point out the box containing guidance for working in groups in the “Facilitator guidelines for Module 2”. This box suggests that several photos be discussed as a group before participants are asked to work individually. Explain that, for the purpose of this training for facilitators, you will lead the discussion to demonstrate how to lead the group discussion in Exercise B, being careful to use good facilitator techniques and follow the steps in the *Facilitator’s guide*.

Ask trainees to look at the general guidelines for leading a discussion at the end of the *Facilitator’s guide*. This page gives a review of the points presented. Explain that from now on trainees will practise leading the group discussions.

G. Reading and work on module: practise leading group discussion of Exercise C

Ask facilitator trainees to continue reading Module 2 and do Exercise C. They should also look at corresponding guidelines in the *Facilitator’s guide*.

Assign one trainee (someone who works quickly) to be prepared to lead the group discussion after Exercise C. Remind this trainee to follow the guidelines for Exercise C in the “Facilitator guidelines for Module 2”. Record the assignment on the grid in Annex 5.

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

Note: Every time that a facilitator trainee practises leading an activity, be sure to give feedback. You may find it helpful to refer to the performance criteria in section 4.2 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 at the start of the “Facilitator guidelines for Module 2”, point out the oral drill and the related notes (section 2.6 of the *Facilitator’s guide*).

Explain that repetitive practice will help participants learn certain skills. This oral drill provides practice in determining weight-for-height Z-scores and using admission criteria. There will be other oral drills (for example, on determining amounts of F-75 needed) later in the course. Explain how to lead an oral drill by using the following techniques.

- 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, in order to develop speed and confidence.
- Ask a question and direct a participant to answer. The participant should answer quickly. If they cannot answer or answer incorrectly, you will ask the next person. Continue asking questions to participants in order, going around the circle.
- Keep the pace lively and the mood cheerful. Congratulate participants as they improve in their ability to answer correctly or more quickly.

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

Begin the drill on Z-scores as described in the *Facilitator’s guide*. Then, after the pace of the drill is set, let a trainee take a turn being the facilitator while the others act as participants. Afterwards, discuss how the drill went. Were there ways that the drill could have been improved? Facilitators may add some more items to the drill in the blank spaces provided.

Record on the grid in Annex 5 the 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 this course. To break up the reading and check the participants’ understanding, a few short answer exercises are given. The first two (at the end of sections 4.2 and 5.1 of the module) are group-checked. In other words, when everyone has completed the short answer exercise, the facilitator will review the answers with the group. Answers are given in the *Facilitator’s guide*. These should not be long discussions, just a way to ensure that the participants understand the material.

After the third short answer exercise (at the end of section 5.3 of the module), participants should check their own answers by looking at the correct answers.

Ask facilitator trainees to continue reading to the end of the module. Assign a trainee to lead each of the following brief discussions to check the answers, remembering to record the assignments on the grid in Annex 5:

_____ Group discussion, checking answers to short answer exercise at end of section 4.2 of module (guidelines in section 2.7 of *Facilitator's guide*)

_____ Group discussion, checking answers to short answer exercise at end of section 5.1 of module (guidelines in section 2.8 of *Facilitator's guide*)

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

J. Facilitator techniques: video activity

Referring again to the procedures table at the start of the “Facilitator guidelines for Module 2” in the *Facilitator's guide*, point out that a video is used in this module.

Show the group how the projection of the video will work. Explain what is the available equipment for the course and show them how to use it.

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

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

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

After showing the video, ask what signs of recovery the facilitators saw.

Also discuss photos 21–29. These photos show changes in three children over a period of weeks.

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

K. Facilitator techniques: summarizing the module

Point out the guidelines for summarizing the *Principles of care* module in the *Facilitator's guide* (section 2.12). Inform the trainees that they can write below any additional points to include in the module summary. Ask for any suggestions for additional points.

Then summarize the module as instructed. Explain that from now on you will be asking trainees to introduce and summarize modules. Guidelines are always given in the *Facilitator's guide*. Introductions and summaries should be very brief. Record on the practice assignment grid as trainees have a chance to introduce or summarize modules.

5. Module 3: Initial management

Point out the procedures for the *Initial management* module in the *Facilitator's guide*. Point out the section titled "Preparations for the module". This section describes special supplies needed for the module, including projector (or enlarged copies of forms) and ingredients for ReSoMal.

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

A. Reading and practising introducing the module

Ask trainees to read through up to section 4.4 of the module. Point out that while facilitating the course they can stop at the end of section 3 for a brief review and explanation. Point out the box giving advice on working in groups in section 3.1 of the *Facilitator's guide*. Trainees should read these boxes, which can be used as an alternative during the classes, but, unless instructed otherwise, they should practise as though the participants in the course easily keep a good pace.

Ask one person to be prepared to introduce the module. Record the assignment on the grid in Annex 5. (In the real course, the facilitators will introduce the module before the participants begin reading; the order is reversed here simply to allow the trainee time to prepare.)

_____ Introduction of the module (section 3.1 of the *Facilitator's guide*)

B. Facilitator techniques: conducting a demonstration

Referring to the procedures table at the start of the "Facilitator guidelines for Module 3" in the *Facilitator's guide*, point out that after the introduction of the module, course participants will read up to section 4.4 of the module, following which the facilitator will introduce the CCP and demonstrate use of the initial management page of the CCP. Point out the guidelines for the demonstration in section 3.2 of the *Facilitator's guide*.

Use enlarged copies of the CCP pages for demonstration.

Acting as a facilitator, demonstrate use of the CCP. Ask another person to act as a cofacilitator 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. Trainees have now seen two demonstrations: one on how to use the weight-for-height reference card, and one on use of the CCP.
- 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's guide* describes how to do the demonstration. Follow the guide closely, and do not explain more than is included in the instructions. It may be confusing if you go farther than the next step that participants will learn in the module.
- Be sure that all the participants can see the form that you are using. If needed, have the participants get up from their chairs and come over to the form to see what you are describing.
- Be sure to speak clearly and loudly enough. Do not turn your back to participants as you speak. Try not to read directly from the guide or module. Speak in a conversational tone, varying the pitch and speed of your voice.
- Pairs of facilitator trainees will be assigned a demonstration to do as practice.
- Even if you have seen other facilitator trainees do the demonstration, you need to practise the demonstration before doing it in front of your group during the course. 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.

6. Assignments for the next day

Ask facilitator trainees to read and work on the written exercises in the rest of the module. Explain that the group activities will be done tomorrow. Remind facilitators that this is *not* how the work will be done in the actual course. Facilitators should also carefully read the *Facilitator's guide* section for Module 3 on initial management.

Assign facilitator trainees 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 facilitator training each trainee should have an opportunity to be the “facilitator” giving individual feedback. After each trainee has had a turn, if you feel that all are well prepared to give individual feedback, you may stop assigning roles to be practised aloud.

Keep track of assignments on the grid in Annex 5. Be sure that each trainee is assigned a variety of practice. For example, if the trainee has already practised leading a group discussion, assign them to provide individual feedback.

_____ Individual feedback, Exercise A, case 1: Tina (section 3.3 of the *Facilitator's guide*)

_____ Individual feedback, Exercise A, case 2: Kalpana (section 3.3 of the *Facilitator's guide*)

_____ Individual feedback, Exercise A, case 3: John (section 3.3 of the *Facilitator's guide*)

_____ Exercise B, preparing ReSoMal, group discussion (section 3.4 of the *Facilitator's guide*). *Note:* It is best to assign someone who has prepared ReSoMal before to lead this exercise

_____ Demonstration for alternative activities for groups using initial management page (section 3.5 of the *Facilitator's guide*)

_____ Individual feedback, Exercise C, cases 1 and 2: Marwan and Ram (section 3.6 of the *Facilitator's guide*)

_____ Group work, Exercise C, case 3: Irena (section 3.6 of the *Facilitator's guide*). *Note:* When recording this assignment on the grid in Annex 5, count it as a demonstration

_____ Individual feedback, Exercise D, cases 1 and 2: Ana and Dipti (section 3.6 of the *Facilitator's guide*)

_____ Video: *Emergency treatment* (section 3.7 of the *Facilitator's guide*)

_____ Role of doctor, role play in Exercise E (section 3.8 of the *Facilitator's guide*)

_____ Role of nurse, role play in Exercise E (section 3.8 of the *Facilitator's guide*)

_____ Module summary (section 3.9 of the *Facilitator's guide*)

Explain that trainees will practise the teaching activities in the order that they occur in the *Facilitator's guide*. It is essential that they complete the module and prepare for their assigned activities tonight.

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

Note to 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

1. 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 occur in the *Facilitator's guide*. Be prepared with ingredients and supplies for Exercise B (preparing ReSoMal).

During each practice, trainees should refer to the *Facilitator's 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's guide*, so trainees stay aware of the order of events that they will follow during the real course.

Keep the focus on teaching techniques, but also clarify any confusion about module content if necessary. Refer to the performance criteria in section 4.2 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 course. Role plays are especially useful for practising communication skills. Acting as a facilitator, coordinate the role play in Exercise E. Follow the guidelines in the *Facilitator's guide*.

B. Facilitator techniques: coordinating role plays

After the role play in Exercise E, ask trainees to look at the guidelines for coordinating role play at the end of the *Facilitator's guide*. Discuss each point in the guidelines and answer any questions. Also review the following points.

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

Tell trainees that they will all have opportunities to participate in role plays during the next few days. Keep a record on the assignment grid (Annex 5) of who has played roles. You will act as the coordinator for the role plays during facilitator training. In doing so, you will provide a model of how to coordinate a role play. Draw attention to the things that you do as a coordinator; for example, obtain photocopies of role descriptions, obtain props, or assign roles.

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

2. Module 4: Feeding

Point out the procedures for the *Feeding* module in the *Facilitator's guide*. Unless trainees have previously taken the course as participants, they have not yet had time to read the *Feeding* module, so they will read and work through the exercises in order. For exercises requiring individual feedback, trainees should check their own answers and come to you with questions as needed.

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

Ask trainees to read the introduction and section 1 of the module. Ask someone to briefly introduce the *Feeding* module. After the introduction, act as a facilitator and lead the group in preparing F-75 and F-100. (It is important that you lead this activity to set a good example.) Conduct a brief group discussion after preparing F-75 and F-100. Point out the guidelines in the *Facilitator's guide* (section 4.2).

B. Facilitator techniques: while participants are working

Looking at the procedures for the *Feeding* module in the *Facilitator's guide*, point out that participants have much independent reading, including some self-checked short answer exercises. Facilitators should be available to help during this individual work, if needed.

Ask facilitator trainees to look at the guidelines for “When participants are working” at the end of the *Facilitator's guide*. Review each point on the list. Also mention the following points:

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

C. Reading and working through Exercise A, and practice of facilitator techniques

Ask trainees to work independently on section 2 of the *Feeding* module. Trainees should check their own answers or come to you for feedback if needed.

Assign the following activities to be practised in front of the group. Keep track of assignments on the practice assignment grid in Annex 5. Remember to assign someone to be the “participant” for individual feedback. Trainees may be given more than one assignment.

_____ Oral drill: determining amounts of F-75 to give (section 4.3 of the *Facilitator’s guide*). Assign two trainees to do this drill. Have one start it and another one continue it

_____ Demonstration: 24-hour food intake chart (section 4.4 of the *Facilitator’s guide*). Assign two trainees to work together on this

_____ Individual feedback, Exercise A, case 1: Delroy (section 4.6 of the *Facilitator’s guide*)

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

D. Reading and working through to end of the module, and practising facilitator techniques

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

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

Assign trainees to be prepared to practise the following activities.

_____ Group discussion, Exercise G (section 4.12 of the *Facilitator’s guide*). Assign two trainees to work together on this

_____ Summary of the module (section 4.13 of the *Facilitator’s guide*)

When everyone is ready, look at the procedures table at the beginning of the *Feeding* section of the *Facilitator’s guide* and review the order in which activities will occur in the module. Discuss any questions that trainees may have related to Exercises C, D, E, and F. Discuss how to handle Exercise E in the course.

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

3. Assignments for the next day

Point out the procedures for *Module 5: Daily care* in the *Facilitator's guide*. Notice that most of the activities in this module are written exercises followed by individual feedback. Ask trainees to read all of the module and do the exercises tonight. Exercise B is a group exercise; trainees should skip Exercise B since they will do it as a group tomorrow.

To complete Exercise C, trainees will need to take from the classroom a blank monitoring record. Since they will not have completed Exercise B, they should use the answer sheet for Exercise B in order to complete Exercise C.

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

Assign the following to be practised in front of the group. Remember to keep track of assignments on the practice assignment grid in Annex 5.

_____ Introduction of the module (section 5.1 of the *Facilitator's guide*)

_____ Demonstration of daily care page of CCP (section 5.2 of the *Facilitator's guide*)

_____ Group work followed by group feedback, Exercise B (section 5.5 of the *Facilitator's guide*)

_____ Demonstration of monitoring record of CCP (section 5.6 of the *Facilitator's guide*). Assign two trainees to work together on this

_____ Optional demonstration: weight chart (section 5.9 of the *Facilitator's guide*). Assign two trainees to work together on this

_____ Summary of module (section 5.11 of the *Facilitator's guide*)

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

Notes for course director on preparation for the next day

Have role descriptions photocopied for role plays in the *Monitoring and problem solving* and *Involving mothers in care* modules (see sections 6.8, 7.3 and 7.6 of the *Facilitator's guide*). The role play in the *Monitoring and problem solving* module will be done in the classroom tomorrow. The role plays in the *Involving mothers in care* module will be assigned tomorrow afternoon, so you will need to be ready to distribute role play descriptions and a sample discharge card (see the section on "Preparation for the module" in the *Facilitator's guide*).

Facilitator Day 3

Note: A 2-hour clinical practice session will occur during this day. Simply stop these activities when it is time for clinical practice, and resume when you return to the classroom. Remind facilitators to take their reference cards to the clinical session.

1. Module 5: Daily care

A. Introduction of module and discussion of questions

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

Ask the assigned trainee to introduce the module.

Referring to the procedures table at the start of the “Facilitator guidelines for Module 5” in the *Facilitator’s 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 trainees practise their assigned activities in front of the group. As always, provide feedback after each practice.

Draw attention to points made in the *Facilitator’s guide* and to the boxes for group activities when required.

2. Module 6: Monitoring and problem solving

Point out the procedures table at the start of the “Facilitator guidelines for Module 6” in the *Facilitator’s guide*. Unless trainees have previously taken the course as participants, they have not yet had time to read the *Monitoring and problem solving* module, 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 up to Exercise A in the *Monitoring and problem solving* module and check their own answers. Assign someone to introduce the module. Remember to keep track of assignments on the practice assignment grid in Annex 5.

_____ Introduction of the module (section 6.1 of the *Facilitator’s 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’s 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 (section 6.4 of the *Facilitator's guide*)

_____ Discussion following Exercise C (section 6.5 of the *Facilitator's guide*)

_____ Discussion following Exercise D (section 6.6 of the *Facilitator's guide*)

Role play, Exercise E (section 6.8 of the *Facilitator's guide*). Assign six roles:

_____ Physician in charge

_____ Senior nurse (morning)/matron

_____ Senior nurse (afternoon, evening)

_____ Night nurse

_____ Junior auxiliary nurse

_____ Hospital administrator

_____ Summary of the module (section 6.10 of the *Facilitator's guide*)

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

Explain that step 9 of the procedures (the group discussion described in section 6.9 of the *Facilitator's guide*) may occur at a different time to that listed. If participants have time during a clinical session to use the checklist for monitoring food preparation or the checklist for monitoring ward procedures, the group should discuss the results upon returning to the classroom. If they never have an opportunity to use the checklists during a clinical session, they may be able to complete them back in the classroom simply by reflecting on what they have seen and heard. Use of the monitoring checklists may be a good way to identify real problems in the ward for another role play of a problem-solving session like the one done in Exercise E.

3. Assignments for the next day

Assign all of the *Involving mothers in care* module 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 will focus on only two in this module: conducting video activities and role plays.

Referring to your practice assignment grid, assign trainees to practise the following (only selected exercises are listed).

_____ Introduction of the module (section 7.1 of the *Facilitator's guide*)

Exercise B, role plays 1 and 2 (section 7.3 of the *Facilitator's guide*). Assign roles:

_____ Role play 1: nurse

_____ Role play 1: mother

_____ Role play 2: nurse

_____ Role play 2: mother

_____ Video: *Teaching mothers about home feeding* and discussion

Exercise C (section 7.4 of the *Facilitator's guide*):

_____ Video: *Malnutrition and mental development* (section 7.5 of the *Facilitator's guide*)

Exercise D, Role play (section 7.6 of the *Facilitator's guide*):

_____ Nurse

_____ Mother

_____ Summary of the module (section 7.8 of *Facilitator's guide*)

Give role play participants copies of their role play descriptions. Give the nurse for Exercise D a completed discharge card. Point out to trainees the preparations that you have made for the role play. For example, you assigned roles and distributed role play descriptions. You prepared a discharge card for use in Exercise D. You will also find some props, such as a basin and baby doll (or some creative substitution). Facilitators will need to make these arrangements during the course.

Notes for course director on preparation for the next day

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

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

Facilitator Day 4

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

1. Module 7: Involving mothers in care

A. Introduction of module

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

Point out the procedures table at the start of the “Facilitator guidelines for Module 7” in the *Facilitator’s guide* and emphasize that participants will do them in this order during the course.

B. Practice of facilitator techniques

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

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

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

2. Module 8: Outpatient management of severe acute malnutrition

This module has been incorporated recently into the course and exercises will be developed. For now, the dynamic of the course can be continued with readings and group discussions of the topics presented.

3. Facilitator techniques: review

Facilitator trainees have now practised all of the techniques they will use in the course. Ask them to turn to the section on “Facilitator techniques” at the end of the *Facilitator’s guide*. These pages describe ways to motivate course participants and improve teaching. Allow about 10 minutes to read these pages. (If there is no time for this reading, ask them to read these pages before the course begins.)

While the group is reading, review the list of “Performance criteria for facilitators” given in section 4.2 below. These are the criteria that you will use when supervising, monitoring, and giving feedback to facilitators during the course. Write a star by any of the criteria that you feel need to be reinforced with this particular group. When all have finished reading, lead a brief discussion on the reading and on the criteria that you have starred.

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

4. Practical arrangements for the course

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

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

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

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

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

Tell facilitators whom to contact if they need extra supplies or materials during the course.

Ask if facilitators have any questions about practical arrangements.

5. Closing remarks to facilitators

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

- to assess progress made by each group, identify any problems, and agree on actions to solve each problem;
- to provide an opportunity to meet with the clinical instructor, who also has feedback on your group of participants;
- 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);
- to prepare for the next day (for example, to review points to be emphasized in modules, remind facilitators of group activities, or discuss any modifications that may be needed in the schedule);
- to make any necessary administrative announcements.

Tell facilitators that their schedule will be very busy. Encourage *informal* discussions to be held after class hours (for example, to discuss practical use of what they are

learning, potential problems, or other ideas related to the course). Ask facilitators to suggest ways, times, and places that such informal discussions could take place.

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

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

4. RESPONSIBILITIES OF THE COURSE DIRECTOR DURING THE COURSE

4.1 Suggestions for opening remarks to course participants

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

- Welcome and introductions.
- Statement of the need for and importance of the course, and further plans for use of the course.
- Key characteristics of the course:
 - This course 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.
 - You will primarily be working in small groups where there will be many opportunities for individual and group discussion.
 - The course will be hard work, but will be equally rewarding in that you will learn or improve skills that you can actually *use on the job* when you return home.
- Announcements about schedule, posting of group assignments, etc.

4.2 Supervision of facilitators

Observe facilitators at work

- Visit each group in their classrooms each day. Also observe one or two clinical sessions each day.
- When observing facilitators, refer to the “Performance criteria for facilitators” below. Use the appropriate sections 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 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 facilitators by correcting them in front of their group.

- On the first day of the course, tactfully but firmly enforce the practice of providing individual feedback and commend those who provide it. Be sure that facilitators have set up and are using a comfortable place for individual consultations. If not, help them find a better spot, such as on a terrace near the room or in a hallway, and encourage them to move the necessary chairs there.

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

- 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 organized way (each facilitator has a role in the exercise, discussion, presentation, etc.)
- b. Is flexible and able to adjust role as needed
- c. Is polite and respectful when adding comments or making suggestions while their partner is leading
- d. When leading, invites the co-facilitator 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’s 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 their answers
- c. Encourages and reinforces participant’s efforts
- d. Helps participant to understand any errors; gives clear explanations
- e. Refers to the reference cards and encourages participant to do so as well

- f. When appropriate, asks questions about the participant's own hospital and how the exercise applies to the situation there
4. **Facilitator technique: video activity**
 - a. Starts the videotape at the right spot
 - b. Directs the exercise in an organized manner
 - c. Replays parts of the video as needed
 5. **Facilitator technique: leading a discussion**
 - a. Sets up the discussion by explaining its purpose and how it will proceed
 - 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's guide*
 - i. At the end of the discussion, summarizes the major points made
 6. **Facilitator technique: oral drills**
 - a. Arranges the group appropriately
 - b. Gives clear instructions on how the drill will proceed
 - c. Keeps the pace of the drill appropriate for the group
 - d. Encourages participants; gives positive feedback; makes corrections tactfully
 7. **Facilitator technique: coordinating role plays**
 - a. Sets up role play carefully by obtaining any necessary props, briefing those participants who will play roles, and allowing time to prepare
 - 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 activities depending on the dynamics of the group**
 - a. Uses suggestions in information boxes in the *Facilitator's guide*
 - b. Gives enough extra explanation but not too much
 - c. Is not condescending
 10. **Facilitator technique: summarizing the module**
 - a. Keeps summary brief and clear
 - b. Includes the major points to be remembered from the module

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.

Begin the meeting by asking a facilitator from each group to describe progress made by the 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.

Identify solutions to any problems related to any particular group's progress or related to difficult skills or sections of the modules.

Discuss teaching techniques that the facilitators have found to be successful.

Provide feedback to the facilitators on their performance. Use the notes that you have taken while observing the groups during the day.

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's guide*).

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).

Remind facilitators of certain actions that you consider important, as in the following examples.

- Discuss problems with a co-facilitator. If co-facilitators cannot solve problems together, go to the course director. The course director may be able to deal with these situations (for example, by setting up tutorials, discussing matters privately with the individuals).
- Speak softly while giving feedback to avoid disturbing others. Put chairs out in the hall so that a participant and a facilitator can talk without disturbing the rest of the group.
- Always be open to questions. Try to answer immediately, but if a question takes too long to answer, diverts the attention of the group from the main topic, or is not relevant at the moment, suggest that the discussion be continued later (for example, during free time, over dinner). If a question will be answered later in the course, explain this. If unsure of the answer to a question, offer to ask someone else and then come back later with an explanation.
- Interact informally with participants outside scheduled class meetings.
- For participants who cannot read the modules 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).
- Review important points to emphasize in the module(s) the next day.

- Remind the facilitators to consult the *Facilitator's guide* and gather together any supplies needed for the next day.
- Make any necessary administrative announcements (for example, location of supplies, room changes, transportation arrangements).
- 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.

4.3 Supervision of the clinical instructor

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

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

4.4 Collection of data during the course

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

- course registration form (located in Annex 4): completed by participants at registration on the first morning of the course.
- summary participant list (optional, located in Annex 4): partly completed on the basis of registration data and partly by facilitators as they work with the participants during the course. It includes information on the level of difficulty that participants have in reading the modules. This information can be useful in planning future courses.
- course director summary (located in Annex 4): completed by the course director at the end of the course. It includes such information as the total numbers of participants and facilitators, modules completed by each group, hours devoted to clinical sessions, and number of patients seen. All of this information is useful for monitoring numbers of facilitators and participants trained, selecting future training sites (based on adequacy of case-load), and ensuring that the course is being given as planned and not altered or shortened unacceptably.

In addition, the clinical instructor will be keeping a **tally sheet** of the clinical objectives achieved by each group. (This tally sheet is in Annex 3 of the *Clinical instructor's guide*.) Review this record with the clinical instructor and discuss any problems with achieving the objectives and the implications for planning future courses.

4.5 End-of-course evaluation

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

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

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

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

SAMPLE EVALUATION QUESTIONNAIRE

Training course on the inpatient management of severe acute malnutrition

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

What is your position?

_____ Paediatrician _____ Nurse _____ Nutritionist _____ Dietitian

_____ Physician (specialization): _____

_____ Other (please describe): _____

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

Module/activity	Very useful	Useful	Somewhat useful	Useless
Principles of care				
Initial management				
Feeding				
Daily care				
Monitoring and problem solving				
Involving mothers in care				
Outpatient management of severe acute malnutrition				
Video: Transformations				
Video: Emergency treatment				
Video: Teaching about feeding				
Video: Mental development				
Photograph examples and exercises				
Clinical sessions				

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

4. What was good about the course?

5. What was not good about the course?

6. Are there any skills for managing severe acute malnutrition that you think should be added to the course? What are they?

7. Please list any other comments or suggestions for improvement of the course.

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

Type of activity	Time spent was:		
	Too short	Adequate	Too long
Written exercises followed by individual discussions of your work with a facilitator			
Photo exercises			
Videos			
Role plays			
Group discussions			
Oral drills			
Clinical sessions			
Entire course			

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

4.6 Closing session

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

ANNEX 1. SCHEDULING AND OBJECTIVES OF CLINICAL PRACTICE SESSIONS

CHART FOR SCHEDULING CLINICAL SESSIONS

Clinical session	Duration	Group A	Group B	Group C
Day 1. Tour of ward	1 hour			
Day 2. Clinical signs	1.5 hours			
Day 3. Initial management	1.5 hours			
Day 4. Flexible half day: optional clinical practice	–			
Day 5. Initial management and feeding	2 hours			
Day 6. Feeding	1.5 hours			
Day 7. Daily care	1.5 hours			
Observe teaching session for mothers	Occurs daily			
Observe play session	Occurs daily			

OBJECTIVES OF CLINICAL PRACTICE SESSIONS

Clinical practice is an essential part of the *Training course on the inpatient management of severe acute malnutrition*. Clinical sessions are led by the clinical instructor in the severe acute malnutrition ward each day of the course. The focus of the clinical sessions is to observe and participate in the management of severely malnourished children, following the procedures described in the WHO manual and the training course.

Day 1: tour of ward(s)

- observe the admissions area
- observe the emergency treatment area
- observe how the severe acute malnutrition ward or area is organized
- observe the kitchen area
- observe any special areas for play, health education, or other activities.

Day 2: clinical signs

- observe children and look for clinical signs of severe acute malnutrition
- weigh and measure children
- look up weight-for-height Z-scores
- measure mid-upper arm circumference
- identify children who are severely malnourished.

Day 3: initial management

- observe initial management of severely malnourished children
- identify clinical signs of severe acute malnutrition, hypoglycaemia, hypothermia, shock, and dehydration
- practise using dextrostix
- practise filling a critical care pathway (CCP) during initial management
- assist in doing initial management, if feasible, such as:
 - take rectal temperature
 - give bolus of glucose for hypoglycaemia
 - warm child
 - give first feed
 - assess need for eye care.

Day 4: flexible half day, optional clinical practice

Any of the preceding activities may be repeated for extra practice. If the case management in the hospital is good, participants may be assigned to “shadow” and assist a caregiver 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 doing initial management, if feasible, including:
 - identify signs of possible dehydration in a severely malnourished child

- measure and give rehydration solution for malnutrition (ReSoMal)
- monitor a child on ReSoMal
- determine antibiotics and dosages
- observe nutrition staff and nurses measuring and giving feeds
- practise measuring, giving, and recording feeds.

Day 6: feeding

- review 24-hour food intake charts and plan feeds for the next day
- determine if child is ready for ready-to-use therapeutic food (RUTF)/F-100
- continue to practise measuring, giving, and recording feeds.

Day 7: daily care

- keep CCPs on children observed and cared for
- participate in daily care tasks, as feasible:
 - measure respiratory rate, pulse rate and temperature
 - administer eye drops, antibiotics
 - change eye bandages
 - weigh child and record weight (on daily care page and on weight chart of CCP)
 - observe and assist with bathing children (depending on schedule)
- assist with feeding (continued practice)
- monitor ward using checklist (if time allows).

Additional objectives

- observe teaching session with mothers
- observe play session.

ANNEX 2. SCHEDULE FOR FACILITATOR TRAINING

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

1. The schedule is 3.5 working days. Seven working hours have been scheduled each day. It is assumed that an additional 1-1.5 hours will be needed for lunch and tea breaks. On the third day, some additional time may be needed for transportation to clinical practice.
2. Facilitator training is critical to the success of the training effort. The 3.5-day schedule is very full. Do not try to shorten the schedule.
3. The schedule will require facilitators to work in a concentrated way. If facilitators have not taken the course before, extensive homework will be required each night. Even if facilitators have taken the course previously as participants, some homework will be needed.
4. The third day should include 2 hours of clinical practice. (Clinical practice should be scheduled at the time of day when most patients arrive, usually in the morning.) Facilitators may wish to see the ward before the third day. If there is time, and if desired, a tour of the ward may be conducted on the first day of the course.
5. The schedule includes time for discussion of facilitator techniques such as individual feedback, leading discussions, etc.
6. The schedule should be flexible. If work is completed ahead of schedule on a certain day, facilitator trainees should begin work on the next 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 arrangements such as discussion of the schedule for the course, assignments of classrooms, and distribution of instructional materials and supplies.
8. Before the end of facilitator training, assign pairs of facilitators to work together, and designate classrooms. This will allow the facilitator pairs time to get organized in their rooms and plan how they will work together.
9. There should be at least one complete day off prior to the course to allow facilitators to rest.

Suggested schedule for facilitator training

Facilitator day 1*	
Activity	Time
1. Opening session A. Introductions B. Administrative tasks C. Review of purpose of the course	30 minutes
2. Introduction to facilitator training A. Context of facilitator training B. Materials needed C. Objectives of facilitator training D. Teaching methods E. Schedule for facilitator training F. Introduction of <i>Facilitator's guide</i>	45 minutes
3. Module 1: <i>Introduction</i> A. Review and demonstration B. Facilitator techniques: working with a co-facilitator	15 minutes
4. Module 2: <i>Principles of care</i> 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 activities to the dynamic of the group F. Facilitator techniques: individual feedback G. Reading and work on module; practise leading group discussion of Exercise C H. Facilitator techniques: oral drills I. Reading and short answer exercises J. Facilitator techniques: video activity K. Facilitator techniques: summarizing a module	4 hours
5. Module 3: <i>Initial management</i> A. Reading and practising introducing the module B. Facilitator techniques: conducting a demonstration	1.5 hours
6. Assignments for the next day: Read and do exercises in <i>Initial management</i> module Read corresponding Facilitator guidelines Prepare 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 Module 3: <i>Initial management</i> A. Practice of facilitator techniques B. Facilitator techniques: coordinating role plays	3 hours
2. Module 4: <i>Feeding</i> A. Introduction and preparing F-75 and F-100 B. Facilitator techniques: while participants are working C. Reading and working through the exercises and practice of facilitator techniques D. Reading and working through to end of the module, and practising facilitator techniques	4 hours
3. Assignments for the next day: Read and do exercises in <i>Daily care</i> module Read corresponding Facilitator guidelines Prepare for assigned activities	

Facilitator day 3	
Activity	Time
Clinical practice session	2 hours
1. Module 5: <i>Daily care</i> A. Introduction of module; discussion of questions B. Practice of facilitator techniques	1.5 hours
2. Module 6: <i>Monitoring and problem solving</i> A. Introduction and work on the module B. Practice of facilitator techniques	3.5 hours
3. Assignments for the next day: Read and do exercises in <i>Involving mothers in care</i> module Read corresponding Facilitator guidelines Prepare for assigned activities	

Facilitator day 4	
Activity	Time
1. Module 7: <i>Involving mothers in care</i> A. Introduction of module B. Practice of facilitator techniques	2 hours
2. Module 8: Outpatient management of severe acute malnutrition	1 hour
3. Facilitator techniques: review	30 minutes
4. Practical arrangements for the course	1 hour
5. Closing remarks to facilitators	1 hour

ANNEX 3. SCHEDULE FOR THE COURSE

A possible schedule is shown below. 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 indicate general time frames instead. You will, however, need to list specific times for beginning and ending the day, tea breaks and lunch.
2. Six and one-half days of work are required for the participants to complete the modules and clinical practice. The half day is scheduled in the middle of the course to allow some flexible time for catching up, extra clinical practice, 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 for every day except the middle half day. It is assumed that 1-1.5 additional hours will be used for lunch and tea breaks each day. If time is required for transportation to and from clinical training, this transition time will add to the length of each day.
4. Every full day includes clinical practice. It will occur at different times each day.
5. It is helpful to schedule a time apart from regular course hours when at least one facilitator is available to discuss any problems or questions.
6. Homework on exercises is not recommended for participants. The course work is tiring, so participants should not be asked to do additional work in the evenings.

Suggested course schedule

Day	Activity	Time
Day 1	Registration	0.5 hour
	Opening presentation	1 hour
	Module: <i>Introduction</i>	0.5 hour
	Module: <i>Principles of care</i>	4 hours
	Video: <i>Transformations</i>	
	Clinical session: tour of ward(s)	1 hour
Day 2	Module: <i>Initial management</i> through Exercise C	5.5 hours
	Clinical session: clinical signs	1.5 hours
Day 3	Module: Finish <i>Initial management</i>	2.5 hours
	Video: <i>Emergency care</i>	
	Module: <i>Feeding</i> through Exercise B	3 hours
	Clinical session: initial management	1.5 hours

Day	Activity	Time
Day 4	Individual work on <i>Feeding</i> module	1 hour
	Flexible half day: This time can be used for additional clinical practice, observing educational sessions with mothers, observing play sessions, catch-up time, discussion/planning time for participants from the same hospital, etc.	3 hours
Day 5	Module: Finish <i>Feeding</i>	4 hours
	Module: <i>Daily care</i> through Exercise A	1 hour
	Clinical session: initial management and feeding	2 hours
Day 6	Module: Finish <i>Daily care</i>	3 hours
	Module: <i>Monitoring and problem solving</i> through Exercise B	2.5 hours
	Clinical session: feeding	1.5 hours
Day 7	Module: finish <i>Monitoring and problem solving</i>	2 hours
	Module: <i>Involving mothers in care</i> , and Module: <i>Outpatient management of severe acute malnutrition</i>	3 hours
	Clinical session: daily care	1.5 hours
	Closing ceremony	0.5 hour

ANNEX 4. COURSE REGISTRATION FORM, PARTICIPANT LIST, COURSE DIRECTOR SUMMARY

Course registration form

Full name: _____ Gender: _____

Date of birth: _____ Nationality: _____

E-mail: _____ Phone: _____

Skype ID: _____

Mailing address: _____

Name and address of hospital where you work:

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

What is your current work job title?

What is your current position?

_____ Paediatrician _____ Nurse _____ Nutritionist _____ Dietitian

_____ Physician (specialization): _____

_____ Other (please describe): _____

What year did you finish your formal professional training?

Summary participant list

Name	Mailing address	Position	Hospital	Has severe acute malnutrition ward? (yes, no)	Degree of difficulty reading modules	Other comments

Course director summary

Training course on the inpatient management of severe acute malnutrition

Location of course: _____

Facilitator training:

Dates of facilitator training: ___/___/___ - ___/___/___

Number of full days: _____

Number of facilitators trained: _____*

Course:

Dates of course: ___/___/___ - ___/___/___

Number of full days: _____

Total number of hours worked in course: _____

Number of participants: _____

Clinical sessions:

Number of clinical sessions conducted: _____

Number of hours (per group) devoted to clinical sessions: _____

Modules completed:

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

Introduction: _____ all completed _____ completed

Principles of care: _____ all completed _____ completed

Initial management: _____ all completed _____ completed

Feeding: _____ all completed _____ completed

Daily care: _____ all completed _____ completed

Monitoring and problem solving: _____ all completed _____ completed

Involving mothers in care: _____ all completed _____ completed

Outpatient management of severe acute malnutrition: _____ all completed
completed

Manual:

Did each participant receive a copy of the course and manual to take home?

_____ Yes _____ No If no, why not? _____

***Number of facilitators serving at course:**

_____ If different from the number trained above, please explain:

Ratio of facilitators to participants:

1 to _____

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

ANNEX 5. PRACTICE ASSIGNMENT GRID

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

Names of facilitator trainees	Individual feedback: facilitator	Module introduction	Demonstration	Group discussion	Video activity	Role play: actor	Oral drill	Module summary

ANNEX 6. SLIDES FOR FACILITATOR TRAINING

The slides on the following pages may be used in a PowerPoint presentation, for which a memory stick is provided with the course, or they may be made into transparencies and used with a projector. These slides will be useful to the course director for the presentation on the first day of facilitator training.

TRAINING COURSE ON INPATIENT MANAGEMENT OF SEVERE ACUTE MALNUTRITION

**Ministry of Health
Place, venue, date**

Source: Adapted from WHO 2002 Training Course on the Management of Severe Malnutrition

1

TRAINING COURSE ON INPATIENT MANAGEMENT OF SEVERE ACUTE MALNUTRITION

- Teaches procedures in the inpatient management of severe acute malnutrition (SAM)
- Procedures are shown to reduce case fatality from over 30% to less than 5%
- Training is for physicians and senior nurses (and nutritionists) in hospitals with a SAM ward

2

TRAINING COURSE ON INPATIENT MANAGEMENT OF SEVERE ACUTE MALNUTRITION

Facilitator Training

- Facilitators are experienced clinicians and trainers, master trainers-to-be
- Training: 4 days
- Facilitators assist participants to learn the procedures
- Facilitators work in pairs
- About 10-15 facilitators in one training

Case Management Training

- Participants are clinicians and senior nurses (nutritionists) who manage children with SAM in the hospital
- Training: 6 days
- Each pair of facilitators are assigned to a group of 6-10 participants
- _____10____ facilitators and _____35____ participants

3

TRAINING COURSE ON INPATIENT MANAGEMENT OF SEVERE ACUTE MALNUTRITION

Materials:

- ➔ Eight modules
- ➔ Photographs
- ➔ Facilitator's guide
- ➔ Clinical instructor guide
- ➔ Five videos
- ➔ Slide presentation
- ➔ Guideline on the management of severe acute malnutrition in infants and children
- ➔ Set of job aids
- ➔ Set of forms and checklists
- ➔ Wall charts

4

TRAINING COURSE ON INPATIENT MANAGEMENT OF SEVERE ACUTE MALNUTRITION

Objectives of facilitator training:

- ➔ Learn the case management training 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

5

TRAINING COURSE ON INPATIENT MANAGEMENT OF SEVERE ACUTE MALNUTRITION

Teaching methods:

Based on assumption about learning:

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

6

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
- ➔ Do demonstrations and give explanations
- ➔ Conduct oral drills
- ➔ Lead and summarize video exercises and group discussions
- ➔ Coordinate role plays
- ➔ Summarize the modules
- ➔ Assist with clinical practice, as requested

7

TRAINING COURSE ON INPATIENT MANAGEMENT OF SEVERE ACUTE MALNUTRITION

Facilitator's 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 of guide
- ➔ Guidance to exercises, answers at the end of each module

8

TRAINING COURSE ON INPATIENT MANAGEMENT OF SEVERE ACUTE MALNUTRITION

Schedule:

- ➔ Facilitator training is 4 days
- ➔ Case management training is 6 days
- ➔ Facilitator training will:
 - ✓ move quickly through modules
 - ✓ focus mainly on teaching techniques
 - ✓ include one clinical session
 - ✓ need evening reading to prepare
- ➔ Case management training will:
 - ✓ move slowly through modules
 - ✓ focus on learning
 - ✓ include five clinical sessions
 - ✓ not request evening home work

9

For more information, please contact:

Department of Nutrition and Food Safety

World Health Organization

Avenue Appia 20

CH-1211 Geneva 27

Switzerland

Email: nutrition@who.int

Website: <https://www.who.int/health-topics/nutrition>

