Training Module
National Guidelines on the Management of Moderate Acute Malnutrition for Children under Five Years

Course Director’s Manual
Revised on May 2020
# Table of Contents

<table>
<thead>
<tr>
<th>PART ONE: Planning and Administrative Arrangements</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checklist for planning and administrative arrangements</td>
<td>5</td>
</tr>
<tr>
<td>Checklist of instructional materials needed</td>
<td>9</td>
</tr>
<tr>
<td>List of other supplies needed</td>
<td>9</td>
</tr>
<tr>
<td>PART TWO: Responsibilities of the Course Director During the Course</td>
<td>10</td>
</tr>
<tr>
<td>Suggestions for opening remarks to course participants</td>
<td>10</td>
</tr>
<tr>
<td>Supervision of facilitators</td>
<td>10</td>
</tr>
<tr>
<td>Performance criteria for facilitators</td>
<td>11</td>
</tr>
<tr>
<td>Conduct daily assessment meetings</td>
<td>12</td>
</tr>
<tr>
<td>Annexes</td>
<td>14</td>
</tr>
<tr>
<td>Annex A Welcome Letter</td>
<td>14</td>
</tr>
<tr>
<td>Annex B Sample Registration Form</td>
<td>16</td>
</tr>
<tr>
<td>Annex C Profile Sheet</td>
<td>17</td>
</tr>
<tr>
<td>Annex D Attendance Sheet Form</td>
<td>18</td>
</tr>
<tr>
<td>Annex E Module Evaluation Sheet Form</td>
<td>19</td>
</tr>
<tr>
<td>Annex F Practicum Evaluation Sheets</td>
<td>20</td>
</tr>
<tr>
<td>Annex G Pre/Post-test Questionnaire</td>
<td>23</td>
</tr>
</tbody>
</table>
Part 1
Planning and Administrative Arrangements

The Course Director Guide is one part of a set of materials for conducting the course on the Management of Moderate Acute Malnutrition (MAM). The user of this guide should be familiar with the course materials and teaching methods.

Careful planning and good administrative support are important before, during, and after the Training Course on the Management of Moderate Acute Malnutrition. This section of the Course Director’s Guide describes the necessary plans and arrangements in the conduct of the course.

The course provides practical skills needed in identifying MAM children as well as management skills through the use of sample cases.

It is critical to select a location for the course (town or area) which has a nearby health center that is within reach from the training center. This health facility should also be able to manage moderate acute malnourished children according to the national guidelines. It may be necessary to confirm the availability of certain equipment/tools, supplies, and consultation to the chosen health center, well in advance of the course, to ensure that good case management will be demonstrated. Lacking equipment and supplies may then be prepared for and provided in the course of the facility visit.

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 responsible 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

Time for Preparation: at least 1 month before the scheduled training workshop

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1. Select the venue for the course. The venue must also have adequate lecture hall/plenary facilities and lodging, as necessary (see item 6 on this list).</td>
<td></td>
</tr>
<tr>
<td>2. Course materials printed or obtained from the Department of Health or other concerned office.</td>
<td></td>
</tr>
<tr>
<td>3. Select specific dates for the provider course with or without facilitator training. As indicated on the schedules provided in Annex A (Welcome Letter with Course Schedule and Reading Assignments).</td>
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<tr>
<td>4. Send letters to the corresponding regional/provincial/local health offices asking the nomination of the appropriate doctors, nurses, nutritionist-dieters, midwives, health education and promotion officers (HEPOs), barangay health workers and/or barangay nutrition scholars for training. The letter should:</td>
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<td>---</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>a.</strong></td>
<td>announce the Training Course on the Management of Moderate Acute Malnutrition (MAM) and explain the purpose of the course</td>
</tr>
<tr>
<td><strong>b.</strong></td>
<td>clearly state the number of participants to attend the course, while maintaining a Facilitator to Participant ratio of 1:4 (ideally) but to a maximum of 1 Facilitator to 6-8 Participants, as the need calls for it. Participants should be health care providers who are responsible for treating severe acute malnourished children in health facilities or finding cases of MAM in communities.</td>
</tr>
<tr>
<td><strong>c.</strong></td>
<td>state that participants should plan to complete the entire course (2 days)</td>
</tr>
<tr>
<td><strong>d.</strong></td>
<td>include mention of the venue and inclusive dates of the course</td>
</tr>
<tr>
<td><strong>5.</strong></td>
<td>Select and invite facilitators/resource speakers. Ensure that:</td>
</tr>
<tr>
<td><strong>a.</strong></td>
<td>facilitators are assigned to specific lectures and activities within the course</td>
</tr>
<tr>
<td><strong>b.</strong></td>
<td>facilitators ideally participate the entirety of the course</td>
</tr>
<tr>
<td><strong>c.</strong></td>
<td>course materials are sent to the facilitators/resource speakers ahead of time to allow for adequate preparation</td>
</tr>
<tr>
<td><strong>6.</strong></td>
<td>The specific venue should have been selected and reserved as lecture hall/s and for lodging. (To minimize transportation needs, lecture hall/s should be within easy walking distance of the lodging and if feasible, also the health center.) Selection must be based on availability of:</td>
</tr>
<tr>
<td><strong>a.</strong></td>
<td>adequate lodging for all facilitators and participants</td>
</tr>
<tr>
<td><strong>b.</strong></td>
<td>accessibility to hospital/health center</td>
</tr>
<tr>
<td><strong>c.</strong></td>
<td>convenient meal service</td>
</tr>
<tr>
<td><strong>d.</strong></td>
<td>large room for seating all participants, facilitators, and visitors to the course</td>
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<tr>
<td><strong>e.</strong></td>
<td>laptop and projector (2 each)</td>
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<tr>
<td><strong>f.</strong></td>
<td>adequate sound system</td>
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<tr>
<td><strong>g.</strong></td>
<td>two (2) small lecture halls for the breakout sessions (community track and hospital track) or 1 additional room for a breakout group, if the other breakout group can occupy the “plenary” hall</td>
</tr>
<tr>
<td><strong>h.</strong></td>
<td>tables, chairs, adequate lighting, whiteboard and whiteboard markers or poster stand for each of these rooms</td>
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<tr>
<td><strong>7.</strong></td>
<td>List health care providers who are identified and will be invited to participate in the course, based on their future roles in PIMAM implementation</td>
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<tr>
<td><strong>8.</strong></td>
<td>Send letters of invitation to selected participants. The letter should</td>
</tr>
<tr>
<td><strong>a.</strong></td>
<td>describe the purpose and organization of the course</td>
</tr>
<tr>
<td><strong>b.</strong></td>
<td>state desired arrival and departure times for participants and stress the importance of attending the entire course as requisite to earn the Certificate of Attendance</td>
</tr>
<tr>
<td><strong>c.</strong></td>
<td>describe arrangements for travel, accommodations, food, and DSA</td>
</tr>
<tr>
<td><strong>9.</strong></td>
<td>Course completion certificate of attendance and certificate of appearance where required designed with adequate copies printed, logos of partners properly positioned on certificates, and spaces for signatures by the appropriate authority/ies.</td>
</tr>
<tr>
<td><strong>10.</strong></td>
<td>Make arrangements to provide adequate copies of the course materials, necessary supplies for lecture activities, and supplies for clinical practice</td>
</tr>
<tr>
<td><strong>11.</strong></td>
<td>Ensure the availability of the necessary materials and supplies to the course location (height/length boards, weighing scale, MUAC tapes, dummy arms for measuring MUAC (at least 10), dummy dolls for height/length measurement (at least 2), memory foam models for edema testing (at least 10)</td>
</tr>
</tbody>
</table>
12. Ensure the availability of a health center that would accommodate participants for a community practicum. One to two days before training, it is ideal that the Course Director and community track facilitator/s visit the health center and discuss/confirm arrangements for the facility visit on day 3 of the provider course.

13. Adequate lodging arrangements confirmed for all facilitators and participants

14. Arrangements confirmed for venue support staff and adequate facilities for conducting the course:

   a. One room for conducting the training
   b. Small room/space for the administrator for storing all modules, forms, and other supplies, available during the course
   c. Two overhead projectors
   d. Two laptops
   e. Microphones (3-4)
   f. Adequate audio facilities (e.g., audio jack, sound board, speakers) to support video presentations
   g. Area that can be used for preparing TFSP products
   h. Sufficient table/desk area and chairs for all participants and facilitators
   i. Additional table / area for supplies
   j. Whiteboard and whiteboard markers or flipchart stand with paper

15. Arrangements made for registering participants for the course

   a. Sample registration form (in Annex B) reviewed and items added if needed, e.g. ID cards etc.
   b. Attendance sheet prepared
   c. Workshop kit (inclusive of Participant’s Manual, Facilitator’s Manual (as necessary)

16. Arrangements to enable on-site editing/revision, as necessary, and copying of materials used during the course (for example, registration forms, schedules, list of participants, pre-test/post-test questionnaires, evaluation forms)

17. Arrangements made for meals and drinks service. Arrange for meals for participants whether due to personal or religious beliefs (e.g. vegetarian/vegan/no pork/halal restrictions)

18. Facilitators registered and given schedule and course materials to be used in training

19. Arrangements made on who will give the opening/closing remarks and invocation

20. List of facilitators that would accompany each track finalized
**During th Course Training**

1. Enlist course participants using registration form in Annex B and provide with Profile Sheet to answer and return (See Annex C)

2. Administer the pre-test among course participants - checking, encoding and analysis of scores will be done by the pre-assigned facilitator/s

3. Arrange time slot for the group photograph with all participants and facilitators present, if desired, made in time before the closing ceremony

4. Provide for Module Evaluation Sheet Forms (See Annex E) modified as needed and reproduced in sufficient quantity to give a copy to each participant

5. Administer post-test and process in plenary. Complement processing by presenting the Pre-Test analysis

6. Present the signed Course completion certificate to each participant

7. Coordinate with the community track facilitator with the ocular, set-up/logistics
Checklist for Instructional Materials Needed

**Instructional materials needed by the group**

Participants to the Provider Course will need the following instructional materials to work on the modules in the classroom setting. During training, the group of facilitators will also need these materials.

<table>
<thead>
<tr>
<th>Item Needed</th>
<th>Number Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant’s Manual</td>
<td>1 for each participant</td>
</tr>
<tr>
<td>National Guidelines on the Management of Moderate Acute Malnutrition</td>
<td></td>
</tr>
<tr>
<td>Job Aids</td>
<td>1 set for each participant</td>
</tr>
<tr>
<td>Schedule for the course</td>
<td>1 for each participant</td>
</tr>
<tr>
<td>Pre-test and Post-test</td>
<td></td>
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<tr>
<td>Module and Course Evaluation</td>
<td></td>
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</tbody>
</table>

Additionally, for participants to the Facilitator’s Course, the following materials should also be prepared and distributed on day 2 upon conclusion of the Provider’s Course.

<table>
<thead>
<tr>
<th>Item Needed</th>
<th>Number Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitator’s Manual</td>
<td>1 for each participant</td>
</tr>
<tr>
<td>CD/USB flash drive that contains all power point slides</td>
<td></td>
</tr>
</tbody>
</table>

List of other supplies needed:
- name tag and holder
- 2 pens
- 1 paper/notebook
- folder or bag to collect manuals, exercise sheets

In addition, certain exercises require special supplies. Supplies for demonstrations, role plays and activities for the group include:

<table>
<thead>
<tr>
<th>Item Needed</th>
<th>Specification</th>
</tr>
</thead>
<tbody>
<tr>
<td>MUAC Measurement</td>
<td>Dummy arms for measuring MUAC (at least 10)</td>
</tr>
<tr>
<td></td>
<td>MUAC tapes (ideal 1 for each participant)</td>
</tr>
<tr>
<td>Height/Length Measurement</td>
<td>Height/length boards</td>
</tr>
<tr>
<td></td>
<td>Dummy dolls (1 for measuring the length and another for measuring the height)</td>
</tr>
<tr>
<td>Weight Measurement</td>
<td>Salter scale</td>
</tr>
<tr>
<td>Edema testing</td>
<td>Foam for checking presence of edema (at least 8)</td>
</tr>
</tbody>
</table>
**Part 2**

Responsibilities of the Course Director During the Course

*Suggestions for opening remarks to course participants:*

As Course Director you will give some opening remarks to all participants at the start of the course. Remarks should be on a general scale. You can focus on the importance of the course to health care in your area. You may wish to adapt the following outline:

I. Welcome and introductions
II. Statement of the need for and importance of the course, and further plans for use of the course
III. Key characteristics of the course
   a. This course may be different from many earlier courses because each will be given the chance to practice the skills taught, either in a classroom or in a clinical setting (health center visit)
   b. Each participant will primarily be working in either one of the tracks where there will be many opportunities for individual and group discussion
   c. The course will be hard work, but will be equally rewarding in that each will learn or improve skills that you can actually use on the job when you return home
   d. Announcements about schedule, posting of group assignments, etc.
   e. House rules

*Supervision of Facilitators*

**Observing Facilitators at Work**

I. Observe one or two sessions each day
II. When observing facilitators, refer to the “Performance Criteria for Facilitators” listed on the next page. Use the appropriate section(s) of the list for the activity that is under way when you visit the group. For example, if they are having a group discussion, refer to the sections titled “Facilitator Technique: Leading a Discussion.” 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 the group/s, 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 (processing). Avoid embarrassing a facilitator by correcting him in front of his group.
III. On the first day of the course, tactfully but firmly enforce the practice of providing individual feedback and commend those who provide it.
IV. Ensure that the facilitators are mentioning all the major points of each module specified in the Facilitator’s Manual.
V. Be sure that at least one facilitator attends each practice session with the group.
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
   - Shares the work on each module in an organized way (each facilitator has a role in the exercise, discussion, presentation, etc.)
   - Is flexible and able to adjust role as needed
   - Is polite and respectful when adding comments or making suggestions while his partner is leading
   - When leading, invites his partner to participate by adding comments or an opinion

2. Facilitator Technique: Introducing a Module
   - Keeps introduction brief
   - Includes all points mentioned in the Facilitator’s Manual

3. Facilitator Technique: Individual Feedback
   - Checks answers carefully; listens as participant discusses reasons for his answers
   - Encourages and reinforces participant’s efforts
   - Helps participant to understand any errors; gives clear explanations
   - Refers to the manuals and encourages participant to do so as well
   - When appropriate, asks questions about the participant’s own setting and how the exercise applies to the situation there

4. Facilitator Technique: Leading a Discussion
   - Sets up the discussion by explaining its purpose and how it will proceed
   - Involves all participants in the discussion
   - Reinforces participants by thanking them for comments, praising good ideas, etc.
   - Handles incorrect or off-the-subject comments from participants tactfully
   - Asks questions to keep the discussion active and on track
   - Responds adequately to unexpected questions; offers to seek answers if not known
   - Records ideas on the flipchart in a clear, useful manner
   - At the end of the discussion, summarizes the major points made

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

6. Facilitator Technique: Summarizing the Module
   - Keeps summary brief and clear
   - Includes the major points to be remembered from the module
**Conduct daily assessment meetings (‘processing’)**

Daily assessment meetings are held among all facilitators and administrative staff. It is usually conducted for about 30–45 minutes at the end of each day. Facilitators will be tired, so keep the meetings brief.

I. 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 which participants found especially difficult to do or understand.

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

III. Discuss teaching techniques which the facilitators have found to be successful.

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

   a. Mention a few specific actions that were well done (for example, providing participants with individual feedback).
   b. Mention a few actions which might be done better. (For example, provide more guidance individually instead of in discussions with the whole group; review any major points of the last module before introducing the next module.)

V. Remind facilitators of certain actions which you consider important, for example:

   a. Discuss problems with a co-facilitator. If co-facilitators cannot solve problems together, go to the Course Director. The Course Director may be able to deal with these situations (for example, by discussing matters privately with the individuals). Speak softly while giving feedback to avoid disturbing others. Put chairs out in the hall so that a participant and a facilitator can talk without disturbing the rest of the group.

   b. Always be open to questions. Try to answer immediately, but if a question takes too long to answer, diverts the attention of the group from the main topic, or is not relevant at the moment, suggest that the discussion be continued later (for example, during free time, over dinner). If a question will be answered later in the course, explain this. If unsure of the answer to a question, offer to ask someone else and then come back later with an explanation.

   c. Interact informally with participants outside of scheduled lecture meetings

   d. For participants who cannot read the modules and/or do the exercises as quickly as others, the facilitators should:
      i. avoid doing exercises for them
      ii. reinforce small successes
      iii. be patient (or ask another facilitator to help).

VI. Review important points to emphasize in the module(s) the next day.
VII. Remind the facilitators to consult the Facilitator’s Manual and gather together any supplies needed for the next day.

VIII. Make any necessary administrative announcements (for example, location of supplies, room changes, transportation arrangements, etc.).

IX. After a few days, ask facilitators to point out to you any participants who might be good candidates as future facilitators or technical experts. These would be participants who:

   a. understand the modules easily
   b. communicate clearly
   c. help others and work well with others in their group participate confidently in discussions and role plays
Dear Participants,

Welcome to the Training of Trainers (TOT) on the Management of Moderate Acute Malnutrition (MAM) for Children under Five Years!

This two-day course seeks to accomplish two goals:
1. After completing the two-day MAM training course, health professionals and DOH officers will be able to identify, refer, and provide rights-based care, counseling and monitoring of MAM children under-5 and their families.
2. Guided by the Facilitator’s Manual and TOT technical discussions, practice the delivery of selected modules of the MAM Training Course.

Over the next few days, you will be working with your respective regions. This will support the third course expectation – that you are able to hit the ground running – to provide technical advice to your health facilities and LGUs on initiating and sustaining their MAM programs.

The course begins at 8 a.m. and completes each day before dinner. For the first part of the TOT which is the actual Training Course – please refer to the Participant’s Manual. As you note, there are course readings that you will need to finish before the day starts. For the second part of the TOT which is the actual practice of the training course, a Facilitator’s Manual will be provided to you to help you in actually running the course modules.

The schedule is rigorous and intense. Because of this, a team of experienced physicians will be helping you as your mentors throughout the course. We look forward to your enthusiastic and committed participation over the next five days. We are hopeful that with you on board, our children under five with moderate acute malnutrition will be identified, treated and regain their health.

Sincerely,
Your Training Team
### Training of Trainers (TOT) on the Management of Severe Acute Malnutrition (MAM) for Children under Five Years

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
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<tbody>
<tr>
<td>Registration</td>
<td>Summary of Day 1</td>
</tr>
<tr>
<td>[time]</td>
<td>[time]</td>
</tr>
<tr>
<td><strong>MODULE 1</strong></td>
<td><strong>MODULE 4</strong></td>
</tr>
<tr>
<td>Understanding Philippine Integrated</td>
<td>Community Simulation</td>
</tr>
<tr>
<td>Management of Acute Malnutrition (PIMAM)</td>
<td>[time]</td>
</tr>
<tr>
<td>[time]</td>
<td><strong>Summary of Learnings, Next Steps,</strong></td>
</tr>
<tr>
<td><strong>MODULE 2</strong></td>
<td><strong>Course Evaluation &amp; Course Closing</strong></td>
</tr>
<tr>
<td>Identification of Moderate Acute</td>
<td>[time]</td>
</tr>
<tr>
<td>Malnutrition (MAM)</td>
<td></td>
</tr>
<tr>
<td>[time]</td>
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<tr>
<td><strong>MODULE 3</strong></td>
<td></td>
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<tr>
<td>Management of Moderate Acute Malnutrition</td>
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<tr>
<td>(MAM)</td>
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<tr>
<td>[time]</td>
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</table>
MAM Training of Trainer

Participant’s Name: 
Institution: 
Designation: 
Home Address: 
Email address: 
Mobile number: 
Age/Sex: 

Have you experienced managing or treating a child with MAM before?  
_____ Yes  OR  _____ No  

Have you undergone trainings on the management of acute malnutrition before?  
_____ Yes  OR  _____ No
### Annex C

**Participant’s Profile Sheet**

**Training Course on the Management of Moderate Acute Malnutrition among Children Under 5**

<table>
<thead>
<tr>
<th>Participant’s Name:</th>
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<tbody>
<tr>
<td>Institution:</td>
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<tr>
<td>Designation:</td>
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<td>Home Address:</td>
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<tr>
<td>Email address:</td>
<td></td>
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<tr>
<td>Mobile number:</td>
<td></td>
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<tr>
<td>Age/Sex:</td>
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</table>

Have you experienced managing or treating a child with MAM before?
- [ ] Yes  OR  [ ] No

Have you undergone trainings on the management of acute malnutrition before?
- [ ] Yes  OR  [ ] No
# Annex D

## Attendance Sheet

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Company/Office</th>
<th>DA Y 1</th>
<th>DA Y 2</th>
<th>DA Y 3</th>
<th>DA Y 4</th>
<th>DA Y 5</th>
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Annex E
Module Evaluation Sheet

White parts/sections of the module are important/relevant in my line of work?

Which parts/sections of the module did I like best?

To improve this module, I suggest that:

Please assess the module on a scale of 1 to 4, with 4 for “strongly agree” and 1 for “strongly disagree”

<table>
<thead>
<tr>
<th>After participating in the Module, I can:</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrate MUAC measurement</td>
<td></td>
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<tr>
<td>2. Demonstrate the steps in identifying edema</td>
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<tr>
<td>3. Demonstrate the steps in getting the length/height</td>
<td></td>
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<tr>
<td>4. Obtain the Z-score using the charts and interpret it</td>
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<tr>
<td>5. Demonstrate the skills in counseling and education</td>
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</tbody>
</table>

Overall, I assess this module to clearly meet its stated objectives.
# Annex F

## Practicum Evaluation Sheet

**Evaluation Sheet on Measuring the MUAC**

<table>
<thead>
<tr>
<th>Steps</th>
<th>Done (2 pts)</th>
<th>Partially Done (1 pt)</th>
<th>Not Done (0 pts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Asked the mother to remove clothing that may cover the child’s left arm.</td>
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<td></td>
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</tr>
<tr>
<td>2. Located the tip of the shoulder.</td>
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<tr>
<td>3. Bent the elbow and located the tip of the elbow.</td>
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<tr>
<td>4. Calculated the midpoint of the child’s left upper arm.</td>
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<tr>
<td>5. Divided the number by two to estimate the midpoint.</td>
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</tr>
<tr>
<td>6. Marked the midpoint with a pen on the arm.</td>
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</tr>
<tr>
<td>7. Straightened the child’s arm and wrapped the tape around the arm at the midpoint. Made sure the numbers are right side up. Made sure the tape is flat around the skin.</td>
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<tr>
<td>8. Inspected the tension of the tape on the child’s arm</td>
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<tr>
<td>9. When the tape was in the correction position on the arm with correct tension, read and called out the measurement to the nearest 0.1 cm</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>10. Immediately recorded the measurement.</td>
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</tbody>
</table>
Evaluation Sheet on Determining the WFL/ WFH Z-Score

<table>
<thead>
<tr>
<th>Steps</th>
<th>Correctly Done (2 pts)</th>
<th>Incorrectly Done (1 pt)</th>
<th>Not Done (0 pts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Determine the age</td>
<td></td>
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<tr>
<td>2. Determine the sex</td>
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<tr>
<td>3. Get the correct WHO Growth Standards Table</td>
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<td></td>
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<tr>
<td>4. Locate the rounded off length or height to the nearest 0.5 cm</td>
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<tr>
<td>5. Locate the rounded off length or height in the WHO Growth Standards Table</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>6. Located the weight of the patient in the Table along the same line as the length/height</td>
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<tr>
<td>7. Determined the category of wasting</td>
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</tr>
<tr>
<td>8. Recorded the Z-score</td>
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<td></td>
</tr>
<tr>
<td>9. Interpreted the Z-score</td>
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<tr>
<td>10. Recorded the diagnosis</td>
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</tr>
</tbody>
</table>
Evaluation Sheet on Bilateral Pitting Edema Identification

<table>
<thead>
<tr>
<th>Steps</th>
<th>Correctly Done (2 pts)</th>
<th>Incorrectly Done (1 pt)</th>
<th>Not Done (0 pts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did proper handwashing</td>
<td></td>
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<tr>
<td>2. Introduced her/himself and explained to the mother/caregiver why and how the testing will be done</td>
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<tr>
<td>3. Applied normal thumb pressure to both feet for at least three seconds</td>
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</tr>
<tr>
<td>4. Identified the presence or absence of edema</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5. Recorded the presence or absence of edema</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Explained the findings and status of the child to the mother/caregiver</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Annex G
Pre/Post-Test Questionnaire

Name: _____________________________ Date: ________________

PRETEST

GENERAL INSTRUCTIONS: Read each question carefully. Write all your answers on the questionnaire. (Total = 15 points)

I. True or False. Write TRUE if the statement is true/correct and FALSE if the statement is false/incorrect.

1. Bilateral pitting edema is present in MAM cases
2. Children with Moderate Acute Malnutrition (MAM) have three times (3x) the risk of dying than well-nourished children under five
3. Malnutrition is a form of physiological impairment related to the body’s use of nutrients, and can be classified as undernutrition
4. In children under five, one of the most common anthropometric indices to assess their growth is through their WFL/H
5. MUAC is used as an alternative measure of “thinness” to WFH. It is particularly used in children aged 6-59 months.

II. Multiple choice. Encircle the LETTER corresponding to the right answer on the questionnaire.

1. Jane, a 4 year old preschool child was measured at the health center today. He weighed 13.7 kg, with the height of 104 cm. His MUAC measurement was 12.5 cm. He did not show any presence of bilateral pitting edema. Jane is classified as:
   a. SAM
   b. Normal
   c. MAM
   d. None of the above

2. The proper ways of taking the weight of the child are as follows except
   a. Make sure that the weighing scale is calibrated and ensure to re-adjust the scale to zero before weighing
   b. When the child is steady, read the measurement to the nearest 1000 grams, with the frame of the scale at eye level.
   c. A plastic washbasin or its equivalent should be attached by four ropes that go underneath the basin.
   d. If the basin is dirtied, then it should be cleaned with disinfectant

3. For children aged 24 months and above but still can stand, get the length and minus_____ in order to get the height
   a. 0.9 cm
   b. 0.7 cm
   c. 0.7 m
   d. 0.9 m
4. It is used as an alternative measure of “thinness” to WFH. It is particularly used in children aged 6-59 months
   a. MUAC
   b. Presence of bilateral pitting edema
   c. Weight
   d. BMI

5. The MUAC classification for a MAM child is as follows
   a. <11.5 cm, green
   b. <11.5 cm, yellow
   c. 11.5 cm – 12.5 cm, red
   d. 11.5 cm – 12.5 cm, yellow

6. Children with bilateral pitting edema is directly classified as
   a. Normal
   b. SAM
   c. MAM
   d. PIMAM

7. This is a case finding method when outreach workers or community volunteers regularly screen and monitor children so that cases of malnutrition can be identified promptly and treated immediately.
   a. Active case finding
   b. Passive case finding
   c. Active-adaptive case finding
   d. All of the above

8. This is the type of admission when a child with MAM returning after being discharged as cured
   a. New admission
   b. Relapse
   c. Readmission
   d. Referral

9. The element/s of community mobilization is/are
   a. Community assessment
   b. Formulation of outreach strategy
   c. Development of messages and materials
   d. All of the above

10. Specific actions for training and community mobilization are as follows except:
   a. Reviewing insights from community
   b. Training community for active case-finding and follow-up
   c. Establishing relationship with stakeholders through orientation meetings
   d. Assisting communities to select case-finders and assign responsibility for follow-up
POST-TEST

GENERAL INSTRUCTIONS: Read each question carefully. Write all your answers on the questionnaire. (Total = 15 points)

I. True or False. Write TRUE if the statement is true/correct and FALSE if the statement is false/incorrect.

1. Bilateral pitting edema is present in MAM cases

2. Children with Moderate Acute Malnutrition (MAM) have three-four times (3-4x) the risk of dying than well-nourished children under five

3. Malnutrition is a form of physiological impairment related to the body’s use of nutrients, and can be classified as undernutrition

4. In children under five, one of the most common anthropometric indices to assess their growth is through their WFL/H

5. MUAC is used as an alternative measure of “thinness” to WFH. It is particularly used in children aged 6-59 months.

II. Multiple choice. Encircle the LETTER corresponding to the right answer on the questionnaire.

1. Jane, a 4 year old preschool child was measured at the health center today. He weighed 13.7 kg, with the height of 104 cm. His MUAC measurement was 12.5 cm. He did not show any presence of bilateral pitting edema. Jane is classified as:
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   d. None of the above

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   b. When the child is steady, read the measurement to the nearest 1000 grams, with the frame of the scale at eye level.
   c. A plastic washbasin or its equivalent should be attached by four ropes that go underneath the basin.
   d. If the basin is dirtied, then it should be cleaned with disinfectant

3. For children aged 24 months and above but still can stand, get the length and minus______in order to get the height
   a. 0.9 cm
   b. 0.7 cm
   c. 0.7 m
   d. 0.9 m
4. It is used as an alternative measure of “thinness” to WFH. It is particularly used in children aged 6-59 months
   
   a. MUAC
   b. Presence of bilateral pitting edema
   c. Weight
   d. BMI

5. The MUAC classification for a MAM child is as follows
   
   a. <11.5 cm, green
   b. <11.5 cm, yellow
   c. 11.5 cm – 12.5 cm, red
   d. 11.5 cm – 12.5 cm, yellow

6. Children with bilateral pitting edema is directly classified as
   
   a. Normal
   b. SAM
   c. MAM
   d. PIMAM

7. This is a case finding method when outreach workers or community volunteers regularly screen and monitor children so that cases of malnutrition can be identified promptly and treated immediately.
   
   a. Active case finding
   b. Passive case finding
   c. Active-adaptive case finding
   d. All of the above

8. This is the type of admission when a child with MAM returning after being discharged as cured
   
   a. New admission
   b. Relapse
   c. Readmission
   d. Referral

9. The element/s of community mobilization is/are
   
   a. Community assessment
   b. Formulation of outreach strategy
   c. Development of messages and materials
   d. All of the above

10. Specific actions for training and community mobilization are as follows except:
    
    a. Reviewing insights from community
    b. Training community for active case-finding and follow-up
    c. Establishing relationship with stakeholders through orientation meetings
    d. Assisting communities to select case-finders and assign responsibility for follow-up
Pretest and Post test Answer Key

Name: ________________________________ Date: ________________

GENERAL INSTRUCTIONS: Read each question carefully. Write all your answers on the questionnaire. (Total = 15 points)

I. True or False. Write TRUE if the statement is true/correct and FALSE if the statement is false/incorrect.

   FALSE 1. Bilateral pitting edema is present absent in MAM cases
   TRUE   2. Children with Moderate Acute Malnutrition (MAM) have three-four times (3-4x) the risk of dying than well-nourished children under five
   FALSE 3. Malnutrition is a form of physiological impairment related to the body’s use of nutrients, and can be classified as undernutrition and overnutrition
   TRUE   4. In children under five, one of the most common anthropometric indices to assess their growth is through their WFL/H
   TRUE   5. MUAC is used as an alternative measure of “thinness” to WFH. It is particularly used in children aged 6-59 months.

II. Multiple choice. Encircle the LETTER corresponding to the right answer on the questionnaire.

1. Jane, a 4 year old preschool child was measured at the health center today. He weighed 13.7 kg, with the height of 104 cm. His MUAC measurement was 12.5 cm. He did not show any presence of bilateral pitting edema. Jane is classified as:
   a. SAM
   b. Normal
   c. MAM
   d. None of the above

2. The proper ways of taking the weight of the child are as follows except
   a. Make sure that the weighing scale is calibrated and ensure to re-adjust the scale to zero before weighing
   b. When the child is steady, read the measurement to the nearest 100 grams, with the frame of the scale at eye level.
   c. A plastic washbasin or its equivalent should be attached by four ropes that go underneath the basin.
   d. If the basin is dirtied, then it should be cleaned with disinfectant

3. For children aged 24 months and above but still can stand, get the length and minus______in order to get the height
   a. 0.9 cm
   b. 0.7 cm
   c. 0.7 m
   d. 0.9 m
4. It is used as an alternative measure of “thinness” to WFH. It is particularly used in children aged 6-59 months
   a. MUAC
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5. The MUAC classification for a MAM child is as follows
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7. This is a case finding method when outreach workers or community volunteers regularly screen and monitor children so that cases of malnutrition can be identified promptly and treated immediately.
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   b. Passive case finding
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9. The element/s of community mobilization is/are
   a. Community assessment
   b. Formulation of outreach strategy
   c. Development of messages and materials
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10. Specific actions for training and community mobilization are as follows except:
    a. Reviewing insights from community
    b. Training community for active case-finding and follow-up
    c. Establishing relationship with stakeholders through orientation meetings
    d. Assisting communities to select case-finders and assign responsibility for follow-up
**Annex H**

MAM Trainers Performance Assessment Checklist

<table>
<thead>
<tr>
<th>Name:</th>
<th>Module:</th>
<th>Evaluator:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Area/ Indicators</strong></th>
<th>Excellent (3)</th>
<th>Satisfactory (2)</th>
<th>Poor (1)</th>
<th>Not Observed (0)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUBJECT MATTER CONTENT</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1. Demonstrates mastery of content of MAM.</td>
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<tr>
<td>2. Interrelates ideas and information regarding.</td>
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<tr>
<td><strong>ORGANIZATION</strong></td>
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<tr>
<td>3. Organizes curriculum logically to support participant’s understanding of MAM.</td>
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<tr>
<td>4. Communicates clear learning objectives and learning goals to guide participants.</td>
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<tr>
<td>5. Develops and sequences instructional activities that foster student learning of MAM.</td>
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<tr>
<td><strong>TEACHING METHODS</strong></td>
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<tr>
<td>6. Uses relevant teaching methods, aids, materials, techniques, and technology that support trainee learning of SAM</td>
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<tr>
<td>7. Includes variety balance, imagination, group involvement appropriate to student needs</td>
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<tr>
<td>8. Uses examples that are simple, clear, precise, and appropriate</td>
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<tr>
<td>9. Emphasizes and summarizes main points to facilitate understanding of MAM</td>
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<tr>
<td>10. Modifies instructional plans according to student needs and circumstances</td>
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<tr>
<td></td>
<td>PRESENTATION</td>
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<tr>
<td>11.</td>
<td>Looks professional in dress, appearance, and behavior that is appropriate to the environment and situation</td>
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</tr>
<tr>
<td>12.</td>
<td>Evidences self-confidence and preparedness</td>
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<tr>
<td>13.</td>
<td>Maintains eye contact, uses a clear voice, strong projection and proper enunciation</td>
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<tr>
<td>14.</td>
<td>Establishes a training environment that is safe, fair, and conducive to interaction/learning</td>
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<td>15.</td>
<td>Fosters discipline and control of trainee behavior through effective classroom management</td>
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<tr>
<td>16.</td>
<td>Optimizes use of instructional time</td>
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<tr>
<td><strong>AVERAGE</strong></td>
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</tr>
</tbody>
</table>

Score: _______

Weighted Mean = Interpretation

0 – 0.66 = Did not perform the task or the task was not observed
0.67 – 1.33 = Performed the task satisfactorily
1.34 – 2.00 = Performed the task very satisfactorily
References and Links


Link: https://www.ennonline.net/resources/htpversion2


Link: http://www.wpro.who.int/philippines/publications/speed_operations_manual.pdf


Link: https://www.fantaproject.org/sites/default/files/resources/CMAM_TM_Intro_v1.pdf


Link: http://repository.forcedmigration.org/pdf/?pid=fmo:3066


Link: https://www.unicef.org/gambia/Improving_Child_Nutrition_-_the_achievable_imperative_for_global_progress.pdf


Link: http://apps.who.int/iris/bitstream/10665/75836/1/9789241504423_eng.pdf?ua=1&ua=1


Link: http://apps.who.int/iris/bitstream/10665/104772/16/9789241506823_Chartbook_eng.pdf

Link: http://apps.who.int/iris/bitstream/10665/104772/8/9789241506823_Module-6_eng.pdf


Link: http://apps.who.int/iris/bitstream/10665/149023/1/WHO_NMH_NHD_14.8_eng.pdf?ua=1