

**REPORT ON THE ORIENTATION OF FACILITATORS TO TRAIN ON INPATIENT
MANAGEMENT OF SEVERE ACUTE MALNUTRITION WITH COMPLICATIONS IN
STABILIZATION CENTERS.**

Dates: 7th -10th September 2022.

Location: 5 Star Hotel, Galkacyo, Galmudug



Group photo on the last day of orientation

Technical support by: GNC-Technical Alliance

Implemented by: International Medical Corps & Somali National Nutrition Cluster

Lead facilitator: Martha Nakakande (GNC Technical alliance Technical Support Team CMAM advisor)

Co-Facilitator: Naomi Mwikali Ndung'u IMC Nutrition Coordinator.

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1. Background information.

The humanitarian crisis in Somalia continues to deteriorate. Four consecutive failed rainy seasons and increasing economic pressures are deepening the severity of needs and driving the country to the brink of famine. An estimated 49 per cent of the population - 7.7 million people - require some form of humanitarian or protection assistance, of which 6.13 million are estimated to be affected by the drought.

More than 6 million people across the country are food insecure, including nearly 1.7 million who are suffering from extreme levels of hunger. For the first time since 2017, the Integrated Food Security Phase Classification (IPC) has confirmed pockets of catastrophic hunger spread across one-quarter of the country (18 districts), affecting over 200,000 people. An estimated 2.4 million people require services to treat or prevent malnutrition, including nearly 386,000 who require treatment for acute malnutrition - 1.5 million children under 5 and more than 250,000 pregnant and lactating women (PLW). A total of 6.4 million people lack access to safe water and sanitation, and 6.5 million people lack access to adequate healthcare. Poor sanitation and communicable diseases, including cholera and measles, have left thousands of people ill this year.

Currently, there are 82 partners (both international and national) implementing community management of Acute Malnutrition (CMAM) (either SAM, MAM treatment, or both) across all accessible areas in Somalia. The nutrition response includes treatment of acute malnutrition services including outpatient therapeutic programme, stabilization Centres (SCs), and targeted supplementary feeding programme. To prevent the overall mortality associated with acute malnutrition, UNICEF and Nutrition Cluster (with Somalia Humanitarian Fund finances) has embarked on scaling up the coverage of Stabilization Centers (SCs) by establishing an additional 16 SCs and improving the quality of care provided in the existing facilities. The number of SCs admission has continued to increase especially in locations with a high influx of IDPs, stretching the capacity of the existing SCs. In some locations, e.g., Banadir, Southwest, Galmudug, Hirshabele regions the increase in admission has corresponded with an increased number of deaths.

It is thus necessary to strengthen the capacity of the local partners and district level MOH staff to improve the delivery of inpatient care and reduce mortality. It is against the above backdrop, that the Somali Nutrition Cluster partnered with Global Nutrition Cluster GNC - Technical Support Team (TST) and International Medical Corps to train Local organizations and MoH staff. A 7 days training based on the WHO's hospital-based care of severely malnourished children was organized. In preparation for this training, 4 days orientation for the facilitators was conducted with aim of preparing them to facilitate partners and MOH staff training.

2. Purpose of the orientation

The purpose of the orientation was to prepare the facilitators on delivering the partners training. Through the orientation, the facilitators became conversant with the training material, technical content and the necessary skills on adult learning and facilitation skills and approaches to ensure an effective training. The orientation also acted as an avenue for detailed explanations and contextualization of the training content, practice on how to do the training in Somali language and preparation for the partners training.

3. Overview of the orientation

The orientation was organized and coordinated by International Medical Corps- Somalia Mission in collaboration with the Somali Nutrition Cluster. The training was technically supported by the Global

Nutrition Cluster (GNC-TST) and funded by BHA and Irish AID. Facilitation of the session was by the GNC-TA TST CMAM advisor with support from the International Medical Corps Nutrition coordinator. The 4 days training course was attended by 15 staff (14 Male and 1 Female). Participants that attended facilitators' orientation training were 3 from FMOH staff, 2 Galmudug MOH staff and 10 International Medical Corps staff. Of the 15 staff, only 9 i.e., the 8 facilitators and training team leader completed the 4 days. The rest of the International Medical Corps staff and Galmudug MOH staff attended the first 2 days mainly to gain knowledge on adult learning and facilitation skills.

4. Course Objectives

Overall, the training aimed to provide knowledge as part of strengthening staff's competences to treat severe acute malnutrition in stabilization Centres. After the orientation, participants were expected to:

- Know more on facilitation skills and adult learning skills for them to deliver the trainings effectively.
- Learn the Responsibilities for a facilitator.
- Understand the core technical aspects included in the training (assessment for malnutrition, initial and continued management, therapeutic care, medical care, monitoring and reporting, adherence to treatment and care practices and procedures...)
- Gain confidence to train partner staff and MOH staff on in-patient management of SAM by practising how to facilitate the different sessions.
- Plan and prepare for the training including review of the agenda, planning for the ward visits obtaining all the necessary supplies.

5. Participants' Expectations.

The following were some of the expectations mentioned by the participants:

- To gain facilitation skills.
- Gain adult learning skills.
- To acquire supervision skills.
- To have good number of Trainers in the country.
- To gain more knowledge on Inpatient management of severe acute malnutrition with complications in the stabilization centres.
- To facilitator some sessions in the partner staff training on Inpatient management for SAM
- To get training certificate.

In general, the training achieved all of the expectations listed by the participants at the beginning of the training as per the feedback from the participants at the end of orientation.

6. House rules/Ground rule

To ensure smooth running and proper facilitation of the training without any interruptions, the participants led by the facilitator adopted the following rules:

- Punctuality: training start at 8:30am and end at 5:00 PM in all the days.
- Phones on silent mode (during the lessons).
- Start and end with a word of prayer.
- Respect each other's opinion.
- Daily recap session before the start of the training.
- Active participation.
- Minimizing movement during the training session.
- No side talk.

7. Training Methodology

The trainers employed varied methodology depending on the topic of discussion and included interactive lectures, brainstorming, group discussions, case studies, role play, daily recaps, questions and answers, presentations, written exercises and Clinical Practice Session at Galkacyo South Regional Referral Hospital SC. All facilitators practiced on more than one session to gain more understanding and confidence.

8. Main concepts covered

	Concepts (Knowledge and skills)
Module 1	Introduction.
Module 2	Facilitator and adult learning skills.
Module 3	Principles of Care and GBV Risk mitigation for nutrition programmes.
Module 4	Initial Management
Module 5	Feeding
Module 6	Daily Care
Module 7	Monitoring, Problem Solving and Reporting
Module 8	Involving Mothers in Care
Module 9	Planning and preparing for the training including visit to SC

9. Clinical practical sessions.

In order for the participants to enhance knowledge and skills learnt in the classroom and to prepare them to learn how to guide participants during SC visit sessions, clinical practical sessions was conducted on 2nd and 4th day of the training at Galkacyo South Hospital SC.

Day 2: it was tour of wards and clinical sign, where participants were;

- Observe the admission area, emergency treatment area, kitchen area, special areas for play, how the SAM ward or area is organized, and health education and other activities.
- Observe children and look for clinical signs of severe acute malnutrition.
- Look up weight-for-height Z-scores, weigh and measure children, measure mid-upper arm circumference and identify children who are severely malnourished.

Day 4: it was initial management, feeding and daily care, where participants were;

observed initial management of severely malnourished children who have medical complications, identify clinical signs of severe acute malnutrition, hypoglycemia, hypothermia, shock and dehydration, practice filling a critical care pathway (CCP) during initial management, assist in doing initial management (take rectal temperature, give bolus of glucose for hypoglycemia, ward the child, give first feed and assess for eye care), observe and assist in doing initial management (identify signs

of dehydration in a severely malnourished child, measure and give ResoMal, monitor a child on ResoMal, determine antibiotics and dosages), observe nutrition staff and nurses measuring and giving feeds, review 24-hour food intake charts and plan feeds for the next day, continue to practice measuring, giving and recording field, keep CCPs on children observed and cared for, observe and assist with bathing children and monitor ward using checklist.

Apart from enhancing knowledge and skills for the facilitators, the sessions was to prepare the facilitators for them to lead and guide for the partners and MOH staff during the clinical practical sessions.



Figure 2 Participants toured SC wards in the SC visit session



Figure 3 Participants examining ear of a child during

Figure 4 participants taking temperature of a child

10. Challenges, lessons learned and recommendations

10.1 Challenges

There were no challenges encountered during the training period.

10.2 Lesson learned

It was learnt that most of the facilitators were not previously trained as trainers, have not had a full SC training and they were not familiar with training facilitation and coaching skills, and training modules contents.

10.3 Recommendations

1. Training facilitators on 7 days TOT training on Inpatient management of severe acute malnutrition with medical Complications since most of the facilitators were not previously trained as a TOT.
2. In the future trainings, facilitators also need to be trained on coaching skills

11. Official closure

The training was officially closed at 4.00pm with a word of prayer by the training Spiritual Leader and closing remarks from the Regional Medical Officer (RMO)- Dr. Liban.

12. ANNEXES

Annex 1: Sessions covered.

All days started with prayers and recaps of what was covered. All issues that required clarification were addressed at that point, and agenda reviewed each day to ensure that we were on time. thereafter day two's sessions followed. On day 2 is when the facilitators began to practice how to instruct on a given session. The facilitators (Martha and Naomi) observed the delivery methods used, provided technical explanations where they participants did not understand and feedback focusing more on the areas of improvement.

Day one	
Session	Summary on sessions
Facilitation and adult learning skills.	The facilitator (Naomi) introduced the aim of this topic for the participants to understand what adult education is, principles for adult learning, adult learning process and relate it to coaching and reviewing barriers to adult learning and contextualize the barriers and solutions and, facilitation skills or technique. Group work, Q&A and exercises were the key approaches used.
Introduction to acute malnutrition and key concepts of IMAM	The facilitator (Martha) introduced the aim of this topic. The following topics were covered; Basics on IMAM approach, components of IMAM, core components of IMAM, principles of IMAM, flow for IMAM based treatment of acute malnutrition, human resource and their roles and tools, equipment, and supplies.
Gender-based violence in Nutrition and Psychosocial support	The facilitator (Martha) introduced the session. Concepts discussed include general introduction to GBV and GBV risk mitigation, why GBV is important in nutrition programs, identifying potential GBV risks linked to nutrition programming and safety and ethical considerations. Case studies were used to better understand the concepts.
Principles of care.	The facilitator (Martha) presented the participants the objective of the topic, which was emphasizing on identification of SAM with complications, admission criteria, effect of physiology of malnutrition on care, essential components of care, what to do in the SC and why. Discussions, lecture approaches, brainstorming and experience sharing were used as training methods.
Day 2	
Initial management	Session was divided into 3 parts and each participant practiced.

	<ol style="list-style-type: none"> 1. Ahmed Elyas (IMC Nutrition Manager/training supervisor) facilitated on initial assessment in the SC, Points to consider during emergency treatment and Phases of care in the SC. 2. Dr Sadak Ali (IMC Nutrition officer/facilitator) facilitated on systematic antibiotics and other treatments in phase 1, treatment of Malaria in phase 1 and treatments under specific circumstances. 3. Dr Aweis Mohamed (FMOH IMAM TOT) facilitated on Identifying and managing key complications (Diarrhoea, Shock, hypoglycemia, hypothermia and preparing of ResoMal) while Dr Karshe Abdirahman facilitated (severe anemia, fever, emergency eye care and Skin lesions)
Feeding	<p>This session was facilitated by 3 participants.</p> <ol style="list-style-type: none"> 1. Dr Abdinasir (IMC SC Doctor) - Preparing therapeutic milks, feeding children in phase 1, nasogastric feeding and feeding children in transition. 2. Dr Khadija (FMOH CMAM Officer) - Why do an appetite test? How to do an appetite test, Using F100 if child does not tolerate RUTF and feeding sessions. 3. Dr Bashir (IMC SC supervisor)- Feeding severely malnourished children aged less than 6 months, Supplementary suckling technique, planning a feeding for the ward, and Re-feeding syndrome
Day 3	
Daily care	<p>The session was facilitated by 3 participants</p> <ol style="list-style-type: none"> 1. Dr Abdinasir (IMC SC doctor) facilitated on activity flow in the SC, handling a SAM child, caring for skin and bathing, giving prescribed antibiotics/medications and re-cognizing danger signs 2. Dr Aweis Mohamed (FMOH IMAM TOT) facilitated on monitoring pulse, respiration and temp and watching for danger signs. 3. Dr Sadak (IMC Nutrition officer) facilitated all the 6 group work exercises under the sessions. Where he divided the participants into 3 teams for group discussion and for presentation for the exercise after they worked on it.
Monitoring and problem solving and involving mothers in care.	<p>The session was facilitated by 3 participants</p> <ol style="list-style-type: none"> 1. Dr Aweis (FMOH IMAM TOT) - Monitoring an individual child problem, failure to respond to treatment in the SC, causes of failure to respond to treatment and monitoring overall (ward) weight gain in the SC. 2. Dr Abdinasir (IMC SC doctor) - Monitoring patient outcomes, calculating case fatality rate Monitoring practices and procedures, reporting and monitoring tools

	<p>3. Dr Khadija (FMOH CMAM Advisor) facilitated all the session on involving mothers in care.</p> <p>4. Dr Karshe (FMOH TB in Nutrition officer) facilitated all the group work exercises for the 2 sessions. Where he divided the participants into teams for group discussion and for presentation for the exercise after they worked on it.</p>
<p>Day 4</p>	
<p>Tasks allocation and preparation</p>	<p>This session was facilitated by Martha (GNC CMAM advisor) and Naomi (IMC Nutrition coordinator). Accomplishments:</p> <ul style="list-style-type: none"> – Open session for any technical/pragmatic clarifications – Review of the action plan template to be shared with partners – Session allocation to the facilitators (based on level of knowledge, facilitation skills, experience and personal preference) – Review of the agenda and periods allocated to sessions. – Visit to the SC – Preparation of materials for printing – Finalising the SC visits schedule and allocation of facilitators to lead the groups during visits.

Annex 2: Training photos



Figure 5 Group photos on last day of the training



Figure 7 Training Observers giving feedback to facilitators after presenting sessions.



Figure 7 Role play session

Annex 3: Participants attendance list.

No	Name	Organization	Designation/position
1	Dr Aweis Olow Hassan	MOH	Medical Doctor
2	Bashir Aden Hassan	IMC	SC supervisor
3	Dr Sadak yussuf Ali	IMC	Nutrition officer
4	Ahmed Elyas Mohamud	IMC	Nutrition Manager
5	Abdinasir Hassan Ibrahim	IMC	SC Dcotor
6	Naomi Mwakali	IMC	Nutrition Coordinator
7	Mohamed Sheikh Abdullahi	IMC	Communication assistant
8	Khadija Ali Gedi	MOH	CMAM officer
9	Mohamed Ahmed Mohamed	IMC	MHPSS Officer
10	Abdirahman Farah Karshe	MOH	TB in Nutrition Officer
11	Dr Liban Abdikadir Ibrahim	GMOH	Regional Medical Officer
12	Martha Nakakande	GNC/IMC	CMAM Advisor
13	Mahad Osman Karshe	IMC	CHW supervisor
14	Abdullahi Ali Mohamed	IMC	Senior Health Officer
15	Yussuf Isak Maalim	IMC	CHT Manager
16	Abshir Mohamed Kulmiye	GMOH	Regional Nutrition Officer
17	Abdikarim Abshir isse	GMOH	District Medical officer

Annex 4: Training timetable

TIME	DAY 1	DAY 2	DAY 3	Day 4
8.30 -8.50	Opening remarks-introduction, objectives of the training, admin aspect.	Review of Module 2: principle of care	Review of Module 4: Feeding	Open session
10.50-11.00	Tea Break			
11.00am – 1.00	Introduction to facilitator training (content, objectives), adult learning, facilitation skills. GBVs	Review of Module 2: principle of care	Review of Module 4: Daily care	Task allocation
1.00 pm-2.00pm	Prayers & Lunch Break			
2.00 pm – 4.30 Pm	Introduction to in-patient care Basics on CMAM programming including Anthro	Review of Module 2: Initial Management	Review of Module 2: Monitoring and problem solving Review of Module 2: Involving mothers in care	Review of pre-training preparation including Venue and the selected health facility
4.30pm – .00pm	Daily Evaluation			

Annex 5: 7 days training agenda.

Time	Session	Facilitator
Day 1		
	Introduction – registration, introductions, official opening, admin/Logs and official opening of the training.	MoH and IMC representative and training Manager
	Objectives of the training and review of the training agenda	Ahmed Elyas
	SC visit:	Dr. Abdinassir+DrBashir
	Tea Break	Elyas/hotel
	Pre- test	Elyas+ Khadija
	Session 1: Introduction to acute malnutrition and key concepts of IMAM (importance of treating acute malnutrition treatment, basics on CMAM, Admission and discharge criteria)	Khadija
	Lunch break	Elyas/hotel
	Gender-based violence in Nutrition and Psychosocial support	Mohamed Ahmed
	Session 1: Introduction to inpatient care of AM- Key HR and roles, Key equipment, tools and supplies	Khadija
	Prayer and tea break	Elyas/hotel
	Session 2: Principles of care- identification of SAM with complications, Essential components of care, what to do in the SC and why	Dr. Aweis
	Prep for day 2	All facilitators
Day 2		
	Arrival and recap of day 1	Khadija
	Session 2: Principles of care- identification of SAM with complications, Essential components of care, what to do in the SC and why	Dr. Aweis
	Tea Break	Elyas/hotel
	Session 3: Initial management- – Principles of triage, triage activities and tools. – Phases of care (what, feeds, transition from one phase to another) – Identifying and treating complications	Dr. Aweis +Dr. Sadak+Dr. Abdinassir.
	Lunch break	Elyas/hotel
	Session 3: Initial management- – Principles of triage, triage activities and tools. – Phases of care (what, feeds, transition from one phase to another) – Identifying and treating complications	Dr. Aweis +Dr. Sadak+Dr. Abdinassir.
	Prayer and tea break	Elyas/hotel
	Session 3: Initial management- – Principles of triage, triage activities and tools. – Phases of care (what, feeds, transition from one phase to another) Identifying and treating complications	Dr. Aweis +Dr. Sadak+Dr. Abdinassir.
	Prep for day 2	All facilitators
Day 3		
	Arrival and recap of day 2	Dr. Aweis
	Session 4: Feeding- formula milks/ RUTF/ recipes, determining what feeds to give-phase, amount, transitioning. -Appetite test, planning and recording feeds, *re-nutrition syndrome*	Dr. Bashir +Dr. Abdinassir

Tea Break	Elyas/hotel
Session 4: Feeding- formula milks/ RUTF/ recipes, determining what feeds to give-phase, amount, transitioning. -Appetite test, planning and recording feeds, *re-nutrition syndrome*	Dr. Bashir +Dr. Abdinassir
SC visit:	Dr. Abdinassir+DrBashir
Lunch break	Elyas/hotel
SC Visit feedback	Khadija
Session 5: Daily care- Patient flow, what to monitor, completing and interpreting information recorded daily (graphs, feeding charts)	Dr. Abdinassir and Dr. Aweis
Prayer and tea break	Elyas/hotel
Session 5: Daily care- Patient flow, what to monitor, completing and interpreting information recorded daily (graphs, feeding charts)	Dr. Abdinassir and Dr. Aweis
Prep for day 4 and tea break	All facilitators
Day 4	
Arrival and recap of day 3	Dr. Karshe
SC visit:	Dr. Abdinassir+DrBashir
Tea Break	Elyas/Hotel
Session 6: Monitoring and problem solving- Identifying feeding challenges and management Failure to respond to treatment	Dr.Karshe + Khadija
Lunch break	Elyas/hotel
Session 6: Monitoring and problem solving- Identifying feeding challenges and management Failure to respond to treatment	Dr.Karshe + Khadija
Prayer and tea break	Elyas/hotel
Session 6: Monitoring and problem solving- Identifying feeding challenges and management Failure to respond to treatment	Dr.Karshe + Khadija
Prep for day 4 and tea break	All facilitators
Day 5	
Arrival and recap of day 4	Dr. Sadak
Session 6: Monitoring and problem solving- case studies	Dr. Karshe+Khadija
Session 7: Involving mothers- Stimulation and play (importance, care, physical activity) Working tea break	Dr. Sadak
Working tea break	Elyas/hotel
Half-day session ends. Participants go for Juma prayers and then SC individual practice sessions.	Elyas
Day 6	
Arrival and recap of day 5	Dr. Abdinassir
Session 7: Involving mothers- How to get mothers involved, discharge process	Dr. Bashir
Tea Break	Elyas/hotel
SC visit:	Dr. Abdinassir+DrBashir
Lunch break	Elyas/hotel
Session 6: case studies on filling registers, charts, cards etc.	Dr. Abdinassir

Prayer and tea break	Elyas/hotel
Post test	Elyas+Khadija
Feedback, prep for day 7 and tea break	All facilitators
Day 7	
Arrival and recap of day 6	Dr. Sadak
Session 8: Other management aspects-feeding, care for caretakers, Transportation of patients.	Elyas, Khadja
Tea Break	Elyas/hotel
Session 9: Action plan development	All facilitators+Naomi
Lunch break	Elyas/hotel
Session 9: Action plan development	All facilitators+Naomi
Final feedback and closing ceremony of the training	Training supervisor, MoH representative and IMC representative

Annex 6: Clinical practice schedule

Date and period	Group A	Group B	Group C	Group D
Facilitators	Dr. Sadak Khadija	Dr. Abdinassir DR. Liban	Dr. Bashir Dr. Karshe	Dr. Aweis Mohamed Ahmed
12 th Sept 2022 3:40 to 4:30	General tour of the SC- quick visit of the OTP, the phases, staff on ground, successfully treated cases, WASH facilities, admission/triage area, kitchen, special cases, Show the various equipment and tools Note: each facilitator should read the clinical guide. Please as this is a large number make sure they wear masks when in the SC			
14 th Sept 2022 11:00 to 12:30	Measure MUAC Measure weight Measure Height/length Calculate Z-scores Clinical assessment including eye signs, skin changes Assessing for oedema	Clinical assessment including eye signs, skin changes Assessing for oedema Measure MUAC Measure weight Measure Height/length Calculate Z-scores	Measure MUAC Measure weight Measure Height/length Calculate Z-scores Clinical assessment including eye signs, skin changes Assessing for oedema	Clinical assessment including eye signs, skin changes Assessing for oedema Measure MUAC Measure weight Measure Height/length Calculate Z-scores
15 th Sept 2022 08:50 to 10:10	<ul style="list-style-type: none"> Observe how feeds are mixed and measured (will be done at the OTP). Observe child on NGT Check and fill in the feeding chart Identify a few children and review feeding chart using yesterday's information. Have a participant participate in the feeding of a child Engaging with the mothers while they are feeding Determining if there is need for change in feeds Observe play sessions 	<ul style="list-style-type: none"> Observe how feeds are mixed and measured (will be done at the OTP). Observe child on NGT Check and fill in the feeding chart Identify a few children and review feeding chart using yesterday's information. Have a participant participate in the feeding of a child Engaging with the mothers while they are feeding Determining if there is need for change in feeds Observe play sessions 	<ul style="list-style-type: none"> Observe how feeds are mixed and measured (will be done at the OTP). Observe child on NGT Check and fill in the feeding chart Identify a few children and review feeding chart using yesterday's information. Have a participant participate in the feeding of a child Engaging with the mothers while they are feeding Determining if there is need for change in feeds Observe play sessions 	<ul style="list-style-type: none"> Observe how feeds are mixed and measured (will be done at the OTP). Observe child on NGT Check and fill in the feeding chart Identify a few children and review feeding chart using yesterday's information. Have a participant participate in the feeding of a child Engaging with the mothers while they are feeding Determining if there is need for change in feeds Observe play sessions
17 th Sept 2022 10:30 to 12:30	Look for new admissions •Observe care given for new admissions •Fill in the CCP chart	Look for new admissions • Observe care given for new admissions • Fill in the CCP chart	Look for new admissions •Observe care given for new admissions •Fill in the CCP chart	Look for new admissions •Observe care given for new admissions •Fill in the CCP chart

	<ul style="list-style-type: none"> •Take temperature •Assess the need for care •Check for signs of shock, dehydration •practice how to warm a child •Chose a specific child with all the clinical signs •Monitoring child on ReSoMal •Session on determining antibiotics 	<ul style="list-style-type: none"> • Take temperature • Assess the need for care • Check for signs of shock, dehydration • practice how to warm a child • Chose a specific child with all the clinical signs • Monitoring child on ReSoMal • Session on determining antibiotics 	<ul style="list-style-type: none"> •Take temperature •Assess the need for care •Check for signs of shock, dehydration •practice how to warm a child •Chose a specific child with all the clinical signs •Monitoring child on ReSoMal •Session on determining antibiotics 	<ul style="list-style-type: none"> •Take temperature •Assess the need for care •Check for signs of shock, dehydration •practice how to warm a child •Chose a specific child with all the clinical signs •Monitoring child on ReSoMal •Session on determining antibiotics
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