

TRAINING REPORT FOR LOCAL AND NATIONAL ORGANIZATIONS ON IN-PATIENT MANAGEMENT OF SEVERE ACUTE MALNUTRITION WITH COMPLICATIONS IN STABILIZATION CENTERS.

TRAINING LOCATION: 5 STAR HOTEL, GALKACYO-GALMUDUG.

TRAINING DATES: 25th- 31st May 2023



Figure 1 Participants group photo on the last day of ToT training

Technical support by: GNC-Technical Alliance

Implemented by: International Medical Corps, Somali National Nutrition Cluster

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1. Background information.

The humanitarian crisis in Somalia continues to deteriorate. Somalia is currently experiencing impacts of five consecutive seasons of poor rainfall and a likely sixth season of below-average rainfall from March to June 2023¹, as well as exceptionally high food prices, exacerbated by concurrent conflict/insecurity and disease outbreaks. According to the latest food and nutrition analysis report², an estimated 8.3 million people - over half of the population - are expected to face severe to acute food insecurity in June 2023 if assistance is not improved and sustained beyond March 2023. Moreover, this has also been predicted and reported that some areas of Somalia will experience Famine (IPC 5) between April and June 2023.

The UNICEF Sitrep report in November 2023 indicated that some 730 children died in food and nutrition centers across the country between January and July 2022, but the numbers could be more as many deaths go unreported. More than half of 1.8 million under the age of five are likely to be severely acutely malnourished through July 2023 and are at the risk of dying. The same report, indicates that if a child is admitted to a health facility for treatment of severe acute malnutrition in Somalia and without greater action, Somalia will be facing child mortality at a high rate. Therefore, urgent action is needed to save children’s lives.

UNICEF, WFP, and the Nutrition Cluster partners have scaled up the nutrition response to address the deteriorating nutrition situation across the country. Currently, there are 82 partners (both international and national) implementing 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 centers (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 SCs, by establishing an additional 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, the increase

in admission has corresponded with an increased number of deaths. To mitigate the effects of increased deaths, the Nutrition Cluster has seek technical support to build the capacity of the existing health workers (from National NGOs) in the management of SCs and delivery of inpatient care, especially in the management of the medical complications among the acutely malnourished children. Several local and national NGOs under the 2022 SHF received capacity strengthening support in 2022 (September to December) lead by the GNC TA and IMC in the form of training, peer-to-peer support from international organizations and on-job training and supportive supervision. Following the positive reception of this support, it was proposed to give the same support to other local organizations that had not been selected for the previous training. Local/National NGOs that have funding to implement activities in hard-to-reach areas with poor programme coverage were prioritized in the second phase of the training.

It is thus necessary to strengthen the capacity of the local/National partners' 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), Somalia federal ministry and International Medical Corps to train Local and National organizations staff. The main aim was to provide technical leadership in capacity strengthening to selected national NGOs, to improve the delivery of inpatient care in stabilization centers and reduce nutrition related mortality. Support with the management of stabilization centers and delivery of inpatient care, especially the management of medical complications. 7 days training on Inpatient Management of severe acute malnutrition with complication in the Stabilization center was organized for 20 SC staff from different local and national nutrition partners, 6 SC staff from IMC and 1 UNICEF staff.

2. Purpose of the Training.

To mitigate the effects of increased deaths, the Nutrition Cluster through the Global Nutrition cluster and International Medical Corps Somalia sought technical support to build the capacity of health workers (from local/National NGOs and Ministry of Health (MoH)) in the management of SCs and delivery of inpatient care for acutely malnourished children. National NGOs were prioritized, as often they are present in hard-to-reach areas with poor program coverage. International Medical Corps Somalia delivered the trainings with the technical support of the GNC Technical Alliance-TST (CMAM Advisor). The trainings were delivered in Somali to ensure the technical and contextual content was well captured and comprehended.

3. Overview of the training.

The training on inpatient management of Severe Acute Malnutrition with Complication was organized and coordinated by International Medical Corps- Somalia Mission in collaboration with the Somali Nutrition Cluster. The 7 days training used materials and tools based on the WHO's hospital-based care of severely malnourished children clinical training and was adapted to the context. The training was technically supported by the GNC-TA-TST and funded by in partnership with Canada and GDS. The training was facilitated by 3 (1 female) Federal Ministry of Health staff and 4 (all male) International Medical Corps technical staff. All were backstopped by the GNC-TA-TST CMAM Advisor.

The 7 days course was attended by 27 (16 male: 11 female) participants. Participants were drawn from 17 local and National partners, 3 from FMOH supported Centers, 6 from IMC supported center in partnership with ministry of Health and 1 from UNICEF coming from 21 Districts namely; Raaphdure, Tayeeglow, Hamar Jaabjab, Bossaso, Berdale, Buur Hakaba, Dinsoor, Qensahdere, Guriceel, Baardheere, Ceel Waaq, Belet Weyne, Afmadow, Berawe, Qoroyoley, Wanla Weyn, Marko, Bulo Burto,

Wadajir, Jowhar and Galkacyo. Among the participants were 10 doctors, 4 clinical officers, 8 nurses, 2 Nutrition/SC supervisors, 1 IYCF counsellor and 2 Nutrition officers. (See list of participants that attended in annex 2).

4. Course Objectives

Provide knowledge as part of strengthening staff's competences to treat severe acute malnutrition in stabilization centres. After the training, participants were expected to:

- Assess and identify children with severe acute malnutrition with complications
- Diagnose any complications and provide appropriate medical care.
- Understand initial and continued management of a malnourished child
- Ensure effective therapeutic care for children admitted into a SC
- Monitor and ensure quality daily care of children admitted in a SC
- Adhere to all treatment and care procedures and protocols in a SC
- Attain knowledge to cascade the training on inpatient management of SAM to health workers in the field.
- Effectively manage the SC by ensuring all aspects in management are executed-medical and therapeutic care, monitoring and reporting, human resource, logistics and daily management activities.

5. Participants' Expectations.

The following were some of the expectations mentioned by the participants during the first day of the training.

- To gain more knowledge on Inpatient management of severe acute malnutrition with complications in the stabilization centres.
- Peer learning from IMC supported Stabilization Center in Galkacyo.
- To get training certificate.
- Sharing experience among the participants in regards to the training.
- To get daily subsistence allowance (DSA)
- To get training handouts.
- To get refreshment and lunch during the training period.

In general, the training achieved 6/7 of the expectation listed by the participants at the beginning of the training as per the feedback from the participants at the end of training. The one that was not 100% achieved was; **To get daily subsistence allowance (DSA)**- IMC only gave DSA to ministry of health supported SC staff and other participants were supposed to be covered by their partners as communicated before the training

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 for the 7 training days.

- Phones /Laptops/ E-mails - Phones on silent mode, no working on laptops during sessions.
- Time keeping/punctuality: start at 8:00am and end at 5:00 PM.
- Maximum contribution from participants (vast experiences)
- Respect each other's opinion.
- Active participation.
- Participant who has questions and need clarification to raise his/her hand (No side talks).
- Daily recap session before the start of the training.
- Minimizing movement during the training session.
- Prayers at the beginning and end of sessions

After the norms were set, for smooth running of the activities, a timekeeper, team leader, spiritual leader and the person in charge of energizers were selected.

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 recapitulations, questions and answers, written exercises and Clinical Practice Sessions at Galkacyo South Regional Referral Hospital SC.

8. Training proceedings

8.1 Main concepts covered.

	Concepts (Knowledge and skills)
Module 0	Introduction to the training and training objectives
Module 1	Introduction to and basic components of IMAM
Module 2	Principles of Care
Additional session	GBV Risk mitigation for nutrition programmes and psychosocial support
Module 3	Initial Management
Module 4	Feeding
Module 5	Daily Care
Module 6	Monitoring, Problem Solving and Reporting
Module 7	Involving Mothers in Care
Module 8	Other management aspects
Module 9	Action plan development

8.2: Modules

8.2.1 Module 0: Introduction to the training and training objectives

The training started with prayers followed by climate setting which included introductions, setting norms, listing of expectations and allocation of leadership roles.

Participants mentioned their Name, State, District, designation, experience in SC work, something about themselves and expectations. The expectations focused on various aspects including gaining

knowledge on management of SAM with medical complications at the Stabilization center, sharing experiences, understanding the minimum requirement needed for an SC to run, observing what is done in the IMC SC and receiving a training certificate.

The opening remarks were made by the Galmudug Ministry of Health's Regional Medical Officer (RMO), Dr. Liban Abdulkadir who welcomed the participants from the different regions and districts to enjoy the ambience of Galkacyo South District. He appreciated all participants and thanked them for honouring the invitation to attend the training and urged them to brace themselves for a busy 7 days as there was so much to learn. He emphasized that the participants were expected to cascade the training to their colleagues back in their districts and immediately start implementing the action plans they will develop at the end of the training.

The Training supervisor explained the objective of the training and the logistics and administration to be followed during the training. The norms were set for the 7 days of the training. A pre-training test was done by the participants present. For smooth running of the activities, a timekeeper, team leader, spiritual leader and the person in charge of energizers were selected.

Note:

On day 2, the training was half day and it ended at 12:00 pm since participants were to go for Jumaa prayers and needed a break. Participants were encouraged to go Galkacyo South Hospital SC for individual practice sessions after the Jumaa prayer. Quite a number of them went for the individual practice sessions in Galkacyo South hospital SC.

8.1.2 Module 1: Introduction to and basic components of IMAM

The facilitator (Dr Abukar-FMOH Nutrition officer) introduced the aim of this topic for the participants to understand the importance of treating acute malnutrition, basics of IMAM approach, Key HR in the SC and their roles, and key equipment, tools and supplies for the SC. The facilitator displayed on the wall the flow of IMAM based treatment of acute malnutrition, then divided members in to 3 groups based on their sitting arrangement for discussion. After 10 minutes, each group team leader presented the admission criterion of SC, OTP and SFP and their interrelationships.

8.1.3 Module 2: Principles of Care.

The facilitator (Dr Abdinasir- IMC Health Officer) presented the participants the objective of the topic, which was emphasizing on identification of SAM with complications, essential components of care, what to do in the SC and why. Under this session, the facilitator covered the following:

- Definition of undernutrition
- Assessing for severe wasting.
- Admission criteria for children and infants
- How physiology of acute malnutrition affects care of the malnourished child
- Introduction to SCs
- Overview of the essential components of care
- Important things not to do and why in the Stabilization center.

The facilitator started the session with open discussion by asking the participants; what kind of children can be admitted in the SC? Why are malnourished children more at risk of death than well-nourished sick children? Why must we give antibiotics to all malnourished children even when they do not have any clinical signs of illness?. With aim of knowing if the participants knows the admission criteria of SC, that malnutrition is leading cause of mortality of under 5 children and antibiotics to be given all SAM children even if not presented any clinical sign.

After covering the session on anthropometric measurements- measuring MUAC, Weight, Height and length and how to calculate Weight for Height (WFH) to determine the Z-score. The facilitator gave group work exercise to the participants on calculating WFH Z-scores by giving case studies to work on. The team were divided into 4 groups and each group was given 2 case study to work on. After the group discussion, each group presented the cases given to them to the rest of the participants.

8.2.4. Additional Module: GBV Risk mitigation for nutrition programmes and psychosocial support.

The facilitator (Siyad- FMOH Nutrition Coordinator) introduced the aim of this topic to the participants for them to understand the general introduction to GBV and risk mitigation, why GBV and nutrition?, identifying potential GBV risks linked to nutrition programming and safety and ethical considerations. After the session, the facilitator shared case study to the participants which was “two weeks ago, a health clinic operating in an IDP camp provided treatment to 1 survivor of sexual violence. Last week, the same clinic treated 5 survivors of sexual violence.” And give 3 option to choose based on their understanding to the case study. 13.0% of the participant choose Option A. which was “this a good sign. It means that the community’s trust in service providers has increased and referral pathways are functioning”, 8.7% choose Option B. which was “this is a bad sign. It means that the overall rate of GBV has increased and/or prevention measures are less effective than before”, 17.4% choose both Option A and B while 52.2% choose option C, which was “It is not possible to conclude whether this is a good sign or a bad sign based only on the information provided” and was the correct answer.

8.2.5 Module 3: Initial management

The facilitator (Dr Abdinasir-Health Officer) introduced to the participants the aim of the session and was to ensure the participants are able to recognize the danger signs, understand different phases of care in the SC, systematic antibiotics and other treatment, identification and management of key complications and preparation of ResoMal.

Under this session the facilitators covered the following; Initial assessment in the SC, points to consider during emergency treatment, phases of care, Systematic antibiotics and other treatments in phase 1, treatment of malaria in phase 1, diagnosis, prevention and treatment of Dehydration and monitoring of rehydration, Common causes shock in the SAM child, treatment and monitoring of Shock, signs, prevention and treatment of hypoglycemia, prevention and monitoring of severe Anemia, management of fever, emergency eye care, and different types of skin lesions, their prevention and treatment.

Under this module the facilitator gave different case studies to the participants for group work discussions. For example, 1 of the case studies was on severely malnourished who has hypoglycemia, hypothermia and mild dermatosis and not having any sign of shock. The participants were to provide, 2 antibiotics that should be given that child, the route to administer those antibiotics, in each drug, listing the formulation to be used and determining the dose of each antibiotic to be given the child and also, another one was on SAM child who arrived at the SC from OTP and with a weight of 5.5 kg

and had diarrhoea for 2 days, and was estimated that he lost 3% of his body weight was provided to the participants to determine the target weight and MLs of ResoMal to be give this child at start.

8.2.6 Module 4: Feeding

The facilitator (Dr Sadak- IMC Nutrition Officer) introduced to the participants the aim of the session for them to understand how to prepare therapeutic milks, feeding children in phase 1 and transition, feeding severely malnourished children aged less than 6 months, planning a feed for the ward and re-feeding syndrome.

The facilitator covered the following during this session; Preparation of therapeutic milks, Feeding children in phase 1, Feeding children with diarrhoea and vomiting, Nasogastric feeding, Feeding children in transition, How to do an appetite test, Feeding sessions, Feeding severely malnourished children aged less than 6 months, Supplementary suckling technique, Planning a feeding for the ward and Re-feeding syndrome.

After covering the supplementary feeding technique session, the facilitator displayed a video on how to use a supplemental nursing system on the wall for the participants to watch on how supplementary suckling is done.

Also the facilitator divided the participants to four groups and each group was given 1 case study to work on, for instance, 1 group was provided case on a child who refused to eat RUFT during the test in the transition phase. He was then given F-100. He eagerly took six 4-hourly feeds of 110 ml F-100. He mother says that he wants more at each feed. She asks if she can give him more. The participants were asked, should he be given larger feeds of F-100, what the nurse should explain to the mother and on the next day what feed should the nurse offer to the child.

8.2.7 Module 5: Daily care

The facilitator (Dr Abdinasir) introduced to the participants the aim of the session for them to comprehend the activity flow in the SC, 10 steps for inpatient management of SAM, handling a SAM child, caring for skin and bathing, giving the prescribed antibiotics and other medications, caring for eyes, monitoring pulse, respiration, temp and danger signs, providing continued care at night and daily weighing and maintaining the weight chart.

The facilitator gave group work exercises to the participants on this session. For instance, a child crying after an intramuscular (IM) injection. The mother appears upset and uncertain what to do. The participant were given time to discuss on what to do in 3 groups. Another one was, a child was found to only have pus and inflammation signs on his eyes. The child has not had a dose of vitamin A in the last month. So the participants were asked, on what days should this child receive vitamin A and what eye drops should be given, if any.

8.2.8 Module 6: Monitoring, Problem Solving and Reporting

The facilitator (Khadija-FMOH CMAM focal point) introduced to the participants the aim of the session of them to understand on how to identify problems by monitoring individual patient progress, weight gain and care, overall weight gain on the ward, patient outcomes (recovery, referral, death), case-fatality rate for the ward, food preparation, investigation of causes of problems, failure to respond to treatment and tracking of indicators performance and reporting.

The facilitator started the session for a brainstorming questions, by asking the participants, what aspects should be observed during a ward round, when looking at the weight chart what should one look for and what aspects are looked at when reviewing the CCP and feeding chart.

The facilitator gave several group work exercise to the participants to discussion in groups. The exercises was focusing on how to calculate weight gain in the ward, knowing if the child is progress as required based on the weight gain, what to do if the child is not progress as required and identification of causes to failure to respond in a treatment.

Participants engaged in case studies on filling registers, charts, cards etc.

8.2.9 Module 7: Involving Mothers in Care

The facilitators (Dr Ayan-FMOH IYCF officer) introduced to the participants the aim of the session of them to understand how to encourage mothers/caregivers to be involved and preparing mothers/caregivers for discharge and continued care after discharge.

Facilitator divided the participants in groups for them to present their discussion on; ways to encourage mothers and other family members to be involved and factors that hinder involvement of mothers and other family members:

The facilitator organized role play session on teaching a mother to feed. 2 group volunteered themselves for the role play. In each group, 1 was acting Nurse, 1 Mother and another 1 observer. After the role play, the participants were asked the following questions; how did it go? How would you feel if you were the mother in this situation? And how did the nurses encourage or discourage the mother?. The facilitator started the session on brainstorming question which was asking participants what are some of the appropriate diet and feeding information will you give to mother/caregiver whose child discharged from SC.

The facilitator divided the team into groups and gave them two question to discuss, which was In your hospital, what will mothers be taught about feeding children at home?, what mixtures of foods will make good meals in your area?, what will be the main messages taught about feeding?, will you need more information before deciding what to teach? And what information is needed and how will you get it?

8.2.10 Module 8: Other management aspects

The facilitator (Dr Nadar- FMOH HMIS officer) introduced to the participants the aim of the session of them to understand care for mothers/caregivers, transportation of SAM patients, coordination among the partners on referrals and WASH facilities in the SC.

The session was interactive decision among the participants and the participants exhaustive discussed all the topics with guidance of the facilitator.

The facilitator requested each participants to list support they need for the international partners in their operational sites for the cluster to reach out to them. The participants listed the following; provision on-job training and/or supervisory support, support on access tools, equipment (MUAC tapes, height boards, and scales), nutritional supplies, reporting tools, and drugs. Some of these SCs do not have the basic items needed in a SC, support the start of GMP given the poor community outreach (in most areas this is non-existent), support the WASH component either through infrastructure or soft components of WASH-in-Nutrition, study tours/exchange visits to their SCs, provision of medical equipment that may not be availed through current funding e.g. oxygen concentrators, heaters, wall

thermometers, glucometers etc and establishment of OTPs near these SCs thus ensuring a continuum of care.

8.2.11 Module 10: Action Plan development

Participants were then asked to form groups based on their Districts and develop action plans for implementation of Inpatient Management of SAM with Medical Complications within Stabilization Centers. The Lead facilitator IMCs Nutrition Manager Ahmed Elyas supported by Nutrition cluster HMIS Dr. Hashim took them through the process of developing an action plan as follows; What is an action plan? Action plan is a sequence of steps that must be taken, or activities that must be performed well, for the strategy to succeed. The action plan includes: Objectives, Activities, Responsible person, Resources, time/period and indicators to measure the performance.

The participants were asked to form groups based on their districts and develop action plans for implementation of Inpatient management of SAM with medical complications within their supported Stabilization centers. Each districts develop their own specific action plans as attached in the annex 8

9. Clinical field practical session.

After every Module, there was clinical field practical sessions organized for the training participants for them to do the actual practice line with 6 visits recommended by the WHO training package. Prior to the hospital visits, participants were divided into 5 groups. Plenary sessions to share feedback and make clarifications were held at the end of each visit either at the SC or at the training venue. A brief how to go about the hospital visit (logistics) to Galkacyo South Regional Referral Hospital was discussed on day 1 by the SC visits activity lead (Dr. Bashir, the SC Doctor for International Medical Corps). The participants were divided into 5 groups as shown below:

- Group A - 6 participants led by 2 facilitators (Dr Bashir and Ayan).
- Group B - 6 participants led by 2 facilitators (Dr Sadak and Abukar)
- Group C - 5 participants led by 2 facilitators (Dr Abdilatif and Nadir)
- Group D - 5 participants led by 2 facilitators (Dr Khadija and Wehliye).
- Group E- 5 participants led by 2 facilitators (Dr Abdinasir and Siyad).

Day 1 SC Visit: Tour of ward(s).

The first day visit was general tour of the SC- quick visit of the OTP, the SC phases, Admission/triage area, staff on ground, to see successfully treated cases in the SC and specials cases, WASH facilities in the SC, Hospital kitchen, to show the various equipment and tools used in the SC and Child friendly space/Health education.

Day 2 SC Visit: clinical signs

The participants were taken through the activities to be done in the SC visit and the order of the clinical practice sessions. Day 2 SC visit was on the participants to do practically the measurement of MUAC, weight, Height/length, calculate WFH Z-scores, doing clinical assessment to the children in the SC and assessing bilateral pitting Oedema. After the SC visit, feedback was given to the participants to their lead facilitators.

Day 3 SC Visit: initial management

The participants were taken through the activities to be done in the SC visit and the order of the clinical practice sessions. Day 3 SC visit was on the participants to observe initial management of severely malnourished children who have medical complications. 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 and practicing on; take rectal temperature, give bolus of glucose for hypoglycemia, warm the child, give first feed and assess need for eye care.

Day 4 SC visit: initial management and feeding

The participants were taken through the activities to be done in the SC visit and the order of the clinical practice sessions. Day 4 SC visit was on the participants to observe and do initial management on identifying signs of possible dehydration in a severely malnourished child, measure and give rehydration solution for malnutrition (ReSoMal), monitor a child on ReSoMal and determine antibiotics and dosages, Observe nutrition staff and nurses measuring and giving feeds and Practise measuring, giving, and recording feeds.

Day 5 SC Visit: Feeding

The participants were taken through the activities to be done in the SC visit and the order of the clinical practice sessions. Day 3 SC visit was on the participants to observe practically how feeds are mixed and measured, observing child on NGT, 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. After the field visit, the team came together in Galkacyo OTP waiting area, where every team presented their feedbacks.

Day 6 SC visit: daily care

Keep CCPs on children observed and cared for, participate in daily care tasks by measuring respiratory rate, pulse rate and temperature administer eye drops, antibiotics ,change eye bandages ,weigh child and record weight, observe and assist with bathing children, Assist with feeding (continued practice), monitor ward using checklist. Provide feedback on the good practices as well as on the areas that need improvement in the ward.



Figure 2 Participants in first day visit in the general tour of the SC.



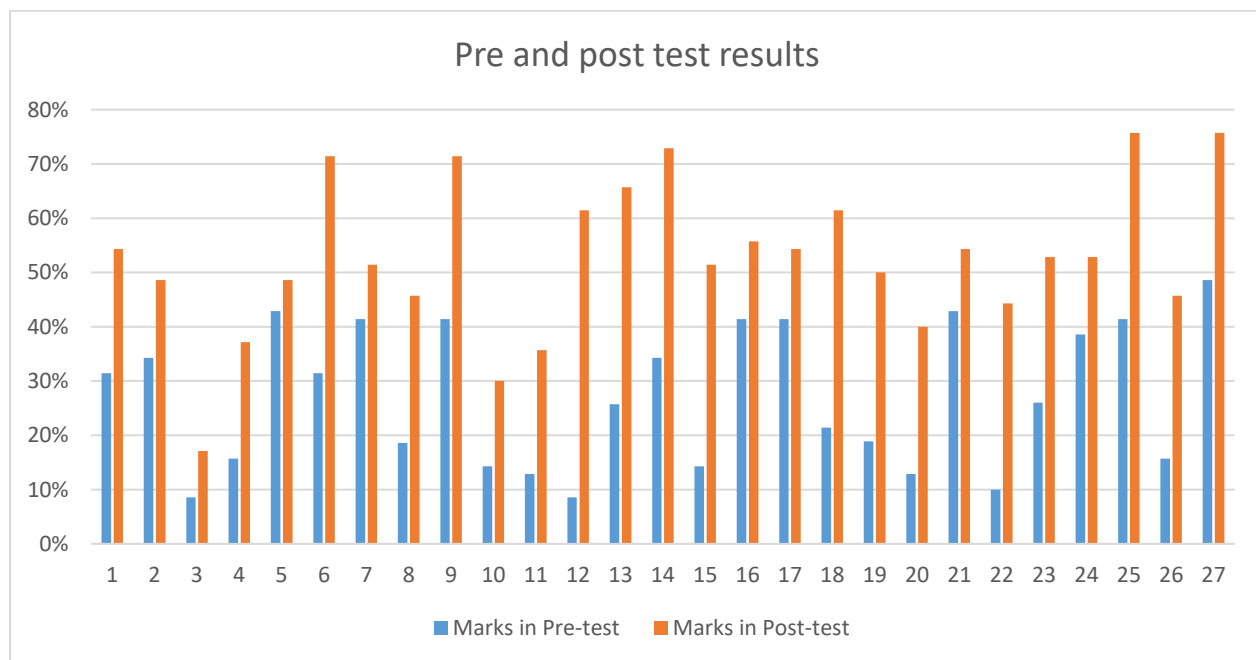
Figure 3 participants participate in daily care tasks by respiratory rate, pulse rate and temperature administer eye drops, antibiotics, change eye bandages, and weigh child and record weight.



Figure 4 Lead facilitators giving feedback to the participants during the SC Visit session.

10. Pre & Post Test result

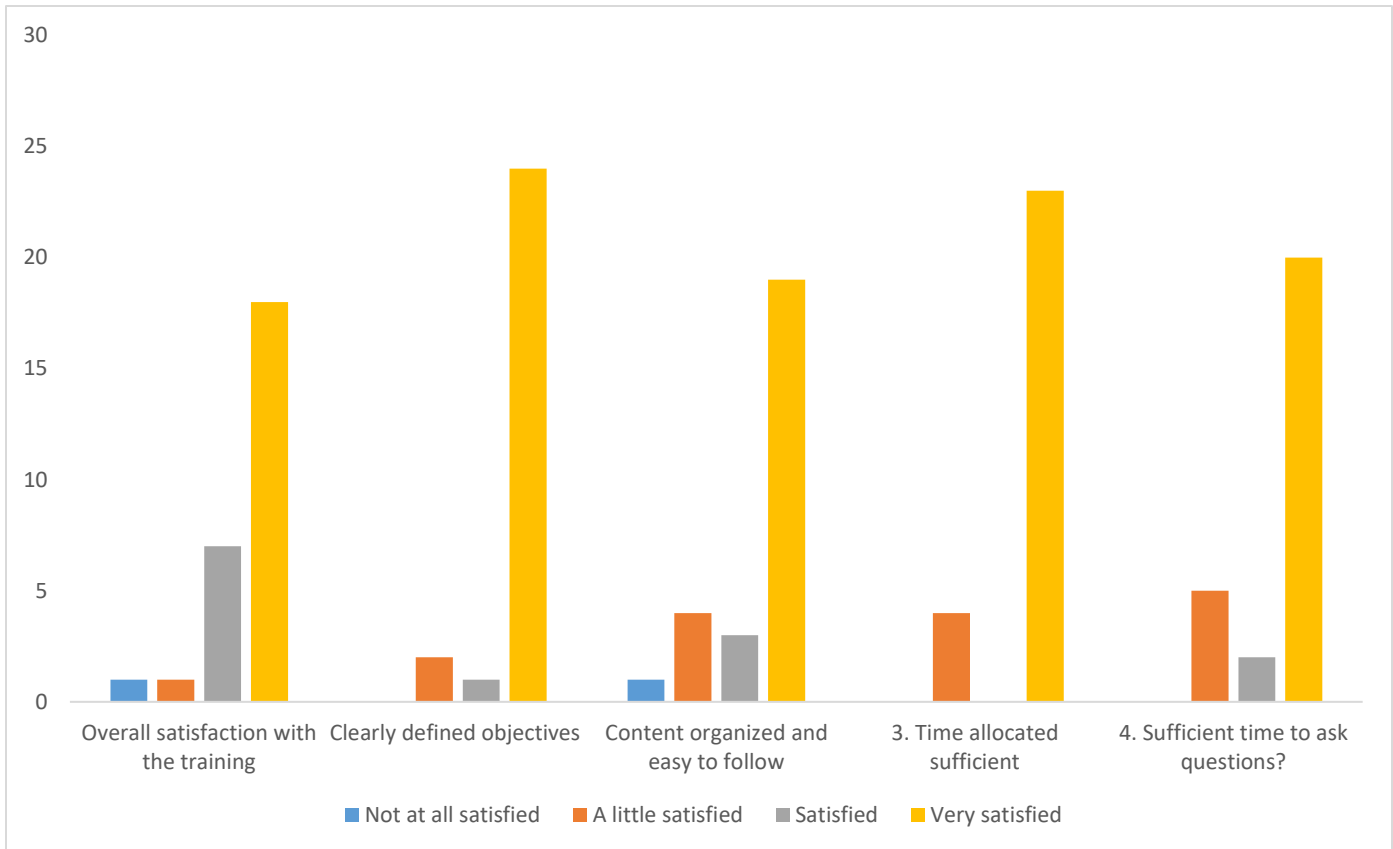
Pre-test was carried in the beginning of the training to gauge the level of the participant's knowledge. This was important as it formed the baseline for evaluating the immediate outcome in terms of knowledge and information transfer of the training. Post-test was also conducted on day 6 for the training in order to measure knowledge gained. The result of the pre-test was compared to the result of the post-test as presented in the graph below.



The training was attended by 27 participants. The participants average percentage mark in knowledge for the pre-test was 27% while in post -test it was 53.0% hence an average percentage increment of 25.6% marks between the pre-test and post-test and the high score shows that the training had a real impact to the participants. In the pre-test the lowest participants scored 9% while the highest scored 49% and for the post-test the lowest scored 17% while highest scored 76%.

11. Training Evaluation.

At the end of 7 days sessions, a post training evaluation was conducted to evaluate the effectiveness of the methodology used in the training, general content of the training, time sufficiency, application of information to their work and gathered information on improving future trainings. All the participants filled the training evaluation form. Outcomes from the evaluation are indicated in the graph below



Additional aspects shared by the participants:

- The most of participants mentioned following aspects that they liked most; Facilitators good facilitation skills and learnt a lot of knowledge from the training, SC visit in each module and practice practically and few mention; case studies group work.
- Training content liked most was session on initial management, Daily care and feeding modules.
- Areas of improvement: There is need to improve infection prevention control measure in the hotel, there is need of a daybreak in between the training period since 7 days consecutive is so tiresome and IMC to consider DSA for all the local and national nutrition partners staff in future similar training.
- Application of information/knowledge: Conduct refresher training to fellow SC staff, to improve milk preparation, feeding and anthropometric measurements in the center and conduct on job training to the SC staff.

12. Challenges, lessons learned and recommendations

12.1 Challenges

There were no challenges encountered during the training period.

12.2 Lesson learned

1. Most of local and national partners staff were never training before on inpatient management of severe acute malnutrition with complications in stabilization center.
2. Supporting the local and national partners staff on all the transportation cost and accommodation cost during the training period has resulted all the invited partners staff to attend the training. In the phase 1 training that was conducted last year, 5 partners staff has not attended as result of budget constraint to cover all the cost of the training.
3. Clinical practice sessions in Galkacyo South Stabilization Centers was peer learning session for the participants. Most of participants prepared action points for things they learnt from Galkacyo South SC for them to action in their SCs. Continues On-job training and peer to peer learning will strengthening the capacity of local and national partners to set up and run stabilization center in line with national and international guidelines.

12.3 Recommendations

1. Both in Phase 1 and Phase 2 trainings targeted only South Central Somalia local and national partners, there is need of training local/national partners running stabilization centers in Somaliland to strengthening their capacity in managing SAM with complication in line with national and international guidelines.
2. In the future, IMC should consider covering Daily subsistence allowance (DSA) for all the local/national partners staff attending the training since most of local partners has no financial capacity to cover those cost to their staff.
3. UNICEF and WHO to support Stabilization center run by local NGOs with all the nutrition supplies and equipment since most of the centers has reported supplies stock out of some items and equipment

13. Official closure

The training was officially closed at 5.00pm with a word of prayer by the training Spiritual Leader and closing remarks from the Assistant ministry of health- Mohamed Mohamud, Nutrition cluster- Hashim, IMC field site manager-Cabdullahi and UNICEF- Bashir shire.

14. ANNEXES

Annex 14:1 Training photos



Figure 5 Galmudug ministry of health assistant minister and UNICEF Nutrition focal point Galmudug giving remarks during the official closure of the training.



Figure 6 Participants in daily recaps session before the day session starts



Figure 7 Assistant minister of health and IMC Field site manager giving training certificate to the participants during the training closure



Figure 8 Training facilitators facilitating training modules



Figure 2 Participants in first day visit in the general tour of the SC.



Figure 3 participants participate in daily care tasks by respiratory rate, pulse rate and temperature administer eye drops, antibiotics, change eye bandages, and weigh child and record weight.

Annex 14.2: Participants attendance list.

S/N	Participants Name	Designation	Organization	District
1	Halimo Shiek Ahmed	Nurse	HIDIG	Raaphdure
2	Sucado Gudow Hassan	Sc Nurse	GRRN	Tayeeglow
3	Harun Idris Jelle	Doctor	WARDI	Hamar Jaabjab
4	Shamso Muse Hashi	Martini	MoH	Hamar Jaabjab

5	Hassan Abdirashid Abib	Clinical Officer	ISDP	Bossaso
6	Abdullahi Mahamed Liban	Clinical Officer	MARDO	Berdale
7	Mohamed Ibrahim Moalim	SC. Supervisor	BTSC	Buur Hakaba
8	Abdullahi Mohamed Muktar	Clinical Officer	MARDO	Dinsoor
9	Mohamed Bishar Mohamed	SC Nurse	URRO	Qensahdere
10	Anab Sheikh Omar Isse	SC Nurse	KA AH	Guriceel
11	Hassan Farah Jama	Doctor	HIRDA	Baardheere
12	Abdirahman Mohamed Mohamud	Clinical Officer	ADA	Ceel Waaq
13	Roodo Hassan Elmi	Nutrition Officer	WARDI	Belet Weyne
14	Dr Mohamed Gedi Ahmed	SC Doctor	WASDA	Afmadow
15	Dr Abdirisaaq Mohamed Mohamud	Doctor	New Ways	Berawe
16	Omar Hassan Omar	Doctor	AYUUB	Qoroyoley
17	Dr.Maryan Abdullahi Nur	Doctor	New Ways	Wanla Weyn
18	Naciimo Mukhtar Mohamed	Medical Doctor	AYUUB	Marko
19	Abukar Mohamed Aden	Medical Doctor	Mercy USA	Bulo Burto
20	Dr Mohamed abulkadir mohamed	Banadir	MOH	Wadajir
21	Nimo Abdi Hassan	IYCF cunsellor	HMOH	Jowhar
22	Mowlid Haji Mohamed	Qualified Nurse	HMOH	Jowhar
23	Ahmed Mohamed Ali	Qualified Nurse	HMOH	Jowhar
24	Raho Subie Hussein	Qualified Nurse	HMOH	Jowhar
25	Hawa Hassan Abdulahi	Qualified Nurse	HMOH	Jowhar
26	Khadija Ali Gedi	IMAM Focal Piont	FMOH	Mogadishu
27	Dr Ayan Mohamed Osman	Nutrition officer	FMOH	Mogadishu
28	Nadir Abdirahman Kasim	Nutrition officer	FMOH	Mogadishu
29	DrAbukar Ali Sabriye	Nutrition officer	FMOH	Mogadishu
30	Amina Ahmed Ibrahim	Nutrition officer	FMOH	Mogadishu
31	Siyad Suleyman Omar	Nutrition officer	FMOH	Mogadishu
32	Mohamud Jama Mohamud	Nutritiion Officer	UNICEF	Galkacyo
33	Hashim Aden Jelle	Information Management Officer	Nutrition cluster	Mogadishu
34	Abdulkadir Hassan Wehlie	SC doctor	HMOH	Jowhar
35	Sadik Mohamed	Sub cluster Nutrition officer	Nutrition cluster	Kismayo
36	Dr Sadak Yussuf Ali	Nutrition officer	IMC	Galkacyo
37	Dr Abdinasir Hassan Ibrahim	Health officer	IMC	Galkacyo
38	Dr Liban Abdulkadir Ibrahim	Regional Medical Officer	GMOH	Galkacyo
39	Abshir Mohamed Kulmiye	Regional Nutrition Officer	GMOH	Galkacyo
40	Faiza Ahmed Mohamed	SC supervisor	IMC	Galkacyo
41	Mohamed Khalif Jama	HMIS officer	GMOH	Galkacyo

Annex 14.3: Training timetable

Time	Session	Facilitator
Day 1: 25th May 2023		
8:00- 8:50	Session 0: Opening and Introduction to the training, and breaking the ice <ul style="list-style-type: none"> – Official opening – Getting to know each other – Setting the learning environment (norms, Admin and logistics) – Sharing expectations 	Elyas Khadija, Martha
8:50- 9:00	Introduction to the GNC-TA TST	Martha
9:00 – 9:20	Objectives of the training and review of the training agenda	Martha
9:20 – 10:00	Pre- test	Martha
10:00 – 10:30	Tea Break	
10:30 – 11:30	Day 1 Visit to the SC: Facility visit	Abdinasir
11:30 – 12:30	Session 1: Introduction to inpatient care of AM (importance of acute malnutrition treatment, basics on IMAM, Admission and discharge criteria)	Abukar +Martha
12:30 – 01:30	Lunch break	
01:30 – 02:30	Session 2: Introduction to inpatient care of AM- Key HR and roles, Key equipment, tools and supplies	Khadija +Siyad
02:30 – 03:30	Session 3: Principles of care- identification of SAM with complications, Essential components of care, what to do in the SC and why	Dr. Sadak and Dr. Bashir
03:30 – 04:00	Prayer and tea break	
04:00 – 05:00	Session 3: Principles of care- identification of SAM with complications, Essential components of care, what to do in the SC and why	Dr. Sadak and Dr. Bashir
Day 2: 26th May 2023		
8:00- 08:30	Arrival and recap of day 1	Ayan
8:30- 09:30	Session 4: Initial management- Principles of triage, triage activities and tools.	Dr. Abdinasir and Dr. Bashir
09:30- 10:00	Session 4: Initial management- Phases of care (what, feeds, transition from one phase to another)	Dr. Abdinasir and Dr. Bashir
10:00 – 10:30	Tea Break	
10:30- 12:30	Day 2 visit to SC: Observing and identifying clinical signs	Group leads
12:30 –end	Lunch break and rest	
Day 3: 27th May 2023		
08:00- 08:30	Arrival and recap of day 2	

08:30- 10:00	Session 4: Initial management- Identifying and treating complications	Abdinasir + Wehliye
10:00 – 10:30	Tea Break	
10:30- 11:30	Session 4: Initial management- Identifying and treating complications.	Abdinasir +Wehlie
11:30- 12:30	Session 5: Feeding- formula milks/ RUTF/ recipes, determining what feeds to give-phase, amount, transitioning. Appetite test (why, how when), planning and recording feeds, *re-nutrition syndrome*	Sadaq +Abdiladif
12:30 – 01:30	Lunch break	
01:30 – 03:30	Session 5: Feeding- Appetite test (why, how when), planning and recording feeds, *re-nutrition syndrome*	Sadaq +Abdiladif
03:30 – 04:00	Prayer and Tea break	
04:00 – 05:00	Day 3 visit to SC: Feeding and other processes	Group leads
Day 4: 28th May 2023		
08:00- 08:30	Arrival and recap of day 3	
08:30- 10:00	Session 6: Daily care- Patient flow, what to monitor, completing and interpreting information recorded daily (graphs, feeding charts)	Bashir +Abdinasir
10:00 – 10:30	Tea Break	
10:30- 12:30	Session 6: Daily care- Giving treatment, bathing malnourished children, following up children with feeding difficulties.	Bashir +Abdinasir
12:30 – 01:30	Lunch break	
01:30- 03:00	Day 3 visit to SC: Initial management and daily care	Group leads
03:00- 03:30	Open session and parking lot review	All
03:30 – 04:00	Prayer and Tea break	
04:00- 04:30	Open session and parking lot review	All
Day 5: 29th May 2023		
08:00- 08:30	Arrival and recap of day 4	
08:50- 10:00	Session 7: Monitoring and problem solving- Identifying feeding challenges and management Failure to respond to treatment	Khadija + Martha
10:00 – 10:30	Tea Break	
10:30- 12:30	Day 5 SC visit: Daily care and play sessions	Group leads
12:30 – 01:30	Lunch break	
01:30- 03:00	Session 7: Monitoring and problem solving- case studies	Khadija +Martha
03:00- 03:30	Session 8: Involving mothers- Stimulation and play (importance, care, physical activity)	Ayan + Abdinasir
03:30 – 04:00	Prayer and Tea break	
04:00- 04:30	Session 8: Involving mothers- Stimulation and play (importance, care, physical activity)	Ayan + Abdinasir
Day 6: 30th May 2023		
08:30- 08:50	Arrival and recap of day 5	

08:50- 10:00	Session 8: Involving mothers- How to get mothers involved, discharge process	Abdinasir + Abukar
10:00 – 10:30	Tea Break	
10:30- 12:30	Day 6 Sc visit: Feeding sessions and other aspects	
12:30 – 01:30	Lunch break	
01:30- 03:30	Session 7: case studies on filling registers, charts, cards etc.	Martha+ Khadija
03:30 – 04:00	Prayer and Tea break	
04:00- 04:30	Posttest and prep for day 7	
Day 7: 31st May 2023		
08:30- 08:50	Arrival and recap of day 6	
08:50- 10:30	Session 9: Other management aspects-feeding, care for caretakers, Transportation of patients, Hygiene and sanitation, death audits, daily engagement with caretakers etc.	Elyas +Nadir
10:30 – 11:00	Tea Break	
11:00- 12:30	Session 10: Action plan development	Elyas + Martha
12:30 – 01:30	Lunch break	
01:30- 02:30	Session 10: Action plan development	Elyas + Martha
02:30- 03:30	Final feedback and closure of the training	All facilitators +RMO +IMC

ANNEX 14.4: CLINICAL PRACTICE SCHEDULE

Date and period	Group A	Group B	Group C	Group D	Group E
Facilitators	Dr Bashir and Ayan	Dr Sadak and Abukar	Dr Abdilatif and Nadir	Dr Khadija and Wehliye	Dr Abdinasir and Siyad).
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	Clinical assessment including eye signs, skin changes Assessing for oedema Measure MUAC Measure weight Measure Height/length Calculate Z-scores	Clinical assessment including eye signs, skin changes Assessing for oedema Measure MUAC Measure weight Measure Height/length

			Assessing for oedema		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 	<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 <ul style="list-style-type: none"> Observe care given for new admissions Fill in the CCP chart Take temperature 	Look for new admissions <ul style="list-style-type: none"> Observe care given for new admissions Fill in the CCP chart Take temperature 	Look for new admissions <ul style="list-style-type: none"> Observe care given for new admissions Fill in the CCP chart Take temperature 	Look for new admissions <ul style="list-style-type: none"> Observe care given for new admissions Fill in the CCP chart Take temperature 	Look for new admissions <ul style="list-style-type: none"> Observe care given for new admissions Fill in the CCP chart Take temperature

	<ul style="list-style-type: none"> •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"> • 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"> •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"> •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"> •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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Annex 14:5 ACTION PLANS

1. Bardaale SC

Objective	Activity	Sub-activity	Responsibility activity	Existing Responsibility	Resource needed	Responsible person	When
Capacity building	Staff training	Inpatient Management training SC	Doctor	NA	Budget	HIRDA	ASAP
To expand HR in SC	To hire new staff	To increase SC staff nurses, IYCF	HIRDA	NA	Budget	UNICEF	Next year
SC inpatient food	To provide SC caretaker food preferable	SC caretakers local preferable like rice, pasta, injera,	WFP	Yes	Available	WFP	ASAP
To enhance SC transportation and strengthen Referrals	To rent/hire transportation car	One ambulance	HIRDA	NA	Budget	HIRDA	ASAP

2. AYUB Marka

Objective	Activity	Sub-activity	Responsibility activity	Existing Responsibility	Resource needed	Responsible person	When
Capacity building	Staff training	On job training	DR Naima	Hall, staff, tools	Time	Ayub	ASAP
SC Capacity building	Staff training	IMAM training	Ayub	NA	Budget	Ayub	October
Patient motivation	Patient meal	Inpatient food	Ayub	Kitchen	Dry food	Ayub	June

3. Ayub Qoryoley

Objective	Activity	Sub-activity	Responsibility activity	Existing Responsibility	Resource needed	Responsible person	When
Capacity building	Staff training	On job training	Omar	Hall, staff, tool	Time	Omar	June
Capacity building	Staff training	IMAM training	Ayub	Staff	Budget	Ayub	October

4. Guriceel

Objective	Activity	Sub-activity	Responsibility activity	Existing Responsibility	Resource needed	Responsible person	When
To improve anthropometric measurement	Ongoing	On job training all staff. Assigned different staff	Nutrition Supervisor	Staff, tool	Time	Inpatient ward	June
To improve the quality care training	Ongoing	Proper management, proper feeding,	Staff supervision needed, nutrition Officer	Tool, staff and space	Time plan	Inpatient ward	June
To fill the gap of staff	Ongoing	Hire new nurse and Advertise new staff	Supervisor and nutrition officer	3 nurses	3 extra nurse	KAAH and UNICEF	June
To improve integration	Ongoing	Relocation of OTP Istarlin	Nutrition Officer	SC staff, TSFP staff	OTP staff, IYCF staff	KAAH and UNICEF	June

		Hospital, Proper referral,					
To improve SC supplies	Ongoing	Advocate SC supplies kits from WHO,	Nutrition supervisor and Officer	Drugs, equipments	Enough SC medical Supplies, enough medical equipment for SC	KAAH, UNICEF, WHO	June

5. GAS SC

Objective	Activity	Sub-activity	Responsibility activity	Existing Responsibility	Resource needed	Responsible person	When
To improve anthropometric measurement	Ongoing	On Job training, Weight, Height taking, Oedema observation	All staff in SC, Supervisor	Tool, Staff	Dedicated screener for SC	IMC/MOH	ASAP
To fill staff gaps	Ongoing	Hiring new nurse	Nutrition manager	4 nurse not enough	1 nurse	IMC/MOH	ASAP
To improve care quality	Ongoing	Proper monitoring, proper card filling, patient cards, Hygiene	Supervisor, nurse and Doctor	Staff, tool, cleaning materials,	Time	Inpatient ward	June
Communication	Ongoing	Monthly meeting, weekly meeting, conducting awareness, supervision monthly	Nutrition Supervisor, DMO, MDO Hospital Director, nutrition Officer	Staff, space, time and budget	Time	IMC, MOH, MDO	Monthly
Enhance project impact	Ongoing	Success stories,	Nutrition supervisor, 1 OTP, SC IYCF success stories	SC Supervisor and IYCF counselor	Time	IMC	Monthly

Pear to pear learning	Ongoing	To send IYCF staff to other Partners	Nutrition Officer, PM	Staff and Budget	Time, Partner support	IMC	July
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6. Jowhar SC

Objective	Activity	Sub-activity	Responsibility activity	Existing Responsibility	Resource needed	Responsible person	When
To improve anthropometric measurement	Ongoing	Taking MUAC, height and Oedema	All staff	Staff, tool	Dedicated staff	IMC/MOH	ASAP
Improve hygiene and sanitation	New	Handwashing facilities, increase number of toilets, segregated gender	Nutrition and WASH Officers	Water,	Budget	IMC/MOH	ASAP
Capacity building	Ongoing	On job training, mentorship, Class training	Nutrition Officer and Supervisor	Space, staff, facilitator	Time plan and Budget	IMC	July
Quality care	Ongoing	Proper monitoring, proper feeding, proper documentation	Supervisor, MD and staff	Staff, tool	Time	Inpatient ward	ASAP
SC equipment	Ongoing	Medical equipment, Milk preparation	Nutrition Officer	Some items	Newplazer sanction machine	IMC/UNICEF	ASAP

7. Walaweyn SC

Objective	Activity	Sub-activity	Responsibility activity	Existing Responsibility	Resource needed	Responsible person	When
Capacity building	Ongoing	On job training	Maryam	Staff, hall, tool	Time	Maryam	June
Improve Record	Meeting	Weekly meeting minute	Maryam	Staff, hall	Time	Maryam	June

10. WARDI Community (Hamar Jajab)

Objective	Activity	Sub-activity	Responsibility activity	Existing Responsibility	Resource needed	Responsible person	When
Capacity building	Training SC staff	IMAM training	Dr Haruun	Hall, staff	Stationary, Hall, Refreshment	WARDI	Aug

11. Banadir Hospital

Objective	Activity	Sub-activity	Responsibility activity	Existing Responsibility	Resource needed	Responsible person	When
Staff increase	New	Hiring new staff, staff incentive, staff training	CONCERN WORLD WIDE, MOH Federal	Staff with no incentive	Financial	CONCERN WORLD WIDE, MOH Federal	Sep

12. BOSASO SC

Objective	Activity	Sub-activity	Responsibility activity	Existing Responsibility	Resource needed	Responsible person	When
Capacity building	Ongoing, New, staff training	IYCF training, inpatient training, on job training, IMAM training	Hassan	Staff,	Budget	MOH	Sep

13. Afmadow SC

Objective	Activity	Sub-activity	Responsibility activity	Existing Responsibility	Resource needed	Responsible person	When
Establishment Lab for SC	Provisional Lab training	CBC, lab test, Hep-B,C	WASD	No	Equipment, agents	CARE	ASAP
Strengthen Referral pathway	Ongoing	Ambulance, transportation allowance	WASD	No	Car and Cash assistance	CARE	Anytime

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14. Bardaale SC

Objective	Activity	Sub-activity	Responsibility activity	Existing Responsibility	Resource needed	Responsible person	When
Training	Calculation of drugs	Routine drugs oral	Dr	Routine Drugs	Syrings, water and injection	Pharmacist	June

15. Beletweyn SC

Objective	Activity	Sub-activity	Responsibility activity	Existing Responsibility	Resource needed	Responsible person	When
Capacity building	Staff training	On job training for SC staff IYCF, SST for children less 6 month	Rowda	IYCF guideline, screen	Nothing	WARDI	June
Capacity building	Staff training	SAM management with complication	Rowda	Guideline, tool	Budget	WARDI	June
Provision of SC equipment and tools	New	Provide tool and equipment to SC	Rowd	30 Beds, Oxygen, F100	Watch on the wall, lamination job aids, extra 10 beds	WARDI	July

16. Buulo Burte SC

Objective	Activity	Sub-activity	Responsibility activity	Existing Responsibility	Resource needed	Responsible person	When
Staff improvement	Staff training	On job training for all SC staff	Abukar	Guideline, all tools	Nothing	Abukar	October
Capacity building	Staff training	On job training for anthropometric measurement	Abukar	MUAC, Scale, Length and Z-score	Nothing	Abukar	June

Improve supply chain	Ongoing	Develop request supply forms	Health and Nutrition	Nothing	Budget	Health and nutrition officer	ASAP
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20. Tiyeeklow

Objective	Activity	Sub-activity	Responsibility activity	Existing Responsibility	Resource needed	Responsible person	When
Capacity building	Ongoing	IYCF, IMAM and inpatient training SC	Medical Dr	Staff, medical supply	Budget	Logistic and Health Officer	ASAP

21. URRO SC

Objective	Activity	Sub-activity	Responsibility activity	Existing Responsibility	Resource needed	Responsible person	When
Capacity building	Staff training	IMAM training	Supervisor	Staff, hall	Budget	Logistics	ASAP

22. Hudur SC

Objective	Activity	Sub-activity	Responsibility activity	Existing Responsibility	Resource needed	Responsible person	When
Capacity building	Staff training	IMAM, IYCF	Supervisor	Staff, tool	Budget	Logistic and nutrition supervisor	ASAP

