



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

DATES: 12th- 18th SEPTSEPT 2022

LOCATION: 5 STAR HOTEL, GALKACYO-GALMUDUG.



Participants Group Photo on the last day of the training

Technical support by: GNC-Technical Alliance.

Implemented by: International Medical Corps & Somali National Nutrition Cluster



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1. Introduction

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 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 Technical

Alliance - Technical Support Team (GNC-TA-TST) and International Medical Corps to train Local organizations and MoH 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 training

The training was organized and coordinated by International Medical Corps- Somalia Mission in collaboration with the Somali Nutrition Cluster. This was 7 days training using 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 BHA and Irish AID. The training was facilitated by 3 (1 female) Federal Ministry of Health staff and 1 Galmudug state MoH staff and supported by 6 International Medical Corps technical staff. All were backstopped by the GNC-TA-TST CMAM Advisor.

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. Training participants

The 7 days course was attended by 23 (22 male, 1 female) participants out of the expected 30 giving a 76.6% attendance rate. Participants were drawn from 15 local and National partners and 8 District MOH coming from 17 Districts namely; Kismayo, Dhobley, Afmadow, Bedhadhe, Elwak, Bardera, Qansadhere, Burhakaba, Baidoa, Xudur, Marka, Baladweyn, Balcad, Celbuur, Qandala, Abudwak and Buhodle. Among the participants were 8 doctors, 3 nurses, 5 Nutrition/SC supervisors, 1 Nurse in charge, 3 Nutrition officers, 1 Health and Nutrition manager and 2 Health and Nutrition coordinators. (See list of participants that attended in annex 2).

6. Training Methodology

The training facilitators employed varied methodologies 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.

7. Training proceedings

7.1 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 and
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

7.2: Modules

7.2.1 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 1 expectation. 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 as indicated below. 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.

1. Phones /Laptops/ E-mails - Phones on silent mode, no working on laptops during sessions.
 2. Active participation
 3. Minimal movement
 4. Respect other's opinion
 5. Maximum contribution from participants (vast experiences)
 6. Time keeping/punctuality
 7. Prayers at the beginning and end of sessions
- Participant who has questions and need clarification to raise his/her hand (No side talks).

Note:

On day 5, 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 and Galkacyo North hospital SC.

7.2.2 Module 1: Introduction to and basic components of IMAM

The facilitator (Dr Aweis- FMOH SC TOT training) 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.

7.2.3 Module 2: Principles of Care.

The facilitator (Khadija FMOH CMAM 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 the aim of knowing if the participants know 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.

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

The facilitator (Mohamed-IMC MPHSS officer) introduced the aim of this topic to the participants. The aim of the topic is to have a general introduction to GBV and risk mitigation, Importance of GBV in nutrition and identifying potential GBV risks linked to nutrition programming and safety and ethical considerations.

There were several discussions among the applicants on what GBV is and how it is perceived in the community. Important to note was that early marriages are not generally considered a risk to GBV. After a lot of exchanges among participants and support from the CMAM advisor,

7.2.5 Module 3: Initial management

The facilitator (Dr Aweis) introduced to the participants the aim of the session- 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 and examples to the participants for group work discussions.

7.2.6 Module 4: Feeding

The facilitator (Dr Bashir- IMC SC Nutrition supervisor) introduced to the participants the aim of the modules- 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 in order to cement the learning.

7.2.7 Module 5: Daily care

The facilitator (Dr Abdinasir) introduced to the participants the aim of the session- 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. The practical aspects were emphasized during the visits to the SCs

7.2.8 Module 6: Monitoring, Problem Solving and Reporting

The facilitator (Dr Karshe) introduced to the participants the aim of the session- 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 with brainstorming questions, by asking the participants, what aspects should be observed during a ward round, when looking at the weight chart what one should look for and what aspects are looked at when reviewing the CCP and feeding chart.

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

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

7.2.9 Module 7: Involving Mothers in Care

The facilitators (Dr Sadak) introduced to the participants the aim of the session- 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. Two groups volunteered themselves for the role play. 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 led a brainstorming session with questions on what some of the appropriate diet and feeding information is given to mother/caregiver whose child is being discharged from SC. Other questions included 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?

7.2.10 Module 8: Other management aspects

The facilitator (Ahmed Elyas- IMC Nutrition Manager) introduced to the participants the aim of the session- to understand care for mothers/caregivers, transportation of patients, coordination among the partners on referrals and WASH facilities in the SC.

The session was interactive. The participants and all facilitators had an exhaustive discussion, and all shared their experiences.

The facilitator requested each participant to list the support they need from the international partners in their operational sites for the cluster to reach out to them. Various support areas were requested for and they include: provision of on-job training and/or supervisory support, support on accessing tools, equipment (e.g 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.

7.2.10 Module 10: Action Plan development

Participants were tasked to develop an action plan. The Action plan was to be used as a framework for efficient and timely operationalization of the SCs, creating a roadmap of activities to engage in, resources needed and ensuring accountability

In groups based on their districts, participants developed action plans for implementation. The training supervisor and one MoH facilitator took them through the process of developing an action plan (which was a new experience for most). The action plans developed include; objectives, Activities, Responsible person, Resources, time/period and indicators to measure the performance. Specific action plans as attached in the annex 8.

8. SC visits.

There were 4 visits to the SC throughout the training period instead of the recommended 6 visits as per the WHO training package. This was due to time constraints and ongoing activities in the hospital. Prior to the hospital visits, participants were divided into 4 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 on 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. Abdinasir, the SC Doctor for International Medical Corps). The participants were divided into 4 groups as shown below:

- Group A - 6 participants led by 2 facilitators (Dr Sadak and Khadija).
- Group B - 6 participants led by 2 facilitators (Dr Abdinasir and Dr Liban)
- Group C - 6 participants led by 2 facilitators (Dr Bashir and Dr Karshe)
- Group D - 5 participants led by 2 facilitators (Dr Aweis and Mohamed Ahmed).

Visit day 1: 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 and to show the various equipment and tools used in the SC.

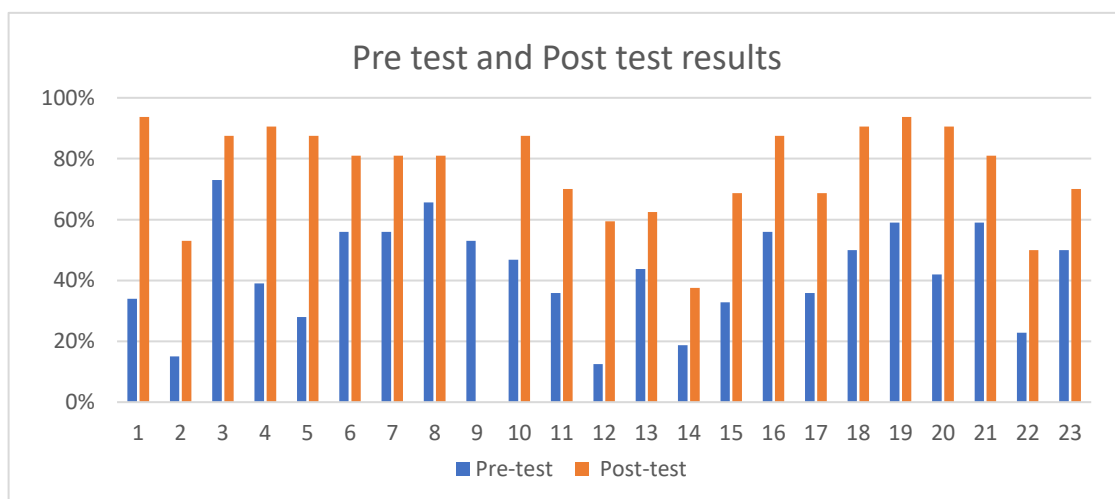
Visit day 2: The participants were taken through the activities to be done in the SC visit and the order of the clinical practice sessions. Participants practiced the measurement of MUAC, weight, Height/length, calculating WFH Z-scores, doing clinical assessment and assessing bilateral pitting Oedema.

Visit day 3: The participants were taken through the activities to be done in the SC visit and the order of the clinical practice sessions. Participants had practices on how feeds are mixed and measured, observing child on NGT, checking and filling feeding chart, identified a few children and reviewed feeding charts using the previous day information, some participants participated in the feeding of a child, engaging with the mothers while they are feeding, determining if there is need for **change in feeds** and observing play sessions.

Visit day 4: The participants were taken through the activities to be done in the SC visit and the order of the clinical practice sessions. Participants sought out new admissions in the SC and observed care being given to them, filled of CCP chart, took temperature, assessed the need of care, checked for signs of shock and dehydration. Other activities engaged in were how to warm a child, monitoring child on ResoMal and also reviewed how to and what antibiotics to give.

9. Pre & Post Test

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

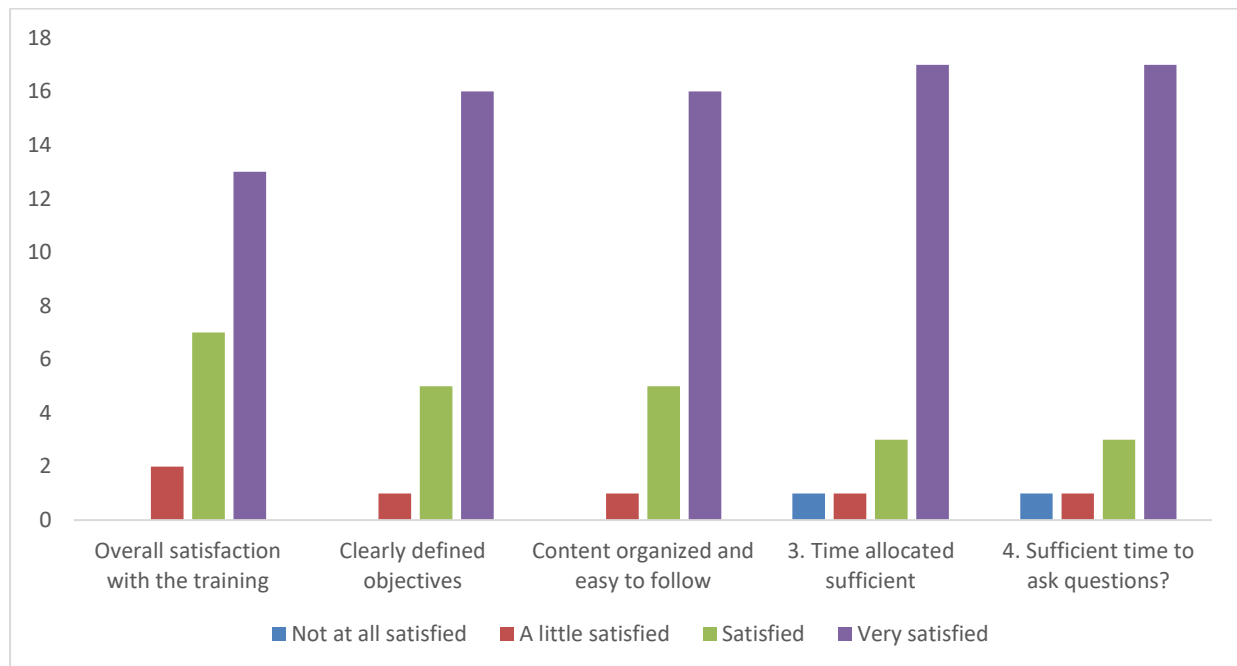


The training was attended by 23 participants. The participants average percentage mark in knowledge for the pre-test was 43% while in post-test it was 76.0% hence an average percentage increment of 33% marks between the pre-test and post-test and the high score shows real time increase in knowledge. In the pre-test the lowest participant scored 13%

while the highest scored 73% and for the post-test the lowest scored 38% while highest scored 94%.

10. 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 except 1 participant who was sick during that session. Outcomes from the evaluation are indicated in the graph below



Additional aspects shared by the participants:

- Participants appreciated the training methodology used and clinical practical sessions and the daily recaps.
- Training content liked most was the modules on feeding care and initial management.
- Areas of improvement: more time to be allocated to clinical practical sessions, giving more time to group work exercises, increasing days of the SC visits, improving training meals and considering training venue hygiene specially toilets in future trainings.
- Application of information/knowledge: most participants mentioned carrying out trainings for fellow staff, on-job training and ensuring protocols are followed and conducting effective supervision by identifying gaps and making recommendations or engaging in activities to improve service delivery.
- Need for refresher trainings in future and provision of on-job training

11. Challenges, recommendations and lessons learned

11.1 Challenges.

There was no major challenges encountered during the implementation of the training. Only those 5 partners who were to attend the training didn't attend with unclear reasons representing 25% (5/20) of the total partners intended for the training.

11.2 Recommendations:

1. Scaling up of this training to more local and national partners running stabilization centers in the country to ensure standard set up of Stabilization centres and management of SAM with medical complications in line with national and international guidelines.
2. Give the security situation in Mogadishu, the training was moved to Galkacyo. The relative calm security in this area allowed for flexibility and easy movement to and from the SC. It is thus recommended that future trainings are held out of Mogadishu in areas where movement is relatively easy.

12.3 Lessons learnt.

Clinical practice sessions in Galkacyo South Stabilization Centers was peer learning which helped participants to experience the real activities. Most of participants prepared action points based on what learnt from Galkacyo South SC. Continuous On-job training and peer to peer learning will strengthen the capacity of local and national partners to set up and run stabilization centers in line with national and international guidelines.

13. Way forward:

1. All partners trained to cascade the training to their staff at their Districts.
2. All partners in collaboration with District MoH to implement priority areas in their action plans and Liase with the Somali National Nutrition Cluster for any support.
3. The Action Plans will form a baseline for implementation of the impatient Management of Severe Acute Malnutrition with Medical Complications status in their Districts.
4. An On-the-job training and mentoring will be conducted by International Medical Corps Technical Staff (Training Facilitators) for partners in each of their Districts - when Security allows. This will accelerate the implementation status in the country.

14. Official closure

The training was officially closed at 4.00pm with a word of prayer by the training Spiritual Leader. Participants took group photos at the end of the training.

15. Annexes:

Annex 15.1: Training Photos



Figure 1: Participants doing group work exercise



Figure 2: participant's practicing how to take clinical examination for child admitted in the SC during SC visit



Figure 3: Facilitators showing the participants how to mix and measured therapeutic milks during the SC visit.



Figure 4: facilitators doing briefing for the participants after SC visit

Annex 15.2: Participants Attendance

Sheet.

No	Name	Districts	Organization	Designation/position
1	Dr. Abdi Mahad Farah	Buhodle	NODO	Medical Doctor
2	FEISAL OSMAN NOOR	Afmadow	SFH	Nutrition officer
3	Abdikadir Mohamed Saleban	Qandala	ISDP	Medical doctor
4	Kasim Osman Said	Marka	AYUUB	Health and Nutrition coordinator
5	Khadar Abdirashid mursal	Baladweyn	Mercy USA/MOH	Nutrition supervisor
6	Yasin Abdirahman Fodey	Bedhadhe	SORDES	Medical Doctor
7	Dr Ismail Ali Omar	Balcad	SOS	Doctor in charge
8	Tahni Salad Aden	Celbuur	KAAH	SC supervisor
9	Yusuf Ali Hussein	Xudur	HIDIG	Medical Doctor
10	Abdikadir mohamed mohamud	Dhobley	Alight	SC Nurse
11	Dr. Mohamed Abdullahi yussuf	Elwak	HDC/MOH	Medical Doctor
12	Abdalla Mohamed Abdullahi	Afmadow	WRRS	Health and Nutrition Manager
13	Dr Abdikhalaq Abdullahi	Kismayo	SOS	Medical officer
14	Hussein Moalim Abdillahi	Qansadheere	SAMA	Nutrition supervisor
15	Mahbub Dahir Hussein	Burhakaba	BTSC	Program coordinator
16	Isse Mohamed Isak	Baidoa	DMO	Health and Nutrition officer
17	Mohamed mohamoud qorane	Afmadow	WASDA/MOH	Qualified Nurse
18	Hassan Abdirashid Abiib	Bossaso	MOH	Nurse in charge
19	Dr Ise Hasan Burci	Garowe	MOH	SC Doctor
20	Abdihakim Mohamed Hassan	Abudwak	Mercy USA/MOH	Qualified Nurse
21	Mohamed Aden Hassan	Bardhere	HIRDA/MOH	Nutrition officer
22	Dr mohamed dhubow roble	Dhobley	MOH	Medical Doctor
23	Mohamed Mursal Yaqub	Burhakaba	MOH	SC supervisor
24	Dr Aweis Olow Hassan	Mogadishu	MOH	Medical Doctor
25	Bashir Aden Hassan	Galkacyo	IMC	SC supervisor
26	Dr Sadak yussuf Ali	Galkacyo	IMC	Nutrition officer
27	Ahmed Elyas Mohamud	Galkacyo	IMC	Nutrition Manager
28	Abdinasir Hassan Ibrahim	Galkacyo	IMC	SC Doctor
29	Naomi Mwakali	Nairobi	IMC	Nutrition Coordinator
30	Mohamed Sheikh Abdullahi	Galkacyo	IMC	Communication assistant
31	Khadija Ali Gedi	Mogadishu	MOH	CMAM officer
32	Mohamed Ahmed Mohamed	Galkacyo	IMC	MHPSS Officer
33	Abdirahman Farah Karshe	Mogadishu	MOH	TB in Nutrition Officer
34	Dr Liban Abdikadir Ibrahim	Galkacyo	MOH	Regional Medical Officer

Annex 15.3: Training Schedule

Time	Session	Facilitator
Day 1		
8:30- 9:00	Introduction - registration, introductions, official opening, admin/Logs and official opening of the training.	MoH and IMC representative and training Manager
9:00 - 9:30	Objectives of the training and review of the training agenda	Ahmed Elyas
9:30 - 10:30	SC visit:	Dr. Abdinassir+DrBashir
10:30 - 11:00	Tea Break	Elyas/hotel
11:00 - 11:30	Pre- test	Elyas+ Khadija
11:30 - 12:30	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
12:30 - 01:30	Lunch break	Elyas/hotel
01:30 - 02:40	Gender-based violence in Nutrition and Psychosocial support	Mohamed Ahmed
02:40 - 03:20	Session 1: Introduction to inpatient care of AM- Key HR and roles, Key equipment, tools and supplies	Khadija
03:20 - 03:40	Prayer and tea break	Elyas/hotel
03:40 - 04:20	Session 2: Principles of care- identification of SAM with complications, Essential components of care, what to do in the SC and why	Dr. Aweis
04:20 - 04:40	Prep for day 2	All facilitators
Day 2		
8:30- 08:50	Arrival and recap of day 1	Khadija
08:50 - 10:00	Session 2: Principles of care- identification of SAM with complications, Essential components of care, what to do in the SC and why	Dr. Aweis
10:00 - 10:30	Tea Break	Elyas/hotel
10:30- 12:30	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.
12:30 - 01:30	Lunch break	Elyas/hotel
01:30- 03:20	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.
03:20 - 03:40	Prayer and tea break	Elyas/hotel
03:40- 04:20	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.
04:20 - 04:40	Prep for day 2	All facilitators
Day 3		
08:30- 08:50	Arrival and recap of day 2	Dr. Aweis
08:50- 10:00	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

10:00 - 10:30	Tea Break	Elyas/hotel
10:50- 11:00	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
11:00 - 12:30	SC visit:	Dr. Abdinassir+DrBashir
12:30 - 01:30	Lunch break	Elyas/hotel
01:30 - 01:50	SC Visit feedback	Khadija
01:30 - 03:20	Session 5: Daily care- Patient flow, what to monitor, completing and interpreting information recorded daily (graphs, feeding charts)	Dr. Abdinassir and Dr. Aweis
03:20 - 03:40	Prayer and tea break	Elyas/hotel
03:40 - 04:20	Session 5: Daily care- Patient flow, what to monitor, completing and interpreting information recorded daily (graphs, feeding charts)	Dr. Abdinassir and Dr. Aweis
04:20 - 04:40	Prep for day 4 and tea break	All facilitators
Day 4		
08:30- 08:50	Arrival and recap of day 3	Dr. Karshe
08:50- 10:10	SC visit:	Dr. Abdinassir+DrBashir
10:10 - 10:30	Tea Break	Elyas/Hotel
10:30- 12:30	Session 6: Monitoring and problem solving- Identifying feeding challenges and management Failure to respond to treatment	Dr.Karshe + Khadija
12:30 - 01:30	Lunch break	Elyas/hotel
01:30- 03:20	Session 6: Monitoring and problem solving- Identifying feeding challenges and management Failure to respond to treatment	Dr.Karshe + Khadija
03:20 - 03:40	Prayer and tea break	Elyas/hotel
03:40 - 04:20	Session 6: Monitoring and problem solving- Identifying feeding challenges and management Failure to respond to treatment	Dr.Karshe + Khadija
04:20 - 04:40	Prep for day 4 and tea break	All facilitators
Day 5		
08:30- 08:50	Arrival and recap of day 4	Dr. Sadak
08:50 - 10:00	Session 6: Monitoring and problem solving- case studies	Dr. Karshe+Khadija
10:00 - 11:30	Session 7: Involving mothers- Stimulation and play (importance, care, physical activity) Working tea break	Dr. Sadak
	Working tea break	Elyas/hotel
11:30 -Onwards	Half-day session ends. Participants go for Juma prayers and then SC individual practice sessions.	Elyas
Day 6		
08:30- 08:50	Arrival and recap of day 5	Dr. Abdinassir
08:50- 10:00	Session 7: Involving mothers- How to get mothers involved, discharge process	Dr. Bashir
10:00 - 10:30	Tea Break	Elyas/hotel
10:30- 12:30	SC visit:	Dr. Abdinassir+DrBashir
12:30 - 01:30	Lunch break	Elyas/hotel
01:30- 03:20	Session 6: case studies on filling registers, charts, cards etc.	Dr. Abdinassir
03:20 - 03:40	Prayer and tea break	Elyas/hotel
03:40- 04:10	Post test	Elyas+Khadija
04:10- 04:30	Feedback, prep for day 7 and tea break	All facilitators
Day 7		

08:30- 08:50	Arrival and recap of day 6	Dr. Sadak
08:50- 10:00	Session 8: Other management aspects-feeding, care for caretakers, Transportation of patients.	Elyas, Khadja
10:00 - 10:30	Tea Break	Elyas/hotel
10:30- 12:30	Session 9: Action plan development	All facilitators+Naomi
12:00 - 02:00	Lunch break	Elyas/hotel
02:00- 03:00	Session 9: Action plan development	All facilitators+Naomi
03:00- 03:30	Final feedback and closing ceremony of the training	Training supervisor, MoH representative and IMC representative

Annex 15.4: 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	Look for new admissions	Look for new admissions	Look for new admissions	Look for new admissions

<p>10:30 to 12:30</p>	<ul style="list-style-type: none"> •Observe care given for new admissions •Fill in the CCP chart •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"> • Observe care given for new admissions • Fill in the CCP chart • 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"> •Observe care given for new admissions •Fill in the CCP chart •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"> •Observe care given for new admissions •Fill in the CCP chart •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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Annex 15.5: List Of Partners Attended The Training

No	Partners	Name	Districts	Designation/position
1	NODO	Dr. Abdi Mahad Farah	Buhodle	Medical Doctor
2	SFH	FEISAL OSMAN NOOR	Afmadow	Nutrition officer
3	ISDP	Abdulkadir Mohamed Saleban	Qandala	Medical doctor
4	AYUUB	Kasim Osman Said	Marka	Health and Nutrition coordinator
5	Mercy USA/MOH	Khadar Abdirashid mursal	Baladweyn	Nutrition supervisor
6	SORDES	Yasin Abdirahman Fodey	Bedhadhe	Medical Doctor
7	SOS	Dr Ismail Ali Omar	Balcad	Doctor in charge
8	KA AH	Tahni Salad Aden	Celbuur	SC supervisor
9	HIDIG	Yusuf Ali Hussein	Xudur	Medical Doctor
10	Alight	Abdikadir mohamed mohamud	Dhobley	SC Nurse
11	HDC/MOH	Dr. Mohamed Abdullahi Yussuf	Elwak	Medical Doctor
12	WRRS	Abdalla Mohamed Abdullahi	Afmadow	Health and Nutrition Manager
13	SOS	Dr Abdikhalaq Abdullahi	Kismayo	Medical officer
14	SAMA	Hussein Moalim Abdillahi	Qansadheere	Nutrition supervisor
15	BTSC	Mahbub Dahir Hussein	Burhakaba	Program coordinator
16	DMO	Isse Mohamed Isak	Baidoa	Health and Nutrition officer
17	WASDA/MOH	Mohamed mohamoud qorane	Afmadow	Qualified Nurse
18	MOH	Hassan Abdirashid Abiib	Bossaso	Nurse in charge
19	MOH	Dr Ise Hasan Burci	Garowe	SC Doctor
20	Mercy USA/MOH	Abdihakim Mohamed Hassan	Abudwak	Qualified Nurse
21	HIRDA/MOH	Mohamed Aden Hassan	Bardhere	Nutrition officer

Annex 15.6: Partner Action Plans

Partner name	Somalia Relief and Development Society (SORDES)					
Objectives	Sub-activities	Responsible activity	Existing resources	Resources needed	Responsible for resources	When
Capacity strengthening	Classroom training for SC staff on inpatient management of SAM	Dagane Dhubow	Training budget	N/A	N/A	1-10th of Oct 2022
	On-job training to CMAM staff	Yasin Abdirahman	Human resource, materials and equipment	N/A	N/A	20-25th Oct 2022
strengthening Community Outreach activities	Training and sensitizing caregivers on family MUAC approach to strengthen active case finding in the community	Yasin Abdirahman	CHWs to train the mothers. Enough MUAC tapes	N/A	N/A	15-Oct-22
	Formation of community health committees	Yasin Abdirahman	Community representative local authority	N/A	N/A	20-Oct-22
Provision of WASH services in the SC	Construction of Gender disaggregated latrines in the facility	Abdisalan Mohamed	Space and budget are available	N/A	N/A	10-15th Oct 2022
	Provision of clean drinking water in the facility (pipeline connection)	Abdisalan Mohamed	Budget available	N/A	N/A	10-15th Oct 2023

	Installation of handwashing station in the facility	Abdisalan Mohamed	Budget available	N/A	N/A	10-15th Oct 2024
Management of SAM complications in line with Guideline	Conduct supportive supervision in the facility	Mohamed Deq Hassan	Tools are available	N/A	N/A	5th Oct 2022
Partner name	Wamo Relief and Rehabilitation services (WRRS)					
Capacity strengthening	Refresher training on IYCF and IMAM	Nutrition program officer	all resource available	N/A	Nutrition program officer	Oct-22
	On-job training to CMAM staff	Nutrition program officer	materials available	N/A	Nutrition program officer	Nov-22
Initial managment	provision of the following items in the SC- Calibrated jars and cups , Saucer, tablet crusher, mixing jars and spoons	Nutrition program officer	No resource available	Budget	Nutrition program officer	consider in future proposals
Care aspects	provision of meals to caretakers	Nutrition program officer	Kitchen structure and Utensils available	Budget to buy the food	Nutrition program officer	consider in future proposals
	procurement of toys for the SC children	Nutrition program officer	space for child friendly is available	Budget	Nutrition program officer	consider in future proposals
Wash services provision	Construction of toilets in the facility	WASH Officer	No resource available	Budget	WASH Officer	future programming
	installation of handwashing station in the SC ward	WASH Officer	No resource available	budget	WASH Officer	future programming

Reporting	provision of IEC materials, registers, monitoring charts in the SC	Nutrition program officer	Budget available	N/A	N/A	Oct-22
Provision of medical referrals	Provision of Ambulance services	Nutrition program officer	No resource available	Financial support	Nutrition program officer	future programming
Partner name	Solution for Humanity (SFH)					
Establishment of new SC	Operationalization of the SC	Mohamed Bashir (SFH Director)	Wards, waiting areas, anthropometric/tools	Kitchen, extra rooms, Toilets	Mohamed Bashir	Dec-22
Recruitment of the SC staff	Recruiting and on boarding SC staff	HR and Mohamed bashir	Budget for the staff	N/A	Mohamed Bashir	Nov-22
Capacity building of the staff	Training staff on IMAM and IYCF	Feisal Osman (Nutrition officer)	Budget to conduct the training	N/A	N/A	Dec-22
Supplies	Request nutrition supplies from UNICEF	Mohamed Bashir	No stock currently	therapeutic supplies, drugs and equipment	Mohamed Bashir	Dec-22
WASH	Provision of wash materials	Abdirahman (WASH officer)	Budget	all wash materials (Soaps)	Abdirahman (WASH officer)	Dec-22
Beds and equipment	procurement of beds and other equipment	Abdisalat (Loisgtic officer)	Budget	More budget since the current budget is not enough	Mohamed Bashir	Dec-23
Partner name	Somalilife (SOLO)					

Establishing of new SC (Kismayo/Elbarde)	operationalization of the new SC in Kismayo and Elbarde	Abdikhalak Abdullahi and fatuma Abdirahman	Structure, Beds, Mattress	Bedsheets, waste pins, tables	Abdullahi Kulmiye	30th sept 2022
Technical capacity strengthening	Training of SC staff	Abdikhalak Abdullahi and fatuma Abdirahman	Budget, training materials	N/A	Abdullahi Kulmiye	Nov-22
	On-job training to SC staff	Abdikhalak Abdullahi and fatuma Abdirahman	all resource available	N/A	Abdullahi Kulmiye	Dec-22
Recruitment of the SC staff	recruiting staff	Abdikhalak Abdullahi	Recruitment team available and budget for the staff	N/A	Dr fatuma Kulmiye	Oct-22
Community outreach	Recruiting CHWs	Abdikhalak Abdullahi	Budget	N/A	N/A	Oct-22
	Training CHWs	Abdikhalak Abdullahi	Budget, training materials	N/A	N/A	Oct-22
	Project launching event	Abdikhalak Abdullahi	Budget	N/A	N/A	Oct-22
Initial management	Request nutrition supplies from UNICEF (anthropometric equipment, essential drugs, therapeutic supplies)	Dr Fatuma Kulmiye	No stock currently	(anthropometric equipment, essential drugs, therapeutic supplies)	Dr fatuma Kulmiye	Oct-22

Management of SAM complication	Correct diagnosis and treatment as per guideline (conduct supportive supervision and mentorship session for the staff)	Abdikhalak Abdullahi	Technical staff available	N/A	N/A	Dec-22
Partner name	Integrated service for displaced populations (ISDP)					
Capacity strengthening	conduct on job training to SC staff	Project manager	Human resource, materials	N/A	N/A	Oct-22
	Monthly facility staff meeting- to discuss technical issues in the facility	Medical doctor in charge	Venue, other materials	N/A	N/A	every month
Community outreach	strengthening CHW activities for active case findings	Senior project officer	Staff	logistic support	project manager	Oct-22
Child friendly space	Construction of child friendly space	Project manager	Space	Financial support	project manager	consider in future proposals
	procurement of toys for the SC children	Project manager	no	Financial support	project manager	consider in future proposals
Kitchen for SC	Construction of SC kitchen	Project manager	space	Financial support	project manager	consider in future proposals
Job aids	procurement of SC charts, protocols, IMAM guideline, IEC materials	Senior project officer	budget	N/A	N/A	Oct-22
WASH	Construction of laundry area In the SC	Project manager	space	Financial support	project manager	consider in future proposals

Partner name	Hidig Relief and development organization					
Establishment of new SC	operationalization of new SC in Elbarde	Abdullahi Omar	Rooms, Beds, Mattress	Mini-store.	Abdullahi Omar	Oct-22
Technical capacity strengthening	Training staff on inpatient management of SAM	Abdullahi Omar and Dr Yussuf	Training budget	N/A	N/A	Oct-22
	On-job training for the SC staff	Abdullahi Omar	Human resource and materials	N/A	N/A	Oct-22
Recruitment of the SC staff	new staff recruitment	Fozia Abdi	Budget	N/A	N/A	Oct-22
Community outreach	Recruiting CHWs	Abdullahi omar	Budget	N/A	N/A	Oct-22
Initial management	Requesting nutrition supplies from UNICEF (Anthropometric equipment, therapeutic supplies and essential drugs)	Abdullahi Omar	No stock currently	(Anthropometric equipment, therapeutic supplies and essential drugs)	Abdullahi	Oct-22
Care aspects	procurement SC milk preparation items	Abdullahi Omar	Budget	N/A	N/A	Oct-22
Partner name	Himilo Relief and Development Association (HIRDA)					
Capacity strengthening	On-job training to the staff	Mohamed Aden	Flip chart, IYCF materials, budget, training materials	N/A	N/A	Oct-22

Supply and equipment	Request Quarterly nutrition supplies	Mohamed Aden	F75, F100, RUFT, essential drugs and anthropometric equipment	ReSMol, Oxygen cylinder	Abdi Awil	30th Sep 2022
Initial management	Request feeding cups, jugs	Sadia	spoon, flask, kettle	Oxygen cylinder	Abdi Awil	Sep-22
WASH	Provision of wash supplies	Sadia	Soap, cleaner materials	Sanitizer	Logistic	Sep-22
Recruitment	Recruit 1 extra staff	sadia and Mohamed aden	Budget available	N/A	N/A	Oct-22
Transport	Provision of Ambulance services	Abdi awil	No	Budget	Abdi Awil	Next funding
Provision of inpatient food	Rehabilitation of SC kitchen	Abdi awil	Space, Kitchen is there	Rehabilitation need	Abdi Awil	Next funding
Partner name	Mercy USA- Baladweyne					
Capacity building	On-job training to SC staff	Khadar	Human resources, training materials	N/A	N/A	16th-oct-2022
	Monthly facility staff meeting- to discuss technical issues in the facility	Khadar	Hall meeting, Materials, refreshment	N/A	N/A	every month
Recruitment of the SC staff	recruit extra Ass- Nurse	H and N Manager	Nurses, Doctor, Ass-Nurse	extra ass- nurses	Health and nutrition manager	Oct-22
Psychosocial Support	Training SC staff on psychosocial support	H and N Manager	Human resource	Budget	Health and nutrition manager	consider in future proposals

Supplies	Request Quarterly nutrition supplies	H and N Manager	Most of supplies are available	ReSoMal	Health and nutrition manager	Oct-22
Partner name	Mercy USA- Abudwak					
Capacity Building	On-job training	Hospital Management	staff, materials	N/A	N/A	Oct-22
	refresher to SC staff on Inpatient management of SAM	Hospital Management	human resource	Budget to conduct the training	Hospital coordinator	consider in future proposals
	Regular monthly meeting	Hospital Management	Venue, other materials	N/A	N/A	every month
Transport	Provision of medical referrals	program coordinator	No resource available	budget	program coordinator	consider in future proposals
Community outreach	training CHW on IYCF	Hospital coordinator	budget	N/A	N/A	Oct-22
Partner name	KAAH					
Capacity strengthening	On-job training to SC staff	Tahni Salad	Human resource, Materials	transport cost	project manager	Oct-22
	Refresher training on inpatient management of SAM	Nutrition officer	budget	N/A	N/A	Dec-22
WASH	Install new handwashing station	Nutrition officer	space	budget	project manager	Jan-23
Reporting	Procurement IMAM guideline, protocols, charts for the SC	Tahni Salad	Budget	N/A	N/A	Oct-22

Partner name	Garowe General Hospital					
capacity building	on job training	Nutrition point MOH	all resource available	N/A	N/A	15-Oct-22
	refresh training for IMAM and IYCF	Nutrition point MOH	Not resource available	Financial resource needed	N/A	15-Jan-23
Community outreach	supplies for outreach E.g RUTF, medical supply	Nutrition point MOH	Not resource available	medical and nutrition supply is needed	N/A	20-januaty-2023
Care aspects	toys for children	Nutrition point MOH	Not resource available	financial resource for purchasing toys	N/A	January 2023
	child friendly space	Nutrition point MOH	Not resource available	Financial resource needed	N/A	January 2023
wash	space for hand washing	Nutrition point MOH	Not resource available	Financial resource needed	N/A	January 2023
	separate washrooms for male and female caregivers	Nutrition point MOH	Not resource available	Financial resource needed	N/A	January 2023
Partner name	Basaaso MOH facillity					
Capacity building	on job training	Nutrition officer	human resources	no need	N/A	30/10/22
structure	to separate the cooking checking and milk preparation area, 3 rooms phase one phase and less than 6 month	program manager	non	budget	MOH	October 2022
Community outreach	increase the awareness on community	CHW supervisor	staff transport	N/A	N/A	2/11/2022

	toys for children	program manager	N/A	to buy toys	MOH	Oct-22
wash	hand washing	program manager	hand washing		MOH	Oct-22
	laundry space	program manager	laundry space		MOH	Nov-22
	Running water	program manager	Running water		MOH	Dec-22
	Toilets	program manager	3 toilets	Rehabilitation needs	program manager	
staff	psychosocial support staff	program manager	Non	staff, training, working area	MOH	January 2023
supply management anthropometric measurements and medicine	supply management anthropometric measurements and medicine	program manager	height board old, hang scale, MUACMUAC measurement, all essential drugs	no need	N/A	
provision meal	provision meal	program manager	three time per day	no need	N/A	
Partner name	YUUB					
Technical capacity strengthening	on job training, refresh training, monthly meeting	Omar hassan	2 doctors, 4 nursing, 4 auxiliary nursing projectors, venue	2 doctor 2 nursing, 2auxiliary nurses and 2 CHW	health and nutrition Officer	Dec-22

Community outreach	community mobilization,	asho amiin	8 CHW, 2 Car, IEC materials, MUAC,mats,scale	projector vedio taps, extra ec materials, extra mats	health and nutrition Officer	Jan-23
	Defaulter case finding and active case find, IYCF and MUAC training	asho amiin				Oct 2022
management of complications	essential Drug	unicef	first line drugs, second line drugs	unicef/MOH		20 Sept- 25 oct Nutriton ober 22
	therapeutic milk					
	medical equipment					
Partner name	WASDA					
capacity building	IMAM training	Health/nutritio n officer	Human resource and materials	finance and support	health/nutrit ion officer	Nov-22
	IYCF training	Health/nutritio n officer	Human resource and materials	finance and support	health/nutrit ion officer	
	ANC	Health/nutritio n officer	Human resource and materials	finance and support	health/nutrit ion officer	
	IPC training	Health/nutritio n officer	Human resource and materials	finance and support	health/nutrit ion officer	
Community outreach	community mobilization	Health/nutritio n officer	N/A	finance and support	health/nutrit ion officer	Oct 2022
Care aspects	toys for children	Health/nutritio n officer	N/A	finance and support	health/nutrit ion officer	

	child friendly space	Health/nutrition officer	N/A	finance and support	health/nutrition officer	
mother and caregiver involvements	transportation for care child	Health/nutrition officer	N/A	finance and support	health/nutrition officer	
wash	space for washing clothes	Health/nutrition officer	N/A	finance and support	health/nutrition officer	
	separate toilets for male and female caregivers	project officer	N/A	finance and support	health/nutrition officer	
	hand washing	project officer	N/A	finance and support	health/nutrition officer	