

# INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (IMAM) TRAINING REPORT

DATE: 20<sup>TH</sup> - 24<sup>TH</sup> FEBRUARY 2022



**Photo:** Training Completion Photo Group

# TABLE OF CONTENT

TABLE OF CONTENT .....	2
LIST OF ABBREVIATIONS .....	3
GENERAL INFORMATION .....	4
BACKGROUND .....	4
PURPOSE OF THE TRAINING: .....	5
TRAINING OBJECTIVE: .....	5
TRAINING METHODOLOGY: .....	5
PLACE AND DURATION OF THE TRAINING COURSE: .....	7
IMPLEMENTATION OF THE TRAINING COURSE AND PARTICIPANTS: .....	7
ACTIVITIES OF THE TRAINING COURSE: .....	7
DAY ONE: .....	7
DAY TWO.....	8
DAY THREE .....	9
DAY FOUR.....	9
DAY FIVE .....	9
PARTICIPANTS FEEDBACK .....	10
Knowledge evaluation.....	10
Learning Environment .....	11
What Participants Liked about the Training.....	11
ANNEX 1: IMAM Training Agenda: .....	13
ANNEX 2: Signed Participants Attendance .....	19
ANNEX 3: IMAM Training Evaluation Summary .....	20
ANNEX 4: Photos .....	21

## LIST OF ABBREVIATIONS

ACF	Action contre la Faim/Action Against Hunger
BMI	Body Mass Index
CEO	Chief Executive Officer
CMAM	Community-Based Management of Acute Malnutrition
FSNAU	Food Security and Nutrition Analysis Unit
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
GNC	Global Nutrition Cluster
ICCM	Integrated Community Case Management (iCCM)
IMAM	Integrated Management of Acute Malnutrition
IMCI	Integrated management of childhood illness
IPC	Integrated Food Security Phase Classification
JVDC	Jubba Valley Development Centre
MAM	Moderate Acute Malnutrition
MCH	Maternal and child health (MCH)
MOH	Ministry Of Health
MUAC	Mid Upper Arm Circumference
OTP	Outpatient Therapeutic feeding Program (OTP)
SAM	Severe Acute Malnutrition
SC	Stabilization Center
SFP	Supplementary Feeding Programme
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization (WHO)

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## GENERAL INFORMATION

<b>Organized by:</b>	<b>Action Against Hunger – Somalia Mission</b>				
<b>Training title:</b>	<b>Integrated management of acute malnutrition (IMAM)</b>				
<b>Training type (Sector)</b>	<b>Nutrition</b>				
<b>Initial/refresher training:</b>	<b>Initial Training Plus Onjob Training</b>				
<b>Location:</b>	<b>Primo Palace hotel- Mogadishu Somalia</b>				
<b>Duration</b>	<b>From:</b>	<b>20th FEB</b>	<b>To:</b>	<b>24th FEB</b>	
<b>Type of participant:</b>	<b>Health Care Workers from Jubba Valley Development Center</b>				
<b>No. of participants:</b>	<b>Male:</b>	<b>5</b>	<b>Female:</b>	<b>15</b>	<b>Total: 20</b>

## BACKGROUND

Somalia's almost three-decade of protracted conflict has caused a serious humanitarian crisis, which is among the largest and most complex in the world with about 2.9 million people in need of humanitarian assistance. Over 4.1 million people across Somalia, or over 25 percent of the total population, need urgent humanitarian food assistance to prevent food consumption gaps or the accelerated depletion of livelihood assets indicative of Crisis (IPC Phase 3) or worse outcomes through mid-2022. According to the results of 39 separate nutrition surveys conducted by FSNAU and partners in November and December 2021, the overall median Global Acute Malnutrition (GAM) in Somalia remained Serious (13 percent weight-for-height z-score), which is in the same category as the results for the preceding two seasons. However, acute malnutrition levels are expected to deteriorate across much of the country from February to April, leading up to the start of the Gu rains in April. Non-food drivers of acute malnutrition, such as high morbidity, low immunization, low vitamin-A supplementation, and low access to clean water, have maintained elevated GAM levels in Somalia for several years. (**Source: FSNAU Technical Release, February 10, 2022, Mogadishu/Washington**)

Therefore, in close collaboration with the Global Nutrition Cluster (GNC) technical alliance, Action Against Hunger Somalia with TOT trainers from the ministry of health supported the planning and delivery of comprehensive tailored IMAM training. The main goal of the training was to upgrade the knowledge and skills of the nutrition staff working with Jubba Valley Development Center (JVDC) to identify key nutritional problems, the importance of micronutrients supplementation, and crucial understanding of the main component IMAM program including SAM and MAM management, admission criteria and discharge criteria as well as good reporting. The knowledge and skills will enable

the nutrition staff to make accurate case finding of malnourished children and good management of beneficiaries enrolled in OTP, and TSFP. Also to help mothers/caregivers to take care of their own nutritional need as well as their children. The training also provided an opportunity for the JVDC team to learn together and learn best practices in line with IMAM training package to improve their performance.

## **PURPOSE OF THE TRAINING:**

The training aimed to equip JVDC health care workers with the necessary skills to implement high-quality nutrition programs in line with the Somalia integrated management of acute malnutrition (IMAM) training package in close collaboration with the Global Nutrition Cluster technical alliance.

## **TRAINING OBJECTIVE:**

At the end of the training, the participants were able to:

- Understand the overview of malnutrition and the different components of IMAM.
- Familiar with the management of SAM and MAM cases in the nutrition program
- Describe of admission criteria and discharge criteria of OTP, SC, and TSFP.
- Use the MUAC measurement to identify children who are malnourished for admission, follow-up, and or referral in complicated cases.
- Understand the community mobilization and the role of the community health workers,
- Understand the referral pathways of the IMAM program.
- Understand the UNICEF conceptual framework.
- Give caregivers health messages to promote good health and prevent future illnesses.
- Have a basic understanding of managing nutrition supply commodities and reporting,
- Understand the simplified approach.
- Understand the management of GBV cases in Malnutrition

## **TRAINING METHODOLOGY:**

Different training methods were used during the five days of theoretical integrated management of acute malnutrition training, with an aim for an interactive and adult learning tailored session. Methods used include the following:

- Use of PowerPoint presentation,
- Use of group work,
- Question and answers,
- Practical sessions,
- Case studies,

- Use of charts as a training aid,

## PLACE AND DURATION OF THE TRAINING COURSE:

The training course was held at Primo hotel conference hall in Banadir region. The duration of the training was five days from 20 February to 24 February 2022. The training course included the Somalia Integrated Management of Acute Malnutrition (IMAM) with interactive training methods to enhance the capacity of JVDC staff. Practical sessions in the JVDC health facility were carried out. Action Against Hunger team organized daily transportation of the training participants from and to the training venue. The detailed agenda is provided in ANNEX 1.

## IMPLEMENTATION OF THE TRAINING COURSE AND PARTICIPANTS:

The integrated management of acute malnutrition (IMAM) training package conducted was customized in line with the capacity assessment conducted before the training. The Global Nutrition Cluster technical alliance team reviewed and revised the training materials used. Additionally, the training was delivered by TOT from the Ministry of Health with technical support from Action Against Hunger technical team as follows:

- Federal Ministry of Health Team:
  - Dr. Osama Abdi Ali – Lead Facilitator,
  - Maryan Mohamed Mohamud – Co-Facilitator,
- Action Against Hunger Somalia Technical Support,
  - Dr. Mohamed Sheikh Omar – Health & Nutrition Specialist,
  - Dr. Mohamed Abdinur – Health & Nutrition Program Manager,
  - Ismail Mayow – Health and Nutrition Field Officer,
- Global Nutrition Cluster Technical Alliance Team,
  - Martha Nakakande – CMAM Advisor,
  - Ben Allen – TST Deputy Coordinator,
  - Brooke Bauer – IYCF and GBV Advisor,

Participants attended the training course: 20 participants from the JVDC-supported health facility (the full list of the participants with signed attendance in ANNEX 2).

## ACTIVITIES OF THE TRAINING COURSE:

### DAY ONE:

Introduction and welcoming remarks: Dr. Mohamed Sheikh Omar – Action Against Hunger Health & Nutrition Specialist and Mohamed Aweis Hussein Muya– Jubba Valley Development Center CEO delivered welcoming remarks. They

emphasized the importance of the training course to develop the capacity of the JVDC staff in increasing the organization's ability to implement the prevention, and curative services for underfive children with acute malnutrition.

Participants introduced themselves, giving brief information about their names and backgrounds and informing if they had previous experience with nutrition programs. They wrote down their expectations of the training course, which are summarized as follows:

- To discuss in-depth and learn how to tackle the key challenges of IMAM program implementation in the field
- To receive a certificate and IMAM training guideline handbook at the end of the training.
- To have the necessary skills on implementing high quality preventive and curative nutrition programs
- To under how to measure performance indicators and do share high-quality reports.

Additionally, norms and training agenda reviews were undertaken. The facilitator briefed the trainees on the training objectives and then moved out to conduct the pre-test questionnaires and explained to the trainees why we undertake this evaluation test.

The facilitator presented the first module of the IMAM training related to an understanding of nutrition and malnutrition in which detailed information about the types of malnutrition, the conceptual framework for malnutrition, impact, and consequences of malnutrition. Different methods including PowerPoint presentations and question and answers were used during the session. Additionally, Components of integrated acute malnutrition (IMAM) & key elements of components of IMAM and malnutrition cycle sessions, and then the entire team discussed how to maintain good nutrition at every level and the importance of the referral malnourished to the health center.

## **DAY TWO**

The Facilitators started the day two sessions with recap of the previous topics asking the participants to discuss with the team. Then facilitators moved to the agenda of that day starting with PowerPoint presentations, demonstrations and brain storming of the using of accurate MUAC, and case finding of malnourished child and the diagnosis and triage of acute malnutrition clinical features, biomedical assessment of acute malnutrition. Open forum anthropometric measurement –hand practice and Exercise on calculation of BMI and W/H was carried.

Additionally, referral pathways for the nutrition programs from community to the different programs were discussed with the team in line with IMAM program. Afterwards, community mobilization –





involvement in IMAM module was presented to the participants and process of community involvement. Detailed overview of CHW activities, tools including data collection tools were presented. Participants were divided into three groups to discuss the Obstacles to community participation in IMAM programs both general and specific to JVDC programs.

### **DAY THREE**

The trainers stimulated question as recap on previous topic and then discussed with participants, afterwards, module 5 was presented using different methods including PowerPoint presentations, discussion, question and answers. Facilitators undertook the participants the different components of outpatient therapeutic program care (OTP) from admission, registration process, appetite test, routine medication given, RUTF dose per child kilograms, surveillance, followup, message for caregivers. Additionally, the facilitators divided the training participants into group, each group was given a case scenario to classify and admit them as outpatient or inpatient to the different nutrition program program.

Furthermore, since JVDC did not support any stabilization center in the current nutrition programs implemented, the training module focusing on SC component were customized. Hence, a brief overview of different phases of the management of inpatients, admission and discharge criteria's, triage and routine medicine given at the stabilization center.

### **DAY FOUR**

The facilitators moved on agenda after recap of previous sessions presented on Targeted Supplementary feeding (TSFP) entailing the admission and discharge criteria's, diagnosis, choice of the treatment, registration process, how to carry out proper counseling. Additionally, during the sessions, the lead facilitator emphasized the key messages for supplementary feeding program enrolled beneficiaries, surveillance and followup for TSFP program and how to do monitoring and reporting for the TSFP program. Nutrition data were provided to three groups to calculate performance indicators as group work.

After prayers and lunch, the co-facilitators started sessions on the supplies ordering and stock control module explaining the different supplies used for the IMAM protocol at the different levels including routine medications, the different responsibilities at the health facility level. Similarly, participants were taken through the steps needed to estimate supply needs versus consumption. Additionally, warehousing, storage and inventory control session were taken through.

### **DAY FIVE**

During the last day of the training, after recap session, the facilitator started the module 9 of the training package, which involves the simplified approaches across the continuum of care. Participants were provided with basic concepts including what are the simplified approaches, why simplified approaches is needed, common approaches used currently at the global level and how we can contextualize the simplified approaches.

Additionally, GBV in nutrition program session was started on the context specific information, the risk mitigation, key gender definitions, norms, roles and responsibilities. Additionally, sessions covered under GBV orientation include gender and malnutrition are interlinked, GBV consequences, disclosure, psychological first aid, and referral pathways. Facilitators conducted posttest sessions to evaluate the knowledge transfer.

## PARTICIPANTS FEEDBACK

The demonstration showed the skills needed to successfully perform a particular task or technique, the facilitator or a participant demonstrated the task, and were able to describe each step and explained the skills needed and the reasons for performing it in a particular way. It was followed by a practice session where the JVDC staff performed the activity under the supervision of the trainer, the demonstration helped to show exactly what we expected JVDC staff to do. Before we conduct a demonstration, we arranged the necessary equipment and practice the skills and everyone was seeing the facilitator, as we demonstrate, we spoke clearly and slowly, asked questions such as what am I doing now? Or what should happen next? Asked JVD staff to summarize the steps afterwards, allow sufficient time for JVD staff to practice in pairs or in small groups. Some of the views and the comments from the participants as follow,

***"Thanks to this training, we now know how to work as a team and involve the entire community,"*** says the participant, Kafia from JVDC team. ***"We know the importance of training especially when it comes for Management of Acute Malnutrition under five children and Pregnant and Lactating mothers, we really thank to MoH and ACF for their efforts to serve the community of Somalia"*** Mohamed Aweis said. He is also added, ***"This training was great for me to attend and have gained a lot of knowledge on, IMAM"***.

***"The overall course was very good. I have personally learned of some relevant skills of IMAM, the skills and knowledge I received from this training will adapted in my own Site and I am committed to service the community."*** Said by Khadija and OTP Nurse.

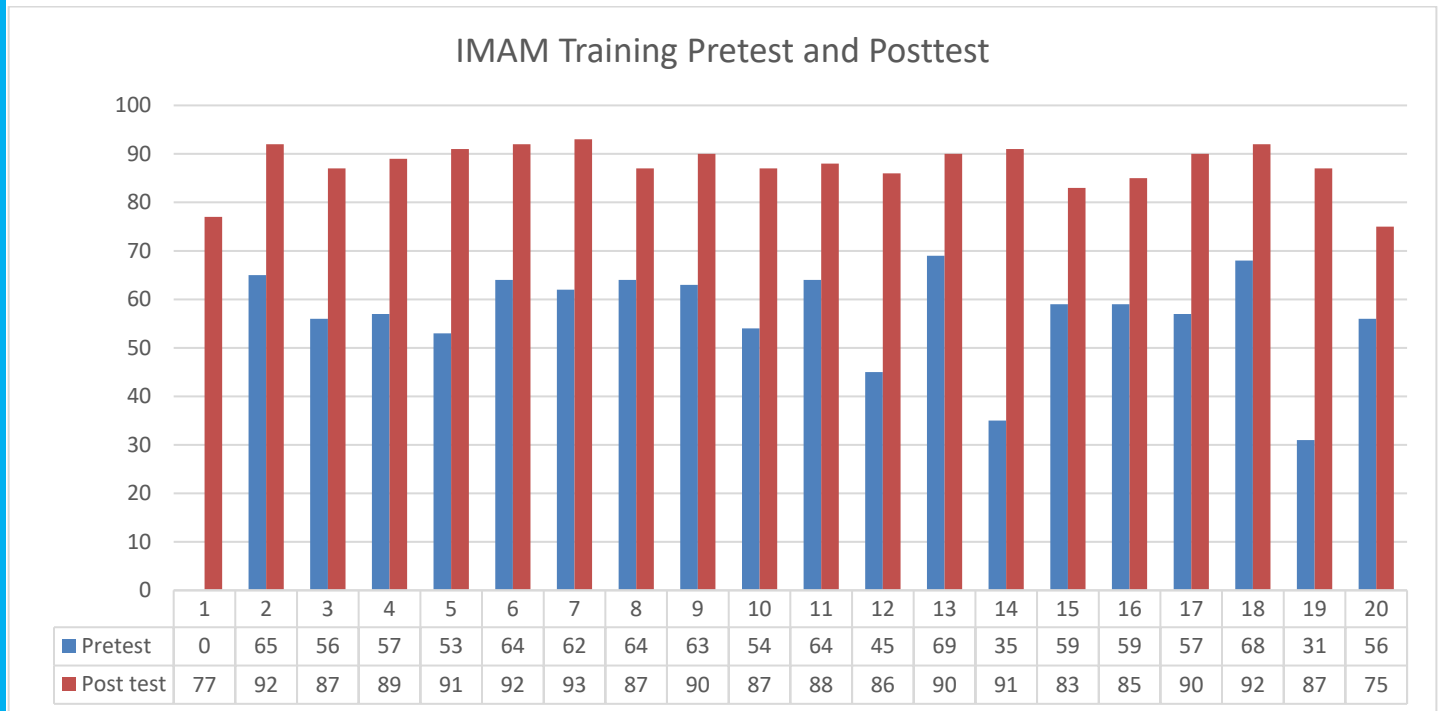
## EVALUATION

To assess the overall performance and satisfaction levels, in the last day, training evaluation were conducted. Majority of the participants were very satisfied and as well some of the participants have mentioned the need to increase the field training days, some participants also mentioned that they have noted improvement in the knowledge gained and now they have clear understanding on what should be done in their center. The overall post training evaluation is as follows.

### Knowledge evaluation

The main objectives of the training were to equip the participants with tangible knowledge on all issues related to IMAM, we have done pre-test on the main topics of the IMAM program, we also carried out post test to see what difference the training made to the participants. A questionnaire test were distributed at the beginning of the training which the facilitator wants to explore and test the staff their level of knowledge of IMAM program,

the same questionnaires were distributed at after training to compare the two results. On average, knowledge transfer has been observed from 54.05% to 87.6% for training pre-test and post-test respectively. the bellow graph explains more.



### Learning Environment

Participant also evaluated the conduciveness of the learning environment; the cumulative score for learning environment is 8.9/ 10, which indicated participants found learning environment to be very conducive.

### What Participants Liked about the Training

A summary of what the participants liked about the workshop is as follows:

- The teaching methodologies.
- Facilitation, which was good and interesting.
- The interaction among participants.
- The knowledge and skills acquired.
- Contributions from participants.
- The knowledge and skills of the facilitator.
- The linkage between the objectives of the workshop and the job content of participants.

## CHALLENGES AND RECOMMENDATIONS

The learning environment was well prepared and participants liked, according to the evaluation conducted, the only major concern for the participants was about the number of the days, which were less according to their understanding.

## POST-TRAINING MONITORING:

In the initial plan, post-training monitoring including on job training for identified weaknesses during the capacity assessment and the class room sessions was planned after the training is completed. However, supply pipeline breakage for the TSFP program, which was the only program supported by the JVDC observed during the first visit resulted in the change of this activity to a field visit to Action Against Hunger-supported health facilities. JVDC staff was divided into three groups; each group was attached to one nutrition facility, whereby, Action Against Hunger managed to provide transportation of the staff from the JVDC facility to the assigned health facility. During their stay at the supported health facilities, JVDC staff were provided with practical sessions ranging from triage, anthropometric measures, admission and discharge criteria, follow-up and surveillance, and referral linkages for the different nutrition programs.

## CONCLUSION

The evaluation of the participants indicated that the workshop was successfully done, to a large extent the objectives of the workshop and expectations of participants were met, and the experiences, skills, knowledge, and interactive mode of the presentation made facilitation friendly. The Major achievement in the training was, that the participants were particularly able to demonstrate and execute confidently on all aspects related to malnutrition. On the last day, the training was closed with valuable remarks and appreciations to the whole team; Dr Mohamed Sheikh Omar closed the training and thanked all the participants and the facilitators.

## ANNEX 1: IMAM Training Agenda:

Time	Content	Facilitator	Methodology
<b>Date: 20/02/2022</b>			
8:30 -9:45 AM	<ul style="list-style-type: none"> <li>• Arrival, welcome remarks (08:30 to 09:00 am)</li> <li>• Introduction of participants (09:00 am to 08: 15)</li> <li>• Establishment of norms and House rules (09:15 to 09:30 am)</li> <li>• Presentation of training objectives and agenda (09:30 am to 09:45 am)</li> </ul>	MOH/Action Against Hunger	
09:45 – 10:30 Am	Pre-test	Osama Abdi Ali	
<b>10:30 AM- 10:45PM COFFEE/TEA BREAK</b>			
10:45 -12:30PM	<b>Module 1: Understanding of Nutrition &amp; Malnutrition</b> <ul style="list-style-type: none"> <li>• Nutrition Versus Malnutrition (10:45 to 10:55 AM)</li> <li>• Types of Malnutrition, (10:56 to 11: 10 AM)</li> <li>• Conceptual Frame work of malnutrition, (11:11 AM to 12:05 PM)</li> <li>• Impact/Consequences (12:06 to 12:14 PM)</li> <li>• Q &amp; A about the session (12:15 To 12:30 PM)</li> </ul>	Mariam Mohamed	Power point,  Question & Answers
12:30 PM – 1:30 PM	<b>PRAYERS AND LUNCH</b>		
1:30PM- 4:00PM	<b>Module 2: IMAM Overview.</b> <ul style="list-style-type: none"> <li>• What is IMAM? (01:30 to 01:50 PM)</li> <li>• Identify the components of IMAM and how they work together. (01:51 to 02:40 PM)</li> <li>• Identify the principles of IMAM. (02:41 to 03: 00 PM)</li> <li>• Program Set Up (03:00 to 03:20 PM)</li> <li>• Recap, Q &amp; A about the session (03:21 to 04:00 PM)</li> </ul>	Osama Abdi Ali	Power point  Question & Answers,
<b>END OF DAY 1</b>			

Time	Content	Facilitator	Methodology
<b>Date: 21/02/2022</b>			
8:30 -9:00 AM	<ul style="list-style-type: none"> <li>Recap of Day one</li> </ul>	Participants/ Mariam	Group Discussion
9:00 -10:30AM	<b>Module 3. Malnutrition Diagnosis.</b> <ul style="list-style-type: none"> <li>Measurement of Malnutrition (anthropometry, biochemical assessment, clinical assessment and dietary intake.) (09:00 to 09: 20 AM)</li> <li>How to measure correctly               <ul style="list-style-type: none"> <li>✓ MUAC, (09:21 to 09: 45 AM)</li> <li>✓ Oedema, (09:46 to 10:05 AM)</li> <li>✓ Weight, (10: 06 am to 10: 30 Am)</li> </ul> </li> </ul>	Osama Abdi Ali	Power point  Demonstration,  Brainstorming,  Question & Answers
<b>10:30AM- 10:45AM COFFEE/TEA BREAK</b>			
10:45 AM- 11:40AM	<ul style="list-style-type: none"> <li>Height/Length (10:45 to 11: 10 AM),</li> <li>Most Common Mistakes, (11:11 am to 11: 25 AM)</li> <li>Q &amp; A about the session (11: 26 to 11:40 AM)</li> </ul>	Osama Abdi Ali	Power point  Group Work  Practical Session  Question & Answers
11: 40 AM – 12: 30 PM	<b>Module 4: Community Mobilization – (Involvement in IMAM)</b> <ul style="list-style-type: none"> <li>Overview of community mobilization, (11: 40 AM to 12:00 PM)</li> <li>Process of community Involvement and steps, (12:00 to 12: 30 PM)</li> </ul>	Mariam Mohamed	Power point
<b>12:30 – 1:30 PM PRAYERS AND LUNCH</b>			
1:30PM- 4:00PM	<ul style="list-style-type: none"> <li>Case Finding, (1:30 to 01: 45 PM)</li> <li>Active case finding, referral for treatment, and Sensitization/nutrition education. (01: 46 to 02:00 PM)</li> <li>Followup visits for Admitted Children. (02:01 to 02: 15 PM)</li> <li>Community Health Workers Activities, (02:16 to 02:02:30 PM)</li> <li>Community Health Workers Tools, (02:31 to 02:40 PM)</li> <li>Community Health Workers Data collection (02: 41 to 03: 00 PM)</li> <li>Obstacles to community participation in IMAM programs (03:00 to 03:30 PM)</li> <li>Impact of community mobilization (03:30 to 03: 40 PM)</li> </ul>	Mariam Mohamed	Power point  Group work,  Question & Answers

	<ul style="list-style-type: none"> <li>Q &amp; A about the session (03:41 PM to 04:00 PM)</li> </ul>		
<b>END OF DAY 2</b>			
<b>Time</b>	<b>Content</b>	<b>Facilitator</b>	<b>Methodology</b>
<b>Date: 22/02/2022</b>			
8:30 -9:00 AM	<ul style="list-style-type: none"> <li>Recap of Day two</li> </ul>	Participants/ Osama	Group discussion
9:00 -10:30 AM	<p><b>Module 5: Outpatient Therapeutic Program Care (OTP)</b></p> <ul style="list-style-type: none"> <li>Objectives of OTP, (09:00 to 09:15 AM)</li> <li>Activity Follow in the OTP, Triage, Appetite Test (09:16 to 09: 40 AM)</li> <li>OTP Admission Criteria, registration process, types of admission (09:41 to 10:00 AM)</li> <li>Routine Medicine in OTP (10:01 to 10:30 AM)</li> </ul>	Osama Abdi Ali	Power point  Discussion,  Question & Answer
<b>10:30AM- 10:45PM COFFEE/TEA BREAK</b>			
10:45 AM- 12:30PM	<ul style="list-style-type: none"> <li>Nutritional Management, RUTF Dose, (10:45 to 11:00 AM)</li> <li>Messages For Caregivers, (11:01 to 11:10 AM)</li> <li>Surveillance/Followup of OTP Patients in OTP (11:11 to 11:25 AM)</li> <li>Criteria and procedure for discharge (11:26 to 11:40 AM)</li> <li>CRITERIATO MOVE FROM OTPTO SC: "INTERNAL TRANSFERTO IN-PATIENT CARE" (11: 41 to 12:00 PM)</li> <li>Failure to Respond (12:01 to 12:30 PM)</li> </ul>	Osama Abdi Ali	Power point  Discussions  Question & Answers
<b>12:30 – 1:30 PM PRAYERS AND LUNCH</b>			
1:30 – 2:20 PM	<ul style="list-style-type: none"> <li>Practical Exercise (1:30 to 02:00 PM)</li> <li>Q &amp; A about the session (02:01 to 02:20 PM)</li> </ul>	Osama Abdi Ali	Power point Practical Session Q/A
2:21 to 4:20 PM	<p><b>Module 6: Overview of SC/IPF</b></p> <ul style="list-style-type: none"> <li>Phases of the management of inpatients, (02:21 to 02:30 PM)</li> <li>Admission criteria, triage and routine medicine (02:31 to 03:00 PM)</li> <li>Routine Management - Nutrition care and monitoring (03:00 to 03:20 PM)</li> <li>Criteria Failure to respond (03:21 to 03:30 PM)</li> <li>Discharge criteria and procedures (03:30 to 03:45 PM)</li> <li>IFP Admission &amp; Exit Categories (03:45 to 04:00 PM)</li> </ul>	Mariam Mohamed	Power point  Discussion  Question & Answers

	<ul style="list-style-type: none"> <li>Q &amp; A about the session (04:00 to 04:20 PM)</li> </ul>		
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**END OF DAY 3**

Time	Content	Facilitator	Methodology
<b>Date: 23/02/2022</b>			
8:30 -9:00 AM	<ul style="list-style-type: none"> <li>Recap of Day three</li> </ul>	Participants & Mariam	Group discussion
9:00 -10:30AM	<b>Module 7: Supplementary Feeding Program</b> <ul style="list-style-type: none"> <li>Objectives of SFP, (09:00 to 09:20 AM)</li> <li>Admission Criteria, Diagnosis, choice of treatment (09:21 to 09:45 AM)</li> <li>Registration Process and flow of activities (09:46 to 10:10 PM)</li> <li>Routine Medications, (10:11 to 10:15 AM)</li> <li>Nutritional Counselling, (10:15 to 11:30 AM)</li> </ul>	Osama Abdi Ali	Power point  Discussion  Question and Answers
<b>10:30AM- 10:45PM</b>	<b>COFFEE/TEA BREAK</b>		
10:45PM- 12:30PM	<ul style="list-style-type: none"> <li>Key messages for SFP, (10:45 to 11:00 AM)</li> <li>Surveillance/Follow-up (TSFP, BSFP) (11:01 to 11:15 PM)</li> <li>Discharge Criteria (11:16 to 11:30 AM)</li> <li>Failure to Respond to Treatment, (11:31 to 11:40 AM)</li> <li>Monitoring and Reporting (11:41 to 12:00 PM)</li> <li>Group Work (Performance Indicators) (12:00 to 12:30 PM)</li> </ul>	Osama Abdi Ali	Power Point  Discussion  Group Work  Question and Answers
<b>12:30 – 1:30 PM</b>	<b>PRAYERS AND LUNCH</b>		
1:30 PM – 02:00 PM	<ul style="list-style-type: none"> <li>MAM programming links/integration (1:30 to 1:45 PM)</li> <li>Q &amp; A about the session (1:46 to 2:00 PM)</li> </ul>	Osama Abdi Ali	Power Point  Question and Answers
2:00PM- 4:00PM	<b>Module 8: Supplies Ordering and Stock Control:</b> <ul style="list-style-type: none"> <li>Supplies Currently used in IMAM, (2:00 to 02:30 PM)</li> <li>Supply Chain: Health Facility Responsibilities, (02:31 PM to 02:45 PM)</li> </ul>	Mariam Mohamed	Power Point  Group Work  Question and Answers



	<ul style="list-style-type: none"> <li>• Estimating Supply Needs/Consumption. (02:45 to 03:10 PM)</li> <li>• Warehousing and storage.</li> <li>• Inventory, (03:11 to 03:30 PM)</li> <li>• Q &amp; A about the session (03:31 to 04:00 PM)</li> </ul>		
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**END OF DAY 4**

Time	Content	Facilitator	Methodology
<b>Date: 24/02/2022</b>			
8:30 -9:00 AM	Recap of Day Four	Participants/Osama	Group discussion
9:00 -10:30AM	<b>Module 9: Simplified Approaches Across The Continuum Of Care: An Introduction:</b> <ul style="list-style-type: none"> <li>• What are simplified approaches? (09:00 to 09:30 AM)</li> <li>• Why the simplified approaches? (09:31 to 09:40 AM)</li> <li>• Common simplified approaches (09:41 to 10:00 AM)</li> <li>• Advantages of the simplified approaches. (10:01 to 10:20 AM)</li> <li>• Q &amp; A about the session (10:21 to 10:30 AM)</li> </ul>	Mariam Mohamed	Power point  Discussion  Questions and Answers
<b>10:30AM- 10:45PM COFFEE/TEA BREAK</b>			
10:45AM - 12:30PM	<b>Module 10: GBV in Nutrition:</b> <ul style="list-style-type: none"> <li>• Context Specific – Somalia, (10:45 to 11:10 AM)</li> <li>• GBV risk mitigation Programming (11:10 AM to 11:20 AM)</li> <li>• What Is Gender? Norms, Gender Roles &amp; Division of Labor (11:21 to 11:40 AM)</li> <li>• Gender Inequality (11:41 to 11:50 AM)</li> <li>• Gender and Malnutrition, Outcomes (11:51 to 12:00 PM)</li> <li>• Pathways of Association, Types of GBV, GBV Across Life Cycle (12:00 to 12:30 PM)</li> </ul>	Osama Abdi Ali & Dr Mohamed Sheikh Omar	Power point  Discussion,  Questions and Answers
12:30 – 1:30 PM	<b>PRAYERS AND LUNCH</b>		
1:30 – 03:00 PM	<ul style="list-style-type: none"> <li>• Causes, Contributing factors, consequences of GBV (01:30 to 01:50 PM)</li> </ul>		

	<ul style="list-style-type: none"> <li>• Far Reaching Consequences of GBV (01:51 to 02:10 PM)</li> <li>• GBV Disclosure and Psychological First Aid (02:10 to 02:30 PM)</li> <li>• What is a Referral Pathways and Why Referrals Needed? (02:31 to 02:50 PM)</li> <li>• Q &amp; A about the session (02:51 to 03:00 PM)</li> </ul>		
3:00PM- 3:45 PM	<b>Post Test</b>	Osama Abdi Ali	
3:46 Pm – 04:30 PM	Distribution of Certificates, Closing Remarks	MOH/ Action Against Hunger	
<b>END OF DAY 5</b>			

## ANNEX 2: Signed Participants Attendance

SN	Name	Position	Tell	Signature				
				20/02/2020	21/02/2022	22/02/2022	23/02/2022	24/02/2022
1	Said'ali Mo,lin Mohamed Abuukar	General Nurse	615071888	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
2	Cureji Ibrahim Alim	Nurse	618533622	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
3	Fartuun Ahmed Hassan	General Nurse	617280898	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
4	Halima Aweis Hussein	General Nurse	616562402	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
5	Nimo Aweis Hussein	General Nurse	618249106	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
6	Suleiman Ali Mohamed	Nurse	618302234	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
7	Kaafiyo Mohamed Ramadan	Medicine	612105815	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
8	Hamdi Abdulkadir Musse	Public Health	615958580	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
9	Adnan Aweis Hussein	Nurse	617006021	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
10	Kaltuumo Ayuub Osman	General Nurse	617489283	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
11	Fartun Muhidin Abdi	General Nurse	618555443	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
12	Khadjiyo Abdulkadir Mahando	Nurse	613231041	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
13	Xabilibo Abdulkadir Mahando	Nurse	618212344	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
14	Khadjiyo Mohamad Ahmed	Nurse	617950159	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
15	Maryan Hassan Adow	Qualified Nurse	619993372	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
16	Haawo Osman Ali	Nurse	619589097	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
17	Hussein Abdulkadir Mahando	Nurse	618748572	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
18	Maryan Shacban Hussein	Nurse	618295956	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
19	Safio Abdulkadir Mohamed	General Nurse	615104279	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
20	Fadumo Fu'ad Abdulkadir	Nurse	616752110	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

Prepared by: Ismail Mayow, Health and Nutrition F.o

Date: 27/2/2022

Name: Ismail

Signature: *[Signature]*

Approved by: Health & Nutrition Prn.

Date: 27/02/2022

Name: Dr. Mohamed Abdinur

Signature: *[Signature]*

### ANNEX 3: IMAM Training Evaluation Summary

#### INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (IMAM) IN MOGADISHU - SOMALIA FROM 20TH TO 24 FEBRUARY 2022

1	Satisfaction of the (IMAM) program	Very Dissatisfied	Somewhat Dissatisfied	Neutral	Satisfied <b>(1)</b>	Very satisfied <b>(19)</b>
2	Positive contribution of (IMAM) program	Very negative contribution	Negative contribution	Neutral	Positive contribution <b>(4)</b>	Very positive contribution <b>(16)</b>
3	Objectives of (IMAM) clearly defined	Not at all defined	Negative defined	Neutral <b>(1)</b>	Positive defined <b>(3)</b>	Very well defined <b>(16)</b>
4	Organized of the content	Not at all organized and easy to follow	Negative organized	Neutral	Positive organized	Very organized and easy to follow <b>(20)</b>
5	Time allocated of (IMAM) program	Not nearly enough time	Negatively insufficient	Neutral <b>(2)</b>	Positively insufficient <b>(5)</b>	There was sufficient time <b>(13)</b>
6	Time for questions	Not nearly enough time	Negatively insufficient	Neutral	Positively insufficient	There was sufficient time <b>(20)</b>
7	What you like most about IMAM training program?	Topic including GBV, Malnutrition, MUAC, WEIGHT, Registrations, Height, SC, OTP, SFP, Nutrition, Management of IMAM, Criteria, TSFP, RUST and Z SCORE.				
8	What could be improved	Practical sessions of training, Training materials.				
9	Application of the information	The knowledge received from the training will be very much applicable in the field.				
10	Other Comments	They all said we need more trainings like this.				

ANNEX 4: Photos







