

Training Course on Child Growth Assessment

WHO Child Growth Standards

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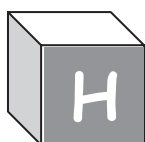
Course Director's Guide



World Health
Organization

Training Course on Child Growth Assessment

WHO Child Growth Standards



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**World Health
Organization**

**Department of Nutrition for
Health and Development**

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This *Course Director's Guide* is one booklet in a set of materials for the *Training Course on Child Growth Assessment*. The user of this guide should be familiar with the course materials and teaching methods.

Course Director's Guide

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Course Director's Guide

1. Introduction

1.1 Target population for this guide and the course

This *Course Director's Guide* describes how to organize and direct the WHO *Training Course on Child Growth Assessment*. The guide is intended for individuals who will serve as course directors.

The *Training Course on Child Growth Assessment* is designed for health care providers who are responsible for measuring and assessing the growth of children using standards based on the WHO Multicentre Growth Reference Study (MGRS). These health care providers may include paediatricians, family practice physicians, nurses, clinical officers, health assistants, and nutritionists working in the public and private sectors. While the course materials are suitable for all of these health care providers, it is advisable to conduct courses for groups with similar academic backgrounds and interests; for example, separate courses might be held for physicians and health assistants. If participants with widely varying backgrounds attend the same course, however, they may be assigned to small groups with people of comparable backgrounds.

An important function of this guide is to describe how to train facilitators for the *Training Course on Child Growth Assessment*. Facilitators must be trained to lead small groups through the instructional modules in this course and teach them practical measuring skills. It is the responsibility of the course director to conduct facilitator training prior to the course unless all facilitators have already been trained specifically to conduct this course.

1.2 Purpose of the training course

The course teaches the skills and knowledge needed to measure the weight and length/height of children; assess growth in relation to the WHO Child Growth Standards; and counsel mothers about growth and feeding. The specific learning objectives of the course are listed on page 3 of this guide.

It is assumed that participants in the course have basic mathematical skills but may not be familiar with graphing or interpretation of graphs. Some participants in the course may be familiar with older versions of growth charts but need to understand and practise using the new ones.

It is expected that participants will use the growth assessment and counselling procedures taught in this course when they return to their own jobs. In order to use these procedures, health care providers will need:

- basic measuring equipment such as a taring scale and length/height boards,¹

¹ Measuring equipment is described in detail in module B: *Measuring a Child's Growth*.

- tools for recording a child’s measurements over time and comparing a child’s growth with the WHO Child Growth Standards (such as the *Boy’s Growth Record* and *Girl’s Growth Record* provided with this course),
- time and space available in the clinic setting to conduct growth assessments and counsel mothers and other caregivers.

1.3 Course methods and materials

This course uses a variety of instructional methods, including reading, written exercises, discussions, role plays, demonstrations, and practice with real children. Practice, whether in written exercises or with real children, is considered a critical element of instruction.

The training course includes the following modules (booklets) for participants:

- A: Introduction** (*includes a glossary with definitions of terms*)
- B: Measuring a Child’s Growth**
- C: Interpreting Growth Indicators**
- D: Counselling on Growth and Feeding**
- E: Photo Booklet**

Modules B–D are instructional units that contain exercises. The instructional modules are intended to be completed in sequence without interruption, for example, in a 3½-day training session. During the course, small groups of participants are led and assisted by “facilitators” as they work through the modules. Facilitators use a step-by-step guide (*G: Facilitator’s Guide*) to lead their small groups. The facilitators are not lecturers as in a traditional classroom. Their role is to answer questions, provide individual feedback on exercises, lead discussions, etc. For the most part, participants work at their own pace through the modules, although in some activities the small group works together. **Answer sheets** for exercises are provided (*F: Answer Sheets*) and will be distributed by facilitators as needed during the course.

A number of job-aids are provided with the course that participants will find to be useful and convenient references when they return to their health facilities:

- ***Boy’s and Girl’s Growth Records*** – These separate booklets for boys and girls contain all of the charts needed to record measurements and assess growth from birth up to 5 years of age. The *Growth Records* also include messages for health care providers, mothers, and other caregivers about recommended feeding and care of children up to 5 years of age.
- ***WHO Child Age Calculator*** – This rotating disk is a tool for calculating a child’s age in completed weeks, months, or years and months.
- ***Weighing and Measuring a Child*** – This job-aid summarizes the steps and important details involved in weighing a child and measuring length or height. This job-aid also includes a ***BMI table*** that allows users to determine a child’s BMI without a calculator, by looking up the child’s length or height (in cm) in relation to weight (in kg).

- ***Investigating Causes of Undernutrition* and *Investigating the Causes of Overweight*** – These two job-aids are bound together, back to back. *Investigating Causes of Undernutrition* is on one side of the booklet. If you turn the booklet over, you will find *Investigating the Causes of Overweight* printed in a different colour. The relevant job-aid can be used to counsel the mother or caregiver of a child who has a problem of undernutrition or overweight. Each job-aid suggests questions to ask in order to determine the causes of the nutrition problem, as well as advice for the causes that are identified.

1.4 Learning objectives

Each instructional module of this course will provide information and examples and allow participants to practise certain skills related to growth assessment and counselling. Exercises are provided in each module. The skills and information presented in the instructional modules (B–D) will prepare participants to do the following:

B: Measuring a Child's Growth

- Start a *Growth Record* for a child and select pages to use at a given visit.
- Determine a child's age today.
- Recognize clinical signs of marasmus and kwashiorkor.
- Weigh a child and record weight.
- Measure and record length or height.
- Determine BMI (body mass index) by referring to a table or using a calculator.

C: Interpreting Growth Indicators

- Plot points for growth indicators on line graphs.
- Interpret plotted points for growth indicators, and identify normal growth and growth problems.
- Interpret trends on growth charts and identify whether a child is growing normally, has a growth problem, or is at risk of a growth problem.

D: Counselling on Growth and Feeding

- Inform a mother about the results of her child's growth assessment.
- Give appropriate feeding recommendations for a child's age.
- Interview a mother to investigate causes of undernutrition.
- Give advice related to specific causes of undernutrition.
- Interview a mother to investigate causes of overweight.
- Give advice related to specific causes of overweight.

2. Preparing for a course

Careful planning and strong administrative support are essential before, during, and after the *Training Course on Child Growth Assessment*. This section of the *Course Director's Guide* describes the necessary plans and arrangements for a course. A suggested schedule for the course is described at the end of this section on pages 15–16.

2.1 Checklist for planning and administrative arrangements

As the course director, you may not be directly responsible for all of the items on this checklist, but you can ensure that appropriate arrangements are being made, or you can assign someone responsibility for making them. Arrangements may not be listed in the exact order in which they will be made. Feel free to write in any additional reminders.

Initial planning of a course

1. _____ General location of course selected. The location must have adequate classroom facilities, and lodging if participants do not live in the area. (*See item 8 on this checklist.*) Since the course will include a health facility visit, suitable facilities must be accessible in the area. (*See section 2.6 for a description of the health facility exercise.*) All courses will also require that children be brought to the classroom to be measured, so children under age 5 must be available in the area.
2. _____ Time frame identified for giving the course. The course requires 3½ (or 4) days.
3. _____ Copies of course materials obtained.
4. _____ Availability of facilitators assessed. Are trained facilitators available, or will you need to train new facilitators for this course? Facilitator training requires 4 days. (Note: If facilitators have previously been trained, it is necessary to gather them a day before the course for a briefing.)
5. _____ Specific dates selected for course and for facilitator training (or briefing, if appropriate).
 - a. _____ 3½ (or 4) calendar days allowed for the course. The schedule on page 16 indicates the time required for each module as well as for the entire course.
 - b. _____ 4 days (plus at least 1 day off) allowed for facilitator training. The schedule on pages 20–22 describes facilitator training. (Note: If facilitators have previously been trained, allow one day for briefing prior to the course.)
 - c. _____ Course director available 1–2 days before facilitator training, and during all of facilitator training and course.
6. _____ Letters sent to the appropriate office asking that office to identify health care providers to be trained. Letter:

- a. _____ announces the course, *Training Course on Child Growth Assessment*, and explains the purpose of the course and why it is important.
 - b. _____ clearly states the number of participants to attend the course, and that these should be health care providers who have responsibility for measuring and assessing the growth of children.
 - c. _____ states the time requirements for attending the course. (Participants should attend the **entire** course.)
 - d. _____ states that participants who complete the entire course will receive a certificate. (*See sample course certificate on page 106.*)
 - e. _____ describes the location and dates of the course.
 - f. _____ states the date by which course participants should be nominated and the person to whom names should be sent.
 - g. _____ clearly states required language and reading skills, and stresses that the course is challenging and requires hard work.
7. _____ Facilitators selected and invited. (See section 2.2, Criteria for selecting facilitators, page 10.) Ensure that:
- a. _____ there will be at least two facilitators for every 6–9 participants expected to attend the course. (Typically facilitators work in pairs with small groups of 6–9 participants.)
 - b. _____ facilitators will attend all of facilitator training and the course. Even if facilitators have already been trained, they should arrive a day in advance to meet one another, receive the training materials, arrange classrooms, review important aspects of the course or teaching methods, and be briefed on any special instructions before the course.
8. _____ Precise locations selected and reserved for classrooms and lodging. (To minimize transportation needs, classrooms should be within easy walking distance of the lodging and easy travelling distance of any health facilities to be visited.)
Selection based on availability of:
- a. _____ adequate lodging (if needed) for all facilitators and participants
 - b. _____ convenient meal service
 - c. _____ large room for seating all participants, facilitators, and visitors to the course (*needed only for the course, not for facilitator training*)
 - d. _____ smaller rooms for groups of 8–12 people to work in, plus separate space for individual consultations (During facilitator training, only one of these rooms will be needed. During the course, one room is needed for each small group of participants and their facilitators.)

- e. _____ tables, chairs, adequate lighting, and blackboard or flipchart stand with paper for each of these rooms (*See also supply list on page 12 and room diagram on page 18.*)
 - f. _____ separate room for secretariat.
 - g. _____ accessible children (under age 5) who can come to the classroom to be measured.
 - h. _____ accessible health facilities that can be visited for an exercise that involves measuring children and counselling mothers.
9. _____ List compiled of health care providers to be invited to participate in the course.
 10. _____ Letters of invitation sent out to selected participants. Letters:
 - a. _____ briefly describe the purpose and organization of the course.
 - b. _____ state desired arrival and departure times for participants.
 - c. _____ describe arrangements for travel and payment of per diem.
 11. _____ Arrangements made for a secretary/administrative assistant to be available to deal with administrative tasks 2–3 days before facilitator training begins. See next parts of this checklist for administrative tasks. Throughout the course, the secretary will need to ensure that things go smoothly and that the work of facilitators and participants is not unduly interrupted. This person may also need to work an extra day after the course to pack up remaining materials and pay bills.
 12. _____ Travel authorizations, if needed, sent to facilitators and participants.
 13. _____ Course completion certificate designed and adequate copies printed (to be signed and awarded to all participants and facilitators at the end of the course). *See sample course certificate on page 106.*
 14. _____ Arrangements made for providing adequate numbers of copies of the course materials and necessary supplies for classroom activities including several taring scales and a length/height boards. (Necessary materials and supplies are listed on pages 11–12 of this guide.)
 15. _____ Arrangements made for sending/transporting necessary materials and supplies to the course location.

At the course location, before facilitator training/briefing begins:

16. _____ Adequate lodging arrangements confirmed for all facilitators.

17. ____ Arrangements made for receiving and orienting facilitators on arrival (e.g. inform of classroom location, start time, and any transportation arrangements).
18. ____ Arrangements confirmed for rooms for conducting facilitator training/briefing:
- a. ____ one room for conducting facilitator training/briefing (with characteristics listed in 26b below). *See room diagram on page 18.*
 - b. ____ one room for a secretary with space for storing modules, forms, and other supplies, available during both facilitator training and the course.
 - c. ____ one overhead projector.
 - d. ____ equipment for viewing a DVD or videotape, and for PowerPoint slide projection.
 - e. ____ weighing and measuring equipment (taring scale, length/height boards, as listed on page 12)
 - f. ____ small toys to give to children and thank the mothers for their time and cooperation
 - g. ____ several typical cups and bowls to show quantities of food servings for children
19. ____ Arrangements confirmed for bringing children to the classroom for the second morning of facilitator training. *(See page 13 of this guide for requirements.)*
20. ____ Health facility(ies) confirmed to be suitable for visiting. Supervisor and staff at each health facility informed about visit. *(See pages 13–14 of this guide.)*
21. ____ Schedule for facilitator training made based on suggested schedule in this guide. *(See section 3.2, Preparing a schedule for facilitator training, pages 19–22).*
22. ____ Sufficient copies made of registration forms, schedule for facilitator training, etc. for use during facilitator training. Supplies and measuring equipment placed in room for facilitator training.
23. ____ At the start of facilitator training, facilitators registered and given schedule and course materials for facilitator training.

Section 3 of this guide describes how to conduct a facilitator training session.

At the course location, before the course begins

24. ____ Adequate lodging arrangements confirmed for all participants.
25. ____ Arrangements made for receiving and orienting participants at the course location.
26. ____ Arrangements confirmed for adequate rooms for conducting the course:
- a. ____ large room available on the first and last day of the course for seating all facilitators, participants, and visitors.

- b. _____ smaller room available during the course for each small group of participants, each room having:
 - _____ sufficient table/desk area and chairs for 6–9 participants and 2 facilitators, plus separate consultation area with additional chairs
 - _____ additional table area for supplies, if possible
 - _____ blackboard, whiteboard, or flipchart stand with paper
 - _____ adequate lighting and ventilation
 - _____ freedom from distractions such as traffic or construction noises or loud music.
 - c. _____ one room for a secretary and the course supplies.
 - d. _____ overhead projectors (one per group)
 - e. _____ equipment for viewing DVD or videotape and for PowerPoint slide projection (if necessary, equipment may be shared by groups)
 - f. _____ weighing and measuring equipment for each group (taring scales, length/height boards, as listed on page 12)
 - g. _____ small toys to give the children and thank the mothers for their time
 - h. _____ several typical cups and bowls to show quantities of food servings for children
27. _____ Arrangements made for registering participants for the course.
- a. _____ Sample Course Registration Form (page 99 of this guide) reviewed and items added if needed.
 - b. _____ Copies made of Course Registration Form.
28. _____ Arrangements made for typing and copying of materials during the course (for example, registration forms, schedules, list of participants, end-of-course evaluation questionnaires).
29. _____ Arrangements made for meals and coffee/tea service.
30. _____ Arrangements made for reconfirming or changing airline, train, bus, car reservations for participants.
31. _____ Arrangements made for paying per diem to participants and facilitators.
32. _____ Arrangements for health facility visit and transportation confirmed; supervisor and staff at each health facility informed about visit. *(See pages 13–15 of this guide.)*
33. _____ Arrangements made for bringing children to the classroom for the second morning of the course. *(See page 13 of this guide for requirements.)*
34. _____ Arrangements made for daily transportation, if needed, to and from classrooms.

35. ____ Plans for opening ceremony of course finalized with local officials.
36. ____ Course schedule developed and copies made for each facilitator and participant. *(See section 2.7, Suggested schedule for the course, pages 15–16.)*
37. ____ Pairs of facilitators assigned to work together during the course. (Note: Facilitators may have different strengths and weaknesses. A facilitator who is weak in one area should be paired with someone who is strong in that area.) If possible, consider the following when making assignments:
- fluency in language in which the course is given and language spoken in health facilities that will be visited during the course
 - strengths (for example, skills and knowledge related to measuring children or counselling mothers, understanding of course content, capability as a classroom trainer)
 - motivation to be a facilitator
 - personality and temperament (for example, shy paired with outgoing).
38. ____ Course materials and supplies organized and placed in the appropriate classrooms. *(See lists on pages 11–12 of this guide.)*

During the course

39. ____ Course participants registered using Course Registration Form.
40. ____ Groups of 6–9 participants assigned to pairs of facilitators. Group assignments posted following opening ceremony.
41. ____ Copies of completed registration forms for participants in each group distributed to the facilitators for that group.
42. ____ Secretariat monitors or carries out administrative activities.
43. ____ Course directory (including names and addresses of all participants, facilitators, and the course director) provided to everyone. *(See page 100 of this guide.)*
44. ____ Course photograph, if desired, made in time to be printed before closing ceremony.
45. ____ Course Evaluation Questionnaire (pages 102–104 of this guide) modified as needed and copied for each facilitator and participant.
46. ____ Arrangements made for closing session.
47. ____ Course completion certificate signed for presentation to each participant.

2.2 Criteria for selecting facilitators

A group of motivated facilitators is needed to conduct this course. The facilitators will work in pairs with small groups of participants to guide them through work on the modules. Two facilitators are needed for each small group of 6–9 participants. Even in a very small course, at least two facilitators are needed; if necessary, the course director may serve as one of the facilitators. The facilitators' tasks are described in detail in the *Facilitator's Guide*.

Facilitators must be trained before serving for the first time as facilitators in this course. Section 3 of this guide describes how to train facilitators. The criteria below indicate the **type of person** that should be selected for training as a facilitator.

- Facilitators should be **currently competent in growth assessment using the WHO Child Growth Standards**. (Competency may be reached by taking the course as a participant and attending facilitator training.) Facilitator candidates should have the basic clinical skills and technical knowledge that will allow them to demonstrate and explain the procedures taught in this course.
- Facilitators must have **good communication skills**, including the ability to explain things clearly and simply to others. Facilitators in this course are not expected to give lectures but to guide participants through written materials, discussions, etc. Facilitators must be observant individuals who can see when participants are having difficulty, can explain things clearly, and can give helpful feedback. Experience in facilitating other modular courses (such as *Integrated Management of Childhood Illness*, 1997, or *Management of Severe Malnutrition*, 2002) is helpful but not required.
- Facilitators must be **familiar with the course materials** from previous training as facilitators or end-users. Ideally, when the course is first introduced in a county or region, a group of master trainers should receive facilitator training. Facilitator candidates should first attend a course as a participant.
- If participants speak a different **language** than the written language of the course, at least one facilitator per group should know the spoken language of the participants.
- Facilitators must be **organized**. They must be able to keep the group on schedule and plan ahead for the next task.
- Facilitators must be **available throughout the course**. They must have the **energy and motivation** to work a long day with participants and then attend a facilitator meeting to review the day's work and prepare for the next day.

Note: In any course, facilitators may identify participants who would eventually make good facilitators themselves. Ask facilitators to point out participants who:

- easily understand the modules
- communicate clearly
- help others and work well with others in their group
- participate confidently in discussions and role plays and
- work confidently and competently in clinical sessions.

2.3

List of instructional materials needed in each small group

Item needed	Number needed
Set of five modules (A–E), includes: <i>A: Introduction</i> <i>B: Measuring a Child's Growth</i> <i>C: Interpreting Growth Indicators</i> <i>D: Counselling on Growth and Feeding</i> <i>E: Photo Booklet</i>	1 set for each facilitator and 1 set for each participant
<i>F: Answer sheets</i> (set in block)	1 for each participant
<i>G: Facilitator's Guide</i>	1 for each facilitator
WHO child age calculator	1 for each facilitator and participant
<i>Boy's Growth Record</i>	1 for each facilitator and participant (<i>Extra copies for module D exercise G — one per working pair/team</i>)
<i>Girl's Growth Record</i>	1 for each facilitator and participant (<i>Extra copies for module D exercise G — one per working pair/team</i>)
Set of job-aids (2 booklets) including: <ul style="list-style-type: none"> <i>Weighing and Measuring a Child</i> <i>Investigating Causes of Undernutrition</i>, bound with <i>Investigating Causes of Overweight</i> 	1 set for each facilitator and 1 set for each participant
Set of overhead transparencies (42) and erasable markers (or PowerPoint file)	1 set per small group
Anthropometry Training Video (DVD or videotape)	1 per small group
Measuring: It's not so easy (PowerPoint file)	1 per small group
Copy of course schedule	1 for each facilitator and participant
Course Registration Form	1 for each participant
Course Evaluation Form	1 for each participant

2.4 List of other supplies needed

Note: These supplies are needed during facilitator training as well as during the course.

Video: A Growth Curve for the 21st Century, the WHO Multicentre Growth Reference Study—One copy is needed (DVD or videotape) to show at the beginning of facilitator training and during the introductory plenary session of the course.

Anthropometry video—One copy is needed to show during module *B: Measuring a Child's Growth*

Supplies needed for each person

- name tag and/or name card for table
- 2 pens
- 2 pencils with erasers
- paper
- highlighter
- folder or large envelope to collect answer sheets
- calculator with x^2 button (optional but helpful) – Participants may be asked to bring this type of calculator if they have one; for those who do not have calculators, it is recommended to have one or two available to share in each small group.

Supplies needed for each small group

- paper clips
- pencil sharpener
- stapler and staples
- extra pencils and erasers
- flipchart pad and markers OR blackboard and chalk OR whiteboard and dry erase markers
- equipment for PowerPoint projection and video-viewing (videotape or DVD), (may be shared by groups if necessary)
- overhead projector and erasable markers for writing on overhead transparencies

Certain exercises require special **measuring equipment**. This equipment is needed from the first day of facilitator training, as well during the course (in each classroom). In addition, it may be necessary to take the equipment to the health facility on the last day. The needed supplies include:

- a taring scale
- a length/height board set up to measure length
- a length/height board set up to measure height
- paper towels or soft cloth to cover the length/height board
- small toys or fruit to entertain the children and offer to take home
- several cups and bowls to show quantities of food servings for children
- small toys to entertain the children and offer as presents to take home
- if possible, tokens of thanks for the parents, such as a gift certificate for groceries

2.5 Arranging for children to come to the classroom for measurement

On the second morning of both facilitator training and the course itself, children should be brought to the classrooms so that participants can practise weighing and measuring skills. Mothers should be present with the children in order to tell their birth dates and assist with reassuring the children.

It is the course director's responsibility to ensure that children and their mothers will be available when needed on the second morning of both facilitator training and the course. Local assistance will be needed to make arrangements and to determine a suitable way of thanking the mothers and children for their time. For example, small toys or fruit (bananas are easy to hand out) may be given to the children.

Children should be a variety of ages and sizes. There should be enough so that at least four children can go to each classroom (e.g. 16 children for 4 groups). Plan for a few additional children in case some do not attend. In each classroom, there should be at least 2 children less than 2 years old and at least one between the ages of 2 and 5 years. Of the four children, at least one should appear heavy, one thin, and one normal.

Example:

If there are three small groups, at least 12 children will be needed, so arrangements will be made to bring 15 children. Of these, at least 6 should be less than 2 years old, and at least 3 should be age 2 up to 5 years old. There should be at least 3 children who appear heavy, 3 thin, and 3 normal. The rest can be of any size and any age under 5 years.

Note: If it is not feasible to bring children to the classroom, arrange for participants to be transported to a nearby health facility for the exercise. However, this will require extending the schedule to allow time to transport participants there and back, plus some extra time in the facility to organize the exercise.

2.6 Preparing for the health facility visit

This course includes a health facility visit to do Exercise G of module *D: Counselling on Growth and Feeding*. This exercise must be done during both facilitator training and the course. The exercise involves weighing and measuring children at a health facility, plotting their measurements in a *Growth Record*, identifying growth problems (based on one visit), interviewing mothers about causes of growth problems, and counselling mothers about feeding.

The health facility exercise must be done at a suitable facility. To learn exactly what facilitators and participants should do during the visit, read Exercise G in module *D: Counselling on Growth and Feeding* and the applicable facilitator guidelines (pages D-24 and D-25 in the *Facilitator's Guide*).

The health facility must have enough space so that a group of 8–11 people can visit without overwhelming the staff or interfering with the regular work of the facility. It may be necessary to select two or more facilities in order to accommodate all participants and

facilitators. The approximate length of the visit is 2 hours, plus the time for transport between the classroom and health facility. Visits take place on the last mornings of both facilitator training and the course.

Identify potential health facilities to visit well in advance of the course. Conduct a **preliminary visit** to assess the suitability of each facility using the following criteria.

Criteria for selecting health facility(ies)

- The facility is located reasonably close to the classroom (e.g. less than 20 minutes travel time). If transport will take longer (e.g. 1 hour each way) the schedule for facilitator training and for the course will need to be extended accordingly.
- The facility has a sufficient number of children attending (age 0 up to 5 years) so that at least 12 children could be weighed, measured and their mothers counselled.
- The facility has a staff person available to work with facilitators – specifically to identify children to participate; explain and get permission from each child’s mother; and direct the mothers and children where to go to be weighed, measured, and counselled by participants.

If the facility does not have a taring scale and suitable length/height measuring board, it will be necessary to bring this equipment to do the exercise.

If a facility seems suitable, discuss the possible visits with the supervisor and determine the willingness and ability to host the facilitators during facilitator training and participants during the course. Describe the visits to the supervisor, including the points in the box below.

**Training Course on Child Growth Assessment
Visit to a Health Facility**

- Date(s) and time(s) of the visit(s) and the number of people who will come
- Length of visit: about 2 hours
- Purpose of the visit: To practise with real children the tasks they have learned in the training course.
- What participants will do:
 - > Weigh and measure children
 - > Assess each child’s growth using the WHO Child Growth Standards in order to identify normal growth or any growth problems
 - > Counsel the mother about feeding, especially in regard to any growth problemParticipants will use the *Growth Records* and the job aids for weighing and measuring children and counselling mothers. Show these to the supervisor and explain that participants will use them.
- What support is needed from the health facility staff:
 - > To identify children from among those who are attending the facility on that day who can be weighed and measured and whose mothers can be counselled (at least 12 children, ages 0 up to 5 years, including, if possible, some who are overweight and some who are underweight.
 - > Children selected should not be seriously ill. Staff must ensure that children are returned to the regular staff as needed so that they receive the care requested/needed that day.

If the facility is suitable and the supervisor is willing to host the visit(s), agree on any additional contact that you will have prior to the visit. Leave a letter that summarizes your agreement (e.g. dates, time, number of people, any equipment that you will bring, support needed from the facility, etc.).

Arrange transportation to and from each health facility that will be visited during facilitator training and the course.

2.7 Suggested schedule for the course

A possible schedule is given on the next page. When adapting this schedule, keep the following points in mind:

- Since groups will work at different paces, the schedule should be flexible. It should not list precise times for completion of modules but should indicate general time frames instead. You will, however, need to list specific times for beginning and ending the day, tea breaks, and lunch.
- 3½ days of work are required for the participants to complete the modules. This is if children come to the classroom for one exercise in measuring, and the participants go to a nearby health facility for the visit to measure children and counsel mothers. However, if transportation or other complexities will increase the time required for these activities beyond what the sample schedule indicates, a full 4 days will be needed to complete the course.
- The schedule includes about 7 working hours every day. It is assumed that 1–1½ additional hours will be used for lunch and tea breaks each day.
- It is helpful to schedule a time apart from regular course hours when at least one facilitator is available to discuss any problems or questions.

Schedule for the course

	Activity	Time
Day 1	Registration	0.5 hour
	Welcome or opening plenary	1.5 hour
	Module <i>A: Introduction</i>	1 hour
	Module <i>B: Measuring a Child's Growth</i>	4.0 hours
Day 2	Exercise D of module B, measuring children in the classroom Continuation of module B	2.0 hours*
	Module <i>C: Interpreting Growth Indicators</i>	6 hours
Day 3	Module <i>D: Counselling on Growth and Feeding</i> (up to Exercise G, which requires a health facility visit)	7 hours
Day 4	Health facility visit to do Exercise G of module D (counselling mothers)	4.5 hours**
	Closing session, awarding of course certificates	1 hour

* If participants must travel to a facility for this exercise, extend the schedule accordingly.

**Time estimate for health facility visit includes 2 hours of travel, 2 hours at the health facility and 30 minutes of discussion on return. If travel will take longer, extend the schedule accordingly.

3. Guidelines for conducting facilitator training

3.1 Overview of the training session

Who should attend facilitator training?

Facilitator candidates should attend facilitator training unless they have previously attended facilitator training for the *Training Course on Child Growth Assessment*.

Experienced facilitators can still benefit from facilitator training as a review of the course content and facilitator techniques.

Who conducts facilitator training?

The course director is responsible for conducting facilitator training. If possible, a co-director or an experienced facilitator should assist the course director during facilitator training. By working together, two course directors can also demonstrate how co-facilitators share the work during the actual course.

What is accomplished during facilitator training?

During the facilitator training session, the facilitators will work quickly through the modules and will take turns practising the teaching activities described in the *Facilitator's Guide*. In addition to reviewing the content of the modules, there will be extensive discussion and practice of facilitator techniques including:

- working with a co-facilitator
- introducing a module
- giving individual feedback
- leading a group discussion
- weighing and measuring children
- using the overhead projector
- leading an oral drill
- leading a role play
- directing a clinical exercise

By the end of facilitator training, facilitators will be prepared to work with a co-facilitator to lead a small group of 6–9 participants through the course.

When and where should facilitator training occur?

The facilitator training session requires 4 days. (A suggested schedule is provided on pages 20–22.) Facilitator training should occur shortly before the course (that is, a few days before, not a few months before). There should be at least one full day off between facilitator training and the course to allow facilitators to rest.

It is helpful to train facilitators in one of the classrooms that will be used by a small group in the actual course. In that way, the group can become accustomed to the surroundings in which they will be teaching.

How will facilitators learn to teach the course?

Three methods will be used to demonstrate and practise facilitator techniques:

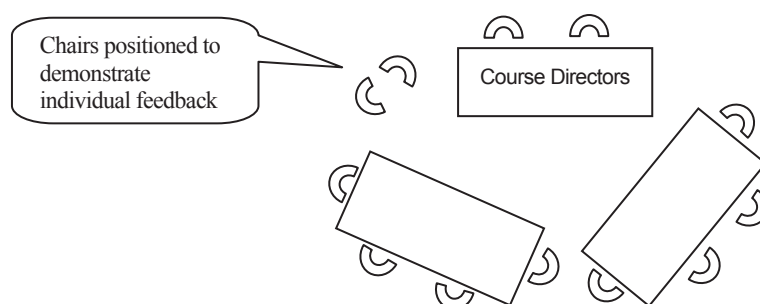
- **The course director acts as a facilitator.** Facilitator trainees observe appropriate facilitator behaviours as the course director introduces a module, provides individual feedback, does a demonstration, leads group discussions, leads a health facility visit, etc.
- **A facilitator trainee acts as a facilitator speaking to a group of participants.** After the course director has introduced and demonstrated a group teaching activity (such as leading a group discussion), facilitator trainees practise the technique. For example, facilitator trainees introduce a module or lead a group discussion. While practising, the trainees are also demonstrating these teaching activities for the others in the group. For some teaching activities, it is suggested that two trainees practise together, acting as co-facilitators. This will allow them to practise working in pairs, as they will during the course. After every activity, it is important to discuss the trainees' performance and give feedback.
- **One trainee acts as a course participant and another acts as a facilitator providing individual feedback.** Both sit at the front of the room, positioned as a facilitator and participant would be. The facilitator trainee both practises and demonstrates individual feedback. The facilitator trainee checks the "participant's" answers, asks questions to ensure understanding of the exercise, and mentions all the major points specified in the *Facilitator's Guide*.

Note: Situating these two individuals apart from the rest of the group is important because it clearly shows that giving individual feedback is different from leading a group discussion. In the past, individuals have not understood the individual feedback procedure until they have observed and participated in it. If facilitator trainees are told that feedback should be given individually, but they never practise it or see it done, they are unlikely to provide it during the course.

By the end of facilitator training, every trainee should have practised each facilitator technique. A Practice Assignment Grid is provided on page 84 of this guide to help you ensure that each trainee has adequate practice. Make a copy of this grid to keep beside you, and list the names of the trainees. Whenever someone practises a technique, make an entry on this grid.

Sample room arrangement for facilitator training

Each person should have adequate room on the table in front of him or her to write in the modules. The extra chairs are set off to the side. The arrangement below is a suggestion which can be altered as needed if tables are larger or smaller, etc.



3.2 Preparing a schedule for facilitator training

A possible schedule for facilitator training begins on the next page. Guidelines follow the schedule. The 4-day facilitator training focuses on teaching skills to be used in the classroom. Some time on the final day may be used to arrange the classrooms for the course.

Use this schedule to make a more precise schedule with specific dates and times, once the times and arrangements for lunch, tea breaks, etc. are known. When adapting this schedule, keep the following points in mind:

- The schedule is 4 working days. About seven working hours have been scheduled each day. It is assumed that an additional 1–1½ hours will be needed for lunch and tea breaks.
- Facilitator training is critical to the success of the training. The schedule is very full. Do not try to shorten the schedule.
- The schedule will require facilitators to work in a concentrated way. Modules will be reviewed quickly, and homework may be required at night.
- Classroom time will focus on discussion and practice of facilitator techniques, such as individual feedback, leading discussions, etc.
- The schedule should be flexible. If work is completed ahead of schedule on a certain day, facilitators should begin work on the next module. If work takes too long, some homework can be assigned, or some activities delayed until the next day.
- The health facility visit **must** be conducted during facilitator training to prepare for the visit during the course.
- Reserve time on the last day for arrangements such as discussion of the schedule for the course, assignments of classrooms, and distribution of instructional materials and supplies.
- Before the end of facilitator training, assign pairs of facilitators to work together, and designate classrooms. This will allow the facilitator pairs time to organize their rooms and plan how they will work together.

There should be at least one complete day off before the course to allow facilitators to rest.

Note: From time to time, you will need to remind facilitator trainees that the course will **not** be conducted the way that facilitator training is conducted. During the course, participants will read a section of the module, do an exercise, receive feedback, etc., in the order described in the *Facilitator's Guide*. Refer frequently to the *Facilitator's Guide* and the actual course schedule (based on page 16 of this guide), so everyone understands how the actual course will differ from facilitator training.

Suggested schedule for facilitator training

Facilitator training day 1 <i>(Guidelines follow on pages 24–46)</i>	
Activity	Time
1. Opening session A. Opening ceremony and administrative tasks B. Background on Multicentre Growth Reference Study (MGRS) C. Video: A Growth Curve for the 21 st Century (MGRS) D. Introductions E. Review of purpose of the course	1 hour
2. Introduction to facilitator training A. Context of facilitator training B. Materials needed C. Objectives of facilitator training D. Teaching methods E. Schedule for facilitator training F. Introduction of <i>Facilitator's Guide</i>	0.5 hour
3. Module A: <i>Introduction</i> A. Review and demonstration B. Facilitator technique: working with a co-facilitator	0.5 hour
4. Module B: <i>Measuring a Child's Growth</i> A. Facilitator technique: introducing a module B. Reading the module, demonstration of child age calculator C. Facilitator technique: individual feedback D. Work on Exercise B, practice giving individual feedback E. Reading and work in the module F. Facilitator technique: while participants are working G. Live demonstration of use of measuring equipment H. Facilitators practise using the equipment I. Video demonstration of measuring children J. Reading and work in the module K. Practice giving individual feedback – Exercise C	5 hours
5. Assignments for the next day – Finish individual work on module B, if necessary – Review facilitator guidelines for module B, particularly for Exercise D – Prepare for any assigned activities	<i>completed as homework</i>

Facilitator training day 2 <i>(Guidelines follow on pages 47–60)</i>	
Activity	Time
1. Continuation of module B A. Practice measuring real children (Exercise D)* B. Slide show: Assessing measuring techniques C. Facilitator technique: directing a clinical exercise D. Practice concluding the module	2 hours
2. Module C: <i>Interpreting Growth Indicators</i> A. Demonstration of oral drill B. Written Exercise A, practice giving individual feedback C. Reading and group discussion of interpreting plotted points D. Continuing work on the module and practice of facilitator techniques E. Finishing the module	6 hours
3. Assignments for the next day – If necessary, finish individual work on module C – Read module D: <i>Counselling on Growth and Feeding</i> , pages 1–8 and do short answer exercises; do Exercise A on page 9. – Study child feeding recommendations in <i>Growth Record</i> . – Prepare for any assigned activities	<i>completed as homework</i>

* If not possible to bring children into the classroom, facilitators will visit a health facility.

Facilitator training day 3 <i>(Guidelines follow on pages 61–79)</i>	
Activity	Time
<i>As necessary, complete any activities from module C.</i>	1 hour
1. Module D: <i>Counselling on Growth and Feeding</i> A. Facilitator technique: leading a group discussion, Exercise A B. Reading and Exercise B – Interview about causes of undernutrition C. Reading and Exercise C – Advice about undernutrition D. Oral drill E. Reading and work on Exercises D and E – Counselling about overweight F. Role play Exercise F G. Facilitator technique: conducting a role play H. Introducing Clinic Exercise G – Measuring children, interviewing and counselling mothers	6 hours
2. Assignments for the next day – Read facilitator guidelines for introducing and conducting Exercise G (health facility visit) – Read “Guidelines for All Modules” at end of Facilitator’s Guide, especially page All-9 – Read annex to module D, including messages on care for development	<i>completed as homework</i>

Facilitator training day 4 <i>(Guidelines follow on pages 80–83)</i>	
Activity	Time
1. Health facility visit A. Exercise G of module D B. Discussing health facility visit C. Concluding module D and the training course	4.5 hours**
2. Review of facilitator techniques	1 hour
3. Practical arrangements for the course	
4. Closing remarks to facilitators	
5. Arranging classrooms and planning with co-facilitator. <i>(This can be done in the afternoon or at another time.)</i>	1.5 hours

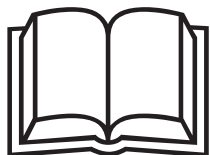
***Time estimate includes 2 hours of transportation, 2 hours at the health facility and 30 minutes of discussion on return. If transportation will take longer, extend the schedule accordingly.*

3.3 Using this guide to conduct facilitator training

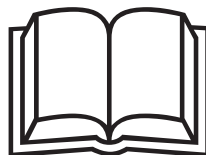
As a course director, you should be knowledgeable about the WHO Child Growth Standards and have experience as a co-director or facilitator in this course. To prepare to teach others to be facilitators, read this guide, and reread and study the *Facilitator's Guide*.

When conducting facilitator training, keep available the schedule on pages 20–22 for an overview of the steps to be accomplished each day.

This section gives instructions, day by day and step by step, for conducting facilitator training. Just turn to the appropriate day and follow the instructions. Some instructions tell you to follow certain steps described in the *Facilitator's Guide*. To save you the trouble of finding those instructions in the *Facilitator's Guide*, they are reproduced in the *Course Director's Guide* in a box. You will need to keep the *Course Director's Guide* and a module open at the same time, as shown below:



Course Director's Guide



Module

Instructions for the first day of facilitator training begin on the next page.

FACILITATOR TRAINING DAY 1

Note: Equipment and supplies needed for facilitator training are listed on page 12 of this guide. Materials needed the first day include projection equipment with computer to show a DVD or videotape and PowerPoint slides, taring scales, length/height boards, paper towels, and dolls (or substitutes for the demonstration of measuring).

1. Opening session

A. Opening ceremony and administrative tasks

There may be an official opening ceremony conducted according to local custom. This will be concluded by making any necessary announcements regarding meals, transportation, payments, hotel arrangements, etc.

B. Background on Multicentre Growth Reference Study (MGRS)

The WHO Child Growth Standards presented in this course were developed by WHO based on a sample of children from six countries: Brazil, Ghana, India, Norway, Oman, and the United States of America. The WHO Multicentre Growth Reference Study (MGRS) was designed to provide data describing how children *should* grow, by including in the study's selection criteria certain recommended health behaviours (for example, breastfeeding, providing standard paediatric care, and not smoking). The study followed term babies from birth to 2 years of age, with frequent observations in the first weeks of life. Another group of children, age 18 to 71 months, were measured once, and data from the two samples were combined to create the WHO Child Growth Standards for birth to 5 years of age.

By including children from many countries who were receiving recommended feeding and care, the MGRS resulted in prescriptive **standards** for normal growth, as opposed to simply descriptive references. The new standards show what growth can be achieved with recommended feeding and health care (e.g. immunizations, care during illness). The standards can be used anywhere in the world, since the study also showed that children everywhere grow in similar patterns when their health and care needs are met.

C. Video: A Growth Curve for the 21st Century (MGRS)

Show this 30-minute video (either videotape or DVD), which describes the MGRS methodology, organization, and field logistics and provides an overview of the implementation of the study in the six participating countries. It will be motivating for facilitators to see the enormity of the effort to develop the WHO Child Growth Standards and should impress upon them the importance of their role in teaching participants to use the standards.

After the video, allow time for questions and discussion.

D. Introductions

Introduce yourself as the course director and write your name in large letters on a blackboard or flipchart. (If there are two course directors, both should do this.) Ask the

facilitators to introduce themselves and write their names under yours on the flipchart. Ask them to tell the group where they work and what their responsibility is for assessing the growth of children. You may also want to ask them if they have been trained as a facilitator for other training courses, such as IMCI.

Examples of slides or overhead transparencies for this opening session are provided throughout this section. The slides may be used in a PowerPoint presentation (found on the disk of Facilitator's resource files), or they may be made into transparencies for use with an overhead projector. Full-page images for photocopying onto transparency film are provided in section 3.4 (pages 86–93).

E. Review of purpose of the course (Slide 1)

The purpose of the WHO *Training Course on Child Growth Assessment* is to teach the skills and knowledge specifically needed to measure the weight and height/length of children; assess their growth in relation to the WHO Child Growth Standards; and counsel mothers and other caregivers about growth and feeding. The feeding recommendations presented in the course are consistent with those in other WHO publications and courses, such as IMCI courses and

“Infant and Young Child Feeding Counselling: An Integrated Course.”

Training Course on Child Growth Assessment

- Teaches skills and knowledge needed to measure the weight and length/height of children; assess growth in relation to the new child growth standards; and counsel mothers/caregivers about growth and feeding
- For health care providers responsible for measuring and assessing the growth of children or supervising these activities
- These may include paediatricians, family practice physicians, nurses, clinical officers, health assistants, and nutritionists working in the public and private sectors

Slide 1

Experience shows that it is difficult to get accurate measurements. And yet it is essential for health care providers to measure children accurately if they are to correctly identify any growth problems. This is why WHO has prepared this course, intended for health care providers responsible for measuring and assessing the growth of children. These may include paediatricians, family practice physicians, nurses, clinical officers, health assistants, and nutritionists. They may work in the public or private sectors. It is expected that participants will return to their jobs and make improvements in child growth assessment, and counselling in response to growth assessment, in their areas.

2. Introduction to facilitator training

A. Context of facilitator training (Slide 2)

Cover the following points:

- There will be (*number*) participants attending the *Training Course on Child Growth Assessment*, (*dates*).

The participants will be health care providers responsible for measuring and assessing the growth of children.

- All of you (*number*) will be facilitators to assist participants to learn the skills presented in the course materials. These 4 days are your time to work through the materials and prepare to teach others.
- As facilitators, you will work in pairs (*or threes*) to teach the course. Each pair (*or team*) will be assigned a group of about (*number*) participants. Pairs for the course will be assigned later. During facilitator training, each of you will work with a number of other facilitators.

**Training Course on
Child Growth Assessment**

- Participants will be health care providers responsible for measuring and assessing the growth of children
- Facilitators will assist participants to learn the procedures
- Facilitator training: 4 days
- Facilitators work in pairs
- Each pair assigned a group of ___ participants
- ___ facilitators and ___ participants

Slide 2

B. Materials needed (Slide 3)

Give each facilitator the following materials. Explain that participants will be given modules one at a time but that you are giving facilitators the materials all at once so that they may work ahead.

- Set of 5 modules (A–E)
- *G: Facilitator's Guide*
- WHO child age calculator
- *Boy's Growth Record, Girl's Growth Record* (2 of each)
- Set of job aids (2)

**Training Course on Child Growth Assessment
Materials for facilitators**

- Set of 5 modules (A–E)
- *Facilitator Guide*
- WHO child age calculator
- *Boy's Growth Record, Girl's Growth Record*
- Set of job-aids
- Set of overheads, MGRS video, and Anthropometry Training Video for each small group

Slide 3

Explain that each pair (*or team*) of co-facilitators will also be given a set of overhead transparencies, a disk with PowerPoint files (*Facilitator's resource files*), and an Anthropometry Training Video for use in their small group.

Answer sheets for the exercises are included in the *Facilitator's Guide*. During the course, facilitators will detach answer sheets as needed from *F: Answer Sheets* to give to each participant. Participants may collect their answer sheets in a large envelope as they receive them after each exercise.

C. Objectives of facilitator training (Slide 4)

- Learn the course content.
- Practise the teaching techniques used with the modules (for example, giving individual feedback, leading group discussions).
- Learn ways to work effectively with a co-facilitator.
- Practise communicating in supportive ways that reinforce learning.
- Discuss problems that may arise during the course (for example, slower readers, logistic difficulties or sections of a module that may be difficult to teach), and prepare to handle these difficulties.

Training Course on Child Growth Assessment
Objectives of facilitator training

- Learn the course content
- Practise teaching techniques
- Learn to work with co-facilitator
- Practise supportive communication to reinforce learning
- Plan how to handle problems

Slide 4

Facilitator training is far more than learning the content of the course materials; it is also learning teaching techniques and preparing to teach this course.

D. Teaching methods (Slide 5)

Explain that the teaching methods of this course are based on several assumptions about learning.

1. *Instruction should be performance-based.*

Instruction should teach the tasks that the participant will be expected to do on the job. This course is based on an analysis of tasks involved in measuring and assessing the growth of children, and in counselling mothers and caregivers. Each module teaches the skills and knowledge needed to perform some of these tasks. At the beginning of each module is a list of learning objectives describing the tasks taught in that module.

2. *Active participation increases learning.*

Participants learn far more quickly and efficiently by actually doing a task than by just reading or hearing about it. Practice helps participants remember more and keeps them interested and alert. This course actively involves the participants in written exercises, practical exercises, role plays, and group discussions.

Training Course on Child Growth Assessment
Teaching methods

Based on assumptions about learning:

- Instruction should be performance-based
- Active participation increases learning
- Immediate feedback increases learning
- Learning is increased when instruction is individualized
- Positive motivation is essential for learning to take place

Slide 5

3. *Immediate feedback increases learning.*

Feedback is information on how well the participant is doing. A participant who does well on an exercise and is reinforced immediately is more likely to retain what has been learnt. Immediate feedback also allows misunderstandings to be corrected before they become strong beliefs, or before the participant becomes further confused. In this course, the facilitators give immediate feedback on each exercise, tailored to each participant's needs. Feedback is provided through group discussion or individual consultation.

4. *Learning is increased when instruction is individualized.*

Participants attending this course will learn at different speeds and in different ways. For maximum learning to occur, the instruction must be flexible enough to allow each participant to proceed at a comfortable pace. Each participant should ask questions and receive explanations to the extent necessary to understand and acquire the skills and knowledge. This course is structured to enable the participants to do the exercises at a comfortable pace and then to discuss any problems or questions with a facilitator.

5. *Positive motivation is essential if learning is to take place.*

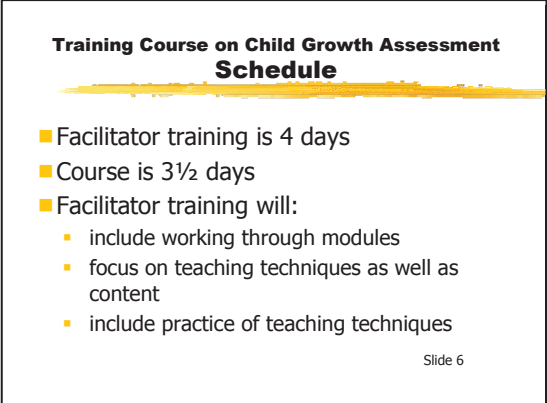
Participants must want to learn for instruction to be effective. Most of the time, participants come to a course highly motivated. Facilitators help the participants to maintain this motivation by providing individual attention, giving prompt feedback, reinforcing them for their work on the exercises, ensuring that they understand each exercise, and encouraging them in group activities.

E. Schedule for facilitator training (Slide 6)

Distribute a written schedule for facilitator training based on the one given on pages 20–22. Explain that this 4-day schedule is very full.

Facilitators will move very quickly through the modules and will focus on teaching techniques as well as content.

At the end of the *Facilitator's Guide* (on page All-10) is a generic schedule for the actual course. This schedule has been (or will be) customized to include starting and ending times each day, times for breaks, etc. This customized schedule will be distributed at the end of facilitator training.



**Training Course on Child Growth Assessment
Schedule**

- Facilitator training is 4 days
- Course is 3½ days
- Facilitator training will:
 - include working through modules
 - focus on teaching techniques as well as content
 - include practice of teaching techniques

Slide 6

F. Introduction of Facilitator's Guide (Slides 7 and 8)

Facilitators will learn to use the *Facilitator's Guide* during facilitator training.

1. Ask facilitators to read pages 1–5 of the *Facilitator's Guide*. These pages provide a description of the roles and responsibilities of a facilitator.

2. Answer any questions about pages 1–5. Then, briefly summarize the major duties of a facilitator (**Slide 7**):

- to introduce the modules,
- to answer questions and assist participants while they work,
- to provide individual feedback on completed exercises,
- to demonstrate or give explanations of certain steps (e.g. measuring a child),
- to lead group discussions,
- to supervise role plays, and
- to supervise the health facility visit.

Training Course on Child Growth Assessment
Duties of a facilitator

- Introduce each module
- Answer questions and assist participants while they work
- Provide individual feedback on completed exercises
- Demonstrate or explain certain steps
- Lead group discussions
- Supervise role plays
- Supervise the health facility visit

Slide 7

3. (**Slide 8**) Urge facilitators to follow procedures in the *Facilitator's Guide* and make the points specified. Review the parts of the *Facilitator's Guide*:

- checklists of instructional materials and supplies/equipment needed (pages 6–7 of *Facilitator's Guide*),
- procedures table for each module,
- notes for each step of the procedures,
- the section of “Guidelines for All Modules” at the end of the *Facilitator's Guide*.

Training Course on Child Growth Assessment
Facilitator Guide

- Checklist of instructional materials and supplies (pages 6–7)
- Guidelines for teaching each module:
 - procedures table
 - notes for each step of the procedures
- “Guidelines for all modules” at end of guide
- Answer sheets (also in a separate packet for each participant)

Slide 8

4. Point out that answer sheets for the exercises are provided in the *Facilitator's Guide*. Copies are also provided in a separate block for each participant. (Hold up *F: Answer Sheets* to show facilitators.) The facilitator will detach answer sheets to give each participant after feedback. For convenience, some facilitators tear out all of the answer sheets for an upcoming exercise and put them in a stack to have them ready to give to each participant as needed. Participants may keep their loose answer sheets in a folder or envelope that should be provided with the course supplies.

You may want to write the message “Remember to use your *Facilitator's Guide*” on a flipchart page and leave the message visible throughout the training. Encourage facilitators to write notes in their modules and *Facilitator's Guide* about important points to make during the course. Some facilitators find it helpful to mark in their modules points at which they should refer to the *Facilitator's Guide* and the relevant page number.

3. Module A: *Introduction*

A. *Review and demonstration*

Ask facilitators to open page A-1 of the *Facilitator's Guide* where the steps covered in Module A are listed. Point out the procedures table and the corresponding notes on pages A-2 and A-3 of the *Facilitator's Guide*. Ask the group to follow along as you use the notes to lead them through module A: *Introduction*. **Follow the notes below (from pages A-2 and A-3 of the *Facilitator's Guide*) to lead the group through module A: *Introduction*.** Mention each step, even if it does not apply during facilitator training. For example, since facilitators have already introduced themselves, simply mention the step of introductions rather than doing it.

[Ref A-2 to A-3]

1. **Introduction of yourself and participants**

This introduction will likely take place after an opening ceremony at which general introductions may have been made and the Multicentre Growth Reference Study documentary video seen and discussed. From this point onwards, this guide describes what takes place in the small working groups.

Ask each participant to complete the Course Registration Form that will give you a profile of their backgrounds. Explain to participants that you would like to learn more about their current responsibilities related to growth assessment to better to facilitate the course for them. Do study the registration forms later to understand the participants' backgrounds.

Introduce yourself and your co-facilitator and write your names on the blackboard or flipchart. As the participants introduce themselves, ask them to write their names on the blackboard or flipchart and briefly tell the group where they work and what growth assessment responsibilities they have. . (If possible, also have them write their names on large name cards at their places.) Leave the list of names where everyone can see it. This will help you and the participants learn each other's names.

2. **Administrative tasks**

There may be some administrative tasks or announcements that you should address. For example, you may need to explain the arrangements that have been made for lunches, transportation of participants, or payment of per diem.

Ask participants to turn off their cell phones during the course sessions.

Distribute the course schedule, and answer any questions about the schedule.



3. Introduction of module and manual

Distribute module *A: Introduction*. Explain that this introductory module provides a brief overview of the course. This module:

- stresses that growth assessment efforts must be associated with appropriate **response** to growth problems discovered,
- describes the significance of the WHO child growth standards, and
- describes the course methods and learning objectives.

Explain that this module, like all the modules that the participants will be given, is theirs to keep. As they read, they can highlight important points or write notes on the pages if they wish.

Point out the glossary at the end of the module *A: Introduction*. Participants should look in the glossary when they encounter an unfamiliar term.

Ask the participants to read pages 1–5 in module *A: Introduction* now.

4. Answering questions

When everyone has finished reading, ask if there are any questions about the module or the purpose of the course. Answer any questions.

5. Explanation of your role as facilitator

Explain to participants that, as facilitator (along with your co-facilitator), your role throughout this course will be to:

- guide them through the course activities,
- answer questions as they arise or find the answer if you do not know,
- clarify information they find confusing,
- give individual feedback on exercises where indicated,
- lead group discussions, drills, and role plays, and
- lead clinical exercises (with real children) in the classroom and in a health facility.

6. Continuing to the next module

Proceed directly to module *B: Measuring a Child's Growth*.

Ask facilitators to write their names on their modules and other materials.

Follow the procedures in the *Facilitator's Guide* closely. If you have an assistant, turn to your assistant for help in remembering to include all of the relevant points. For example, ask aloud, “Have I forgotten anything?” In this way, you will demonstrate one way of working together as co-facilitators.

When you have finished, tell the group that you have just demonstrated most of the procedures for module *A: Introduction*. Answer any questions about how to use the *Facilitator's Guide*.

B. Facilitator technique: working with a co-facilitator

Explain that facilitators work in pairs (*or in threes*) to teach this course. There are several ways that co-facilitators can help each other and work together as a team. For example, while one facilitator is leading a discussion, introducing the module or doing a demonstration, the other can:

- record information on the flipchart,
- find and position the next overhead transparency or change PowerPoint slides,
- follow along in the *Facilitator's Guide* to ensure that no important points are omitted, and
- politely add certain points if necessary.

When first assigned to work together, co-facilitators should take time to talk about previous teaching experiences and individual strengths and weaknesses. They should agree on roles and responsibilities and on how to work together as a team.

Suggestions for working together as co-facilitators:

1. Discuss in advance how to work together on exercises and other activities. Review the teaching activities for the next day, and agree who will prepare for each demonstration, lead each discussion, collect supplies, etc. Do not divide your work with the attitude that “this is your piece and this is mine.” Be flexible and ready to adjust roles if needed.
2. Work together on each module rather than taking turns having sole responsibility for a module. During each module, you will sometimes be the leader and other times the helper, writing on the flipchart, etc.
3. After exercises requiring individual feedback, both facilitators should be available to give feedback so that participants do not have to wait long.
4. When leading a discussion, always try to ask the opinion of your co-facilitator. For example, ask, “Dr King, do you have something to add?” or “Would you agree with this explanation?”
5. When you are assisting, give your co-facilitator your full attention. If you need to add information, wait until a suitable point in the presentation. Then politely ask, “Do you mind if I add something here?” Or say, “Excuse me, there is one more point I would like to mention.”
6. Avoid contradicting your co-facilitator in front of the group. If you think that your co-facilitator is doing a demonstration incorrectly or is giving incorrect information, say, “Excuse me, but may I clarify that?” If the situation is more complicated, quickly excuse yourselves, discuss the error privately, and decide how to clarify the explanation or demonstration to the group. The group must be

given correct information as soon as possible. A serious disagreement between you and your co-facilitator may require help from the course director.

During facilitator training, pairs of facilitators will practise working together on group discussions and other exercises. When given an assignment, each pair should discuss in advance how to work together.

4. Module B: *Measuring a Child's Growth*

Facilitators will now begin module B: *Measuring a Child's Growth*. During facilitator training, facilitators should work quickly but carefully. In the actual course, facilitators should not rush participants through the materials but should allow them to proceed at a comfortable pace.

A. Facilitator technique: introducing a module

Follow the instructions below (from pages B-3 and B-4 of the *Facilitator's Guide*) to demonstrate introducing module B. During the course, this introduction will involve distributing a number of materials to participants; facilitators should already have these materials. Ask facilitators to notice the guidelines for introducing the module while you speak. These include important information about the pictures and instructions that will guide participants through all of the modules.

[Ref B-3 to B-4]

1. Introducing the module

Distribute module B: *Measuring a Child's Growth* and the following additional materials used with this module:

- *Boy's Growth Record* and *Girl's Growth Record* (a copy of each per participant)
- *E: Photo Booklet*
- *WHO child age calculator*
- *Job-Aid: Weighing and Measuring a Child*

Each participant needs one copy of the *Boy's Growth Record* and one copy of the *Girl's Growth Record*.

Explain that this module teaches how to determine a child's age; recognize clinical signs of certain serious problems of undernutrition; weigh a child; measure length or height; and determine a child's BMI (body mass index). Later modules will describe how to use these measurements to determine growth indicators and assess a child's growth.

Review the list of objectives on page 1 of the module.

Describe how participants will work on this module and other modules:

- In general, participants will read until they come to an exercise (as on page 8 of the module) or an instruction in a box (as on page 26, where participants are instructed to stop for a demonstration).



- **Written exercises are marked by a picture of a pencil** and are done independently.
- At the end of written exercises, there is usually a box that instructs participants to review and discuss their answers with a facilitator. This private discussion is called **individual feedback**. The purpose is to clarify any misunderstandings and help participants learn. Explain what participants should do when they are ready for individual feedback. (Depending on the room arrangement, they may raise their hands for a facilitator to come to them, or they may come to the facilitator who is sitting apart from the group.)
- The modules also include some **short answer exercises** (as on page 24 of module B). Participants are instructed to check these exercises themselves by looking at answers given at the end of the module. If participants have questions about a short answer exercise, they should talk with a facilitator.
- Some exercises involve **clinical practice** using real equipment and measuring real children.
- In some modules, there are **discussion and role play exercises** as well as written exercises and clinical practice. These are marked by pictures of a group or drama masks.

Ask participants to begin work on module B by reading pages 1–4. Tell them that when everyone has read the four pages, you will give a brief demonstration of how to use the child age calculator.

Explain that, from now on, you will ask a facilitator to introduce each module. Tell them to keep their introductions brief (just a few remarks of 1–3 minutes). They should **not** lecture on the content of the module but should cover the points suggested by *Facilitator's Guide*.

B. Reading the module, demonstration of child age calculator

When the facilitators have read pages 1–4 (and some may have read further), get the group's attention for a brief demonstration of how to use the child age calculator. **Follow the instructions on page 5 of Module B to “walk them through” the example about Grace Madu given on page 6.**

Make up another example for a child who is more than 1 year old, and lead the group through that example. You may also do an example for a child who is less than 3 months old.

After the demonstration, point out that this demonstration is described on page B-4 of the *Facilitator's Guide*. This demonstration is helpful because some participants have trouble following the written directions but can easily use the child age calculator when shown.

Ask facilitators to finish reading through page 7 of the module and then complete Exercise A (pages 8–9) independently.

C. *Facilitator technique: individual feedback*

When facilitators have finished Exercise A, point out that the notes for giving individual feedback are on pages B-4 and B-54 of the *Facilitator's Guide*, and the answers are on page B-6. Explain that they will detach the appropriate answer sheet from the block of answer sheets and give it to each participant after each exercise.

Explain that individual feedback is done by one facilitator talking to one participant privately. Each facilitator should set up a place in a separate area of the room where participants can come to them for individual feedback. Both co-facilitators should be available to give individual feedback so that participants do not have to wait long.

Ask for a volunteer to act as a “course participant” who has just completed Exercise A. The participant will show you answers written in the module. (For realism, the participant may make up a wrong answer or two.) You will act as the facilitator, modelling the technique of giving **individual feedback**. Sit face to face with the participant at the front of the room and speak clearly so that everyone can “overhear.”

Follow the guidelines below for providing feedback on Exercise A (from the *Facilitator's Guide*, pages B-4 and B-5).

[Ref B-4 to B-5]

Exercise A—Individual feedback

Watch as participants begin working on the first written exercise. Be sure that they are not confused about what to do, stuck with no pencil, etc. Some participants may need a bit of encouragement to write in the module book.

When you see that a participant has finished the exercise, you may need to initiate individual feedback by encouraging the participant to come to you. If individual feedback is a new method for the participants, they may wait to see whether and how individual feedback happens. Some may not come for feedback unless you prompt them. Be sure that every participant receives individual feedback on this exercise.

Make sure that this first experience with individual feedback is positive. Look at each participant's answers carefully. Ask whether the participant has questions; listen attentively; and answer carefully. Build the participant's confidence that these interactions will be pleasant and helpful. When interactions are positive and participants feel that facilitators are interested in their work, they are more motivated to do the work well.

To provide feedback on Exercise A:

- Compare the participant's answers to those given on the answer sheet.
- If there is a discrepancy in the age recorded by the participant, ask him or her to show you, using the WHO child age calculator, how the age was determined. Observe the participant to find out how the error occurred and correct any misunderstanding.



- Point out that the selection of growth charts to be used is dependent on the child's age.

Note: One of the growth charts is used for children from birth to 2 years of age, which includes two of the age groups in the *Growth Record*. This chart (weight-for-length, on page 35) may be used both for children from birth to 6 months of age, and children 6 months to 2 years of age. The weight-for-length chart on page 31 is an enlargement of part of that chart, to make it easier to plot and read weight-for-length for children up to 6 months of age.

- Answer any questions that the participant may have.
- Give the participant a copy of the answer sheet for this exercise (from *F: Answer Sheets*) for him/her to keep. Each participant should have received an envelope or folder in which to keep the answer sheets.
- Thank or congratulate the participant for his or her work. Then ask him/her to do Exercise B. Explain that he/she will need to use one copy of the *Boy's Growth Record* and one copy of the *Girl's Growth Record* in this exercise, which begins continuing case studies of a boy named Toman and a girl named Nalah.

After modelling individual feedback, **ask facilitators to turn to page All-6 of the *Facilitator's Guide***. It explains what facilitators should do when giving individual feedback. **Review each point on that list, which is reproduced on the next page.**

[Ref All-6]

Guidelines for All Modules

When providing individual feedback:

- Before giving individual feedback, refer to the appropriate notes in this guide to remind yourself of the major points to make.
- Compare the participant's answers to the answer sheet.
- If the participant's answer to any exercise is incorrect, ask questions to determine why the error was made. There may be many reasons for an incorrect answer. For example, a participant may not understand the question, may not understand certain terms used in the exercise, may be accustomed to different procedures, may have overlooked some information about a case, or may not understand a basic process being taught.
- Once you have identified the reason for the incorrect answer to the exercise, help the participant correct the problem. For example, you may only need to clarify the instructions. On the other hand, if the participant has difficulty understanding the process itself, you might try using a specific case example to explain. After explaining, ask questions to be sure that the participant understands. Allow him/her to revise the answer in front of you unless it is likely to take too long.
- Give the participant a copy of the answer sheet, if one is provided.
- Reinforce the participant for good work. For example:
 - comment on how well the participant understands,
 - show enthusiasm for the participant's ideas for application of the skill on the job,
 - mention that you enjoy discussing exercises with the participant, or
 - comment that the participant's hard work is appreciated.
- Tell the participant what to do next.

Then review the additional points below:

- If space allows, provide individual feedback away from the group, in order to avoid disturbing others and to give the participant some privacy. For example, one facilitator could set up chairs in the hall while the other sets up chairs in the corner of the room.
- Individual feedback may be fairly brief. During the course, individual feedback may not be as complete and lengthy as it is during facilitator training, when you are learning how to provide feedback.

- Occasionally ask a question about the participant's own health facility. For example, "Do you have taring scales?" or "How is counselling about feeding done at your health facility?" Listen carefully to the participant's answers. You will understand the participant's situation better and may help the participant think through any concerns.
- You will have a chance to practise giving individual feedback during this facilitator training. You will review a "participant's" answers. You will practise consulting the *Facilitator's Guide* and mentioning any key points related to the exercise. However, the questions and comments of the individual acting as the participant may not be similar to those encountered during the course. Actual participants are likely to be more timid and may read or understand less quickly.

D. Work on Exercise B, practice giving individual feedback

Have facilitators look at the procedures table on page B-1 of the *Facilitator's Guide* again. Point out that the next step (Step 3) is to do written Exercise B, in which they will begin continuing case studies of two children, Nalah and Toman, who will be followed throughout the course.

Select two facilitators to act as "facilitators" and two to act as "participants" for Exercise B. One "facilitator" will demonstrate giving individual feedback to a "participant" on the first part of the exercise about Nalah; the other pair will demonstrate individual feedback on the second part of the exercise about Toman. These pairs will demonstrate giving individual feedback in front of the group when everyone has finished the exercise. Suggest that the facilitators study the guidelines for giving feedback on this exercise on page B-7.

_____ Individual feedback, Exercise B, Nalah (facilitator guidelines on page B-7, answers on pages B-8 and B-9)
Participant: _____

_____ Individual feedback, Exercise B, Toman (facilitator guidelines on page B-7, answers on pages B-9 and B-10).
Participant: _____

(Note: Every time that a facilitator practises a "facilitator technique," such as introducing a module or giving individual feedback, record the practice on the Practice Assignment Grid on page 84 of this guide. The Practice Assignment Grid will help you keep track of who has practised each skill.)

Allow time for everyone to complete Exercise B and look at the answers given in the *Facilitator's Guide*. Position two chairs in front of the group so that the pairs demonstrating individual feedback can be "overheard."

Ask the assigned facilitator to give individual feedback on Exercise B (Nalah) to the assigned "participant" in front of the group. Afterwards, discuss what was done well and what could be improved.

Next, have the other assigned facilitator give individual feedback on Exercise B

(Toman). Be sure that the “participant” is given the correct answer sheet at the end of the feedback. Again, discuss what was done well and what could be improved.

Explain that during the course, one facilitator will give feedback on both parts of the exercise; dividing the feedback was simply a way to give two facilitators a chance to practise.

E. Reading and work in the module

Ask facilitators to refer to the procedures on page B-1 of the *Facilitator's Guide*. Ask them what step they have completed (step 3). Next will be step 4. They will need to refer to their photo booklets as they read pages 12–14 of the module.

Ask facilitators to read pages 12–25 of the module and do the short answer exercise on page 24 when they come to it. They should check their own answers to the short answer exercise.

When facilitators have finished page 25, take a moment to discuss any questions about the content of the module so far.

F. Facilitator technique: while participants are working

Explain that participants will have much independent reading and work in this and other modules. Facilitators should be available to help during this individual work, if needed.

Ask facilitators to look at page All-5 of the *Facilitator's Guide*, which gives a list of guidelines to follow when participants are working independently. Review each point on the list reproduced below.

[Ref All-5]

Guidelines for All Modules

When participants are working:

- Look available, interested and ready to help.
- Watch the participants as they work, and offer individual help if you see a participant looking troubled, staring into space, not writing answers, or not turning pages. These are clues that the participant may need help.
- Encourage participants to ask you questions whenever they need some help.
- If important issues or questions arise when you are talking with an individual, make note of them to discuss later with the entire group.
- If a question arises that you cannot answer adequately, obtain assistance as soon as possible from another facilitator or the course director.
- Review the points in this *Facilitator's Guide* so you will be prepared to discuss the next exercise with the participants.

Also mention the following points:

- Watch participants as they begin an exercise to ensure they understand what to do. A participant who takes a long time to understand the instructions for an exercise or who misunderstands the instructions can use a lot of time and become frustrated. If you observe such difficulty, offer help immediately.
- Look to make sure that participants are actually doing the short answer exercises. They must do these self-checked exercises and not simply look up the answers at the end of the module.
- If a participant is having trouble, quietly give some brief help. Try not to disturb other participants.

As facilitators work on all of the modules, model the above behaviours.

G. *Live demonstration of use of measuring equipment*

Ask facilitators to refer to the procedures on page B-1 of the *Facilitator's Guide*. Ask them what step they have completed (step 5). Next will be step 6.

Conduct the demonstration following the guidelines below from the *Facilitator's Guide*, pages B-11 to B13.

[Ref B-11 to B-13]

6. Live demonstration of use of measuring equipment

In this step you will demonstrate how to use the taring scale and a height/length board. The following equipment is needed in the classroom for this demonstration:

- a taring scale
- a length/height board set up to measure height
- a length/height board set up to measure length
- paper towels or soft cloth to cover the length/height board
- a large doll is very helpful

The description below of how to demonstrate and the key points to mention is very detailed. It is not expected that you will follow this description word for word. Instead, read it carefully a few times before the demonstration to remind you of the important steps and key points to make. Your co-facilitator can help to make sure that all the points are mentioned.

a. Demonstrate use of the taring scale

As you demonstrate use of the taring scale, mention these key points (from pages 16-18 of the module). Ask a participant to be the mother for this demonstration. For this demonstration, prepare a “baby” that will weigh over 2 kg, such as 2-3 handbags or a bag holding several water bottles or books.



- Place the scale on a flat, hard surface. The solar panel should be in good light.
- Mention that the mother would undress the baby.
- To turn on the scale, cover the solar panel for a second (literally one second). Wait until the number 0.0 appears.
- Ask the mother to remove her shoes. Then ask her to step on the scale and stand still. Ask her to remain on the scale even after her weight appears, until you have finished weighing the baby.
- After the mother's weight is displayed, tare the scale by covering the solar panel for only a second and then waiting for the number 0.0 to appear along with a figure of a mother and baby.
- Gently hand the "baby" to the mother. In a moment, the "baby's" weight will appear.
- **Note:** If the scale takes a long time to show 0.0 or a weight, it may not have enough light. Reposition the scale so that the solar panel is under the most direct light available.
- **Note:** If a mother is very heavy (such as more than 100 kg) and the baby is light (such as less than 2.5 kg), the baby's weight may not register on the scale. In such cases, have a lighter person hold the baby on the scale.

b. Demonstrate use of the length board

If the length/height board requires assembling, begin by demonstrating how to assemble and disassemble the board.

Then as you demonstrate use of the length board, mention the key points below (from page 21-22 of the module). It is most helpful if you have a large doll for this demonstration.

- Place the length board on a sturdy surface, such as a table or the floor. Cover the length board with a cloth or paper towel.
- Stand on the side where you can see the measuring tape and move the footboard.
- Explain to the mother that she will need to place the baby on the length board herself and then help to hold the baby's head in place while you take the measurement. Show her where to stand when placing the baby down. Also show her where to place the baby's head (against the fixed headboard).
- When the mother is ready, ask her to lay the child on his back with his head against the headboard, compressing the hair.
- Quickly position the head so that the child's eyes are looking straight up (imaginary vertical line from the ear canal to the lower border of the eye socket is perpendicular to the board). The person assisting should stand behind the headboard and hold the head in this position (see illustration on p. 21 of module B). Speed is important.
- Check that the child lies straight along the board and does not change position.
- Hold down the child's legs with one hand and move the footboard with the other. You will have best control if you hold the child's legs at the knees (with one finger between the knees) and gently press them down.



- While holding the knees, move the footboard against the soles of the child's feet. The soles should be flat against the footboard, toes pointing upwards. If the child bends the toes or arches the foot, scratch the soles slightly and slide in the footboard quickly when the child straightens the toes.
- Read the measurement and record the child's length in centimetres to the last completed 0.1 cm (this is the last line that you can see).
- **Note:** If the child is extremely agitated and both legs cannot be held in position, measure with one leg in position.
- **Note:** It is not possible to straighten the knees of newborns. Apply minimum pressure because newborns are fragile and could be injured easily.
- Remember that if the child whose length you measured is 2 years or older, subtract 0.7 cm from the length and record the result as height in the Visit Notes.

c. Demonstrate use of the height board

Demonstrate use of the height board and mention the key points below (from page 23 of the module). It is also helpful if you have a large doll for this demonstration, or even a stick.

- Place the height board with its back against the wall, so that it sits flat on the floor and cannot tip backward.
- Place yourself to the right of the height board, kneeling down so that your head is at the level of the child's head.
- Position the "child" (doll) on the baseboard with the back of the head, shoulder blades, buttocks, calves, and heels touching the vertical board.
- Ask the person assisting to kneel down, hold the child's knees and feet in place, and to focus the child's attention and soothe the child as needed.
- Position the child's head and hold the chin in place with your left hand. Push gently on the tummy to help the child stand to full height.
- With your right hand bring down the headboard to rest on the top of the head. These positions are illustrated on p. 23 of module B.
- Read and record the measurement to the last completed 0.1 cm. This is the last line that you can actually see.

After you have finished the demonstration, tell the facilitators that should study the detailed guidelines for this demonstration in the *Facilitator's Guide*, so that they can do a good demonstration for participants.

H. Facilitators practise using the equipment

Follow the guidelines below (from pages B-13 to B-14) to have the facilitators practice handling the equipment. Do not skip or minimize this step; individuals who practice handling the equipment now will do better more quickly when measuring real children.

7. Participants practise using the equipment

Ask participants to come up in pairs and try measuring weight, length and height. Give guidance as participants use the scale, length and height boards. Since there are no children present to measure, this practice will just give some experience handling the equipment and learning where to position oneself when taking a measurement. When each pair has practised with one piece of equipment, they can move to the next.

Measuring weight:

Let each participant have a turn using the scale to measure an adult (their partner) and then a “baby,” getting a feel for the quick covering of the solar panel to tare the scale, and pausing for the scale to re-register.

Measuring height:

Participants may practise measuring height by measuring one another. Then ask them to pretend to measure a child (e.g. a large doll or a stick). Be sure to guide each person into the correct position:

Assistant: Kneeling to the left of the child; holding the child’s knees, ankles and tummy to keep the legs straight; watching that feet are flat and heels, calves, buttocks and head are against the back board; talking to the child to focus and soothe him; and watching that the child stays in position. Both people should kneel or crouch down to the level of the child (not bend over).

Measurer: Kneeling on the right side of the child standing on the board, left hand holding the child’s chin and right hand operating the headboard; eyes even with the child’s head in order to see the last completed 0.1 cm

Measuring length:

Ask each pair of participants to measure the length of a large doll (or stick). Again, be sure that each person is standing in the correct position:

Assistant: Behind the headboard to hold the child’s head

Measurer: On the side of the length board with the measuring tape, where he or she can hold the knees, move the footboard, and read the measurement.

After the practice, comment on what was done well and what could be improved.

I. Video demonstration of measuring children

Point out that the group has now reached step 8 of the procedures for module B on page B-1 of the *Facilitator's Guide*. Point out the corresponding guidelines on page B-14 to B-15.

Follow the guidelines below to show the selected section of the anthropometry video (from page B-14–B-15 in the *Facilitator's Guide*). (This may be a videotape or DVD, depending on the equipment available.)

[Ref B-14 to B-15]

8. Video demonstration of measuring weight, length, and height and caring for equipment

When everyone is ready, show selected section of the *Anthropometry Training Video* as directed below. Explain that this video was used to train staff in the WHO Multicentre Growth Reference Study (MGRS). Some of the sections will not apply to this training course, and you will skip those sections. As the equipment used in the course may be different from the equipment in the video, encourage participants to focus on weighing and measuring techniques rather than the equipment itself.

- Start the video at the beginning. First you will hear some general information about the WHO MGRS. Then you will view sections that show how to weigh a child using tared weighing, how to measure recumbent length, and how to measure standing height. Stop the video after viewing the screen titled “Summary of height,” just before the section on head circumference. (Viewing time to this point is about 8 minutes.)
- Pause to answer any questions about the weighing and measuring process. (Point out that, although adult weights and heights were measured in the study, this course will not teach measurement of adults. Nor will it teach measurement of head circumference, mid-upper arm circumference, etc.) If you think it would help to answer a question or would be beneficial to participants, rewind and show the video (or a section of it) again.
- Fast-forward the video (to about 26' 29") to show the calibration of the Uniscale. Even if a different type of weighing equipment is used, its calibration follows the same principles to check the scales' reliability through all ranges of weight.

NOTE: *If there is insufficient time to complete the next step in the classroom, assign the reading and individual work to be completed as homework. Practice feedback on Exercise C tomorrow morning.*

J. Reading and work in the module

Ask facilitators to read pages 27-28 about calculating BMI and do the short answer exercises on page 29. Then they should do Exercise C (pages 30-31) about Nalah and Toman (including calculating their BMIs).

If facilitators have calculators, they will want to use them in this part of the module. If not, they may share a calculator with someone who has one. Since they will help participants to use both methods (calculator and the BMI table), they should practise using both.

Select two facilitators to act as “facilitators” and two to act as “participants” for Exercise C. These pairs will demonstrate giving individual feedback in front of the group when everyone has finished the exercise.

_____ Individual feedback, Exercise C, Nalah (facilitator guidelines on page B-15, answers on page B-16)
Participant: _____

_____ Individual feedback, Exercise C, Toman (facilitator guidelines on page B-15, answers on page B-17).
Participant: _____

Remember to keep track of assignments on the Practice Assignment Grid.

K. Practice giving individual feedback – Exercise C

When everyone has finished Exercise C, ask the assigned facilitators to demonstrate individual feedback for the group. As always, provide constructive feedback after the practice.

Stress that facilitators must be familiar with the calculators and know how to work the x^2 button. They must be able to determine BMIs using both methods (calculator and BMI table). If during the course there will be calculators for the small groups to share, explain the arrangements that have been made.

5. Assignments for the next day

If the group has not finished the individual work on module B, ask them to complete it as homework and read the corresponding facilitator guidelines.

Explain that Exercise D in this module will be done in the morning and involves measuring real children. Ask facilitators to **read the instructions in the module for Exercise D on page 32 and the corresponding facilitator guidelines on pages B-18 and B-19**. Explain the arrangements that have been made for this exercise. (Preferably, children and mothers will be brought to the classroom, but in some cases it may be necessary to visit a health facility.)

Explain that facilitators will experience Exercise D as “participants.” The course directors will serve as their “facilitators” to demonstrate how to structure the exercise. This will be a learning exercise—they are not expected to know the correct techniques yet. Even if they have experience measuring children, they can benefit from a review and may learn something new.

There is no answer sheet for Exercise D. Facilitators will check the measurements and BMIs by comparing with those of another facilitator who measured the same children.

Assign a facilitator to conclude module B and another to introduce the next module – C: *Interpreting Growth Indicators*. Ask the assigned facilitators to use the facilitator guidelines. Introducing module C will not require reading the whole module, just the introduction and the relevant facilitator guidelines. The introduction should be brief. Mark these assignments on the Practice Assignment Grid.

_____ Conclude module B (facilitator’s guidelines on page B-21)

_____ Introduce module C (facilitator’s guidelines on page C-2)

Notes for course director on preparation for the next day:

Note: Confirm arrangements for children and mothers to be brought to the classroom (or facilitators to be taken to the health facility) tomorrow morning. *You will need to prepare some tokens of appreciation -- toys or fruits -- to give to the children who are measured.*

Confirm that the projector for showing the PowerPoint slide show and an overhead projector will be available in the classroom tomorrow.

FACILITATOR TRAINING DAY 2

1. Continuation of module B

A. *Practice measuring real children (Exercise D)*

Before the mothers and children arrive, ensure that the scales and measuring boards are set up properly in the room. Assign the facilitators to the different stations and plan how the co-directors will supervise each station.

Conduct the exercise, acting as facilitator for the facilitators. **Follow the guidelines below for leading Exercise D--Clinical practice (from the *Facilitator's Guide*, pages B-18 and B-19).** This is very important, as facilitators are likely to conduct the exercise exactly as you do.

Explain to facilitators that the course directors will supervise them very closely and assist them to learn the correct measurement techniques. This is one of only two opportunities that they will have to learn these techniques, before having to teach the participants next week.

[Ref B-18 to B-19]

11. Exercise D: Clinical practice – measuring weight, length, and height

Ensure that the equipment is set up properly and conveniently in the room. There should be stations in different areas of the room, each with a scale and a length/height board. Assign pairs of participants to work at each station (or multiple pairs who will take turns). A facilitator should work with each small group, if possible. You will also need:

- paper towels or soft cloth to cover the length/height board
- small toys or fruit to entertain the children and offer as presents to take home

Explain to mothers the purpose of the training. Emphasize that participants will need the mothers' help with measuring and reassuring the children.

Take notice of the number of children present and their apparent ages. You will try to ensure that each participant measures at least one child who is less than 2 years old and one child who is between 2 and 5 years of age.

Assign pairs of participants to work together. Assign each pair to weigh and measure a child. (When they have finished, you will assign them another child.)



Remind participants that they should follow the steps listed in the module on page 32, starting by determining the child's date of birth, then age, etc. They should record results in the Visit Notes. Tell participants what to do if they discover that a child has a serious problem; for example, tell them whom to refer the child to. Remind participants that if a mother is extremely heavy, they may need to ask a lighter adult to hold the child on a taring scale.

Observe participants closely as they work and correct their technique. There are many details to remember when measuring length and height, and guided practice is required. Help participants learn to measure correctly and quickly by giving them feedback while they work. Ensure that they record weight to the nearest 0.1 kg and length/height to the nearest 0.1 cm.

Two participants measuring one child may record different measurements. Retain these for use in the plotting exercise in Module C to illustrate how such differences could lead to very different conclusions about the child's growth status. For the clinic exercise on counselling, measurements have to be taken accurately so as to identify problems correctly before counselling caregivers. Allowable differences between two measurers are 0.1 kg for weight and 0.7 cm for length or height.

Participants may use the BMI table or a calculator to determine BMIs for the children that they measure.

There is no answer sheet for this exercise. Participants should check their results by comparing with those of others who measured the same children. Ask participants to consult with you if there are discrepancies that they cannot resolve.

Make note of the names of some children whose measurements would be interesting to plot on growth charts (for example, children who may be underweight, overweight, or stunted). There will be a group discussion in the next module in which you will demonstrate (using the overhead projector) plotting the measurements of several children on growth charts to determine whether or not they have growth problems.

When each pair has had a chance to weigh and measure at least two children (one less than 2 years and one age 2–5 years), conclude the exercise and thank the mothers and children. Arrangements should have been made to give each child a small toy and to provide some token of thanks to each mother.

It is very important that the facilitators learn good measurement technique, so that they can teach participants. Observe pairs carefully and provide feedback and corrections while they are working. For example, if a facilitator is bending over trying to read the tape on a height measurement, reposition her on her knees in front of the tape to get a more accurate reading. Point out if a child's heels are not against the board, or if the child's knees are bent. If you notice a mother and facilitator standing side by side trying to take a length measurement, show the facilitator where to position a mother to hold her infant's head in the correct position, so that he can quickly straighten the child's legs and read the length measurement.

When the mothers and children have left, comment on any common errors or problems that you observed and how to avoid them. Also discuss any tips about how facilitators should structure the exercise for their small groups next week.

B. Slide show: Assessing measuring techniques

Follow the guidelines below from the *Facilitator's Guide* (pages B-19 to B-20) to show and discuss the slides. As the slides are discussed, remind facilitators that they will have to be able to see these points of technique when they are teaching the participants and supervising their practice.

[Ref B-19 to B-20]

12. Slide show — Assessing measuring techniques

Show the PowerPoint presentation titled “Measuring—It’s not so easy” (provided on a disk with the *Facilitator’s resource files*) and discuss each slide. When you show each slide, ask the participants what they can observe about the position of the measurer or assistant or the position of the child. Slides show some good points of technique and some mistakes. Comments are provided below about each slide. There may be other valid comments too.

Slide 1: Measuring: It’s not so easy

Measuring height

Slide 2: Child held in position at knees and tummy. Measurer is in good position.

Slide 3: Measurer on right leaning over to read tape. Assistant should be over to left, so that measurer can take position in front of the child.

Slide 4: Measurer is well down on the level of the child. She should hold the head board at its top centre. She should hold the child’s head, not the assistant. The assistant should be over to left of board, so that measurer can be in front of the tape to read it.

Slide 5: Measurer should be holding child’s head, not the assistant. Measurer should hold the board at its top centre. Assistant should check feet and hold knees. Child seems to be leaning toward assistant with weight not balanced equally on both feet.

Slide 6: Good position of child’s head. Measurer is holding headboard correctly.

Measuring length

Slide 7: Diaper interferes with straightening of legs. Assistant is holding one shoulder, instead of holding both sides of head, so baby’s torso is twisted.

Slide 8: Feet flat on board. Child is wearing a lot of clothes.

Slide 9: Feet not flat.



- Slide 10: Measurement taken with one leg only. Head held in good position. Important to be certain torso is straight.
- Slide 11: Head held in good position, knees controlled well. Difficult child measured well.
- Slide 12: Going into position—most children get upset at this point when mother is laying them down, so measurer should be closer and ready to move quickly. Board should be closer to the edge of the table.
- Slide 13: Knees held in good position by measurer. Child's torso is straight. Assistant is holding head in good position by holding hands over ears with thumbs on shoulders. Feet do not look flat yet; measurer should be working the footboard.
- Slide 14: Good position of knees and feet. Measurer bends close to check feet and read tape accurately. Assistant in good position.
- Slide 15: Poor head position. Dangerous to have toy in mouth.
- Slide 16: Torso not straight. Person other than the measurer is holding the knees. (Too many helpers often do more harm than good.) Measurer could see child's body position better if child was undressed.
- Slide 17: Cannot see this child's feet!
- Slide 18: Child in good position, as we can see without clothes. Knees held well, legs and torso are straight. (Too many helpers around head.)
- Slide 19: Cooperative child!
- Slide 20: Measurer took feet out of clothes so could see them. Measurer is holding knees and footboard correctly. Assistant holding head correctly. Would be better if child were undressed.
- Slide 21: Child's body is very crooked. Head not in position. Assistant should be standing behind headboard.
- Slide 22: Child in good position. Torso straight. Measurer and assistant are in good position.
- Slide 23: Assistant should stand at head of child—no one is holding or checking head. Measurer should hold footboard by its centre support.
- Slide 24: Clothes make it difficult to see the knees. Feet are not yet flat against footboard with toes pointing up. Mother should be on opposite side so that the measurer has more space. Assistant seems to have good control of the head.

Measuring weight

- Slide 25: Scale gives error message when robe swings, covering and uncovering solar panel.
- Slide 26: Notice person on left is holding back robe to keep it out of the way.
- Slide 27: Too many clothes! Jeans, diaper, shirts can weigh a kg and more!
- Slide 28: Child undressed so that this weight measurement will be accurate.
- Slide 29: Child standing nicely on centre of scale. Clothes were not removed.

Tell facilitators that the slide show is a PowerPoint file on the disk of *Facilitator's resource files*. If PowerPoint projection equipment is available in each group room, each facilitator pair will show the slides to their group. Otherwise all the groups can come together to view the slide show in plenary.

C. Facilitator technique: directing a clinical exercise

Ask facilitators to look at page All-9 of the *Facilitator's Guide*, which gives a list of guidelines to follow when directing a clinical exercise. **Review each point on the list reproduced below.**

[Ref All-9]

Guidelines for All Modules

When directing a clinical exercise:

In preparation for the clinical exercise (e.g. the day before):

- Divide the group into pairs/teams depending on the equipment sets available and interpretation if needed for interaction with mothers.
- Go through the checklist of materials needed so that each team takes responsibility for bringing what they require.
- For an exercise at the training venue, inform participants about space arrangements and logistics for receiving mothers and children.
- For an exercise at an outside facility, explain the set-up and space availability for each team.
- Agree on which teams will be supervised by each facilitator.

During the exercise:

- Facilitate the distribution of children among the teams.
- Work closely with the teams assigned to you to ensure that each participant gets a chance to learn/practice skills. Ensure that other participants do not crowd or interfere.
- Observe participants closely as they work and correct their technique; help them learn to measure correctly and quickly by giving them feedback as they work.
- Ensure that participants' difficulties are resolved quickly and efficiently (e.g. assist them to obtain accurate measurements and then let them practise how to measure correctly).
- Mothers and children are treated with care and respect.
- The objectives of the exercise are achieved as best possible.

D. Practice concluding the module

Ask the assigned facilitator to conclude module B, by following the suggestions in the *Facilitator's Guide* (page B-21). If facilitators have any questions about the module or how to weigh or measure children, discuss these. This should take no more than a few minutes.

2. Module C: Interpreting Growth Indicators

Ask the assigned facilitator to introduce module *C: Interpreting Growth Indicators*. Give feedback as needed.

Point out page C-1 of the *Facilitator's Guide*, which gives an overview of the procedures in this module. Ask facilitators to do step 2 now, that is, read pages 1–10 and do the short answer exercises as they come to them. They should check their own answers.

While facilitators are working, ensure that overhead transparencies (1–7) (or PowerPoint slides) are in order for the oral drill and that the projector is plugged in, etc.

A. Demonstration of oral drill

When facilitators have reached page 11 of the module, announce the oral drill. Explain that facilitators will need to use the projector for this and other exercises in the module. Suggest that they work with their co-facilitators to use the projector effectively; for example, one person can position the transparency while the other speaks.

Explain that a drill differs somewhat from other types of exercises. In a drill, participants answer questions spontaneously, without preparation. A drill is intended to be a lively exercise that involves everyone in the group. It is a way to practise a skill quickly and repeatedly so that it becomes easier, almost automatic. Participants take turns responding, in order around the table. If one participant hesitates, simply move on to the next participant.

Lead the oral drill exactly as described below (from pages C-2 to C-3 of the *Facilitator's Guide*). Let each facilitator have a turn at reading a graph. Let them experience discovering the mistakes in overheads 5, 6, and 7.

3. Oral drill – reading plotted points on graphs (overheads 1–7)

The purpose of this drill is for participants to practise reading points on the growth charts. A number of growth charts with plotted points are provided on pages C-4 through C-10 of this guide and are also photocopied on transparencies to be used as overheads. (Alternatively, slides 1–7 can be shown in PowerPoint, from the disk of *Facilitator's resource files*.)

Conventions for plotting on graphs may vary among countries. What is important is to apply them consistently.

Point out that the plotting convention used in this course for age-based charts is consistent with the estimation of age in completed weeks/months/years illustrated in Module B. Therefore, when the x-axis is age, plot points on the vertical lines corresponding to completed age units (weeks/months/years). The vertical line representing the completed unit of age is followed to wherever it intersects with the most precise estimate of the y-axis measurement (e.g. 91.8 cm).

When the x-axis is length or height, decimal units are rounded up (0.5 to 0.9) or down (0.1 to 0.4) to the nearest complete centimetre. This enables the user to follow a solid vertical line as a guide from the x-axis upwards to where it intersects with the precise weight to be plotted (e.g. 4.7 kg).

In this drill, you will project the growth charts, and participants will take turns reading the points. For example, a participant will say, "This girl weighed ___ kg at age ___ months" or "This boy had a length of ___ cm and weighed ___ kg." If a participant hesitates, point to the graph and ask questions to prompt a response, such as, "Looking here at the ages along the x-axis, how old was the child at this visit?"

A few of the overheads (# 5, 6, and 7) illustrate possible mistakes in measurement. If participants notice these mistakes, congratulate them. If they do not notice, ask questions such as, "What seems unusual about this growth chart? Do you think there could have been a mistake? What type of mistake?"

Participants have not yet learned to interpret the plotted points in terms of the growth curves or definitions of growth problems, so do not try to identify growth problems or interpret the child's growth pattern during this drill. Participants should focus simply on reading the points correctly and identifying possible measurement mistakes.

Points on overheads 1–7 should be read as follows:

Overhead 1: At age 1 year and 4 months, this boy weighed about 9.5 kg.
At age 1 year and 10 months, this boy weighed about 11 kg.

Overhead 2: At age 2 years and 7 months, this boy was 94 cm in height.
At age 3 years and 8 months, this boy was 103 cm in height.

Overhead 3: At the first visit, this girl was 65 cm in length and weighed 9 kg.
At the second visit, this girl was about 82 cm in length and weighed about 12.7 kg. (*It is necessary to estimate where the second point is located between the lines.*)



Overhead 4: At 6 weeks of age, this girl's BMI was 15. (*Until a child is 3 months old, age is measured in weeks.*)
At age 3 months, this girl's BMI was 16.
At age 6 months, this girl's BMI was 16.5.

Overhead 5: The growth chart suggests that this boy was 61 cm in length at age 10 weeks and 60 cm in length at age 3 months. That would mean he got shorter! One of the length measurements may have been inaccurate. Possibly the baby was measured with bent knees at age 3 months. Another possibility is that the measurements were correct, but one of them was graphed incorrectly. It would be a good idea to check the measurements recorded in the Visit Notes of this child's *Growth Record*.

Overhead 6: This growth chart shows a very unlikely weight gain from birth to 3 weeks. It looks as though the girl weighed 3 kg at birth and 5.5 kg at 3 weeks old. Since the Uniscale is accurate, it is possible that there was a mistake in reading or recording the weight, or in graphing the child's age, at the second visit. Perhaps the child was actually 3 **months** old instead of 3 weeks old at the second visit. It would be a good idea to check the Visit Notes.

Overhead 7: This graph shows a dramatic change in weight-for-age. According to the graph, this boy has lost 3 kg between age 9 months and the age of 1 year and 3 months. Either there was a mistake in measuring or recording the child's weight or age, or this child is dying.

After the drill, ask the facilitators to look at the guidelines that you have followed on pages C-2 to C-3 of the *Facilitator's Guide*. Point out that copies of overheads 1–7 are provided on pages C-4 through C-10. Each small group will have a set of overheads to use (or the PowerPoint file on the disk of *Facilitator's resource files*).

Stress that facilitators should not try to discuss too much in this drill, as participants will not yet have learned how to interpret plotted points in terms of the growth curves or definitions of growth problems. The focus of this drill is simply on reading the points correctly and identifying possible measurement mistakes.

Suggest that facilitators practise using the projector and transparencies before doing this drill with their small group. Show how to turn the projector on and off. Explain where it will be stored during the course.

B. Written Exercise A, practice giving individual feedback

Ask the group what step they have reached in the procedures listed on page C-1 of the *Facilitator's Guide*. They have reached step 4, for which notes and answer sheets are provided on pages C-11 through C-15.

Ask facilitators to do Exercise A about Nalah and Toman (on page 12 of module C). Assign two facilitators to practise individual feedback in front of the group and two to act as “participants.” Remember to keep track of assignments on the Practice Assignment Grid.

_____ Individual feedback, Exercise A, Nalah (facilitator guidelines and answer sheets on pages C-11 through C-13)
Participant: _____

_____ Individual feedback, Exercise A, Toman (facilitator guidelines on pages C-11, answers on pages C-14 and C-15).
Participant: _____

When everyone has finished Exercise A, ask the assigned facilitators to demonstrate individual feedback for the group. As always, provide constructive feedback after the practice.

C. Reading and group discussion of interpreting plotted points

Ask the group what step they have now reached on page C-1 of the *Facilitator's Guide*. They have reached step 5. This step involves reading in the module (pages 13–20) and referring to *E: Photo Booklet*. Ask facilitators to do this reading now.

To lead the group discussion on interpreting plotted points, you should follow the guidelines on the next page (from the *Facilitator's Guide*, pages C-16 and C-17).

In preparation, select four of the real children measured in the last module to plot and discuss. Assign three facilitators to plot and present a child as described in the box below. Tell them that you will demonstrate first, following the guidelines on page C-16 of the *Facilitator's Guide*. Remember to keep track of assignments on the Practice Assignment Grid.

Assignments:

Prepare overheads yourself for one child measured earlier. Child one: _____

_____ Discussion using projector, plotting points for a child as described on page C-16 of the *Facilitator's Guide*. Child two: _____

_____ Discussion of Child three: _____

_____ Discussion of Child four: _____

5. Reading followed by group discussion – Interpreting plotted points on graphs (overheads of blank growth charts and overheads 8–12)

As participants read pages 13–20 of the module, they should refer to the *Growth Record* and *E: Photo Booklet* as directed.

Preparation for the discussion:

As participants read, prepare for the group discussion described in the box on page 21 of the module. You will use the overhead projector and a set of blank boy's and girl's growth charts on overhead transparencies. You will also need some erasable markers for use on the transparencies. (The blank charts are also available in PowerPoint on the disk of *Facilitator's resource files*. However, because you and some participants will plot points on the transparencies and then show them to the group, it is strongly recommended to use actual transparencies and the overhead projector.)

Before the discussion, identify 4 of the children whose measurements you wish to plot and show on the growth chart transparencies. Choose from the children whom participants measured in the previous module. (Participants recorded the measurements and BMIs of these children on the Visit Notes page in Exercise D of module B.) Try to select children with a variety of growth problems.

Prepare overheads for the first child yourself, which you will present, and select a participant to present each remaining child. Provide the participant with the set of four blank overheads for the assigned child's age and sex and an erasable marker. The participant should plot the points for the child on the 4 transparencies before the discussion begins.

Group discussion of real children:

When everyone is ready, announce the group discussion. Lead the discussion of each child as follows:

1. Put up the first chart plotted for a selected child. Show the plotted point on the growth chart as you explain how it was plotted and what it means. For example, say, "I plotted the point on the vertical line for Maria's age and on the horizontal line for her height. This point shows that Maria is 90 cm in height at age 2 years and 3 months."
2. Ask participants if the plotted point shows that the child has any growth problem, and if so, what growth problem. If there is a growth problem, ask participants whether they could have guessed it simply by looking at the child.
3. Repeat steps 1 and 2 for each of the relevant growth charts for the child. As you show the plotted points on the other growth charts, discuss what each additional chart reveals. For example, if you found that a child was stunted but normal weight-for-length, what does this reveal?
4. Ask the participant to present the next child in the same way. Ask questions of participants as needed to analyse each chart and each child's growth problems.

Growth assessment of two girls:

After discussing several of the real children measured in module B, use overheads 8–12 (shown on the following pages) to illustrate the importance of looking at all of the



growth charts together. (Alternatively, slides 8–12 can be shown in PowerPoint, from the disk of *Facilitator's resource files*.)

These overheads show measurements for two girls on the same graphs. One girl is indicated by the mark **X** and the other by a round point. (Remind participants that they would never really graph measurements for two children on the same chart; these examples are intended simply for discussion.)

Overheads 8–12 show that two children can have the same measurements and very different z-scores. These two girls have the same height, weight, and BMI. However, they are two years apart in age. Their ages make the difference in their z-scores and the identification of growth problems.

Be sure to discuss the following points about each overhead:

Overhead 8: The girls' measurements are the same, but their ages are two years apart.

Overhead 9: Girl **x** is just below the median in height-for-age. Girl **●** is well below the -3 z-score line (severely stunted).

Overhead 10: Girl **x** is on the median in weight-for-age. Girl **●** is below the -2 z-score line (underweight).

Overhead 11: Since the girls have the same weight and height, their points are plotted in the same place on the weight-for-height growth chart. Both girls are above the median in weight-for-height.

Overhead 12: The BMI-for-age for both girls is above the median.

Stress that it is important to look at all of the growth charts for a child. According to two of the charts, girl **●** does not seem to have a growth problem, but according to the other two charts, she is severely stunted and underweight.

These growth charts on overheads 8–12 represent the two little girls shown in photo 13 in *E: Photo Booklet*. Ask participants to look at photo 13. In the photo both girls appear healthy and normal in size. Only by charting height and weight with age can one see that the older girl is severely stunted and underweight.

You may want to ask participants to guess which girl is the older, stunted one. (They are likely to guess wrong.) It is the girl on the right, wearing a dress, who is older.

Remind facilitators to involve all participants in group discussions, not just a few.

If facilitators want to ask questions about or discuss photos 1–8 in *E: Photo Book*, this is a good time to have that discussion.

D. Continuing work on the module and practice of facilitator techniques

Ask facilitators to look at the procedures on page C-1 of the *Facilitator's Guide* and tell you what step has been reached now. (The group is now at step 6, Exercise B of the module). Ask them to do Exercise B individually and then read pages 31–39 of the

module. While waiting for the discussion, they should read also about leading a group discussion on page All-7 of the *Facilitator's Guide*.

Assign facilitators to be prepared to practise specific teaching activities (listed below) in front of the group. Keep track of assignments on the Practice Assignment Grid. When all facilitators have had an opportunity to practise giving individual feedback, it is no longer necessary to assign individual feedback, and facilitators may check their own answers. (For Exercise B, you may combine the assignments for Malek, Nora, and Delphie if fewer than three facilitators still need to practise individual feedback.)

_____ Individual feedback, Exercise B, growth charts for Malek (facilitator guidelines on pages C-23 and C-24).

Participant: _____

_____ Individual feedback, Exercise B, growth charts for Nora (facilitator guidelines on pages C-23 and C-24).

Participant: _____

_____ Individual feedback, Exercise B, growth charts for Delphie (facilitator guidelines on pages C-23 and C-24).

Participant: _____

_____ Group discussion using overheads 13-16 (or PowerPoint slides) about Ben (facilitator guidelines on page C-25 to C-26).

Co-facilitator: _____

_____ Group discussion using overheads 17-20 (or PowerPoint slides) about Delia (facilitator guidelines on page C-26).

Co-facilitator: _____

Suggest that one facilitator take the lead in the group discussions. Suggest that the co-facilitator help by positioning the overheads correctly on the projector (or operating the computer to show the PowerPoint slides) and by following the points in the *Facilitator's Guide* to ensure that none are omitted. During the discussion, the facilitator should occasionally ask the co-facilitator if he or she has any points to add.

When everyone has finished reading through page 39 of the module, have the assigned facilitators practise the teaching activities above. You should turn to the *Facilitator's Guide*, pages C-23 to C-26, and C-27 to C-35, to follow along as facilitators practice.

During all practice of teaching techniques, facilitators not actively involved should refer to the *Facilitator's Guide* to see whether all the points are covered. After the practice, discuss what was done well and what could be improved. Refer frequently to the *Facilitator's Guide*, so facilitators stay aware of the order of events that they will follow during the real course.

Keep the focus on teaching techniques, but also clarify any confusion about module content if necessary.

E. **Finishing the module**

Ask facilitators to look at the procedures on page C-1 of the *Facilitator's Guide* and tell you what step has been reached now. (The group is now at step 8.) Ask facilitators to do written Exercise C about Nalah and Toman. If all facilitators have now practised giving individual feedback, they may check their own answers. Otherwise, assign facilitators to demonstrate feedback in front of the group. (Remind facilitators that even if they do not practise giving individual feedback on an exercise during facilitator training, they should do it in the course.) Also assign a facilitator to conclude module C.

_____ Individual feedback, Exercise C, growth trends of Nalah and Toman (facilitator guidelines on pages C-35 and answers on pages C-36 to C-37).
Participant: _____

_____ Concluding module C (facilitator guidelines on page C-35)

When everyone has finished Exercise C, ask the assigned pair to demonstrate individual feedback. If you decided not to have a demonstration of the feedback, quickly discuss the answers to the exercise.

Ask the assigned facilitator to conclude module C.

3. **Assignments for the next day**

If the group has not yet finished module C, ask them to finish by tomorrow morning. If necessary, plan to continue the practice of individual feedback on Exercise C (Nalah and Toman) and the discussion of comments on the module tomorrow.

Ask the facilitators to begin reading module *D: Counselling on Growth and Feeding*. They should read pages 1–8 and do the short answer exercises on pages 4 and 7. They should also read the feeding recommendations in *Boy's or Girl's Growth Records* or in the annex to module D. They should briefly answer the questions in Exercise A (on page 9) based on their own experiences.

Assign facilitators to be prepared to introduce module *D: Counselling on Growth and Feeding* and lead the first group discussion (Exercise A). These assignments will not require reading the whole module, just the first pages and the related facilitator guidelines. The introduction should be very brief.

_____ Introducing module *D: Counselling on Growth and Feeding* (facilitator guidelines on page D-3).

_____ Leading group discussion in Exercise A (facilitator guidelines on pages D-3 and D-4).

Notes for course director on preparation for the next day:

No special equipment will be needed, but a flip chart or blackboard will be needed. Make sure several cups and bowls will be available in the classroom to use in the counselling role plays.

You may wish to go ahead and confirm arrangements for transportation to health facilities on the last day of facilitator training (the day after tomorrow).

FACILITATOR TRAINING DAY 3

If you need to complete any activities from module *C: Interpreting Growth Indicators*, do so before beginning module *D: Counselling on Growth and Feeding*.

1. Module D: Counselling on Growth and Feeding

Remind the group that the procedures for conducting this module are on pages D-1 and D-2 of the *Facilitator's Guide*. Ask the assigned facilitator to introduce the module as described on page D-3.

Confirm that the group completed the homework: read pages 1–8, did the short answer exercises, read the feeding recommendations, and answered questions in Exercise A. It is important that facilitators become very familiar with the feeding recommendations in order to do and to facilitate later exercises in the module. Discuss any questions about the reading and short answer exercises.

A. Facilitator technique: leading a group discussion, Exercise A

Ask facilitators to turn to page All-7 of the *Facilitator's Guide* before the practice of leading the group discussion for Exercise A. Page All-7 gives a list of guidelines for leading a group discussion. **If there is time, review each point on the list, reproduced below.**

[Ref All-7]

Guidelines for All Modules

When leading a group discussion

- Plan to conduct the group discussion at a time when you are sure that all participants will have completed the preceding work. Wait to announce this time when most participants are ready, so that others will not hurry.
- Before beginning the discussion, refer to the appropriate notes in this guide to remind yourself of the purpose of the discussion and the major points to make.
- Begin the group discussion by telling the participants the purpose of the discussion.
- Often there is no single correct answer that needs to be agreed on in a discussion. Just be sure the conclusions of the group are reasonable and that all participants understand how the conclusions were reached.
- Try to get most of the group members involved in the discussion. Record key ideas on a flipchart as they are offered. Keep your participation to a minimum, but ask questions to keep the discussion active and on track.



- Always summarize, or ask a participant to summarize, what was discussed in the exercise. Give participants a copy of the answer sheet, if one is provided.
- Reinforce the participants for their good work. For example:
 - praise them for the list they compiled,
 - comment on their understanding of the exercise,
 - comment on their creative or useful suggestions for using the skills on the job, or
 - praise them for their ability to work together as a group.

Explain that the purpose of the discussion of local feeding practices in Exercise A is to encourage participants to relate the feeding recommendations to the local practices. Ask the facilitators to notice the facilitator guidelines on pages D-3 and D-4 of the *Facilitator's Guide*.

Ask the assigned facilitator to lead the group discussion for Exercise A and limit it to 30 to 40 minutes. Tell facilitators that this is always an interesting and engaging discussion and can easily last an hour; however, there are many other important exercises to be done today. Encourage use of the flipchart or blackboard. Afterwards, provide constructive feedback.

B. Reading and Exercise B – Interview about causes of undernutrition

Point out that the group is now on step 4 of the procedures on page D-1 of the *Facilitator's Guide*. Ask facilitators to read pages 10–11 of the module and study the job-aid titled *Investigating the Causes of Undernutrition*. They should do the short answer exercise on page 12 and continue reading on page 13. They should then read the instructions and background information for Exercise B.

Ask two facilitators to be prepared to read the roles of Mrs Parab and the nurse in the script provided in Exercise B. After the script is read, there will be a discussion of causes of Nalah's undernutrition. Assign someone to lead this discussion who is sure to stay focused on **causes** and do a good job; you may decide to lead this discussion yourself.

_____ Read the role of Mrs Parab in the script on pages 14–17 of the module.

_____ Read the role of the nurse in the script on pages 14–17 of the module.

_____ Lead the discussion of causes of Nalah's undernutrition.

When everyone is ready for Exercise B, **follow the facilitator guidelines below (from pages D-4 and D-5 of the *Facilitator's Guide*) to introduce the exercise carefully as instructed.** Hold up the job-aid titled *Investigating the Causes of Undernutrition* as you explain how the interview will follow the steps in the job-aid.

5. Exercise B: Interview with Nalah's mother about the causes of undernutrition

When everyone has finished the reading, introduce Exercise B. Ask two participants to act out an interview with Nalah's mother, Mrs Parab. Read aloud the background information below (from page 14 of the module).

"Background information

"Nalah is now 6 months old and has visited the health centre 5 times since her birth. Nalah is the only child at home living with her mother and father. Both parents are in good health; neither is known to be HIV positive. Her growth has been charted in the *Girl's Growth Record*. Because Nalah is below the -2 z-score line in both length-for-age and weight-for-age, the nurse will counsel the mother, Mrs Parab, about growth and feeding. Before giving any advice, the nurse will interview Mrs Parab about Nalah's feeding and the home situation in order to find out possible causes of her undernutrition.

"Step 1: Nalah is not currently ill and has no known chronic disease."

Tell participants who will act the role of the "nurse" and who will act the role of Mrs Parab.

Explain that the scripted interview follows the steps in the job-aid titled *Investigating the Causes of Undernutrition*. **The steps are labelled in the script.** Preview the script as follows:

- Step 1 is covered in the background information and at the beginning of the interview, when the nurse explains the nutritional problem to Mrs Parab.
- (The nurse locates the pages in the job aid for a baby age 6 months to 1 year.)
- In Step 2, the nurse asks permission to interview the mother about causes of the problem.
- Since Nalah is not ill, the nurse will do Step 3 of the job-aid (asking about breastfeeding).
- Then the nurse will go to Step 4 and ask questions about feeding from that page.
- The nurse will then ask the questions intended for children of all ages (listed in Steps 5–6).
- This script will end with Step 7, identifying likely causes of undernutrition. The next exercise will deal with counselling to address these causes.

Ask participants to follow along in the script and mentally compare the mother's answers about feeding to the recommended feeding practices for Nalah's age group to identify possible causes of her undernutrition.

After the script is finished, ask the assigned facilitator to lead a discussion of the probable causes of Nalah's undernutrition, following the suggestions in the *Facilitator's Guide* on

page D-5. Mention that the *Facilitator's Guide* suggests listing these causes on the flipchart or blackboard. The discussion should focus on **causes** rather than possible solutions or advice to give the mother. Solutions and advice will be the focus of the next exercise.

After the discussion, provide constructive feedback to the facilitator who led it.

C. Reading and Exercise C – Advice about undernutrition

Ask facilitators to look at steps 6-8 of the procedures on page D-1 of the *Facilitator's Guide*, which are the next steps they will do. In step 6, participants will read pages 18–21 of the module and do the short answer exercise on page 19. In step 7, they will complete the written part of Exercise C and receive individual feedback. In step 8, they will hear the script that is the conclusion of the counselling session with Mrs Parab.

Since all of the facilitators have now practised giving individual feedback, ask them to do the reading and the written part of Exercise C and then check their own answers (on pages D-7 and D-8 of the *Facilitator's Guide*). Assign facilitators to:

_____ Read the role of Mrs Parab in the script on pages 23–25 of the module.

_____ Read the role of the nurse in the script on pages 23–25 of the module.

When everyone has completed and checked the written part of Exercise C, ask whether there were any questions or difficulties; discuss these as needed.

Conclusion of Exercise C: Counselling Nalah's mother:

Introduce the script by explaining that it covers Step 8 of the job-aid titled *Investigating Causes of Undernutrition*. The “nurse” will counsel Mrs Parab using relevant advice from the right-hand side of the job-aid, as well as feeding recommendations for age group 6 months to 1 year from the *Growth Record*. Ask the facilitators to follow along in the script or the job-aid and refer to the *Growth Record* as they listen to the counselling session with Mrs Parab. The three main actions suggested in the script are indicated by numbers to the left.

When the counselling session is over, review what a checking question is: A question intended to find out what a person has learned, so that you can provide more information or clarify instructions as needed. A checking question should require an answer that is more than simply yes or no.

Then ask the facilitators whether they noticed that the nurse asked checking questions. One checking question is identified in the script. Ask them to identify some other checking questions that the nurse asked. (There are 5 more:

- Now, to review, please tell me how you will feed Nalah for the next month.
- What else?
- How much porridge and how often?
- And what other foods will you start giving, one at a time?
- What food will you give that comes from an animal?)

Ask whether the nurse adequately tailored the advice to the mother's situation.

Point out that the last step in the counselling session was to thank the mother and agree on when to bring the child back to see her progress.

D. Oral drill

Advance preparation for this drill: *Because many participants have difficulty hearing and quickly understanding the feeding recommendations when they are read aloud, copy the feeding recommendations onto pages of a flip chart or onto transparencies that can be shown on the overhead projector, or use the PowerPoint slides (from the disk of Facilitator's resource files). Then, when conducting the drill, present each recommendation by both saying and pointing to it.*

Point out that step 9 listed on page D-1 is an oral drill. Then remind the facilitators how a drill differs from other types of exercises. A drill is intended to be a lively exercise that involves everyone in the group. It is a way to practise a skill quickly and repeatedly so that it becomes easier, almost automatic. Participants take turns responding, spontaneously, in order around the table. If one participant hesitates, simply move on to the next participant.

Follow the instructions below (from pages D-9 through D-12 of the *Facilitator's Guide*) to conduct this drill yourself, with the facilitators acting as "participants."

[Ref D-9 to D-12]

This drill will provide practice in formulating checking questions. The subject matter of the checking questions in this drill will be the child feeding recommendations in the *Growth Record*, but checking questions may be used in any type of counselling. Remind participants that it is best to use open-ended checking questions rather than "yes" or "no" questions. Checking questions often begin with: How..., Why..., When..., What..., Could you please show me..., Could you please tell me.....?

Participants will take turns responding aloud in this drill, spontaneously, in order around the table. Proceed as follows:

1. A facilitator presents a feeding recommendation for a child of a certain age (by saying and pointing to it). Examples are given in the table on the next pages.
2. A participant suggests a related checking question. You may need to prompt the participants (e.g. ask, "What would your checking question be?") until the pattern of the drill is clear. (If the question is not suitable, the facilitator gives feedback and the participant re-frames the question; or the facilitator asks the next participant for a checking question.)
3. The facilitator presents another feeding recommendation to the next participant; the participant suggests a checking question; and the process continues until each participant has two or more turns. In some cases, several checking questions may be suitable following one recommendation.



Examples for oral drill	
1. A facilitator presents a feeding recommendation, such as:	2. Participant suggests a checking question, such as:
Give your child only breast milk from birth to 6 months of age.	How old should your child be before you start giving any other food or fluids besides breast milk?
Breastfeed as often as your child wants, at least 8 times in 24 hours.	How often should you breastfeed?
Breastfeed whenever your child shows signs of hunger, such as fussing, sucking fingers, or moving his lips.	How will you know when your child is hungry?
Now that your baby is 6 months old, start giving 2–3 tablespoons of thick porridge or well-mashed foods 2–3 times a day.	What food will you start giving your baby now? How often will you give it? How much will you give?
Feed your child a staple food such as rice or wheat cereal.	What staple foods will you give your child?
You need to give your child some animal-source foods such as meat, chicken, fish, eggs, milk, cheese, yogurt, and curds.	What foods will you give that come from animal sources?
Peas and beans are another good source of protein.	Besides animal and milk foods, what is another good source of protein for your child?
Also give a variety of other foods such as leafy green and yellow-coloured vegetables and fruits.	What leafy green vegetables will you give? What yellow vegetables will you give? What fruits will you give?
At 9-11 months of age, give your baby 3-4 meals per day plus 1-2 snacks.	How many meals and snacks does your baby need at age 9 months?
At each meal your baby (age 9 months) needs about ½ cup of finely chopped or mashed foods.	How much food should you give at each meal?
Feed your child from her own plate or bowl so you will know when she has eaten her entire serving.	Why is it important to feed your child from her own plate or bowl?
Patiently help your baby eat. Talk to her, look into her eyes, and encourage her.	When you feed your child, how will you keep her interested?
Now that your child is 2 years old, he should eat family foods at 3 meals each day. Also, twice daily between meals, give nutritious snacks such as yogurt or fruit.	How many family meals should your child have each day? How many snacks? What are some nutritious snacks that you can give?



If you wish, you may continue this drill using additional feeding recommendations from the *Growth Record*.

Remind participants that mothers may respond vaguely or incompletely to checking questions. If so, it may be necessary to ask a follow-up checking question. For example:

Health care provider asks: How many meals and snacks does your baby need?

Mother responds: She needs to eat at the regular times.

Health care provider asks a follow-up question: How many times each day is that?

Summary:

After the drill, review some tips on constructing checking questions:

- a. Identify the key words or phrases in the recommendation that the mother should know.
- b. Construct the checking questions using some key words/phrases and starting the question with the words:
 - How....?
 - Why....?
 - When....?
 - What....?
 - Could you please show me....?
 - Could you please tell me.....?
- c. Avoid questions that can be answered by Yes/No such as those starting with:
 - Do you....?
 - Will you....? (e.g. Will you breastfeed your baby until 6 months?)
 - Are you....?

E. Reading and work on Exercises D and E – Counselling about overweight

Point out steps 10–14 of the procedures listed on pages D-1 and D-2 of the *Facilitator's Guide*. These steps all relate to reading and exercises about investigating the causes of overweight and counselling mothers about overweight. The steps are parallel to steps 4–8 completed about undernutrition. In other words, in the next two exercises, the counselling process that has just been done for Nalah's mother will be done for Toman's mother.

Ask facilitators to read pages 26–27 of the module and the job-aid titled *Investigating the Causes of Overweight*. They should do the short answer exercise about Mona on page 28 and read the instructions and background information for Exercise D. Assign facilitators to:

_____ Introduce Exercise D (facilitator guidelines on page D-13).

_____ Read the role of Mrs Baruni in the script on pages 29–32 of the module.

_____ Read the role of the nurse in the script on pages 29–32 of the module.

_____ Lead the discussion of causes of Toman’s overweight (facilitator guidelines on page D-14).

When everyone is ready, have the assigned individuals perform their roles. You should turn to the *Facilitator's Guide*, pages D-13 to D-14, and follow along as facilitators practice. Then give them constructive feedback.

Ask facilitators to read pages 33–35 of the module, do the short answer exercise on page 34, and do the written part of Exercise E about Toman. They should read the facilitator guidelines on page D-14, and check their own answers to Exercise E (pages D-15 and D-16). (Remind them that this is **not** what will happen in the course; they **will** give individual feedback to participants.)

Make the following assignments:

_____ Introduce the script of the counselling session and lead a brief discussion after the script is read (Exercise E, facilitator guidelines for step 14, page D-17)

_____ Read the role of Mrs Baruni in the script on pages 38–39 of the module.

_____ Read the role of the nurse in the script on pages 38–39 of the module.

When everyone is ready, have the assigned individuals perform their assignments. After the script and discussion, give constructive feedback to the facilitator.

F. Role play Exercise F

Ask facilitators to look on page D-2 of the *Facilitator's Guide* and identify the next step. It is step 15, role plays. Exercise F is a role play exercise that will allow participants to practise interviewing and counselling skills. If a facility visit is not planned for interviewing and counselling real mothers, these role plays are especially important.

Ask the facilitators to read the instructions for the role plays on pages 40–41 of the module and note the background information and growth charts on pages 42–48.

Follow the instructions in the box on pages 70–71 of this guide (reproduced from page D-17 to D-19 of the *Facilitator's Guide*) **to conduct the role plays** (i.e. groups of 3 facilitators do all 3 role plays in separate areas of the room). Be sure that facilitators understand that this is how the exercise should be done during the course. This approach will give each participant the maximum practice.

Be sure that facilitators have plenty of time to **prepare** for the role plays. First they must understand how the role play will work and what role they will play in each situation. It may take a while to read the background information and examine the growth charts to understand the nutritional problem to investigate. They may want to think through which questions from the job aid to ask and likely advice needed.

If time allows, you may assign the preparation as homework and do the role plays the next morning, prior to the health facility visit.

Tell them that some cups and bowls are available to use during the role play (to help understand how much food the mother is actually giving the baby and to help show the mother how much food she needs to give her baby).

(Even if time is short during facilitator training, it is important to have facilitators do at least one of the role plays in this way, so that they understand how the role plays work.)

[Ref D-17 to D-19]

15. Role Play Exercise F – Interviewing and counselling mothers

Divide participants into small groups of three for role plays. Three role play situations are provided in the module, each of which presents a different nutritional scenario. Each small group will do all of the role plays, with participants taking turns in the roles of health care provider, mother, and observer. The small groups will do their role plays simultaneously, in separate parts of the room.

When the small groups go to their separate areas, each person will need to take their module, job-aid on investigating causes, their *Boy's Growth Record* and *Girl's Growth Record*, a note pad, and a pen or pencil. It is very important that each participant takes time to study the scenarios and begin to formulate some ideas of the counselling approach before beginning to act out the role plays.

Ask the participants in each group to decide on their first roles and read the relevant instructions on page 40–41. They should all also **read the background information** for role play situation 1 and look at the growth charts for Veebol (on pages 42–44).

Ask the groups if they have any questions about what to do, and clarify the instructions as needed. Then send each small group of three to a separate area, or perhaps out in a corridor. They should not go far away, however, as the facilitators need to observe them..

Observe as the groups get started and help them as necessary. Move around to be sure that each group is staying on track. Give instruction and feedback as necessary. Watch and listen for the following during each role play (refer to role play highlights below):

- The correct growth problem is identified when the health worker interprets the graphs (e.g. trend toward overweight).
- Health worker uses the correct job aid to investigate causes (e.g. too much food, lack of physical activity); health worker remembers to turn to the page to ask about physical activity.
- Actions are suggested to address causes found.

After each role play, the observer in the group should make brief comments, followed by the mother and health worker.

Then encourage the group to quickly switch roles and move on to the next role play (Razia, and then Anete). It is important to keep the role plays moving along so that participants do not become bored or frustrated. When participants are ready to do the role play about Anete, you may need to point out that Anete is stunted (but average weight-for-length), so the job-aid on causes of undernutrition applies, and the nurse should give the special advice for the stunted child.



Highlights of the Exercise F role play situations

1—Mrs Khan and her son Veebol

Veebol's growth lines (at age 9 months) show a trend toward overweight. His portions are too large (1 cup instead of the recommended $\frac{1}{2}$ cup per meal). He eats 3 to 4 meals, instead of the recommended 3 meals plus one snack. The health worker should explore whether he has sufficient physical activity.

Mrs Khan should be advised about portion size and frequency of meals, and also to provide opportunities for Veebol to move around freely and play in a safe environment.

2—Mrs Begum and her niece Razia

Razia's growth lines (at age 3 years 3 months) show a disturbing trend because her growth in weight has been almost stagnant during the past year. She is underweight and wasted and her growth lines are on a downward trend.

Mrs Begum is in a very difficult situation with four children to feed and inadequate resources. The health worker can suggest giving Razia her own plate and encouraging her to eat so that she consumes her portion. She could talk to Mrs Begum about inexpensive foods that can substitute for meat (beans, pulses, eggs). The health worker might also refer Mrs Begum to some sources of food assistance. If possible, Mrs Begum should take Razia for HIV testing, in case Razia's decline is caused in part by HIV.

3—Mrs Lima and her daughter Anete

Anete (age 18 months) is stunted, though she seems healthy and active. Inadequate nutrition over a period of time seems to have caused her stunting.

Anete does not have much appetite or interest in eating. She eats only $\frac{1}{4}$ cup at 3 meals per day. Mrs Lima should be advised to try to increase her portion to $\frac{3}{4}$ —1 cup and to sit with her to encourage her to eat. Since Anete is stunted, her mother should be given the special advice (from the job aid on investigating causes of underweight) to add legumes and animal-source foods to meals to improve the nutrient quality of the diet. She could also try to offer Anete wider variety of good foods, to increase her interest, and offer her two healthy snacks each day in addition to her meals.

Lead a summary group discussion as described on the next page (from *Facilitator's Guide* page D-19). Remember that you are demonstrating how the discussion should be conducted by the facilitators during the course next week.

Note: Instructions and handouts are provided for additional role plays below and in the *Facilitator's Guide* (pages D-19–D-23). If you want the facilitators to use these additional role plays with the participants next week, discuss how and when the role play should be done, and conduct practice for the facilitators of at least one of the role plays.

[Ref D-19 to D-20]

Group Discussion:

When all of the small groups have finished with the role plays, gather the entire group for a brief discussion of lessons learned during the role plays.

Summarize the steps that the health care provider should follow after weighing/measuring the child and plotting the indicators. Suggested steps are as follows:

1. Show and explain the meaning of the charts to the mother.
2. If there is a growth problem, determine if the mother recognizes it.
3. Follow the steps in the relevant job-aid: Investigating causes of undernutrition or overweight.
4. Ask the mother what she thinks are the most likely causes of her child's growth problem.
5. Counsel: 2-3 actions (only) for her to take. (Do not forget to praise the mother for things she is doing correctly!)
6. Ask checking questions.
7. Set date of next clinic visit.
8. Thank the mother.

Finally, remind the participants what to do and say to the mother if the child is growing well: let the mother know and congratulate her. Then review the feeding recommendations for the child's present age or the one approaching.

Instructions for Additional Role Plays (if used)

Use one or more of these role plays to give participants more practice counselling, particularly if time for a clinic visit is limited or the clinic visit is omitted.

These role plays should be conducted in small groups of three, much as the role plays in Exercise F of module D. However, in these role plays, **the "health worker" will first need to plot the child's measurements in a *Growth Record* and determine whether the child has a growth problem.** Then he will interview and advise the "mother" appropriately. The health worker, the mother and the observer are each given some background information, but the health worker should not see the mother's information. The health worker will discover the mother's information only by interviewing her.

Select from the three role plays summarized below to give participants the specific practice needed, or use all three. Use the summaries of each situation below to help you select. Then make two copies of the handout for each selected role play (from pages D-21 to D-23) for each small group of three participants. Cut one role play page in half along the dotted line and give the appropriate half to the "health worker" and the "mother." Also give a copy of the full page to the observer.



Summaries of Additional Role Plays

Highlights of role play 1:

Ashook is a boy, age 3 years 4 months. He is above the 1 z-score line height-for-age, on the median weight-for-age, and below –1 z-score line weight-for-height. So he is somewhat taller and thinner than most boys his age, but within the normal range.

Causes: It is not necessary to interview about any causes, as there is no growth problem.

Important advice: Feeding recommendations for children age 2 to 5 years (page 19 in the *Growth Record*), recommended foods (page 15)

Highlights of role play 2:

Mina is a girl, age 7 months. She is below –1 z-score line length-for-age, above 1 z-score line weight-for-age, both within the normal range. However, she is above 3 z-score line weight-for-length, so she is obese.

Causes: She is probably receiving too much food, and perhaps too much high energy food, including sweetened juices. She moves around very little.

Important advice: Suitable foods, appropriate frequency of feeding and portion size, and increasing opportunities for the baby's play and free movement.

Highlights of role play 3:

Samir is a boy, age 12 weeks. He is on the line –1 length-for-age, below the –2 z-score line weight-for-age, and below the –2 z-score line weight-for-length. So, he is underweight and wasted (almost severely wasted).

Causes: He is receiving formula and water in addition to breast milk and has had repeated episodes of diarrhoea. He is his mother's third child and she is very busy.

Important advice: Stop giving the water, gradually decrease the formula and feed only breast milk. She can produce all the milk the baby needs. Breastfeed, whenever the baby wants, at least 8 times in 24 hours. Exclusive breastfeeding will help prevent more diarrhoea.

D: Counselling on Growth and Feeding

Additional Role Play 1 ***Health Worker's information***

Ashook's mother brings him to the health centre for a growth monitoring session on 20 September 2007.

When you measure Ashook, his weight is 15 kg and his height is 105 cm.

Ask his mother for his birthdate. Then plot his measurements on the appropriate pages in the *Growth Record*.

If he has a growth problem, interview his mother to learn about the most important causes. Then give the mother the most important and relevant advice (2 or 3 actions to take).



D: Counselling on Growth and Feeding

Additional Role Play 1 ***Mother's information***

Your son Ashook was born on 10 May 2004.

Your name is Shariti. You are a self-employed fashion designer and work at home. Your husband is a supervisor at a bank.

You have a caregiver for Ashook who keeps him busy during the day, so that you can work at home. The caregiver makes a special effort to sit with him at meal time, but Ashook does not always eat all the food on his plate. He eats the same meals as the rest of the family.

D: Counselling on Growth and Feeding

Additional Role Play 2 ***Health Worker's information***

Mina is brought to the clinic by her mother today, 20 September 2007. This is her first visit to the clinic.

When you measure her, Mina weighs 9.5 kg and her height is 63.5

Ask her mother for her birth date. Then plot her measurements on the appropriate pages in the *Growth Record*.

If she has a growth problem, interview her mother to learn about the most important causes. Then give the mother the most important and relevant advice (2 or 3 actions to take).



D: Counselling on Growth and Feeding

Additional Role Play 2 ***Mother's information***

You have brought your daughter, Mina, to the clinic today, 20 September 2007. Mina's birth date is 5 February 2007.

You travel in your job and feel guilty that you were never able to breastfeed her. You buy a variety of bottled baby foods and cereals for her. Mina's grandmother lives with you and looks after her when you are away. Mina receives formula. The grandmother started giving Mina water and sweetened fruit juice, in addition to the formula, from 1 month of age.

You think the grandmother is very protective of Mina. She keeps Mina in a cot close to her all the time while she watches television. The grandmother is very pleased with the way Mina is growing.

D: Counselling on Growth and Feeding

Additional Role Play 3 Health Worker's information

Samir is brought to the clinic today, 20 September 2007, by his mother.

When you measure him, his weight is 4.6 kg and his length is 59 cm.

Ask his mother for his birth date. Then plot his measurements on the appropriate pages in the *Growth Record*.

If he has a growth problem, interview his mother to learn about the most important causes. Then give the mother the most important and relevant advice (2 or 3 actions to take).



D: Counselling on Growth and Feeding

Additional Role Play 3 Mother's information

You bring your son, Samir, to the clinic today, 20 September 2007. Samir was born on 1 July 2007.

You have three children: Samir, a 6-year-old son, and a 3-year-old daughter. You are breastfeeding Samir and also give him formula and a little water. You give him about two bottle feeds of formula and about ½ cup of water daily. You started the formula when he was about 6 weeks of age, because he cried after his breastfeeds. He has had diarrhoea on and off.

Your husband works at two jobs to earn enough money to support his family. There is piped water in the house and a toilet.

G. **Facilitator technique: conducting a role play**

Review the general guidelines in the box below for conducting role plays (copied from page All-8 of the *Facilitator's Guide*).

[Ref All-8]

Guidelines for All Modules

When coordinating a role play:

- Before the role play, refer to the appropriate notes in this guide to remind yourself of the purpose of the role play, background information, and major points to make afterwards.
- At the beginning of the role play,
 - review instructions for the role play,
 - assign groups of three participants to do the role play together,
 - make sure that role play participants have any supplies needed, for example, a copy of the *Boy's Growth Record* and the *Girl's Growth Record*.
 - suggest that each group of three go to a separate corner or area to work.
- Observe each group quietly, and make notes of points to cover later with the entire group.
- Interrupt only if the players are having tremendous difficulty or have strayed from the purpose of the role play.
- When all groups have finished the role plays, conclude the exercise with a brief discussion. Discuss things done well and things that could be improved.
- Ask participants to describe what they learned from the role plays.

H. **Introducing Clinic Exercise G — Measuring children, interviewing and counselling mothers**

Tell facilitators that there will be a visit to a clinic or clinics so that they can practice measuring children and interviewing and counselling mothers. **Ask facilitators to read page 49 in the module carefully now.**

When they have finished reading, explain that only three indicators are to be used for the counselling exercise (length/height-for-age, weight-for-age and weight-for-length/height). The measurements must be taken accurately for the counselling to be appropriate.

Remind everyone to bring a note pad, pen or pencil, WHO child age calculator, and the job-aids on measuring children and on investigating causes of undernutrition and overweight. Tell them that you will have extra copies of the *Boy's and Girl's Growth Records*, some fruit or small toys to give the children and caregivers, and cups and bowls to use during counselling.

Explain that it will not be necessary to start growth records for the children seen at the clinic. Note each child's age and measurements on a note pad. Plot the child's measurements on the appropriate pages of a growth record (in pencil, so that you can erase them later). Then use those pages for interpretation and conversation with the caregivers.

Review the steps to follow in counselling mothers (or other caregivers):

1. After measuring and plotting, show and explain the meaning of the charts to the mother.
2. If the child is growing well, let the mother know and congratulate her. Then review the feeding recommendations for the child's present age or the one approaching. Thank the mother and let her go.
3. If there is a growth problem, determine if the mother recognizes it as this will influence how the dialogue continues.
4. Follow the steps in the relevant job-aid: Investigating causes of undernutrition or overweight.
5. Ask the mother what she thinks are the most common causes of her child's growth problem.
6. Counsel: suggest 2 – 3 actions only for her to take (do not forget to praise the mother for things she is doing correctly!)
7. Ask checking questions
8. Speak to a staff member of the facility if you have proposed a return visit for follow-up. Thank the mother and let her go.

Describe the logistic arrangements that have been made (transportation, time of departure, dividing of the groups to visit two different clinics, etc). Answer any questions about the visit.

Remind the facilitators that this visit will be repeated next week with the participants. At that visit, the facilitators will lead the participants in their group in a similar visit. Answer any questions about the visit.

2. Assignments for the next day

Facilitators will visit a health facility to do Exercise G tomorrow. During the course, facilitators will lead their participants in a similar visit. Ask facilitators to read the following as homework:

- Facilitator guidelines for introducing and conducting Clinic Exercise G (pages D-24 and D-25 of the *Facilitator's Guide*) which explain how the facilitators will be expected to lead the activity next week. Remind them that the measurements taken must be accurate because caregivers must be counselled based on the true growth status of their child.
- The section at the end of the *Facilitator's Guide* titled "Guidelines for all Modules, Facilitator Techniques" on pages All-1 through All-9, with special attention to "When directing a clinical exercise," page All-9.

- The annex to module D, including the messages on care for development (pages 60–66). *(These will not be used in the course, but they are important for general information.)*

Assign a facilitator to prepare to conclude module D after the visit to the health facility.

_____ Conclude module D (facilitator guidelines on page D-26)

Note to course director on preparations for the next day:

Confirm arrangements for the health facility visits tomorrow. If more than one facility will be visited, decide how to divide the group and who will lead the exercise at each facility.

Have ready a supply of *Boy's and Girl's Growth Records*, fruit (bananas) or small toys, paper towels, cups and bowls to take to the health facility(ies). Also have weighing and measuring equipment ready to transport to the health facility(ies).

If there will be no health facility visit, plan to provide more practice interviewing and counselling mothers. Three additional role play scenarios are provided in this guide (guidelines beginning on page 72) and in the *Facilitator's Guide*. Make multiple copies of the scenarios (pages 74–76) for the participants and facilitators.

Be ready to distribute to the facilitators a final schedule for the course tomorrow (adapted from page All-10 of the *Facilitator's Guide* or page 16 of the *Course Director's Guide*).

Plan which facilitators will work together as co-facilitators during the course.

Plan which classroom will be used by each pair of facilitators. Ensure that course materials will be available to set up the classrooms tomorrow.

If you have not already done so, decide when and where daily facilitator meetings will be held during the course and inform the facilitators.

Confirm arrangements for measuring equipment, projectors, and video-viewing equipment to be placed in classrooms on the first day of the course.

Confirm arrangements for bringing children to the classrooms on the second morning of the course.

FACILITATOR TRAINING DAY 4

1. Health facility visit

Be sure to bring adequate supplies of the *Boy's and Girl's Growth Records*, small toys, paper towels, cups and bowls, and measuring equipment to each health facility.

A. **Exercise G of module D**

Conduct the health facility visit as described below (from the *Facilitator's Guide*, pages D-25). You are acting as the facilitator for the group, and the facilitators are acting as participants.

[Ref D-25]

17. Clinic Exercise G – Measuring children, interviewing and counselling mothers

Remind participants that they will need a note pad, their child age calculator, and their job-aids on measuring children and on investigating causes of undernutrition and overweight. Bring a supply of pencils, small toys, cups and bowls, *Boy's Growth Records*, and *Girl's Growth Records*. The health facility may keep different types of growth records on children. If so, the Course Director will advise you on how to handle the situation.

If you have time (such as while waiting for transportation), and especially if you did not have enough time to prepare the participants well yesterday, review with them what they will do during the visit (described on page D-24 above).

At the health facility, meet the person in charge, and describe what you are planning to do. (The Course Director will have visited beforehand to obtain permission and describe the course and the purpose of the visit.) Ask the person in charge where best to position the participants who will be measuring children, counselling mothers, etc.

Assign participants to work in pairs. If language is an issue, be sure that one participant in each pair speaks the local language. Facilitators should help pairs select children from the waiting area so that each pair sees a variety of ages, including some children with normal growth and some with growth problems.

Facilitators should supervise pairs as they measure children and do counselling. Participants should follow the instructions on page 49 of the module. Watch participants closely and, if needed, correct their technique (discreetly) as they measure children.

Counselling will be based on a single growth assessment at this visit, since it is unlikely that there will be comparable growth records from past visits.

- If the child has no growth problem, participants will counsel the mother about feeding recommendations for the child's current age or the one approaching.
- If there is a growth problem, participants will use the appropriate job-aid to interview the mother about causes of undernutrition or overweight and then give the most important advice.

After each counselling session, give feedback to the participants. Avoid questioning or correcting a participant in front of the mother; reminders if needed should be given discreetly.

Each pair of participants should see as many children and mothers as possible. Participants should take turns with the measuring, recording, and counselling tasks.

B. Discussing the clinic exercise

When everyone has returned to the classroom, ask the facilitators questions about their experience. What did they learn during the experience? What was more difficult than expected? What was most valuable to them?

Also ask them what could be improved. Then discuss the facilitator's role during the visit so that they understand what will be expected of them when they take participants to the health facility. It will be their responsibility to:

- prepare participants for the visit
- ensure weighing and measuring equipment and other supplies for this group are taken to the facility
- organize the exercise at the health facility
- supervise the participants as they work with mothers and children
- keep the other participants from crowding the children and mothers
- give participants feedback on measurement and counselling, and
- discuss the visit with the participants afterwards.

Discuss how facilitators will conduct the module next week (visit to one or two clinics, additional role plays or not).

C. Concluding the module and training course

Ask the assigned facilitator to conclude module D.

Then follow the guidelines below (from page D-26 to D-27 of the *Facilitator's Guide*) to conclude the training course and distribute evaluation questionnaires to the facilitators.

[Ref D-26 to D-27]

Conclude the training course:

Say to the participants that in their work, it is terribly important to measure accurately, record and plot accurately, and interpret correctly, so that every child's assessment or diagnosis is correct.

It is not enough to measure a child correctly; it is not enough to identify that a child has a problem or trend toward a problem. We must take action to help the child, to improve the child's growth or prevent a growth problem.

Thank the participants for all their hard work and enthusiasm.

20. Evaluation questionnaire

Distribute the evaluation questionnaire to the participants. Ask them to complete it now and turn in the completed questionnaire to you.

Collect the completed questionnaires and give them to the Course Director.

2. Review of facilitator techniques

Facilitators were asked to read pages All-1 through All-9 of the *Facilitator's Guide* for homework. Ask whether they had any questions about these pages, which describe ways to motivate course participants and improve teaching. Discuss any of the techniques that you think need to be reinforced with this group of facilitators.

Ask facilitators if they would like to discuss any problems that they anticipate during the course. Suggest ways to deal with these problems. Mention that there will be further opportunities for this type of discussion in daily facilitator meetings during the course.

3. Practical arrangements for the course

If you have not already done so, announce assignments of facilitator pairs who will work together during the course. Give facilitators the written schedule for the course.

The participants should be divided into groups each facilitator team given a list of who has been assigned to them before Day 1 of the end-user training. Facilitators will be given a copy of the *Course Registration Form* for each participant in their groups. The facilitators should ask the participants to complete and hand them in first thing. They should study the registration forms later to understand the participants' backgrounds and responsibilities related to growth assessment, in order to better to facilitate the course for them.

Tell facilitators which classrooms they will use. Tell them when and where they can obtain the course materials for their group, or when the materials will be delivered to their classrooms. Tell facilitators when they can go to their classrooms to:

- arrange the tables, chairs, flip chart, projector and screen, and instructional materials (Each participant should have adequate room on the table in front of her/him to write in the modules. Additional table area for modules and supplies is helpful.)
- arrange a place for individual feedback (such as extra chairs set off to the side).

Remind facilitators to discuss with their co-facilitators how they will divide the work for the first few sessions.

Describe arrangements for providing projectors, measuring equipment, and video-viewing equipment to the classrooms during the course. If any equipment will be shared by groups, explain where it will be stored. Tell facilitators whom to contact if they need extra supplies or materials during the course.

Answer any questions about practical arrangements for the course.

4. Closing remarks to facilitators

Tell facilitators when and where the daily facilitator meetings will be held. The objectives are:

- To assess progress made by each group and identify any problems, and to agree on actions to solve each problem.

- To discuss teaching techniques that some facilitators may have found useful and that can be recommended to others (for example, techniques for leading a group discussion or providing individual feedback).
- To prepare for the next day (for example, to review points to be emphasized in modules, prepare for the health facility visit, discuss any modifications needed in the schedule).
- To make any necessary administrative announcements.

Tell facilitators that sometimes groups try to rush through the modules. However, faster is not better and three days are scheduled to complete the modules (plus 1/2 day for the health facility visit). If a group gets ahead, facilitators should encourage the participants to read and work exercises thoughtfully. They can also take additional time in discussions and role plays to involve all participants fully.

If an end-of-course evaluation questionnaire will be used, tell facilitators that they will be given the questionnaire to distribute to participants on the last day.

Thank the facilitators for their hard work. Tell them that they will receive certificates along with the course participants at the end of the course.

5. Arranging classrooms, planning with co-facilitator

Encourage co-facilitators to take time to plan together for the first day of the course and to set up their classrooms.

Practice Assignment Grid

(Enter the name of the module and the exercise in which each facilitator practises each skill.)

Names of facilitators	Individual feedback		Introducing/ concluding a module	Demonstration/ using projector	Leading discussion or drill	Reading script
	Facilitator	(Participant)				

3.4**Overhead transparencies for opening session**

To prepare overhead transparencies to accompany the opening session of the facilitator training, photocopy the following pages onto transparency film. These slides are also provided on the disk of Facilitator's resource files.

Training Course on Child Growth Assessment



- Teaches skills and knowledge needed to measure the weight and length/height of children; assess growth in relation to the WHO child growth standards; counsel mothers/caregivers about growth and feeding
- For health care providers responsible for measuring and assessing the growth of children or supervising these activities
- These may include pediatricians, family practice physicians, nurses, clinical officers, health assistants and nutritionists working in the public and private sectors

Slide 1

Training Course on Child Growth Assessment



- Participants will be health care providers responsible for measuring and assessing the growth of children
- ____ facilitators and ____ participants
- Facilitators will assist participants to learn the procedures
- Facilitator training: 4 days
- Facilitators work in pairs
- Each pair assigned a group of ____ participants

Slide 2

Training Course on Child Growth Assessment

Materials for facilitators



- Set of 5 modules (A–E)
- *Facilitator Guide*
- WHO child age calculator
- *Boy's Growth Record, Girl's Growth Record*
- Set of job-aids
- Set of overheads, MGRS video, and Anthropometry Training Video for each small group

Slide 3

Training Course on Child Growth Assessment

Objectives of facilitator training



- Learn the course content
- Practise teaching techniques
- Learn to work with co-facilitator
- Practise supportive communication to reinforce learning
- Plan how to handle problems

Slide 4

Training Course on Child Growth Assessment

Teaching methods

Based on assumptions about learning:

- Instruction should be performance-based
- Active participation increases learning
- Immediate feedback increases learning
- Learning is increased when instruction is individualized
- Positive motivation is essential for learning to take place

Slide 5

Training Course on Child Growth Assessment Schedule



- Facilitator training is 4 days
- Course is 3½ days
- Facilitator training will:
 - include working through modules
 - focus on teaching techniques as well as content
 - include practice of teaching techniques

Slide 6

Training Course on Child Growth Assessment

Duties of a facilitator



- Introduce each module
- Answer questions and assist participants while they work
- Provide individual feedback on completed exercises
- Demonstrate or explain certain steps
- Lead group discussions
- Supervise role plays
- Supervise the health facility visit

Slide 7

Training Course on Child Growth Assessment Facilitator Guide



- Checklist of instructional materials and supplies (pages 6–7)
- Guidelines for teaching each module:
 - procedures table
 - notes for each step of the procedures
- “Guidelines for all modules” at end of guide
- Answer sheets (also in a separate packet for each participant)

Slide 8

4. Directing the course

4.1 Suggestions for opening remarks to participants

As course director, you will want to make some opening remarks to all participants, probably during an opening ceremony. Keep in mind, however, that facilitators will introduce the course in their small groups. Your remarks should therefore be on a general scale, perhaps focusing on the importance of the new WHO Child Growth Standards. You may wish to adapt the following outline:

- Welcome and introductions
- Statement about the need for and importance of the new WHO Child Growth Standards, for example:
 - These are the first truly international standards for child growth.
 - These replace standards that have been used for decades.
 - These standards are the first based on the growth of the breastfed child.
- The importance of this course and teaching the skills of weighing and measuring correctly
 - In the study, the researchers found that it was difficult to get accurate measurements, and took great care to be sure that the measurements would represent growth of children, not measurement error.
 - In your work, it is terribly important to measure correctly, record and plot correctly, and interpret correctly so that every child's assessment or diagnosis is correct.
 - It is not enough to measure a child correctly; it is not enough to identify that a child has a problem or a trend toward a problem. We must take action to help the child, to improve the child's growth or prevent a growth problem.
- Key characteristics of the course
 - This course may be rather different from many you have attended in that you will actually *practise* the skills being taught.
 - You will primarily be working in small groups where there will be many opportunities for individual and group discussion.
 - The course will be hard work, but will be equally rewarding in that you will learn or improve skills that you can actually *use on the job* when you return home.
- Announcements about schedule, posting of group assignments, etc.

4.2 Supervision of facilitators

Supervise facilitators by observing them with their groups and providing feedback at an appropriate time.

- Visit each group in their classroom each day.
- When observing facilitators, refer to the “Performance criteria for facilitators” listed on the next page. Use the appropriate section(s) of the list for the activity that is under way when you visit the group. For example, if they are having a group discussion, refer to the sections titled “Facilitator technique: leading a discussion.” Also refer to the section titled “Facilitator technique: working with a co-facilitator.”

The performance criteria are not intended to be used as a “report card” for the facilitators but as a job aid for your observations and feedback. You do not need to mark on the list for each facilitator; simply keep it in front of you as you make your observations. After your visit to each group, make notes on things that the facilitators were doing well, and things that could be improved. You may give feedback to a facilitator privately, or, if the feedback applies to a number of facilitators, in a daily facilitator meeting. Be careful never to embarrass facilitators by correcting them in front of participants.

- On the first day of the course, tactfully but firmly insist that facilitators provide individual feedback and commend those who provide it. Be sure that facilitators have set up and are using a comfortable place for individual consultations. If not, help them find a better spot, such as on a terrace near the room or in a hallway, and encourage them to move the necessary chairs there.

4.3 Performance criteria for facilitators

When observing facilitators with their groups, refer to this list as a reminder of appropriate facilitator techniques for the activity observed.

1. Facilitator technique: working with a co-facilitator

- a. Shares the work on each module in an organized way (each facilitator has a role in the exercise, discussion, presentation, etc.)
- b. Is flexible and able to adjust role as needed
- c. Is polite and respectful when making comments or suggestions while co-facilitator is leading
- d. When leading, invites co-facilitator to participate by adding comments or an opinion

2. Facilitator technique: introducing a module

- a. Keeps introductions brief
- b. Includes all points mentioned in the *Facilitator's Guide*

3. Facilitator technique: individual feedback

- a. Sits privately with the participant to give feedback
- b. Checks answers carefully; listens as participant discusses reasons for answers
- c. Encourages and reinforces participant's efforts
- d. Helps participant to understand any errors; gives clear explanations
- d. When appropriate, asks questions about how the exercise applies to the participant's job

4. Facilitator technique: leading a discussion

- a. Sets up the discussion by explaining its purpose and how it will proceed
- b. Involves all participants in the discussion
- c. Reinforces participants by thanking them for comments, praising good ideas, etc.
- d. Handles incorrect or irrelevant comments from participants tactfully
- e. Asks questions to keep the discussion active and on track
- f. Responds adequately to unexpected questions; offers to seek answers if not known
- g. Records ideas on the flipchart in a clear, useful manner
- h. Includes points listed in the *Facilitator's Guide*
- i. At the end of the discussion, summarizes the major points

5. Facilitator technique: using the projector in a demonstration or discussion

- a. Has materials organized before the demonstration or discussion
- b. Writes clearly on the overhead transparency and points to the relevant items
- c. Follows the instructions given in the *Facilitator's Guide*
- d. Keeps the presentation interesting by actively involving participants and asking them questions

6. Facilitator technique: when coordinating role plays

- a. Gives clear instructions for the role play; organizes groups of 3 in separate areas of the room
- b. Observes quietly, interrupting only if necessary to prevent confusion
- c. Concludes role plays with a brief discussion of lessons learned

7. Facilitator technique: while participants are working

- a. Looks available, interested, and willing to help
- b. Encourages questions
- c. Watches participants as they work; offers individual help to participants who appear confused
- d. Gives individual help quietly, without disturbing others in the group

4.4 Conducting daily facilitator meetings

Facilitator meetings are usually conducted for about 30–45 minutes at the beginning or end of each day. Keep the meetings brief.

- Begin the meeting by asking a facilitator from each group to describe progress made, to identify any problems impeding progress, and to identify any skill or any section of the modules that participants found especially difficult to do or understand.
- Identify solutions to any problems related to any particular group's progress or related to difficult parts of the modules.
- Discuss teaching techniques that the facilitators have found to be successful.
- Provide feedback to the facilitators on their performance. Use the notes that you have taken while observing the groups during the day.
 - Mention a few specific actions that were done well (for example, providing participants with individual feedback; making all the major points listed in the *Facilitator's Guide*).
 - Mention a few actions that might be done better. (For example, provide more guidance individually instead of in discussions with the whole group; keep introductions brief.)
- Remind facilitators of certain actions that you consider important, for example:
 - Discuss problems with a co-facilitator. If co-facilitators cannot solve problems together, go to the course director. The course director may be able to deal with these situations (for example, by setting up tutorials or by discussing matters privately with the individuals).
 - Speak softly when giving feedback to avoid disturbing others. If necessary, put chairs in the hall so that a participant and a facilitator can talk without disturbing others in the group.
 - Always be open to questions. Try to answer immediately, but if a question takes too long to answer, or is not relevant at the moment, suggest that the discussion be continued later (for example, during free time, at the tea break). If a question will be answered later in the course, explain this. If unsure of the answer to a question, offer to ask someone else and then come back later with an explanation.
 - Interact informally with participants outside scheduled class meetings.
 - For participants who cannot read the modules and/or do the exercises as quickly as others, the facilitators should:
 - * avoid doing exercises *for* them,
 - * reinforce small successes,
 - * be patient (or ask another facilitator to help).
- Review important points related to the module(s) for the next day.
- Remind the facilitators to consult the *Facilitator's Guide* and collect any supplies needed for the next day.

- Make any necessary administrative announcements (for example, location of supplies, room changes, transportation arrangements, etc.).
- After a few days, ask facilitators to point out to you any participants who might be good candidates for facilitator training. These would be participants who:
 - easily understand the modules
 - communicate clearly
 - help others and work well with others in their group
 - participate confidently in discussions
 - confidently measure children using good techniques

4.5 Collection of data during the course

This guide provides two possible forms for collecting data during the course. These forms are just suggestions. Different forms may be developed for other needs. The forms suggested in this guide are:

- **Course Registration Form** (page 99) – completed by participants at registration on the first morning of the course.
- **Course Directory** (page 100) – summary completed by administrative assistant based on registration data.

Course Registration Form

Please print clearly.

Your name: _____

E-mail address: _____

Best mailing address: _____

Name and address
of health facility
where you work: _____

What is your current work position or job title?

What are your current duties related to child growth assessment?

What professional training in health have you previously received?

What year did you complete your basic training in health?

Indicate any course(s) related to child feeding, IMCI or growth assessment that you have participated in and if you are a Trainer/Facilitator.

Course Directory

Dates of course: _____

Location of course: _____

Name of participant	E-mail address	Best mailing address	Name of participant's health facility	Current position or job title

4.6 End-of-course evaluation

You may wish to use an evaluation questionnaire to determine participants' **opinions** at the conclusion of the course. A Course Evaluation Questionnaire appears on pages 102–104. Review and revise this questionnaire as necessary to ensure that it is appropriate for evaluating the course as it has been conducted.

Add any other activity you wish to evaluate (for example, a plenary on a particular subject) to a table in the questionnaire. Or, you may wish to add or delete specific questions. If you make such revisions, remember:

- keep the questionnaire as short as possible, and
- only include questions if you will use the responses for a specific purpose, for example, to plan future courses or to evaluate the helpfulness of a particular activity.

Note that the questionnaire on the following pages will provide only a summary of participants' opinions and feelings about the course. It will **not** evaluate the skills and knowledge learned by participants. Facilitators evaluate how well participants learn the skills and knowledge on an ongoing qualitative basis throughout the course, by assessing participants' work on written exercises, in group discussions, and in practical exercises. If a course director wishes to evaluate skills and knowledge learned at the end of the course in a quantified way, another evaluation instrument will need to be developed.

Course Evaluation Questionnaire

Training Course on Child Growth Assessment

1. a) Do you have some responsibility for child growth assessment? (Tick ✓)
 _____ Yes (*go to 1b*) _____ No (*go to 2*)

- b) What are your primary responsibilities for child growth assessment?
 (Tick all that apply):

- ☐ Weighing children
- ☐ Measuring length and height of children
- ☐ Recording measurements in a growth record
- ☐ Interpreting growth charts
- ☐ Counselling mothers about growth and feeding
- ☐ Other:
- ☐ Other:

2. For each module or job-aid listed in the left column, tick (✓) the box which you think best describes it.

Module, booklet, or job-aid	Very useful	Useful	Somewhat useful	Useless	Did not work on it
A: Introduction					
B: Measuring a Child's Growth					
C: Interpreting Growth Indicators					
D: Counselling on Growth and Feeding					
E: Photo Booklet					
Boy's and Girl's Growth Records					
WHO Child Age Calculator (rotating disk)					
Job-aid: Weighing and Measuring a Child					
Job-aid: Investigating Causes of Undernutrition					
Job-aid: Investigating Causes of Overweight					

3. Which instructional module (B, C, or D) was most difficult for you? Why? (e.g., limited time, difficult skills, unclear content)
4. What was good about the course?
5. If you were organizing or directing this course, what would you do differently?
6. What adaptations of the course would you propose if it is to be attended by your professional peers in the future?

7. Suggest any modifications you consider desirable for each activity listed below:

Type of Activity	Keep as presented	Modify (How?)	Eliminate	Unable to comment
Written exercises followed by individual discussions of your work with a facilitator				
Video about MGRS and on measuring				
Slide show: Measuring: It's not so easy				
Drills and discussions with your small group				
Role plays				
Clinical exercises with real children and mothers				

8. Do health facilities in your area have the equipment used in this course (reliable scales, length/height boards)?

Reliable scales ____ yes ____ no

Length boards ____ yes ____ no

Height boards ____ yes ____ no

4.7 Closing session

Review highlights of the course. You may include any important points that have been raised during the course.

Explain that participants should begin using the practices taught in this course when they return to their health facilities. Where the WHO child growth standards have been adopted and charts printed, this training is a direct contribution to their correct implementation. But even if a different standard is in use, it is still important to measure children accurately, to consider different indicators when interpreting growth, and to apply the correct skills in counselling mothers, especially when children have growth problems to be corrected. Describe any help that may be available in the form of consultation, e-mail contacts, etc.

Distribute course photos (if available) and course certificates (example on next page). It is important to have a bit of ceremony, for example, ask each participant to come forward to receive his or her certificate in turn, to reinforce the participant's achievements and the importance of the training

WHO Child Growth Standards Training Facilitator

has participated in the

Training course on Child Growth Assessment

*Quality Hotel, Shah Alam — Selangor, Malaysia
11 to 20 September 2007*

*Dr Han Tieru
WHO Representative
Malaysia*



**World Health
Organization**

*Dr Adelheid W. Onyango
Course Director*



**World Health
Organization**

Department of Nutrition for Health and Development

World Health Organization
20 Avenue Appia
1211 Geneva 27
Switzerland

Fax: +41 (0)22 791 4156
Email: nutrition@who.int
Link: www.who.int/nutrition



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