

**MANAGEMENT OF SEVERE MALNUTRITION TRAINING COURSE
LIVINGSTONE GENERAL HOSPITAL 10TH – 17TH NOVEMBER 2003**

PROGRESS REPORT

DAY 1

The course started off on a slow pace as not all expected participants had arrived. Out of 20, 8 participants were able to start training. These formed one group. After brief introductions and administrative announcements, participants read through module 1 (introduction) after which module 2 (principles of care) was introduced.

The group was guided through:

- Clinical signs of severe malnutrition using the module as well as the photograph booklet.
- Determining admission criteria of a severely malnourished child.

The group was later taken to tour the out patient department of the hospital to see how severely malnourished children were received initially and what measures were taken before they were transferred to a malnutrition ward.

The participants and facilitators were informed that:

- There was no special arrangement for severely malnourished children. Patients (both children and adults) are attended to as first come, first serve basis.
- Admission criteria were not followed as per WHO guidelines
- No adequate facilities for weighing and measuring the child's length
- The out patients ward is 500 meters away from the children's ward. Transport was available 80 % of the time. The other 20 % a nurse and the caretaker walk to the children's ward.

Ward Visit:

- A very clean ward recently refurbished
- Few patients
- 8 patients with severe malnutrition

The group later watched a video to demonstrate the clinical signs of malnutrition:

- Oedema
- Severe wasting

- Dermatitis
- Eye change due to vitamin A deficiency

Constraints Encountered

- The day started on a slow pace due to unforeseen circumstances.
- The group comprised of one clinical officer, 2 nurse tutors and 5 nurses. Of the five, one nurse was a slow learner and had attended a previous course which she could not complete due to medical reasons. Though the nurse works in the nutrition ward, she is still slow in the group.

Day 2

- 9 more participants arrived from other hospitals in the province, ie :
 - Maamba
 - Sinazongwe
 - Livingstone
- The new arrivals formed a second group which after a few introductions set out to work immediately
- The group comprised of:
 - 2 doctors
 - 3 Clinical officers
 - 4 Nurses
- All the participants showed sufficient learning skills and read through module 1 and 2 with little difficulty.
- Some participants in group A reported to class late but got on to work as soon as they reported.
- Group A managed to read through principles of care and went to the module on initial management.
- They also watched a video on emergency management to re-enforce their skills on treating a severely malnourished child.

Clinical Activities

Both Groups:

- Saw a demonstration and practiced how to identify clinical signs of a severely malnourished child.
- Practiced how to measure weight, height and length.
- Outlined admission criteria
- Calculated SD scores on in patients.
- Leant how to prepare ReSoMal.

FACILITATOR'S MEETING

Comments/ Constraints

- Group A had lost momentum compared to the first day.
- Some participants lagged behind group discussions on account of either not having completed previous assignments as being slow readers.
- Others had difficulty in understanding basic concepts.
- A high-ranking official in B group was a matron at Livingstone General Hospital.
- She was reported to be having a high hand on fellow participants from the same hospital due to her seniority.

Resolutions:

1. Participants are equal and should therefore receive equal treatment. It was resolved that the course director addresses the issue.
2. For group B, which has more nurses and a slow clinical officer, the facilitators would use the nurse's guidelines from the facilitator's guide.

Day 3

The day started off with a short meeting of formal introductions between groups and facilitators as this was not done earlier due to logistical problems.

Both groups worked through their respective modules steadily. However, participants in group A had difficulties in understanding the concept as well as the mode of prescribing antibiotics for use in different situations. Therefore, only the principles of antibiotic use and the summary given in the antibiotic reference card were emphasized as a way of reinforcing understanding.

Facilitators' meeting

Constraints/drawbacks

Some participants did not do their homework for various reasons and this contributed to the slow pace of progress as was observed in both groups.

The malnutrition ward did not have a sufficient number of panties to demonstrate clinical sings and patient management.

Possible solutions/suggestion

- Out of pocket payments to be done at or near the end of training.
- Re visit the selection of participants so as to include those who will make a difference upon their return to respective hospitals. According to observation, some participants would not be in a position to influence change, if any, to the institutions they worked for.

Day 4

The day started well, all participants arrived on time. Classwork progressed well.

Ward visit

The morning session was for group A. This session involved practicing feeding the use of a 24 hour food intake chart and generally looking into problems that arise when children are on F-75/F-100.

Group B practiced how to prepare F-75, F-100. Principles of feeding both feeds were also discussed.

Both clinical sessions were conducted and demonstrations done on 'dummies' as there were no patients for practicals.

Facilitators' meeting

Problems/constraints

- Overhead projector not working
- Bus not available to ferry participants
- Lack of patients for clinical practice

Day 5

Class work progressed steadily for both groups.

Clinical ward visit were still hampered by the low patient load. So most clinical work was taught through:

- Demonstrations using other sick children or 'dummies'
- Role plays
- Group work

Facilitators' meeting

Problems/constraints

1. One participant had a social problem she had to attend to over the weekend. However she was persuaded to stay on for the remaining 2 modules. She did not see the cooking demonstrations as well as the drama.
2. Ms Chantal was scheduled to leave on Sunday by 10.00 hours. There was a suggestion that the PMO could close the course earlier, hand over the certificates and then activities could continue thereafter. This, it was felt would demoralize the participants as well as the facilitators. It was then agreed that the PMO could address the group briefly on Sunday and then the activities would continue to the end. Certificates would then be issued to participants upon completion of the course.
3. Mr. Zulu, the driver, worked very hard and was always on hand to assist wherever possible. It was therefore agreed at the facilitators' meeting that he could have all his meals with course participants and facilitators.

Days 6 and 7

Both groups progressed well the last module 7. However, Group B had to rush through the module and did not have enough time to map out the action plans for their different places of work.

Comments/Recommendations

1. There was more class than clinical work due to non-availability of children with severe malnutrition admitted during the period of training. Hence, more time was devoted to class work, role plays, video and a few demonstrations using the 7 patients and other sick children on the ward. However, the level of comprehension and appreciation of the fact that a severely malnourished child is different from other sick children and that the needs are different and therefore needs to be treated differently and also to be taken as a medical emergency was the take home message for all participants.
2. A few participants, particularly the ZENs, though they worked in the malnutrition ward, lacked the skills to read fast and understand the concept well. This slowed down the progress of both groups. Mixing them with doctors, senior nurses and clinical officers can be frustrating. They need a much longer time to go through the course in order to fully apply what they have learnt.
3. It was noticed that most participants were interested in the out of pocket expenses and thereafter gave varied excuses to attend to personal issues.

4. It is suggested that for each province, trained facilitators should be involved in selecting participants as this would improve the practical implementation of the knowledge and skills learnt.
5. It is also suggested that a course director should be involved early on in planning for the course and have a hand in participant selection.
6. The course director and other stake holders should visit the chosen training centre a few days before the commencement of the training to make sure that everything is in place.
7. The programme should buy an overhead projector as it is crucial in various demonstrations.

Annex: List of facilitators and participants

	NAME	HOSPITAL	DESIGATION	TEL/FAX/ E.MAIL
Participants				
1	Cotridah H Lweendo	Sinazongwe Hospital, Box 630208, Choma	Senior Family Health Nurse	095 838458/ 01 483057
2	Muzumi K Shevas	Sinazongwe Hospital, Box 630208, Choma	Clinical Officer General	01 483057
3	Georinah Lisulo Mwiya	Maamba Hospital, Box 5, Maamba	Zambia Enrolled Nurse	032 70224
4	Dr Mutembo Hilgard	Maamba Hospital, Box 5, Maamba	Medical Doctor	032 70224
5	Kashika Edwin	Livingstone School of Nursing	Nurse Lecturer	097 827429
6	Rodah Dimba	Livingstone Hospital, Box 60091, Livingstone	Zambia Enrolled Nurse	03 320221 -2
7	Annie Mwanza	Livingstone Hospital, Box 60091,	Zambia Enrolled Midwife	03 320221 - 2
8	Max Makuyu	Monze Hospital	Clinical Officer General	50171
9	Gloria G Nyirenda	Monze Mission Hospital	Zambia Enrolled Nurse	50171
10	Grace Zimba Wamunyima	Monze Mission Hospital	Zambia Enrolled Midwife	50171
11	Sipiwe Zulu Ncheengamwa	Living stone Hospital, Box 60091	Senior Nursing Officer	320221 Off. 323166 Res
12	Clarence Mondoloka	Livingstone Hospital, Box 60091, Livingstone	Clinical Officer General	095 838458
13	Dr Mary Nambao	Livingstone Hospital, Box 60091, Livingstone	Senior resident Medical Officer	097 760617, wckaonga@yahoo.com
14	Hazel Moono	Livingstone Hospital, Box 60091, Livingstone	Zambia Enrolled Nurse	097 893342, Hazelndiyoi@yahoo.com
15	Charity Lyambai	Livingstone Hospital, Box 60091, Livingstone	Zambia Registered Nurse	320221 - 2
16	Filbert Macha	Livingstone School of Nursing	Nurse Lecturer	03321713, filbertmacha@yahoo.com
17	Kalimbwe K. Derrick	Livingstone Hospital, Box 60091, Livingstone	Senior Clinical Officer/ Instructor	03 321086
Facilitators				
18	Dr D Kavindele	University Teaching Hospital	Consultant Paediatrician	096 777 7777 dkavindele@yahoo.co.uk
19	Dr S Madan	University Teaching Hospital	Clinical Tutor Paediatrician	096 744389, shibanmadan@zamnet.zm
20	Dr D Mumba	Arthur Davison Children's Hospital Ndola	Director Clinical Services	096908937/02641205, toiradine@yahoo.com
21	Ms C Gegout	WHO Country Office	Emergency Nutritionist	cgegout@who.org
22	Mr M Bwalya	Livingstone Hospital, Box Livingstone	Clinical Officer General	mervinbwalya@yahoo.co.uk
21	Ms M Tembo	Lewanika General Hospital, Morogoro	Clinical Officer General	07 221051
22	Dr M Shahajahan	WHO, ICT/EHA, Zimbabwe	Nutritionist, Inter-country	091-279260 shahjahanm@who.org.zm
23	Mr M Musambo	WHO Country Office	Health Economist/ EHA	095901683/097775314/01255322, mmusambo@who.org.zm
24	Ms Agness Aongola	Central Board of Health, Box Lusaka	Nutrition Specialist	aaongola@cboh.org.zm/ya m 253179, 096 744954