COURSE DIRECTORS SUMMARY

TRAINING ON THE MANAGEMENT OF SEVERE MALNUTRITION.
LOCATION OF COURSE :
MASERU, LESOTHO 20th NOVEMBER –6TH DECEMBER 2003

Facilitator Training

Dates of Facilitator Training 25th - 28th November 2003 "inclusive".
Number of Full days 4
Number of Facilitators Trained 10

COURSE
Dates of Course 1st-6th December 2003 "inclusive"
Number of full days----------6 days
Total number of hours worked in course----------41 hours
Number of participants ----------20

Clinical Sessions
Number of clinical sessions conducted ---------- 4
Number of hours per group devoted to clinical sessions----- 7 hours

Modules completed ; All
Manual: Did each participant receive a manual to take home?—Yes

Number of Facilitators serving at course---13 ; 10 locally trained, + Dr I. Andre, Myself, Dr.M. Shahjahan
3 of the facilitators trained acted as Clinical Instructors
1 facilitator trained did not manage to come to the course.

Ratio of facilitators to participants: 1 to 2-3

Course Directors comments and observations.

Planning and administrative arrangements.

The local coordinator of the program had very usefully arranged that we arrive one day earlier and had organized the premises for both Facilitators' and Course participants' training and accommodation. All the manuals and modules were there. She still had some purchases to make on the day the Facilitators course opened but it never interfered with the smooth running of the course.
There were enough Height meters, a stadiometer, and accurate weighing machines. There were enough patients.
What was really problematic on the children's ward was space .

Communication was problematic. It was when I arrived in Lesotho that it was made clear that I would be the course director. The local course director would understudy me.

Problems,-

- **Shortened course duration**: The course had been planned for 5 days only and communications with the districts was difficult The invitations to the course were already out
- **Correct clinical case management**: Nothing had been done to make sure that the venue for clinical practice was practicing correct case management. ***Nowhere*** in Lesotho was correct case management being practiced.
- **No substantive local clinical instructors**: The two paediatrician who had been trained in Malawi in correct case management were supposed to be the clinical instructors. One was only part time and I never ever saw her during the two weeks I was there. The other one was the local course director who was running an adolescent youth program that week and had to present the budget for the unit. She was only available as clinical instructor for the facilitators' course.
- Although the course was to be organized in her Unit, for reasons difficult to understand, the only full time paediatrician working in the unit had not been included on the course.

- The facilitators course week coincided with the **Roof of Africa Rally** which is the motorcycle event of the year in Lesotho and due to late booking the 3 external facilitators had to move out of their hotel after 2days. Alternative accommodation was totally inappropriate and unsafe. They had to spend the rest of the week as squatters in the W.R residence and the South African High Commissioner to Lesotho who luckily happened to be a friend of Dr Andre.
- **Contracts and payment:** Up to now I have not received any contract from WHO and I do not even know at what rate I was to be paid, if at all. I do not even know who to send this report to. I am not even sure who to write to get the extra per diem accrued as a result of the extra 2 days I spent before arriving home. I responded to Dr Khanum's call.
- **Transport:** It seemed as though no-one knew until the facilitators week that we would have to move up to 20 participants and facilitators to and from venue to clinical site. A minibus would have been ideal.
- Transport was difficult even for participants and facilitators wanting to do simple things in town like Banking.
- There was no secretarial assistance.
- What compounded all these problems was the fact that I as course director did not know and could not find out, what the local WHO office was supposed to provide and what the local Ministry of Health was supposed to provide. I am not sure that they knew either. In the early morning meetings we had with the WR to try to sort things out the local ministry of Health representative was never present.
- Communication and sensitization of Hospital staff as to what was going to take place was not as widespread as would have been desirable. Sister in charge during the day was not fully aware of the program. She had been on Night duty.

- Communication as to course venue also seemed to be problematic for some upcountry participants as some were late because no-one could tell them where the venue was.
- Supplies: Upcountry participants did not think they had accurate weighing scales for ingredients , Height Meters and Electrolyte Mixture needed to enable them to start their own programs.
- The nurse participators seemed to find it difficult to finish the Facilitators course in 3 1/2 days.
- At the local hospital, nurses seemed intimidated and put off by the amount of paperwork involved in the program.

SOLUTIONS:

- We decided that the course would last 6 days including the Saturday and there would be no time off. Participants would also have to do some Homework.

- As far as the practice of correct case management was concerned, we wanted to hear Dr Khanum's opinion but unfortunately we could not get her by email or telephone.
- The Local coordinator and course director thought that the basic elements of clinical management of severe malnutrition were already being practiced in the Hospital. They were already using carefully measured out amounts of DISCO which was exactly the same formula as F100, they used Potassium Citrate as a source of potassium, and they weighed and took the height of patients regularly. They thought we could use the opportunity of holding the course to kick-start their own program. To me that was possible and even desirable as long as the paediatrician in charge of the ward attended the Facilitators Course. There was also a general doctor and paediatric trained Nurse from the same unit who were going to train as facilitators. By the time the Course started we would have 3 trained people not only to act as Clinical instructors but also to start Therapeutic Feeding and correct case management. Attending the course would be another nurse from the unit.

At end of the course there were 5 people trained in correct case management at Queen 2 Hospital. The kitchen was preparing the formulae with confidence.

The only major problem was that they needed a separate ward for the severely malnourished and a refridgerator to store the milk. Both these were being organized.

- Looking at the patients being admitted to Queen 2 hospital it was clear to us that severe malnutrition was a major health problem and so we decided to help all those people who came late catch up.
- **Transport** : we carried people in repeated loads.
- **Overcrowding on ward**: we decided that in order not to disrupt the ward routine we would do as many clinical sessions as possible in the afternoon.

<u>Recommendations</u>

- It is vital that the duties and responsibilities of the individual country health ministry; Local WHO office; the Inter-country WHO office be spelled out and agreed upon and written out clearly when course is being planned. A copy of this agreement should be sent to the course director.
- Course Director should be informed Officially and involved early in the planning of the course.

- There are a lot of Cuban doctors practicing in the hospitals in Southern Africa, and it is recommended that 3or 4 module sets and manuals be in Spanish. For Lesotho the local director of the Cuban doctors attended the course and it was hoped that he would disseminate the course content to the other Cuban doctors.
- As part of the planning of the course, each country should decide what weighing scales both for ingredients and children, height meters, mineral mixture, multivitamin preparation and milk it will use. These should be made available to the course participants for identification of children with severe malnutrition and for making, Resomal, F75 and F100 and mineral mix.
- If accurate weighing scales for ingredients are not available at the very minimum cups of suitable sizes, or cups marked off at suitable volumes for sugar, oil, milk powder, etc should be available. This would enable participants to start correct case management at their institutions as soon as they get back.
- The skills to manage "change" efficiently should be briefly discussed as part of the individual hospital plans for the introduction of correct case management.
- As far as the problem of paperwork was concerned, I advised them that Lesotho as a country should decide on what forms were absolutely essential/ manageable and use those. *I think this is something which WHO should look into. In Zimbabwe we use the Fiche which is a combined form and much easier to use. We have decided to add the first page of the CCP where appropriate*.
- Finally I would recommend that where courses are held where correct case management is being started for the first time, a facilitator with experience in case management be left there for one week to join ward rounds and advise on problems encountered and to help build confidence in correct case management.
- It is suggested that where the facilitator training involves a lot of nurses ,the facilitator course take 4 days.

In summary, out of the 23 hospitals in Lesotho, 17 had one or two participants at the course. 18 nurses 6 doctors, 2 of them paediatricians, 4 national nutrition officers, 2 Nursing educators, and one member of the Health Educational team at national level were trained. It seemed a good beginning not only for the practice of correct case management in individual hospitals, but also for the dissemination of information on correct case management pre-clinically in the nurses' training colleges, and nationally.

I found it particularly rewarding that we were able to kickstart their program, and was greatly impressed by the confidence and performance of the newly trained Facilitators.