

Feb 23, 2004

REPORT ON SWAZILAND NATIONAL TRAINING COURSE ON THE MANAGEMENT OF SEVERE MALNUTRITION IN HOSPITALS, FEBRUARY 09-21, 2004

Summary:

Two participants from Swaziland attended the WHO sponsored Inter-country Training Course on the Management of Severe Malnutrition in April 2003 in Blantyre, Malawi. As a follow-up of that training and to train senior/mid-level staffs from health facilities on the appropriate management, the National Nutrition Council (NNC) and Emergency Preparedness and Response Unit of MOHSW planned a national training course on the management of severe malnutrition with support from WHO country office, ICT/EHA, Regional Office and HQ.

This training was a two-fold course, i. to train a cadre of national level facilitators on the WHO Case Management of Severe Malnutrition and to equip them with facilitator skills, and ii. to train participants from different hospitals in Swaziland on case management of severe malnutrition using trained national facilitators. The training was organized following WHO guidelines of three and half days' facilitators training and six and half days' case management training. WHO case management manual and training modules were used during the training.

Training Outcome:

Facilitators Training: 14 participants were trained as national facilitators with technical and facilitation skill, using WHO facilitator manual in three and a half days.

Case Management Training: 16 participants from different hospitals of Swaziland were trained on WHO case management of severe malnutrition using the locally trained facilitators.

Development of draft plan of action to implement WHO protocol on case management: During training course, the participants from hospitals, pediatric consultant and MOHSW officials developed a joined plan of action to introduce WHO protocol in the pediatric units of major hospitals of the country.

Introduction:

Severe Malnutrition is a serious cause of morbidity and mortality in children in developing countries worldwide. The problem in this subcontinent is at an alarming level due to current crisis arisen from repeated drought leading to food shortage, high prevalence of HIV/AIDS and wide spread poverty. An unofficial report indicates that the mortality among hospitalized severely malnourished children in Mbabane central hospital is above 50 percent. Number of admission of severely malnourished children is in increasing trend (according to MO, Paediatric ward). Appropriate management of severe

malnutrition is key to save the lives of severely malnourished children. Information from other developing countries also indicates high level of mortality (between 30-50%) among hospitalized severely malnourished children. With appropriate management following WHO protocol, it is possible to reduce the deaths at a level of around 5%. To be able to improve the patient management skill at hospital level WHO developed training modules and support materials based on the protocol (manual). Two participants from Swaziland attended the WHO sponsored Inter-country Training Course in April 2003 in Blantyre, Malawi. As a follow-up, the National Nutrition Council (NNC) and Emergency Preparedness and Response unit of MOHSW planned a national training course with support from WHO country office, ICT/EHA and Regional Office.

Training Methods and Contents:

This training was a two-fold course,

- i. to train appropriate senior/and mid level health and nutrition personnel as national facilitators on the WHO Case Management of Severe Malnutrition and to equip them with facilitator skills, and
- ii. to train participants from different hospitals in Swaziland on case management of severe malnutrition using trained facilitators.

The training was organized following WHO guidelines of three and half days' facilitators training and six and half days' case management training.

WHO case management manual and training modules were used during the training.

Participants' Profile:

Facilitator training: total 14 participants attended the facilitator training. They were physicians i/c and senior staff nurses of pediatric ward of different hospitals, University of Swaziland teacher, National Nutrition Council, MOHSW and MOA departments and WHO country office.

Case management training: total 16 participants attended the course. The participants were composed of mainly senior staff nurses of paediatric ward from different hospitals.

Training Management:

The National Nutrition Council Secretariat and Emergency Preparedness and Response Unit of MOHSW, Swaziland jointly organized the training with technical and financial support from the WHO country office, ICT/EHA, regional office and HQ.

Both facilitator training and case management training were organized at a local guesthouse facility in Mbabane. The clinical sessions and practical demonstration of F75

and F100 preparations were organized at Mbabane Government Hospital pediatric ward and hospital kitchen.

Program Schedule: The schedule recommended in WHO Course Director and Facilitator Guides were followed.

The course coordination and management team comprised of
Ms. Dansile B. Vilakati, Head, Swaziland National Nutrition Council
Ms. Nomsa Magagula, Program Manager, Emergency Preparedness and Response Unit, MOHSW, and
Ms. Khosi R. Mthethwa, MPN, WCO Swaziland

Resource persons for the facilitator training were,
Mrs. Voyivoyi Ndzinisa, PM- IMCI, MOHSW, Swaziland
Ms. Akosua Asante, Nutritionist, WHO Mozambique
Dr. M Shahjahan, Nutritionist, ICT/EHA, WHO (acted as course director)

Newly trained national facilitators under the guidance of resource persons and Dr. Kayode Akingba (i/c Paediatric ward, Mbabane Hospital) facilitated the case management training.

The participants were divided into three groups following WHO training guideline.

Training outcome:

- a. Facilitators Training: 14 participants were trained as national facilitators (including 3 clinical instructors) with technical and facilitation skill, using WHO facilitator manual in three and a half days.
- b. Case Management Training: 16 participants from different hospitals of Swaziland were trained on WHO case management of severe malnutrition using the locally trained facilitators.
- c. Identification of potential facilitators: 07 candidates were identified from participants of case management training as potential facilitators for future trainings.
- d. Development of draft Plan of Action to implement WHO protocol on case management: During training course, the participants from hospitals, pediatric consultant and MOHSW officials developed a joint plan of action to introduce WHO protocol at the pediatric units of major hospitals of the country.
- e. Advocacy: During briefing meeting with the honorable Permanent Secretary, MOHSW he expressed his satisfaction and committed to provide necessary support in implementing the protocol.

Few Related Issues/Observations:

1. No hospital has a special ward/unit/corner for malnourished children. Severely malnourished children were being admitted in the general pediatric ward and were being managed as a general paediatric patient.
2. Paediatric wards were characterized by shortage of space and inadequate number of nursing staff.
3. Training participants were found to be enthusiastic and good in understanding the contents and learning skills.
4. The MO i/c paediatric ward of Mbabane Government Hospital, who attended the Malawi course in April 2003 and was expected to be one of the core resource persons could not participate during the early part of the training due to his overseas commitment.

Recommendations:

1. This training should now be rapidly disseminated to senior hospital administrators, pharmacists, matrons, nurses-in-charge for optimum support to the program and to enable the program be fully implemented.
2. A hospital- based MIS including admissions and deaths among children (including nutrition unit) need to be established to monitor the program success.
3. Essential equipments/logistics for the program implementation should be made available;
 - a. Appropriate kitchen scale (5gm) for measuring F75, F100 and ReSoMal ingredients.
 - b. Kitchen equipments like covered pails for milk, and ReSoMal, saucepans for warming up the milk and making for cooked F75, whisks/electric blenders for mixing it, fridges for safe storage of milk in the ward, measuring jars and cups for giving it out.
 - c. Heaters in the ward to keep the malnourished children warm and both oral and rectal thermometers.
 - d. Height/length boards in all hospital.
 - e. Weighing scales for infants and children.
 - f. Record keeping and patient monitoring forms/charts
4. Few policies in the areas as mentioned below need urgent review to facilitate efficient management of severe malnourished child,
 - a. ensure availability of basic ingredients to prepare F75, F100 and ReSoMal (Milk powder/fresh milk, edible oil and sugar) at hospital/malnutrition ward kitchen.
 - b. payment for admission, hospital stay of severely malnourished children and their care givers' food cost.
 - c. Decision on healthy / treated abandoned children (orphan and vulnerable) staying in the paediatric ward

Issues for follow-up and future support by the WHO:

- a. To monitor closely the implementation of management protocol in the pediatric ward of major hospitals, and to provide necessary technical support as required.
- b. To support organizing follow-up trainings and necessary sensitization/orientation sessions for hospital staffs.
- c. Support establishing MIS system.
- d. To examine existing trainings for community/ village health workers and to incorporate “identification and referral of severely malnourished children and monitoring and supporting of recovered malnourished children and their families”.
- e. To lobby within the WHO to make available a catalytic fund to support the Government departments/institutions during the early implementation stage of WHO initiated capacity building/ trainings activities, e.g. implementation of WHO protocol at hospital level.