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EVALUATION OF THE ORT TRAINING UNIT
ZAMBIA

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REPORT OF CONSULTATION IN LUSAKA, ZAMBIA FOR EVALUATION OF
THE ORT TRAINING UNIT

I left Kinshasa Thursday, 16 June 1988 and arrived in Lusaka Sunday morning 19 June 1988. On Monday morning, I met Dr. Boayue, WHO representative in Zambia and Dr. Paul Freund, PRITECH representative, at the WHO office in Lusaka. Discussions at this time were centered on my mission in Lusaka and the program which had been prepared for this visit. We then met with Dr. Himonga, CDD manager in Lusaka and Dr. Dickson Nkembo, UNICEF representative.

A meeting was scheduled with a few Zambian authorities to discuss the construction of the ORT Center building and the plans for the first training course in Lusaka. The rapid completion of the ORT building was the major concern of the discussion as prices had risen with the passage of time and further funding was needed to complete the construction.

The question of the training program and the number of participants was discussed in the afternoon at the PRITECH office, followed by a site visit to the University Teaching Hospital and the ORT Unit under construction. The building is a solid structure comprising a reception area, three wards, a pharmacy and a storage area. A second building, nextdoor, containing a spacious room, was being renovated for the training courses.

It seems feasible that these buildings could be completed in less than a month if the funds were available. Most of the equipment for the center has already been ordered. Some was already available and the rest was due in Lusaka within a month.

On Tuesday, 21 June, the CDD program in Zambia was reviewed with Dr. Freund. A great deal of effort has been made in promoting this extensive ORT program. In the various provinces, hundreds of nurses have been trained in the practical application of ORT and ORS packages are being locally produced with the aim of becoming self-sufficient in the future.

Studies in this area conducted by PRITECH and the Ministry of Health indicate that while a certain percentage of mothers have become familiar with ORT, the proper preparation of the sugar/salt solution has been a problem. This problem has also been observed in other countries. One very encouraging sign was that dispensing antidiarrheic drugs in state hospitals and dispensaries has been forbidden by the government. There are also plans to curtail the importation of such drugs thus saving foreign exchange and enhancing ORS production and use.

The number of participants for each ORT training session was discussed. The host country has suggested a large number of participants in view of the needs of the country, however, as there appears to be a seasonal fluctuation of diarrheal cases, the number of patients available for each training session must be considered and the number of participants tailored accordingly. That is to say that during the hot season a larger number of participants could be accommodated than

during the cool season. In my opinion, 15 participants can be easily managed at one time and more than that becomes difficult to handle and less effective. An alternative may be to increase the number of sessions per year thus accomodating the needs of the country.

On Wednesday, 23 June 1988, we again visited the University Teaching Hospital and met with the Dean who is also Professor and Chairman of the Department of Pediatrics. He introduced us to his staff and together we discussed the proposed ORT unit. The Dean agreed to assign a doctor permanently to the unit. I suggested that, at the outset, a number of well-trained, dedicated nurses were also needed as permanent staff to run the unit until such time as a rotation for nurses becomes practical. It was also suggested that a large stock of ORS be available for the unit in order to avoid shortages soon after becoming operational.

The architect of the ORT building was also present at this meeting. He relayed the request of the contractors for a six week delay. It seems that the contractors are very concerned about getting paid and, although they are able to complete the building in a few weeks, they were delaying it to receive full payment.

I had prepared a program for the training courses and the Dean approved this program. However, he was not able to propose the names of the lecturers as they will depend upon the availability of the staff nearer to the time of the training session.

Although the unit can be opened to receive patients as soon as possible, the Dean suggested that the official opening and the first training session be scheduled for the last two weeks in October. This consideration is due to the national elections which take place before this date. The officials at the Ministry of Health agreed with this suggestion.

On Thursday, 24 June, we met again with Dr. Himonga, Dr. Boayue and Mrs. HElen Matanda, acting Permanent Secretary of Health, during which time I gave a complete report of the week's activities and proposals. Mrs. Matanda expressed great satisfaction with the visit and asked me to participate at the opening session in October.

Dr. Himonga has given us the following financial report:

Tender Contract	K 836,316.-
Additional cost of construction (reception area, water tower, etc.)	K 99,578.-
Total cost	K 935,894.-
Amount paid by WHO	K 695,000.-
Needed to complete construction	K 240,894.-

There was also concern as to whether WHO would be willing to take on the cost of additional training sessions should they be increased in order to keep the number of participants at a maximum of 15. I agreed to discuss this possibility with

Dr. Buriot of WHO who in turn would inform them of WHO's position. It seems that, under the current economic constraints, it would be difficult for Zambia to pay for the training courses and WHO support would be necessary.

Conclusion: This visit to Lusaka was very helpful in that it provided an opportunity to see the construction and evaluate its progress. I believe that, due to the delays and the added expenses of the reception area and water tower, the extra K 240,894.- was inevitable. I would recommend that WHO consider paying this extra amount to permit the rapid completion of the construction and the early use of the center. Should WHO agree to pay this amount, I would recommend that a telex be sent to Dr. Himonga in order to assure the contractors of the forthcoming funds, thus ensuring that no further delays will occur.

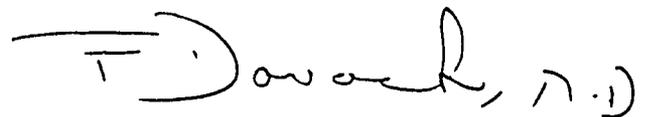
I have prepared a form which is to be filled for each patient and which will allow for complete evaluation of the patient and for long-term evaluation of the center. This data can be tabulated by hand or by computer.

I am enclosing a list of subjects and the program which has been prepared for the training course. These have been formulated as a result of our experience and the particular interests of Zambia.

As for the cost of the training sessions, as submitted by Dr. Himonga, I believe that, considering the price of hotels and restaurants, this amount is not unreasonable. However, should the number of participants be reduced, the cost for each session should also be correspondingly reduced.

Considering the current economic constraints expressed by the Zambian Medical authorities, I would recommend that WHO consider supporting all the training sessions.

I returned to Kinshasa on Sunday, 26 June.



Professor F. Davachi, M.D.

PROPOSED CLINICAL TRAINING COURSE ON ORAL REHYDRATION
THERAPY IN LUSAKA, ZAMBIA

Day 1

8:30 - 9:00	Registration
9:00 - 9:45	Official opening session
9:45 - 10:15	Coffee
10:15 - 10:45	Briefing: Objectives of the training, planned activities, administrative announcements
10:45 - 11:00	Pretest
11:00 - 12:00	Lecture 1: Etiologic agents causing diarrheal diseases
12:00 - 13:30	Lunch
13:30 - 15:00	Participant reports on past and current activities related to acute diarrhoea
15:00 - 16:00	Lecture 2: Physiopathology of diarrheal diseases
16:00 - 16:30	Tour of the ORT Unit

Day 2

8:30 - 9:30	Lecture 3: Oral Rehydration Therapy
9:30 - 12:00	Practical work: case management
12:00 - 13:30	Lunch
13:30 - 14:30	Lecture 4: Drug treatment in diarrheal diseases
14:30 - 16:30	Practical work

Day 3

8:30 - 9:30	Lecture 5: Nutrition and diarrheal diseases
9:30 - 10:00	Discussion: Improving current case management
10:00 - 12:00	Practical work
12:00 - 13:30	Lunch
13:30 - 15:30	Practical work
15:30 - 16:30	Case presentations

Day 4

8:30 - 9:30	Lecture 6: Prevention in diarrheal diseases
9:30 - 12:00	Practical work
12:00 - 13:30	Lunch
13:30 - 14:30	Lecture 7: Research in diarrheal diseases
14:30 - 15:30	Practical work
15:30 - 16:30	Case presentations

Day 5

8:30 - 9:30	Lecture 8: National CDD Program in Zambia
9:30 - 12:00	Practical work
12:00 - 13:30	Lunch
13:30 - 14:30	Group discussions on improving case management
14:30 - 15:30	Practical work
15:30 - 16:30	Case presentations

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Day 6

8:30 - 9:00	Post test
9:00 - 10:00	Evaluation of the center
10:00 - 12:00	Group discussion: How to make changes
12:00 - 12:30	Distribution of certificates and closing of session.

CDD EVALUATION FORM

Name _____ age _____ sex _____
 Address _____ date _____
 Time of admission _____
 Number of stools per day _____ For how many days _____
 Type of stools: watery _____ Mucus _____ Bloody _____
 Vomiting _____ Fever _____
 Associated pathology _____
 Nutritional status _____
 Treatment received before admission _____
 Vaccination history DPT and Polio _____ Measles _____

Degree of Dehydration

	Plan A	Plan B	Plan C
General appearance	good-alert	Malaise, drowsiness, irritability	very drowsy convulsions unconscious
tears	present	absent	absent
eyes	normal	sunken	deeply sunken
mouth and tongue	wet	dry	very dry
respiration	normal	rapid	very rapid
skin	normal	skin turgor present	skin turgor persistent
pulse	normal	rapid	very rapid not perceptible
fontanelle	normal	sunken	deeply sunken
Evaluation	no sign of dehydration	moderate dehydration	severe dehydration

Quantity of ORS prescribed in ml _____

Quantity of ORS administered in ml _____

I.V. prescribed _____

other drugs prescribed _____

Discharge status: Rehydrated and discharged _____

Rehydrated and hospitalized _____

Died _____

Time and date of discharge _____

Weight on discharge _____