

72
NOV 1989
102
10

PD-ABL-089

94709

U.S.A.I.D.
SWAZILAND
LIBRARY

LUBOMBO P.H.C. TRAINING

FINAL REPORT

P.H.C. Project
SWAZILAND
1990

FINAL REPORT on P.H.C. TRAINING ACTIVITIES in LUBOMBO

4/09/'90

I INTRODUCTION
oooooooooooooooooooo

The clinic-based training programme is an answer to suggestions which were put forward during the mid-term evaluation and the audit of the Primary Health Care Project. It also responds to a stated request from the Ministry of Health to have more practical on-site training. On-site training disturbs less the on-going curative and preventive activities in the clinics and has a more direct impact on the attitude and practice of the nurses/nursing assistants towards their patients.

The programme integrates training and supervision in a way that will benefit the efficiency of the clinics by mobilizing in one programme the key figures of primary health care at clinic level. A similar training programme was organized in the Shiselweni Region during 1989.

The training programme was approved during the RHMT meeting in Siteki on the 2nd of October '89.

II TRAINING OUTPUTS
oooooooooooooooooooo

1. Six Regional Trainers trained in Primary Health Care priority areas, ARI, ORT, EPI, ANC, GM, Breastfeeding promotion, H.I.S. and Clinic Management.
2. Six regional trainers given training experience by training colleagues in one PHC topic during at least three training sessions of one week.
3. Thirty two (32) Staff Nurses and twenty five (25) Nursing Assistants from twenty seven (27) different health facilities of the region updated in theory and practice of the PHC priority areas.
4. Nine (9) health workers from Sitobela Health Centre and thirty one (31) health workers from Good Shepherd Hospital provided with a one day PHC update (att.1).
5. Lubuli clinic upgraded as training site.
6. All regional clinics equipped with ORT corners, Salter scales, filing cabinets and privacy equipment.
7. Two sub-regional laboratories (Sitobela HC and Good Shepherd Hospital) processing R.P.R.-tests for ANC clients of thirteen (13) rural clinics.

III BACK GROUND

oooooooooooooooooooo

The training programme was proposed during the RHMT meeting of September '89. It was approved in October '89. It was decided to adapt the training programme of Shiselweni to the needs of the Lubombo region. Following decisions were made:

1. The training should be clinic-based.
2. The training would be directed to all the different types of clinics represented in the region: governmental, mission, refugee, and company clinics.
3. The training sessions (one week long) would be directed alternatively to nursing assistants and to staff nurses and take place every other week. Each clinic would first send the nursing assistants for training, followed by the staff nurse
4. The trainers would be selected from government and mission facilities.
5. Due to staff shortage, the trainees would not be replaced by hospital nurses during their training.
6. M.O.H. would provide "sleeping-out allowances" to the trainees.

IV TRAINING SITE

oooooooooooooooooooo

During the Lubombo RHMT meeting of November 1989, a field visit to the Zombodze Clinic (training site of Shiselweni) was proposed for RHMT members to appreciate the requirements of a regional training site. Mr. Alison Kunene, RHA, Matron Thandie Nxumalo, Public Health Matron, Matron Zwane from Good Shepherd Hospital, Sr. Elizabeth Nyoni, Public Health Sister from Siteki PHU and Sr. Khumalo from Sithobela HC visited Zombodze on December 12.

After different site visits in Lubombo, Matron Thandie Nxumalo selected Lubuli (pictures 1 & 2) as the best training site for the region.

V PERSONNEL

oooooooooooooooooooo

1. Technical Assistants (T.A.)

During the training weeks, each Reg. Trainer has constantly been supervised/assisted by one T.A.. Each T.A. was in charge of one training topic:

- * Mrs. Mary Kroeger (PHC Project): Ante Natal Care/Breastfeeding
- * Ms. Cynthia Dladla (GMNP Programme): Growth Monitoring/ EPI
- * Dr. Vincent Joret (PHC Project): ORT/ARI

2. Trainers

A total of six Regional Trainers has been involved in the Lubombo training. Only one of them, S/N Nomsa Magagula, had been previously by the Project in Training Skills.

The T.O.T. updated their technical skills in all the areas of the training module: EPI/GM, ANC/BF, ORT/ARI, HIS and clinic management.

On the last day of the T.O.T. (att.2), each Regional Trainer chose the topic in which she felt most confident and interested. Each Trainer was then individually trained in this topic by one of the Technical Assistants. Last theoretical questions were solved and a practical approach for the training of each topic was worked out between the Trainer and the Technical Assistant

At the end of the training programme each Trainer had been training her chosen topic for at least three weeks.

3. Support Staff

Initially Mr. Hezekiel Magagula and later Mr. Aloysius Nyoni provided field logistical support: They contacted the regional M.O.H authorities before the training sessions to ensure that the clinics were timely invited and that adequate transport was organized, they supervised the local kitchen staff during the sessions and organized the delivery of commodities after the training sessions.

VI LOGISTICS

000000000000

1. Housing of Trainees

An vacant house on the clinic compound (for a second staff nurse) was repaired by the regional Public Works Department (Roof repaired, stove replaced, sanitation upgraded, kitchen door replaced, windows replaced) and equipped by the P.H.C. Project to become the 'dormitory' for the trainees (picture 3).

- * Eight beds and a small fridge which were used for the training in Zombodze were transported to Lubuli.
- * The maternity wing (dining room) and the 'dormitory' were provided with curtains, mirrors, floormats, etc.

2. Accommodation for Trainers

One of the lessons learned during the training in Shiselweni, was that in order to avoid transport problems, the trainers and the technical assistants should stay in one place.

All the regional trainers, but one who lived nearby, stayed in the Bend-Inn Hotel during the week when they were training. This increased the cost of the training but made the daily transport of

the trainers to and from the training site much easier. It made it also possible for the team to discuss training issues during the evenings.

3. Accommodation for Technical Assistants

All the technical assistants and the project support staff stayed in the Bend-Inn Hotel.

4. Teaching facilities

Theoretical lessons were taught in the Tinkhundla House (picture 4) beside the Clinic on Sunday afternoon, Monday and on the following weekdays in the afternoon only.

Tuesday, Wednesday and Thursday were the 'clinical days': Patients were seen in the mornings and the afternoons were spent on case discussions and further theoretical discussions.

The Practical sessions were organized in the clinic itself. One O.R.T. corner (picture 5) had been installed for C.D.D. training, one room was reserved for A.R.I. patients, A.N.C. patients were seen in the A.N.C. room (picture 6), and E.P.I. and G.M.N.P. was practised at the usual site (pictures 7 & 8). Each group of three trainees examined and treated, under supervision of one regional trainer, each day the patients who attended the clinic for one training topic: One day a group was in charge of all the children with cough and/or diarrhoea, the next day the same group was in charge of all the A.N.C. clients and the third day they were in charge of all the Under Fives for E.P.I. and Growth Monitoring Nutrition. After the three practical days each group had rotated through the three training modules: EPI/GMNP, ARI/ORT, ANC/BF.

On Friday, one E.P.I. technician from the Central Vaccine Store came to Lubuli to teach and discuss the problems of the cold chain, steam sterilization and vaccine ordering.

5. Food

Breakfast, lunch, supper and two tea breaks were provided every day. Meals and teas were prepared and served in the maternity wing of the clinic. This wing had been transformed temporarily into a kitchen and dining room (picture 1).

- * Two gas stoves, one fridge and cooking material were purchased by the P.H.C. Project.
- * Two local cooks and a helper were hired by the Project to prepare the meals.
- * Mr. A. Nyoni was in charge of supervising the kitchen personnel and purchasing the food.

6. Transport

Each clinic was individually invited to two training sessions, one for the nursing assistant and one for the staff nurse (att. 3). The transport for the trainees was organized at regional level: Governmental clinics were taken care off by the governmental drivers, the mission-, refugee- and company clinics had their own transport.

One Toyota Hilux (4x4) of the project was assigned full time to the training. During the training weeks a second project car was mostly on site. As mentioned above, the transport of trainees to and from Lubuli was organized with regional transport and drivers. Mr. Nyoni was in charge of transport during the training.

VII DIDACTIC MATERIAL

oooooooooooooooooooooooo

1. Training Module

The Training Module for the Shiselweni Region was updated and adapted to the Lubombo Region. It has a section on each training topic (ARI, ORT, ANC, EPI, GM, HIS) and deals with the latest national or regional policy updates. Each trainee was provided with one copy on the first day of the training. The training module was the reference manual of the training.

2. Slide Sets

Five slide sets were presented to the trainees:

- | | |
|--|-----------------------|
| * The coughing child | TALC slide series |
| * EPI target diseases, Recognize the disease | UNICEF |
| * Diarrheal diseases (set A & B) | WHO |
| * Breastfeeding Problems | TALC |
| * Growth Monitoring | Health Education Unit |

Usually one slide set was shown during the evening of each training day.

VIII EVALUATION

oooooooooooooooooooo

A pre- and post test covering all the topics of the training had been developed (att. 4). Each trainee was tested with this tool at the very beginning and at the very end of each training session.

The trainees scored on average 52.5% on the pre-test, and 73.7% on the post-test. This represents an average gain of 21.2 percentage points. The same test will be presented to the trainees after a some weeks to evaluate how much the trainees remember from the training. This will be done through the clinic management Associate and the Clinic Supervisor.

IX FOLLOW-UP

000000000000

1. Clinic based follow-up

The clinic-based follow-up on the training was two-fold. The first part was to equip the clinics with the materials which they had been using during the training. The second part was to be sure that the equipment was used and to help the nurses to solve clinic management problems.

The objectives of the first part were:

- * Install an ORT corner according to national criteria (pictures 9 & 10).
- * Introduce the Salter Scale for growth monitoring of Under Fives (pictures 11 & 12).
- * Reorganize the clinic administration by introducing the filing cabinet and a shelf for official forms (pictures 13 & 14).
- * Increase the privacy of the patients e.g. repositioning of the examination couch, hanging privacy curtains or screen when necessary (picture 15).

The clinics which were provided with curtains are:

- | | |
|-------------------------------------|--------------------|
| 1. Lubuli ANC area + Maternity Wing | 6. Siteki Nazarene |
| 2. Siphofaneni | 7. Sigcaweni |
| 3. Vuvulane | 8. Manyaweni |
| 4. Bholi | 9. Sitsutsaweni |
| 5. Mpolonjeni | 10. Siteki P.H.U. |

- * Equip each clinic with at least one stethoscope, one otoscope, a gestational wheels and tape measures.
- * Provide the clinics with newly updated registration forms:
 - Under Five Health Cards
 - Red Health Cards
 - SEPI registers
 - Clinic referral Cards

Most of the material was provided to the trainees on the end of the training week. Shortly after the training of the staff nurses, Mr. Nyoni and Mr. Jabulane visited the clinics to help the staff nurses in setting up the ORT corner, hanging the privacy curtains and getting their 'paper-work' organized.

The second part of the clinic-based follow up was organized by Dr. M. Edmondson. She visited with the available counter parts, the different clinics to help the staff nurses in clinic management and assess the use of the ORT corners and Salter Scales.

2. Workshops for Hospital and Health Centre staff

In addition to the clinic based follow-up, two follow-up workshops were organized in the region (att.1). The main purpose of this activity was to provide some continuity with the Lubombo regional

hospital and health centre staff, most of whom were not able to attend the Lubuli training.

These one-day workshops were organized for two reasons:

- * To make the staff of these two facilities aware of new policies or practices in the clinics so that there would be a continuity of care when these nurses would relieve clinic nurses.
- * To increase the quality of communication between the clinics and their regional referral facilities.

X LABORATORY oooooooooooo

An important part of the training focuses on reinforcing the need for screening all A.N.C. clients for Syphilis with the R.P.R. test. Before the regional training many of the clinics in the region did not provide this service to their A.N.C. clients. The reason for this was due to transport problems. The clinics mostly did not get the results from serum samples sent to the Central Public Health Laboratory of Manzini.

This problem was discussed at the R.H.M.T. meeting on January 25. It was decided that from then on the laboratories of the Good Shepherd Hospital and Sithobela HC would function as sub-regional public health laboratories. This decision followed a series of meetings with G.S.Hosp., the Regional Health Administrator and the P.H.C. Project to work out staffing and logistics issues.

The approach set a positive precedent in involving a mission hospital in providing essential laboratory services to government clinics. In the southern part of the region this regionalization of services was to be provided by Sithobela Health Centre.

- * Good Shepherd processes the R.P.Rs. from:

Lomahasha	Vuvulane	Shewula
Tikhuba	Siteki PHU	Siteki Nazarene
Mpolonjeni Clinic		

- * Sitobela HC processes the R.P.Rs. from:

Lubuli	Khwezi	Bholi
Sinceni	Siphofaneni	Gilgal Clinic

A standard recording system (similar to Shiselweni) was introduced in both laboratories and in the clinics. The laboratories were provided with a filing cabinet and with individual files for each clinic.

The region is responsible for transporting the serum samples from the clinics to the laboratories and for transporting the results from the labs to the clinics.

The lab. of Sitobela HC was equipped with an new refrigerator and provided with a LEITZ oil-immersion microscope objective.

Trainers

S/N	Thandie Mndzebele	Nat. CDD Programme Head
Sr.	Hilda Mdluli	Nat. EPI Programme Head
Ms.	Cynthia Dladla	Nat. GMNP Programme Head
Ms.	Juliette Aphane	Home Economics, Min. of Agriculture
Sr.	Mavies Nxumalo	Nat. ARI Programme Head
Mtr.	Anna Zwane	Matron I, Good Shepherd Hospital
Sr.	Elizabeth Nyoni	Public Health Sister, Siteki
Ms.	Joyce Mtimavalye	U.N.F.P.A. Project
Mrs.	Mary Kroeger	P.H.C.Project
Dr.	Marilyn Edmondson	P.H.C.Project
Dr.	Vincent Joret	P.H.C.Project

B) Training Sessions in Lubuli Clinic

2. 12th -> 16th February

Nursing Assistants

- 01 Hazel Sembe, Siteki PHU
- 02 Nelisiwe Mamba, Lomahasha
- 03 Venancia Dlamini, Gilgal
- 04 Elsie Nhlabatsi, Tikhuba
- 05 Priscilla Gina, St. Philips
- 06 Beauty Dlamini, Sithobella HC
- 07 Mildred Dlamini, Sithobella HC
- 08 Anna Dlamini, Lubuli
- 09 Sindile Gamedze, Sinceni

3. 6th Feb. -> 2nd March

Staff Nurses

- 01 Laurene Mlambo, Siteki PHU
- 02 Dudu Masilela, Lomahasha
- 03 Lillian Shongwe, Gilga
- 04 Dumisile Mavuso, Tikhuba
- 05 Sr. Raphael Sharkey, St Philips
- 06 Fortunate Magagula, Sithobella HC
- 07 Elisabeth Simelane, Sithobela HC
- 08 June Stewart, Siteki Nazarene

4. 11th -> 16th March

Nursing Assistants

- 10 Sibongeli Mdlalose, Siteki Nazarene
- 11 Thobie Mndzebele, Vuvulane
- 12 Veronica Vilakati, Siphofaneni
- 13 Otilia Mlotsa, Mpoloonjeni
- 14 Happiness Maziya, Bholi
- 15 Elizabeth Matsebula, Ndzevane Refugee
- 16 Pedro Fumo, Ndzevane Refugee
- 17 Beauty Magagula, Shewula Nazarene
- 18 Sibongile Vilakati, Good Shepherd

5. 26th -> 30th March

Staff Nurses

- 09 Elizabeth Nxumalo, Siphofaneni
- 10 Dinah Gele, Mponjeni
- 11 Mildred Zwane, Bholi
- 12 Lydia Gumedze, Ndzevane Refugee
- 13 Ruth Nsibandze, Shewula Nazarene
- 14 Maureen Mayenge, Good Shepherd
- 15 Janet Yeboah, St Philips
- 16 Gertrude Gamedze, Ikhwezi Joy
- 17 Irma Lukhele, Manyeveni (Malindza Nazarene)

6. 13th -> 18th May

Nursing Assistants

- 19 Minah Mathabela, Mpaka Railway
- 20 Rose Matsenjwa, Good Shepherd PHU
- 21 Khosi Mhlonga, Simunye/Ngomane
- 22 Angeline Simemane, Tabankulu
- 23 Busisiwe Dlamini, Manyeveni (Malindza Nazarene)
- 24 Phyllis Mamba, Ebenezer
- 25 Sellina Dlamini, Sigcaweni

7. 29th May -> 1st June

Staff Nurses

- 18 Emma Nhlapho, Simunye
- 19 Sr. Julia Ndlangamandla, Tabankulu
- 20 Elizabeth Lukhele, Ubombo Ranches
- 21 Phephile Nsibande, Vuvulane
- 22 Christine Mutebe, Malindza (Mpaka Refugee)
- 23 Sr. Pauline Mdziniso, Ndzevane Refugee)
- 24 Netty Fakudze, Sithobela

8. 10th -> 15th June

Staff Nurses

- 25 Albertine Matsenjwa, Mpaka Railway
- 26 Sizakele Magagula, Simunye
- 27 Gugu Maarja, Sigcaweni
- 28 Maggie Dlamini, Ubombo Ranches
- 29 Jenny March, Malindza (Mpaka) Refugee
- 30 Ruth Nyoni, Lomahasha
- 31 Dudu Ndzimandze, Siphofaneni
- 32 Khetsiwe Thwala, Sithobela HC

C. Follow-up Workshops

=====

9. Sithobella Health Centre (July 10)

Trainers

- 1. Thembe Dlamini
- 2. Mary Kroeger
- 3. Vincent Joret

Position

- Staff Nurse
- Nurse Midwife
- MCH Physician

Participants

- 1. Nqobile Shabangu
- 2. Dudu Mkatsshwa
- 3. Glory Siphanga
- 4. Precious Matsebula
- 5. Phumzile Madolo
- 6. Elizabeth Langwenya
- 7. Khabonina Mhlanga
- 8. Treasure Ginindza
- 9. Dr. M. Golding

Position

- Staff Nurse
- Nursing Assistant
- Nursing Assistant
- Staff Nurse
- Staff Nurse
- Staff Nurse
- Nursing Assistant
- Nursing Assistant
- Medical Officer

10. Good Shepherd Hospital (July 11)

Trainers

- 1. Flavia Katurama
- 2. Eunice Hhalaza
- 3. Mary Kroeger
- 4. Vincent Joret

Position

- Staff Nurse
- Nursing Sister
- Nurse Midwife
- MCH Physician

Participants

Position

1. Ellen P. Ngwenya	Nursing Assistant
2. Elizabeth Mabuza	Student Nurse
3. Scholastic G. Mdluli	Student Nurse
4. Gladness T. Simelane	Student Nurse
5. Ntombifuthi Simelane	Student Nurse
6. Lomagugu Simelane	Student Nurse
7. Angeline Twala	Nursing Sister
8. Joy Ndzimandze	Nursing Assistant
9. Liberty Thwala	Staff Nurse
10. Voyivoyi Lukhele	RN
11. Cecilia Nkambule	Student Nurse
12. Thul'sile Sikhosana	Student Nurse
13. Pindile G. Mkhonta	Student Nurse
14. Peggy Dlamini	Student Nurse
15. Margaret Fakudze	Nursing Assistant
16. Jacobina Magagula	Nursing Assistant
17. Alma Dlamini	Nursing Assistant
18. Busisiwe Tsabedze	Nursing Assistant
19. Nester Seyama	Nursing Assistant
20. Anastacia Thumbatha	Nursing Assistant
21. Constance Mabaso	Nursing Assistant
22. Constance Luhlanga	Nursing Sister
23. Lucy Mkhonta	Nursing Assistant
24. Nkosinathi Maseko	Student Nurse
25. Muziwandile Zwane	Nursing Assistant
26. Mirriam Dlamini	Matron II
27. Ivy Zwane	Nursing Assistant
28. Kate Mhayise	Nursing Assistant
29. Zanele Dlamini	Staff Nurse
30. Violet Choonga	Nursing Assistant
31. Anna D. Zwane	Matron

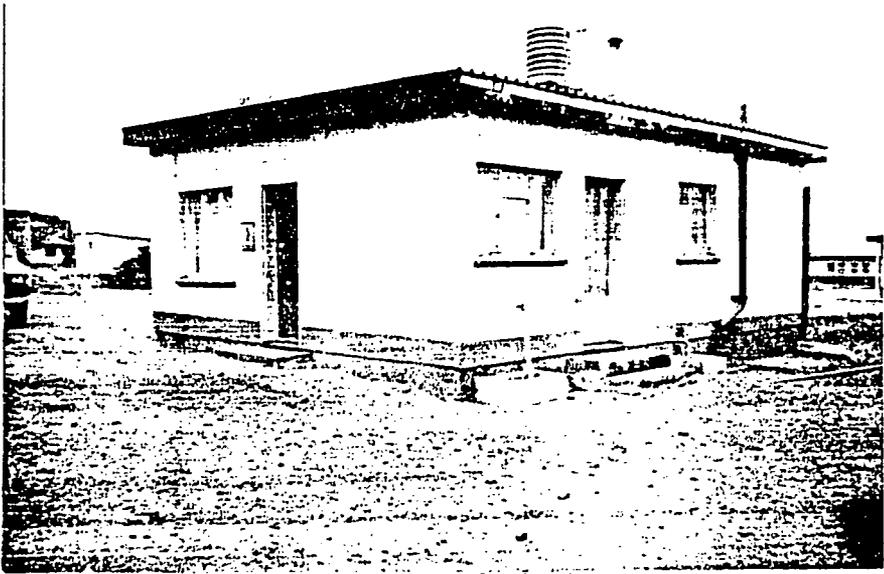
PICTURES



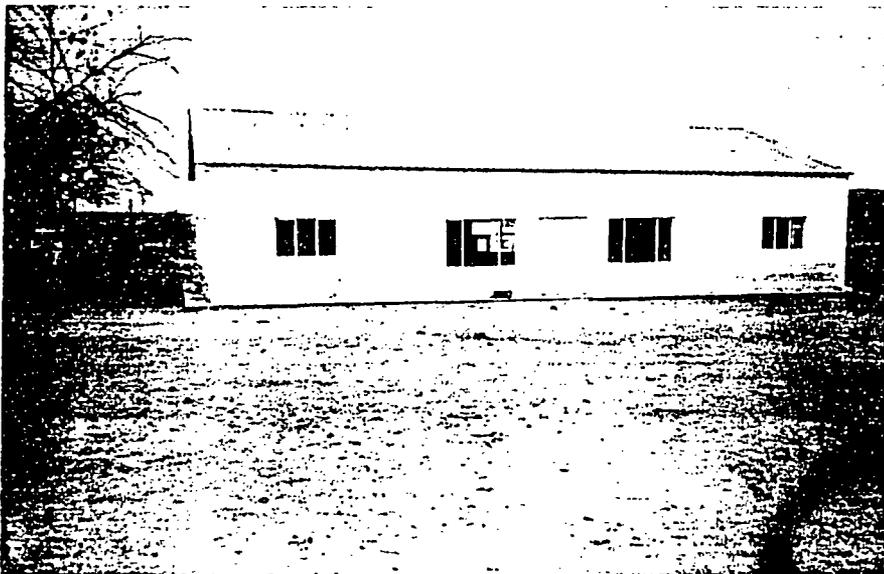
*Picture 1
Lubuli Clinic: main building & maternity wing*



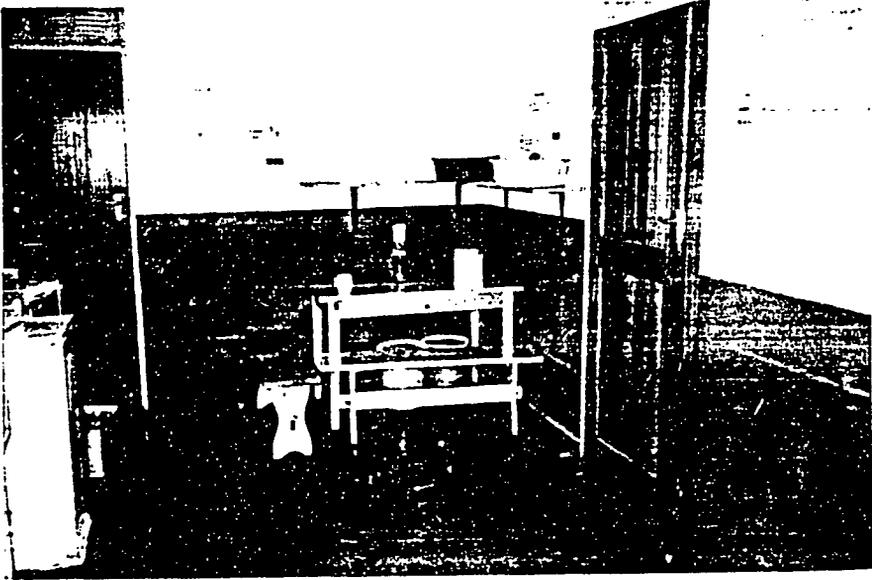
*Picture 2
Lubuli Clinic : Staff*



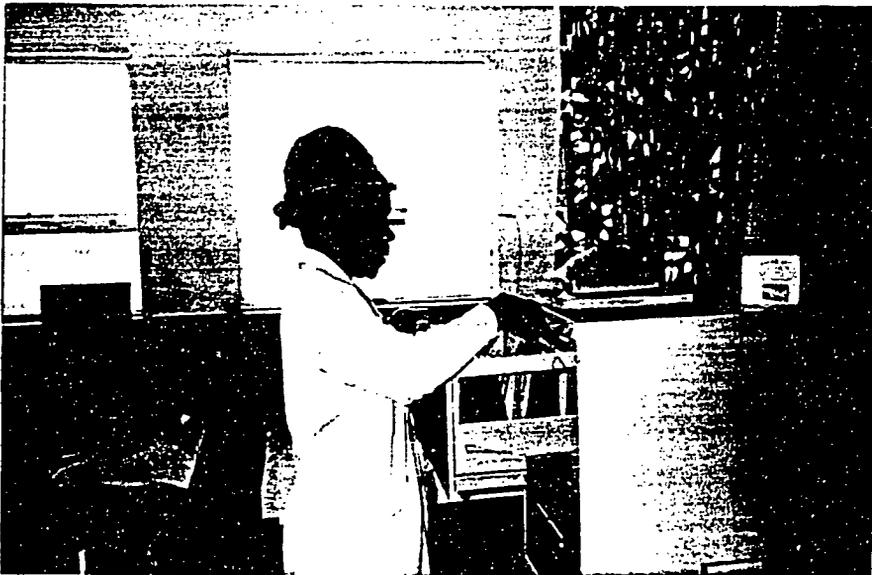
Picture 3
A vacant house was upgraded and temporarily equipped as 'dormitory' for the trainees



Picture 4
The theoretical lessons were taught in the Thinkundla house



*Picture 5
Lubuli Clinic: O.R.T.-corner in the dressing room*



*Picture 6
Lubuli Clinic: S/N E. Simelane using the Family Planning files*



Picture 7
Lubuli Clinic: S/N E. Simelane preparing the E.P.I. table-top vaccine carrier



Picture 8
Growth Monitoring with Salter scale and frame in Lubuli



Picture 9
The O.R.T. corner in Sitobela Health Centre



Picture 10
The O.R.T. corner in St. Philips Clinic



*Picture 11
Growth Monitoring in Sitobela H.C.*



*Picture 12
Using the Salter scale in Sitobela H.C.*



Picture 13
Using the filing cabinet in Sitobela Health Centre



Picture 14
Family Planning files in Sitobela Health Centre



Picture 15
Privacy curtain in the A.N.C. room of Lubuli Clinic

ATTACHMENTS

SWAZILAND PRIMARY HEALTH CARE PROJECT

P O Box 750
Mbabane
Swaziland
Phone 45520/1

REPORT ON ONE-DAY FOLLOW-UP WORKSHOP ON CLINIC BASED TRAINING FOR HOSPITALS IN LUBOMBO REGION

On Tuesday and Wednesday of this week the final training activities for the clinic-based training exercise in Lubombo Region was held. The Agenda for this activity is attached, as well as the list of participants.

The main purpose of this one-day activity was to provide some continuity with the Lubombo Regional hospital and health center staff, most of whom were not able to attend the Lubuli trainings over the last five months.

During each of these one-day sessions, two of the consultant-trainers, Dr. Vincent Joret and Mary Kroeger, reviewed in brief each of the six training modules used in the clinic training. Particular emphasis was put on the hospital staffs' role in receiving referral cases, the maternity staffs' use of the pink ANC card, and also on highlighting major changes in the ORT, EPI, ARI (acute respiratory infections), and Growth Monitoring Programmes. We also touched on problem areas with the new regional HIS.

At Sithobela, we were assisted in training by S/N Thembe Dlamini and at Good Shepherd we were assisted by S/N Flavia Kuturamu and Sister Eunice Hhalaza. These three nurses were among the six who had assisted throughout the last several months.

This week and in the next few weeks, we hope to complete the process of distributing to the clinics the remaining equipment that is a necessary part of the implementation of this training. This includes file cabinets, with files; ORT Corner equipment, Salter scales and frames to support them; privacy curtains, and a few other miscellaneous items.

We in the PHC Project deeply appreciate the support and close collaboration we have received from the administration and senior nursing staff of Lubombo region, both in government and private sector, and we particularly are grateful for the continuous support we received from S/N Elizabeth Simelane at Lubuli Clinic.

There will be a more complete report of the entire training activity forthcoming in the near future, and we look forward to the successful implementation of the new skills that the nurses and nursing assistants gained in this training.

Copies to:

Mr. A. Kunene, Lubombo Regional Health Administrator
Sister Elizabeth Nyoni, Public Health Siter, Siteki
Matron Anna Zwane, Matron I, Good Shepherd Hospital
Staff Nurse, Elizabeth Langwenya, Sithobela Health
Center
Staff Nurse Elizabeth Simelane, Lubuli Clinic



TRAINING of TRAINERS for CLINIC-BASED TRAINING
LUBOMBO REGION

Training programme

Venue: Library of the School for Nursing Assistants
(Good Shepperd Hospital)

Dates: From Monday, 29/1/'90, till Friday, 2/2/'89

Time schedule: Morning sessions from 8 AM to 12.30 AM
Afternoon sessions from 2 PM to 5 PM

MONDAY 29/1/'90 : Introduction to the training
Ante-Natal Care

TUESDAY 30/1/'90 : Treatment of diarrheal diseases /ARI
Health Information System (H.I.S.)

WEDNESDAY 31/1/'90 : Immunizations
H.I.S.

THURSDAY 1/2/'90 : Nutrition/Growth Monitoring
H.I.S

FRIDAY 2/2/'90 : Worksessions with individual trainers

* Most of the topics will be taught and/or supervised by the
National Programme Heads.

* Stationnary and hand-outs will be provided on the spot.

* Accommodation is only available for a limited number of
participants: Contact Matron Nxumalo.

* Training will conclude Friday after lunch.

LOOKING FORWARD TO SEEING YOU THERE!

cc: Matron Dlamini, Senior Public Health Matron

SWAZILAND



GOVERNMENT

TO: The Management of the Company Clinics

FM: Matron Thandi Nxumalo
Dr. Joret, PHC Project

RE: Training in Lubuli

DATE: February 20th, '90

The Ministry of Health and the Primary Health Care Project are organising from February to May eighth one-week training courses for the nurses and the nursing assistants from all the clinics and P.H.U. of the Lubombo Region.

By this letter we invite your clinic staff to attend one of these training sessions, which will take place in the Lubuli Clinic. We will communicate the exact date of the training for your nurse/nursing assistant at least two week in advance.

Could we ask your staff (staff nurse and nursing assistant) to read the attached Training Programme very carefully before attending the session to which they will be assigned so that everybody will be fully oriented before the start of the training.

Food and lodging will be provided at the site of the training. As your nurses/nursing assistants will treat patients during the training, they are requested to come to the training in uniform. Could they also bring their bed sheets, blankets and towels?

For those who have problems to reach the training site, transport could be arranged on request. For this and for any additional information concerning the training, feel free to contact Matron Nxumalo at Siteki PHU.

We look forward to seeing your staff in Lubuli!

cc: Matron Dlamini, Senior Public Health Matron

CLINIC LEVEL TRAINING PROGRAMME in LUBOMBO REGION

22/2/'90

A. PURPOSE AND BACK GROUND:

This training programme is an answer to suggestions which were put forward during the mid-term evaluation and the audit of the Primary Health Care Project. It also responds to a stated request from the Ministry of Health to have more practical on-site training. On-site training disturbs less the on-going curative and preventive activities in the clinics and has a more direct impact on the attitude and practice of the nurses/nursing assistants towards their patients.

The programme integrates training and supervision in a way that will benefit the efficiency of the clinics by mobilizing in one programme the key figures of primary health care at clinic level. A similar training programme was organised last year in the Shiselweni Region.

The training programme was proposed, discussed and approved during the RHMT meeting in Siteki on the 2nd of October '89.

B. CONTENT:

The training content covers the priority areas of Primary Health Care: clinical skills, clinic management and health information.

The training in CDD/ARI, ANC/Breastfeeding and EPI/GM will be hands-on and use the patients of the Lubuli clinic as case-studies for history-taking, clinical examination, diagnosis and treatment. It intends to upgrade the Knowledge, Attitude and Practice of the nurses/nursing assistants in these areas which, according the "Training Needs Assessment", need to be improved.

2. The training in Health Information will deal with all the aspects of the new Regional Health Information: Tally Sheets, Monthly Summary Sheets, etc..

C. TARGET GROUP:

All nurses and nursing assistants of the Clinics and Public Health Units of the region.

D. TRAINERS:

A pool of six regional trainers was formed. The pooling of the trainers will decrease their individual time involvement in the training programme. This will allow the trainers to continue their duties with minimal disturbance. During the training sessions the regional trainers will always be assisted by a team of technical assistants.

E. TIME FRAME:

Six to seven training weeks will be organized over a period of four months. The first training week will start on the 12th February. A minimum interval of one week will be kept between each training session in order to allow the regional trainers to discuss and evaluate the previous training and prepare for the next one.

The ending date of this training programme is placed in the month of May.

F. PLACE:

The Lubuli clinic was selected by the Lubombo RHMT to become the only training site. In addition to the easy access to the clinic for all the participants, the specific reasons for selecting Zombodze Clinic are:

Accommodation:

- a) Accommodation for participants is available on the training site (One house in the clinic compound)
- b) The Clinic is provided with electricity and water.
- c) Cooking facilities have been installed at the clinic site.

Training facilities:

Formal teaching will be given in the Inkundla house.

Patient load:

The clinic has a sufficient patient load to provide relevant pathology in all the clinical teaching topics as well as sufficient antenatal cases and children under 5 years..

G. STRATEGY:

1. The training sessions will take place in periods of one week (from Monday morning till Friday lunch).

2. Two types of training weeks will be organized: One for nurses and one for nursing assistants. They will deal with the same training priorities but will be adapted to the level of the participants.

3. Each trainer will be in charge of one training module which will be taught each day to a different group of trainees. They will also lead the afternoon/evening group discussions. The project associates will assist and monitor all training sessions in their respective areas. Transfer of skills from the PHC associates to the trainers to the trainees will be priority.

4. Eight nurses/nursing assistants will be trained for one week by the trainers. The group of eight will be divided into three groups. Each group of nurses/nursing assistants will focus for one day on one clinical training module.

5. On Friday the technician of the Central Vaccine Store will address the technical and logistical priorities of the cold chain and sterilization techniques.

H) TRAINING SCHEDULE

The training sessions will be one week long and will take place every other week. The participants will meet on Sunday afternoon/evening at the site of the training to start the training on Monday morning. They will return home on Friday afternoon.

On Monday the trainers will give a theoretical introduction in each training topic. They will explain the training content, procedures and objectives to the participants. From Tuesday till Thursday the trainees will be divided in three groups. Each group will be supervised by one trainer.

During these days, each group will deal, for one morning session (8 AM - 1 PM), with the patients attending the clinic for one of the following reasons: ARI/diarrhea, MH/FP, EPI/Growth monitoring. Under guidance of the different trainers, each group will focus each day on a different topic.

From 2 to 4.30 PM each group will discuss the patients who were seen during the morning session. History taking, diagnosis, treatment and communication with the patient will be analysed and discussed in regard to training objectives. From 5 PM to 7.30 PM each group of trainees will be introduced by one of the trainers to the topic (ARI/ORT, MH/FP, EPI/GM) on which they will concentrate the next day.

I. FOLLOW-UP:

Shortly after the training of the Staff Nurse of the clinic, Dr. Edmondson of the PHC Project will visit the clinic with the clinic supervisor. They will, in collaboration with the Clinic Personnel, adapt the clinic set-up to the new directives which were taught during the training sessions: Install ORT corner, Salter scale, filling cabinet, etc.

The arrival in the region of a car for clinic supervision has solved the major constraint for regular clinic supervision. Having both participated in the training programme, the Matron and the Clinic Supervisor will support and reinforce the implementation of the training messages in the clinics. Any obstacle to the implementation of it should be reported to the RHMT so that appropriate action could be taken. The PHC Project will assist the RHMT in this.

The Regional Health Information System (HIS) is operational since January '90. Regional Health Information personnel has been trained by the PHC Project, hardware and software has been provided by CCCD/PHCP. The regional HIS office has been set up in the Regional Health Administration Office, Siteki. The data from all clinics are presently being sent there. They are entered and analysed at the regional HIS office. The analysed data will be printed out and discussed during the supervision tour.

K) DECISIONS OF THE RHMT:

The RHMT proposed and approved the following measures to limit the regional disturbance created by the training activity:

- 1) The trainees will not be replaced by hospital nurses during their training.
- 2) Nurses/nursing assistants from the clinics will only be trained at the time when both of them are scheduled to be on duty.
- 3) The training session will be directed alternatively to nurses and to nursing assistants. Each clinic will first send the nursing assistant for training.
- 4) Sleeping out allowances will be given to the participants from governmental clinics.

PRE-TEST

POST-TEST

PLEASE, CIRCLE THE CORRECT ANSWERS

1. Which of the following vaccine/s is/are given to a baby at birth:
 - a) BCG, DPT, Polio
 - b) BCG
 - c) BCG, Polio
 - d) BCG, TT
 - e) Polio

2. If your first contact with a child is when the baby is six weeks old, which of the following vaccines would you give:
 - a) DPT & Polio
 - b) DPT, Polio & TT
 - c) DPT, Polio & BCG
 - d) DPT & BCG
 - e) DPT

3. Which of the following is NOT a side-effect of DPT vaccine:
 - a) Local redness on the day after vaccination
 - b) Pain
 - c) Swelling
 - d) Fever
 - e) Convulsions
 - g) Local redness after one week

4. A child, who is sick, should not be immunized:
 - a) True
 - b) False

5. The advised time interval between giving DPT or DT or Polio vaccines is six weeks:
 - a) True
 - b) False

6. When should the refrigerator be defrosted:
 - a) Before loading new vaccines
 - b) When the ice is 1cm thick
 - c) Every week
 - d) Every month
 - e) 3-monthly (while changing the gas-cylinder)

7. How many vaccines do you order each month:
 - a) [doses used x 1,5] - balance
 - b) {[doses used + doses wasted] x 1,5} - balance
 - c) [balance + doses wasted] x 1,5
 - d) doses used x 1,5
 - e) balance x 1,5

8. How is the new TT schedule for women of childbearing age:
- a) First contact, one month later, six months later, one year later or next pregnancy, one year later or next pregnancy
 - b) First ANC visit, one month later, six months later, one year later or next pregnancy, one year later or next pregnancy
 - c) First contact, one month later, one year later, one year later, five years later
 - d) First ANC visit, one month later, six months later, next pregnancy, next pregnancy

9. What is the sign/symptom leading to the diagnosis: Pneumonia in a child of seven weeks:
- a) Fever
 - b) Breathing faster than 60/min.
 - c) Breathing faster than 50/min.
 - d) Difficult to wake up
 - e) Severe productive cough

10. Which are the four elements of supportive treatment of coughing children:
- a)
 - b)
 - c)
 - d)

11. Oral Antibiotics for pneumonia in a six months old child:
- a) Penicillin (PenVK) syrup, one spoon T.D.S.
 - b) Cotrimaxozol syrup one spoon B.D.
 - c) Cotrimaxozol 1/2Tab B.D.
 - d) Cotrimaxozol one Tab B.D.
 - e) Erythromycine syrup one spoon T.D.S.

12. Give four danger signs in a child with pneumonia, which could be reasons to refer the child to an hospital
- a)
 - b)
 - c)
 - d)

13. What is the preferred Antibiotic in acute otitis media and for how long
- a) Drug:
 - b) Duration:

18. How do you prepare one liter of SSS:
- a) 6 tops sugar, 2 tops salt
 - b) 9 tops sugar, 1 top salt
 - c) 8 tops sugar, 1/2 top salt
 - d) 9 tops sugar, 1 1/2 top salt

19. Breast milk only should be advised until the age of:
- 3 months
 - 4 months
 - 6 months
 - 8 months
 - As long as possible
20. For what reason can you advise a mother to give her child sour foods (emasi or incwancwa)
- Reason:
21. Give four advises how a mother could increase her breast milk:
-
 -
 -
 -
22. What should you advise to a mother of a six month old child, when her child is not gaining weight?
- To stop breastfeeding and concentrate on family food
 - To prepare special food for the child (chicken, fish, eggs)
 - To give only sour foods
 - To enrich the family food
23. Using the new TT schedule, it is possible for a woman to receive 5 doses within 3 years and then have lifetime immunity against tetanus.
- True
 - False
24. On the first page of the ANC card, it is important to ask the client about all major chronic medical conditions. It is also important to ask about and note any major surgery or traumatic accident.
- True
 - False
25. On page 2 of the ANC card, several "risk" and "high risk" factors are noted. It is enough to simply write "Yes" or "No" on the right.
- True
 - False
26. A Gravida 8, Para 5+2 has had 2 miscarriages before 28 weeks (7 months) of pregnancy
- True
 - False
27. A Gravida 7, Para 5+2 has had a set of twins.
- True
 - False
28. A women with 6 living children, including twins, 2 miscarriages, 1 stillbirth and currently pregnant is Gravida 10.
- True
 - False
29. An antenatal client should be instructed to keep her pink ANC card with her for the rest of her life.
- True
 - False

