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**TRIP REPORT ON THE
EVALUATION OF THE HEALTH
WORKER'S COUNSELING SKILLS
LUSAKA, ZAMBIA**

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ACRONYMS

AED	Academy for Educational Development
BASICS	Basic Support for Institutionalizing Child Survival
DHMT	District Health Management Team
DMO	District Medical Officer
EHP	Eritrean Health and Population Project
GMP	Growth Monitoring and Promotion
IEC	Information, Education, and Communication
IMCI	Integrated Management of Childhood Illness
LCC	Lusaka City Council
NFNC	National Food and Nutrition Commission
PHN	Public Health Nurse
ZCHP	Zambia Child Health Project

EXECUTIVE SUMMARY

The purpose of the trip was to assist in (1) the evaluation of nutrition counseling provided by health workers already trained in the IMCI course; (2) district planning of child health activities; and (3) formative research on child feeding, and communities' potential for partnership to improve child nutrition. This work was completed by the consultant working under a BASICS subcontract with the Manoff Group.

Activities

- The evaluation of the nutrition counseling provided by the health workers was carried out from August 19-26, 1996. The results showed that nutrition assessment was rarely performed by the health workers who were observed. Four out of the nine health workers who were observed performed feeding assessments and provided feeding counseling to the majority of the children they attended. Almost all the health workers said that they perform nutrition and feeding assessment when the child 'looks malnourished.' They had received no supervision since training.
- Dr. Remi Sogunro, the BASICS/Zambia chief of party, Dr. Bob Pond from the BASICS/Washington office, Dr. Pandu Wijeyaratn of EHP/Washington, and this consultant met with the DHMTs of the Copperbelt Province and of Chongwe, Kafue, and Lusaka Urban districts to discuss the technical activities that the districts could plan for their child health programs. In the coming year, there is a need to develop a systematic strategy to help the districts make their annual plans.
- Because of inadequate time to conduct formative research, an effort was made to find an in-country principal investigator to lead the research. A number of possibilities were identified and will be followed up. Community partnership activities will be spearheaded by the community mobilization specialist who arrived in the country at the end of this trip.
- The NFNC acting director was asked to appoint a focal person from NFNC to work with BASICS on the nutritional aspects of the Zambia Child Health Project. He appointed Mrs. Rose Lungu to be the NFNC liaison with the BASICS project.

Next Steps

The BASICS project will work with the NFNC to

- 1) Help the districts strengthen the child growth monitoring and promotion program.
- 2) Develop the PROFILES program as an educational tool aimed at both policy makers and health providers.

- 3) Develop an effective strategy for helping the districts plan their technical activities in nutrition.
- 4) Conduct household research to adapt feeding recommendations in a rural area for use in IIMCI initiative and community education.

The purpose of the trip was to assist in the following activities:

- 1) Evaluation of nutrition counseling provided by health workers already trained in the IMCI course.
- 2) District planning of child health activities.
- 3) Formative research on child feeding and communities' potential for partnership(s) to improve child nutrition.

ACTIVITIES

A. Evaluation of Nutrition Counseling

The evaluation of the nutrition counseling by health workers trained in IMCI was carried out from August 19-26, 1996, in the eight health centers in urban Lusaka where the implementation of the IMCI initiative was started in Zambia. Seventeen health workers (including one from a ninth health center) were trained in the IMCI course in June 1996. During this evaluation exercise, 13 of the trained health workers (12 from the 8 health centers) were either observed, interviewed, or both. The two observers who were among those interviewed but not observed, had both been trained in IMCI and were familiar with clinic and consulting room routines. The 9 clinicians who were observed attended 73 sick children, 53 of whom were under 2 years of age.

Findings

Key findings included—

- The health workers reported themselves to be more aware of the need to counsel patients than they were before the IMCI training; they say they talk to mothers more than they used to.
- Even though the IMCI course teaches them to check for malnutrition and anemia in the sick child, they do so infrequently, with almost all saying they assess nutrition according to whether or not the child 'looks malnourished.'
- Five of the nine health workers who were observed asked questions about the feeding of the majority of the children they attended, and four of those offered feeding counseling to the mother or guardian. For most patients, the explanation on how to use the prescribed drugs was provided by the nurse dispensing the drugs.
- The vitamin A supplementation status was checked in only about one in seven of the children.
- Although the health workers consulted the IMCI chart book often (most often for treatment information), no one was observed using the recording form as a job aid for evaluating the sick child, because, they said, they do not have a form for each child.
- Health workers said that their difficulty with the counseling is not having enough time to do it, with almost all recommending more staff.
- The health workers we saw had received no supervisory visits since their training two months previously.

Recommendations

Short-term recommendations to improve the counseling include providing supportive supervision to help the health workers reinforce new practices taught in the course; improving the training in counseling (such as modeling the counseling for trainees); and providing copies of the recording form (attached), possibly laminated, for use as a job aid. Long-term recommendations include a revision of the training modules to incorporate counseling throughout the course, not just with child feeding; a review of clinic organization to determine if re-organization might help the clinics function more efficiently; and inclusion of counseling techniques in the pre-service curriculum for health workers.

B. District Planning of Health Activities for Next Year

Although helping the districts plan next year's activities had been one of the proposed tasks for the trip, there was inadequate opportunity provided to work on planning with them.

BASICS/Zambia arranged brief meetings with some districts to talk about technical issues.

Copperbelt Province

The longest meeting was held at Kitwe with the district health management teams (DHMT). A workshop had already been planned for the eight DHMTs in the Copperbelt Province to discuss, mainly, administrative issues arising out of the new district health planning guidelines. One day was added to the one-and-a-half-day workshop to allow a team from BASICS (including this consultant) and the Environmental Health Project (EHP) to discuss technical issues with the group. In the time available, the BASICS/EHP team talked about the technical interventions for child health that could be considered in the district health plans. For child nutrition, the information presented stressed the importance of activities that prevent malnutrition rather than the present program orientation towards the treatment of severe malnutrition. The need to strengthen growth promotion activities as a tool for decision-making and action at both the community and individual levels was discussed.

A staff member from the National Food and Nutrition Commission (NFNC) who was invited to accompany the team to the Kitwe workshop explained to the districts that the NFNC is available to help them plan. The district responded by saying that to date they had received little help from the NFNC and hoped the situation will change in the future.

Chongwe, Kafue, and Lusaka Urban districts

Brief visits were made to the DHMTs in Chongwe, Kafue, and Lusaka Urban districts to discuss child health programming. The team making these visits consisted of Dr. Remi Sogunro, the BASICS Zambia chief of party; Dr. Bob Pond from BASICS/Washington, Dr. Pandu Wijeyaratn of EHP; and Dr. Adwoa Steel, a BASICS consultant.

In each district, after introducing the essential interventions that the districts could plan for, the team gave the DHMTs information on the training activities BASICS could help with and which could be included in the district plans. These included the IIMCI, preventive activities in nutrition, malaria and environmental sanitation. In nutrition, the following activities which correspond with the Zambia minimum package were presented: promotion of optimal breastfeeding; promotion of appropriate complementary feeding; feeding during illness and increased feeding during convalescence; growth monitoring and promotion; control of vitamin A deficiency; control of iron deficiency anemia; and control of iodine deficiency disease.

There was inadequate time to go through a planning process with the districts. The districts themselves did not appear to be clear about the type of help they need to plan their technical activities. During the coming year, BASICS will work on a strategy to help the districts plan both preventive and curative services. Dr. Pond deals with this issue more fully in his report.

C. Formative Research in Child Feeding

To conduct formative research for IEC and community-based strategies to improve child nutrition within the ZCHP, it is necessary to have someone available to lead the research effort. The remaining time left in the trip was used to explore the resources available in-country to help with the research. Some possibilities identified include Mr. Kabanga of the Adaptive Research of the Ministry of Agriculture, Dr. Lemba of the University of Zambia, and Dr. Mubiana Macwan'gi, a social scientist currently completing her assignment with the Moorehouse-led HIV/AIDS project. BASICS will work with the NFNC in the coming weeks to find an appropriate resource person. BASICS will work closely with the research team, when assembled.

A community-mobilization specialist for the BASICS project arrived in Zambia at the end of the mission. One of the planned activities, already started, is a compilation of community-based organizations which can provide successful models for the delivery of child health activities. The nutrition component of the child health program will make use of the information generated and work within the framework of the community-health center partnership strategy to identify potential community-based approaches to implement nutrition-related activities within the ZCHP.

An emerging potential to keep in mind for supporting improved infant feeding in the communities are the mothers' support groups that continue to be formed in areas of Lusaka as part of the Baby Friendly Hospital Initiative (BFHI) Program. The existing mothers' groups have strong links with the health centers and the potential to sustain community-health center partnerships. The possibility that these groups may become catalysts for community-based support for improved infant feeding practices will be explored.

D. Other Issues and Activities

During the course of the trip, other issues were dealt with that will hopefully enhance the way the local nutrition community can work with BASICS on a continuous basis to advance the development of nutrition-related work within the ZCHP.

NFNC participation in the ZCHP

I discussed with various members of NFNC the role NFNC could play in addressing nutrition issues in the context of the ZCHP. While the focus of activities within the health reforms is in the districts, NFNC has the role of supporting the districts through the formulation of policy guidelines, and providing assistance in planning, training, monitoring, and evaluation. These are tasks that BASICS can help NFNC to perform. It is also necessary that nutrition-related issues within the ZCHP continue to be incorporated into program activities, whenever indicated. At this time, there is no focal person at BASICS/Zambia with that responsibility. For these reasons, I requested that someone be identified at NFNC to be the focal person for the ZCHP. Mr. Luenata, the NFNC acting director, appointed Mrs. Rose Lungu, NFNC head of Public Health, to be the point person at NFNC. Mrs Lungu participated in the nutrition counseling evaluation described above. The hope is that Mrs Lungu can work with BASICS and continue to follow up on issues raised during technical assistance visits. It will be necessary to monitor how well this arrangement works in order to decide if other in-country support systems should be identified.

Nutrition point person at the Lusaka Urban DHMT

The current organogram of the Lusaka urban DHMT does not show anyone with responsibility for nutrition. I raised this issue with both the DMO and her deputy, Mrs. Mwanza, and they promised to rectify it. A nutrition focal person will facilitate interaction with the district on nutrition-related activities. Mrs Lungu will follow up on this issue with hopes of working with the district to identify potential opportunities for community-based programming in nutrition.

Planning for nutrition workshop in December

Discussions were begun with the NFNC acting director on the agenda for the upcoming annual NFNC workshop, but more discussions are needed on what the agenda should include and the preparation that needs to be done before the meeting (see Next Steps below).

Assisting a proposal for training breastfeeding master trainers

The National Breastfeeding Task Force at NFNC has requested financial assistance from BASICS to train, in November, master trainers and breastfeeding counselors. This needs to be completed in a number of districts to help them develop their breastfeeding promotion programs. The proposal for the training was being finalized for submission to BASICS/Zambia.

NEXT STEPS

A. Prepare Topics for Presentation at the Annual Meeting

Work with the NFNC on the following presentations for the annual meeting in December 1996—

- *PROFILES program to demonstrate the importance of preventing even mild to moderate malnutrition.*
Discuss data needs with Jay Ross (and a possible visit by him) to help put the presentation together.
- *Growth monitoring and promotion (GMP).*
It is generally recognized that the country-wide GMP program needs strengthening to make it worth the effort. A staff member at NFNC has already taken the responsibility to work on this issue. Revised policies and guidelines will be prepared for discussion at the annual workshop.

Suggested steps are to set up a task force for GMP to—

- Review existing written policies
- Review guidelines for decision-making, such as definition of growth faltering, and any actions suggested for various growth patterns, etc.
- Revise GMP guidelines for decision-making and action at both individual and community levels.

B. Conduct Formative Research for Program Strategy Development and IEC

Select an appropriate in-country professional to lead the research, if possible. BASICS will take the lead for the research if an appropriate supervisor is not available, otherwise BASICS will work closely with the research team. BASICS/Zambia will help with the search and select a candidate, with input from this consultant.

C. Develop Feeding Recommendations for Rural Areas for the IMCI Program

Zambian nutritionists believe that feeding recommendations for the rural areas will differ in some ways from those prepared for Lusaka. With external technical assistance, NFNC will lead the effort to formulate a set of recommendations for rural areas. This will be discussed by BASICS in order to plan for it.

D. Develop a Strategy for Guiding District Planning of Nutrition-related Activities

Over the next months, before the next district planning period, work with other BASICS personnel to develop a strategy to guide the districts in planning child health activities.

LIST OF PRINCIPAL CONTACTS

Chongwe District

Dr. A.C. Musole, Acting District Medical Officer
Mr. R. Zimba, Health Information Officer

Copperbelt Province

Dr. Lungu, Provincial Medical Officer, Indola
Dr. Kawesha, Kalulushi DMO
Priscilla Likwasi, Nutritionist, Indola District Hospital

Kafue District

Dr. D. Kasungami, District Director
Mr. B.B. Matapo, Clinical Officer/Health Information Officer
Mrs P.S.M. Liayo, Nursing Sister (District)
Mrs. R.M. Harkedede, Public Health Nurse
Mrs. R.N. Hamusakwe, Nursing Sister (Nangongo)

Lusaka Urban District

Dr. R. K. Phiri, District Director of Health
Mrs. Margaret Mwanza, Senior Nursing Officer, Lusaka City Council
Mr. C.T. Kaira, Tutor, Chainama Health Services
Rosaleen Makwamba, PHN, Lusaka Urban District
Mr. Mwila Mumbi, Administrative Officer, Lusaka City Council
Mr. A. Mmugandu, District Accountant, Lusaka Urban District
L. Mungaba, Deputy Team Leader (Admin)
M.H. Zyuilu, Health Information, LCC

University Teaching Hospital, Lusaka (UTH)

Dr. Chomba, Head of Department of Pediatrics