

Exploratory and capacity mapping Field visit report to the phase 1 drought-affected districts in the Western province.

Field visit dates: 24 November to December 1, 2019

Districts visited: Shang'ombo and Sioma districts

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Background

Following the drought that is affecting mainly different provinces in Zambia, many areas have been affected by food insecurity. In all the districts classified in Phase 3 or worse, households are employing food-based coping strategies, such as reducing the number of meals and meal portions, with some having experienced problems in food access in the preceding 30 days. Routine data showed that the average reported mortality from SAM in children under five years, from 2016-2018 was 8% (from children enrolled in a treatment programme), indicating poor quality of services for the SAM Children. This mortality rate, if applied to the estimated number of cases of SAM for 2019, tragically translates to an estimated 11,600 child deaths. Figures are likely to be higher if the amount of rains does not increase. This data is likely to be under reported, due to documented problems with the information system and the limited coverage of the IMAM program.

The numbers of admissions of children suffering from SAM and MAM in the coming months is expected to be much higher compared to previous year trends, and this does not include children who don't seek treatment. There is need to improve the quality of the management of SAM cases and to absorb the potential increase of cases due to the drought and the revitalization of the active case finding, strengthen capacity to provide quality treatment (inpatient and outpatient) and prevention services to reduce excess morbidity and mortality associated with acute malnutrition.

Justification

UNICEF received funding from United Kingdom Government with the objective of enabling the health care system to respond to prevention and care for children with severe acute malnutrition. Under the leadership of the Ministry of Health and National Food and Nutrition Commission, UNICEF is supporting the Government of Republic of Zambia (GRZ) in implementation of Integrated Management of Acute Malnutrition (IMAM) Programme as part of the Nutrition Response plan in the health sector. Following the emergency need to have the program in place especially in the 58 most affected districts, UNICEF requested the Technical Rapid Response Team (Tech RRT) to provide technical CMAM support in the initial phase of the program. The CMAM Adviser is currently deployed with the overarching responsibility of strengthening the delivery of the CMAM response through the provision of senior leadership, technical support and capacity building to the nutrition sector partners during an in-country deployment supported by UNICEF Zambia. One of the duties during the deployment is to support mapping of MOH capacity in the drought affected districts to better deliver and scale up the current CMAM programme through meetings, capacity assessment and visits to facilities. In order to have a better understanding and first-hand appreciation of the situation on the ground, a field visit was conducted in 2 of the 4 critical districts and these are Sioma and Shang'ombo in the Western province.

Objective

The objective of the field visit was to carry out an exploratory assessment so as to have first-hand understanding of the situation on the ground and to carry out a capacity mapping in the health facilities visited.

Implementation

On arrival in the district, a brief meeting was held with the district health authorities (In Shang'ombo, I met DR. Kabunga, the acting DHD in Shang'ombo and in Sioma, Mr. Yuyi and

Mr. Joseph from the nutrition department in Sioma). An introduction was done and the overall objective of the visit communicated. Each district was requested to share the name of the facilities that would be reached based on distance and time and a person to accompany us to the facilities.

A mapping tool looking at the resources was used to map the facilities visited. The tool looks at programs in place, routine medicines, diagnostic services, human resources, therapeutic supplies, materials used for documentation including reporting, quality of implementation/technical capacity of the staff, strengths and challenges as observed by the health workers. Community awareness and feedback on the program was got through a group discussion with any community members found at the health facility.

At the end of the visit, a short debrief was held with the district authorities to share updates on what was observed in the facilities and some results from the mapping.

Outcome/Results

i) Health facilities visited

Visited 11 health facilities in Sioma and Shang'ombo districts. These included:

- (In Shang'ombo district) Sipuma, Lupuka, Mambolomoka, Siwelewele, Mulonga, Shang'ombo HC and Shang'ombo District Hospital where I visited the In-patient therapeutic centre.
- (In Sioma) Sankandi, Sitoti and Kaanja. It was planned to visit Sioma and Nangweshi but this did not happen due to the time factor for Sioma and the health facility in-charge for Nangweshi was in Mongu for a workshop.

ii) Observation and summary of outcomes from the capacity assessment exercise

Strengths

- There are systems in place at all levels of the health services provision including structure-in-charges that are aware of their responsibilities, activities planning, reporting and infrastructure where they can carry out activities from and store a minimum amount of supplies based on the current caseloads.
- Uptake of the program by both the health workers and the community. The health staff are committed and willing to learn and implement the program. In most health facilities, there is only 1 nurse who received the orientation and were able to share the information with the rest of the staff and volunteers. The community is appreciative of the program so far and most caretakers are willing to bring their children for GMP where they can be screened and admitted into the program based on the criteria.
- Resources: All health facilities have enough tools for anthropometry (weighing scales, height boards, MUAC tapes). Additionally, in the Shang'ombo ITC they have the formula milks and medicines.

Weaknesses

- Resources: There is stock out and or lack of routine medicines, RUTF, Data collection and reporting tools, job aids for quick reference.
- Reporting is not being done/has not started in the facilities. This is because they do not have the reporting tools and or have not been followed up and tasked to report.

Note: The tendency to neglect reporting is a challenge that needs to be overcome from the start. Reporting is the basis for monitoring, planning for supplies and the initial level of affirmation that an activity is taking place.

- Limited capacity among health workers to implement the protocol: The one-day orientation did help the staff on ground be aware of the program and in some facilities and start to implement it albeit with challenges. Overall most of the staff are not conversant with the basics of implementing this program i.e. taking MUAC, assessing for edema, the admission

criteria, discharge criteria, amount of RUTF to distribute, routine medication prescription and reporting).

- Implementation of the expanded protocol in some health facilities without fully understanding it. This may lead to improper admission of children into the program and treatment and thus irrational use of the available supplies. This may in turn affect provision of treatment for the SAM cases who are at much higher risk of morbidity and mortality than the MAM cases.
- The ITC (assessment of only 1 ITC in Shang'ombo): There is a lot of effort required to revamp the activities in the stabilization centre. The key challenge is lack of training in therapeutic care among the health workers and other non-therapeutic care and management of an ITC – this includes planning, child stimulation, routine care and management, counseling and health education, support to caretakers, follow-up, and effective utilization of available resources.
- Challenges from the community feedback discussions included long distances, lack of a family ration, fear of having their children not admitted in the program, stock-outs

Conclusion and Recommendations

Overall the visit was informative. There is an existing system and structures in place (nutrition leadership at the province and district level, infrastructure, motivated and willing staff, management structure at the health facilities, good IMCI, strong socio-cultural system) that avail a strong foundation and good opportunity to implement the IMAM program. All the assessed health facilities are considered to be below the acceptable level of readiness to implement the program. This is mainly arising from the lack of RUTF, other supplies, limited monitoring/supervision and limited capacity. The recommendations below are suggested to be implemented immediately to ensure an effective start.

- Provision of the necessary materials and tools to implement the program. These include the RUTF, registers, treatment cards, job aids for quick reference guide, Z-score tables, RUTF distribution table, CMAM algorithm chart, referral slips and liaison with the MoH on availing the routine medicines that are out of stock (amoxicillin being the priority).
- Supportive visits to carry out on-job coaching with focus on having the health workers internalize the implementation of the program.
- Monitoring and on-job coaching: Following the orientation, health workers need to be supported on-site to familiarize themselves with the program and receive immediate feedback on areas that require improvement.
- Plan for composite trainings as part of capacity building: 1) among the district nutritionists to improve knowledge capacity to train and supervise, 2) among the health workers so that they further understand the program and synergy of all components of IMAM and 3) among the volunteers and other community structures to carry out effective community outreach-GMP, active case finding, referrals, awareness about the program, nutrition education, follow-up visits.
- Implementation of the expanded protocol: The implementation should be carried out once the necessary supplies (RUTF) are in place and all health workers have been oriented on the protocol.
- Utilization of the existing community out-reach and socio-cultural structures to increase awareness,

- ITC: The immediate need in the ITC is to train **all** the health workers on the revised protocol. Detailed recommendations will be shared once all the ITCs in the affected districts have been assessed.