

# MOH Preliminary Report on NRU Assessment conducted in Sept 2015

Funded by UNICEF

Presented to Nutrition Cluster meeting  
6 October 2015

# Background

- MoH and CMAM partners noted an increase in death rates in NRUs for February and March 2015.
- In May 2015, Partial NRU assessment was done in 30 selected NRUs to help and the findings included poor quality of care due to challenges in NRU infrastructure, equipment, human resource and supplies.
- Infrastructural, service, capacity and refurbishment need were not well known, hence the need for an urgent comprehensive NRU assessment in all the NRUs in September 2015 .

## Overall Objective of the assessment

To gather information on the status of the 101 NRU facilities in order to understand the refurbishment /service delivery need of the NRUs in Malawi so as to provide timely and quality care to children with SAM and prevent NRU deaths.

# Specific Objectives

1. To assess the physical state of NRU building focusing on the building structure
2. To conduct physical inventory of all the available NRU equipment
3. To assess the availability and functioning of WASH facilities
4. Asses the accommodation situation for the caregivers of NRU children,
5. To assess the staffing levels and capacity gaps in the NRUs
6. To assess bed occupancy rate in all the NRUs.
7. To assess the availability of treatment and feeding related to supplies, stocks and channels of replenishment.
8. To develop roadmap based on the gap assessment for streamlining of NRUs.

# Assessment Team

- Assessment was conducted jointly by representatives from MoH, DNHA, UNICEF, and representatives from the DHO (District Nutritionist and PAM representative) and District Physical Asset / property managers.
- Assessment was done in 100 NRUs except Likoma due to inaccessibility

# Methodology

- Direct observation using a predesigned Checklist
- Direct measurement and testing of equipment
- Key Informant Interviews using questionnaires
- Focus group discussion
- Data analysis was done by theme categorization based on the objectives of the assessment.

# Summary of the Main Finding

## *Physical NRU Building Structure*

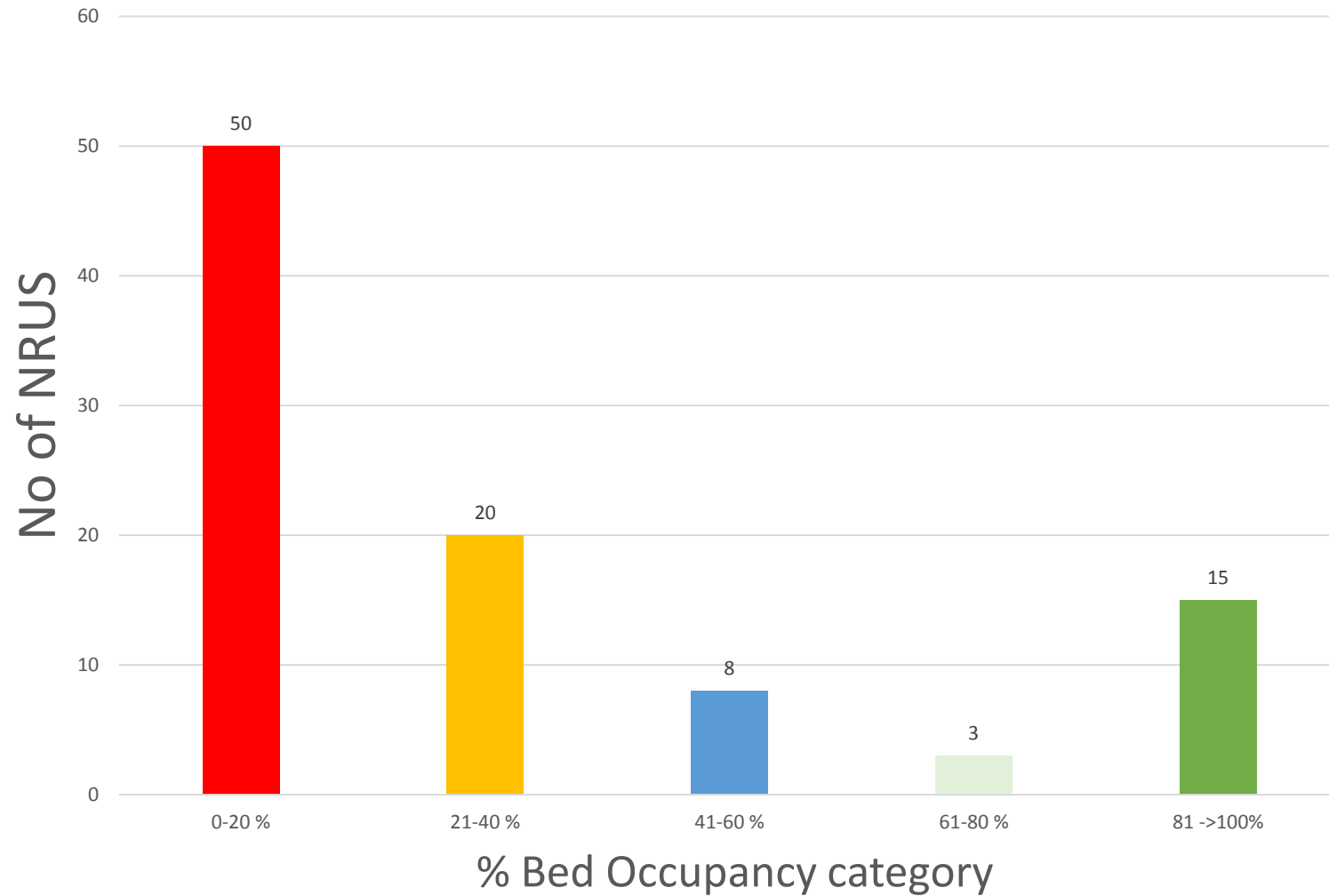
- 50% of the NRUs are in good shape - infrastructure
- Only 50% of NRUs Have functional bulbs and sockets
- 33% had damaged roofs ceiling / sheets
- 33% of NRUs had cracked wall or required painting
- 42% had damaged or not lockable doors
- 59% had no windows (mosquito screens, panes/mesh)
- 60% of NRUs had neither Child play area nor Stimulation materials

## NRU Equipment and Facilities

- Over 88% of NRUs have anthropometric equipment
- 74% of NRU have no heater
- 60% of NRUs lack infant scales
- 71% of the NRUs lack standard weight for calibration
- 80% NRUs had no Room thermometers
- 89% of the NRUs have blankets
- 64% had no bedsheets - *Caregivers either use their wrappers or are asked to bring from home*
- 70% had ITNs
- > 50% of the NRUs lacked essential items like kettle, flasks, spoons mixers .
- 29% % of NRUs had no mattresses



# NRU Bed Occupancy



# NRU Hygiene and sanitation Facilities

Item	Repair/ Replacement Need	Functional Condition	% of facilities that need Repair
Water closet latrines/toilets	50	50	50%
Showers/bathrooms	46	54	46%
Water sinks.	41	59	41%
Protective wear	39	61	39%
Guardian shelter	39	61	39%
Pit latrines	35	65	35%
Disinfectants	35	65	35%
Mattresses	29	71	29%
Water supply	21	79	21%
Waste disposal facilities	18	82	18%
Functional Incinerator	18	82	18%

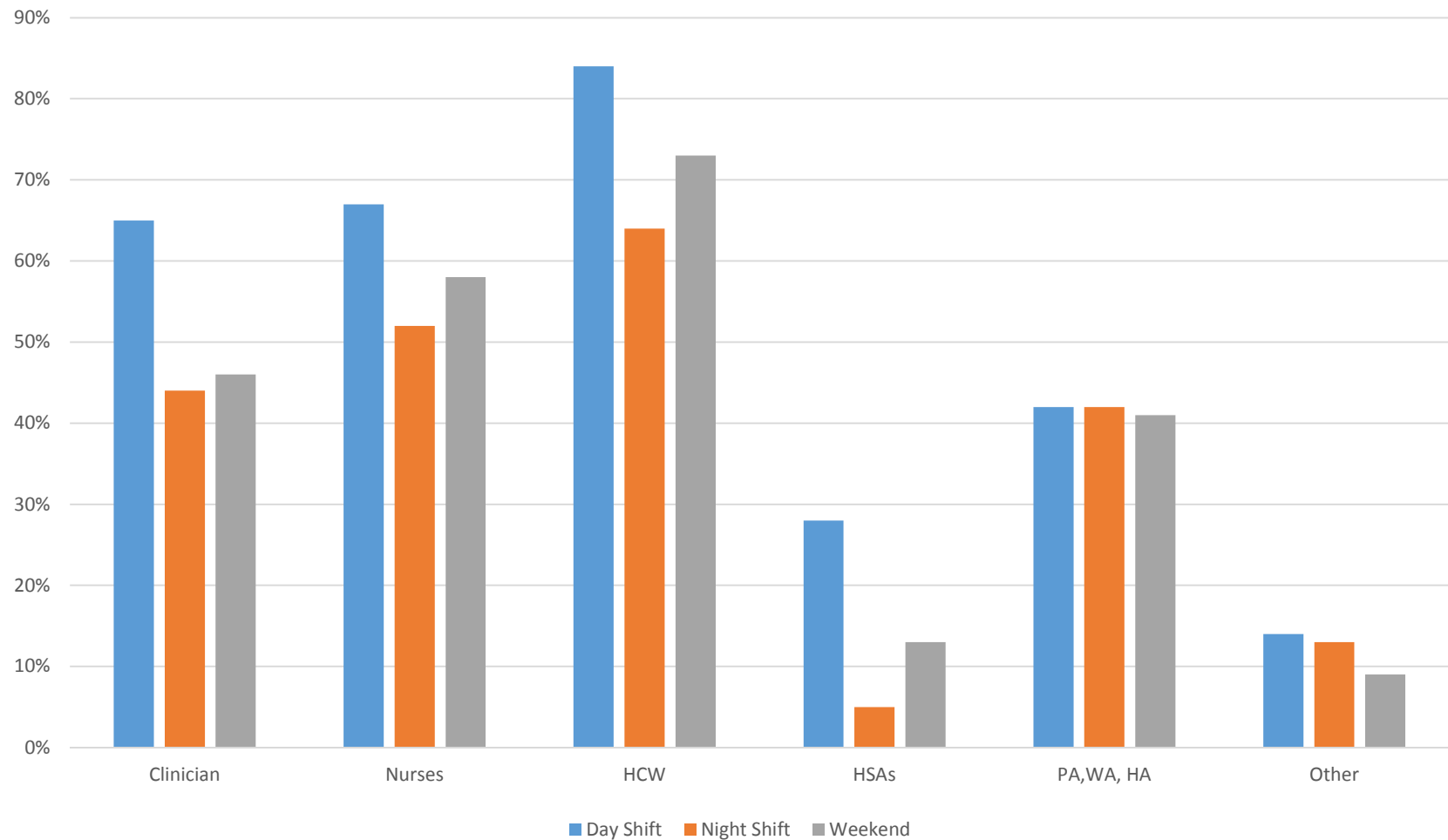
# Current NRU Usage – Challenges

- **5% of the NRUs are used for other unintended purposes.**
  - *Currently used as warehouse*
  - *Used as a stores,*
  - *converted to male TB ward*
  - *Converted Maternity ward ,*
  - *Converted to female Ward*
- **5% of Newly Refurbished NRUs by CHAI but not in Use**
  - *Malindi ,Monkey Bay ,Thekerani ,Nemadzi and Lirangwe*
- **Request for New NRUs at :**
  - *Ntaja Area ,Matomo and Atupele Karonga.*

## Therapeutic Supplies and routine Medication

- Over 88% of the NRUs had adequate F-100, F- 75 and RUTF
- 56% of the NRUs had no ReSoMal. *Others end up giving ORS*
- HIV/ Test kits not available in 20% of the sites assessed
- 60% of the NRUs reported regular stockouts for drugs like Cotrimoxazole ,Amoxcicilin and LA
- In 67/100 NRUs- care givers source for their own food plus firewood for cooking . *This affects feeds as care givers go out to search for food*

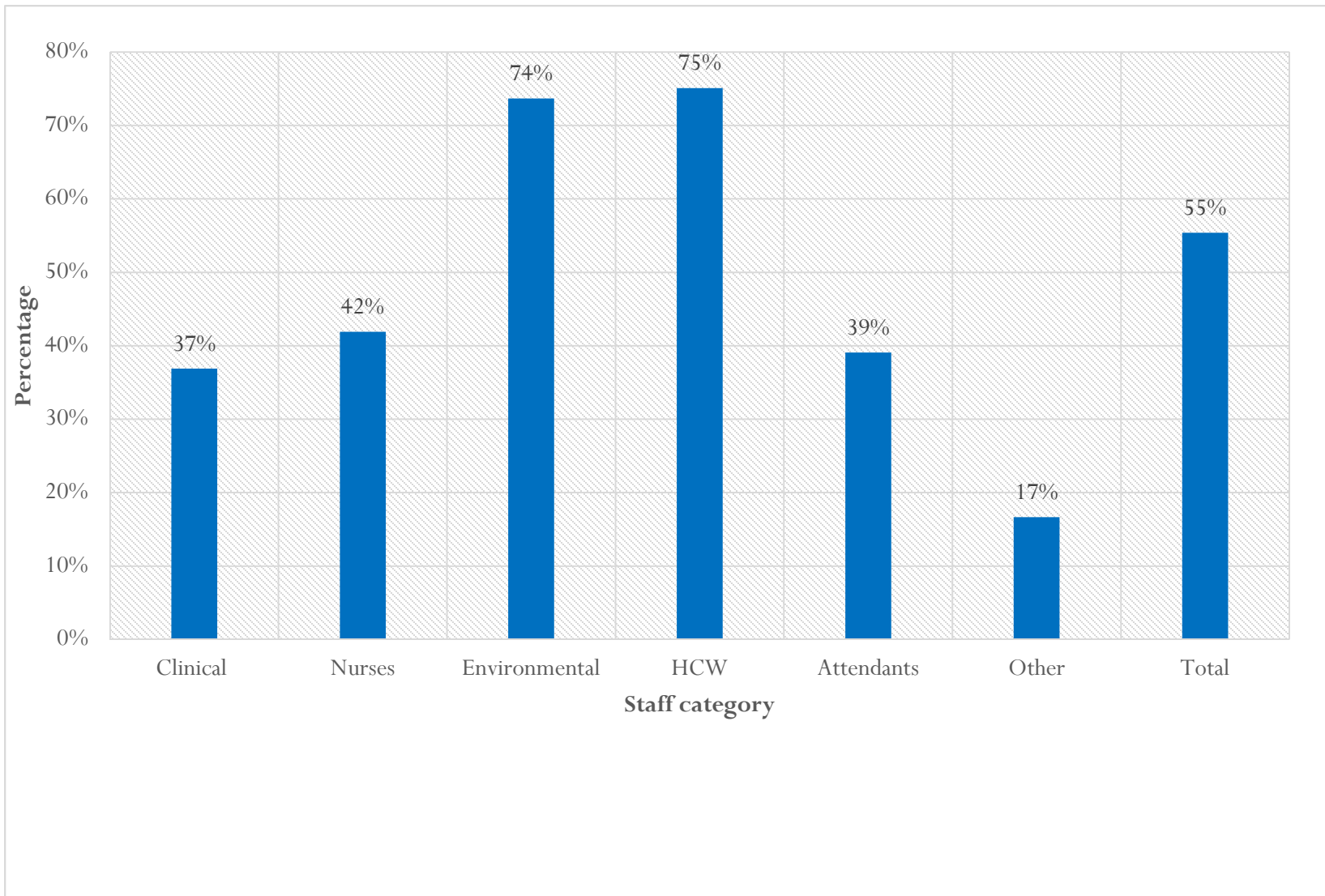
# Staff participation in NRUs by shift



# NRU Staffing/CMAM Training Status

Category	% Trained Staff	Staff working in NRUs	# staff Trained	Staff Not Trained
1. Clinicians (Doctors/MA/CO)	37%	84	31	53
2. Nurses	42%	191	80	111
3. Environmental /Nutritionist/HSAs	74%	76	56	20
4. Home Craft workers	75%	257	193	64
5. Patient , Ward , Hospital Attendants	39%	128	50	78
6. Other	17%	6	1	5
<b>Total</b>	<b>55%</b>	<b>742</b>	<b>411</b>	<b>331</b>

# Proportion of NRU staff trained on Revised CMAM Guidelines



## Other General Challenges

- Inconsistent Routine drugs and stationery a challenge in almost all the NRUs
- Untrained staff challenge still persists due to staff rotations
- HCWs staffing levels are very low in some NRUs, *untrained PAs with no skills left to prepare milks*
- Lack of alternatives source during black outs (power outages) and lack of light source affecting night feeds



# Recommendations

## DHO Level

- DHMTs to reassign the NRU wards that were constructed for malnourished cases but are now being used for other purposes.
- DHOs to provide routine drugs to all health facilities including CHAMs
- District Nutritionist to liaise with DHMTs on NRU equipment mainly the kitchen milk preparation utensils to ensure sustainable service delivery.
- District Nutritionists to order NRU blankets and ensure their distribution to avoid complications such as hypothermia and also supply facilities with ITNs.
- DHMTs to priorities the deployment of home-craft workers to NRUs which literally do not have any
- District Medical Officers and DHOs to ensure that all Nurses and Clinicians are involved in NRU admissions daily assessment, effective stabilization and recommend an appropriate action regardless of whether the NRU is within or outside the pediatric ward.
- District Medical Officer, District Nursing Officer to ensure that rotation of Nurses and Clinicians in the NRU should priorities personnel's trained in CMAM guidelines

# Recommendations cont'

## Central Level

- MoH Nutrition Unit to call for a CMAM stakeholder meeting on clinicians and nurses CMAM Training, mentorship and coaching, NRU Equipment, NRU blankets NRU rehabilitation and refurbishments
- MoH to consider providing alternative power sources during black outs and to facilities without solar and electricity as feeds are compromised during black outs or in the night.
- MoH to lobby with partners who can support with the provision of food for caregivers as milk feeds and drugs are being missed when they go looking for food.
- MoH to liaise with DHMTs whose NRUs have not been in operation for some years and agree on action points.
- MoH to consider on the proper mechanisms of ensuring that routine drugs are available in all facilities.
- MoH Nutrition Unit to liaise with HIV department on regular supply of HIV test kits to avoid stock outs.
- Partners to fast track the printing of CMAM stationery
- Ministry of Health and partners to train nurses and clinicians in the in-patient management of acute malnutrition

# End

All Comments to be incorporated in the final report.