



VISITING MY ROOTS

A report back on my home country visit

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Report back on home country visit

Introduction

As part of my training within the African Paediatric Fellowship Programme (APFP) I had the opportunity to visit my home country Zimbabwe from 14 to 17 September 2016. I was very fortunate that I was able to travel with Professor Kirsty Donald who is my supervisor and Professor Jo Wilmshurst who is the head of the APFP. During the time I was there I attended a neurology congress hosted by the Paediatric Association of Zimbabwe (PAZ).

Zimbabwe is a landlocked country located in Southern Africa. It has a population of 14.15 million people and 40% of the population is under the age of 15. The capital city Harare has a population of 1.4 million inhabitants. I am seconded from Harare Central Hospital which is one of two tertiary hospitals located in the capital. It is located in and serves mostly the poorer areas in Harare. It also receives referral from the southern half of the country.

Day 1

Visit to Harare Central Hospital

On the first day back home I had the opportunity to visit Harare Central Hospital with my supervisor Prof Donald. After introducing ourselves to the Acting Clinical Director Dr Mukosi we made our way to the Children's Rehabilitation Unit which is where I will be working when I return. I noted that since we had had reduction in support from a donor agency there were fewer members of staff present with only those on government payroll still at the unit. Some of the staff who were previously funded by the donor agency were still coming on a voluntary basis. There were occupational therapists, and a physiotherapist in attendance. Because of the exposure that I have had I noted a lack of suitable toys and that the area did not have

appropriate seating for younger children during developmental assessments. The area could also benefit from some decorations and murals to make it more inviting for young children.

We had the opportunity to discuss a case with one of the doctors at the unit which gave me the unique opportunity to observe teaching from a third party point of view (the fly on the wall). I was able to observe how to probe gently in order to get the best out of a student and ways to impart knowledge in an easily digestible manner.

Because I went with Prof Donald I was able to discuss with her my fears and worries about returning to the unit in its current state and the relevance of my qualifications in such a constrained setting. I benefitted from advice on how to focus my efforts and ways to avoid burn out. I will also need to devise strategies for fund raising to improve the infrastructure at the unit and we were able to strategize how I could do that.

Journal Club Presentation

Later on in the day Prof Donald and I gave presentations at the weekly journal club in the department of paediatrics at the University Of Zimbabwe College Of Health Sciences. Prof Donald spoke on the neurology research network which serves to drive research in the department, encourage publication and nurture young researchers (I am happy to say that I have been benefitting from this).

After this I gave a step by step presentation on how I have gone through the process of writing my research proposal. I was able to speak to the difficulties that some of the Masters in Medicine students may have encountered and not realised are a normal and healthy part of coming up with a protocol. Feedback from one individual was "I didn't realise that seniors went through this too."

I also got some amazing feedback from my peers at home and some questions on applicability of the knowledge that I was acquiring in my home context.

Clinical teaching

In the afternoon I was able to observe clinical teaching on the ward with Prof Wilmshurst and Prof Donald. Watching people who are experts in their field engaging Masters in Medicine students and discussing the applicability of certain tests in different settings was very helpful.

Days 2 to 4

Paediatric Association of Zimbabwe (PAZ) Neurology Conference

The neurology conference was an exciting opportunity to listen to international speakers seconded by the International Child Neurology Association (ICNA). They included Prof Wilmshurst and Prof Donald as well as Prof Jorge Vidaurre from Ohio State and Prof Jeff Waugh from Boston.

The meeting was officially opened by the Permanent Secretary in the Ministry of Health and Child Care (MOHCC) Brigadier General Dr Gerald Gwinji. He acknowledged the importance of the field of neurology and its complexity. He also made mention of the high number of children with disability and encouraged future engagement with PAZ and encouraged that recommendations from the meeting be forwarded to his office for discussion.

The first few talks were from local speakers who gave an overview of the local situation. Some highlights included:

Rehabilitation Services

- Zimbabwe's prevalence of disability is 6.9 to 7% compared to 15 to 20% worldwide. 2.9% of those are accessing service. There was discussion about whether the low rates

are due to excess mortality or poor detection methods. The majority of cases seen involve musculoskeletal problems and most disability is secondary to birth asphyxia and kernicterus. Children are a significant chunk of those requiring rehab services and there is a lot of preventable disability. Injuries are also a sizable chunk of disability causes. The majority of cases of people with disability have the impairment noticed at birth (22%)

- There are rehab services at all levels of the health care system in all districts of the country. In some areas a form of residential treatment concept, the Rehabilitation Village allows families to come in groups for intensive rehab for limited time periods
- Despite these efforts there is a service gap due to inadequate service and personnel. 52% of children needing it are not accessing the service. Only 10% of children have appropriate assistive devices. There is a lost group from the age of 6 to 17 who are not targeted optimally for services as they are required to pay for rehabilitation.

Education

- The Curriculum Framework in Zimbabwe is clear on inclusivity and mainstream schools are being capacitated to deal with learners with special education needs with several units already supporting learners with special needs.
- The support given in other areas in the interim includes Training teachers who have such children in their classrooms on strategies including the use of tactile models and use of other senses for the visually impaired and teaching techniques for slow learners
- A discussion on referral pathways to the Ministry of Education educational psychologists as well as accessing services from two private schools one for children with learning difficulty and one for children with autism.

As part of the proceedings I presented a case on a child presenting with language delay. Language delay is a very common presenting complaint to paediatric services and the presentation demonstrated some of the strategies that can be used to investigate and manage such cases.

Summary

My visit home was a good opportunity to re-establish linkages and look at some of the potential difficulties of the context I will be returning to. The conference was a really good opportunity to demonstrate my new expertise and network with some of the key stakeholders that I will need to work with on my return to my home country.

Recommendations

1. Giving fellows the opportunity to go to their home centres with their supervisors will help to foresee and discuss particular challenges at specific centres. It also helps the supervisor when they are troubleshooting for the fellow after they return home.
2. Having fellows present as third parties during teaching of Masters in Medicine students by senior consultants can give important tips on teaching style and methods.
3. There needs to be support for fellows to carry out burden of disease studies in their countries of origin on return. Many fellows are the first subspecialists in their area and often the problems in their area have not been well delineated.