

Multidisciplinary APFP site visit to Windhoek, Namibia.



APFP Team with Helena Makura (far left):
Dr Alvin Nondo (Paediatric Neurologist) (back), Vivienne Norman (Speech and Language therapist), Shahieda Khan (Physiotherapist); Mush Perrins (Occupational therapist) and A/Prof Brenda Morrow (Physiotherapist),

Day one (Monday 1 August)

We met with Helena Makura (OT); and the head of the OT and Physiotherapy Departments at Windhoek Central Hospital.



Windhoek Central Hospital

Windhoek central has good OT staff numbers (13 plus an assistant), but there are only 2 physiotherapists for the hospital (approx. 750 beds). The problem of migration into private practice is a crippling factor, but OT has managed to actively grow their department over the past 5 years. There are only 7 speech and language therapists in the country.



View from a ward in Windhoek Central Hospital

The limitations in terms of multidisciplinary teamwork and interdisciplinary communication were highlighted – most professional categories work in relative isolation, with little cross-disciplinary communication.

Windhoek Central is a large hospital. The OT Department is well used and well staffed, but physio is understaffed, with a huge under-utilized therapy gym. The hydrotherapy pool is unused (functioning as a wheelchair storage facility).

We visited Onyose Day Care Center for cognitively and physically disabled children, where staff were extremely limited – there was only one trained teacher, who also managed the center, and one assistant. No therapists were employed.



Child with cerebral palsy cared for at Hope Village



Dr Ndondo with a child at Onyose Center.

We also visited Hope Village, a privately funded orphanage including children with special needs. The Ministry provides some support for those who are permanently placed, but this is a long process.



Meeting with stakeholders at Windhoek Central Hospital (Front right – Helena Makura).

We met with stakeholders at Windhoek Central Hospital to discuss

strategic plans, including training needs and moving forward in partnership with APFP. Present at the meeting were medical students, a neurology registrar, a paediatric medical officer, speech therapists, occupational therapists, a nurse (Preterm unit – one of Minette Coetzee’s graduates), and one physiotherapist. We also met the CEO of Windhoek Central, and representatives from the Ministry of Health and Special Services.

- The problems of lack of data in terms of outcome measurement and for advocacy was highlighted repeatedly. Neonatal care was highlighted as a priority area for training and development – at present there is no screening for IVH, and no ultrasound and so the consequences and outcomes of preterm birth in Namibia are not known. Similarly, hearing and retinopathy of prematurity are not being screened for either.
- The Nurse Practice Dev. Program is working together with Namibian nurses and are looking to start an advanced paediatric nursing diploma. Six Namibian nurses are being sent for APFP (Nurse) training with governmental support.
- A high-risk clinic was started in April 2016, but currently only includes very low birth weight babies.
- The ministry is tends to focus more on acute care, and less on rehabilitation services, and it was suggested that they be actively engaged in increasing awareness of the need for comprehensive paediatric services in Namibia.
- Burns and oncology were also highlighted as key areas needing attention.
- The idea of short attachments to Red Cross Children’s Hospital, in order to see how MDTs were functioning there was seen as a potentially beneficial option.
- Current training in Namibia includes advanced Nurse training (ICU and Theatre), and Masters in Public health and education only. The University of Namibia had its first cohort of graduating doctors in 2015, and are currently consolidating the undergraduate curriculum. OT and Physiotherapy undergraduate programs are planned.
- Currently postgraduate training is being done in RSA.
- Professional societies cover Physiotherapy, Midwifery, OT, and Speech and Audiology. There is also an HIV Clinician Association.

Day Two: Workshops/lectures (Tuesday 2 August)

09h00 – 09h30 – Introduction to APFP, concept of MDT in management of children with neurodevelopmental disorders: PROF BRENDA MORROW

09h30 – 10h30 – Medical approach to a child presenting with developmental delay - DR ALVIN NDONDO

11h00 – 12h00 Normal development and approach to facilitation – PROF. BRENDA MORROW

12h00 – 13h00 - Neurodevelopmental gross motor assessment (Physiotherapy perspective) – MS SHAHIEDA KHAN

13h30 – 14h30 - Neurodevelopmental fine motor assessment (Occupational therapy perspective) – MS MUSH PERRINS

14h30 – 15h30 – Feeding and swallowing assessment - MS. VIVIENNE NORMAN

15h30 – 16h00 – Questions and discussion

Day Three: Workshops/lectures continued (Wednesday 3 August)

09h00 – 10h00 - Positioning for function in Cerebral Palsy, including assistive devices (Ms SHAHIEDA KHAN)

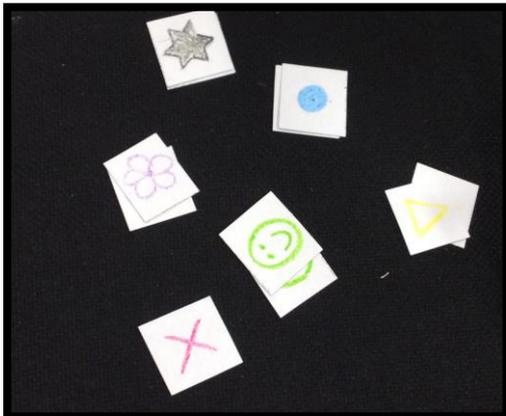
10h00 – 11h00 – Facilitating feeding in children with CP and other developmental difficulties (MS. VIVIENNE NORMAN)

11h30 -12h30 Sustainable low-cost toy making (MRS MUSH PERRINS)

12h30 – 13h30 Facilitating communication in children with developmental disabilities (MS VIVIENNE NORMAN)

14h00 – 15h00 Managing the child with challenging behaviour (MRS MUSH PERRINS)

15h00 – 16h00 - Practical discussion and problem-solving:
delegates bought case studies of interest for group discussion.



Lost cost toy making session – enjoyed by all!

Feedback from the lectures/workshop was all highly positive, and delegates expressed the wish for other workshops, with neonatal care being the priority.

