



August 2024 Report for Serving In Mission



In Partnership with ELWA Hospital Paediatric department, Monrovia, Liberia

August 2024 was a quieter month for clinical inpatient work which allowed for more intense mentoring opportunities to take place throughout the month. Outpatients remained extremely busy. The hospital numbers were a little reduced as a result of the rainy season and the challenges in transportation. There was a significant challenge with regards to continuing to encourage compliance with ETAT plus guidelines and ensure the rapid availability of blood products, but we are thankful that God has provided trained personnel to address this.

Clinical Activities

There were 302 admissions to the inpatient services (paediatric ward and emergency room) in July. Many of these children were treated on a rapid basis in the emergency room and were discharged rapidly, however close to a quarter of these children were suffering from severe acute malnutrition and required a significant length of time to stay in the ER and on the paediatric ward.

The under 5 clinic treated 912 new children with a total of 2002 consultations. Many of these consultations were follow-up visits for children receiving plumpynut on the outpatient feeding program. Large numbers of the children were treated for conditions which would become life-threatening if not managed early. 2 month old baby with liver failure receiving a blood transfusion. This child survived with no ill effects, despite having a liver extending into the right iliac fossa:



Special Malnutrition Update

There were 83 admissions to the inpatient feeding unit, primarily from the under 5 clinic. Many of these children present with multiple complex problems which interact with each other and require detailed attention to address.

The outpatient feeding program treated 149 new children with 132 discharged as cured from the program. This left 99 children continuing on the program at the end of August. The children on this program continue to receive health education and regular reviews to ensure that they are growing well and not falling behind medically.

One of the children helped was a little girl called Elizabeth. Elizabeth tumbled onto the IPF through the under 5 clinic exhausted and swollen all over having barely eaten for the last few weeks. Her mother Daphne had tried to feed her but had huge difficulty in getting her to take in any solid food. She couldn't afford much in any case, and was increasingly alarmed by the cough which seemed to keep her up all night.

Elizabeth was more sleepy every day, and her whole body began to swell up. Finally, someone showed her the way to ELWA under 5 clinic. The first couple of days in the hospital were confusing for Daphne, Elizabeth was started on oxygen and fed with a nasogastric tube. Daphne had never seen anything like this before, and little Elizabeth seemed to be losing weight rather than getting any bigger, and it didn't take long before she was desperately thin. Understandably scared, she wanted to run away.

Thankfully, there was a community of other mothers in the unit who had been there before with their little ones. They became Elizabeth's biggest cheerleaders and prayer partners, and they helped her to stay in the unit, drinking the milk until she started to finally get some flesh on the bones. Amazingly within a few days her body started to get a little larger, her

arms and legs filling out and her bones disappearing below layers of muscle. Her eyes began dancing, reflecting the light of her mother's face the way a 2 year old should. Finally able to drink in the wonder of reaching out to the toys and coloured painting on all the walls, she was a new child full of curiosity and life, her true self, the true Elizabeth in all her happy toddler glory! The child that God made her to be.



Patient Story

7 year old Fatu finally fell in through the doors of ELWA hospital with a series of convulsions. She had been unwell at home, having difficulty eating and burning with an uncontrollable fever. Her mummy had tried her best with little sips of water and even tried a local clinic where she was given antimalarials and paracetamol. However despite this she continued to become more unwell and it wasn't long before she couldn't wake up, and was fast becoming a modern day version of Jairus daughter. Soon after that her arms and legs started jerking.

The next day her mother rushed her to the hospital, hoping in desperation that something could be done to bring her back to life. As she flew in through the doors in a state of panic, she was met by a team of personnel supported by SIM who knew what to do. Probably the only team in Liberia who could have done what they did. Within 15 minutes of arriving, Fatu was started on oxygen and had intravenous access established. She was able to start on antimalarials and antibiotics, and on intravenous fluids as soon as she came through the door. Following the protocol taught through the ETAT plus training her convulsions were treated and settled within an hour.

The next day she started to move a little more with her eyelids twitching. Tiny fingers started to gain the life they once enjoyed. Another 24 hours and as gently as a summer sunrise her fingers began to move and grasp around her mother's hand, remembering the love that brought her to the hospital. Not long after her feet tried to walk, finding their way to the ground and beginning to move slowly but steadily around the room.

Steadily the treatment continued, her little body slowly waking up to the fluids and antimalarials. Her mother started her on some rice and stew, and after this she was able to eat a little more each day. When she was finally able to have a full meal her mother danced around the room and sang with her daughter, totally amazed at the recovery having seemingly taken place overnight.



Educational Activities

-) Active mentoring was carried out with a new physician assistant (PA) due to start in the under 5 clinic, in addition to an interactive didactic training session.
-) Follow-up consultation carried out to review effectiveness of emergency room admission proforma. Significant adjustments made.
-) Daily mentoring ward rounds carried out with doctors to encourage good practice.
-) Meeting with nursing leadership to address gaps in bedside manner encountered during August.

Future Goals

-) Opening of a follow-up clinic for children suffering from chronic conditions to start Autumn 2024.
-) Improvement plan for under 5 clinic airflow to be implemented.
-) Further ETAT plus workshops: October 2024: Bong County and December 2024: Buchanan.
-) Ongoing partnership with Ministry of Health to train and mentor interns and other doctors coming through the paediatric ward, set to restart Autumn 2024.

Dr Michael Bryant MRCP MRCGP DCH DTM&H
ELWA Hospital paediatric clinical lead

West Africa clinical lead, Swansea Bay Health Charity Africa Links programme