

ICCHNR conference 2017, Johannesburg South Africa; experience from a Nigerian beneficiary of Mary McClymont grant

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Background

The international collaboration of community health nurses research (ICCHNR) is a conference that brings nurses together to share, deliberate and collaborate on nurses' projects especially in area of community research. ICCHNR announced that the 2017 conference *Community Health: Action for Change* will be co-hosted with the University of South Africa and will be held at the Montecasino Resort, Johannesburg, South Africa. The 7th conference thus held in Johannesburg from 20-22 September 2017 and had a gathering of over 50 nurses from over 10 countries. As a public/community health nurse, I work in rural communities where I support health care workers in rural primary health centers to provide integrated health care services to elderly persons. It is a tasking and huge sacrifice for me to put in personal income to support these group of people in Nigeria where geriatric care is almost not available. The financial sacrifice sometimes makes it unable for me to attend and present my work in conferences like the ICCHNR conference. That is why when the Mary McClymont grant was presented to me to aid my conference participation, it was like a cold water on a thirsty throat. An opportunity to support a nurse in community practice who otherwise couldn't attend, to present her work and learn from other experts to serve her community and people better.

Justification for my funding by Mary McClymont grant.

As a community health nurse in Nigeria, conference attendance/participation of any sort is solely out of pocket expense as there is no support available whatsoever. However, such conferences gives the attendee- I in this case- an opportunity to learn public/community health matters and strategies that

will be beneficial to practice in the community. This is more so as I am a public/community health nurse working in rural communities of Nigeria- a lower-middle income country. Scholarship was made to guarantee my participation which would have provided yet another nurse with a good platform to build capacity for providing better services to health workers and clients in communities.

Objectives of the conference attendance

The following became my objectives as I hoped the conference attendance will;

1. Provide me with up to date strategies and experiences on effective service delivery methods
2. Allow me an opportunity to share my experience of community health project among elderly persons. And give me a platform to share my experiences from an innovative strategy undertaken by my community health team- of enrolling elderly persons into national health insurance program in Nigeria- with colleagues in similar fields on international platform.
3. Provide me a platform to meet and interact with other nurses globally to enable learning and collaborations

My experience

As the purpose of the Mary McClymont grant stated “The Mary McClymont fund was established in recognition of Mary McClymont’s contribution to community nursing research and education. Mary had particular interests around community nursing in Africa and health visiting for older people. To reflect this, ICCHNR is offering a small bursaries to enable community nurses to either attend the ICCHNR conference and/or create some dedicated time to undertake preparation for a research project such as a literature review or a grant proposal”. I would say I do fit into Mary’s interest as I am a community health nurse working on health for older people in Africa! It was then with enthusiasm that I applied for the grant in anticipation to participate at the conference. Thus when conference conveners called me to confirm email of acceptance of grant, you could imagine the excitement.

Acceptance of the grant ushered in detailed guidance from conference organizers (Sally Kendall, Patricia and Rosamund Bryar) on the following; letter of grant award and conference invitation, visa application process, accommodation and flight reservation.

Out of the £500 grant award, I was given an onward support of £233 for my visa process which covered for visa payment and expenses for visa requirements (vaccination and accommodation). On securing of visa, I was then given the remaining £267 to add as a support for my flight fares. Though £500 was the expected maximum amount of support, the organizers were gracious to provide me with 1000 South African Rand for my internal taxi fare, that was a gracious gift that left me grateful beyond words!

Conference days and activities

Conference days' activities comprised of welcome address, key note speeches, plenary sessions, table buzz on community research presentations, oral and poster presentations, mid-morning and mid-afternoon tea and lunch. More also was evening get-together for familiarization and collaborations.

Day one

On arrival at conference venue - held at conference center of Sun square Montecasino Johannesburg- I joined the ongoing conference. The following were the days agenda/activities; Gumbot dancing and songs facilitated by Gisela van Rensburg; welcome introduction of poet-in-residence by Molly Case; key note addresses as facilitated by Sally Kendall and included "releasing potentials, improving lives; the global nursing agenda" by Jane Salvage (UK) and "household health intervention; an innovative approach to improve community health status" by Abel Malaka (SA). Then came the table buzz session on round table presentations of community researches undertaken by nurses across the globe- from Canada to UK, South Africa, Japan and United States. The plenary session-Group presentation- which was facilitated by Sue Armstrong and Christmal Kpodo, featured "perspectives of nurses of community nursing in Sub-Saharan Africa from department of Nursing Education, University of Witwatersrand, hosting students from Ghana, Nigeria, Rwanda, Botswana, Malawi and Swaziland.

Key points of the day that stayed with me were; "Clinical research Nurses at the forefront of community health research in low and middle income countries presented by Elize Pietersen. This presentation concluded with providing a key information of the enrolling into network of Global Research Nurses which is residents in some countries including Nigeria. This provides a network of research nurses and also online research courses.

Secondly was the plenary session which gave an insight on how sub-Saharan countries are faring health-wise; showing the strengths, weaknesses and recommendations. This session was like travelling round the health systems of the African countries in one sitting.

Thus my objective one of getting up-to-date strategies and experiences on effective service delivery methods, including learning from other experts in community practice was met!

Day two

The following were the day's agenda/activities; Key note speech by Prof Priscilla Dlamini was on "indigenous knowledge system, CAM and collaboration if the western health system; a community health care perspective" and facilitated by Rosamund Bryar. This speech discussed on collaboration of orthodox and non-orthodox medicine as demonstrated by a well of scientific and experiential knowledge.

Plenary session-panel discussion- was on gaining access for research in communities; gatekeeping, ethics and related elements. Having panel members as Jane Salvage, Priscilla Dlamini and Catherine Evans and facilitated by Azwihangwisi Mavhandu-Mudzusi. Panel discussion geared towards practical experience on how to gain access into communities for researches through the gatekeepers, while maintaining ethical requirements. Then was table buzz session on presentation of community researches across countries in a round table discussion. Also was poster presentations of studies around the globe. Before the final session was a poet in residence by Molly case. Then was the plenary session by Mary McClymont scholars on studies done in Togo, Nigeria and Ghana. This was the session where I presented a study on "Epidemiology of geriatric conditions in rural Nigeria; a community based approach".

Key points of the day were; use of natural plants infused into western medicine for treatment of medical conditions, one of which is encapsulation of an herb known to have gross effect on HIV virus. Then was interesting narratives of researchers on multicultural tactics to deploy in carrying out community based researches. And importantly was presentation from Mary McClymont scholars which saw presentations of research findings and discussions across three African countries.

Thus my second objective of having an opportunity to share my experience of community health project among elderly persons and having a platform to share experiences from an innovative strategy undertaken by my community health team- of enrolling elderly persons into national health insurance program in Nigeria- with colleagues in similar fields on international platform was achieved!

Day three

The following were the day's agenda; plenary session on "doing research in the post-truth ages; implication for communities, research and method" having panel members as Jane Salvage, Priscilla Dlamini and Sally Kendall and facilitated by Jeannette Maritz. Also was the plenary session on "vulnerable population; mothers, children and their nurses" from University of Pretoria with participants including N van Wyk, R Leechg, AE van der Wath and M Yazbek and facilitated by Neltjie van Wyk. Also was poet in residence on nursing the world by Molly case and subsequently was summary and feedback of the conference by Sally Kendsall. While way forward and presentation of prizes and scholar's certificates was done by the ICCCHNR president- Fiona Ross, next international symposium in Swansea UK and vote of thank were taken by Rosamund Bryar and Gisela van Rensburg respectively.

Key points of the day were; the smart summary of the three day conference in bullet point slides and in poem by Sally Kendal and Moly case respectively. The presentation of scholars' certificates and award of best oral and poster presenters from South Africa and Sudan respectively was also a height of the day's activities.

Thus my third objective of having a platform to meet and interact with other nurses globally to enable learning and collaborations was met! For instance, after my presentation, I had met Catherine Evans from University of Kent Canterbury who has similar interest in geriatrics in Africa and with whom I will work, to develop models for geriatric care in Africa. I had met Prof Priscilla Dlamini from University of Swaziland who has mastered skill of natural and herbal medicine- an area am interested in exploring for

elderly persons, perhaps it could reduce their pill burden due to polypharmacy as a result of comorbidities. I had also met delegates from African countries who I have not had an opportunity to meet in one sitting; from South Africa, Swaziland, Ghana, Togo, Sudan, Rwanda, Malawi and Botswana among others. Suffice to mention that I also importantly met and interacted with other experts across the globe. These are experiences that has broadened my horizon, challenged me and given me emails and phone numbers to contact in case of inquiries and partnerships!



Figure 1: Mary McClymont grant awardees with ICCHNR conference organizers

Achieved Outcomes

Because ICCHNR is a platform for meeting of global experts in nursing, my support for participation through the Mary McClymont grant provided me a platform to broaden my horizon, learn from experiences and create collaborations. All my objectives were met. The meeting provided me with opportunity to learn from other experts in community nursing/health, enabled me present my work, provided me with platform to partner with African delegates for collaboration and link seeing my interest in geriatrics is not only for Nigeria but for Africa- where services for this area of health seem silent.

Moreover, I was given a certificate of participation and certificate of Mary McClymont scholar award, an achievement that has given my resume a boost.

And very importantly, the conference has provided me with an opportunity to meet a WHO representative who I will collaborate with to develop models of care for elderly persons in Africa- my long lived passion! This is an area am passionate about and this conference has granted me the opportunity to make this contribution with WHO, thanks to ICCHNR conference through Mary McClymont grant.

Future Plans

The Mary McClymont fund has supported my development towards my future goals in the following ways;

1. Experience from the Mary McClymont grant application will be utilized for other grant applications to build my career towards service expansion to elderly persons in Africa.
2. The collaboration I had built during the conference will serve as source of inspiration, training and partnership for future endeavors in geriatrics in Africa.
3. Having gained exposure in the conference attendance through Mary McClymont grant, I look forward to applying and receiving the Mary McClymont grant towards a research project that demonstrates how the proposed work will contribute to the public health of older people in Nigeria.
4. AN opportunity to develop model for geriatric programs in Africa and developing countries cannot be over emphasized as a future plan and endeavors provided by this grant.

APENDIX 1- My presentation at the conference

Title: Epidemiology of Geriatric Conditions in rural Nigeria: A community-based approach

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Background: According to global aging report, the face of Africa is aging and changing¹. This is due to unprecedented upward demographic shift in geriatric population projected to rise from 5 million to barely below 20 million by 2050^{1,2}. This changes come to meet an unprepared health system with profound implications for African societies. Geriatric population (>55 years) is estimated to constitute 8.7% of the total 140 million Nigeria population in 2013 and 50% resides in rural settings³. However, geriatric health providers, services, and data are lacking in Nigeria. To adequately address these, there is a need to understand the epidemiology of geriatric diseases and services needed.

Objectives: we aimed to; Assess epidemiology of geriatric population in a Nigeria rural community; Provide basic health services and education to the elderly persons in a Nigeria rural community

Method: This is a cross sectional study using data collection tools- adapted from WHO aging toolkit- to assess health variables. Tool comprised of two section; Questionnaire section for self-reported responses and documentation section for providers report of assessment outcome. Area of study was Ukpo Anambra state-a rural community in Nigeria. Target population (according to WHO definition of an elderly in Africa) was >55years. Period of study was in December 2016. Convenient sampling of all population in attendance resulted to sample size of 521. Data collection was done thus; demographic

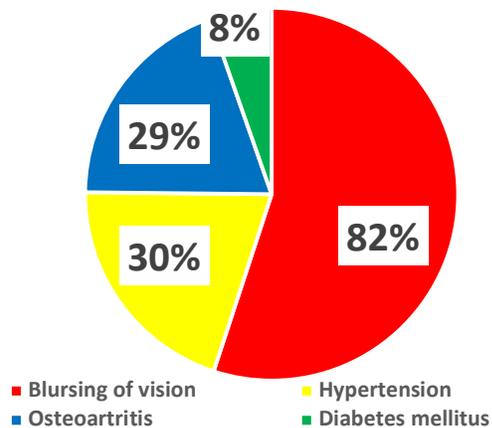
data were collected by trained research assistant using interviewer guided questionnaire in local dialect of target population while clinical data were collected from assessment outcome by health providers



from documentation files of clients. Health providers comprised of nurses, laboratory scientist, physiotherapists, doctors, optometrists/ophthalmologists and psychologists. Data Analysis was done using SPSS 20.0 version and data was subjected to descriptive and inferential analyses and expressed using proportions, tables and charts.

Results: 521 clients, aged from ≥ 55 were provided with geriatric services at a one day community service. The average age was 66.8 years [C.I. = 65.8- 67.8 years]. Most (41%) clients were retiree and unemployed while 23.1% were peasant farmers. 476 (91.4%) had at least one disease condition. Out of total 635 diseases, diagnosed, 3 commonest non communicable diseases (n=476) include hypertension (30%), osteoarthritis (29%), and diabetes (8%). Self-reported blurring of vision occurred in 82% of the 521 population

Epidemiology of diseases



Conclusions: Most Nigerian geriatric patients in rural Nigeria are retirees and unemployed, having blurring vision, hypertension and osteoarthritis as a health challenge. A funded community-based approach that provides access to health care is a critical need of this population

Appendix 2- Gallery



Figure 2 Meeting of delegates from other countries



Figure 3 Presentation at the conference



Figure 4 ICCHNR president with Nigeria delegates