

126.09

PARTICIPATORY ACTION RESEARCH TO DESIGN A SURGICAL TRAINING & SUPERVISION INTERVENTION FOR DISTRICT LEVEL HOSPITALS IN MALAWI, TANZANIA AND ZAMBIA

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Introduction: In sub-Saharan Africa (SSA) the main providers of surgical services for rural populations are district level hospitals (DLH). This implementation research study is from the baseline of a project scaling-up access to safe surgical and anaesthesia care in Malawi, Tanzania and Zambia. Participatory action research (PAR) was conducted in partnership with local stakeholders to inform the design of a user-focused health workforce training and supervision intervention.

Materials & Methods: PAR consultation meetings were held in the 3 partner countries from July-November 2017 with surgical teams from 67 district level and referral hospitals. Representatives included surgical and anaesthesia providers, theatre nurses, and hospital managers, and ministries of health representatives. Through semi-structured large and small group discussions, qualitative data were collected on participants' perceptions and experiences of barriers to the provision of safe and timely surgical and anaesthesia care, challenges with referrals systems, and training and supervision needs for surgical teams. Data were compared for themes across the three research sites, and across the surgical team cadres.

Results: All groups reported a lack of in-service training available to develop essential skills such as pre, intra and post-operative care, surgical skills to manage common conditions seen at DLHs, use and care of surgical and anaesthesia equipment, essential anaesthesia care, resuscitation skills, and infection prevention control. Very few participants had access to mentoring. Surgical providers at DLHs reported a demand for more feedback on surgical referrals, as a learning opportunity. Participants identified and prioritised training needs that could be addressed through regular in-service training and supervision visits from referral hospitals to DLHs over an intervention period of 24 months. These data were used by participants in an action-planning cycle to develop site-specific training plans for each research site.

Conclusion: Our findings suggest that participatory action research, as part of an implementation research approach, can improve the design of a user-focused country-specific intervention, and its acceptability. Further studies are needed to assess the effectiveness, relevance and sustainability of such interventions, and its intended outcome of improved surgical and anaesthesia care for rural populations.

Disclosure of Interest: None declared