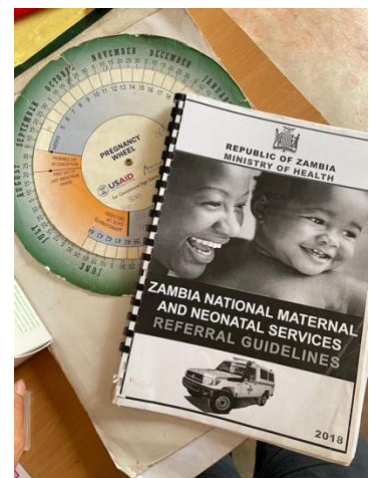


Keith Thompson Travel Grant Report – H Raval

Alongside my O&G training, I am undertaking an NHS Improving Global Health Fellowship, looking at reducing maternal morbidity from home births and delayed presentation to rural health facilities. The focus of this field visit will be to assess the impact of increased utilisation of the new Mother's Shelter/Mother's Waiting Home has on maternal outcomes at the Kanyanga health post. This project is being conducted in collaboration with On Call Africa (OCA), who aim to improve access to healthcare in southern Zambia.



Sustainable Development Goal target 3.1.2 aims to increase the percentage of births attended by trained personnel, to help reduce the global Maternal Mortality Ratio to less than 70 per 100,000 live births. (Zambia MMR is 213 per 100,000). Throughout Zambia, only 80.4% of births are attended by skilled health personnel. In rural areas, only 79% of women are likely to deliver in a health facility. Poor infrastructure and poverty often lead to delays in attending a health facility during the later stages of pregnancy. All women are encouraged to move to a local Mother's Shelter/Mother's Waiting Home from 8 months gestation, such that they are at the facility prior to going into labour, thus reducing morbidity and mortality associated with complications during unattended deliveries.



The Kanyanga health post has become a pilot health post for OCA, in order to trial interventions. It provides medical care to a population of 24,000 people, with on average 30 deliveries per month. The current Mother's Shelter at Kanyanga Health post is not fit for purpose. It has no electricity, running water or beds and often floods during the rainy season. Expectant mothers find it "very uncomfortable" and staying there is "exhausting". Initial qualitative data suggests that expectant mothers find the shelter "dirty" and "cramped", however they understand the importance of being near the health facility and find the mutual support from other mothers beneficial.



OCA have supported the build of a new Mother's Shelter at Kanyanga Health post, providing better facilities for expectant mothers, with the hope of increasing its utilisation. Local staff at the health facility are looking forward to the opening of the new shelter, as they felt it would increase "safety" and provide "more privacy". They were delighted at the prospect of "water, power and a toilet." Unfortunately it has not yet opened.

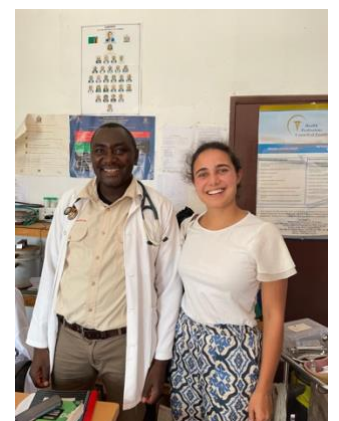


In November 2022 I was able to go to Zambia to visit On Call Africa and the team at Kanyanga health post. Overall, the trip was more productive, and also a lot more enjoyable than I was expecting! Despite only being able to go out for 10 days with my study leave, I was able to use my time to the fullest. Having been working remotely on the project, getting to know my Zambian colleagues, as well as conducting background research and creating questionnaires, I was able to hit the ground running during my 4 days in the rural community. During my time in Kanyanga, I conducted 50 interviews with patients, staff and the local community. I am excited to analyse the results of the qualitative data and assess for trends.



Initially I flew into Livingstone and was welcomed by the team at the On Call Africa head office. We held some initial meetings, and then prepared our food and equipment for a week of camping in the field. On my second day, we drove the 4-hour dirt road track to reach Kanyanga. This involved crossing streams with broken bridges and the bumpiest drive I have ever experienced.

Once we arrived in Kanyanga, we were greeted by a group of welcoming and dedicated staff at the clinic. They have 2 registered nurses, 1 clinical officer, an environmental health technician and multiple community health assistants. The week I was visiting coincided with child health week, which involved daily outreaches to health posts around the district. This was an excellent opportunity to interview postnatal women from different parts of Kanyanga district.



Each day, the clinic runs a specialist clinic, antenatal being on a Thursday. I targeted women of all gestations to interview on this day. In between times, I managed to interview the women staying at the old mother's shelter, the staff at the facility and members of the community, including a village headman.



One focus of the interview was to assess what was preventing women from attending the shelter, the main reason being financial. Many women found that they were unable to attend the shelter, as they could not afford to pay for food for themselves at the shelter, as well as food for the family at home. Although staying in the shelter is free, women are not provided with food or bedding etc.

They must also pay for some of the items needed for delivery, such as disinfectant, gloves and wraps for the baby, which can contribute to a significant financial burden for many of these women.



Alongside this, we also ascertained that many women, as well as their companions, were very bored whilst waiting at the shelter. Therefore, we came up with the concept of a social enterprise model, whereby women and relatives staying at the shelter would be requested to participate in some work, the profits of which would go back into paying for food and supplies for the shelter. The initial idea was to have a vegetable garden, along with goats and village chicken. However, we realised that this would not be profitable throughout the year.



During our interviews with the community, we spoke to a group of older women who are part of a menstrual hygiene group. They are starting to sew reusable sanitary pads to sell, the profits from which they spend on projects within the community. Prior to buying a pad, women and girls but attend one of their education sessions on how to keep the clean. This is usually combined with teaching on other topics such as hygiene, family planning and teenage pregnancy. This group suggested that they could join forces with the mother's shelter. Firstly, the mothers are a captive audience to learn from the education sessions. Secondly,

they would be able to participate in creating the pads, preparing fabric etc. The profits from these pads can then go directly back into funding the mother's shelter. This model would be self-sustaining and allow both groups to benefit. I am really excited to see how the partnership between the mother's shelter and the menstrual hygiene group develops!

After leaving Kanygna, I had a few meetings with the team back at OCA to discuss our next steps and how to move forward. I feel I now have a large body of evidence I can work on virtually, as well as having fostered good relationships with my colleagues in Zambia, which

will make my virtual partnership far easier to maintain in future. Overall, I learnt a lot by physically going to Kanyanga. By travelling out into the community and living without water and electricity, I have a better appreciation for what life might be like in rural Zambia and the challenges that these women might face. I have seen both the old and the new mother's shelter and am able to understand how they impact care. I had a lot of fun getting to know the clinic staff and hope to continue to work with them virtually. Ultimately, I was able to gather a significant amount of qualitative data for my project, with the aim of writing it up for publication.



I am very grateful to GASOC and the Welsh Obs&Gyn Society for their assistance with travel grants, to help make this trip possible.

