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**AFRICA**



Funded by  
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[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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No conflicts of interest to declare.

# Introduction

- In **sub-Saharan Africa** the main providers of surgical services for **rural populations** are **district level hospitals (DLH)**, often non-physicians
- **SURG-Africa**: a 4-year project scaling-up access to safe surgical and anaesthesia care
- Rural populations
- **Malawi, Tanzania and Zambia.**
- Implementation research study



# SURG-Africa Intervention

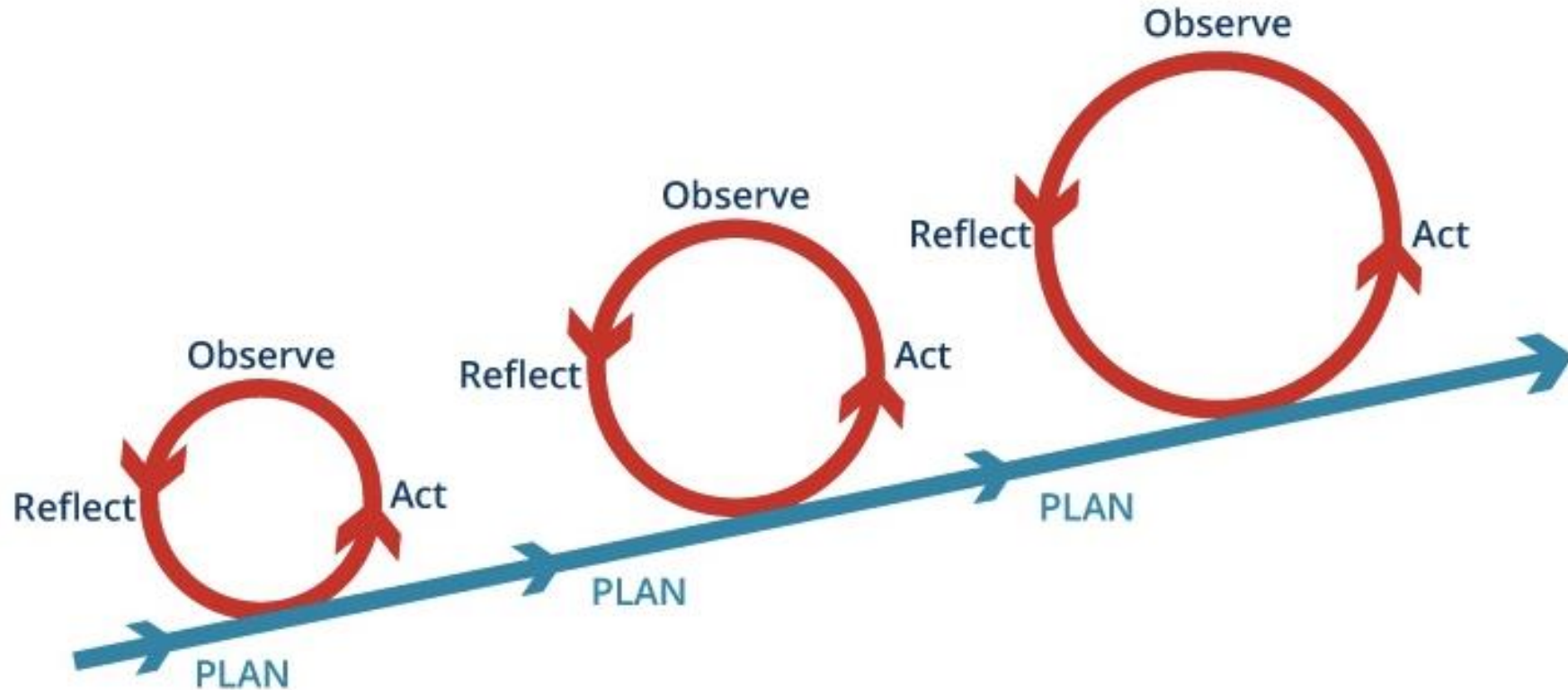
- **What:** regular supervisory visits, in-service training and mentoring support
- **Where:** 31 district hospitals
- **For whom:** surgically active clinicians, anaesthetists + nurses at DHs
- **Delivered by:** specialists from referral hospitals
- **Duration:** 24 months

# Implementation Research

- **Aim:** use a **Participatory Action Research** approach to inform and improve the design of a user-focused surgical training and mentoring intervention
- PAR is part of SURG-Africa's study protocol\*

\*Pittalis C, Brugha R, Crispino G, et al. Evaluation of a surgical supervision model in three African countries-protocol for a prospective mixed-methods controlled pilot trial. *Pilot Feasibility Stud.* 2019;5:25. Published 2019 Feb 18. doi:10.1186/s40814-019-0409-6

# Methods – PAR Research Cycle



Source: Crane & Richardson, 2000, as cited by DHHS, 2012, p.10.

# Methods

- Participatory action research (PAR) consultation meetings
- July-November 2017
- Malawi, Tanzania and Zambia
- 67 District-Level Hospitals (DLHs) and Referral Hospitals
- Surgical + anaesthesia providers, theatre nurses, OBGYN, hospital managers, MoH

# Methods

- Semi-structured group discussions
- Qualitative data
- Perceptions and experiences of barriers to provision of safe + timely surgical and anaesthesia care
- Challenges with referrals system
- Training and supervision needs

# Methods



# Results: In-service training needs

- Pre, intra and post-operative essential skills
- How to manage common surgical conditions at DLHs
- Use and care of surgical & anaesthesia equipment
- Essential anaesthesia care
- Infection prevention control
- Mentoring
- Requested feedback on surgical referrals

# Priority-setting & action-planning

- Training needs analysis and priority-setting
- *Which of these can be addressed through regular in-service training and supervision visits from referral hospitals?*
- Action-planning by mentors (surgical oversight teams) and mentees
- Created site-specific visit plans for 31 district hospitals

# PAR informed the intervention design

- Prioritisation of surgical/anaesthesia skills training
- Composition of the visiting specialist team
- Negotiation of requests
- Managing expectations + setting scope of visits
- Visit length and frequency
- Visit itinerary

# Conclusion

- **Participatory action research**
  - Can improve design of a user-focused country-specific intervention, and its acceptability
- **Further studies needed**
  - Assess effectiveness, relevance and sustainability
  - Assess intended outcome of improved surgical and anaesthesia care for rural populations



# Thank you

[www.surgafrika.eu](http://www.surgafrika.eu)

## Acknowledgments

Jakub Gajewski, Mweene Cheelo, Gerald Mwapasa, Adinan Juma,  
Chiara Pittalis, Ruairi Brugha, and Chris Lavy  
SURG-Africa Principal Investigators, research team, and PAR  
workshop participants