Participatory Action Research to address barriers to maternal health services in post-Ebola urban Monrovia

DC Health Systems Board, Washington, DC, March 15, 2018

I need a change in my community.
Participatory Action Research
From Harm to Home | Rescue.org

Step 1: Adding Content

Sometimes you might want a subhead, 28pt
Specific objectives

Facilitating all relevant stakeholders in New Kru Town including pregnant women, community leaders, TTM's, TBAs, and Redemption Hospital maternal healthcare workers to:

1. Identify and analyze how the Ebola epidemic has worsened existing weaknesses or created new gaps in the maternal health system
2. Identify and implement actions that address these weaknesses/gaps or that strengthen positive practice
3. Establish collaborative co-ordination and monitoring of progress on an agreed action plan, in a way that can be sustained after the project has ended
Researchers and participants

- Pregnant women in New Kru town – including strata from all child-bearing age groups.
- Women community leaders – representing the 25 New Kru Town communities
- Traditional Trained Midwives (TTMs) and untrained Traditional Birthing Assistants (TBAs)
- Male councilmen
- Elected local administrators and traditional leaders
- Redemption Hospital health care workers from both the obstetric and antenatal services
The PAR cycle:

1. Reflecting on + Choosing Action
2. Collecting Data
3. Analysing + Problematisation
4. Taking + Evaluating Action
5. Planning + Actions / What we need to do.

We look at all things done, so we choose the things (action) we want to do, improving to both outcomes.

Learning from experience.

During the action and understand what we have done and what we have change.
Social mapping: Important places in the community and accessibility of services
Venn diagrams: Importance & Accessibility of Maternal Health services
Areas of Action identified

1. Improve the manner of approach between staff and patients
2. More education and communication between hospital and community
3. Improve collaboration between hospital and TTM/TBAs

*Healthcare workers*: Build capacity of local clinics to relieve pressure on Redemption

*Pregnant Women*: Create more bed space at Redemption Hospital

*Community Group*: Improve Family Planning services & provide more training for TTM/TBAs
“nurses are afraid of patients, patients are afraid of nurses”
"Talking Good"
“We need to keep pregnant women at the front of this, to remember why we are doing this”
“You can enter any part of the ward. Myself I will give you green light”
(Deputy Supervisor, OBGYN)
Conclusions

• Real-time visualization and presentation of data/results
• Participant researchers (stakeholders) exchanging data directly with each other
• Stakeholders defining action and recommendations