Improving Access to Healthcare Services in Rural Zambia

On Call Africa works hand-in-hand with rural health centres throughout southern Zambia to build capacity and address challenges faced by communities. By providing training opportunities to healthcare workers, improving access to scarce medications, and reaching remote areas to address patient needs, we aim to make a sustainable, long-term, positive impact on rural healthcare in southern Zambia.
MESSAGE FROM THE DIRECTOR

Dear Friends of On Call Africa

As we enter our 10th Anniversary in 2020, we are delighted to share this annual review of our work in 2019, and introduce you to our exciting new strategy for the 3 years to come.

On Call Africa currently operates in nine remote rural communities in Southern Province, Zambia. Working in partnership with Rural Health Centre's, District Health Offices and volunteer doctors we have delivered direct treatment of patients, health education and the training of Community Health Workers to build local capacity for the last 10 years.

In 2019 19 doctors travelled to Zambia to volunteer with us. Working with our Zambian team they helped to bring increased access to quality healthcare through our core activities of health system strengthening, health promotion and the delivery of mobile clinics. During the year our team of doctors worked alongside nurses from our partner Rural Health Centres, and the Community Health Workers that we have trained, to treat 5,789 patients close to their home.

2019 was a challenging year for those living in remote rural communities that rely heavily on subsistence farming. The drought and resulting famine put extreme pressure on families and communities to meet the basic needs of their families, and poor access to water meant that we saw a sharp increase in the number of cases of diarrhoea as the year went on. Poor nutrition leads to reduced resilience when faced with diarrhoea, particularly in young children. Our team were able to respond quickly to these cases and provide emergency transfers when needed.

Health promotion forms a vital part of our approach to bringing about long term change, and providing communities with the knowledge to improve their own health outcomes. Our team respond to locally identified needs and deliver health education sessions in schools and the local community. In 2019 our health education focused on nutrition, diarrhea, hand washing, clean drinking water, back pain, dental hygiene, malaria and first aid and burns.

In 2019 we delivered refresher training to our existing 9 Community Health Workers (CHWs), and continued to deliver our 18 month training programme to a further 15 CHWs. Our volunteer doctors deliver training sessions to increase Community Health Workers knowledge, and deliver on clinic training to enhance skills, provide on the job training and ensure that CHWs receive ongoing supervision and support.

This has also been an exciting year in terms of our organisational development. Increased funding allowed us to invest in staff capacity, and myself, Pete (UK Operations Manager) and Mike (Zambia Project Assistant) are delighted to have joined the OCA family. Increased capacity has allowed us to develop our relationship with the Ministry of Health in Zambia, put plans in place for expansion, and develop an exciting new strategy which aims to increase our impact, and develop a replicable model of working that can be adopted in other areas.

As we enter our 10th Anniversary, we are proud of all that we have achieved to date, and excited for what the next 10 years will bring.

Thank you for all of your support

Ben Margetts

Director
## FINANCIAL SUMMARY

### Annual Income 2018-2019:

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Donations &amp; Contributions</td>
<td>£48,187</td>
</tr>
<tr>
<td>Department for International Development</td>
<td>£26,484</td>
</tr>
<tr>
<td>Grants from Trusts &amp; Foundations</td>
<td>£25,145</td>
</tr>
<tr>
<td>Network for Social Change</td>
<td>£18,000</td>
</tr>
<tr>
<td><strong>Total Income:</strong></td>
<td><strong>£117,816</strong></td>
</tr>
</tbody>
</table>

We would like to sincerely thank all of our donors for their generous donations. Thanks to everyone for making this our highest income year ever. Allowing us to expand our reach and bring healthcare to more areas.

Our work would not be possible without the time and expertise donated by volunteer doctors and health professionals from abroad. This year we had 19 volunteers join on us the ground.

### Value of time and expertise donated by our volunteer doctors:

- **£260,000**

### Annual Expenditure 2018-2019:

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>£16,112</td>
</tr>
<tr>
<td>Clinic provisions</td>
<td>£4,837</td>
</tr>
<tr>
<td>Doctors registrations fees</td>
<td>£15,128</td>
</tr>
<tr>
<td>Vehicle maintenance</td>
<td>£2,610</td>
</tr>
<tr>
<td>Travel</td>
<td>£3,330</td>
</tr>
<tr>
<td>Fuel</td>
<td>£5,104</td>
</tr>
<tr>
<td>Community Health Worker Training</td>
<td>£6,772</td>
</tr>
<tr>
<td>Project equipment</td>
<td>£833</td>
</tr>
<tr>
<td>General project costs</td>
<td>£7,529</td>
</tr>
<tr>
<td>Depreciation</td>
<td>£2,300</td>
</tr>
<tr>
<td>Governance</td>
<td>£1,200</td>
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<tr>
<td>Accommodation</td>
<td>£11,155</td>
</tr>
<tr>
<td>Salaries</td>
<td>£23,084</td>
</tr>
<tr>
<td><strong>Total Expenditure:</strong></td>
<td><strong>£99,994</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Income</th>
<th>Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016-17</td>
<td>125,000</td>
<td></td>
</tr>
<tr>
<td>2017-18</td>
<td>100,000</td>
<td></td>
</tr>
<tr>
<td>2018-19</td>
<td>75,000</td>
<td></td>
</tr>
</tbody>
</table>

Growth in income in the 2018-19 year over 2017-2018: **26%**
OUR PARTNERS: Rural Health Centres

KATAPAZI

THE RURAL HEALTH CENTRE

1 Clinical Officer
3 Nurses
Catchment Population: 6,220
50km to Livingstone Hospital
Access to Motorbike
No Access to Solar Power

ON CALL AFRICA’S COMMUNITY CLINICS

MUKAMBA
10km from RHC
Population: 1,200
13 Communities
3 OCA Community Health Workers
Bilharzia, Diarrhoea, Back Pain

MALINDI
7km from RHC
Population: 1,500
14 Communities
2 OCA Community Health Workers
Bilharzia, Diarrhoea, Back Pain, HIV

SIAJUMBA
15km from RHC
Population: 1,000
Many Communities
1 OCA Community Health Worker
Bilharzia, Diarrhoea, Malaria

THE RURAL HEALTH CENTRE

0 Clinical Officers
2 Nurses
Catchment Population: 6,000
200km to Livingstone Hospital
Access to Motorbike
No Access to Solar Power

ON CALL AFRICA’S COMMUNITY CLINICS

CHIKUYU
10km from RHC
Population: 843
4 Communities
3 OCA Community Health Workers
Bilharzia, Diarrhoea, Back Pain, Tooth Pain, Respiratory

PUKUMA
13km from RHC
Population: 1,000
5 Communities
1 OCA Community Health Worker
Diarrhoea, Respiratory, Dystentry

CHALIMONGELA
0km from RHC
Population: 6,000
6 Communities
3 OCA Community Health Workers
Diarrhoea, Malaria, STIs
OUR PARTNERS: Rural Health Centres

SIMANGO
THE RURAL HEALTH CENTRE
ON CALL AFRICA'S COMMUNITY CLINICS

MALAMFU
- 20km from RHC
- Population: 1,600
- 4 Communities
- 4 OCA Community Health Workers
- Bilharzia, Diarrhoea, Back Pain, Tooth Pain

SILUYASILA
- 10km from RHC
- Population: 300
- 1 Community
- 3 OCA Community Health Workers
- Diarrhoea, Coughing

CHINKOZYA
- 35km from RHC
- Population: 1,360
- 1 Community
- 3 OCA Community Health Workers
- Diarrhoea, Malaria

1 Clinical Officer
2 Nurses & 1 EHT
Catchment Population: 10,000
60km to Livingstone Hospital
Access to Motorbike
Connected to Electricity

Chikuyu Health Post
Siluyasila Health Post
Chart 1: Number of Cases

- Dysentry
- Diarrhoea
- Intestinal Worms
- Bilharzia
- Dysentry

Total patients seen in 2019: 5,789

Chart 2: Total Diagnoses

- Trauma Wounds: 93
- Dysentry: 138
- Genital/Urinary: 147
- Bilharzia: 187
- Pneumonia: 208
- Eye Diseases: 232
- Dental: 270
- Worms: 285
- Digestive: 338
- Diarrhoea: 447
- Musculo-Skeletal: 534
- Other: 607
- Respiratory: 668
- Skin Disease: 794
- Total: 821

Nine communities served by our team.
In each of the communities that we work we deliver mobile health clinics, run by overseas volunteer doctors.

These clinics help to provide vital treatment and access to medicines for communities who currently have very limited access to healthcare, while also playing a key role in building capacity of the local health system.

Volunteer doctors provide Community Health Workers with on clinic learning, supervision and mentoring that plays a vital role in capacity building and health system strengthening in the long term.
During our time in Zambia at the end of 2019 we were impressed to see the trained CHW in action in their villages, not only assisting in our mobile clinics but in between identifying sick patients and referring to the Rural Health Clinics, diagnosing patients with potential malaria and HIV, following up child with malnutrition and those needing further dressings eg after burns. They are a great resource providing regular health education to their communities with respect to clean water, contraception, malaria prevention for example.

The 15 trainee CHW have developed greatly over the year by not only attending the OCA clinics with the volunteer Drs and the training weeks in Livingstone but also working closely with the nurses in the Rural Health Clinics. The have learnt how to take a detailed history, perform some basic examinations, such as BP and temperature taking, and carry out tests e.g. HIV, malaria, pregnancy and urine analysis. During the training weeks they have gently been led out of their comfort zone of gaining knowledge from lectures to embracing learning in small groups with role playing. They demonstrated that they were able not only to discuss clinical scenarios but also more difficult topics such as child abuse and marital rape.

The highlight of training for us was during a clinic based at Chalimongela clinic in the Mapatazia district. All 7 CHWs, who had keenly attended all the clinics in other locations during the week, had their own consulting table and were able to assess patients solo and perform the relevant tests leaving the 3 OCA Drs to move between them and discuss management plans and offer treatment plans. We were very proud trainers indeed!

I wish all of them the best for their finals in June and am confident that they will do very well and continue to serve their communities. It is indeed an exciting time for training with the new villages coming on board and so a large cohort of new CHWs need to be identified and trained. I personally feel that OCA has a great model of classroom and practical teaching to continue to do this successfully.

Fiona Moore (On Call Africa volunteer –September to December 2019)
In order to bring about long term change within the communities that we work, On Call Africa addresses the root causes of health concerns in each community. After initial assessments into the most prevalent health concerns, and the underlying, causes we develop a tailored health promotion plan for each community which includes; education on healthy behaviours, and tailored programmes developed with partners with relevant expertise to improve access to services and provisions that promote health. This could include access to clean drinking water, or a tailored programme to tackle malaria, malnutrition, poverty, mental health challenges or gender based violence.

**Chart 6: Number of Individuals Trained on Health Education Topics**

**Chart 7: Composition of the Health Education Program**

- **Dental Hygiene**: 30%
- **First Aid**: 12%
- **Malaria**: 27%
- **Nutrition**: 30%
- **Diarrhoea**: 11%

**From the Field..**

*Me, timidly: "Do you think the children would like to learn a song?"
Teacher, excitedly: "Oh yes please, the children would love to learn a song!"

We had delivered a successful and interactive hour-long session on dental hygiene to a class of 74 children aged 9-13 yrs and attention was waning very slightly. But this was our last chance to try out our team's newly created teeth-brushing action song before leaving Zambia. The children came alive and we were bowled over by their speed of learning, quality of singing and overall enthusiasm. Some were still singing the song to volunteers several months later in the year. This was one of many memorable highlights of teaching health education during my 3 month stay in 2019.

Effective Health Education is a powerful and much-needed tool in empowering people to take control of their own health. The OCA model facilitates opportunistic teaching as people queue for the monthly clinics, and we are welcomed by the rural schools. By spending time listening to people and digging down to find out about common day-to-day practices it is possible to de-bunk many myths, potentially making real differences to the health of individuals, families and the whole community. Information gleaned can be fed back to the doctors running the clinics, and written evaluations of the sessions sent to the UK can feed in to future planning of the charity's work. The CHWs and trainees act as translators and I was struck by their thirst for knowledge as well as their desire to learn how better to deliver health messages.

To hold the attention of a large group of women or children, to be able to share a joke and to be able to create an atmosphere where people feel able to ask all manner of questions is one of the most rewarding, worthwhile and fun experiences I have had since training as a nurse almost 40 years ago. Thank you OCA!

- Sue Bellamy (On Call Africa volunteer – April to July 2019)
As we enter an exciting period of growth this ambitious strategy has been developed to help us to shift toward a greater focus on health system strengthening, and how we can contribute to, and influence, national and regional policies to bring about long term change. We will aspire for excellence in our Community Health Worker programme, develop a replicable model of working that includes the tailoring of services to meet locally identified needs, and develop a framework that manages the tapering of direct provision of services as capacity is built within communities, Rural Health Centre’s and the wider health system.

**Develop, test and document a replicable model of rural health system strengthening**

Over the next three years we will improve monitoring and evaluation systems to enable us to customise our approach to meet the individual public health needs of each community. We will carefully plan for the tapering of direct service provision, rigorously test underlying assumption and document learnings. Our learning will be used to develop and share a replicable model of working that can be adopted at scale.

**Increase the number of villages receiving support/services**

Working with the Ministry of Health, we will identify nine new communities to expand our services into, doubling our current reach.

**Strengthen relationships at different levels of the health system to influence and inform national and regional health policies**

Over the next three years we will recruit volunteers who can add expertise at district, provincial and national health level. We will also use our learning and expertise to influence national and regional policies where we can add value.
Moving Forward: Strategic Objectives

**Build strategic partnerships to address public health issues at the community level**

On Call Africa will explore opportunities for engaging appropriate partners capable of making a positive contribution to health in the communities in which we work, including in complementary areas such as water and sanitation and nutrition.

**Improve data collection, analysis and dissemination**

In order to improve data collection we will introduce a new app to streamline data collection processes, and improve analysis. Our aim is to work with the MoH to develop a tool that can be adopted by them at scale to support health system strengthening, as well as our own decision making.

**Review and refine Health Worker training, supervision and incentives**

As part of this ongoing review and development of our CHW framework we will explore and test different methods of incentivising, supervising and training CHWs. We will also explore how technology could be utilised to support CHWs and improve outcomes for the communities. As part of this process we will work with the MoH to ensure that our programme of work aligns with MoH strategy and compliments standardised best practice.

**Grow income and diversify income streams to support diversification in spending**

Our aim is to continue to increase our income over the next three years to help us to achieve our ambitious objectives. We will also look to diversify income to provide unrestricted funding that will allow the organisation to continue to test different methods of working and ensure continuous learning.

**Build foundations for excellence in both the UK and Zambia**

In order to achieve our ambitious goals over the next three years we will invest in increased staff capacity, systems and governance in the UK and Zambia to ensure we have the knowledge, skills, resources and oversight in place to continue to increase impact beyond the cycle of this strategy.
To learn more about our work and follow our progress:

www.oncallafrica.org

www.facebook.com/OnCallAfrica

info@oncallafrica.org

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