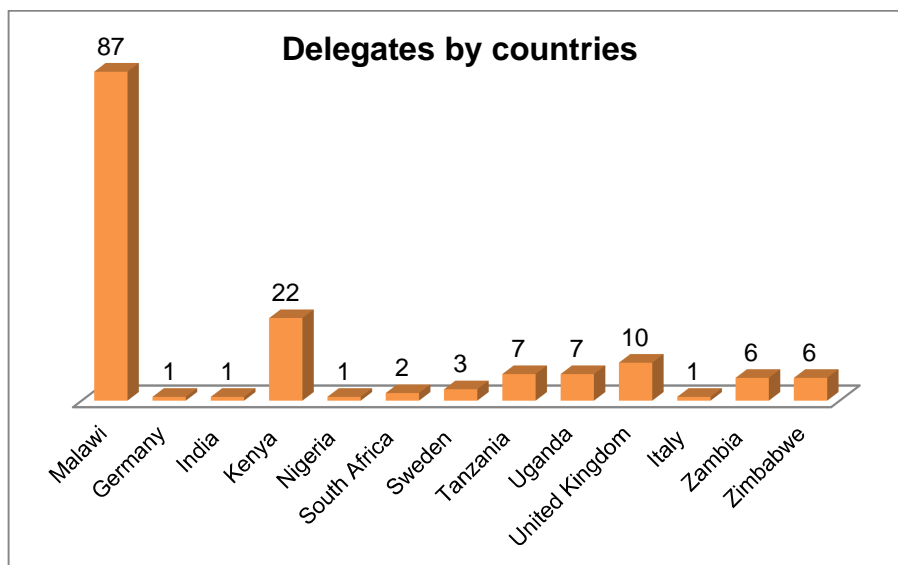


## LAMRN Conference 2018

### REPORT

<b>Date</b> (of the conference)	27 <sup>th</sup> – 28 <sup>th</sup> June 2018
<b>Venue</b>	Umodzi Park, Lilongwe, Malawi
<b>Main Sponsor</b>	Jonson & Jonson
<b>Delegates sponsors</b>	Jonson & Jonson (30); NIHR (30); USAID through MSH/ ONSE (21); Kamuzu College of Nursing, University of Malawi (13); Kenyatta National Hospital (4); UNFPA (3); Government of Malawi and MOH (2); Mulanje Mission Hospital (2); THET (2); African Journal of Midwifery (1); SIDA (1)
<b>Oral and posters</b>	48 Oral presentations 22 Posters
<b>Type of studies</b>	Systematic reviews; randomised controlled trials; qualitative studies cross-sectional surveys; intervention research; audits; mix-method studies; study protocols.
<b>Delegates</b>	160



Day 1 – 27<sup>th</sup> June 2018

## Opening Ceremony

The Director of Ceremony announced the entrance of the First Lady of Malawi. When all invited guests were seated, he expressed official welcome from H.E. from the Ministry of Health and Population, Hon. Atupele Muluzi, M.P., Professor Angela Chimwaza, LAMRN Country Leader Malawi, Professor Grace Omoni LAMRN Chair, Professor Dame Tina Lavender, LAMRN Mentor and Director of the Centre for Global Women's Health, University of Manchester, Mr Bestone Chisamile, Chief Director (administration), Ministry of Health and Population, Dr Mercy Pindani, Principal of Kamuzu College of Nursing; Mr Lloyd Kambwiri, Registrar, Kamuzu College of Nursing, Hon. Greizeder Jeffrey, MP, Secretary General Democratic Progressive Party; Hon. Bintony Kutsaila, Regional Governor (centre) Democratic Progressive Party; Hon. David Bisnowaty, Member of the Parliament for Lilongwe City Centre Constituency; His Worship Cllr. Dr. Desmond Bikoko, Mayor for Lilongwe city.

The Malawi National anthem was sung, followed by a prayer guided by Dr Mary Mbeba.

### Dr Mercy Pindani

Dr Pindani spoke about how honoured Kamuzu College of Nursing (KCN) and the University of Malawi were to be a part of LAMRN. She spoke about the opportunity to share experiences with experts from other countries through this network. This was important as Malawi is currently facing many challenges in the area of reproductive health, but nurses and midwives are looking to work together to improve the quality of healthcare.

### Prof Dame Tina Lavender

Professor Lavender highlighted the long standing collaboration between the University of Manchester and KCN. She said how the goal has been to improve maternal newborn health in Malawi and beyond. Professor Lavender also highlighted how the 6 LAMRN countries have grown with the strength of LAMRN lying in its inclusiveness. Projects such as the current NIHR Stillbirth prevention and management project show how far LAMRN has advanced.

### Mrs Fannie Kachale

Mrs Kachale spoke about how this conference was being held at an opportune time in Malawi. She felt that the themes that the conference has been based around are strong and can help improve midwifery research and practice. Mrs Kachale also discussed how the work being carried out at the conference could help inform policy change, and achieve desired health outcomes. She highlighted

### SPEAKERS

#### Mercy Pindani

Principal Kamuzu College of Nursing,  
University of Malawi

#### Dame Tina Lavender

LAMRN mentor, Director of the Centre  
of Global Women's health, University of  
Manchester, UK

#### Fannie Kachale

Director of the Department of  
Reproductive health, Ministry of health,  
Malawi

#### Anayda Portela

Technical officer – Health promotion,  
Department of Maternal, Newborn, Child  
and Adolescent Health (MCA) WHO

#### Hon. Atupele Muluzi

M.P. Ministry of Health and Population  
Malawi

#### H.E. Prof Gerturde Mutharika

The First Lady of the Republic of Malawi

### DIRECTOR OF CEREMONY

#### Mr Humphreys Gunchi

the need for collaboration in order to reach out to women, and to avoid the fragmented health services of days gone.

#### **Dr Anayda Portela**

Dr Portela focused on the need to put women and families at the centre of care, and provide universal health coverage. Dr Portela echoed Mrs Kachale's sentiment of the need to learn to work together from individuals to policy makers. Women want a positive childbirth experience and have a desire to be in control of their experience. Barriers that prevent midwives from providing high quality care and a positive experience must be overcome in order to put women at the centre of care.

Before the speeches of the Ministry of Health and H.E. the First Lady of Malawi, the ceremony was entertained by a music performance carried out by Music Crossroads.

#### **Hon. Atupele Muluzi**

The Minister of Health, Hon. Atupele Muluzi, MP appreciated LAMRN network for selecting very important themes to be discussed at the conference. He highlighted the importance of developing locally made solutions to address challenges in the delivery of maternal, newborn and adolescent health. He then invited the First Lady of Malawi to make her speech.

#### **H.E. Prof Gertrude Mutharika**

The First Lady of Malawi greeted the Ministries and Excellencies participating in this opening ceremony. She expressed her appreciation towards the LAMRN network for choosing Malawi to host their triannual Conference, in a moment when the Global Agenda is focusing on promoting wellbeing for women, in a way they do not only strive but become agent of change in their societies and communities.

H.E. Prof Mutharika explained her commitment in Malawi to improve availability and provision of reproductive health care services to adolescents and adults, especially women; including advocating for screening of women for early detection of cervical cancer.

She emphasised the importance of quality of care and respectful maternity care as key aspects to build client's trust in health institutions and facilities which ultimately result in improving access to care. She also recognised the crucial role played by midwives in monitoring, educating and supporting women during their pregnancy, a phase which is crucial in the development of women's identity, social status and autonomy in the African society.

She wished the audience a successful and fruitful Conference and concluded with the official opening of the LAMRN Conference 2018.

## Theme of the conference

### Innovations for improving reproductive health

In the era of the Sustainable Development Goals, the LAMRN Conference 2018 has focused on three important themes: strengthening reproductive health and midwifery practice; strengthening health systems in reproductive health and Innovations in reproductive, maternal, newborn and public health.

These aspects contribute to extend Universal Health Coverage and progress in the reduction of maternal morbidity and mortality.

Under each sub-theme various areas of care have been discussed during the conference. The main highlights are summarised below.

#### Sub-Theme 1 – Strengthening reproductive health and midwifery practice

Presentation falling under sub-theme 1 addressed various areas of care which included stillbirth pilot study in Africa; respectful maternity care; midwifery skills and competencies in providing antenatal, intrapartum and postpartum care; addressing obstetric emergencies (hypertension and sepsis); adolescents and teenager's pregnancy with their psychosocial impact and stigma; breastfeeding practices; improving antenatal care and male partner involvement. Highlights of the presentations and the discussions are presented below.

#### Stillbirth: study initiation in Africa

The early study conducted on stillbirth by LAMRN partners shown that this tragedy occurred in silence. Parents and healthcare provider are left alone with the stigma of having participated and experienced the death of the baby. Health systems are not prepared for the care and support of parents experiencing a stillbirth; and a culture of blame and fear among health professionals is common.

Some positive experiences were recorded: partners had a chance to talk about this tragedy for the first time; but they were willing to do so only after having had a live baby after the stillborn. The introduction of the concept of Patient and Public Involvement seems to be promising in creating opportunities for parents and providers to get involved in research and understand how to develop better support care and training packages for providers.

The literature review (mainly quantitative studies) about the association between absence or reduced fetal moment and adverse pregnancy outcomes in some LMIC (Nigeria, Ethiopia, South Asia, Ghana etc) has shown that there is little awareness about this association and further studies are needed in these settings to have a better understanding of the situation.

#### Discussion

*What can you say about midwives as healthcare providers, in terms of their skills and capacities?*

At the moment in Kenya there is lack of support for midwives. Obstetrician and doctors seemed to assume that they know how to handle it, but this is not true. There is lack of empowerment of midwives who need more training.

*In Malawi, some culture imposes that when a person died, they must be buried before sunrise, without the mother able to see the baby. How do you address these cultural aspects, without affecting care?*

#### Speakers:

Sabina Wakasiaka / Kenya

Tracey Mills / UK

Alexander Heazell / UK

Grace Omoni / Kenya

Cultural issues cut across African settings. In the study conducted parents cannot talk about it in their community because of stigma; and mothers are isolated because they had a stillbirth. The psychological burden is enormous and requires a system to be set-up to counsel and follow up these neglected parents.

*In reviewing predictors of RFM did you consider the economic status and the system in place (private or public) in these settings?*

These aspects were not explored but will be considered in the future.

### Respectful maternity care

Respectful maternity care is at the core of the Global agenda to ensure women's right to a positive childbirth experience, which include respect and dignity a companion of choice, clear communication, pain relief strategies, mobility in labour and a birth position of choice (WHO). These provisions are often lacking, as presented by keynote speaker Dr Ann Phoya, President of the Midwives Association of Malawi, where in a study conducted in Malawi on 259 mothers; 91% were satisfied with the care received but experienced disrespect and abuse. These included confidentiality breach (staff discussing their health issues with other people); poor professional conduct (performing procedures without asking consent or explain the reason); verbal abuse (being spoken to in a rude, judgemental way and being blamed for poor outcome); being left alone during birth and delivery on the floor; experiencing poor communication and not being allowed to have a companion during delivery.

From the side of midwives, critical incident interviews with 44 midwives revealed their effort of providing good care to women but finding themselves in challenging situations. These included having too many women at the same time; having limited knowledge and skills to make decisions; not offering a different birthing position for lack of space and appropriate environment; do not have time to offer pain relief and dealing with cultural issues about allowing men in the labour room.

#### Discussion

- Delegates emphasise the need to value both providers and client's experience of care. Sometimes procedures and practices are not done in the routine practices and requires a professionalization. Mentoring is critical to ensure healthcare providers change attitudes in clinical practice.
- Pain relief needs to be included in BEMOC protocol; at the moment it is not even offered.
- Promotion of RMC cannot only be the domain of midwives but requires a multidisciplinary perspective, involving obstetricians, nurses and administration staff.

#### **Keynote speaker**

*Ann Phoya*

#### **Speakers:**

*Sikhululekile Mremi on behalf of Kushupika Dube / Zimbabwe*

*Susan Bradley / UK*

### Assessment of midwife's skills and capacities in the provision of antenatal, intrapartum and post-partum care

The COMICE study was conducted across 7 African countries. It explored the self-assessment of self-confidence for midwives in antenatal, intrapartum and post-partum care. Findings showed an association between high confidence and the type of programme, sex and age of students. It was concluded that midwifery education may need to change, with the need to focus on evidence based midwifery knowledge from a sexual

#### **Speakers**

*Ingegerd Hildingsoon / Sweden*

*Lena Back / Sweden*

*Bharati Sharma / India*

*Unice Goshomi / Zimbabwe*

*Margreet Wibbelink / South Africa*

and reproductive health perspective. That sort of midwifery education would give the students possibilities to enhance confidence to an even greater extent.

LAMRN countries have endorsed midwives ICM competences to align to international standards and ensure midwives master the skills of the profession. The studies conducted in Zimbabwe presented during the Conference shown the importance for midwives to acquire skills but also being able to interact and socialise with supervisors and peers to find their place in the midwifery profession.

In South Africa, midwives expressed greater sensitivity to improve maternal health outcomes and shown passion for their profession but referred to practical training not being long enough, which is required to increase confidence; and limited collaboration between different levels: managerial, infrastructure and transport / referral which affect the work environment and thus their performance.

#### Discussion

Delegates acknowledged the fact that integration among managers, clinical leadership and administrators does not take place in their settings and this determined a huge gap in the way care is delivered.

There was a general consensus among delegates about the need to get all stakeholders onboard. Moreover, it was emphasised that midwives need to engage with clinical cadres as well as be proactive in collaborating with government officials of the ministry of health.

However, health professionals need to remember that to be considered, engagement and dialogue with higher levels (politicians, economists, administrators) requires the use of a clear message (no jargon) and should always make sense in economic terms.

### **Addressing obstetric emergencies: hypertension, sepsis and c-sections**

There is limited knowledge of exposure of hypertension among childbearing women in Malawi due to limited implementation of pre-conception approaches which enable early detection and treatment. In addition, once detected treatment adherence level among reproductive age group women seemed to be only moderated.

C-section rate has increased worldwide and obstetric care is more medicalised. Although C-section can be a lifesaving procedure, its increase of more than 10-15% nationally is not associated with improvement in maternal and neonatal health outcomes. In a study conducted in Sweden of deliveries from 1997 to 2006, it was shown that an occurrence of maternal complications (bleeding, infection and breastfeeding) was more frequent as well as of higher incidence of respiratory distress and hypoglycaemia.

#### Discussion:

Delegates discussed about the importance of early detection of chronic medical problems to reduce the likelihood of complications to occur to the mother and the newborn. This essential system of pre-conception care is receiving minimum attention in Malawi and requires more effort.

Some delegates debated around the better tool to assess adherence level and the blood pressure of the woman. It was recognised that although women attend the hypertension clinic, few get their blood pressure controlled regularly.

#### **Speakers**

*Lucia Mbulaje / Malawi*

*Mary Mbeba / Malawi*

*Blair Sibale / Malawi*

*Annika Karlstrom / Sweden*

## Adolescents and teenagers' pregnancies, psychosocial experience and stigma

Few studies address the burden of adolescent and teenager's pregnancies. Studies conducted on adolescents in Malawi have shown similar patterns: teenagers felt embarrassed of their early childbearing and perceived it as a disturbance to their education. This situation leads their parents to be hostile to them; give them corporal punishment and deny any support for care during pregnancy and for the baby. Being psychologically affected by these situations, some resulted in taking alcohol or smoking to cope with pregnancy and parenting demands. As results of social isolation, some considered abortion and leaving school.

Both studies emphasised the importance to promote youth health programmes to prevent pregnancies as well as improve quality of teenage reproductive health services to support them in these situations.

Studies on adolescents have also focused on knowledge, attitudes and practices towards STI. In a study conducted in Uganda it was found that there is a good general knowledge of these infections but limited awareness of specific STIs and poor attitudes towards STIs perceived to be not dangerous. The study resulted in recommendation about self-education at school level targeting specific populations; involving youth in shaping the intervention tailoring it to specific needs.

### Discussion

*In addressing psychosocial experiences, were there any significant differences during or after pregnancy? How were males recruited in the study?*

In the first study there was no significant difference found in the psychological impact of pregnancy during ANC or in the postnatal period. Adolescents never complained about healthcare providers but they were receiving conflicting messages about how they can look after themselves during pregnancy. In some cases, once the adolescent delivered they could go back to school and relatives were supporting her.

Referring to male involvement: partners are encouraged to accompany women to the clinic for ANC, so those recruited belong to couples attending the clinic.

*In the second study participants were between 12 to 19 years old (teenager): what informed the choice of including 12 years old?*

In Malawi adolescence start at 10 years old and most girls at 12 have already had their menarche so they are sexually active.

### Speakers

*Henry Dzuwalatsoka / Malawi*

*Jessie Msuku / Malawi*

*Dickson Akankwatsa / Uganda*

*Dennis D. Gwesere / Malawi*

## Breastfeeding and complementary feeding practices

Breastfeeding and weaning practices are promoted for the first 6 months of life and continued until 2 years or beyond. In a study conducted in Uganda it was found that exclusive breastfeeding is less commonly practiced among childbearing mothers.

This is instead particularly common with pre-term babies although this was not associated with exclusive breastfeeding but with illness and diarrhoea. Cow's milk was associated with poor weight gain as opposed to other feeding methods.

### Speakers

*Allen Nabisere / Uganda*

*Elizabeth Ayebare / Uganda*

*Jonan Mweteise / Uganda*

The reasons for inappropriate infant feeding included a lack of professional support, individual perceptions and beliefs and lack of knowledge from the mum side. In another study it was also found that complementary feeding practices, to start at 6 months are not always started due to marital status, lack of support, husband's low education and low monthly income.

Discussion:

*Is cow's milk a recommended feeding practice in Uganda and what about exclusive breastfeeding?*

MOH recommends exclusive breastfeeding to pre-term and infants. However, when the mother is at home she can supplement the feeding with cow's milk which is one of the "official" given options.

**Improving Antenatal care and male partner involvement**

Tanzania ANC coverage nationally stands at 98% but regional figures vary with regions having an attendance less than 50%. Barriers identified included systemic challenges, cross-cutting gender issues, education, social equity.

Discussion:

Delegates debated about the current change in practice across Tanzania and Malawi in which a male / partner are encouraged to participate with their wife to ANC session to get informed and support their wife / girlfriend during pregnancy.

However, Tanzania has reported of cases were mothers' whose husbands are far away or cannot attend, look for a "fake" partner (usually a boda boda) to avoid going alone and feel discriminated. In this way women feel accepted by their peers; on the other side it has happened that when the partner was tested for HIV he resulted positive and this raised other issue. This led to the conclusion that promoting male involvement needs to consider these dynamics to avoid creating other situations of discrimination and stigma.

Area of care addressed under sub-theme one with fewer contributions included: pain relief during labour (Valentina Actis Danna) access to family planning (Idesi Chilinda) and mother's experiences of postnatal care (Mutinta Muleya).

**Speakers**  
*Rose Laisser / Tanzania*  
*Maria Chikalipo / Malawi*  
*Benson Mwansasu / Tanzania*

**Sub-theme 2 – Strengthening health system in reproductive health**

The Conference provided the arena to present LAMRN contributions to build midwifery research capacities in different African settings.

**LAMRN contributions and lesson learnt**

Since the creation of AMRN, the midwifery profession has been recognised for its contributions to obstetrics; midwives have been proud of their important role within the communities and in hospitals and the role is now globally recognised in the reduction of maternal and newborn morbidity and mortality.

LAMRN constitute today's a successful example of how midwives can conduct research and promote and share evidence – based practices and experiences. A key action in promoting this network has been to use every chance to look for funding opportunities to sustain activities and contribute to improve maternal health in the region.

**Speakers**  
*Gaynor Maclean / UK*  
*Christina Mudokwenyu-Rawdon / Zimbabwe*  
*Margaret Maimbolwa / Zambia*



LAMRN has grown because it has developed its network within national institutions, like the Ministry of Health, and members have marketed the network in their setting through advocacy, engagement with NGOs and National research authorities. Ultimately the network has maintained a high profile through publications in peer-reviewed journals; organising its own Conference and having its members to speak about LAMRN in international Conferences.

LAMRN and the promoting of the midwifery 2030 visions needs to be implemented using the 4 C: Cooperation, Competence, Compassion and Commitment (MacLean).

## Improving maternal health services coverage and health workforce

Increasing the health workforce at country level is one of the interventions to improve the provision of reproductive, maternal, newborn and adolescent health. A mix-method study conducted in 23 countries in East and Southern Africa has shown that only South Africa seems to have a workforce which is large enough to have the right mix of skills required to provide the RMNAH interventions. The study recommends a scale up of midwifery as a cost-effective contribution to improve SRMHAH outcomes.

In addition, each setting requires context-specific interventions and innovative task-sharing strategies to extend the coverage.

A study conducted in Zambia, shown that use of community volunteers and community-based action groups represented viable options to improve access to care in poor and remote districts of Sub-Saharan African settings.

Another study, addresses similar aspects by focusing on the promotion of collaborative practices and effective working relationships between midwives and medical professionals to ensure better delivery of care, while reducing blaming and conflicts.

### Discussion

Delegates emphasise the importance of a better recognition of midwives' role and skills in the delivery of antenatal, intrapartum and postnatal care. It was also highlighted that there is a need for midwives to be involved in a multidisciplinary team addressing maternal health issues; their voice cannot be left out.

### **Speakers**

*Grace Hiwa / Malawi*

*Raheli Mukwana / Kenya*

*Choolwe Jacobs / Zambia*

*Elizabeth Chodzaza / Malawi*

*Julie Nyanchama / Kenya*

### Sub-theme 3 – Innovations in reproductive, maternal, newborn and public health

LAMRN Conference 2018 was a platform for delegates to present innovations in the delivery of maternal and newborn care.

These studies included:

- An RCT to test telephone support to and improve ANC attendance
- Development of birthing stools to reduce perineal injuries and improve the delivery experience
- The use of LAMRN games for effective training of health professionals
- Social support intervention in voluntary medical male circumcision (VMMC)
- Innovative training approach for nurse-midwives to identify and prevent female genital mutilations
- Testing a H-HOPE intervention to promote mother-preterm infant interaction during Kangaroo Mother Care
- Use of maternity waiting homes
- Use of herbal medicines among ARV drugs users

#### Speakers

*Elija Kirop / Kenya*  
*Grace Danda / Zimbabwe*  
*Samuel Kimani / Kenya*  
*Concepta Kwaleyla / Zambia*  
*Faith Diorgu / Nigeria*  
*Barbara Zileni / Malawi*  
*Angela Chimwaza / Malawi*  
*Annette Kanyunyuzi / Uganda*  
*Isabella Chisuse / Malawi*  
*Blessing Kadzuwa / Malawi*  
*Esnath Kapito / Malawi*  
*Raphael Nyando / Malawi*

#### Discussion

*Telephone support:* the delegate discussed about whether the study considered the mobile penetration in remotes areas and how spread the access to phones is for women. This has important implications for women's capacity to access care when the husband is not around. In Kenya where the study was conducted issues with electricity and power were not hindering the implementation of the intervention, however for wider use these aspects need to be budgeted.

*Use of game as education tool to learn the partograph:* the use of this tool constituted an innovative approach to teaching, which has shown to be effective because of the interaction among students and the entertaining environment. The tool has been piloted with midwives but obstetricians were also interested to become more confident in reading and understanding the partograph. The delegates want to know how to procure the game to use it in their settings. LAMRN and the University of Manchester are looking to develop a social enterprise to sell these educational games. People interested will be contacted once the enterprise is active.

*Birthing stool and birthing position:* delegates wanted to understand if using birthing stools could cause harm and how infection control could be ensured. The introduction of birthing stool is evidenced-based and it has been tested in various HIC (Sweden, the Netherlands, Australia). The design can be adapted to the local setting and ensure the perineum is free from restrictions; the woman can have a companion next to her and is in a better position to push. Delegates were also inquiring about midwives' roles and comfort in using this tool. Delegates who are currently piloting in their settings (Malawi and Nigeria) explained the tools are in the development stage but it seems the cleaning and infection control is better than when using the supine position. For midwives they designed a little stool for them to sit, so that they were not bending or kneeling. In Malawi the project is run in the capital and if successful will be extended to the all country, which included training for midwives on how to manage these deliveries.

## Closing Ceremony

All conference attendees gathered together for the closing ceremony. Prof Lavender thanked all those in attendance for their contributions to the discussion and lively debate over the course of the conference. She also thanked the sponsors of the conference, as without their contributions this important event would not have been possible. Finally, Prof Chimwaza and the Malawi team were thanked for their dedicated hard work in delivering the conference and being such excellent hosts.

Prof Omoni as the outgoing chair was thanked for her contributions to LAMRN. The ceremony of handover from Kenya to Malawi was characterised by Prof Omoni presenting Prof Chimwaza with a sash representing the position of the LAMRN chair; the sash bears the names of all previous LAMRN chairs and will allow for the names of future LAMRN chairs also. This will represent the achievements already made and the potential for future accomplishments.

## Conclusion

The 2018 Lugina Africa Midwives Research Network conference was a great success. One delegate in their feedback highlighted how the conference “tackled real SRH and midwifery issues affecting our communities”. Mrs Kachale had said during the opening ceremony that she hoped for collaboration to be encouraged during the LAMRN conference and it was clear that the discussions during the conference heeded this call. Actions that arose from the collaboration during the conference included:

1. The input of disciplines outside of midwifery was valuable. A more pro-active approach to engaging obstetricians, social scientists and others should occur going forward and foster multi-disciplinary collaborations.
2. The host of the next conference is to be determined, but consideration needs to be given to the workload and available finances.
3. Priority research items were identified from delegates as part of academic discussions; these included, for example, prevention and management of stillbirth, quality of maternity care, partner involvement in maternal care and adolescent health. The LAMRN network should take forward such priorities.
4. A call to action was made for researchers to take our understanding of disrespectful care to develop interventions with the potential to make improvements in care provisions and subsequent outcomes.

## Poster Awards

### **1<sup>st</sup> place: Gaily Lungu / Malawi**

Assessing quality of information, education and communication during Antenatal Care at Chiradzulu District Hospital.

### **2<sup>nd</sup> place: Anna Auma Kado / Uganda**

Determinants of intimate partner violence among pregnant teenagers in Lira district.

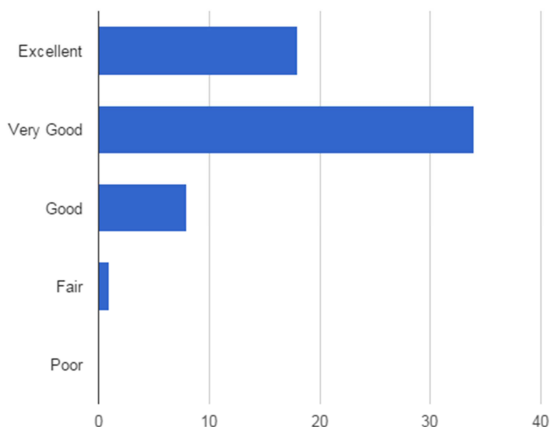
### **3<sup>rd</sup> place: Kushupika Dube / Zimbabwe**

Establishing a pre-conception care unit for youths age 18-24 years and women of childbearing age at Mpilo Central Hospital, Bulawayo, Zimbabwe

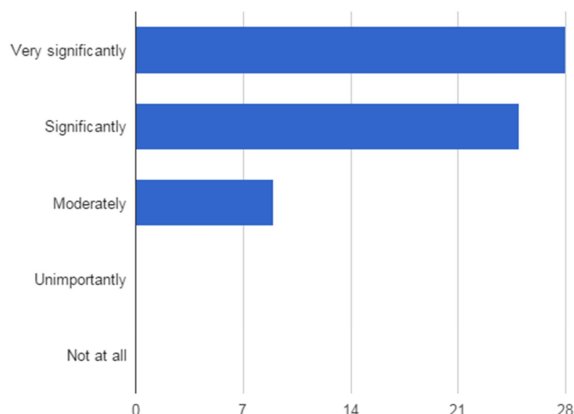
## Conference evaluation

Feedbacks from the questionnaire were received from 62 participants out of 160 who received the form.

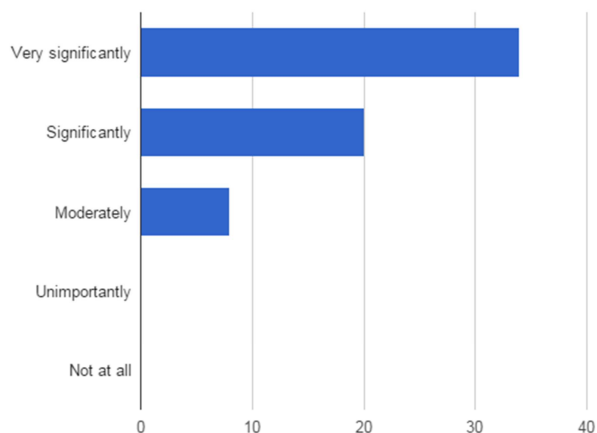
### What is your overall assessment of the event?



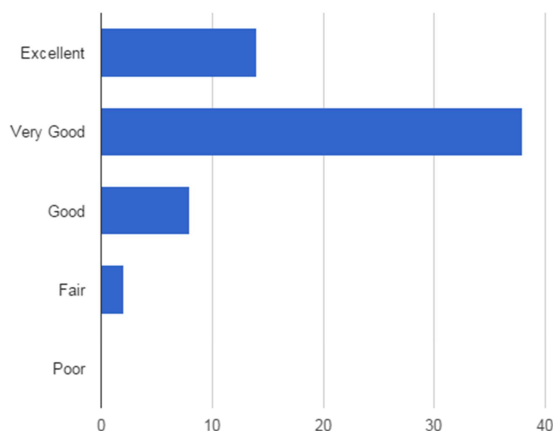
### To what extent did the conference increase your awareness of innovations in reproductive health?



To what extent do you expect to use the information obtained through this conference in your work?



How would you rate the quality of the speakers?



**Participant's quotes**

Appreciations

1. "The conference was excellent, I like paper presentations and sharing of experience, I learnt a lot to share with my colleagues for improving service delivery and saving lives of mothers and babies."
2. "I feel I would love to participate again as this conference has been an eye opener and a motivation to what has been tabled under research presentations. Recommendations made revealed an extra length for further research which is a plus to our nature of work."
3. "My take home message was Respectful Maternal Care to all women visiting our maternity units. This will encourage women to attend/visit the hospitals and seek midwifery services."
4. "The conference was excellent in organisation and process. Keep it up LAMRN!"

### Suggestions for future Conference

1. "Presentation time was too short...consider making it three days or reduce number of presenters for ample discussion"
2. "There is a need to block four hour of the first day for poster presentations to allow people to go around and see the posters and discuss"
3. "Country representation was not equitable; host country was over represented"
4. "[...] Also the registration process with paying on site was not well communicated - I was not aware that I needed to pay with cash and dollars. Otherwise it was all great and I really enjoyed the conference! Well done."
5. "On registration for the conference and supply of logistics, there was a lot of disorganisation. There was no clear way of registering and I guess some guests did not register. Having more people involved and giving directions would reduce on the congestion at the registration table and everyone would register. There was a shortage of some logistics such as the bags and pens and Flash. Being more organised and sorting out some of these things before the conference time can be helpful.