

Community engagement in Health: An innovative intervention for maternal and child health in Nampula, Mozambique



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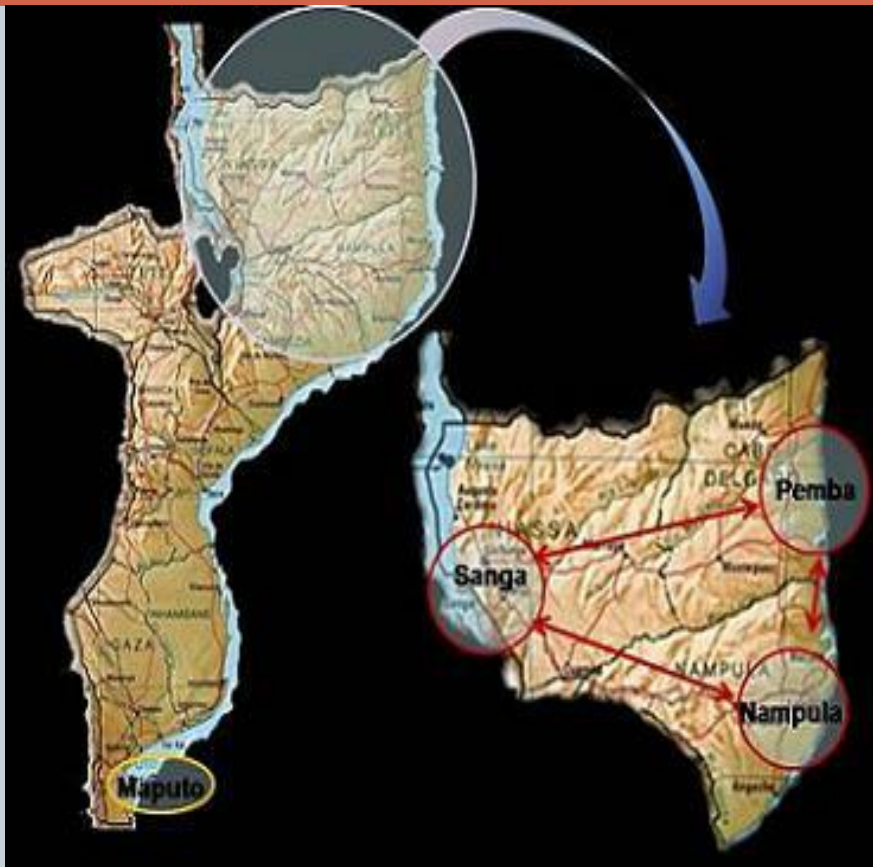
Outlines



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The context of intervention

UniLúrio Location



- 3 Provinces.
- Health Sciences.
- Natural & Social Sciences.
- Agricultural.
- Engineers.
- Urban & Planning.

The context



- High rate of maternal and neonatal mortality.
- Shortage of qualified health workers.
- Lack of equipment and materials at HC facilities.
- Deficient referral system.
- Lack of transportation system.
- Gender and cultural issues.

Project overview



- Implementation research project with 7 strategies.
- Natikiri administrative area over the 4 years of implementation.
- Increase the access to and use of FP and PN/PP services.
- Establish a functioning and sustainable community based transport system for pregnant women.
- Advance efforts to eliminate illicit charges at HC.
- Improve stakeholders knowledge the communities needs.
- Promote male involvement in the PNC/PPC.



The research baseline in Natikiri

The data can be found in the article “Maternal and Newborn Mortality: Community Opinions on Why Pregnant Women and Newborns Are Dying In Natikiri, Mozambique” 2017.

The study

- 51,411 people, 2007 census
- Sample 300 people.
- 11 FGD.



Findings



- Long distances & unsafe travel conditions.
- Poor participation of men in maternal and neonatal care.
- Lack transportation.
- Illicit payments and bribes at HC.
- Long waits to be attended.
- Continued practices of home births.
- Poor training and knowledge of some HP.
- Inability of women to make informed decisions about FP.
- Little public funding to support MCH care.

Innovative lines and partnerships



From the findings, the intervention focus on:

- Expansion of FP service.
- Community based transport system for pregnant women and newborns to attend PN visits and receive timely urgent care.
- Provision of quality PN and PP care.
- Knowledge transfer & translation.
- Strong connection with community leadership

To address it, partnership is crucial

Public sector

Health department
Education department
Municipality

NGO's & CBO's

Girl Move
MCSP
CMC-MGH
LHC's
Geração Biz
Obstetric Doctors Assoc.
Community leadership



Co-Management Committee

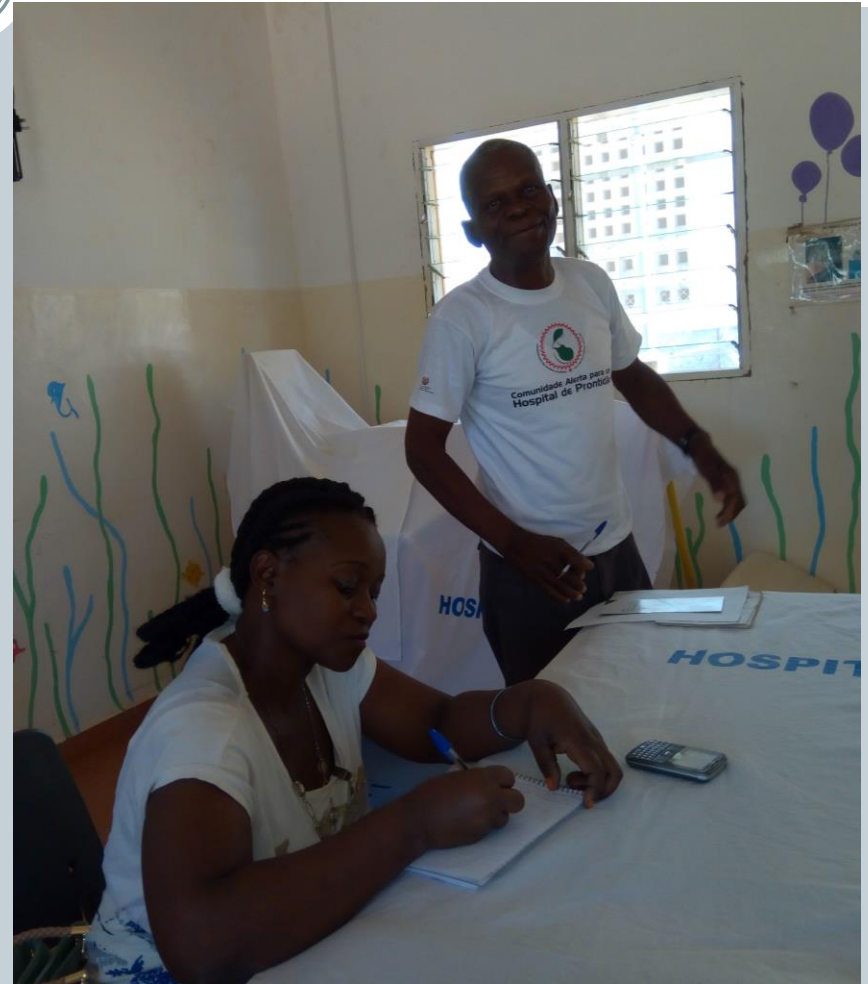
Comprised by:

- The MGH/Health center.
- Members of the local health committees.
- Members from the surrounding areas of the hospital.
- The composition respects gender balance.



Responsibilities

- Feed the HU/project with information.
- Support in spreading information related to rights and responsibilities.
- Identify problems and propose solutions.
- Support in the implementation and M&E of HU activities.
- Mobilize resources from the community.



Moto-ambulances system

- Parking and management by the community/support and supervision from MGH/UniLurio.
- Drivers trained in first aid care.
- Basic mechanic knowledge.
- Management of public transport and Public services.
- Principles to drive a moto - ambulance.
- Driving Licence.

How does the system work?



The Champions

Comprised by

- Teenagers from beneficiary communities.
- Supported by adults (drivers, TBA, LHC, community leadership).



Activities



- Through cultural activities make community education in SRH.
- Spread information about SRH services provided by HU.
- Refer pregnant adolescents for PNC.
- Inform the project through activity's report.

Traditional birth attendants

The situation

- Illiteracy.
- Long distances to refer or attend deliveries within the HU.
- Some resistance from Nurses.
- Need for compensation and acknowledgement.



Although

- Still eager to collaborate.
- Refer pregnancies for facility delivery.
- Mobilize women for PNC/PPC.
- Receive trainings.
- Improve knowledge for their activities.



Multimedia outreach

- Theater.
- Listening groups.
- Singing and dancing.
- Radio broadcasting using local language.
- Own voices for radio publicity.



To sum up



Gains, community empowerment and ownership

- Local drivers empowered with driving license, skilled with public service and First Aid knowledge.
- Local people addressing the community mobilization for facility healthcare.
- Micro-saving groups for sustainability.
- Knowledge and capacity to acknowledge obstetric risks and perform 1st aid.
- Community members being involved in the data collection.
- Different groups engaged to talk openly about SRH.