



# ALERT COMMUNITY FOR A PREPARED HOSPITAL NATIKIRI, NAMPULA, MOZAMBIQUE, EAST AFRICA IMCHA WEBINARS

Community Engagement Panel

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Global Affairs  
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CIHR IRSC

Canadian Institutes of Health Research  
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# Local people affecting local change

- ▶ ACPH project engaged community members through...
  - 1) Co-management committee (CMC)
  - 2) Local health committees (LHC) with Family Health Champions
  - 3) Traditional birth attendants (TBA)
  - 4) Initiation rites teachers
  - 5) Community drama groups
  - 6) Adolescent champions in schools
  - 7) Motorcycle ambulances



# Mozambique



Population

+/- 27  
million  
habitants

Maternal  
mortality

452  
deaths for  
every  
100,000  
live births

Child  
mortality

67,3  
deaths for  
every  
1,000 live  
births

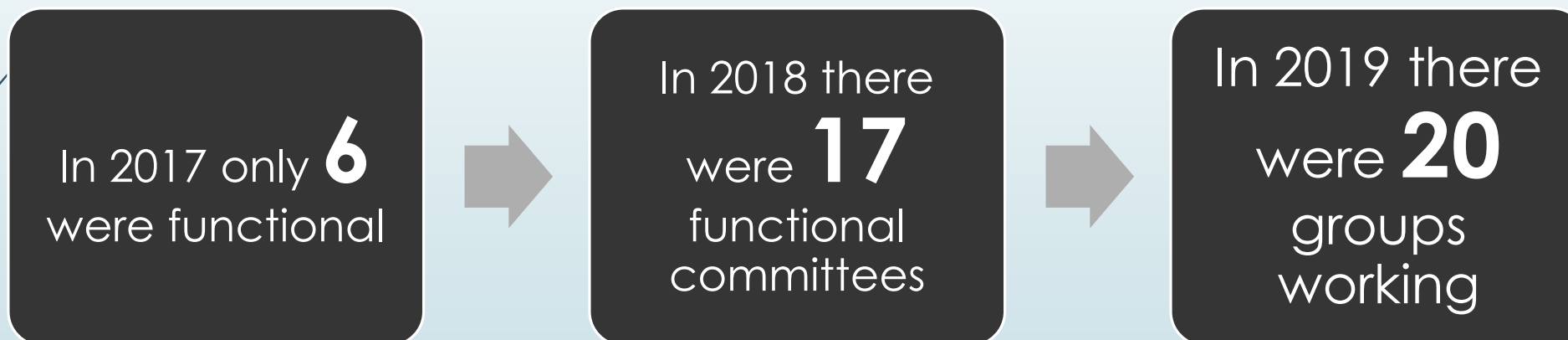
Source: Mozambique census 2017

- ▶ Nampula province is the most populated province in the country >>> 5.8 million (21%)
- ▶ Barriers in MCH services access:
  1. **Decision to seek care**
  2. **Reaching the HCU**
  3. **Receiving quality care**

Source: Maternal and Newborn Mortality: Community Opinions on Why Pregnant Women and Newborns Are Dying In Natikiri, Mozambique, Belo C. et al., 2017

## Local Health Committees

At the beginning of the project, many of the LHC in Natikiri area were **inactive**, so we took up the challenge to **recuperate**, **train** and **supervise** them



**There are 20 LHC engaged by the ACPH project**

- **Spreading key messages about SRHR**
- **Referring pregnant women and children to healthcare system**



## What have the LHCs done?

Between August 2018 and 2020, the local health champions were able to conduct a total of **19,025** health education interventions

Table 1: target population by health education interventions				
Year	SRH	Child Health	Nutrition	Water and sanitation
<b>2018</b>	1272	807	1445	3291
<b>2019</b>	32360	4933	26851	27646
<b>2020</b>	5699	937	4944	5810
<b>Total</b>	<b>39331*</b>	<b>6677*</b>	<b>33240*</b>	<b>36747*</b>

# Motorcycle ambulances

- **Community-based transport system**
- **LHC manage the ambulance**
- Drivers and managers were trained by ACPH project
- Focused on transporting pregnant women for delivery and obstetric emergencies
- **Sustainability**
  - Charging travels
  - Savings groups trainings
  - FRANGO project



## What have the LHCs done?

Between August 2018 and 2020, the health champions were able to refer **13,727\*** community members to a variety of maternal and child health services

**Table 2: Referrals to healthcare system**

Year	Prenatal visits	Delivery	Puerperal visits	Family planning	Vaccinations	Newborn visits	Nutrition
<b>2018</b>	229	210	224	116	248	120	229
<b>2019</b>	2654	1364	1401	1154	1791	974	747
<b>2020</b>	542	248	238	518	493	188	39
<b>Total</b>	<b>3425</b>	<b>1822</b>	<b>1863</b>	<b>1788</b>	<b>2532</b>	<b>1282</b>	<b>1015</b>



# Co-Management Committee

- ▶ ACPH project introduced the use of a **tool** recognized by MoH **addressing healthcare unit challenges**
  - Community improve health facility performance
  - Community deal with complaints and truly feel they are being heard



# Integrating Traditional Birth Attendants

- Since January 2018, each Natikiri TBA
  - Delivers monthly reports to the hospital.
  - Fills out a referral form with each transfer of a pregnant woman to the health center.
  - Accompanies women to the delivery unit.
  - Disseminate the Sexual reproductive health key messages of the project during their visits to families.

# Integrating SRHR into Initiation Rites

- ▶ Initiation rituals for young boys and girls in Natikiri are an integral and formative part of their social and sexual education
- ▶ Initiation Rituals Teachers **playing an important role** achieving SRH education for adolescents in Natikiri
- ▶ In 2018, 31 Initiation Rites Teachers **committed** to include SRHR themes during rituals (open to innovative approaches)
- ▶ In late 2019, they **introduced** SRHR matters (including modern contraceptives) in the initiation rituals

# Has the community engagement made a difference?

From 2017 to 2019...

- **Contraceptive access** increased from 42% to 91% in women and from 65% to 90% in men
- Number of women with **4 pre-natal visits** increased by 185% (from 405 to 1,155)
- At Marrere General Hospital **deliveries** increased by 88.9% (1,132 to 2,139)
- **Child visits** (<1 year) increased 89% (from 1,132 to 2,139)

# Challenges?

- **Communication** in Portuguese inadequate
- **Communication** among adolescents and adults inadequate
- Population with low **school level**
- Population with very low **economic level**
- **Religious** determinants
- Personal **conflicts**
- **Local politics** interferences

**LESSONS  
LEARNED:  
How to  
motivate  
inactive  
LHCs?**



Training on a variety of health topics



Giving identification cards (badges)



Offering nonfinancial incentives



Providing working materials



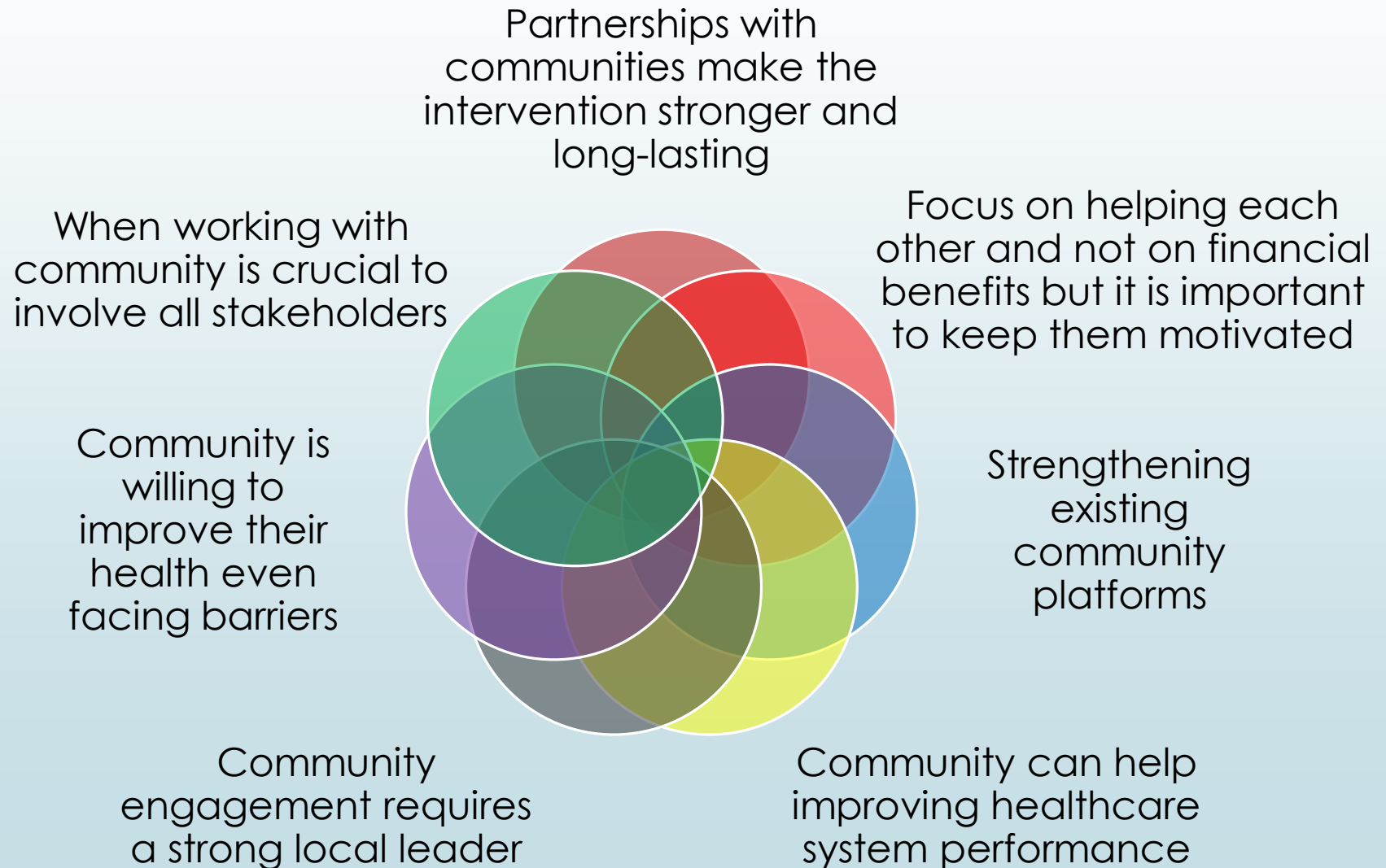
Monthly refresh trainings and supervision



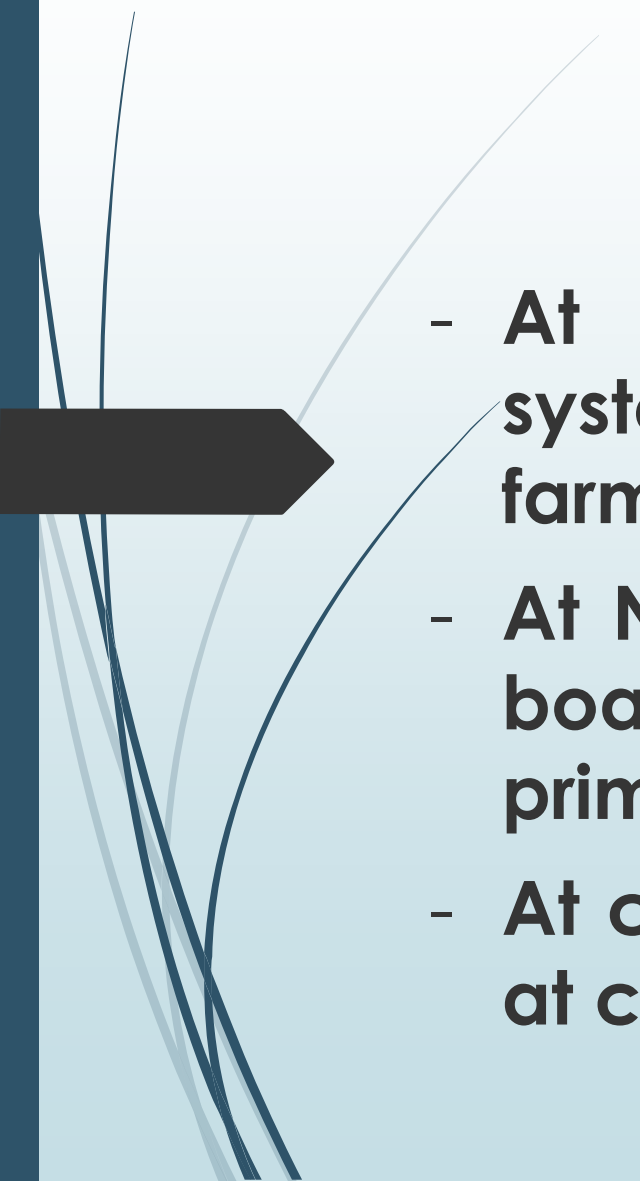
Integrating into co-management committee



# What did we learn?



# Application of the Innovations

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- **At local level, expand motorcycle-ambulance system funded by project FranGo (chicken and farming).**
  - **At Nampula province level, informing health units boards, district medical leaders and government primary health care authorities.**
  - **At country level, promoting Ministry of Health tools at central level with medicine based evidence.**



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