



Project “Modernizing the Moldovan Perinatology System”

Component “Community mobilisation on healthy pregnancies”

Technical Brief



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Swiss Agency for Development
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Agenția Elvețiană pentru
Dezvoltare și Cooperare



Asociația Obștească
„Progres prin Alternativă”



Programme	Modernizing the Moldovan Perinatology System
Duration	2006 – 2014
Donor	Swiss Agency for Development and Cooperation (SDC)
Partners	Ministry of Health of the Republic of Moldova, Association of Perinatal Medicine of the Republic of Moldova
Geographical coverage	National
Implementation	Swiss Tropical and Public Health Institute, Association Progres Prin Alternativa

Context

After the first six years of implementation, the project “Modernizing the Moldovan Perinatology System” (MMPS) had successfully improved standards of care in maternities, mainly by improving the referral system between the Level I maternities, Level II referral hospitals and the Level III specialised Mother and Child Institute in Chisinau.

However, several assessments revealed that accessibility to maternal, newborn and child health services was still problematic in remote rural localities. Inequities in access to health services were mostly based on socio-economic status and residence. There was a need to reach out to the most vulnerable populations and to further extend the referral system to the community. Issues around provider attitudes and client-provider interaction were also signalled as barriers to accessing care for some women and it was necessary to strengthen the counselling skills of community specialists.

A community mobilisation component of the MMPS project was designed and piloted in six rural localities. The objective was to better identify barriers to care for vulnerable pregnant women and to test approaches to mobilising community stakeholders to help facilitate better access to and use of perinatal health services by these women in greatest need.

Interventions

The community mobilisation component of the project was developed in line with the World Health Organisation’s approach to working with individuals, families and communities (the IFC model¹) and consisted of a series of parallel but complementary interventions to mobilise communities using various entry points.

In each pilot locality, the project facilitated the creation of a team of motivated community members to champion the cause of healthy families with a focus on healthy pregnancies and reproductive health. These individuals gathered on a voluntary basis in informal groups called Family Clubs which received several trainings in project management to better coordinate their activities. Family Clubs organised regular popular events and information sessions to raise awareness of mother and child health in the communities in cooperation with community medical social workers (when available). Family Clubs started to play a role in community level health promotion activities, with the support of family doctors and local public authorities which are usually responsible for this task. Family Clubs became an intermediary between the population and community workers, facilitating referral of vulnerable community members to medical-social services.

¹ World Health Organization (2010). Working with Individuals, Families and Communities to Improve Maternal and Newborn Health. Geneva: WHO, Department of Making Pregnancy Safer. WHO/MPS/09.04. 53 p. Accessed online on 4.02. : http://www.who.int/maternal_child_adolescent/documents/who_fch_rhr_0311/en/index.html

In parallel, the project intervened to strengthen multi-sectoral linkages between community social workers and local public authorities, and between levels of care (primary health care and the district maternity), to improve the referral of vulnerable pregnant women to the health system. The project benefited from an existing initiative of the Ministry of Labour, Family and Social Protection to strengthen community multi-disciplinary teams for the protection of children under five years old. For the purpose of the community mobilization component, the regulatory framework of these multi-disciplinary teams was expanded to include inter-sectoral collaboration in perinatal care and social protection of vulnerable pregnant women. Multi-disciplinary teams from pilot localities were thus trained on a coordinated approach in the identification, referral and case management of vulnerable pregnant women.



Mobilisation of the Family Club of Falesti to renovate the house of a vulnerable family. Credit: MMPS project / SDC

As short comings in the client-provider interaction were reported as a major barrier to accessing health care services, health professionals from the pilot districts received trainings in counselling skills with a focus on vulnerable and marginalised population groups. Awareness by community health workers and local and district public authorities were raised on issues related to perinatal health in their localities and on the impact of provider attitudes on patients.

To extend the outreach of the activities, Y-Peer (a UNFPA promoted youth-led peer education initiative) teams were created or revitalised in the pilot localities to reach out to vulnerable youth and promote reproductive health among young people.

Results

Community mobilization: Between 2012 and 2013, six Family Clubs held 77 community meetings or activities related to health promotion involving approximately 1700 community members (16% men, 84% women, 25% of participants being registered as socially vulnerable by social assistance services). Some of the most successful activities were visits to local maternities for pregnant women, lobbying for better access to and provision of antenatal courses, and a local health campaign.

Mobilization through the Y-Peer network was particularly successful with six teams of young people trained and active in promoting reproductive health among their peers. Between 2012 and 2013, they reached approximately 2160 young people through various non-formal education activities such as flash mobs, and public celebrations of international days (of health, of family, etc.). The efforts and creativity of Y-Peer teams supported by the community component received an award in a national Y-Peer competition.

Strengthened linkages between community workers and levels of care for better referral of vulnerable pregnant women: A legal mechanism defining the inter-sectoral collaboration for perinatal care in the Republic was established and seminars on how such collaboration should work were developed. The methods used were informed by a series of consultations with experts on roles and responsibilities of each specialist in the identification,

referral and case management of vulnerable pregnant women. Trainings of multidisciplinary teams were initiated.

Strengthened counseling skills in prenatal care for medical-social workers: a training programme on counselling skills was developed and six workshops were held to train family doctors and medical assistants from the pilot localities. 80 % of all the specialists from the pilot localities were trained.

School medical assistants from the pilot localities were trained in reproductive health promotion and supported to design health promotion lectures and activities with young people in schools.

Offices where antenatal courses are provided in our pilot Raions were provided with additional equipment and material to facilitate interactive lectures and exchanges with pregnant women and their partners.



Antenatal class in Riscani. Credit: MMPS project / SDC.

Lessons learnt and recommendations

The Family Club model of community mobilization: keeping the motivation of Family Club members to a high level requires sustained support and recognition. This raises questions of sustainability of their activities beyond the project life. The proposed solution was to embed the mechanism in the Local Public Authority (LPA). It is recommended that LPA secure funds for the continuation of the activities of the Family Clubs as part of their responsibility for community health promotion.

Family Clubs activities were sometimes perceived as a threat or a complication by community medical-social specialists who, on the other hand, are overwhelmed by their workload and cannot perform health promotion activities. It is necessary to carefully raise awareness of specialists on this model of intervention and to develop Family Club activities which alleviate the workload of community workers.

Multi-disciplinary work in perinatal health: local partnerships with LPAs, informal leaders such as religious leaders or entrepreneurs, are crucial in a community mobilization strategy. Multi-disciplinary teams often exist in Moldovan communities but may need guidance on collaboration between sectors. The mechanism developed within this project should be further promoted as a way to achieve more coordinated outreach to the most vulnerable.

Improving the provider-client relationship: the level of stigmatisation of vulnerable and marginalised groups is high among community specialists. Health promotion and perinatal care are not a priority for local stakeholders given the wide range of social and health problems they face. As the utilisation rate of health services depends on their quality, it is important to further invest in strengthening counselling skills, incentive schemes for health workers and alternative ways to reach out to marginalised population.

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<http://www.swiss-cooperation.admin.ch/moldova>