

Volume 14, 01 October 2014

Publisher: Igitur publishing

URL: <http://www.ijic.org>

Cite this as: Int J Integr Care 2014; Annual Conf Suppl; [URN:NBN:NL:UI:10-1-116221](https://nbn-resolving.org/urn:nbn:nl:ui-10-1-116221)

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Conference Abstract

Thinking differently: Community Mobilisation - Innovation and integrated care

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Abstract

After seven years of implementation with support from the Swiss Development Cooperation, the project “Modernizing the Moldovan Perinatology System” (2006-2014) has achieved major improvements in the reduction of perinatal and early neonatal mortality and morbidity in Moldova. While the project focused on the strengthening of the referral system between facilities in its earlier phases, there was evidence that vulnerable population groups still experienced barriers to access and use mother and newborn health (MNH) care services. It appeared necessary to extend the reference to the community in order to improve future health outcomes. A community mobilization pilot project was thus developed in 2011 with the objective of increasing utilisation of MNH care by developing stronger referral links between the community and health providers. The implementation started in 2011 in six pilot localities of two districts of Moldova, with a focus on reaching out to socially vulnerable population groups in these locations. This project will be finalised in mid-2014.

Based on the WHO approach to “working with individuals, families and communities” (IFC), this pilot project mobilises communities from multiple but complementary angles:

- Increasing the understanding among community stakeholders of the barriers to MNH care service experienced by vulnerable groups. A number of studies were conducted and other existing data were analysed to better understanding the profile of these vulnerable groups and their specific barriers to accessing and using MNH care. The results were disseminated among relevant stakeholders of the pilot communities.
- Supporting multisectoral interventions. Multidisciplinary teams (local public authorities, community health and social workers, local informal leaders) were engaged into the development of a coordinated approach of pregnancy case management for vulnerable women.
- Encouraging the creation of voluntary Family Clubs in pilot localities, as informal groups of motivated community members holding regular community meetings to inform the population about women’s and children’s health and other family-related issues.
- Improve provider’s attitude towards vulnerable groups by providing trainings on counseling skills to community health and social workers.

A baseline study was conducted at the beginning of the project and an end line study is scheduled for January 2014. Continuous qualitative assessments during the project demonstrated a positive change in the attitude of service providers: health workers are reported to be more receptive and attentive to pregnant women. Similarly, community members are better informed and more frequently request quality services from medical institutions, in particular antenatal classes for

pregnant women. Local maternities are reported to be increasingly popular among pregnant women. The indicator of timely registration of pregnancy by women in the pilot district has increased to reach between 84 % and 100% depending on localities during the project period.

The sustainability is ensured by engaging community stakeholders in the process of developing new collaborative ways between sectorial actors. Working with individuals, families and communities is an approach which requires a deep understanding of community dynamics in order to enhance the existing potential for community mobilization.

Keywords

community mobilisation, community-based integrated care, maternal and newborn health, multisectoral community interventions

Powerpoint presentation:

<http://www.integratedcarefoundation.org/content/special-session-tackling-inequalities-integrated-care-2>
