



# Building healthy communities from the bottom up

by Tim Tororey

*A student from the Massinga Training Centre distributes mosquito nets to members in Tevele village community. Behind him are members of the local health committee.*

Photo: Don Kossick

Mozambique's limited health workforce is one of the weakest in Southern Africa. Poor work conditions and low morale, loss of staff due to recruitment by international NGOs, or to illness or death from HIV/AIDS, have decimated the national health system. Estimates state that it is unable to expand its coverage beyond 60 percent of the population.

In the face of this situation, it seems odd that Gerri Dickson of the University of Saskatchewan's (U of S) Community Health and Epidemiology department

says that simply training more health care workers for clinical practice is not the answer. Dr. Dickson, who together with a small U of S team has worked in rural Mozambique for many years, believes that what is needed are more health-care workers capable of engaging communities in their own health improvement.

"Health-care workers in the formal service-delivery system would sit in their health posts waiting for sick people rather than going out into their catchment area to prevent disease. We wanted this to

change," says Dr. Dickson. "This was not an easy thing to do but now we work with hundreds of people as community health activists and train health workers to engage directly with communities."

This approach was solidified when the Training for Health Renewal Program (THRP), a partnership between the U of S and the Ministry of Health in Mozambique, was established in 1998 through the University Partnership in Cooperation and Development (UPCD) program administered by the Association

of Universities and Colleges of Canada (AUCC) with funding from the Canadian International Development Agency (CIDA).<sup>1</sup>

In those early days, an inaugural group of Mozambicans were trained at the U of S and linked with community-based organizations, learning how communities deal with upstream health issues ranging from food security to adequate housing. On their return to Mozambique, they became part of the THRP team that built the Massinga Health Training Centre with the Mozambican Ministry of Health in Inhambane province on the southern coast of the country. Student trainees visit the three partner communities of Tevele, Basso and Cangela, each with a population of around 5,000 people. The Centre has become the base for THRP and it is headed up by Horacio Mandevo and Antonio Tanda.

Dr. Tanda explains that the objective is to make sure that planning is from the community level up and not from the top down. "The underlying goal of this approach is to provide preventative health service in order to reduce disease outbreaks and reduce the need for hospital visits," adds Dr. Tanda.

"We are not building more health centres throughout Mozambique, but instead are building the involvement of communities in their own health care, along with the skills of health workers who can work with communities."

The work on community engagement and community-institutional partnership



Dr. Dickson discusses reproductive health issues with community members.

Photo: Bill Osborne

"When I'm with the trainees in the rural settings, you can see the light bulb going on. The rhetoric makes sense when you see it in action."

Since 2005, selected undergraduate students from the College of Medicine at the U of S have also learned the importance of community to the determinants of health through an elective program called Making the Links. First they experience community health and development in the contexts of rural/remote health in a northern Saskatchewan community, then in inner city Saskatoon, and then in Massinga.

### **Centre to undertake training of maternal-child health nurses**

Mozambique has one of the highest child mortality rates in the world. Malaria, diarrhea, acute respiratory infections, and vaccine-preventable diseases are the main causes of child deaths here according to UNICEF.

Maternal deaths were approximately 550 per 100,000 live births in Mozambique compared to approximately 94 in Canada in 2008, according to the WHO publication *Trends in Maternal Mortality 2000-2008*.

Over 400 people become infected with HIV/AIDS every day, including about 85 children infected through mother-to-child transmission. Malaria is the leading killer of children, contributing to around a third of all child deaths. These are the priority subjects of the THRP staff and trainees.

"Malaria is so dramatic in kids. They can go in just 72 hours once infected."

has been so successful that the Ministry of Health for Mozambique sees this experience as a model worth replicating throughout the country. On a recent tour of the centre, Mozambique's Minister of Health, Dr. Ivo Garrido, described it as a model of health training. He stated he was impressed that THRP engages communities in training, prepares health workers to work within communities' realities, and demonstrates excellence in its programs and facilities.

Commenting on the community element of the training Dr. Dickson says,

<sup>1</sup> CIDA funds the UPCD through two funding levels. Tier 1 funds major development and institution-building projects that are administered by CIDA, and Tier 2, where smaller development and institution-building projects are administered by AUCC on CIDA's behalf. THRP began as a Tier 1 project, eligible for up to \$3 million in funding over a maximum of six years. THRP is now funded directly through CIDA's bilateral program for Mozambique.

"Malaria is so dramatic in kids," notes Dr. Dickson "They can go in just 72 hours once infected. Pregnant women, too, are so vulnerable."

The government of Mozambique knows that maternal and child health is pivotal to the health of the nation and needs to be addressed. In fact, maternal health has been a top priority for the government since 1977, accompanied with increased investment.


### **Program to expand: preparing maternal and child-health nurses**

Now that THRP has achieved its goal in community-based health training of preventive health-care workers, it will be expanding to include the preparation of an additional 90 maternal- and child health-nurses, skilled in community-based health care beginning in early 2011.

The nurses will be trained in midwifery, child growth and development, pediatric illnesses and immunization. Graduates will become the frontline workers in health posts and hospitals. As well, they will form mobile units in rural areas to offer prenatal and postnatal care, monitoring of women and children at high risk of illness, and promoting safe deliveries of newborns.

"Reducing maternal mortality is a pressing need in a country with the poorest health worker-to-population ratio in Africa," adds Dr. Dickson.

The neighbouring hospital opened a surgical facility in 2010. "Now we can handle complicated deliveries with surgery and prevent both mother and child deaths," says Dr. Dickson, who in her role as professor at the U of S, is the Canadian Director of the Massinga Centre.

Dr. Dickson notes that maternal and child disease and death will moderate over time as a combination of factors is slowly realized. That includes improving gender equality and women's participation in decision making; increased access to education, especially for girls; access to clean water and electricity; improved transportation infrastructure; and better health care services for women and children. 

## **The next generation of health-care workers**



*Alda, third from right, and her classmates smile proudly on graduation day.*

Photo: Gerri Dickson

*Dr. Gerri Dickson wrote a blog, Out of Africa, for the Saskatoon StarPhoenix last summer. This excerpt is reprinted with permission.*

**A**lda Cuambe joined her 28 classmates (10 other women and 18 men) in graduation ceremonies after 30 months of training at the Massinga Health Training Centre. These young people, with Grade 12 as entry level, have undergone a rigorous blend of classroom theory and field work practice to become public health workers. My husband, Murray Dickson, and I proudly represented Canada and the U of S on this special day.

Alda sees a bright future for herself and her classmates. She's 25 years old, single, bright and personable. In the Centre's residence, she's befriended U of S nursing students, easing their adjustment to her country during their six-week community health course, their final one prior to their own graduation.

Alda becomes a civil servant as of next week; she sees her career as one of preventing disease through working closely at the community level to address the conditions that undermine health.

Months ago she selected Inhambane province as her placement of choice. If she is assigned here, it will be a pleasure for us to continue working closely with her. She will become the field supervisor for our newer students still in school, continuing the cycle of high quality training with its Canadian touch.