

Training for Health Renewal Mozambique-Canada

Community-Institutional Linkages for Health and Development

Don Kossick, Vancouver, June, 2007



Munitions Dump Blowing up in Maputo, March 2007
Legacy of previous struggles with Apartheid South Africa

Training for Health Renewal Mozambique-Canada

THRP is committed to building the capacity of institutions and communities to deal directly with HIV/AIDS, malaria and other major diseases.

THRP through the Massinga Training Centre works to strengthen both health systems and local communities so they can develop positive social and economic conditions for health.



Massinga, 16/11/06

Training and Community

- With the loss of trained health workers due to illness, especially AIDS, the Mozambique health system is unable to expand coverage beyond 60 percent of the population.
- The solution is not just more health workers, but also communities with higher capacity for health.
- Therefore training health workers, through a training of trainers approach, to engage with communities is a major priority along with strengthening the ability of communities to engage in a participative way in building a healthy community.

Major Activities

1. Increase insitutional-community linkages
2. Increase capacity in leadership, management, & organizational development at community and institutional levels
3. Train formal and informal health workers
4. Produce educational materials

The Health System and the Local Community

- Using popular education, health promotion and community development approaches Massinga Centre trainers work with local people to develop their capacity to build a healthy community.
- This is done through community participation, discovery-based teaching and learning methods, critical inquiry and integration of HIV/AIDS and gender, sustainable institutional changes and linkages.

Massinga Training Centre is the organizing point to:

- Improve community capacity to address endemic malaria and critical health challenges such as HIV/AIDS.
- Train trainers to work within community realities.
- Train local - activistas – in primary health care for their communities.
- Strengthen community and health system relationships.
- Involve students, practitioners, partners in co-learning and mutual sharing experiences.

Key Principles of Health Promotion Guide the Work

- Community participation: to engage local people and communities in mutual learning.
- Empowerment: to build a capacity for critical inquiry in health workers and community members.
- Equity: to partner with local communities in confronting HIV/AIDS and malaria – priority health issues for Mozambique.

Critical Steps of Community Engagement

- Step 1 Choosing a Community
- Step 2 Building Community Relationship
- Step 3 Assessing Community Needs
- Step 4 Mutual Learning
- Step 5 Building Capacity
- Step 6 Taking Action
- Step 7 Documentation and Dissemination

Partner Communities: Tevele and Basso

- Nearby communities, chosen through a community engagement process
- Serve as sites for community work and training
 - Community health activists in partner communities conduct door to door health risk surveys, create education programs on how to prevent malaria and HIV/AIDS and engage community in social and economic development.
- Help to train health workers

Training health workers



Community members being trained and training others ...



Training traditional healers



Training health activists



Community Participation – Looking at social and economic determinants



Community Participation— HIV/AIDS/Gender Equality



Building the Centre



Multi-media Community Centre



Site of the community radio station – Radio Kusinga
Development of community radio programming on health issues.

Key Results Achieved (from our evaluation)

- Established pilot continuing education centre (Massinga Health Training Centre)
- Developed unique training methodology:
 - (i) teaching-learning by experience/discovery
 - (ii) community participation that informs training
 - (iii) reflective practice and participatory research
 - (iv) integration of HIV/AIDS and gender equality
 - (v) sustainability by influencing curriculum & policy

Key results (cont)

- Worked with civil society (Moz & Canada)
- Trained HR for health: civil servants & informal
- Carried out participatory action research
- Collaborated internationally
 - ✓ University-MoH: exchanges
 - ✓ Public participation: films, articles
 - ✓ Other partners: Cdn Auto Workers, churches, schools, individuals
- Initiated distance education

Mutual Learning – Making the Links

- Institutions and communities in Canada link directly with and learn from the work in Mozambique. Through the formation of IICUSP THRP contributes to the development of innovative health training in Canada.
- Health science students are placed to work with community based organizations to learn about community health in Canada and Mozambique.



Major Challenge

- Ensure appropriately trained teaching staff for long-term future of methodology
- Extend reach of MC model of community-based training, discovery-based teaching-learning, reflective inquiry, integration of HIV/AIDS and gender equality

Future Prospects

- Scale up the Massinga Centre to become a national health college of integrated and comprehensive training for transformation of health worker practice in both clinical and community areas--expanding and extending its model.
- Meet the designation of being the lead training centre in Mozambique for community participation in health and development.

Training for Health Renewal Program (THRP)

- Donor: Canadian International Development Agency (CIDA)
- Executing Agency: University of Saskatchewan (U of S)
- In collaboration with: Ministry of Health (MoH), Mozambique

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