

Community Mobilization Through Facilitated Participatory Learning and Action Groups for Maternal and New-born Health in Buikwe District

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Background

- This project tested the Participatory Learning Action (PLA) cycle in mobilizing the community for improved maternal and new-born health.
- The project, promoted by the World Health Organization highlighted the importance of health promotion interventions that strengthen individual, family, and community capacity to contribute to improved health while addressing the quality of care in facilities in Buikwe District.

Background

- Community mobilization was realized through facilitated participatory learning and action (PLA) cycles with women's groups in rural settings with low access to maternal health services.
- Community mobilization through facilitated PLA cycles work by building the capacities of communities to organize and take action to address the social determinants of health that underpin maternal and new-born health.

Objective

- The study aimed at reviewing the feasibility of community mobilization through facilitated PLA cycles for improved maternal and new-born health in Buikwe district

Principles of PLA groups:

1. Concern about MNH
2. PLA groups are 'women- and children centered'.
3. PLA groups are sometimes referred to as 'women's groups' because women and children are the primary beneficiaries of the group
4. PLA groups are not health education groups
5. PLA groups implement their own solutions to their MNH problems
6. The role of the implementing organization is to build the capacity of the stakeholders.

Methods

The PLA cycle follows a four- phase approach that involves joint efforts in

- i. identifying problems
- ii. Identifying solutions,
- iii. implementing and
- iv. assessing program impact .

Phase One: Identifying problems

- 1 Forming groups
- 2 Identifying facilitators and problems with care at the household level
- 3 Identifying facilitators and problems with care at the community level
- 4 Identifying facilitators and problems with care at the service level
- 5 Prioritizing identified problems

Phase two: Identifying solutions together

6. Identifying solutions
7. Plan and prepare community meetings
8. Practice community presentation

Phase three: Implementing solutions together

- 8. Implementing and monitoring solutions
- 9. Developing monitoring tools
- 10. Gathering resources
- 11. Planning the solutions

Phase four : Assessing impact together

12. Preparing to assess impact

13. **Collecting information to assess impact**

14. Assessing impact on priority problems

15. Planning for the future

16. **Community feedback meeting**

Method continued

1. Selected and trained 10 facilitators, 2 supervisors and managers - Each facilitator can be useful to support 500 households
2. Facilitators formed groups.
3. Members joined groups.
4. Facilitators guided groups through a PLA cycle of meetings.
5. Supervisors supervised the facilitators and groups.

Results

10 community facilitators and two supervisors were trained and facilitated with the relevant materials to support the PLA cycle.

A total of 15 women groups were formed (with a minimum of 10 members each) which utilised the four phase PLA cycle

They generated several local health solutions and brought about an increased demand for maternal and new born health services.

Focus broadened from MCNH to primary health care

Advocacy and lobbying for outreach services for immunization and School visits conducted for health talks for adolescents, with more emphasize on consequences of teen pregnancy. Increasing girl child education campaigns.

Local Health Solutions

- Referral system and follow up - identify pregnant women and newborn mothers - refer them to health facility for antenatal and immunization. They also follow up on the progress at the health facility and community level
- Working with different stakeholders including religious, local and opinion leaders
- Created processes and conditions for women's appreciation of the relevance of women's attendance of ANC and use of Skilled Health facility services.

Local health solutions cont:

- Formation of youth health teams that ensure that young girls that are pregnant can attend antenatal and deliver safely in the hands of skilled labour - peer to peer
- Small saving groups for birth preparedness
- Working with boda - boda men to assist in transporting the women to the health facilities - sensitized to assist even during the night

Challenges

- Limited outside funding for group activities
 - it is largely self help
- Long distances to health facilities - the PLA mainly affect behavior and not necessarily all the wider determinants of health
- Low male involvement
- Hostility to teenage pregnancy that may affect the PLA group intervention
- Some TBAs are still assisting women to deliver

Lessons

- *Groups with income related activities are much easier to lead than those that are focusing only on material health issues only*
- To best make this issue manageable among the young adolescents, information on teenage sexuality and pregnancy is included in the guide.
- The PLA guide materials should be friendlier for the grass-root men and women, the simpler it is, the better.
- Communities can be able to mobilize themselves to manage their problems as witnessed by this project
- Strengthen male involvement
- Strengthen the involvement of community leaders

Conclusion

The PLA guide is an empowerment and advocacy tool for improved maternal and new-born Health.

The integrated nature of this intervention also calls for an understanding of what matters most in mobilizing communities and their leaders both men and women and their resources for improved maternal and newborn health

It is important to have an in-depth examination of the changes the district has registered in its maternal and newborn health as a result of this intervention

In the same breath how do you draw national leadership and resources to appreciate the participatory learning approaches for better maternal and newborn health services

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THE END

