

Alcançar

Alcançar project webinar series:

Remote training improves
providers' knowledge of maternal,
newborn and child health in
Nampula Province, Mozambique

June 15, 2022



Agenda

- Welcome
- Opening remarks
- Project overview
- Introducing Viamo
- The Remote Training solution
- Q&A
- Closing remarks

Presenters



Dr. Geoffrey Ezepue

Director

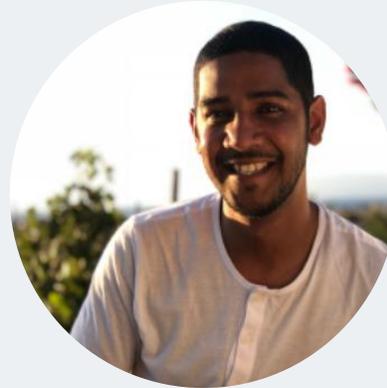
Alcançar Project



Dr. Dulce Nhassico

MCH/FP Team Lead

USAID



Fabrice Romeo

Director of Programs

Viamo



Temoteo Tembe

**Design and Implementation
Manager**

Viamo



Gizela Azambuja

Ministry of Health

Opening
remarks



Achieving Quality Health Services for Women and Children in Nampula

5-year project 2019-2024
USAID funded



Alcançar



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fhi360
THE SCIENCE OF IMPROVING LIVES

CONSORTIUM PARTNERS



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USAID
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Somos um projecto de 5 anos,
financiado pela USAID



FHI 360 é o líder do consórcio

CONSORTIUM PARTNERS

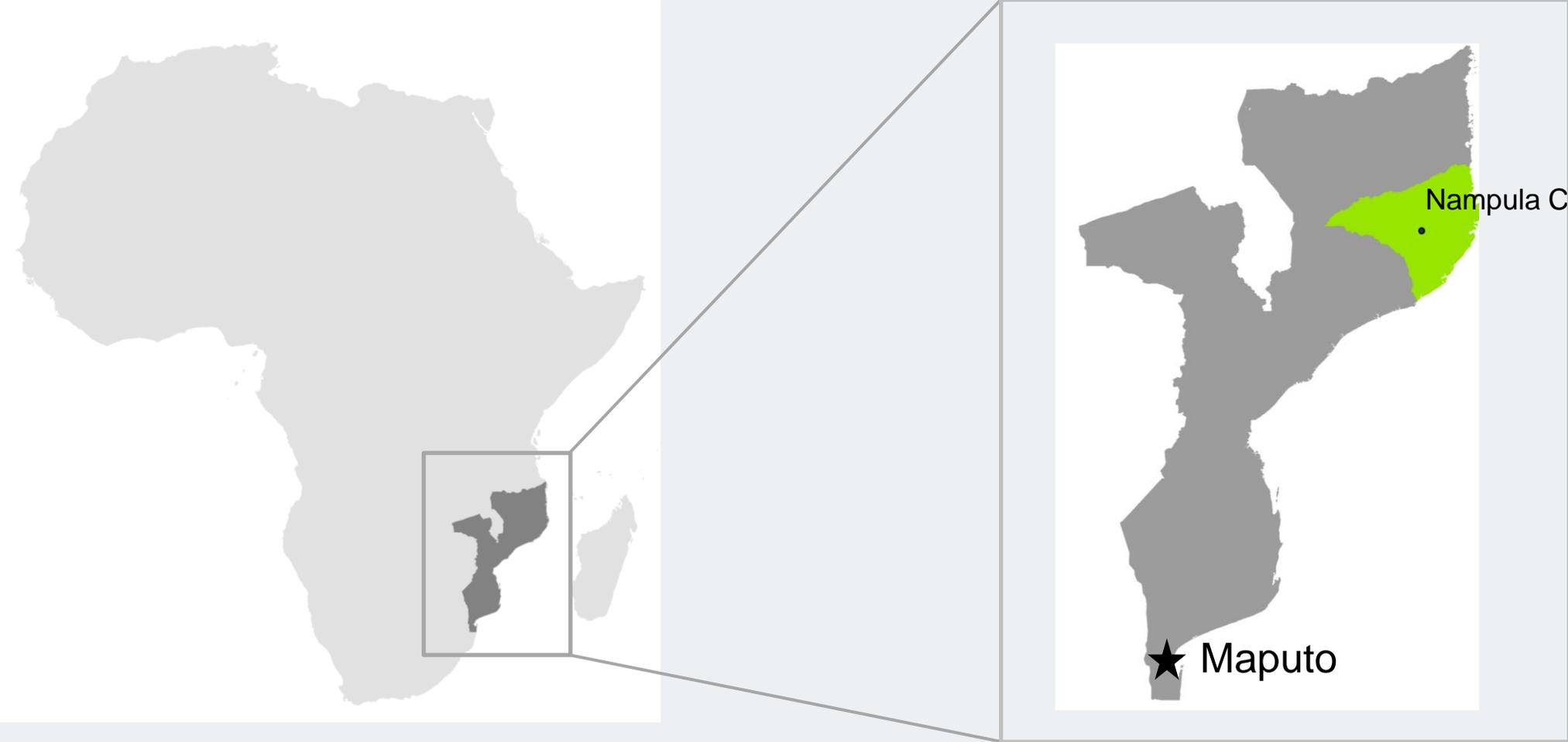


Goals

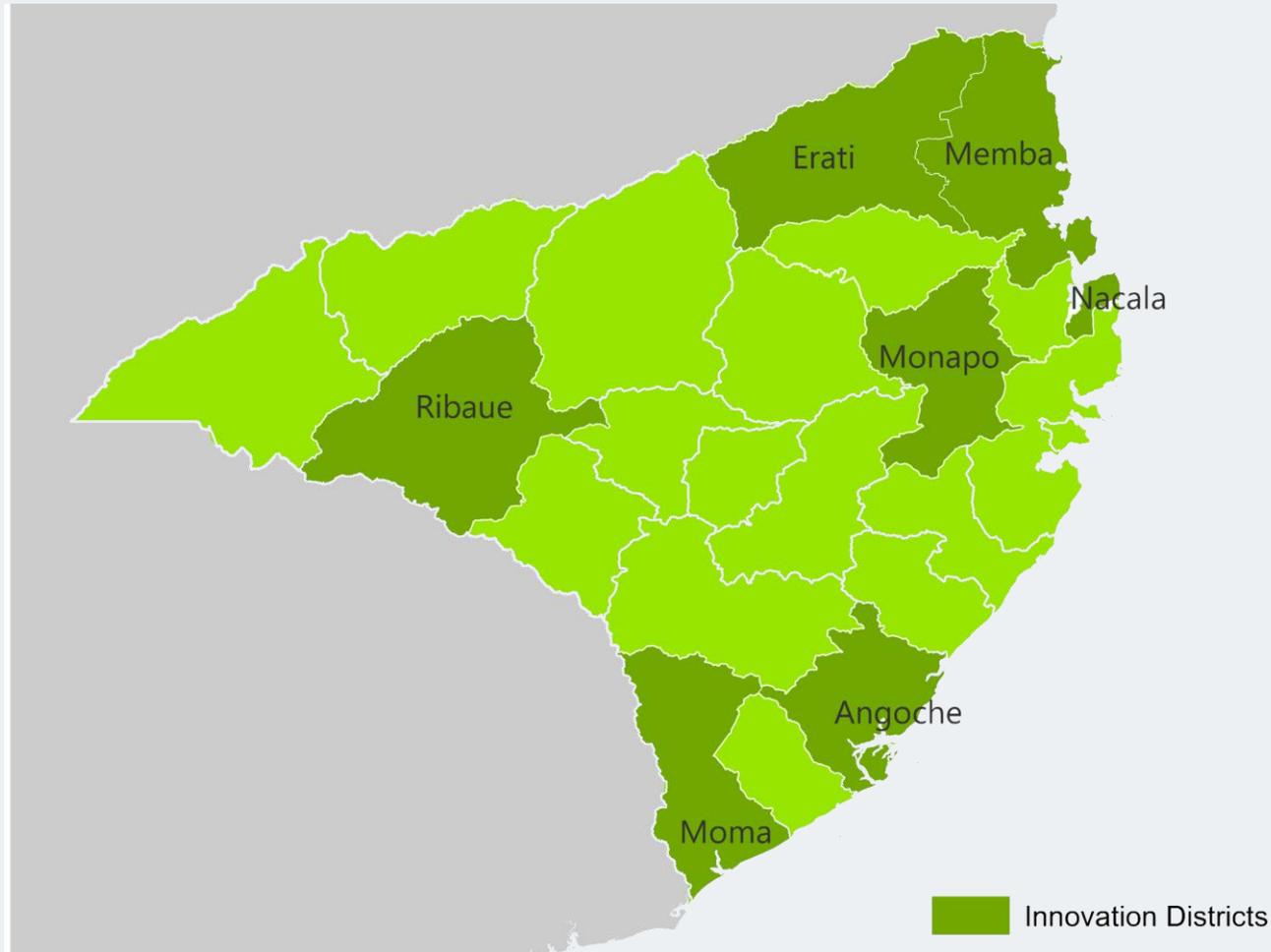
- Support the Government of the Republic of Mozambique to reduce maternal, newborn and child mortality in Nampula Province
- Establish Nampula Province as a model health system in the implementation of high impact, high quality, patient-centered and gender-responsive MNCH services



Mozambique: Nampula Province

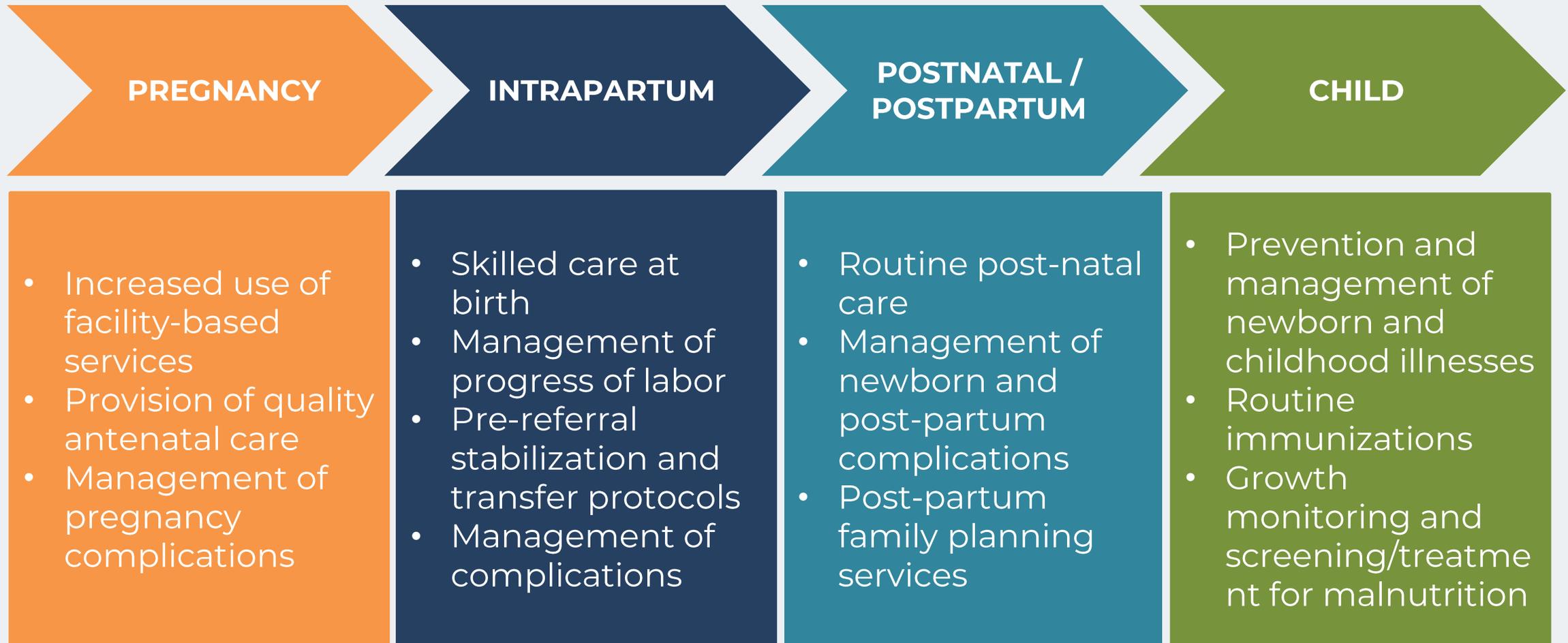


Nampula Province



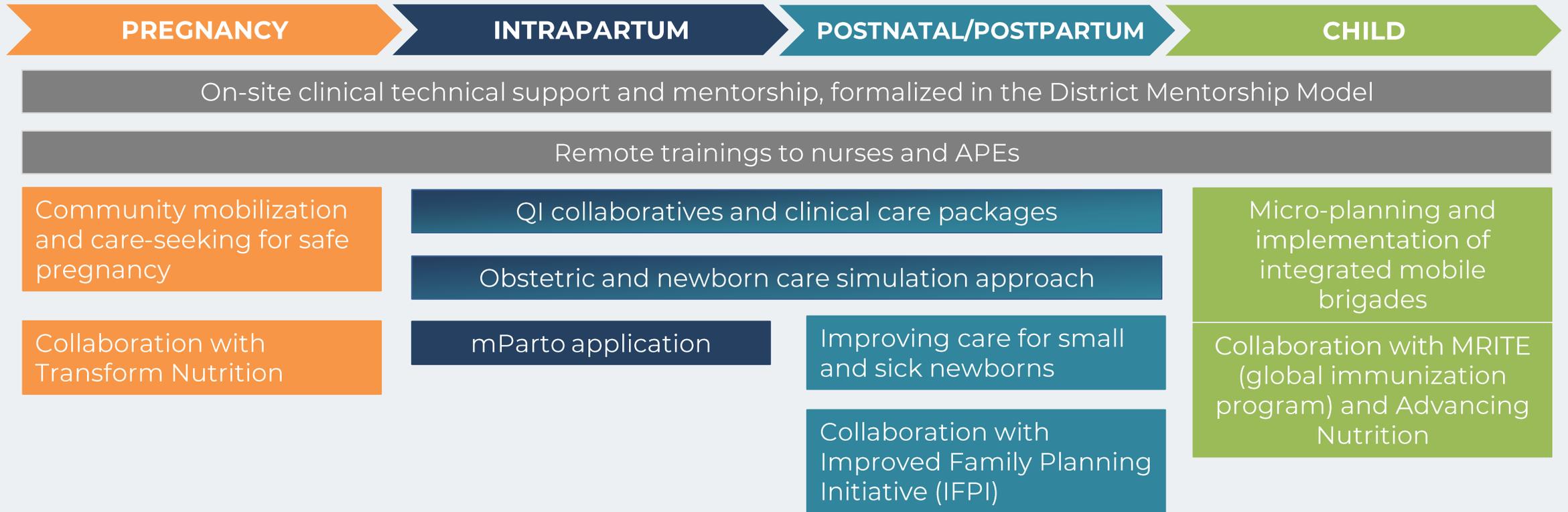
- Alcançar works in all 23 districts of Nampula Province
- Key innovations were first implemented in 7 districts (Innovation Districts)
- Erati, Memba, Nacala Porto, Monapo, Angoche, Moma and Ribaue
- Now using phased approach to expand innovations to all 23 districts

Ensure delivery of evidence-based high-impact practices along the continuum of care

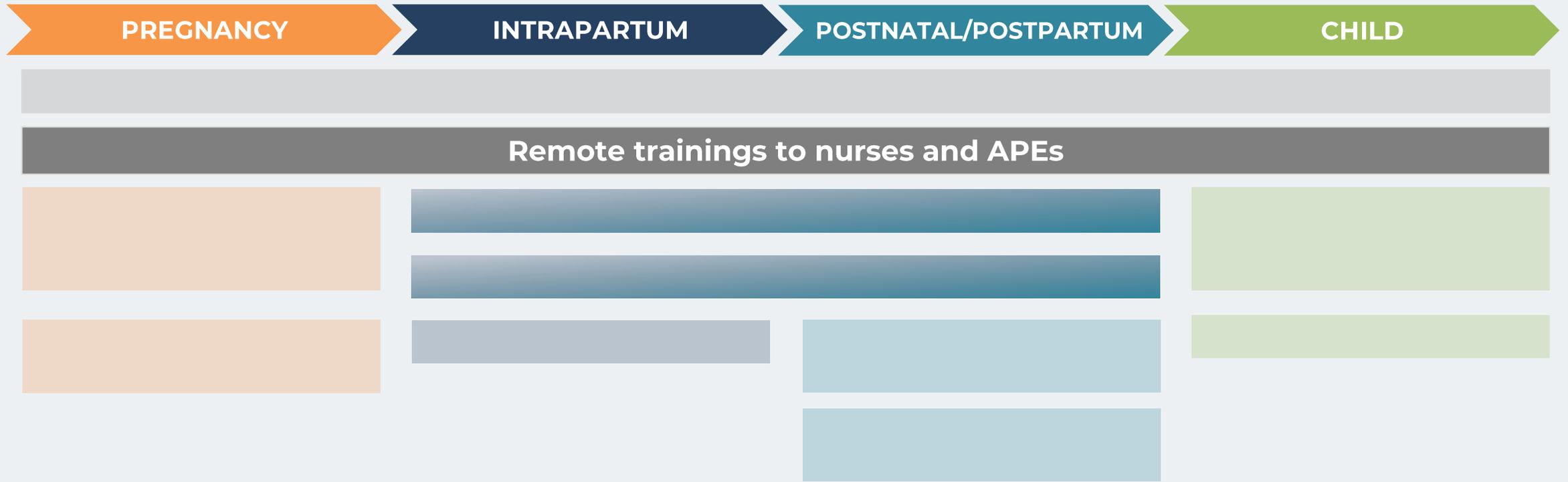


Male engagement and female empowerment curriculum; adolescent responsive health services; humanized and respectful care; improved referrals

Strategies to deliver evidence-based high-impact practices



Strategies to deliver evidence-based high-impact practices



Introducing Viamo



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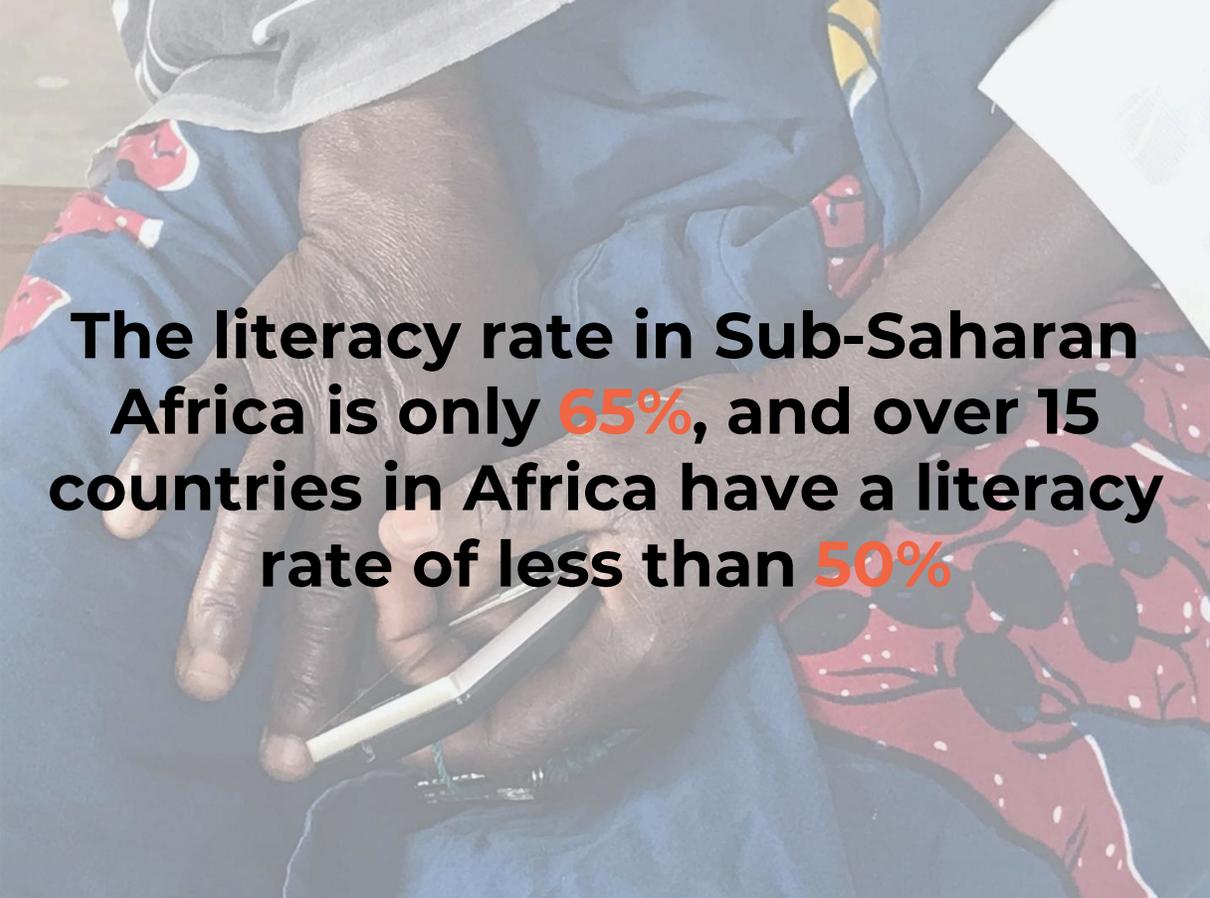
Introducing Viamo

Viamo connects *individuals* and *organizations* to make **better decisions**.

We envision a world where **all** people have access to the information they need to make decisions for *healthy, prosperous lives*, and have meaningful relationships with governments, civil society, and businesses.



Why Interactive Voice Response (IVR)?



The literacy rate in Sub-Saharan Africa is only **65%**, and over 15 countries in Africa have a literacy rate of less than **50%**

Low literacy rates

Any phone, any network

Accessible in local languages

Viamo in Mozambique

- **Active since 2016** - local presence alongside regional and global support team/expertise
- **Partnership with Vodacom and TmCel** for both mobile campaigns
- **Live 3-2-1 service** in place - relevant and up to date content
- Cross sectoral **projects and experience**
- Plans to expand our **presence, partnerships & impact**



The Remote Training Solution

Remote Training Solution

- Lessons delivered as pre-recorded audios to any type of mobile phone using IVR technology
- Engaging content developed for each lessons which will last up to five minutes
- Data on lessons with pick-up and completion rates
- Learning questions built into the lessons to check knowledge retention

Common Users



- Agricultural extension agents



- Community health workers



- Teachers



- Enumerators
- Sales agents



- Public servants



- Disease surveillance agents
- Field service facilitators

Alcançar's remote training:
development and
implementation

Why remote training?

- Baseline assessment conducted at project launch to gauge knowledge of health workers
 - Knowledge gaps identified on topics include postpartum hemorrhage, pediatric warning signs, malaria and pneumonia
 - Importance of ongoing training and professional development highlighted, especially among APEs
- APEs and nurses identified as primary targets for capacity building:
 - Generally first contact for MNCH services at community-level
 - Deliver the bulk of MNCH services (preventive and curative)



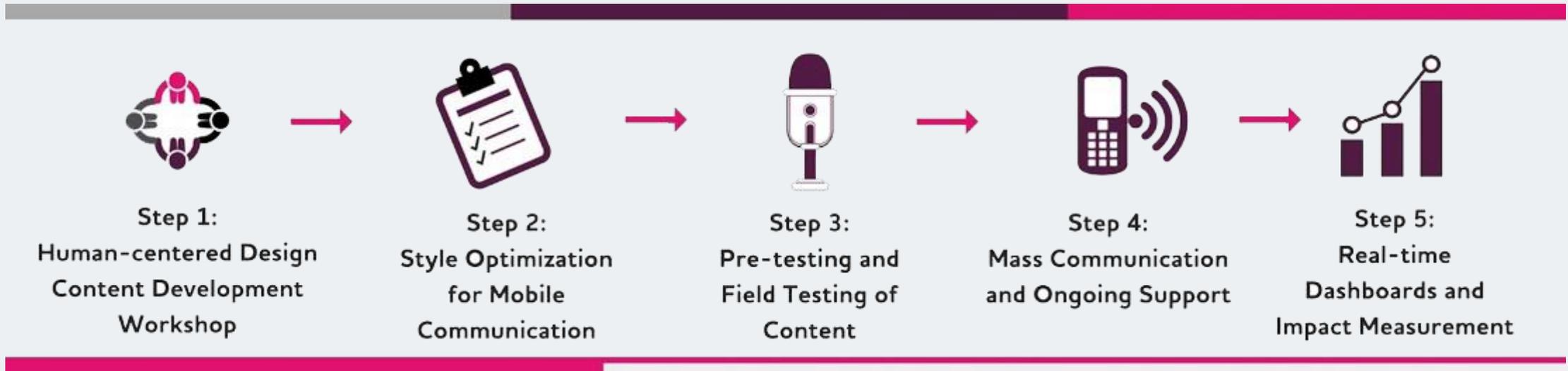
Content development process

- Participation of MoH at Provincial and District level and technical experts in content development process
- Priority topics for training informed by Alcançar's baseline assessment
- Content committees formed to elaborate training content
 - Content based on existing protocols and training manuals approved by MoH
 - Content adapted culturally for Nampula province

- Structure of each session:
 - Intro
 - Objective
 - Narrative
 - Conclusion
 - Quiz

Content development process

- Content development informed by Viamo's Human-Centered Design (HCD) approach
- Content optimized for mobile phone and recorded in Macua and Portuguese
- Content pre-tested to ascertain comprehension



Content development process

- Four rounds developed
 - Average of 6 lessons for each RT
 - Topics: **pregnancy, malaria, diarrhea, pneumonia and malnutrition**
 - Rounds deployed in 7 innovation districts between November 2020 to August 2021
 - Rounds #1 and #2 deployed to 191 APEs and 176 nurses
 - Rounds #3 and #4 deployed to 463 APEs and 243 nurses



Demonstration

APES module 1.3: Danger signs of pregnancy

- Learning Objectives:

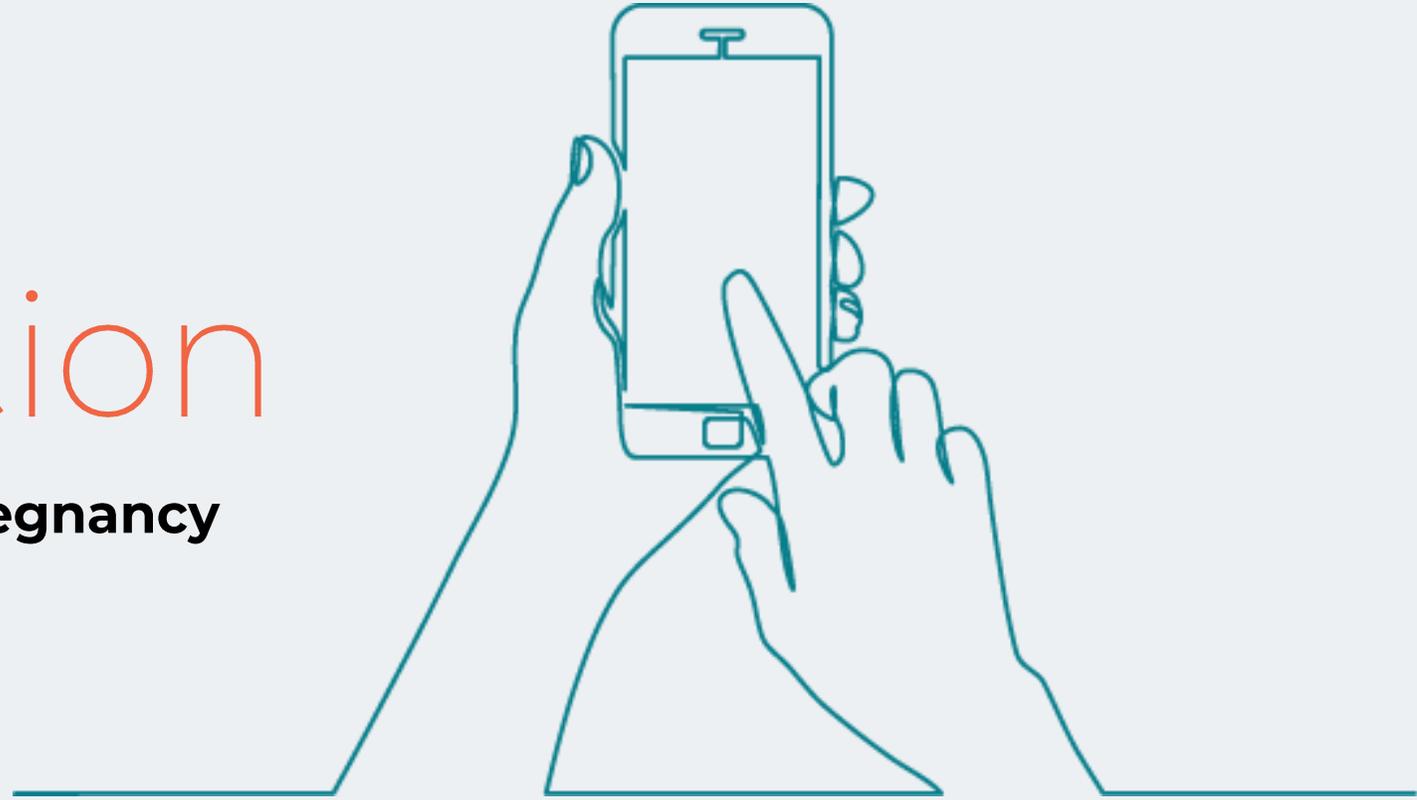
1. Knowing the danger signs and symptoms of pregnancy

2. Communicating those signs effectively to women

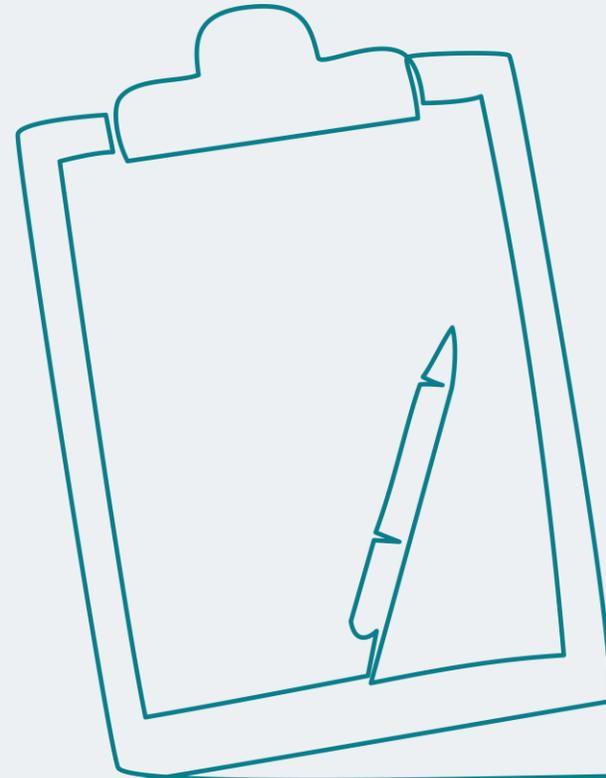
3. First aid management of these danger signs

Demonstration

APES module 1.3: Danger signs of pregnancy



Results



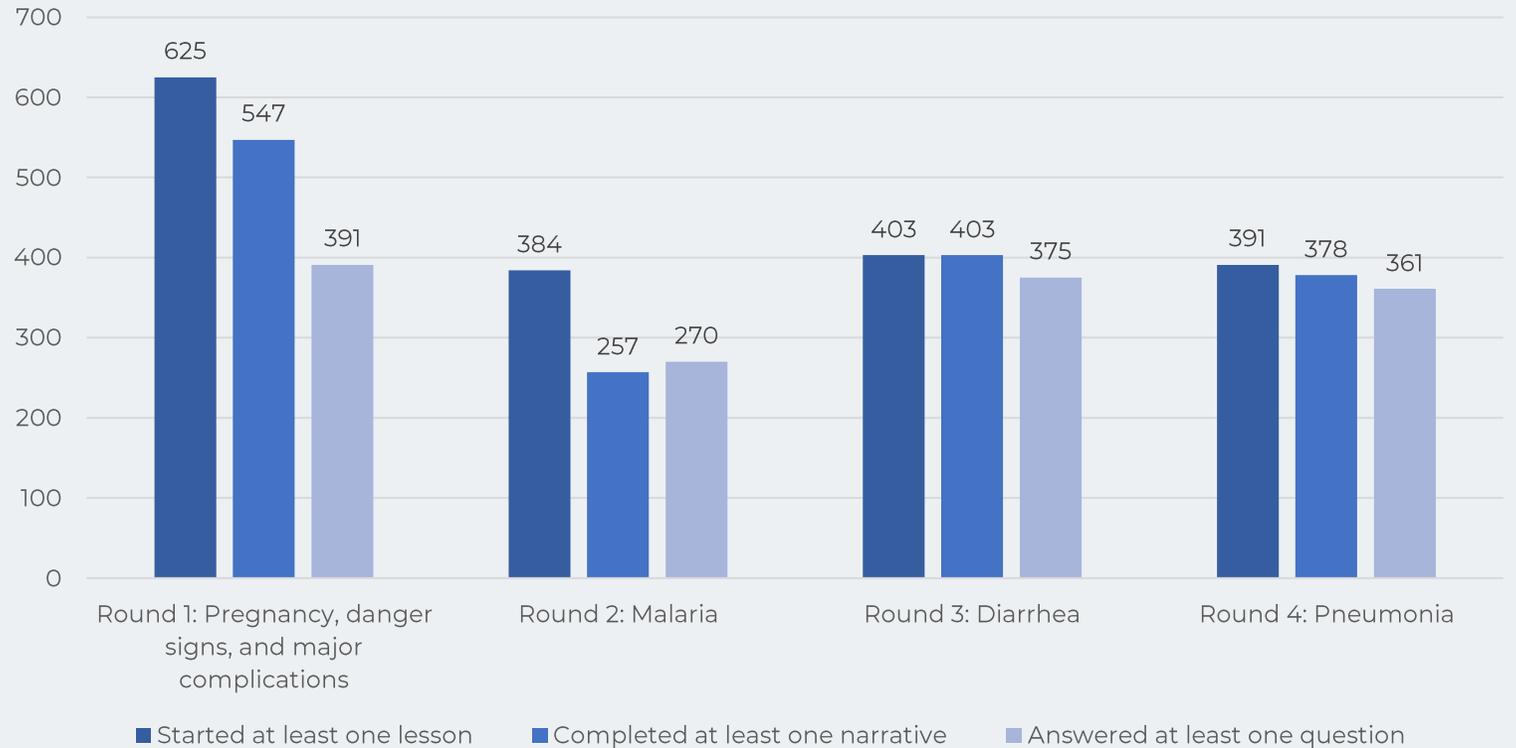
Impact - APEs

On average 451 started one lesson

On average 396 completed the narrative

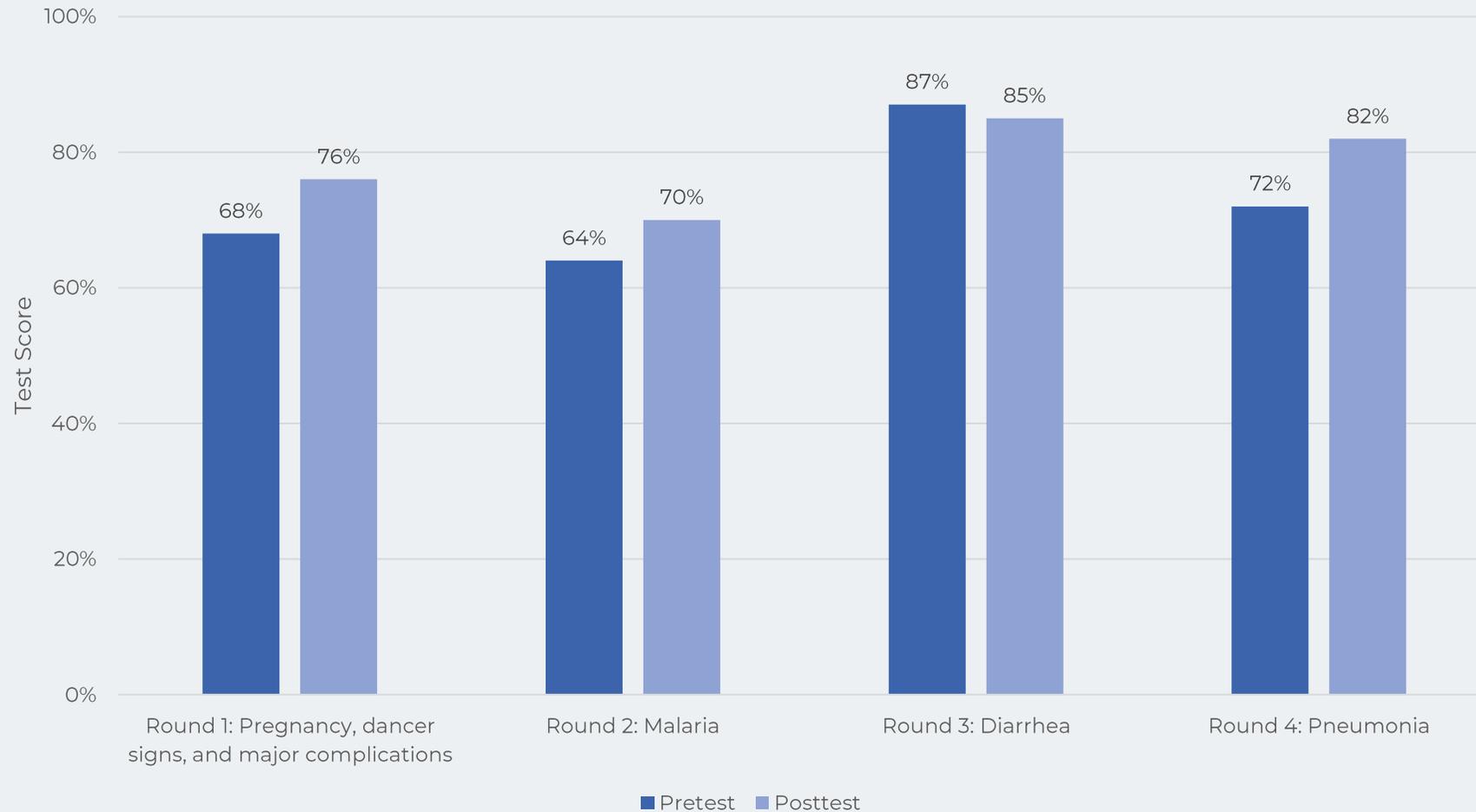
On average 349 answered one question

Number of APEs reached with remote training (November 2020–September 2021)



Impact - APEs

Remote training knowledge retention among APEs (November 2020–September 2021)



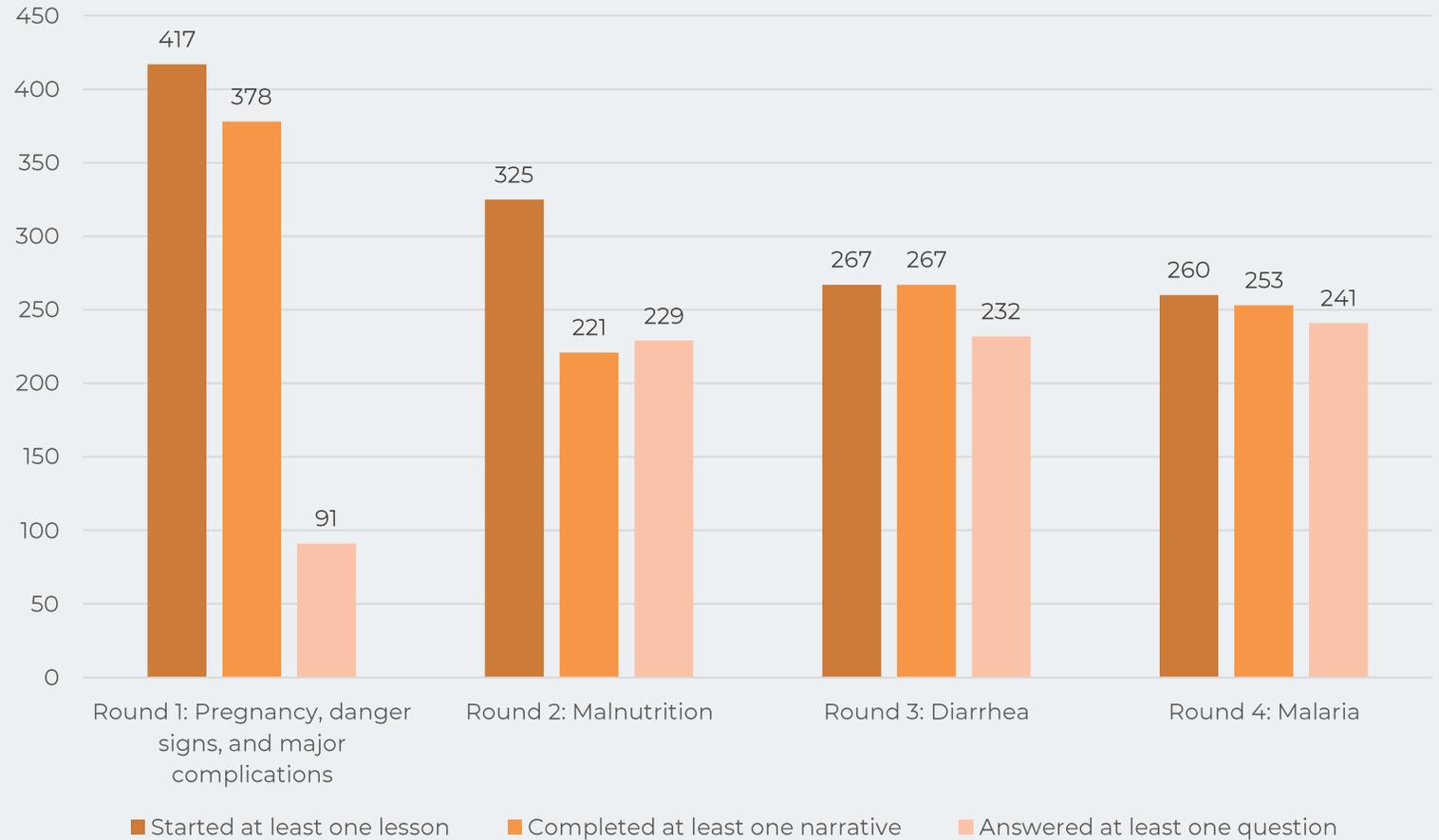
Impact - Nurses

Non average 371 started one lesson

On average 280 completed the narrative

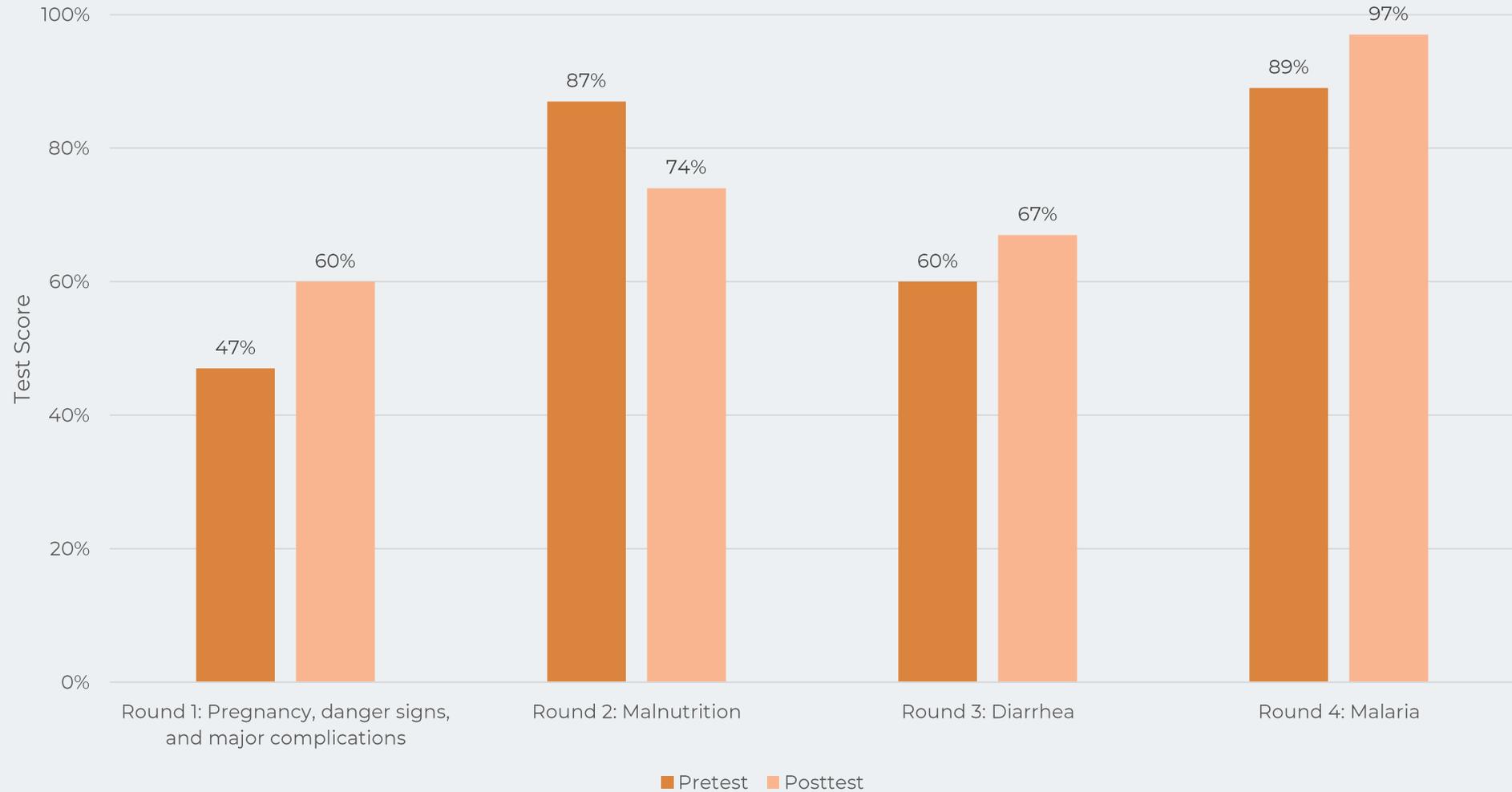
On average 198 answered one question

Number of nurses reached with remote training (November 2020–September 2021)



Impact - Nurses

Remote training knowledge retention among nurses (November 2020–September 2021)

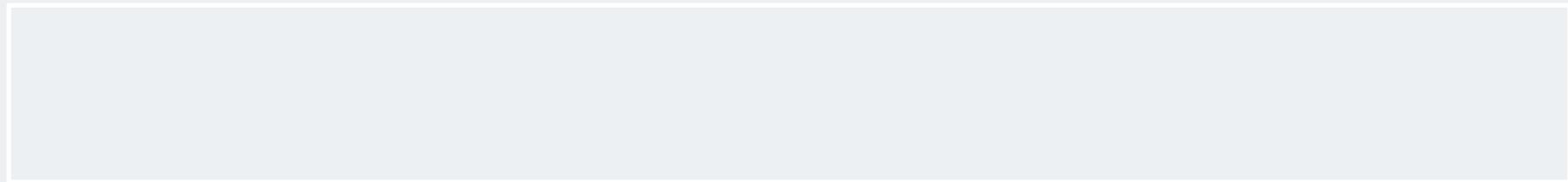


“

The remote training was important, because it provided evidence and expanded my knowledge. I learned how to prevent complications in maternal and child health patients by identifying danger signs.

”

Olga, nurse in Angoche district



Lucas Adamastor

Community health worker, Namialo health center, Meconta Sede district



Next steps



Implications and conclusions

Remote training offers a cost-effective solution that can be deployed for ongoing training

- Proved effective for continued professional development within COVID-19 context

Rounds deployed this fiscal year to 16 other districts covered by Alcançar

- 288 APEs and 312 nurses targeted

Results expected to inform MoH on the extent of knowledge gaps among frontline health providers

- Data could inform updates to national MNCH training protocol

Q&A



Upcoming webinars

Tema/Topic	Mês/Month
<p>mParto em Monapo: Usando um aplicativo digital para monitorar mulheres durante o trabalho de parto, parto e encaminhamento</p> <p>mParto in Monapo: Using a digital application to monitor women during labor, delivery and referral</p>	Setembro/ September 2022
<p>Mobilização Comunitária e Gênero: Mobilização comunitária e GESI como estratégias para a redução da mortalidade materna neonatal e infantil em Nampula</p> <p>Community Mobilization and Gender: Community mobilization and GESI as strategies to reduce maternal, newborn and child mortality in Nampula Province</p>	Novembro/ November 2022
<p>Simulação obstétrica: resultados da pesquisa de implementação sobre o efeito da simulação para os profissionais de saúde da linha de frente</p> <p>Obstetric simulation: findings from implementation research on effect of simulation for frontline health workers</p>	Janeiro/January 2023
<p>Melhoria da Qualidade: Ganhos e aprendizados da colaborativa Alcançar de redução de mortalidade materno infantil</p> <p>Quality improvement: Achievements and lessons learned from the Alcançar collaborative for the reduction of maternal and infant mortality</p>	Março/March 2023

Closing remarks

THANK YOU

