Health Promotion in emergency setting example of Emergency Mother and Obstetric Care Project

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Health Promotion

The process of enabling communities and individuals to increase control over and improve health

Background: Impact of crises on Palestinians and Palestinian healthcare system

» Economy

» Access to facilities (both clients and workers)

» Shortage in resources (human and material)

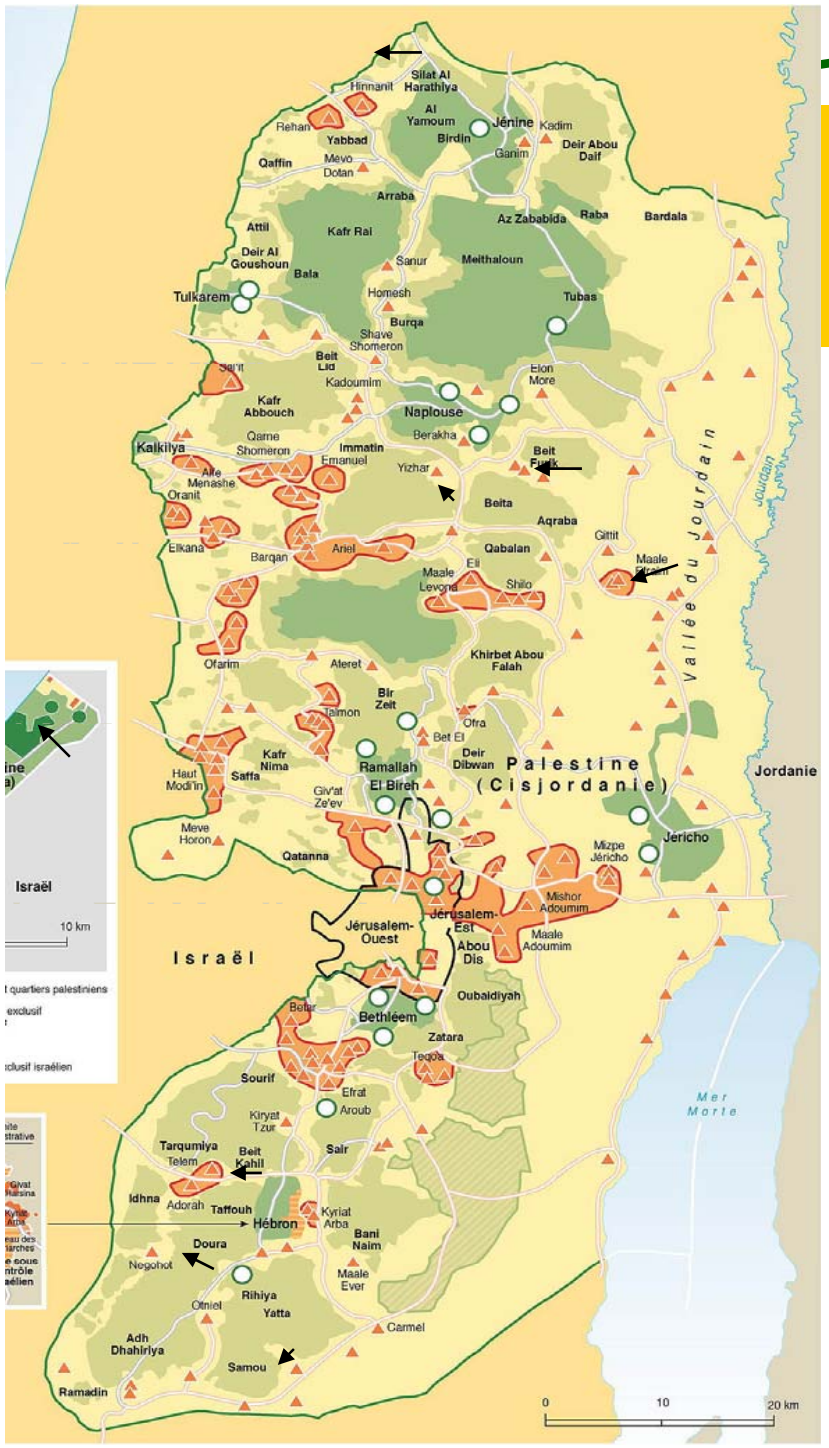
» Increased load on system (expanded insurance, injuries as a new entity)

Impact on mothers and children period captured in this 2002-2003

- Vaccination coverage affected during months of strict closures and incursions
- Coverage of antenatal care declined, especially in areas with strict mobility restrictions
- Decline in hospital deliveries and increase in home deliveries with no access to skilled birth attendants
- Mother and/or infant deaths due to denied or delayed access to healthcare facilities
- Deliveries at checkpoints or on the way to hospital
- Other (malnutrition, psychological problems)

Response

Enable communities under closure to have control over health with emphasis on safe pregnancies, child birth and survival of newborns



Target communities

- Nine severely isolated communities

  (Hiwwara, Beit Furik, Jiftlik, Ya`bad, Yatta, Dura, Beit Kahel, Mowasis, Beit Lahia)

  - Population size (166800)
  - Women in Reproductive Age (36700)
  - No. of deliveries/ year (3300)

Programmatic intervention

Support the continuum of care:

Antenatal---------Safe Delivery----------Postnatal

Antenatal care:

- provide antenatal care, with emphasis on at least 4 follow-up visits and screening of cases at risk.
- Provide on-time referral of these cases to high risk pregnancy follow up and after that hospital delivery.

Interventions

Safe delivery:

Delivery will take place at home and will be attended by the skilled physician and/or midwife for those who failed to access hospital

- Increased skills of community-based health workers to assist normal delivery within the communities
- Benefit those, who according to antenatal care as no-risk pregnancies and were not able to reach the hospital.
- Community-based health workers are linked to backup hospitals/ specialists to refer or get advise about complicated cases

Interventions

Post-natal care:

- Post-natal care provided to all women within the first three days after delivery.
- This included clinic-based care and home-based care through home visits

Interventions

- Community interventions and BCC program:
- Cooperation with local communities to ensure:
  - Regular function of local facilities
  - Available equipment, infrastructure and support to local facility
  - Cooperation for improving quality of care in local facilities
  - Communication between local councils and MOH
  - Local referral system available through municipal transportation or community members
- BCC program: Pregnant women and their families were educated about 9 key practices related to care of the pregnant woman and her newborn:
  - Early registry and follow up in ANC facility
  - Balanced Nutrition
  - Identification of danger signs during pregnancy
  - Personal hygiene
  - Prepare for delivery
  - Immediate breast feeding, Drying and warming of newborn
  - Recognition of danger signs on newborns
  - Early access to postnatal care
  - Family planning

BCC program

- Package of health education materials addressing target behaviors was developed and widely distributed to (EVERY) household in target communities.
- Distribution to around 15500 households was carried out by community volunteers and was finalized within 7 working days in all locations

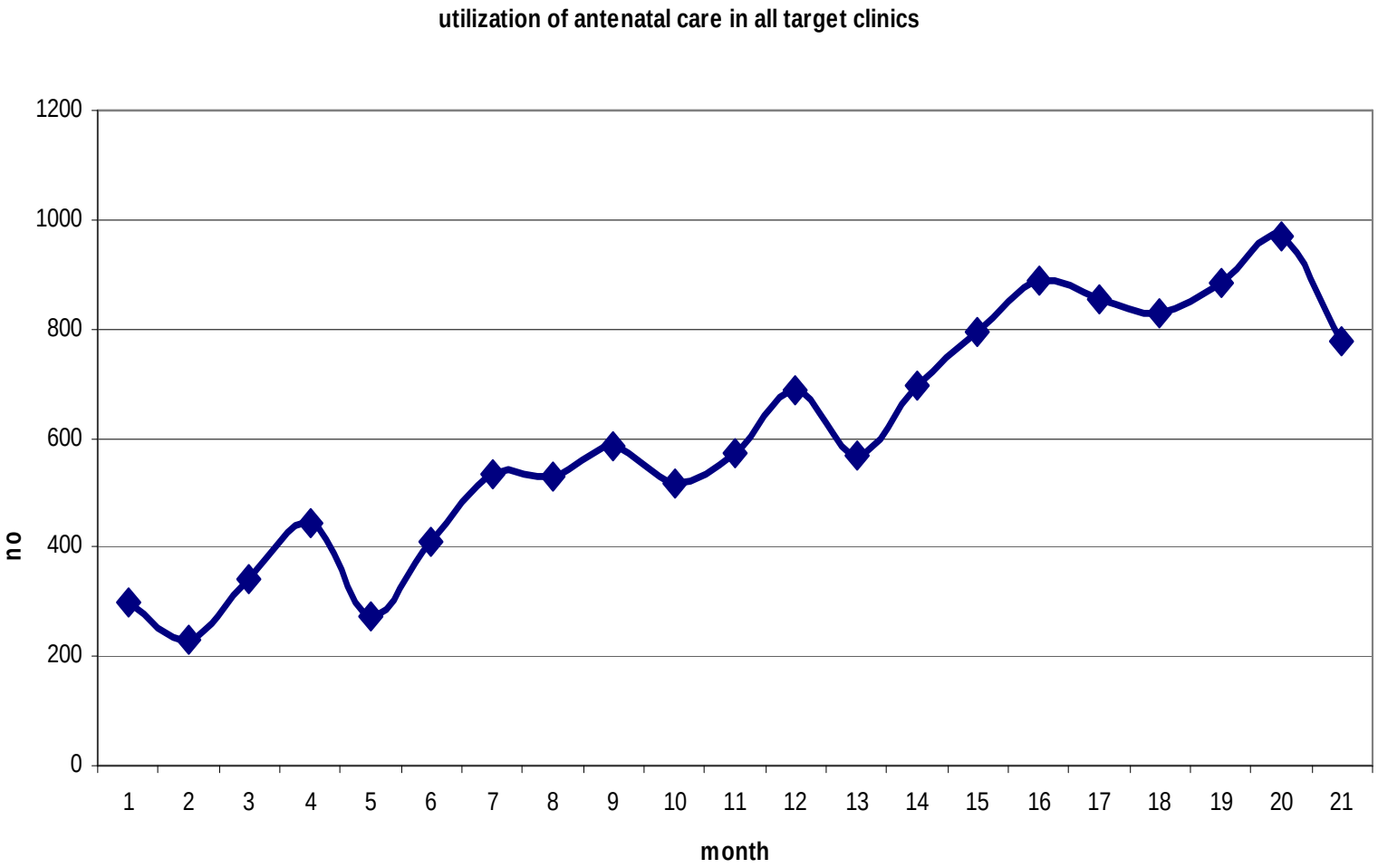
Project outputs

- Rehabilitation of PHC centers to ensure availability of basic infrastructure for services in 17 healthcare centers.
- Provide equipment to 18 centers and 5 laboratories
- Train facility workers on community mother and child care in line with technical interventions 108 on Safe delivery (112 hours)
- Implement a community-wide behavior-centered program to support the home care for pregnant woman and newborn (49079 beneficiaries, 15500 households reached by information package)
- *So What????*

Emergency-Development

- Project was able to bring services down to communities
  - Antenatal coverage: 51%-83%
  - Postnatal coverage: 20%- 82%
  - Survival: newborn deaths 16-3, maternal deaths 5- 1
- Access to and utilization of services
- Partnership for healthcare and community ownership for services and quality
- Community empowerment (family practices and sources of information)

Achievements



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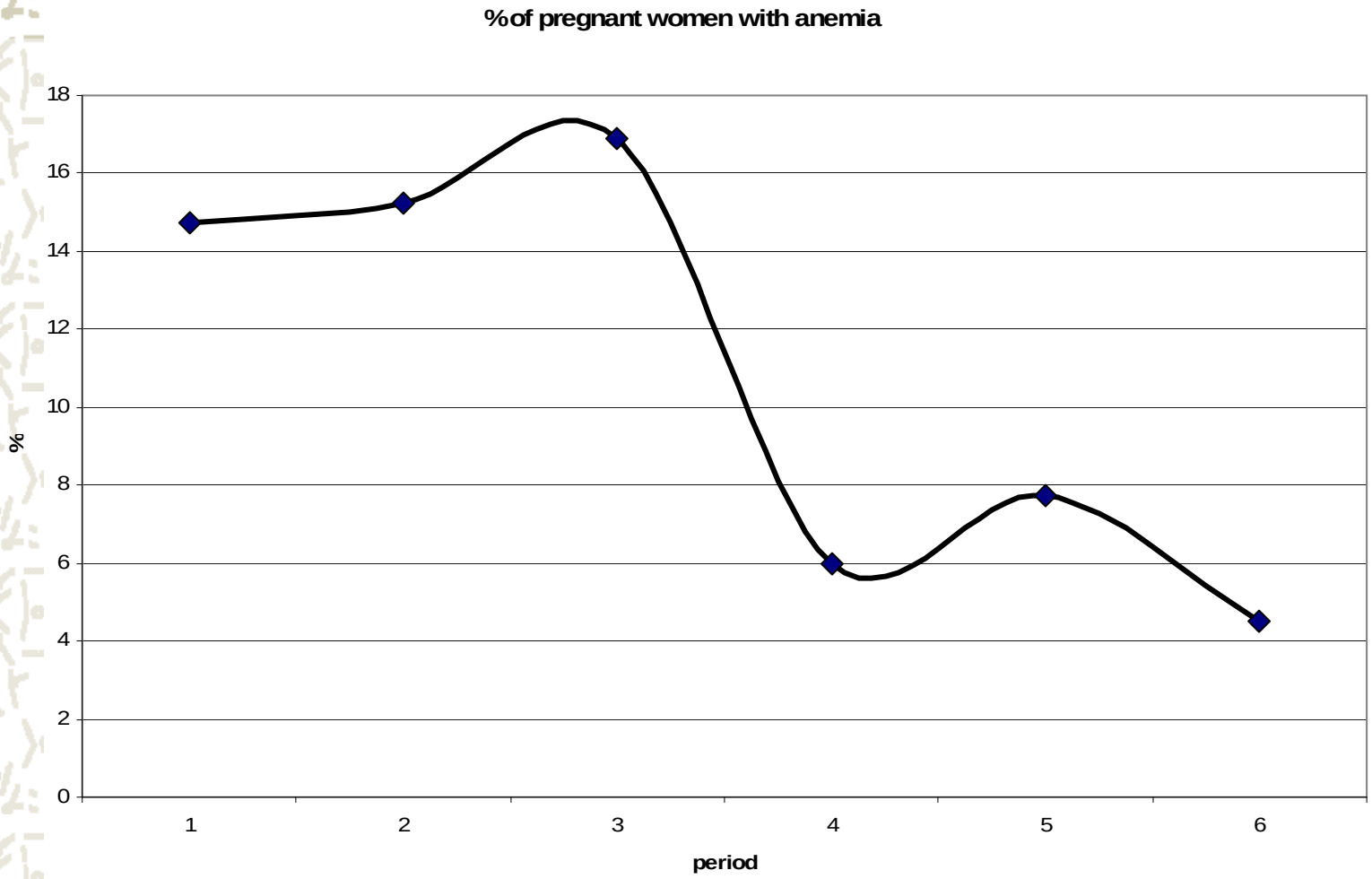
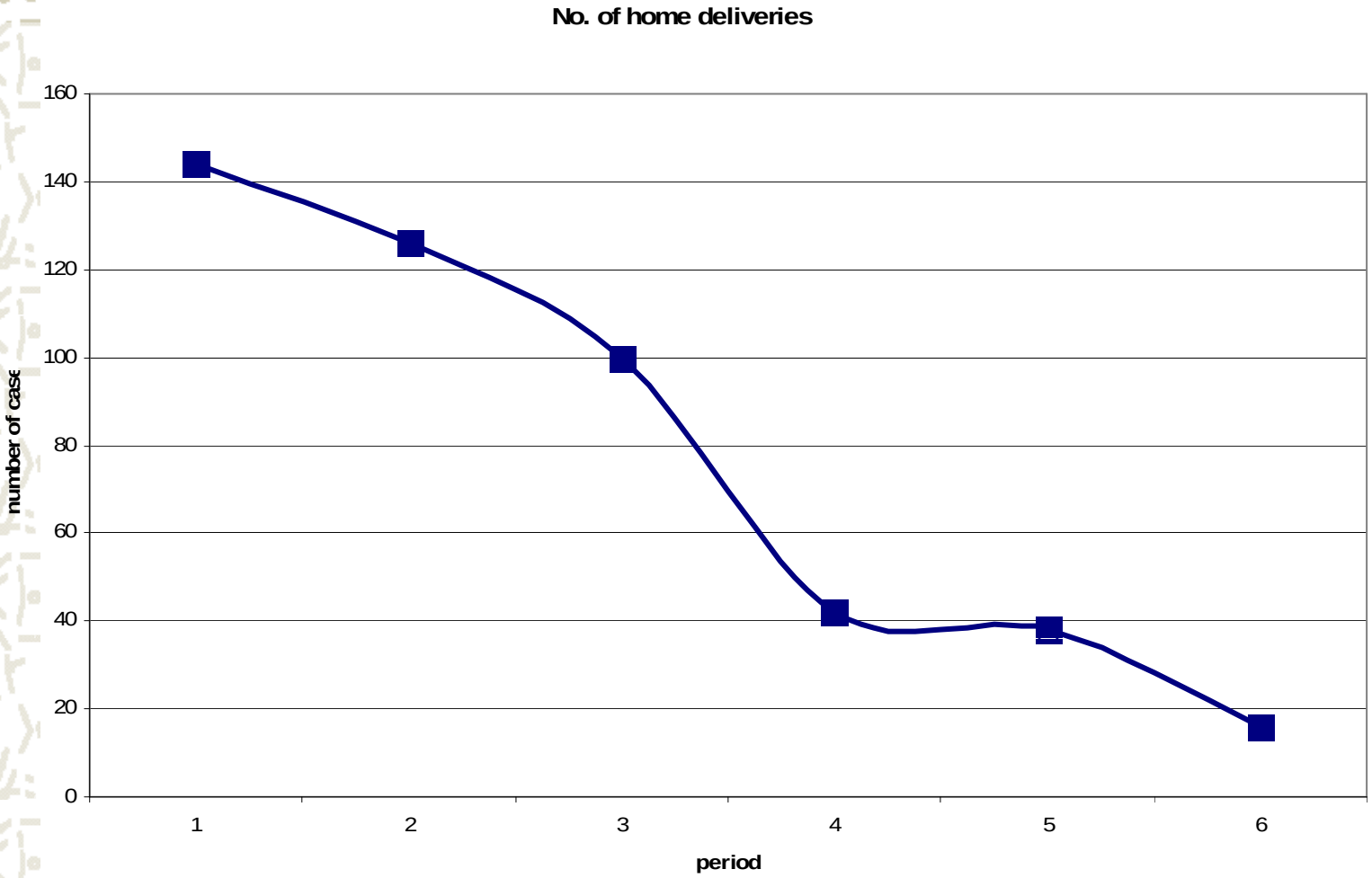
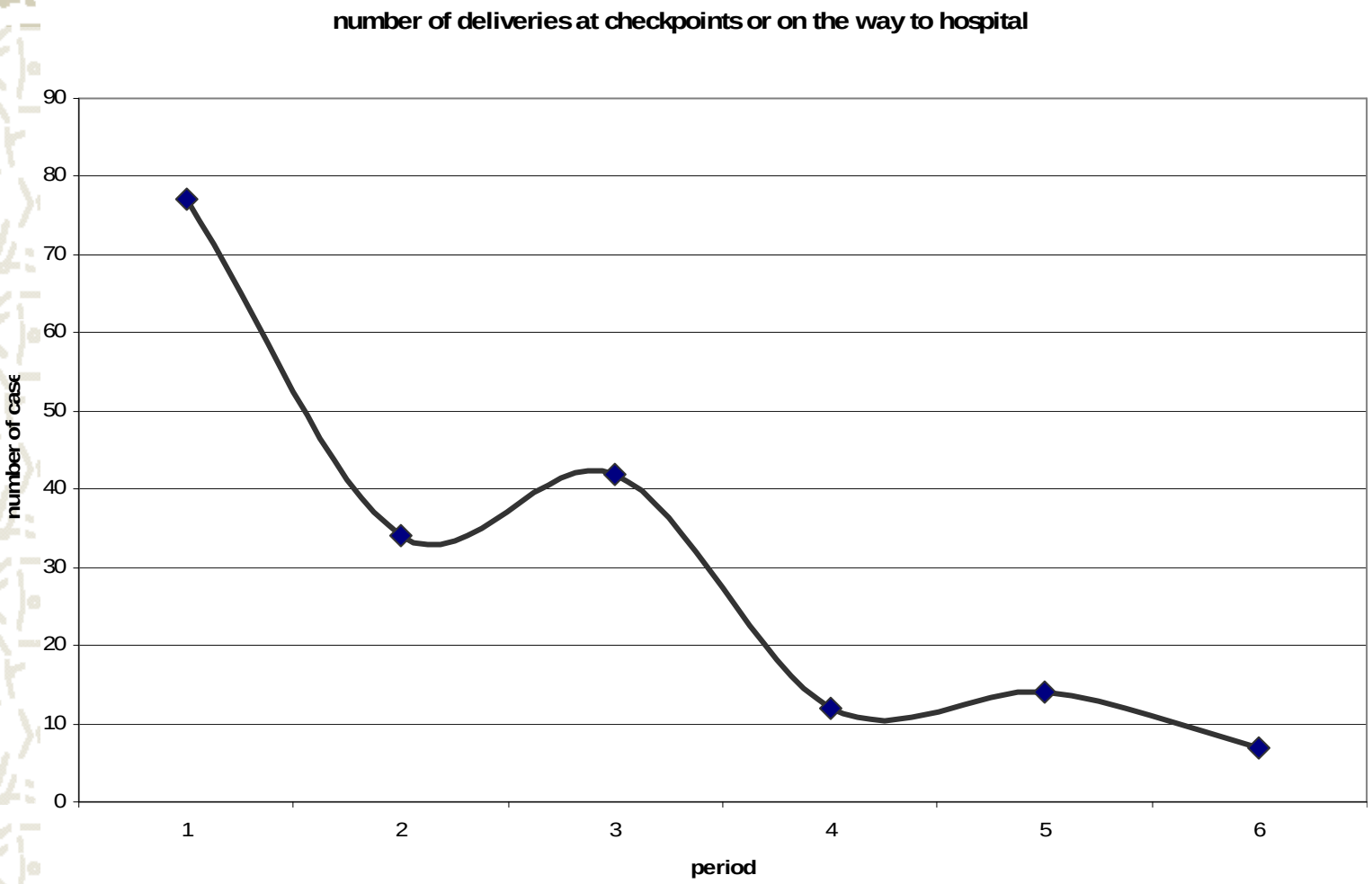

%of pregnant women with anemia
18
16
14
12
10
8
6
4
2
0
%
1
2
3
4
5
6
period

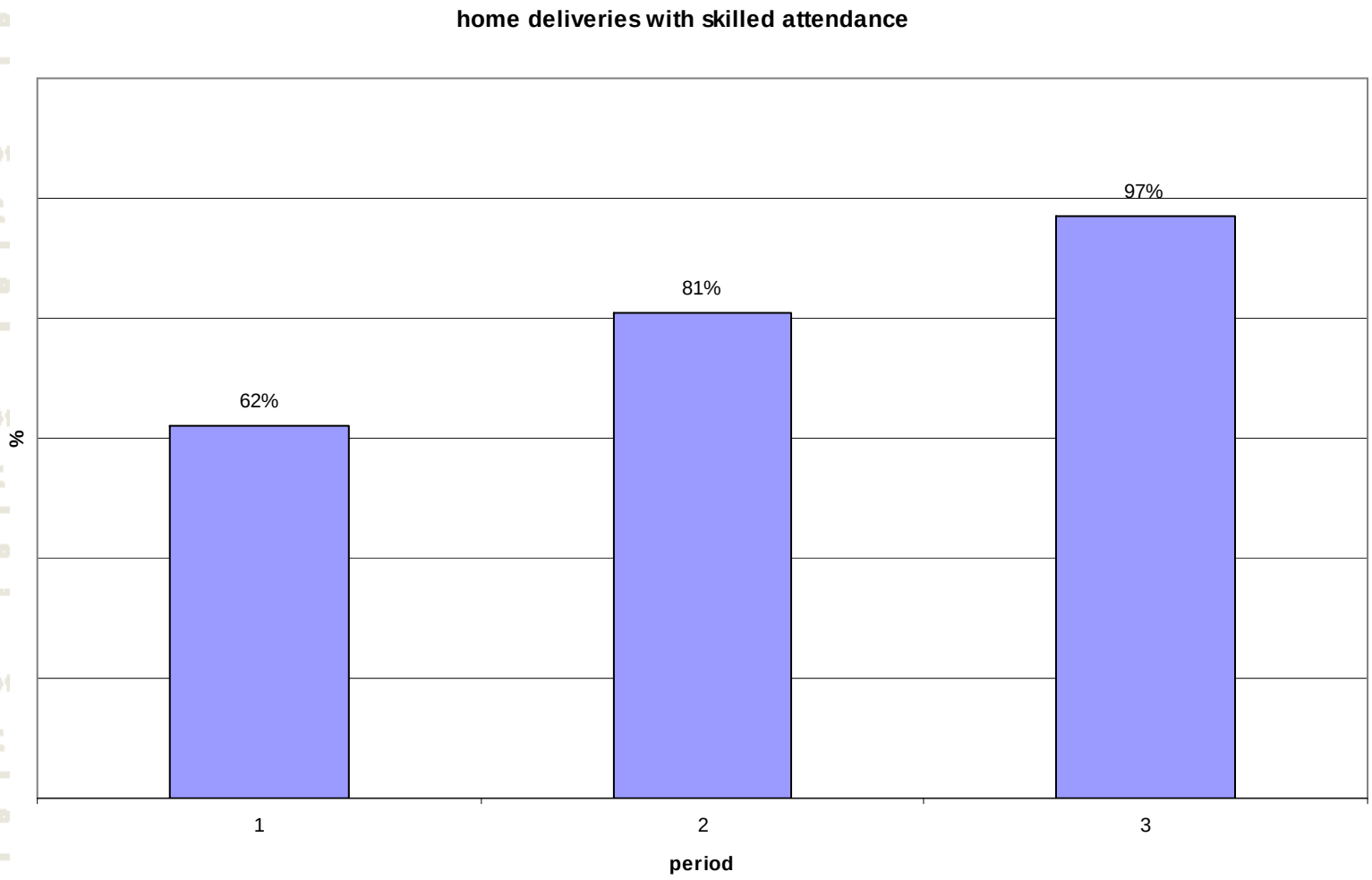
Impact


No. of home deliveries
160
140
120
100
80
60
40
20
0
number of case
1
2
3
4
5
6
period

Impact


number of deliveries at checkpoints or on the way to hospital
number of case
90
80
70
60
50
40
30
20
10
0
1
2
3
4
5
6
period

Impact


home deliveries with skilled attendance
%
62%
81%
97%
1
2
3
period