

Making the links in Canada and Africa:

Community engagement to improve maternal and child health

Établir les liens au Canada et en Afrique :

L'engagement communautaire pour améliorer la santé maternelle et infantile



Conference Report

2020

Making the links in Canada and Africa:

Community engagement to improve maternal and child health

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Global Affairs
Canada

Affaires mondiales
Canada



CIHR
IRSC | Canadian Institutes of
Health Research
Instituts de recherche
en santé du Canada



IDRC | CRDI

International Development Research Centre
Centre de recherches pour le développement international



UNIVERSITY OF
SASKATCHEWAN

Canada

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Executive Summary

On October 15th, 2020 over 100 researchers, students, health workers, donors, decision-makers, community members, and civil society organizations gathered for a three-hour virtual global conference called, “Making the Links in Canada and Africa: Community Engagement to Improve Maternal and Child Health.” This event was held as part of a knowledge translation activity from the Innovating for Maternal Child Health in Africa initiative (IMCHA) funded by the International Development Research Centre (IDRC), Global Affairs Canada and the Canadian Health Institutes for Research. The conference was co-hosted by University of Saskatchewan Department of Pediatrics and IDRC. Participants from around the world attended, but the conference was virtually held on Treaty 6 territory, traditional Homeland of the Metis in Saskatoon, Sk.



This conference had the objective of looking closely at how community engagement can improve health. It looked at what has been done, what is being done, and what the future direction is for community engagement. It did this by highlighting experiences in community engagement from five IMCHA research projects in Mozambique, Ethiopia, Nigeria, Uganda, and Tanzania.

These experiences were complemented with highlights from the University of Saskatchewan, Making the Links program in Northern Saskatchewan, and research findings from Sanctum 1.5 working with women living with HIV in Saskatoon. The format began with a plenary session, followed by five breakout groups and a closing plenary session. The breakout sessions included: community voices, engaging with traditions, youth connections, addressing gender gaps, and incentivization and community health.

When participants were asked to use one word to describe an important aspect of community engagement in health 20 words arose, including communication, respect, participation, consultation, collaboration, and tradition (Fig 1).



Fig 1. Wordmap of SLIDO Question from conference: Use one word to describe an important aspect of community engagement in health.

Feedback from one participant highlighted what the conference meant to them, in the words of one of the participants: *“This conference was one of the most informative, exciting, diverse and beautiful I’ve attended. Thank you for bringing these experts and their learning to a larger audience, and thanks to all participants, including Elder Judy and the beautiful dancer. I learned and was very moved by this event!”*

This report provides a summary of the discussions that occurred at this conference and is intended to stimulate conversation among the broader global health community about the role we can play in community engagement going forward.

Opening Remarks

The event was moderated by **Nafissatou Diop** (Senior Program Specialist, IDRC) and **Heidi Monk** (Knowledge Translation Program Office, IDRC).



Heidi Monk

Both joined from Ontario, Canada the traditional and unceded territory of the Algonquin nation. To start off the event Indigenous



Nafissatou Diop



Elder Judy Pelly

Elder **Judy Pelly** from Treaty 6 Territory, Saskatoon, Saskatchewan offered a prayer. She prayed that we would give voice to the vulnerable especially children and young mothers and those living with mental health issues and addictions. She asked that “Creator bless us all and that we would have a good meeting”

Associate Vice President Research Univ. of Saskatchewan, **Dr. Darcy Marciniuk**, welcomed all and stated that the University of Saskatchewan was “committed to put its knowledge to work to share our expertise, our people and learnings derived from research with others around the world. We value partnerships, interdisciplinary collaboration and leadership to inspire communities and their people to be all they can be.” He invited all to visit the University of Saskatchewan when travel returns to normal.



Dr. Darcy Marciniuk

His Worship, **Charlie Clark**, Mayor of Saskatoon,



Mayor Charlie

stated how the Mozambique project between University of Saskatchewan and colleagues in Mozambique has been a wonderful way to share learnings between our students and those in Mozambique. He mentioned how he has learned from his connections with Mozambican team members who have visited Saskatoon. He stressed the strong connection between the City of

Saskatoon and the University of Saskatchewan is vital to support the community systems in our city, and around the world.

Arjaan De Haan, Director, IDRC, welcomed all attendees on behalf of IMCHA's three donor partners. He stated that all women and children have the right to respectful and high-quality health services. He stated that as part of Canada's commitment to gender equality and maternal and child health IMCHA was developed. He explained that the initiative was to use research found by 19 research teams and two health policy and research organizations to inform policy development at a governmental level.



Arjaan De Haan



Dr. Ron Siemens

Plenary Session: Dr. Ron Siemens Co-Principal Investigator Alert Community Prepared Hospital IMCHA project

Dr. Siemens began by outlining what the [Alert community project](#) focused on and shared community engagement lessons learned.

Projects should:

1. Build on past successes
2. Engage with a local team with expertise
3. Learn the context
4. Work closely with traditional community leadership
5. Find the leader(s) who the community rallies behind
6. Work within established systems



Ambulatory Motorcycle Bike from Nampula, Mozambique

The key Interventions of the project were outlined and the adolescent focus was stressed.



Project Frango – Poultry farm in Mozambique

The talk was closed by Dr. Siemens sharing some things he learned personally: the “joy of community” where everyone is working for the betterment of all in a young energetic community was life affirming.



Curling in Saskatoon, SK, Canada

He concluded that “Everyone has a dream” and we have an opportunity to help everyone we connect with reach that goal.

A question and answer period followed the presentation and topics of assessment, scaling, role of men, and collaboration with the rest of Africa were discussed.



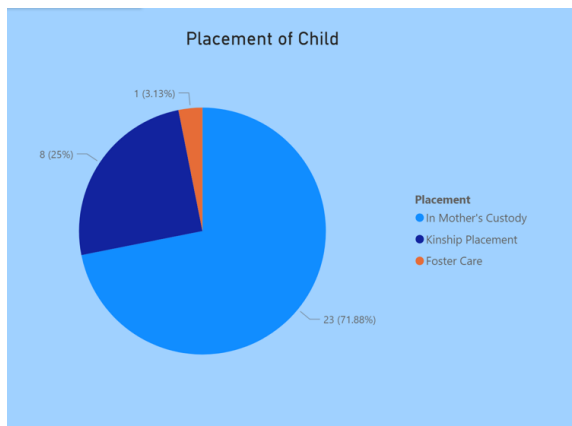
Children in Mozambique

Breakout Session 1: Community Voices

My experience with research: How being part of an implementation research project influenced my perspectives and behaviour regarding community health.

Moderator: Friday Okonofua, Women's Health and Action Research Center, Nigeria

Jamesy Patrick and Amanda Froehlich Chow, presented the work of Sanctum 1.5 in Saskatoon. This is an innovative research project providing wrap around care for women living with HIV and their newborns. The presenters highlighted the success of the program by how many mothers by placement of child residing in the mothers' custody.



Sanctum 1.5. figure representing percentage of children place in Mothers custody after 1 year of the program

Friday Okonofua presented an [IMCHA project in Nigeria](#). Their project asked the question why women are not availing themselves of the services of skilled birth attendants at the primary health centers (PHC) and what interventions would help overcome these barriers. It was the first time these 20 communities had been involved in research. Three people from the community presented their experience. Chief Peter Okemde was local project coordinator in his community. He shared how the project led to many more women coming to the primary health

center for safe skilled deliveries. Gloria Ayanru, the skilled birth attendant at the primary health center in her community also shared how the project provided delivery kits, and primary obstetrical medications and further training. This increased the community's trust in the PHC and many more women came for delivery of their newborns. Sarah Eilebogudo was a beneficiary of the project.



Photos from Nigeria

She stated that prior to the project the PHC had had no medications, no doctors, no nurses and not even beds to deliver on and was locked when she presented for her first delivery at night. She was very surprised that when she was pregnant a second time the PHC had improved significantly and she is now inviting friends to deliver at the PHC.

Breakout Session 2: Engaging with traditions

How to harness existing cultural practices and traditions to improve maternal and child health / sexual and reproductive health and rights

Moderator: Ron Siemens, University of Saskatchewan, Canada

Jaibo Mocufo explained how an IMCHA research project in Mozambique approached and worked with traditional rites teachers to incorporate teaching on modern contraception into the rites. Some of the findings included the strength in partnerships, a focus on helping others instead of seeking only a financial benefit, the strength of existing platforms over creating new ones, the value of local leadership involvement to improve engagement by the community.



Lessons learned from Mozambique project



Photos from Jessica's travels to Dillon, Saskatchewan

James Sylvestre, Dene elder from Dillon Saskatchewan and Jessica Froehlich a University of Saskatchewan medical student presented on community work between students and elders in northern Saskatchewan. Jessica highlighted the importance of including tradition in her practice. Tradition and culture are not a check box but needs to be integrated into one's life. This resonated with the other participants during the breakout session.

Marie, a participant, gave examples from Rwanda on how their government has formally connected with traditional healers to ensure tradition is included in the care of patients.

Breakout Session 3: Youth connections Experiences in engaging adolescents in maternal and child health / sexual and reproductive health and rights

Moderator: Celso Belo, University of Lurio, Mozambique



Celso Belo

Celso Belo, David Zakus, and Debbie Spicer, all from an IMCHA Mozambique project presented on how the Alert Community Project approached adolescents in and out of schools and the successes and challenges with this. Four lessons were



David Zakus



Debbie Spicer

learned and discussed during this breakout. The first lesson is to recognize the importance of working with and strengthening existing platforms created in the community. The second lesson is to incorporate tradition and culture. The third lesson is to engage adolescents as active stakeholders. The fourth lesson is to appreciate the differences between genders. There are different approaches to how you interact with male and female youth. It is important to be sensitive to gender differences in education about sexual and reproductive health and rights.



Breakout Session 4: Addressing gender gaps

Contributing to gender equity to improve maternal and child health / sexual and reproductive health and rights

Moderator: Sian FitzGerald, HealthBridge Canada

Sian FitzGerald presented some examples from an [IMCHA project in Tanzania](#). Their study found that one of the most effective ways to influence gender inequality was to engage men.

Nicole Bergen and Muluembet Abera talked about their [IMCHA project in Ethiopia](#). The research team upgraded maternity waiting areas; led information, education, and communication outreach with health education workers, religious leaders, and a women's development army. Nicole then shared how gender issues reflected upon access to care.

There were several questions and good discussion on barriers to gender equality in the community. This included understanding the initial status of women in the study. Other barriers can be solved at the government and political level.

Engaging Men in Maternal Health

Gender inequality is a major driver of poor health outcomes for women and their children.

Traditional gender roles and societal norms influence men's involvement in maternal health.

For example:

- Maternal health can be viewed as a woman's domain
- Perceptions of masculinity can deter male involvement
- Women remain responsible for household chores during pregnancy

Why engage men ???

- Engaging men can encourage shared decision-making
- Male partner support increases women's access to and use of maternal health services
- Male involvement in maternal health reduces gender inequality

How to encourage male involvement:

- Male Champions:** deliver informal health education to men in public settings
- Community Health Education:** provides men with knowledge about pregnancy and childbirth
- Men's Groups:** discuss and identify needs in the community and propose solutions
- Positive Role Models:** can encourage men to attend health visits with their partners

Implemented by:

To learn more, please visit: healthbridge.ca

This work was carried out with the aid of a grant from the Innovating for Maternal and Child Health in Africa Initiative - a partnership of Global Affairs Canada, the Canadian Institutes of Health Research and Canada's International Development Research Centre.

Promotional tool Health Bridge Canada

Breakout Session 5: Incentivization and community health: How can incentives be used to enhance maternal and child health / sexual and reproductive health and rights.

Moderator: Jenipher Twebaze, BRAC Africa



Jenipher Twebaze

Jenipher Twebaze shared the role of community health workers in [an IMCHA project in Uganda and South Sudan](#). She highlighted the impact of financial and non-financial incentives in her randomized study where she grouped community health workers into three groups. One group was able to sell medicines, another sold local items, and the third was paid the equivalent to what they would have earned in the

other two groups. Results showed there was no difference in their endpoints in all three aims. The question period brought out that training, status, certification and being given basic supplies (uniforms, badges, boots etc.) were all helpful to incentivize community health workers. The main deficit is leadership.

Discussion questions

- How are community health workers incentivized? How cost-effective and sustainable is it in low resource settings? What are the challenges?
- How should incentivizing community health workers involve gender responsiveness? What are the challenges?
- What deliberate investments can decision-makers in government, development and civil society make in the health system to engage community health workers and communities and also achieve Universal Health Coverage?

Return to plenary

Following the breakout groups, the attendees returned to the Plenary session and watched a traditional indigenous jingle dance in honor of women and infants, produced and performed by Kenecia Anderson, Poundmaker Treaty Six First Nation. A powerful quote from the dance was, “Awasis is the cree word for child. This word refers to the child being a pure spirit. Our job as mothers is to take of the little pure spirits that have been lent to us by the creator. Take of yourself as much as you take care of your family.”

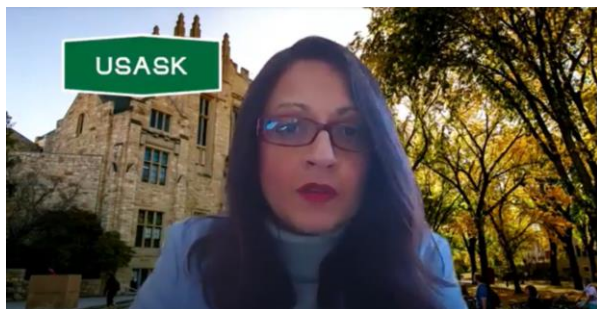


Jingle Dress Dance video by Kenecia

Each Breakout group moderator presented a 2-minute summary of each breakout group to the plenary session.

Closing Remarks

Meghna Ramaswamy, Director of the International office, University of Saskatchewan summarized some of the results of Mozambique project and talked about celebrating the



Meghna Ramaswamy

partnerships seen today. Success and lessons learned can be applied in other global community settings. She closed by inviting all attendees to the [Peoples Around the World global health conference](#) held virtually February 2-3, 2021 sponsored by the international office at the University of Saskatchewan.

Montasser Kamal – Program Leader, IDRC, mentioned some highlights from the event.

1. That the knowledge and expertise of the community must be integrated into research from the very beginning and implemented jointly throughout.
2. Both Canada and Mozambique are close together in their desire to improve maternal and newborn mortality. The key is collaboration.
3. Governments have good policies but sometimes they don't get implemented well and community-based research can help these policies take life in the community.
4. Communities offer leadership and we, as a global research community, should listen.
5. Appreciate the emphasis on arts and culture and how they were integrated in the learning and scientific thought processes.
6. Finally, the joy of community is unparalleled; we have this in common around the world.



Kamal Montasser

This is just the start of the conversation and will continue through more IMCHA webinars in the coming months. Interested parties can learn more at idrc.ca/imcha, following @imcha_ismea on Twitter and [subscribing to the IMCHA newsletter](#). Montasser finished by thanking all elders for sharing their expertise and the planning team for their hard work and dedication.

Conclusion

The Making the Links in Canada and Africa virtual conference offered an opportunity for global exchange of community engagement experiences in the context of maternal and child health. Some feedback from participants on what they learned included:

- ❖ “Communities are key for better scientific research”
- ❖ “Youth engagement and empowerment experiences and tips”
- ❖ “The general thinking about incentivizing CHWs with nonfinancial incentives and how it can motivate them even when they are volunteering”
- ❖ “How to engage men and the mechanisms to incentivize CHWs”
- ❖ “The fundamental nature of respect for culture, including traditions, native language and socialization/belonging”
- ❖ “Dr. Ron Siemens sharing of their teams research and community engagement narrative and lessons. I enjoyed the breakout session to hear from community members as key to effective solutions.”

This event was well attended and was also given media attention including a CBC radio interview on [Point du jour](#), two CTV interviews ([CTV news at 6](#) and [CTV news at noon](#)), and a podcast interview on [Researchers under the scope](#).

This three-hour event gave participants an opportunity to reflect on what is working but also what research gaps persist for community engagement in maternal and child health as well as in sexual and reproductive health and rights. It is the intention of this event, that the virtual conference, conference report, wrap up video and resources on the IMCHA website stemming from the event will stimulate continued discussion, ignite new partnerships, and forge new links in improving maternal and child health through community engagement.