Community-led Health and Well-being Project Evaluation

Diocese of Niassa, Mozambique

An Executive Summary: November 2016

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PROGRAM EVALUATION
EXECUTIVE SUMMARY
COMMUNITY-LED HEALTH AND WELL-BEING PROJECT

A project of the Diocese of Niassa and Anglican Overseas Aid
With funding support from the Australian Government

Judith Ascroft, November 2016

EXECUTIVE SUMMARY

Anglican Overseas Aid (AOA) has been supporting implementation of the Community-led Health and Wellbeing Project in partnership with the Diocese of Niassa (DoN) in Mozambique since 2011. Funded through the Australian NGO Cooperation Program (ANCP), the goal of this initiative is that *Communities will see fewer children and adults dying, more people knowing their HIV status, more people speaking openly about HIV, and fewer children malnourished. Communities will see that THEY brought about these changes, by applying basic health messages.* The budget for the current three-year phase 2014-2017 is AUD$300,962. This report presents the findings of an evaluation of the first two years of Anglican Overseas Aid support to Phase 2 of the project (July 2014 to June 2016).

Community discussion Nacuca

Key findings and conclusions

The Community-led Health and Wellbeing Project has achieved impressive results despite the challenges of working in some very remote and under developed areas of Northern Mozambique. The need for health services in Mozambique remains high, with 14% of Mozambican children dying before they reach 5 years of age and 11% of Mozambicans between the ages of 15-19 living with HIV[1].

There is strong community interest in knowledge that enables increased control over health and wellbeing[2]. The program is addressing this need with more than 2000 volunteers actively participating in efforts aimed at improving the health and wellbeing of their communities.

The *Equipa de Vida* approach of mobilising volunteer community activists has evolved and is highly appropriate in this context in which there are few government services or other non-government actors. Using a strengths-based approach the program is enabling communities to define their own assets and use them to address core health and well-being priorities. There is also strong community ownership and engagement in the program.

Knowledge about the causes, prevention and treatment of HIV is resulting in increased HIV testing and reduced stigma in communities. Rates of HIV testing of women during pregnancy are particularly impressive, with 97% of women having been tested in the most recent pregnancy, up from 51% in 2014. While this result cannot be attributed exclusively to the program, the efforts of the *Equipas de Vida* and community leaders in encouraging

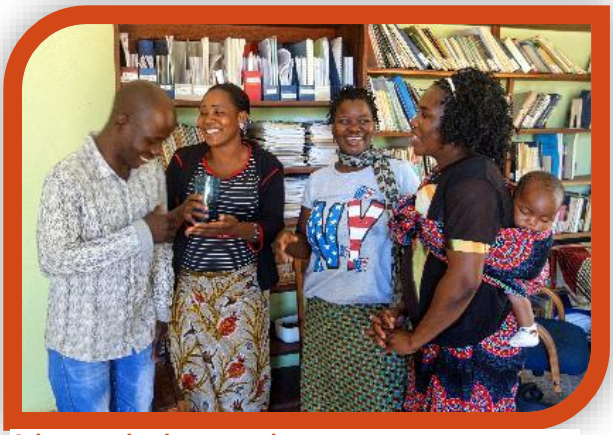
[1] ANCP AD Plan Project 2016-17
[2] Ibid

testing and in mobilising the community are recognised by some District Departments of Health as critical.

The KAP data supports the findings from community consultations about increased levels of knowledge about HIV. 58% of respondents to the 2016 KAP survey had a comprehensive knowledge of HIV up from 36% in 2014. There is also improved knowledge about HIV transmission and approaches to effective treatment. In 2014 only 10% of respondents had a comprehensive appreciation of how HIV is transmitted. This has increased to 32% in 2016.

81% of respondents understand that antiretroviral drugs (ARVs) are an effective means of HIV treatment compared to 65% in 2014. There have also been improvements in the percentage of respondents who incorrectly believe a person should stop taking ARVs when they start to feel better (21% compared to 30% in 2014).

Community attitudes to people with HIV are also changing with 62% of respondents having 'accepting' attitudes such as a willingness to care for those with HIV, compared to only 33% in 2014. Increased knowledge is also contributing to behaviour change with 61% of respondents having ever used a condom (up from just 32% in 2014) and sharing of blades and needles also reduced (30% compared to 48% reported in 2014).



Adeptos sharing experiences

These striking results suggest that the teaching and training is well targeted and that the reinforcement of key messages is increasing community understanding of HIV. Program staff recognise that further work remains to address ongoing misunderstandings and knowledge gaps. Despite improvements since 2014 for example, 28% of respondents continue to believe that HIV can be transmitted through mosquito bites.

In the light of these findings a continued focus on HIV prevention and treatment is appropriate and will be further strengthened through greater dialogue with government and through other planned measures to improve the reach of messages to each household.

Although it is too early to say whether community-wide, broader changes in health are taking place there is evidence that community members are learning about nutrition, using local food in new ways and changing child-feeding habits. General community health is also benefitting through improved access to water and knowledge about hygiene and sanitation. The *Equipas de Vida* and community and religious leaders are also extending the reach of basic health and HIV messages to their neighbours and beyond. In 2016, for example, 88% of respondents to the KAP survey had heard about HIV through their church or mosque compared to 72% in 2014.

While the teaching of simple key messages and reinforcement through using posters is reducing stigma, and is promoting changes in behaviour the current teaching and provision of door-to-door advice is not yet reaching every household. Plans to pilot new approaches which aim to improve coverage are encouraged.

The scope of program activities is appropriate (and arise from priorities identified by the community). However, considering the findings of the evaluation two areas should be further explored. The first relates to improving access to maternal health services. Many women reported giving birth either on the way to a health facility or at home. The second is to explore ways in which gender equality can be addressed in teaching, in participation and leadership, in program activities, and in access to services.

The program is flexible enough to respond to changes in the context and to seize opportunities for partnerships which add value to the community. Where there is a strong government partnership the work of the *Equipa de Vida* is valued and is supporting the government to achieve its health objectives.

The approach is cost effective and the program has in place effective mechanisms for planning, coordination and reporting. There are also several ways in which learning and problem solving is captured and shared within the program and with a wider audience.

The leadership and comprehensive involvement of every level of the Anglican Church, and of the chief and other community leaders are significant factors in the effectiveness of the program. In particular, support from the Church, Chief and community leaders for the efforts of the adeptos, animators and *Equipas de Vida* is reinforcing key messages about health and well- being. A further key strength of this work lies in its reach across the community regardless of faith. The program is building collaboration and harmony in the community and enabling collective action on key health matters. Before the *Equipas de Vida*, communities described having no mechanism for interfaith or inter-denominational collaboration.


Community built latrine

The strategic partnership between the Diocese of Niassa and Anglican Overseas Aid is also adding value to the program and to the efforts of the community. The shared commitment to a strengths-based approach and to interfaith collaboration and collective action is enabling the strengths and assets of all members of the community to be harnessed. There is scope for the experience of Anglican Overseas Aid in other countries in Africa to be shared with the Diocese particularly in relation to maternal health and gender empowerment as well as in child protection.

There is a need for strengthened dialogue with the District Departments of Health across all program areas. This is important if the program is to continue to build on its successes in HIV. It is also essential if the *Equipas de Vida* are to be successful in converting

improved health knowledge into greater access to services. Without doing so the program risks building community expectations that continue to be frustrated by systemic constraints in the health system.

The approach includes a number of features that together promote sustainability. However, not all of the *Equipas de Vida* are strong. There is scope to further strengthen support to the *Equipas de Vida* through the work of the animators but most will require further training and capacity building to be able to do so.

Equipa de Vida, Nacuca

Women's participation is generally strong across the program and there are some examples of changes to traditional roles in the community. There is also evidence in program structures of emerging women's leadership which is adding value to the program and enhancing decentralised decision making. The program has demonstrated that it can respond to constraints that reinforce gender disparities in the community such as a lack of formal education or language ability in Portuguese. But there are not yet gender equality strategies being built into program activities. A new design process for phase 3 provides an opportunity to address this.

There is also some evidence that the program is including people with disability in program activities but, as with gender, there is no current strategy to promote disability inclusion. The care of children, especially orphans, is being addressed by the community and traditional and religious leaders. Most staff and volunteers have also been trained in child protection. Reinforcement of child protection protocols and practices should continue for new staff and volunteers.

Conclusions

Through the partnership between the Diocese of Niassa and Anglican Overseas Aid more than 2000 volunteer activists are being supported to bring about discernible change in the health and wellbeing of 64 communities across the province of Nampula and in one district of Cabo Delgado.

The program is highly relevant to the context and directly responds to priorities identified by the community. Survey data confirms positive progress in improving community knowledge about the transmission and treatment of HIV, increased rates of HIV testing, and attitudinal change towards people who are HIV positive. Knowledge about nutrition, sanitation and hygiene is addressing practices which have contributed to poor health outcomes.

Overcoming years of distrust as the result of the long running civil war in Mozambique, community members are reaching out to those who are vulnerable to improve their well-being and are leveraging traditional community and religious leadership and government support. The approach is enabling community collaboration across faiths and denominations which has not been possible in the past.

Despite the considerable strengths of the *Equipa de Vida* approach, the program is not yet able to continue independently and a further phase of funding support is recommended. It is not yet possible to determine whether the *Equipas de Vida* can become fully self-sustaining but not to invest further could reverse much of what has been achieved.

While the evaluation team has proposed several recommendations to enhance the program during the next phase, the fundamentals are strong. It is hoped that the recommendations enhance the work to date and focus efforts on critical areas. At the end of the evaluation some initial planning took place to position the program for changes in Phase 3 from July 2017. Ideas that emerged from the evaluation process have informed this planning and will be further developed in the design of the next phase.

RECOMMENDATIONS

Given the participatory nature of this evaluation and the opportunity to consider the implications of the findings for the future, a number of the recommendations are already being acted on or will be addressed in the design and implementation of Phase 3.

1 Continue to develop simplified teaching modules and associated posters that respond to community priorities.

2 As part of the design of the next phase of the program, develop a Monitoring, Evaluation and Learning Framework with associated indicators to enhance ongoing monitoring and evaluation.

3 Explore opportunities to share the learning and implementation approaches (and associated research) from Anglican Overseas Aid's programs in maternal health in several African countries.

4 Renew advocacy efforts with the District Departments of Health. Consider:

- **A focus on maternal health including the possibility of a role for the church in program interventions**
- **Refocus efforts where the relationship is not well established to facilitate interventions such as mobile HIV testing brigades.**

5 Develop strategies to encourage more men to seek HIV testing.

6 Continue reinforcement of key messages. Consider:

- **Using monitoring data and analysis of KAP surveys to determine the need for any further adjustments to program interventions.**

7 Secure funding for a further phase of the program.

8 Explore opportunities for further capacity development of animators to enable them to strengthen their support and coordination role at a community level.

9 Consider and trial strategies from elsewhere in the Diocese that could be utilised to improve coverage of teaching in the community especially in ensuring key messages reach every household.

10 Explore the use of context specific tools which could be used to enhance gender equality and disability inclusion. Consider:

- **Exploring other initiatives which are addressing gender in the context of the church's role in development for example, Anglican Overseas Aid's work in other African countries.**

11 Reinforce Child Protection training for animators and for new program staff.

ACKNOWLEDGMENTS

'…some very beautiful work is happening….' Venerable Eugenio Mepo, Archdeacon Nampula

The evaluation team sincerely thanks all those who contributed to this report including those who worked so hard behind the scenes to make the evaluation process a valuable one.

Community volunteers warmly welcomed the evaluation team and were generous in giving their time and openly sharing their experiences and their personal testimonies. Community and religious leaders were also generous in sharing their views and in opening up their homes and churches so that the evaluation team could meet with as many community members as possible.

Special thanks to the adeptos and the Anglican clergy of Nampula who walked with the evaluation team in this journey of discovery, patiently answering many questions and providing feedback on the initial findings.

Program Team and clergy Nampula

Ms Muassite Miguel and Ms Rebecca Vander Meulen were instrumental in ensuring the evaluation process went smoothly and were extremely patient in responding to multiple questions. Ms Vander Meulen also undertook most of the translations from Portuguese into English.

The initial findings of the evaluation were shared with a team comprising adeptos and clergy to test for relevance and accuracy. The findings, conclusions and recommendations reflect the views of the evaluation team but the author takes full responsibility for any errors or omissions in the report.