



CONSAMS 2^o Meeting
Windhoek, Namibia
15 - 18/02/2012

ONE STUDENT ONE FAMILY PROGRAM, HEALTH SCIENCES FOSTERING COMMUNITIES AND PROFESSIONALS



Health Sciences Faculty
Lúrio University

VISION

EXCELLENCY, HIGH QUALITY, COMPETITIVE AND INTERNATIONALLY RECOGNIZED GRADUATE EDUCATION

- Courses:
 - General Medicine,
 - Dental Medicine,
 - Nutrition,
 - Optometry,
 - Pharmacy,
 - Nursing.

- Intellectual production is guaranteed responsible for local communities knowledge



MISSION

EDUCATE AND TRAIN

A NEW GENERATION OF PROFESSIONALS,
COMPETENTS, COMPROMISED WITH SCIENCE AND LOCAL
COMMUNITIES DEVELOPMENT AND LIFE QUALITY

- Expand the humanistic concept, in modern terms, opening new perspectives to do things.
- The University, standing for progress, must attain a new and up dated Health Harmony.
- Family Health is the strongest factor over individual or community health.
- Health Sciences have to manage better the link between modern and tradition, based on the large family unit, ecosystem needing innovation.

AIMS

Defined after consultation of Community Leaders and Public, Private and NGO institutions working on Provincial and regional development

- ◉ New sites for training Community Health: better professionals, students, teachers, researchers and others in the University.
- ◉ Longstanding and mutually advantageous link between the future professional and the community.
- ◉ Innovative Curriculum in all HS Courses, targeting central problems in local community development indicators.
- ◉ Data Base for Students and Teachers, to support éthic scientific research towards communities and national development.

COMPONENTS

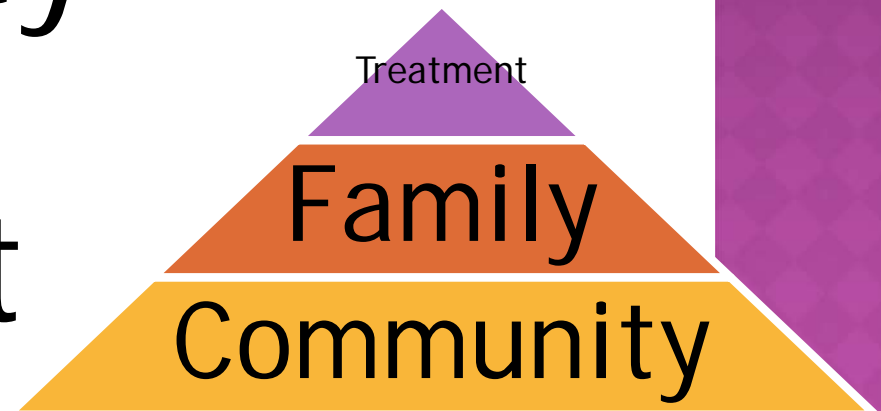
3 action lines



1. Family

2. Community

3. Treatment



FAMILY

Action line 1



- ⦿ Each student is made responsible of one family, monitoring health status, analysing social, economic and cultural aspects impacting on the individuals's and Family health, like education and nutrition.
- ⦿ The student in his family visits, after initial fast diagnostic, delivers health promotion and education messages, targeting individual members and the family.

COMMUNITY

Action line 2



- Meetings in the community about health subjects.
- Health Promotion interventions.
- Infectious Diseases Prevention interventions.
- Community development operational research.

TREATMENT

Action line 3



- Reference and monitoring to National Health Service.
- Near future: University Clinic, a research center and a non profit health center for the Program Families' Patients.
- **Optometric Clinic is now working weekly!**

METHODOLOGY



- All the HSF Courses have a curriculum supporting One-SF Program: the Chair (Discipline) Community Health, giving the student the opportunity to work with a family, the community and the Program all along his graduation.
- Practical Lessons give the student the opportunity do develop new skills and consolidate theory. Research, health education interventions and innovation are stimulated.

METHODOLOGY



- Operational planning respects Curriculum disciplines and student academic level.
- Courses's periodic meetings, gathering all disciplines with a strong program component.
- Periodic meetings with program actors, teachers, students, community and the civil society.
- Promote research with direct results on families and communities, following the Disciplines curricula and the agreement of target communities.

METHODOLOGY

The treatment component is supported by a medical record system (One-SF Data Base), with family and family members record.

We demand from the Student:

- Competences, knowledge and skills to participate creatively on the link University-Community.
- Capacity to collect detailed information about family health situation, considering all factors impacting families and community human development indicators.

ACTIVITIES

1. Health Education action protocols.
2. Local actors, community and family leaders partnership.
3. Work Groups.
4. Observatories (pharmacological surveillance, chronic and degenerative diseases).
5. Each student is assigned one family.
6. Visits to the families, data collection.
7. Data storage.
8. Data management.
9. Data analysis.
10. Research.
11. Field actions.
12. Reference Protocols.



RESOURCES

- Team
- Equipment
- Software
- Consumables
- Food products for demonstrations
- Urban cleaning materials
- Health Education materials



- Budget:
 - Initial investment:
400.000 Mt (16.000 \$USA)
 - One year activities (2012):
1.400.000 Mt (56.000 \$USA)
- Financing:
 - Unilúrio

COMMUNITY HEALTH DISCIPLINE

Developing towards Family and Community Health

○ AIMS

- Understand primary health care from a scientific and social point of view.
- Understand health sciences as biological and social sciences for the bio-psico-social human being.
- Consider Éthic as a priority in the health staff - community relation.
- Recognise health and disease phenomena and the most prevalent risk factors in the community, being able to implement important community health activities.
- Understand health education and promotion value.
- Apply the scientific knowledge acquired in the HSF to develop communities in One-SF Program.

COMMUNITY HEALTH DISCIPLINE

Developing towards Family and Community Health

◉ PRACTICAL CLASSES

- ◉ Preparation: Indicators list, Family data sheet (demographic, social, economic, health, problems, desires, propositions), Repport guidelines (every six months group activities Reports are produced), Institutional visits guidelines, Family distribution by groups, Student distribution by groups.
- ◉ Execution: deplacement, family visit, data collection, fast diagnosis, health education. Later, data storage, analysis and repport.

COMMUNITY HEALTH DISCIPLINE

Developing towards Family and Community Health

- ◉ DEVELOPMENT

- ◉ *Strengthening Family Health topics.*

Family care is continuous (the professional is timely linked to a community), promoting an open and humanistic relation with patients, knows deeply the family and its functionality, works strongly to prevent disease and educate on health topics.



COMMUNITY HEALTH DISCIPLINE

Developing towards Family and Community Health

◉ DEVELOPMENT

◉ Local health and disease cultural concepts integration.

- ◉ Locals consider illness and other problems (bad crops, traveling difficulties, bad luck in business, marriage disruption) have a direct cause, that must be discovered to be treated. And then it is necessary to search in two directions:
 - ◉ a) The patient: bad food, bad hygiene, non accomplishment of specific duties, out law or social moral norm violation.
 - ◉ b) Other people: mystic punishment of ancestors, bad action of somebody with extra evil power, envidia, jealousy or revenge from other individual.

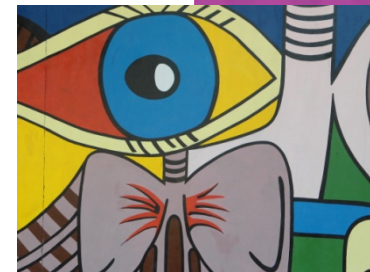
INDICATORS

Monitoring

1. - N° proposed researches.
2. - N° approved researches.
3. - N° finished researches.
4. - N° students attending CH discipline.
5. - N° planned interventions.
6. - N° executed interventions.
7. - N° visited Families.
8. - N° visited Communities.

Evaluation

1. - N° Published researches.
2. - N° Students approved in CH chair.
3. - N° evaluated interventions.
4. - N° Families with positive results.
5. - N° positive family results evaluated.
6. - N° Communities with positive results evaluated.



PARTNERS



- ◉ Today
- ◉ - Ehime University, Japan.
- ◉ - Saskatchewan University, Canadá.

Planning, monitoring,
evaluation.

- ◉ In contact
- ◉ - ADPP, Maputo.
- ◉ - FGH, Quelimane.
- ◉ - EGPAF, Maputo.
- ◉ - Kenmare, Moma.

Services, technologies,
research

RESULTS

- - Research (low cost, large information, contribution for disease treatment and healing).
- - Students pass CH chair and are prepared for professional activities.
- - Health education and disease prevention activities accomplished.
- - Families with positive results (patient promoting health in his own family, better diet).
- - Communities with positive results (Communities promoting health inside, pro active implementing health care services, bettering life standard).
- - University compromised with population's well-being and Nampula and North of Mozambique communities's development.

DEVELOPMENT

- ◉ Strong partnership with all development agents through 3 Provinces, other Universities cooperation partners and administration. Organisations working with HIV and other health or development initiatives financed by the Government Program to Reduce Absolute Poverty (PARPA) are also targeted partners.
- ◉ HCF is expanding and the new Courses in UniLúrio shall keep this program, according to the institutional and curriculum development plan.
- ◉ Take One-SF Program to all Faculties, Niassa and Cabo Delgado, with new features adapted to each knowledge domain.

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