SUMMARY REPORT

KNOWLEDGE, ATTITUDES AND PRACTICES RELEVANT TO MATERNAL, NEWBORN AND CHILD HEALTH

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
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Swiss Agency for Development and Cooperation SDC
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Swiss TPH

Public Association
„Progres prin Alternativă"

comparative data for 2012 and 2014 years done by CIC SocioPolis

INTRODUCTION

Mothers and their children are critical for building the future of the Moldovan society. Ensuring the health of mothers and their babies is the role of the Government of the Republic of Moldova that has reaffirmed their commitment to the Millennium Development Goals aimed at improving maternal healthcare and reducing child mortality.

Women's health is fundamentally linked to their reproductive health. Women's health status, along with child health, are determined by health knowledge, attitudes and practices in the family, community or society. Improving maternal and child health indicators implies complex activities and major changes at the level of state institutions, but also within local communities, through cooperation between specialists from different disciples (medicine, education, social protection, public administration, non-governmental sector etc.), and individual's attitude and practice towards their own health.

The goal of this study was to assess changes in knowledge, attitude and practice related to maternal and child health amongst women of reproductive age and among health and social assistance specialists as a result of the Moldovan-Swiss project „Modernizing Moldovan Perinatology System", phase III, „Community" component, implemented in Falesti district (Sarata Veche village, Glinjeni village, Falesti district center) and Nisporeni district (Seliste village, Milesti village and Nisporeni district center). The component of the project was run by the Public Association "Progress through Alternative" in cooperation with the Swiss Tropical and Public Health Institute from Basel, Switzerland with the financial support of the Swiss Agency for Development and Cooperation in Moldova (SDC), during the period of May 2012 - May 2014.

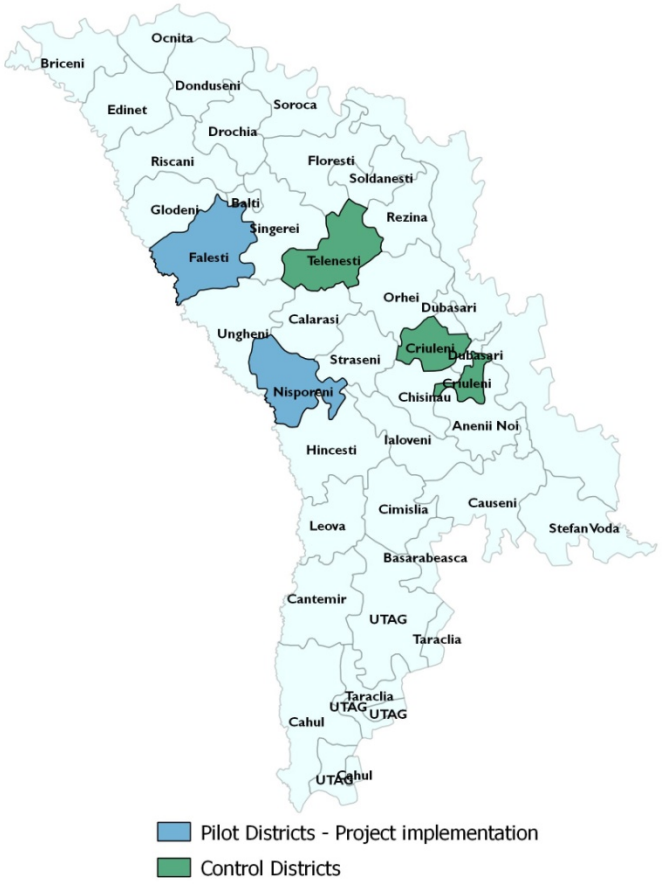
Specific objectives of the research focused on assessing change related to:

- knowledge of maternal and child health amongst women of reproductive age;
- knowledge of vulnerability and ways of identifying vulnerable persons at the local level, amongst specialists;
- attitude and practice in the area of health;
- population attitude and practice related to reproductive health;
- attitude and practice during pregnancy;
- attitude and practice after childbirth;
- professional interventions of community specialists;
- information and community mobilization practice in the area of maternal and child health.

The present study targets the representatives of medical and education institutions, local public authorities, Y-PEER teams[1], Family Clubs[2], the non-governmental sector, youth, women of reproductive age and their family members and decision-makers.

METHODOLOGY

In order to identify the impact of project activities on the community, quantitative-qualitative research was undertaken in project implementation communities and control communities (Criuleni district, Slobozia Dusca village, Hirtopul Mare village, Criuleni town and Telenesti district, Negureni village, Budai village and Telenesti town) at the beginning of the project (April – May 2012 – Baseline study) and in the end of the project (March 2014 – Endline study).



The research included:

- KAP surveys – Knowledge, Attitude and Practice in the field of maternal and child health among women of reproductive age, as well as medical and social assistance specialists. The research investigated the behavior of 644 women of reproductive age in 2012 and 644 women of reproductive age in 2014, selected as a random sample, as well as of 221 specialists in 2012 and 205 specialists in 2014.

Qualitative research – focus-group discussions with youth, women and men of reproductive age, and in-depth individual interviews with representatives of local public authorities, representatives of medical institutions, social assistants, leaders of the Family Club, leaders of peer-to-peer educators' teams and vulnerable families. In 2012, 6 focus-group discussions were organized with women of reproductive age in which 57 women participated in these interviews.

[1] Y-PEER teams are teams of peer-to-peer educators, trainers and promoters of sexual-reproductive health.

[2] Family Clubs are a form of community mobilization for promoting health services for families, at the local and district levels.

The Endline qualitative study (in 2014) was more comprehensive and included 12 focus-group discussions with 3 categories of project beneficiaries: youths, women and men of reproductive age (38 adolescents, 60 women and 15 men), and 22 in-depth individual interviews with various community participants: representatives of local public authorities, representatives of medical institutions, social assistants, leaders of the Family Club, leaders of peer-to-peer educators' teams and vulnerable families.

SUMMARY OF FINDINGS

Overall, in the project implementation districts, Nisporeni and Falesti, the basic knowledge of reproductive health among women improved more than in control districts on certain indicators such as the term of pregnancy registration and danger signs in pregnancies which targeted health promotion activities. Similarly, the registration of the pregnancy at the family doctor's office increased more in the project implementation districts than in control districts. Recommended practices such as breastfeeding and vitamin administration to children also increased in implementation districts.

However, other health related practices such as the however do not reflect major changes such as possession of a health insurance or the number of visits to the family doctors. In Falesti, the proximity of Balti may explain the tendency of women to consult doctors there rather than in their locality. Among respondents, there is a persistent lack of trust in healthcare workers and the perception that the quality of care is low is widespread.

The attendance of prenatal classes increased in project implementation districts whereas it decreased in control districts. Improving the availability and quality of antenatal classes as well as increasing their attendance was indeed a key intervention of the project which seems to have reached the target population in pilot districts.

The mechanisms piloted for the mobilization of the communities were the Family Clubs, the Y-PEER and the support to intersectoral collaboration. 1 in 5 women from pilot localities are aware of the existence of Family Clubs. The qualitative data shows quite a positive appreciation of the activities undertaken by Family Clubs ("a good source of information, communication and positive experience for exchange"). However, data also shows the limits of community participation to these activities: 36.1% of women aware of the Family Clubs attended activities more than once and 47.2% did not attend any activity. While it must be reminded that the creation of Family Clubs is very recent, it also points to the need to strengthen Family Clubs outreach activities.

Y-PEER introduced alternative methods to promote sexual and reproductive health among the young people which was welcomed given the existing taboo on these topics especially in rural areas. However, there is evidence that Y-PEER activities were not always understood or well-perceived in educational institutions.

In implementation districts, the population is more sensitized to the fact that a functioning inter-sectoral cooperation is key to a better identify of vulnerable people. In those pilot localities, community workers have a broader understanding of vulnerability as the project actively promoted the consideration of all the marginalized and underserved population groups.

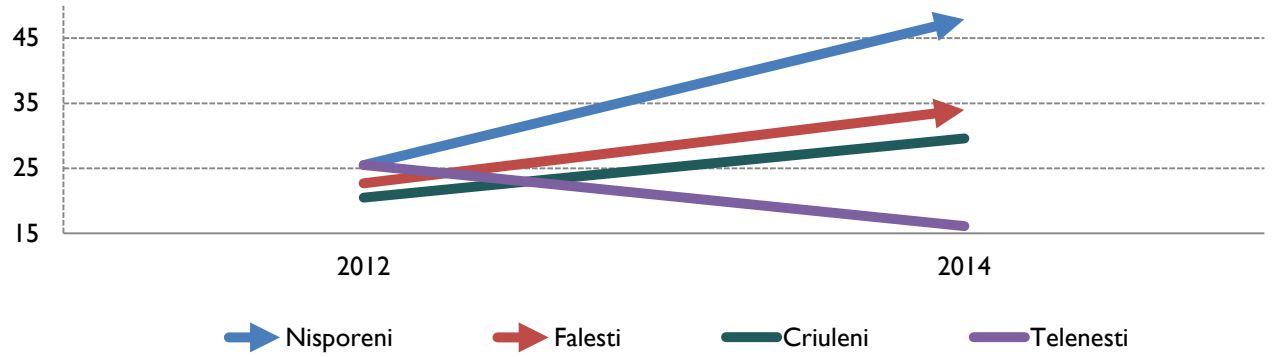
Overall, community mobilization was positively perceived when a wide range of actors was involved: LPA, community specialists, economic actors, and general population.

MAIN FINDINGS

Community health workers and social assistants

- A major problem of the Moldovan health system is the lack of medical staff. The 2014 research conducted amongst community workers shows that the perception of this problem worsened, as it was mentioned by 47.9% of family doctors and social assistants (+22.4 p.p.[3] vs. 2012 research) in Nisporeni district, 34% (+11.3 p.p.) in Falesti district, 29.6% (+9.1 p.p.) in Criuleni district and 16.1% (-9.4 p.p.) in Telenesti district. This situation is most likely due to low salaries within the medical system, including lack of motivation of young medical specialists to work in rural localities and district centers.

Graph 1. Perception by community specialists that the lack of specialists is a perinatal risk factor in the locality



- The number of specialists who face difficulties in defining vulnerability decreased by 4.3 p.p. in all districts, but more so in the project implementation districts – 13.8 p.p. (by 15.9 p.p. in the Falesti district and by 14.3 p.p. in the Nisporeni district), compared to the control districts. The main cause of vulnerability, most frequently mentioned by community workers in Nisporeni and Falesti is the lack of people's ability to solve their own problems, and in the control districts the lack of financial resources. It is possible that increased discussions about vulnerable populations groups contributed to enlarge the understanding of by vulnerability factors community workers. This is an important element to make sure that all marginalized groups receive attention.

- In Nisporeni and Falesti, social assistants have higher needs (85.1%), for communication and counseling needs than health workers (64.6%). The project indeed only trained health workers on these issues. In the control districts these needs are much higher for both groups of community workers: 80.8% for health workers and 94.8% for social assistants.

[3] Percentage point (p.p.) is the unit for the arithmetic difference of the percentages (Baseline and Endline).

Basic knowledge of perinatal health among women of reproductive age

- Overall, women of reproductive age are more aware of the need to register with a family doctor during the first 12 weeks of pregnancy, as shown by an increase from 77.9% in 2012 to 87% (+9.1 p.p.) in 2014. The level of awareness increased 3.8 times in the project implementation districts, compared to the control districts. 90.6% of women in Nisporeni and 97.1% of women in Falesti reported knowing that pregnant women should register with a family doctor during the first 12 weeks of pregnancy, compared to 79.9% of women in the control districts. This message was a core focus of the project and it is likely that this increase partly reflects the impact of sensitization campaigns.

Table 1. Level of knowledge of the term for registering with the family doctor of pregnant women, %

Only women who are / were pregnant 76.6 % = 100% (Baseline) 83.5%=100% (Endline) Open answer		**at 12 weeks**	**From 1 to 11 weeks / Different answers**	**From 13 to 38 weeks / Different answers**	**Don't know**
Total	**Baseline**	**36.7**	**41.2**	**8.8**	**13.3**
	Endline	**32.2**	**54.8**	**8.0**	**5.0**
Project implementation districts	Baseline	43.1	36.5	7.5	12.9
	Endline	30.7	63.1	4.7	1.5
Control districts	Baseline	29.8	46.4	10.2	13.6
	Endline	33.7	46.2	11.4	-8.7
Progress[4] (p.p.)	Project implementation districts	-12.4	+26.6	-2.8	-11.4
	Control districts	+3.9	-0.2	+1.2	-4.9

- Abdominal pain and leakage of amniotic fluid are still the most commonly known sign of emergency before labor. However, there is a significant difference in knowledge of emergency signs before labor among women who gave birth between 2012 and 2014 and those who gave birth before 2012. In the project implementation districts, women who gave birth between 2012 and 2014 have a higher knowledge of emergency signs before labor such as amniotic fluid, too active or lack of fetal movement, abundant bloody vaginal discharge, and vomiting, while women in the control districts are more knowledgeable about fever, abdominal pain and strong headaches.

[4] The progress shows the changes in percentage points (p.p.) that were registered in relation to the awareness of women of reproductive age between the Baseline and Endline.

Table 2. Awareness of emergency signs before labor amongst women who gave birth between 2012-2014 and before 2012 (Endline), %

Emergency signals before labor Women who gave birth 83.5% = 100% (Endline)	Project implementation districts			Control districts		
	Pregnant between 2012 and 2014	Pregnant before 2012	Progress	Pregnant between 2012 and 2014	Pregnant before 2012	Progress
Abdominal pain	95,3	91,9	**+3,4**	98,2	89,9	**+8,3**
Strong headache	12,3	10,6	**+1,7**	13,0	5,8	**+7,2**
Leakage of amniotic fluid	49,2	37,3	**+11,9**	44,4	48,9	**-4,5**
Abundant vaginal discharges without blood	16,9	18,0	**-1,1**	13,0	16,5	**-3,5**
Abundant bloody vaginal discharges	33,8	24,2	**+9,6**	24,1	25,2	**-1,1**
Eyesight disorders	9,2	4,3	**+4,9**	7,4	5,8	**+1,6**
Fever	12,3	11,8	**+0,5**	25,9	16,5	**+9,4**
Too active or lack of fetal movement	24,6	13,0	**+11,6**	22,2	30,9	**-8,7**
Backaches	1,5	1,2	**+0,3**	3,7	0,7	**+2,4**
Vomiting	9,2	3,1	**+6,1**	0	0,7	**-0,7**

- The level of awareness of danger signs in newborns' health among women of reproductive age is still low but women who gave birth between 2012 and 2014 have more knowledge of danger signs of newborns, compared with those who gave birth before 2012. In the project implementation districts, these women improved their knowledge of danger signs in newborns' health as: breathing disorders (+12.8 p.p.), vomiting after each feeding or swallowing (+12.1 p.p.), diarrhea (+5.9 p.p.), drowsiness or waking up difficulties (+5.4 p.p.), while in the control districts women learned more about persistent crying (+10.4 p.p.), diarrhea (+9.1 p.p.) and fever (+6.6 p.p.).

Table 3. Awareness of emergency newborn care signals, %

Emergency newborn care signals Women who gave birth 62.0 % = 100% (Baseline) 67.1%=100% (Endline)	Project implementation districts			Control districts		
	Baseline	Endline	Progress (p.p.)	Baseline	Endline	Progress (p.p.)
Fever	72.8	77.5	**+4.7**	62.6	71.5	**+8.9**
Newborn suffers from drowsiness or has difficulties waking up	30.8	11.9	**-18.9**	34.3	14.5	**-19.8**
Newborn has latching on problems/or doesn't drink any liquid	29.5	22.9	**-6.6**	52.0	23.4	**-28.6**
Newborn vomits after every feeding	36.6	30.7	**-5.9**	33.1	24.3	**-8.8**
Diarrhea	47.8	32.1	**-15.7**	30.3	34.1	**+3.8**
Breathing disorders	44.6	23.9	**-20.7**	30.3	28.0	**-2.3**

Stomachaches / Bloated belly	0	8.7	**+8.7**	1.7	1.9	**+0.2**
Cough	0	1.8	**+1.8**	1.1	0	**-1.1**
Persistent crying	0	14.7	**+14.7**	12.0	9.3	**-2.7**
Low hemoglobin	0	0	**0**	0	0.5	**+0.5**
Don't know any	4.5	2.8	**-1.7**	0	8.4	**+8.4**

Reproductive health knowledge of teenagers

- The focus-group discussions with teenagers reveal that lack of optional classes on health in gymnasiums and high schools reduces pupils' possibilities of being appropriately informed about health. To some extent, this may contribute to young peoples' indifference about their own health, including reproductive health.

- The vast majority of adolescents do not discuss specific issues of sexual and reproductive health with their parents. Youth reported in focus-group discussions that parents needed training to be able to discuss these subjects with their children, if they are to send the right message and create a trusting relationship with their children.

General attitudes and practices in health

- Vulnerable groups in the community are identified by medical staff, social assistants, other community members, police officers, representatives of education institutions, local priests, representatives of NGOs, but also through cooperation of local specialists or when vulnerable people themselves address to the authorities. In Nisporeni and Falesti, the role of local NGOs is 5 times higher than in the control districts (24.2% compared to 5.5%). The rate of cases identified through cooperation of community specialists is also higher (32.6% compared to 20.9%).

- Changes were identified in the sources people use to get health information. The first 3 sources of information reported by women of reproductive age were doctors, family members and television in 2012. In 2014 the internet replaced the television. The importance of the internet as a source of information has increased in Moldovan society generally. In these circumstances, it is important that women know how to search for accurate health information.

- The number of women of reproductive age who have medical insurance slightly decreased. Only 40% of women of reproductive age aged 15-49 have medical insurance. The lack of medical insurance is reported due to the following issues: (i) women believe that the costs for medical insurance are high and would have a significant impact on the family budget, (ii) women do not have medical problems and do not need medical insurance, (iii) the costs of medical insurance are higher than the costs of potential health problems etc.

- Consultations of the local family doctor/medical assistant by women of reproductive age increased in the Nisporeni district (+13.8 p.p.), but considerably decreased in Falesti district (-23.0 p.p.). 50% of women aged 30-39, who have not given birth, with higher education and incomes of over 3000 lei, did not visit the local Health Center in Falesti during the last 6 months.

Good road infrastructure, easy access to the Balti municipality and employment in Balti institutions are some of the factors that favor women from the Glinjeni and Sarata Veche villages to consult medical staff in Balti, instead of the local family doctor.

- Overall, the number of child consultations with the family doctor during the last 6 months decreased between 2012 to 2014 by 4.1 p.p. (by 5.0 p.p. in implementing districts and 3.0 p.p. in control districts). In Falesti, this rate decreased to 78.6% (-14.6 p.p.), and in the control districts in decreased to 82.7% (-3.0 p.p.). In Falesti district many women prefer to take their children to medical specialists in Balti, and consult the local family doctor only when they need medical certificates. Nisporeni is the only district where the rate of women who took their children to the doctor during the last 6 months increased to 85.2% (+9.9 p.p.).

- However, the rate of women who took their children for a *preventive medical check-up* during the last 6 months increased in all the research districts: there is triple the increase in Nisporeni and Falesti (+20.8 p.p.), compared to Telenesti and Criuleni (+6.0 p.p.).

- Women's adherence to a doctors' prescription concerning their children's health is higher than for a prescription concerning their own health. However, approximately 1 in 10 women from the project implementation districts and 1 in 7 women from the control districts do not follow any or only partially the doctor's prescription for children. The first reason is that mothers believe medication must be taken only until the child's medical situation starts improving, and the second reason is a general lack of trust in the medical prescription.

Table 4 . Causes for not following/partially following the treatment prescribed to the child, %

		The treatment is expensive and I don't have money for medicine	I don't trust the prescribed treatment	I don't trust the doctor	There is no need to take too much medications only those necessary to improve children's condition
Total	**Baseline**	**40.0**	**20.0**	**14.5**	**32.7**
	Endline	13.5	34.6	9.6	44.2
Project implementation districts	Baseline	44.0	24.0	8.0	32.0
	Endline	4.5	22.7	9.1	63.6
Control districts	Baseline	36.7	16.7	20.0	33.3
	Endline	20.0	43.3	10.0	30.0
Progress (p.p.)	Project implementation districts	-39.5	-1.3	+1.1	+31.6
	Control districts	-16.7	+26.6	-10.0	-3.3

Attitudes and practices related to reproductive health

- Women rarely have a medical check-up before getting pregnant. A large number of women limit themselves to the medical examination before marriage. Both partners have the pre-conception examination only if: (i) they had problems in conceiving a child, (ii) they had a miscarriage or there were problems with the newborn, (iii) the young family postponed child conception, using or not using contraception methods, or (iv) if there has been a long period since the birth of the previous child (more than 15 years).

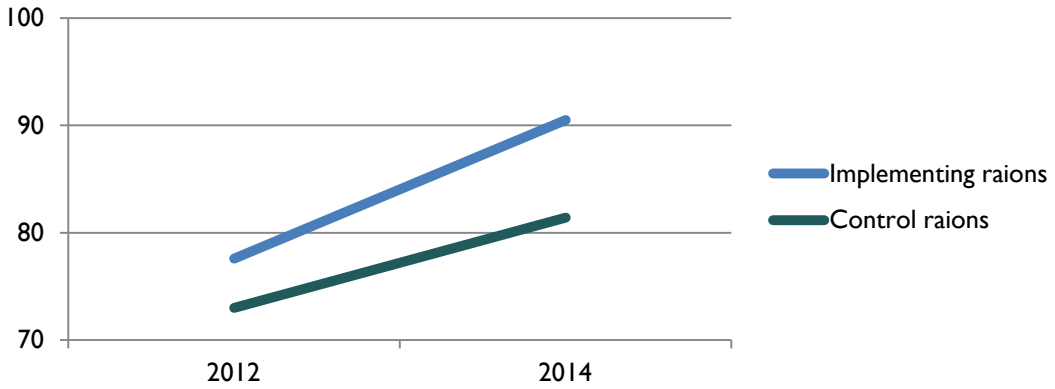
- Reproductive behavior and family planning change only slowly. The study data for the last 2 years reports minor changes related to planning of the most recent child among women of reproductive age in the project implementation districts (+0.3 p.p.), compared with the control districts (+5.3 p.p.).

- Qualitative research reveals that there are differences related to the use of contraception methods by different generations. Older generations mostly use contraception methods after child birth, or not at all. Younger generations, on the contrary, mostly use contraception methods before their first child birth. The practice of discussing contraception methods with a doctor is universally accepted. However, many women prefer to discuss this subject with their husbands, friends or consult the internet. Young people report not discussing contraception methods with doctors.

Attitude and practice during pregnancy

- The registration of the pregnancy at the family doctor's office increased more in the project implementation districts (+12.9 p.p.) than in the control districts (+8.4 p.p.). The data shows that women who gave birth between 2012 and 2014 more frequently registered with a family doctor in the first 12 weeks of pregnancy, compared with those who gave birth before 2012. The causes of late registration of pregnancy are: (i) lack of knowledge of pregnancy signals, (ii) lack of knowledge of the fact that they need to register during the first 12 weeks, (iii) shame of being pregnant at the age of 40-45, (iv) shame among young girls of being pregnant outside marriage, (v) migration, and (vi) intentional late registration etc.

Graph 2. Registering with a doctor of pregnant women, %



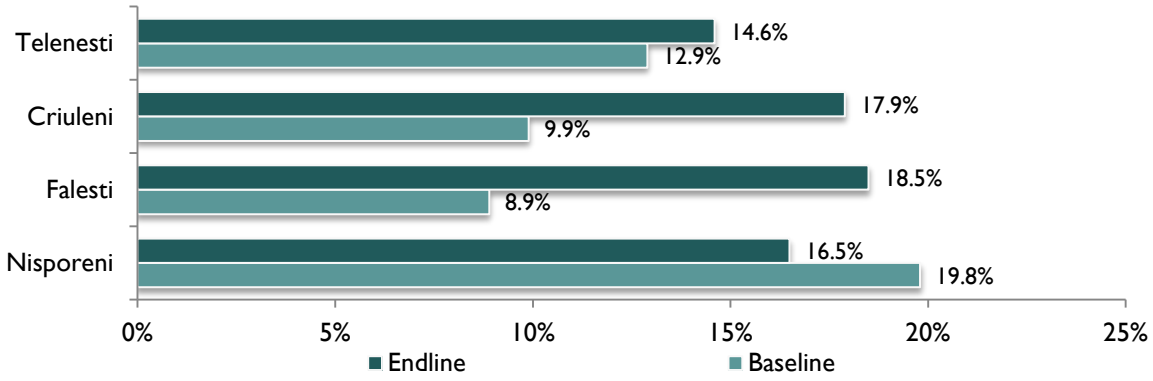
- There is also an increase in the number of pregnant women consulted by medical staff during pregnancy. In the project implementation districts, the rate of consultation of pregnant women by the family doctor increased by 20.1 p.p. (+34.3 p.p. in Nisporeni and +10.1 p.p. in Falesti), compared with the control districts – 6.9 p.p. In addition, there is an improvement in the follow up of pregnant women by gynecologists. This indicator increased by 17.2 p.p. in the project implementation districts, and by 20.4 p.p. in the control districts. At the same time, we see a two fold increase of pregnant women going for follow up with gynecologists in Falesti, compared to Nisporeni. The focus group discussions and in-depth individual interviews revealed an increase of the level of trust amongst women towards some gynecologists from Falesti, and a more reserved attitude towards some older gynecologists from Nisporeni.

- For a woman to go to a local, regional or municipal/national medical institution or not depends on the medical problem. Women with more serious problems more often go to the district and municipal/national medical institutions. However, there are women who only address doctors in municipalities (Balti or Chisinau), without seeing their local physician. Reasons given for visiting municipal/national institutions are: (i) lack of particular specialists at the district level (neurologist, cardiologist etc.), (ii) perception of a low quality of medical services, (iii) poor technical equipment of the institution, (iv) poor conditions in the institutions, and (v) low level of trust in medical staff.

- The Endline research data reveals that practically 1 in 10 women from the Falesti district who were pregnant between 2012 and 2014 never went to see the doctor from their locality. Similarly, 1 in 10 women in Falesti who were pregnant between 2012 and 2014 stated that they did not go the district doctor as well. This situation is facilitated by the fact that there is easy access to the Balti municipality, and some women prefer to be examined by doctors in this locality.

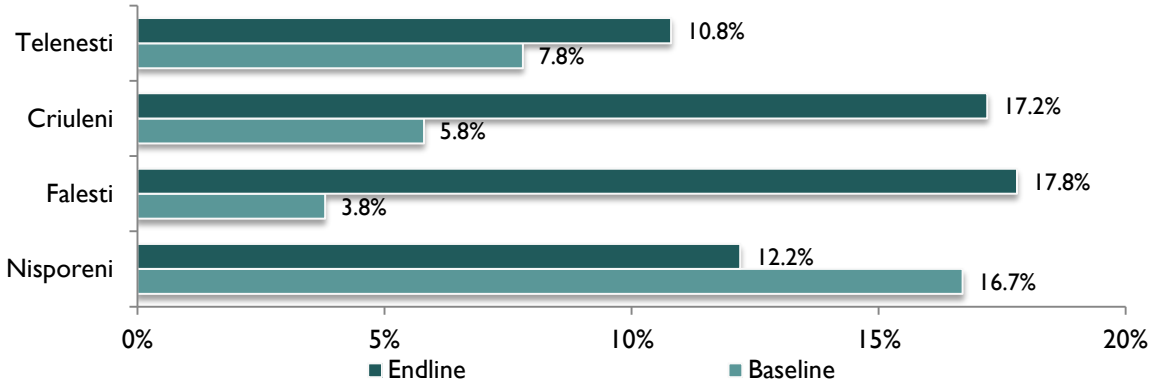
- The research data shows that the consumption of harmful substances by women during pregnancy increased in almost all the research districts. Coffee consumption is much more common in Falesti (+9.6 p.p.), in Criuleni (+8 p.p.), in Telenesti (+1.7 p.p.) and only decreased in Nisporeni (-3.3 p.p.).

Graph 3. Coffee consumption during pregnancy in districts, Baseline and Endline, %



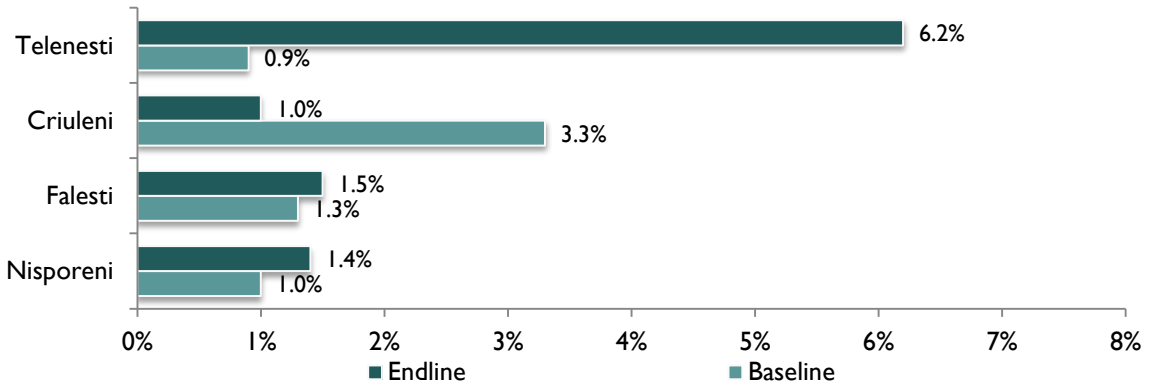
- Alcohol consumption during pregnancy increased by 14 p.p. in Falesti, by 11.4 p.p. in Criuleni, by 3 p.p. in Telenesti, but decreased by 4.5 p.p. in Nisporeni.

Graph 4. Alcohol consumption during pregnancy in districts, Baseline and Endline, %



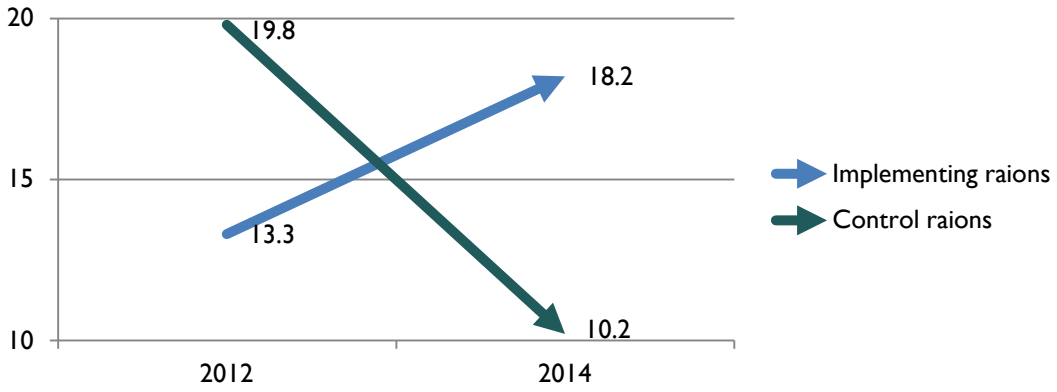
- Tobacco consumption considerably increased in Telenesti (+5.3 p.p.), less significantly in Nisporeni (+0.4 p.p.) and Falesti (+0.2 p.p.), and decreased by 3.3 p.p. in Criuleni only.

Graph 5. Tobacco consumption during pregnancy in districts, Baseline and Endline, %



- The level of attendance of prenatal classes during pregnancy increased in the project implementation districts from 13.3% in 2012 to 18.2% in 2014 (+4.9 p.p.), compared with the control districts, where it decreased from 19.8% to 10.2% (-9.6 p.p.). The attendance of prenatal classes significantly increased in Nisporeni – from 10.4% to 19.4% - compared with Falesti – from 15.1% to 17.0%. In the project implementation districts, women who were pregnant between 2012 and 2014 have a higher attendance of antenatal classes, 2 times higher than that of women who gave birth before 2012. There are some differences with regards to the institution attended for prenatal classes by women pregnant between 2012 and 2014. 40.9% of pregnant women from the project implementation districts attended prenatal classes at the local medical institutions, compared with only 11.1% in the control districts. Improving the availability and quality of antenatal classes as well as increasing their attendance was a key intervention of the project which seems to have reached the target population in pilot districts.

Graph 6. Level of attendance of prenatal classes during pregnancy, %



- The practice of attending prenatal classes together with husbands/partners is not very common in Moldovan. Only 1 in 4 women stated that she attended these classes with her husband/partner. This experience was more common in Nisporeni (25.9% always and 7.4% sometimes), compared to Falesti (8.7% always), but less common than in Telenesti (36.4% always and 18.2% sometimes) and Criuleni (43.8% always).

Attitude and practice after child birth

- The problems related to contacting medical services after child birth include the following: (i) lack of specialists in child health at the district level, (ii) long queues and long waiting hours, (iii) careless attitude of some doctors towards patients, including newborns, and (iv) difficulties for women from rural area in getting a child medical check-up once in 3 months in the district center (e.g. long queues for seeing medical specialists).

- Two thirds of the women respondents reported using medical services for their children in the Balti or Chisinau municipalities. Women explained that they mostly go to Chisinau and Balti for child examinations because they do not trust the district specialists.

- The Endline study shows that the number of women who decided to breastfeed their newborn without anybody's advice increased. Approximately one-third of women discussed this subject with their doctor. The rate of women who decided to breastfeed the newborn after the doctor's consultation is the highest among participants in the Family Club (70.4%) demonstrating the value of the Family Club as a positive vehicle for health communication messages.

- The practice of giving vitamin D to children increased among women who were pregnant between 2012 and 2014, compared with those pregnant before 2012. In the project implementation districts, all women who were pregnant between 2012 and 2014 administered vitamin D to their children, compared with the control districts (98.3%).

- The majority of women have a positive perception of children vaccination. However, the number of women who "totally agree" with children vaccination decreased in all districts, including the project implementation districts. This can be explained by anti-vaccination campaigns actively organized by Church representatives in 2013.

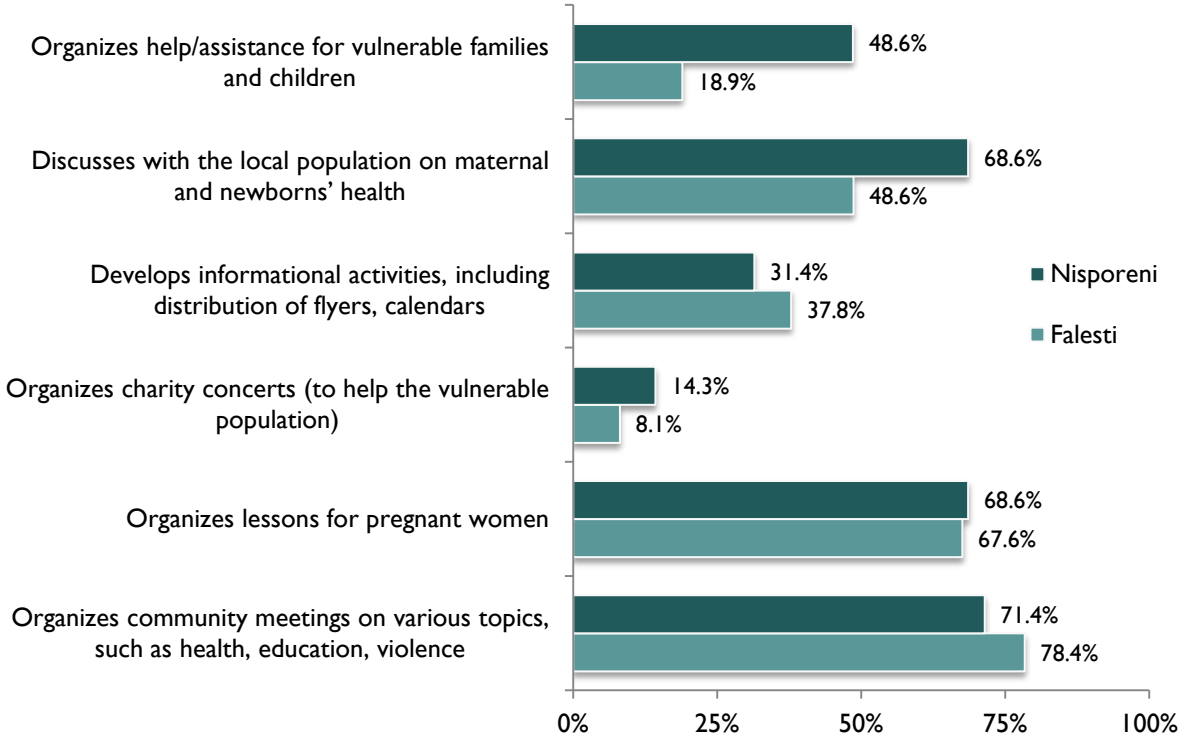
Community mobilization on maternal and child health

- The Endline study analyzed the impact of two forms of information and community mobilization in the field of health, which were developed within the project: a form of mobilization amongst adolescents (Y-PEER teams), and mobilization of the adult population, especially women (the Family Club).

- Y-PEER teams offer alternative methods for informing youths about sexual and reproductive health through: (i) information classes with pupils in education institutions, including evening events for teenagers; (ii) outdoor activities like flash-mobs, including distribution of informative fliers; (iii) national Social Theater Festival (organized by the National Y-PEER Network of Moldova once a year); and (iv) various activities organized to celebrate global holidays. The strengths of Y-PEER teams consist of open peer-to-peer communication, provision of accurate and useful information to youths and organization of activities preferred by young people.

- 1 in 5 women of reproductive age from implementation districts are familiar with the Family Club (23.0% in the Falesti district and 21.7% in the Nisporeni district). These are mostly women from rural areas (1 in 4), women aged 30-39 (1 in 3) and those employed (1 in 3). Of all the women who are aware of the Family Club, 36.1% attended its activities more than once, 11.1% only once, 5.6% were invited, but did not participate, and 47.2% did not attend any activity.

Graph 7. Activities implemented by the Family Club in the locality , %



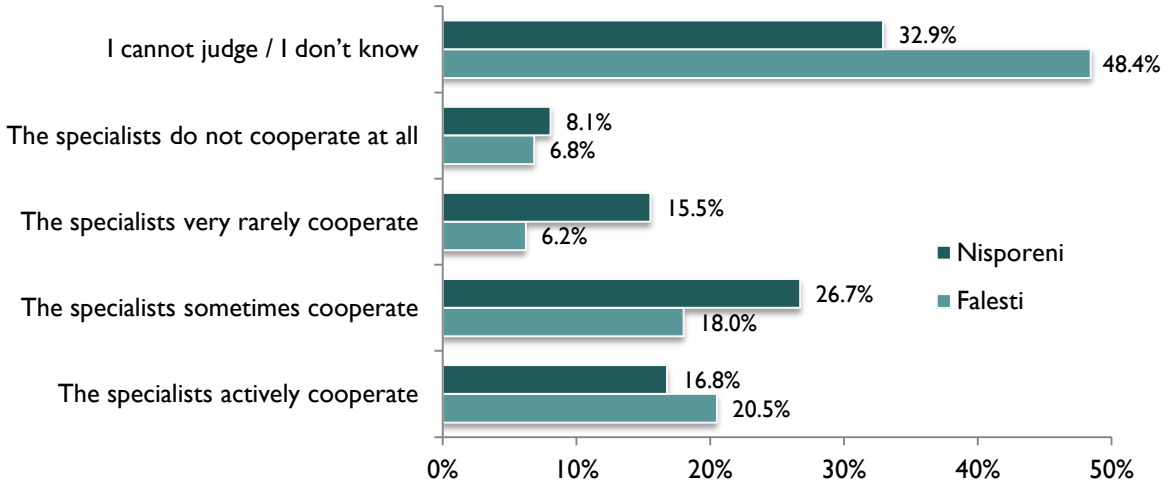
- The strengths of Family Clubs include providing information on maternal and child health to the population; working with local vulnerable families and informing them about health, but also supporting them in various difficult moments. Women who participated in the Family Club's activities mentioned that the club is a good source of information, communication and positive experience for exchange. The Family Club is particularly active in health prevention, which is an effective intervention to prevent cases of disease and avoid high costs for treatment.

- In the majority of communities, the Family Club's activities were attended by representatives of the main local and district institutions. The most active were the representatives of medical and education institutions, local government authorities and mayors, and social protection institutions. In addition, a high number of community members, including economic actors (e.g. local entrepreneurs) got involved.

- In order to improve the actual mechanism for identifying vulnerable groups in the community, medical and social protection specialists recommend inter-sectoral cooperation (38.9% in project implementation districts, compared with 31.8% in control districts), employment of vulnerable persons (9.5% compared with 10.0%), working with the population (10.0% compared with 8.4%), and provision of accurate information (6.3% compared with 5.5%). The research data indicates a few cases of inter-sector cooperation between medical staff, social assistants and representatives of local government authorities. Successful cooperation was identified in solving cases of abandoned children in the Falesti maternity unit, placement of

mothers with newborns, and support to pregnant women in getting medical insurance for child birth in the Nisporeni district among other issues.

Graph 8. Cooperation between specialists at the community level, in the opinion of population, %



RECOMMENDATIONS

The study results suggest the following recommendations to improve maternal and child health and ensure the sustainability of information and mobilization practices in this field.

At central and district levels

- In order to improve maternal and child health, it is recommended that the Government (Ministry of Education, Ministry of Health, Ministry of Labor, Social Protection and Family):
    - introduce a course on health education in schools,
    - support a cooperation mechanism between local specialists,
    - employ qualified specialists in medical institutions and procure the latest medical equipment.
- Build on the positive experience and abilities of Y-PEER leaders and Family Club members to increase health communication through community mobilization, action planning, motivating people, public speaking, including the ability to express opinions in a captivating way, taking into account the local context etc.
- Exchange positive practice from the project with other districts of Moldova, based on lessons learned.
- Monitor the activities of the Family Club and Y-PEER teams and consolidate their capacity in future.

At local level

- Ensure the sustainability of the Family Club by providing permanent space for meetings (responsibility of local public authorities).
- Identify mechanisms for maintaining the viability and activism of the Family Club after the project closure by transforming the Family Club into a community unit for adult life training.
- Establish a schedule of activities developed within the Family Club (fixed day and hour, with planned activities) and involve representatives of local public institutions in these activities.
- Diversify the methods of informing community members about the Family Club activities, and involve more people in the activities by making them diverse (role-playing games on various family topics, contests etc.).
- Identify non formal leaders and other active persons with influence on vulnerable groups and involve a higher number of women in the Family Club activities.

- Women's practice related to preventive check-up changes slowly, which demonstrates the need to continue the actions calling on the population and particularly women to see the doctor not only in case of pain or disease, but also as a preventive measure.
- Increase the quality of prenatal courses through their better organization in the locality, greater participation of husbands, aerobics classes during pregnancy etc.
- Y-PEER educators' activities could be improved through film projections, interactive presentations, playful or entertaining activities, and more active cooperation with teachers.
- Organize various local information campaigns based on the identified community needs, and involve as many people as possible.