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

Health Sciences Faculty
Lúrio University
Courses: General Medicine, Dental Medicine, Nutrition, Optometry, Pharmacy, Nursing.

Intellectual production is guaranteed responsible for local communities knowledge.
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 professionnals, 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
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.
Meetings in the community about health subjects.

Health Promotion interventions.

Infectious Diseases Prevention interventions.

Community development operational research.
Optometric Clinic is now working weekly!

- 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.
• 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 to develop new skills and consolidate theory. Research, health education interventions and innovation are stimulated.
• 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.
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.
4. Observatories (pharmacological surveillance, chronic and degenerative deseases).
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. Feeld actions.
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.
Developing towards Family and Community Health

**PRACTICAL CLASSES**

- **Preparation:** Indicators list, Family data sheet (demographic, social, economic, health, problems, desires, propositions), Report 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 report.
COMMUNITY HEALTH DISCIPLINE

Developing towards Family and Community Health

- DEVELOPMENT

- *Strengthning 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: mistic punishment of ancestors, bad action of somebody with extra evil power, envie, jalousie or revenge from other individual.
**Monitoring**

1. - Nº proposed researches.
2. - Nº aproved researches.
3. - Nº finished researches.
4. - Nº students attending CH discipline.
5. - Nº planned interventions.
6. - Nº executed interventions.
7. - Nº visited Families.
8. - Nº visited Communities.

**Evaluation**

1. - Nº Published researches.
2. - Nº Students aproved in CH chair.
3. - Nº evaluated interventions.
4. - Nº Families with positive results.
5. - Nº positive family results evaluated.
6. - Nº Communities with positive results evaluated.
PARTNERS

- Planning, monitoring, evaluation.
- Services, technologies, research

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

In contact
- ADPP, Maputo.
- FGH, Quelimane.
- EGPAF, Maputo.
- Kenmare, Moma.
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, proactive implementing health care services, bettering life standard).
- University compromised with population’s well-being and Nampula and North of Mozambique communities’s development.
Strong partnership with all development agents through 3 Provincies, 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.
2º CONSAMS Meeting
Windhoeck, Namibia
15 to 18/02/2012

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