SOCIAL
INNOVATION
IN HEALTH
INITIATIVE
SWEDEN

Poster abstracts

presented at SIHI Sweden's 2nd annual conference

EXPLORING COMMUNITY ENGAGEMENT FOR SOCIAL INNOVATION IN HEALTH

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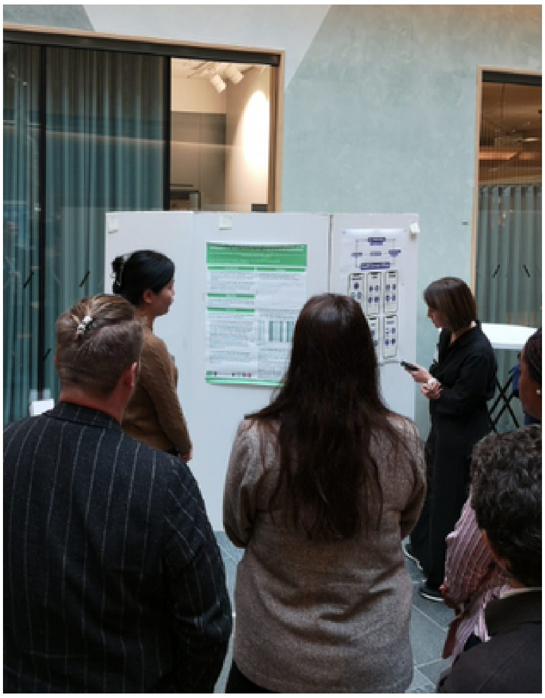
TABLE OF CONTENTS

Abstracts

COMMUNITY BOAT SERVICE TO PROMOTE INSTITUTIONAL DELIVERY IN THE PHILIPPINES: A MIXED METHOD CASE STUDY OF A SOCIAL INNOVATION.



Presenter: Wenjie Shan
SIHI Philippines; Shanghai Children's Medical Center

Background: Remote islands in Asia have limited access to institutional obstetric care, and these challenges are further exacerbated by climatic threats. A Health Service Boat Project was implemented in rural Philippines to provide free boats for pregnant people to deliver at facilities and facilitate prenatal outreach.

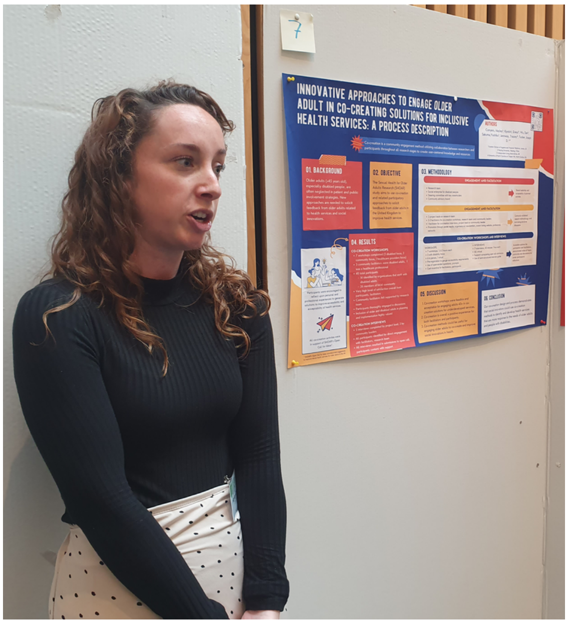
Objective: This study aims to evaluate the impact of the boat project on institutional delivery rates and to explore the underlying mechanism.

Methods: A sequential mixed-methods study was conducted in Zumarraga Municipality, Philippines. In the quantitative component, we analyzed the data from nationally representative household surveys and governmental data for Zumarraga to assess the institutional delivery rate before and after the boat project which started in 2012. Weather information obtained from the Philippine Atmospheric, Geophysical, and Astronomical Services Administration was used to compare the institutional delivery rate between cyclone-affected and non-cyclone-affected periods. In the qualitative component, we conducted two focus group discussions and two semi-structured interviews to explore how the boat service may have improved the institutional delivery rate.

Finding: The boat project has been implemented for 11 years. The institutional delivery rate significantly increased the year after the boat project started (B=0.38, p<.001). The median institutional delivery rate during the cyclone-affected period was significantly lower than that during the non-cyclone-affected period, but still remained high at 93.3%. Pregnant women who used the boat service to facilitate institutional delivery reported that they trusted the service which was available regardless of economic status and political affiliations. The boat project also allowed community health workers to conduct prenatal check-ups for pregnant people in remote areas. Despite the benefits of the boat service, a main challenge identified during the implementation was the long-term maintenance of the service boat because of the limited budget.

Interpretation: The Health Service Boat Project not only facilitated transportation for pregnant women to the facility but also improved home-based prenatal services, This service may explain some part of the increased institutional delivery from 2012 to 2022. In addition, the boat project may mitigate some of the effects of cyclones on access to health services for pregnant women.

INNOVATIVE APPROACHES TO ENGAGE ADULTS 45+ WITH AND WITHOUT DISABILITIES IN CO-CREATING SOLUTIONS TO DEVELOPING INCLUSIVE HEALTH SERVICES: A PROCESS DESCRIPTION



Presenter: Hayley Conyers
London School of Hygiene and Tropical Medicine

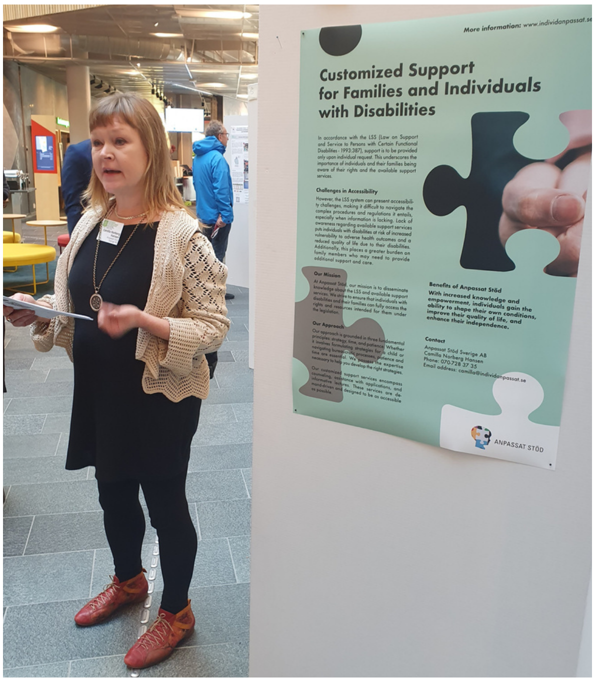
Engaging adults 45+ and disabled people in research exploring sensitive topics has been challenging. Innovative approaches are needed to effectively engage them in developing inclusive health services. Co-creation involves a researcher working iteratively with an end-user to develop a solution. We describe our co-creation experiences to identify ways to make sexual health services more inclusive of older adults and disabled people.

We conducted seven co-creation group sessions with 40 participants. Nine participants were identified by an organization that works with disabled people with the remaining 31 being members of the local community. Seven members of the research team were involved in planning and coordination, five of whom also acted as facilitators. Of the four community facilitators, three self-identified as disabled adults and one as a healthcare professional.

The co-creation structure was developed iteratively by the research team and community members. Both online- and in person-only events were organized with accessibility in mind and followed similar structures. Support via auto-generated captions, large print materials, and assistance writing by research staff was available for use by all participants upon request. Following introductions to the research, team and participants, community members reflected on the meaning of sexual health, with an opportunity to highlight relevant concerns with sexual health services. For larger groups, facilitators worked with participants in small groups (one researcher per 2-5 participants) to develop potential solutions to various healthcare experience scenarios. Ideas were fed back to the larger group with an opportunity to further develop the suggestions. Facilitators took notes and prompted for clarity during discussions but did not contribute to solution development. Suggestions were summarized and organized related to their perceived strength. Iterative and collaborative design of the co-creation structure with and co-facilitation by community members facilitated rich discussions on taboo topics within sexual health, especially among disabled people.

In summary, our co-creation structure supported shared leadership between the research team and community members and provides a successful example of effectively engaging older and disabled people in understudied topics.

ANPASSAT STÖD - EN RÅDGIVNINGSTJÄNST FÖR INDIVIDER MED FUNKTIONSVARIATION



Presenter: Camilla Norberg Hansen
Anpassat Stöd Sverige Ab

Anpassat stöd är ett helt nytt koncept utvecklat för att ge kvalificerad rådgivning och stöd till familjer som har ett barn med funktionsnedsättning eller för den person som har fått en förvärvad hjärnskada. Vi genomför kompletta analyser av hela familjens situation - identifierar, strukturerar och organiserar det stöd som familjen är i behov av. En familj som har en anhörig med funktionsnedsättning kan ha upp till 60 olika kontaktpersoner att administrera och lägger upp till 20 timmar i veckan på detta. 48 procent av de anhöriga har någon gång blivit sjukskrivna och nästan en tredjedel har gått ner i arbetstid eller byter arbete för att orka med sin livssituation.

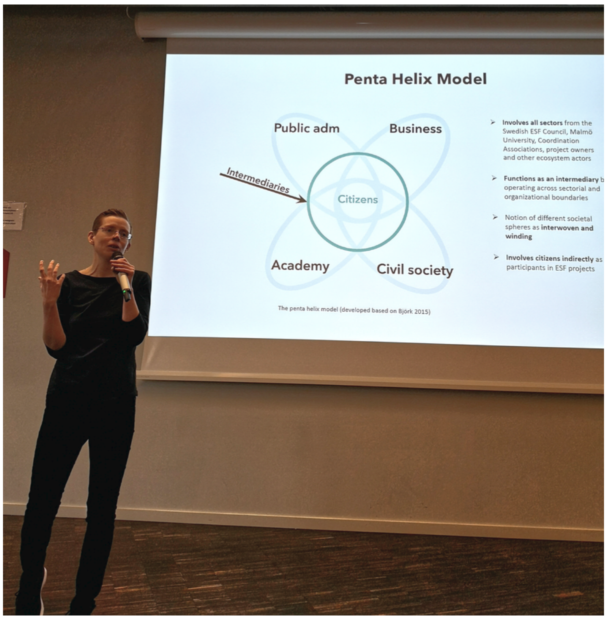
Undersökningar visar att anhörigas möjlighet och förmåga till fortsatt förvärvsarbete i hög grad påverkas av familjesituationen. Riksrevisionen har tagit fram samhällsekonomiska kalkyler som visar på kvalitativa och ekonomiska vinster på individnivå, arbetsgivarnivå och samhällsnivå om dessa familjer får nödvändigt anpassat stöd.

Anpassat Stöd har utformats utifrån de synpunkter och önskemål som framkommit i marknadsundersökningen (september 2014). Syftet var att undersöka om det fanns något behov av stöd, och i så fall, på vilket sätt ett sådant stöd skulle utformas. Enkäten lades ut digitalt och information om enkäten skickades till Autismförbundet, FUB - (för barn, unga och vuxna med utvecklingsstörning), RBU - (Riksförbundet för rörelsehindrade barn och ungdomar), STIL - (Stiftarna av Independent Living i Sverige), samt lades ut på Autismförbundets Facebooksida. Enkäten besvarades av 303 personer. Vid förvärvad hjärnskada i vuxen ålder finns det ofta en anhörig eller en partner som måste finnas där som stöd. För de flesta barn så finns det två föräldrar som riskerar stress och utbrändhet vilket kan bidra till en sviktande hälsa och i värsta fall långtidssjukskrivning. Ungefär 2,6 % av en population har en diagnos inom autismspektrum. I Sverige betyder det ungefär 260 000 personer.

Det finns 1 100 000 barn i åldrarna 1-9 år vilket ger ca 28 600 barn som har eller kommer att få en autismdiagnos. Nästa steg är att digitalisera tjänsten med hjälp av AI. Vi söker just nu samarbetspartners för en större forskningsansökan och finansiering för en prototyp.

SUPPORTING SOCIAL INNOVATION IN THE EUROPEAN SOCIAL FUND – A CASE STUDY OF THE SWEDISH COMPETENCE CENTER.

Presenter: Malin Lindberg
Luleå University of Technology



Penta Helix Model

- Involves all sectors from the Swedish ESF Council, Malmö University, Coordination Associations, project owners and other ecosystem actors
- Functions as an intermediary b operating across sectorial and organizational boundaries
- Notion of different societal spheres as interwoven and winding
- Involves citizens indirectly as participants in ESF projects

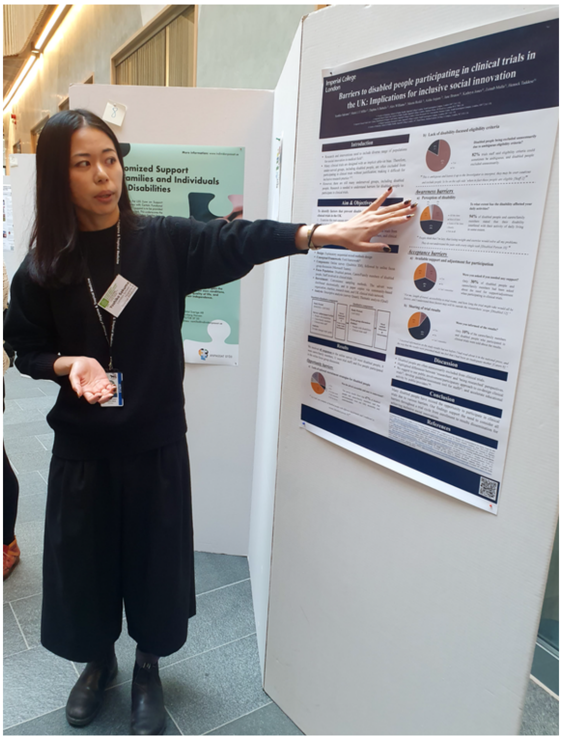
The penta helix model (developed based on Björk 2015)

The European Social Fund (ESF) supports novel approaches to health, welfare and working life through project funding on a regional, national and international levels. In the current programming period, ESF+ 2021-2027, all EU member states are expected to support social innovation in their national ESF+ programs, in order to encourage innovative solutions and make policies more responsive to social change.

The Swedish ESF+ program thus includes a specific program area for social innovation, providing project funding for development, test and dissemination of new solutions to challenges in labor market, education and social inclusion. The Swedish ESF Council has also funded the establishment of a national competence center for social innovation, to assist projects, managing authorities and other ecosystem actors in their innovation processes. The assistance includes the provision of knowledge and methods on how to innovatively address societal challenges of unhealth, unemployment, exclusion, etc.

In this study, we make use of the experiences and results from the Swedish competence center to advance the knowledge regarding the adequacy and effectiveness of ESF support measures for social innovation in health, welfare and working life. The main research question is to what extent the competence center support manages to address identified challenges and potentials in the development, implementation and institutionalization of novel approaches. The findings are interpreted in the light of previous studies of ecosystems for social innovation, i.e. the organizational, institutional and cultural settings that affects the ability of social innovations to develop and prosper (Kaletka et al. 2016). A single case study design is used to document and analyze the support provided by the Swedish competence center to ESF-funded projects, the Swedish ESF Council and other actors in the Swedish ecosystem. Data collection is carried out through participatory observations at competence center activities (e.g. meetings, working sessions and cluster coalitions) and document studies of competence center material (e.g. project description, powerpoints and meeting minutes).

BARRIERS TO DISABLED PEOPLE PARTICIPATING IN CLINICAL TRIALS IN THE UK: IMPLICATIONS FOR INCLUSIVE SOCIAL INNOVATION.



Presenter: Yoshiko Sakuma
London School of Hygiene and Tropical Medicine (Imperial College London)

Introduction: Diversity and inclusivity in clinical trials is critical to ensure the effectiveness of the interventions and applicability in real-world settings. Existing literature indicates that under-served groups, including disabled people, are often excluded from participating in clinical trials without justification. Exclusion from clinical trials exacerbates disparities in healthcare and diminishes the benefits for excluded populations. We investigate the barriers that impact disabled people being included in clinical trials in the UK.

Methods: We adopted a sequential explanatory mixed-methods approach, including an online questionnaire and a subsequent online focus group discussion to help interpret survey findings. The target population was disabled people, families/carers of disabled people, and staff involved in clinical trials. Participants were recruited by convenient sampling via posters and emails through various networks. We conducted descriptive analysis of our quantitative data and thematic analysis of our qualitative data.

Results: We received 45 responses to the online survey, and five people participated in the focus group discussion. We highlighted differences between 'researchers' and 'being researched' perspectives and different types of barriers experienced by disabled people. Opportunity barriers (lack of tailored recruitment strategies for disabled people and lack of disability-focused eligibility criteria) were the most frequently reported, which highlighted how information tends to be less accessible to disabled people, and they are sometimes excluded unnecessarily because current eligibility criteria do not consider the types/severity of disabilities. Awareness barriers (perceptions of disability) emphasised the stakeholders involved in clinical trials frequently lack knowledge about how having disabilities affect people's lives and communication. This strongly impacts acceptance barriers (available support/adjustment for participation), which is the major determinant when disabled people consider participation in trials. The other acceptance barrier (sharing of trial results) was not raised by trial staff, but accessibility and acceptability of results are critical for participants.

Conclusions: Many disabled people have missed the opportunity to participate in clinical trials due to various barriers. Our findings support the need to consider all barriers throughout a trial cycle from enrollment to results dissemination for achieving inclusive social innovations.

HEALTHCONNECT AFRICA

Presenter: Jude Aondowase Shagba
Global Village Healthcare Initiative for Africa (GHIV Africa)

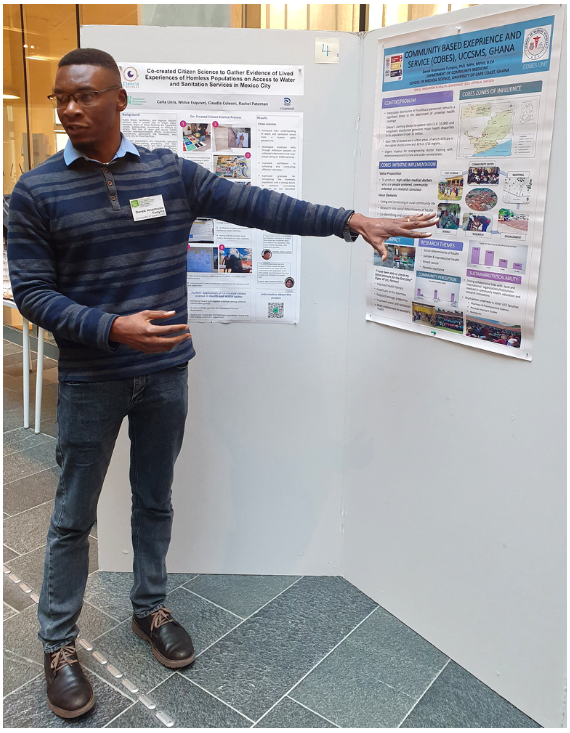
HealthConnect is a groundbreaking mobile health application designed to tackle healthcare obstacles in Nigeria's rural regions. The app addresses the accessibility challenges of medical care, aiding locals in finding the closest hospitals, scheduling appointments, and obtaining needed medical services. To encourage usage and outreach, HealthConnect has introduced a unique referral system, rewarding users with commissions for each successful healthcare referral.

The primary features of HealthConnect include a hospital locator, disease-specific care for prevalent conditions like malaria and typhoid, a rewarding referral system, timely health notifications, appointment booking, telemedicine support, and secure data management. The app's robust encryption protocols and strict data management practices ensure that sensitive health information is well-guarded.

In addition, HealthConnect offers subscription services that promote community connections and long-term sustainability. Family and Community Subscriptions further facilitate access to healthcare services, connecting providers, and empowering referral agents. Under the Family Subscription, users gain extended coverage for their family members, personalized health records, priority appointments, and regular health tips and reminders.

On the other hand, Community Subscriptions foster collaboration among healthcare providers, referral agents, and residents. This includes an enhanced referral network, access to community outreach programs, collaborative health initiatives, and community health reports. HealthConnect's revenue model includes a partnership with healthcare providers who pay a monthly fee to be listed on the platform. This strategy not only ensures the app's long-term viability but also benefits healthcare providers by increasing their visibility and patient reach.

By blending technological innovation and community-based care, HealthConnect is transforming the face of healthcare access for rural communities in Nigeria. It's not just an application - it's a movement toward a healthier future. HealthConnect invites everyone to participate in this transformative journey, transforming healthcare delivery, and bridging the accessibility gap. Together, we can build stronger, healthier communities.



COMMUNITY BASED EXEPRIENCE AND SERVICE (COBES) INITIATIVE SCHOOL OF MEDICAL SCIENCE, UCC - GHANA

Presenter: Derek Anamaale Tuoyire
Department of Community Medicine, School of Medical Sciences, University of Cape Coast, Ghana

Context: Inequitable distribution of healthcare personnel remains one of the greatest threats to the attainment of universal health coverage and the health-related Sustainable Development Goals, especially in low- and middle-income countries (LMICs). Ghana like other LMICs has a double-burden of an alarming doctor-ratio of 1:10,000, and a crisis of inequitable distribution of doctors, especially between rural (30%) and urban (70%) areas. In addition, 42% of all doctors are in the nation’s capital city (Accra), while up to 81.3% of them are concentrated in 5 of the 16 regions of Ghana, with over 60% serving in the Teaching Hospitals located in these regions.

Social Innovation in Health Initiative (SIHI): The Community Based Experience and Service (COBES) initiative of the School of Medical Sciences of the University of Cape Coast (UCC), Ghana, was designed in response to calls for the re-engineering of the training of doctors to include extensive exposure to rural and under-served areas, so as to incentivize and attract them to such areas post-training. At the inception of the new medical school in UCC, the COBES initiative was infused as an integral component of the first-ever 6-year modular curriculum in Ghana. COBES involves posting each batch of medical students to the same rural community from the 2nd to 5th years of their medical training for a period of 4 weeks annually. The objectives of the initiative include: 1) living with rural folk and immersing students into rural community life; 2) conducting health assessments and research into social determinants of health; 3) co-creating practical sustainable solutions to problems with community members, and 4) providing services to communities.

Social Impact: Since 2008, COBES has impacted 2 regions, 10 districts and over 80 rural communities in Ghana. Doctors trained through this initiative are change-makers who eagerly accept postings as primary health care services providers in rural areas in Ghana, compared other their counterpart trained in traditional medical curriculum.

THE MAMA & FAMILY PROJECT

Presenter: Linet Mutisya
Swedish Organisation for Global Health (SOGH)

Introduction: Swedish Organization for Global Health (SOGH) is a Swedish non-profit and non-governmental organization comprised of students and young professionals who share a passion for contributing to global health through evidence-based action.

Description: The Mama & Family Project was launched in 2014 to support women and infants during pregnancy and after childbirth. The Project is implemented in a rural area of southeastern Uganda, where 1 in 49 women die from pregnancy and childbirth-related causes and 3 out of every 100 babies born die during their first month. Research has shown that simple, low-cost interventions can prevent many of these deaths.

The Mama & Family Project works in collaboration with local leaders and in partnership with Uganda Development and Health Associates (UDHA), a local non-governmental organization to improve maternal and newborn health by providing support to pregnant women, mothers, and infants through the promotion and implementation of evidence-based, low-cost yet effective interventions.

At its core lies the collaboration with Community Health Workers (CHWs) to strengthen local knowledge, capacities, and resources from within the community itself.
The main objectives of the project are;

1. To improve the quality and accessibility of healthcare among women
2. To empower Ugandan mothers to safeguard their own as well as their children's health
3. To facilitate a community-based approach through CHW's

Through the CHWs, the project supports;

1. Home visits, and community sensitization meetings every month in six villages in Mayuge district.
2. The distribution of free birth kits during delivery to women who attend at least four prenatal visits during their pregnancy.
3. Outreach services that offer reproductive health services as well as community sensitization on the importance of hospital delivery.
4. Pre-natal care and post-natal visits with a trained nurse and midwife at Maina clinic.
5. Outpatient services such as Malaria diagnosis and treatment, distribution of long-lasting insecticidal nets, and Iron-Folic acid (IFAS) supplementation for pregnant women.

Some of the accomplishments include 4,538 ANC visits, 3,765 home visits conducted, and 782 birth kits distributed.

INNOVATIVA LÖSNINGAR FÖR ATT FÖREBYGGA BARNFATTIGDOM. HEALTHIER WEALTHIER FAMILIES (HWF).

Presenter: Nina Johansson
CHAP-Child Health and Parenting, Uppsala University

Ekonomisk utsatthet bland barnfamiljer ökar i Sverige. Otillräcklig inkomst ökar föräldrars stressnivåer, vilket tillsammans med ekonomisk utsatthet kan ha negativa effekter på barns utveckling. Att berätta om sina ekonomiska svårigheter och be om hjälp kan vara svårt för föräldrar. Även professionella inom hälso- och sjukvården kan uppleva det svårt att fråga om ekonomi. Det gör att många föräldrar med ekonomiska svårigheter aldrig får del av det stöd som kan erbjudas.

Det övergripande syftet med vår forskningsstudie är att undersöka innovativa lösningar för att använda välfärdssystemet och förebygga att barn växer upp i fattigdom. Vår forskning undersöker servicemodellen "Healthier Wealthier Families" (HWF), där småbarnsfamiljer screenas för ekonomiska svårigheter inom barnhälsovården (BHV) och därefter erbjuds en aktiv remittering till kommunens budget- och skuldrådgivning (BUS).

En pilotstudie av servicemodellen genomfördes i en svensk kommun under våren 2021. Syftet med studien var att undersöka hur modellen, som tidigare använts i Skottland och Australien, kunde anpassas till i en svensk kontext. Kvalitativa uppföljande intervjuer visade att majoriteten sjuksköterskor och föräldrar ansåg det positivt att prata om ekonomi inom BHV, som upplevdes vara en trygg plats. Med en etablerad kontakt och en aktiv remittering till BUS, kände barnhälsovårdssjuksköterskorna en ökad trygghet i att fråga om ekonomi, för att identifiera utsatta familjer.

Genom hela studien genomförs en utvärdering och anpassning av modellen tillsammans med en projektgrupp med bland annat forskare, BHV, BUS samt föräldrar med erfarenhet av ekonomisk utsatthet. Syftet är att öka kunskapen om hur samarbeten kan fungera när flera olika samhällsgrupper är representerade. Föräldrarepresentanternas synpunkter är särskilt viktiga för att identifiera och förstå vilka strukturella och perceptuella hinder som påverkar möjligheten att ta del av budget- och skuldrådgivning, exempelvis läskunnighet och social stigmatisering. Vi studerar även samarbetsprocessen inom projektgruppen genom observationer av projektmöten, för att kartlägga hur samarbetet påverkat projektet. För att studera modellens effektivitet genomförs för närvarande en tvåarmad randomiserad väntelista-kontroll-studie.

A GOAL-DIRECTED PROGRAM FOR WHEELCHAIR USE FOR CHILDREN AND YOUNG PEOPLE WITH CEREBRAL PALSY IN UGANDA

Presenter: Carin Andrews
Uppsala University, Karolinska Institutet

Background: Only a small percentage of children with mobility limitations in low and middle-income countries have access to wheelchairs. In addition, provision of wheelchairs is mostly focused on the delivery and not on the service delivery process, education, and training, resulting in dissatisfaction and poor usage.

Aim: To investigate whether a goal-directed family-centred intervention for wheelchairs can increase activities of daily living for children and young people with CP in rural Uganda.

Method: In this exploratory study 32 children and young people with CP (aged 3–18 years) participated in a home-visit intervention program, which included donating wheelchairs and setting individual goals. The wheelchair donation was coordinated through a partnership between researchers and community-based organizations in Uganda and an international charity. The intervention was intended to help families and children find strategies for how to use the donated wheelchair in their home environment, through a goal-setting and coaching procedure upon delivery of the wheelchair and two additional home visits one and two months later. The coaching approach aimed to increase the caregivers' sense of self-efficacy and confidence in taking an active part in implementing goals. Goal achievement, frequency of wheelchair use, condition of wheelchairs, and caregivers' perspectives were collected by interviews at 6–10 month after the start of intervention and after three years.

Results: Our result show that most wheelchairs were in good condition and frequently used after 6–10 month with 83% goal achievement (132/158 goals; mean 4.3 (range 0–7). The caregivers reported several advantages (e.g., the child being happier) and few disadvantages (e.g., poor design and durability). At the three-year follow-up, only eleven wheelchairs were still using their wheelchair from 23 available participants (seven deceased and two moved). The children achieved 60% of their goals (32/53 goals mean 2.9; range 1–5).

Conclusion: A goal-directed intervention program for wheelchairs could be successfully implemented in a low-income setting with a high rate of goal achievement and frequent wheelchair use, facilitating participation. However, maintenance services are crucial to obtain sustainable results.

BRÄCKE INNOVATION

Presenter: Annica Larsson & Sara Dahlin
Bräcke Innovation & Bräcke Diakoni

Bräcke diakoni, a hundred years old non-profit organisation, has since the start developed new ways to help people and reduce ineqcuity. Through a wide variety of health and social services we meet people in all walks of life; from childrens healthcare centers (BVC), primary care, psychiatry and rehabilitation to elderly care and hospice.

Together with our target groups (patients, residents, clients, etc) we identify and address ineqcuity and deficits in the welfare sector. This has generated a new departement within Bräcke diakoni - Bräcke Innovation. Co-creation, quality and impact are some of the key-components in Bräcke Innovation´s work, creating the basis of our systematic and efficient innovation process, which we believe is key for given feedback - "The materials from Bräcke Innovation is always to be trusted".

Co-creation is crucial for ensuring that services and products meet the needs and usability of our target groups. We see that co-creation requires a willingness to involve the target-groups as the experts they are. We need to step out of our comfort zone, be open to change our mindset, establish trusting relationships and adapt to the target group by, for example, use of langugage that prevent stigma or use alternative communication, such as bliss.

Quality and impact measurement are important for learning if and how we are reaching our goals. We use evidence-based methods; after creating a theory of change and involving the target group as early as possible, we develop products or services together through several small testing cycles. At the end of project we write an impact report for learning and reflection.

Another important piece of the puzzle is well-established collaborations with other organisations, we often address complex problems, and external researchers, to both use and contribute to research.

Bräcke Innovations web page.

GLOBAL HEALTH DIPLOMACY: A PILOT FOR SOCIAL INNOVATION IN HEALTH

Presenter: Paul Rosenbaum
Uppsala University & Stockholm School of Economics

There is an increasing interest in international politics, leadership and diplomacy for health across the world, particularly how practitioners in governments, NGOs, civil society and private industry can navigate in an increasingly complex political and economic environment. This interest is resulting in a growing demand for expanding skills' development opportunities in terms of practical approaches for policy-making and its implementation.

However, there is a missing link to connect governance, diplomacy, development and public health disciplines and communities. Some learning opportunities exist, but they are limited, which can leave practitioners ill prepared to address this topic.

The overall objective of this project is to expand the cadre of professionals competent in international politics and diplomacy and build their capacities to effectively navigate in the political landscape to improve health across the world. The project is led by Dr. Anders Nordström, Sweden's current Ambassdor for Global Health, and is managed by the Stockholm School of Economics (House of Governance and Public Policy) and the Karolinska Institute (Department of Global Health).

We are presently interviewing 30-60 experienced professionals (ex: ambassadors, ministers, leaders) to understand institutional and organizational needs, developing a bibliometric review to map the literature on 'Global Health Diplomacy' across disciplines, and benchmarking existing educational opportunities at various institutions.

Further, we will host a high-level conference with global leaders and key institutions in November 2023 to gather additional insights through a series of workshops. These efforts intend to lead to a pilot program in Global Health Diplomacy, to be launched in 2024. The project may also help establish a network of institutions sharing interest in this topic and a formal mentorship program.

DANCE FOR HEALTH - FROM RESEARCH TO REALITY

Presenter: Anna Duberg
Region Örebro County, Sweden

Mental health concerns among young individuals have emerged as a public health problem, straining school health services and the medical system, often resulting in prolonged wait times. Particularly teenage girls experience elevated rates of physical symptoms, mental distress, and inadequate physical activity. There is a need for easily accessible interventions to reverse these trends.

The Dance for Health method was developed in a research study that specifically aimed to address stress-related mental health problems among adolescent girls. The study findings showed that participation in an 8 months after-school dance intervention focused on enjoyment resulted in improvements in self-rated health and self-trust, reductions in symptoms, and cost-effectiveness.

The study was conducted at the University Healthcare Research Center, Region Örebro County, Sweden. The initial publication in 2013 garnered media attention and sparked inquiries regarding the method, subsequently resulting in the development of educational instructor courses led by Anna Duberg.

In 2017, Anna was supported by the Social Impact Lab, Örebro University, which led to further development of the Dance for Health method and implementation initiatives. Today, there are more than 700 certified Dance for Health instructors throughout Sweden and Nordic countries. Through collaboration with school health services, adolescents experiencing recurrent bodily pain symptoms and mental distress are recruited to participate. The key factors include "joy of movement", "come as you are" and "social inclusion". By touching the that lives of thousands of young people, Dance for health now serves as an example of a recourse-effective and appreciated non-pharmacological intervention, that can strengthen health and alleviate school health services.

Social Impact Lab (SoIL) has been running since 2017. Since 2021, the program includes collaboration with the Innovation-support systems at Region Örebro County and Anna is part of the teacher team. Participants with an employment at the Region Örebro County and affiliation at the university gets 10% of their time allocated to work with the program. The SoIL program draws on the Stanford's 5 disciplines of innovation model, and combines disciplines such as design, effectuation, sustainable development goals, and theory of change to attract participants from non-entrepreneurial fields and foster social impact.

''BETTER TAKING THE RISK THAN A LIFE TIME PUNISHMENT OF EARLY FORCED MARRIAGE''. PERCEPTIONS AND EXPERIENCES OF YOUNG PEOPLE TOWARDS ABORTION IN NORTHERN MOZAMBIQUE

Presenter: Gilda Gondola Sitefane
Uppsala University

Introduction: Of approximately 227 million pregnancies occurring each year globally, 4 in 10 are unintended, 61% end in an induced abortion. Of all induced abortions, 45% are unsafe of which 97% occur in developing countries. Worldwide, unsafe abortions contribute for 13% to 18% of maternal death.

Mozambique is among countries with highest maternal mortality rate at 289/100.000 live births. While the real impact of unsafe abortion is unknown due to lack of data, a survey conducted in 2008 indicates that from total maternal deaths, 14% were related to abortion and 65% occurred among women of 15-30 age. With the goal of reducing maternal deaths due to unsafe abortion, Mozambique decriminalized voluntary termination of pregnancy (VTP) in 2014.

Objective: This study aimed to explore perceptions and experiences of young people on access to voluntary termination of pregnancy in rural and urban areas of northern Mozambique.

Methods: A qualitative study was conducted in Nampula province. A total of 94 girls and boys of 15-24 age were purposively selected and engaged in the study. Twelve Focus Group Discussion were conducted. Thematic analysis was applied. The Socio-Ecological theory was used to frame the discussion.

Findings: Despite VTP being decriminalized, unsafe abortion remains an option among young people. Decision making to not seeking for help and opt for unsafe abortion is determined by multiple factors including unawareness on legal status of VTP and right to seek services, lack of service provision at nearest health facilities, illicit charges for services provision and lack of financial autonomy, negative attitudes towards young girls being sexually active before marriage and seeking for abortion, lack of social support. Early forced marriage was overwhelmingly expressed as a common parent's corrective action towards pregnancy out of wedlock and unsafe abortion was described as remaining option to set themselves free.

Conclusions: In a context of multiple barriers for access to VTP, unsafe abortion is perceived as a better option than facing a life time punishment of early forced marriage.

THE HOUSE OF PLENTY (HOPE) SOCIAL INNOVATION MODEL

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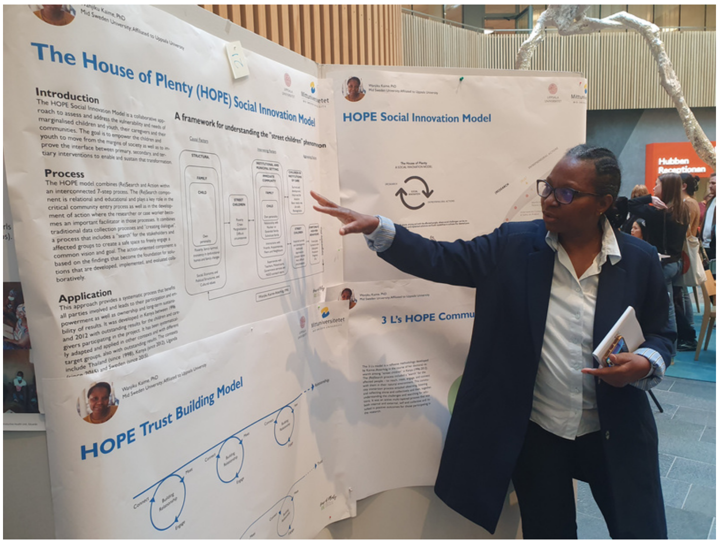

The HOPE Model of Social Innovation is a collaborative approach aimed at assessing and addressing the vulnerability and needs of marginalized children, youth, their caregivers, and their communities.

The Model seeks to empower children and youth to move from the margins of society and improve the interface between primary, secondary, and tertiary interventions to enable and sustain that transformation. It combines (Re)Search and Action within a 7-step process, where the (Re)Search component plays a key role in the critical community entry process and the development of action, while the action-oriented component is based on the findings that become the foundation for collaboratively developed, implemented, and evaluated solutions.

The approach provides a systematic process that benefits all parties involved and leads to their participation and empowerment as well as the ownership, and long-term sustainability of results. The Model was developed by Dr Kaime in Kenya between 1996 and 2012 and has been adapted and applied in other contexts with outstanding results, including Thailand, Uganda, and Sweden.

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