

Rural Communities Mobilize Themselves to Improve Health in Kyrgyzstan

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The Ministry of Health of Kyrgyzstan, Kyrgyz-Swiss Health Reform Support Project (KSHRSP), and the USAID/ZdravPlus Project are collaborating to empower rural communities to improve their health. In the past year, ZdravPlus has supported health promotion centers and PHC facilities to help rural communities in Issyk-Kul Oblast identify and prioritize health issues, form 165 village health committees (VHCs), and begin a series of health actions. Kuban Ashimkanov, the leader of one of the most active VHCs in Ak-Suu rayon, feels that these activities are already having an effect: "People are now starting to fully understand that they need to do something themselves to stay healthy and not totally rely on medical workers."

The health actions increase individual and community responsibility for health and contribute to improved health outcomes. Recent health actions on iodine deficiency and hypertension have increased awareness and empowered communities to take actions to increase the sale of iodized salt and to conduct mass screening for hypertension with appropriate referrals to PHC facilities for follow-up care and counseling.

Through these activities in Issyk-Kul Oblast and upcoming activities in two rayons in Jalal-Abad Oblast, ZdravPlus is contributing to national scale up of community mobilization efforts. Beginning in 2002, KSHRSP worked with villages in Jumgal Rayon in Naryn Oblast to adapt a social mobilization model to the Kyrgyz environment. Once tested, the "Jumgal model" was spread throughout Naryn and into Talas Oblast with support from KSHRSP.

In 2005, the MOH included the model as an important part of the Manas Taalimi National Health Reform Program, linking Community Action for Health activities with other health system reforms for maximum impact, and enabling health promotion units and PHC facilities to contribute proactively to facilitating these "bottom-up" health promotion, prevention, and behavior change efforts. Plans are now in place to scale up the model throughout Kyrgyzstan, reaching all rural communities by 2010, with support from the Swiss Agency for Development and Cooperation, USAID, and the Swedish International Development Agency.

Identifying Priority Health Issues and Forming Village Health Committees

The Community Action for Health process starts with analysis of health issues by villages using Participatory Rapid Appraisal (PRA) techniques, involving a majority of households. It then facilitates the establishment of health committees in



Efforts are made to include as many age groups as possible and maintain a gender balance, so that VHC activities are representative of the health needs of the whole community.



villages and election of VHC leaders. The VHCs plan, implement, and coordinate initiatives to improve health in their villages according to the priorities identified in the PRA. Rayon health promotion units and PHC workers facilitate the PRA, help establish health committees, and conduct trainings to provide skills needed to address the health issues identified and to contribute to organizational capacity building of the committees. In Issyk-Kul Oblast, 208 PHC workers were trained in this process, along with 13 people working in rayon health promotion units. More than 35,000 people (66% of households) participated in nearly

3,500 PRA sessions. Then 165 VHCs were formed, covering more than 250,000 people in rural areas throughout the oblast. After the VHCs were established, health promotion units and PHC workers trained the new committees on organizational development, networking, organizing meetings, making decisions, mobilizing volunteers, and creating action groups. ZdravPlus provided health promotion units with training on facilitation and training techniques and supportive supervision so they can better empower the new VHCs.

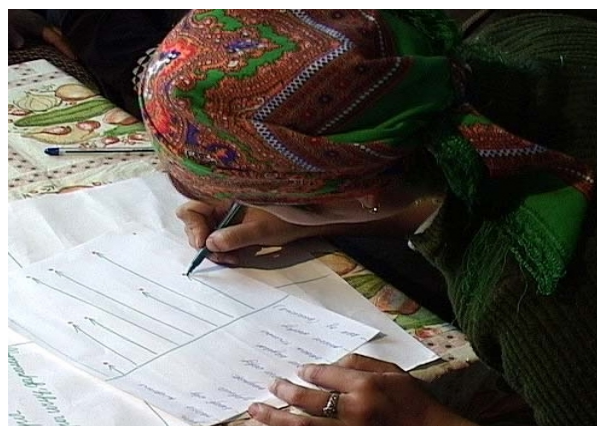
Changing Behavior through Health Actions

During the PRA, communities in Issky-Kul identified health determinants and health issues. The health determinants that were identified included effective and available health care and medicines, sound nutrition, clean water and hygiene, and health information. Health issues identified and prioritized by rural communities included blood pressure and heart disease, anemia, goiter, dental care, women's health issues, alcoholism, flu, arthritis, and brucellosis.

A key concern in most villages was the prevalence of goiter and other iodine deficiency diseases. In response, PHC facility staff and VHC representatives were trained on the importance of using iodized salt to prevent these diseases. VHCs then began campaigns on iodized salt in their villages – forming salt committees and routinely checking the iodine levels in household salt and the salt sold in local shops using quick and easy-to-use test kits. In March, salt in 72,529 households was checked and baseline data showed that 79% of people already consume iodized salt. Even so, 80% of people reported that they preferred to buy less expensive salt whether it was iodized or not, and it was discovered that many households do not store salt properly, resulting in decreasing iodization levels over time. The VHCs will determine whether awareness building activities have impacted household consumption in March 2007.

In addition to testing salt in households, the majority of shops in cities and rural villages were equipped with test kits to check iodine content in the salt they buy from distributors and sell to consumers. The VHCs test salt in the shops every month, so all villagers now have the right to ask shops to show that the salt they buy has been tested. Increased population awareness and improved accountability of shopkeepers toward their clients have resulted in a dramatic increase in the

percentage of iodized salt being sold in shops throughout the oblast – from 62% in March to 85% in August – as well as increased awareness of the name-brands of salt that are not iodized. The iodized salt campaign successfully introduced people to the newly established VHCs, and as Maksat Mukambetov, leader of the VHC in Tort Kul village, states, “The majority of people viewed VHC activities positively, even though only a short period of time has passed and the VHC is still young.”



A PHC worker helps a rural village identify and prioritize their health issues

The second health action conducted in Issyk-Kul was on hypertension, with a focus on community screening using simple electronic equipment. The health action was enthusiastically received by the population with more than 50,000 people receiving free screening. Brochures on hypertension were disseminated and a short population survey was administered to identify risk factors, so that they may be better addressed in the future through counseling and behavior change interventions. People who had high blood pressure were referred to their nearby PHC facility to confirm the diagnosis and receive follow-up care and counseling as required. Plans are in place to develop hypertension support groups to help people reduce risk factors and manage hypertension.

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