

Road to Results

ACHIEVING SUCCESS STEP BY STEP

CAIP and ZdravPlus Collaborate on “Model Village” to Assure Clean Water and Encourage Healthy Lifestyles

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Katta-Tagob, a remote village in the Uzbekistan Rayon of Ferghana Oblast with a population of approximately 3,600 people, has not had direct access to safe drinking water in its history. Previously, drinking water was obtained from a neighboring village, several kilometers from Katta-Tagob. Water was fetched on foot, and children often missed school to bring their families water. The inadequate access to potable water, combined with lack of information on disease prevention, has been associated with an increased prevalence of diarrhea and other infectious diseases in the village. To address these issues, Katta-Tagob was selected as an implementation site for a *Model Village* — a collaborative, comprehensive, community-mobilization program to address diarrheal disease.

The Model Village project, implemented by two USAID-funded partners — the Community Action Investment Program (CAIP)/ Mercy Corps and the ZdravPlus Project/Abt Associates — aims to reduce the incidence of diarrhea in Katta-Tagob. The main components of the project include: 1) provision of clean drinking water to the residents of Katta-Tagob; 2) training of health care providers to improve their knowledge and skills regarding childhood diseases, particularly on the prevention, management and treatment of diarrhea; and 3) increasing community knowledge and skills concerning the prevention, management and treatment of diarrhea through community mobilization and community health promotion and education activities.

Mobilizing the Community

CAIP mobilization activities in Katta Tagob began with the organization of an eleven-member Community Action Group charged with assuring full participation from the community in prioritizing and coordinating mahalla (neighborhood) improvements.

Building on its commitment to include the entire community, CAIP brought community

members together to address a common concern: poor hygiene and sanitation, and resulting related illnesses through a mobilization process that encourages open dialogue, democratic decision-making, and problem solving and empowers citizens.

In May 2004, the community partnered with CAIP to drill a well and install pipes for potable water along the principle roads with taps every 300 meters. Ten communities were actively involved in these activities. They provided all the manual labor, cooked meals for the workers, collected money, organized volunteer workers, laid road metal in front of their homes for the paving, and dug trenches for the water pipes.

Community Education

As CAIP and the community addressed the issue of clean water, ZdravPlus, in collaboration with CAIP's health promotion team, tackled community education through trainings and organization of community health groups.

Based on the results of focus group discussions and a baseline survey, education activities for health care workers and health promotion activities aimed at the population were developed. Doctors and nurses from the local primary health care clinic (SVP) were trained on community involvement in child health care, including interpersonal communications skills training and organizing mother support groups. Additionally, a Mahalla Health Initiative Group (MHIG) was created, a school camp was held, and the local health center held community meetings, all aimed at improving hygiene and decreasing the incidence of diarrhea in the village. All of these activities were supported by CAIP and ZdravPlus health education materials.

Sharing Information

The Mahalla Health Initiative Group plays an important role in getting health information out to the community. As a member of the group



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explains, “we have held community discussions in mahallas on hygiene and diarrhea and explained to our neighbors how to treat diarrhea, how to prepare oral rehydration solution and how to prevent diarrhea.” Another MHIG member who is also a religious leader, uses community gatherings of men to “talk about disease prevention, explaining to people that disease prevention activities are not only a woman’s responsibility, but a man’s as well.”

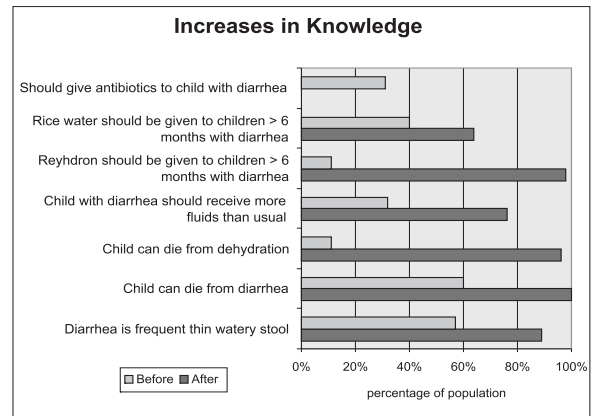
Children are now receiving regular health lessons in school, with the village’s 720 students learning the rules of hygiene, how to prevent diarrhea and other infectious diseases, and how to eliminate bad health habits. As one of the school teachers said, “I have noticed that students who participated in the school camp are teaching their peers the rules of hygiene and setting an example for them.”

Patronage nurses have become more active in carrying out health education activities among the residents. These days, patronage nurses communicate health information not only with their patients, but also with the larger mahalla community. Survey results support these findings: 89% of the respondents reported receiving health information from the SVP at follow-up compared to 15% at baseline. In addition, 60% of respondents reported receiving health information from their health center at follow-up compared to 0 at baseline.

Clean Water, Improved Hygiene

Results of a follow-up survey indicate that not only do 100% of the respondents now have piped water compared to 39% at baseline but also, that 100% are now boiling their drinking water (compared to 39% at baseline). Use of other sources of water such as a river or stream dropped from 38% (baseline) to 0 (follow-up). In addition, availability of water for washing hands within courtyards increased from 69% to 94% and having soap in the washing place increased from 58% to

84%. Knowledge of when to wash hands increased for the following indicators: after using the toilet from 31% to 69%; before preparing food from 14% to 72%; and before eating from 38% to 58%. Knowledge about diarrhea also increased due to the project, as shown in the chart below.



During the follow-up survey, the Katta-Tagob SVP doctor remarked that he noticed a decline in the number of diarrhea cases during the summer of 2004 and that the demand for Rehydron had greatly increased. SVP records indicate that the number of diarrhea cases treated during the summer of 2004 was only six compared to 13 during the same time frame in 2003.

By addressing the interrelated physical infrastructure and health education issues and by involving the entire community, including health care workers and community leaders, the Katta-Tagob Model Village has made a real difference in preventing and managing disease in one village. As the Secretary of the Katta-Tagob Mahalla notes, “people from nearby villages envy us because with outside help we were able to create conditions that reduce diseases in our area, we have increased our knowledge on health issues and on prevention of various diseases, personnel of our SVP work closely with population and we support them too.” Indeed, Katta-Tagob has become a *model* village.

For more information

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