



PROJECT FACTSHEET

Kyrgyzstan August 2014

LOCAL COMMUNITIES ENGAGE ACTIVELY IN THEIR VILLAGE'S HEALTH



The project takes the local people as its starting point: neighbourhood communities are actively involved both in the planning and in the implementation of health-related activities, such as checking blood pressure or discussing healthy lifestyles. In close cooperation with the Ministry of Health, the programme not only improves health in a sustainable way, but it also allows the local community to be actively engaged as a civil society. As the first steps showed very positive results, the project has been scaled up to a national level.

COUNTRY CONTEXT

The Kyrgyz Republic was part of the Soviet Union until its independence in 1991. It remains one of the poorest among the former Soviet republics. An estimated one third of Kyrgyzstan's 5.4 million inhabitants live below the poverty line. Only about 35% of the population lives in the urban centres of Bishkek, Osh and Jalal-Abad, while the majority of the population lives in rural areas.

Kyrgyzstan's transition to democracy has been turbulent. Widespread dissatisfaction over alleged corruption and an erosion of civil liberties brought about periods of instability and led to a low level of trust into government institutions.

Switzerland has been present in Kyrgyzstan since the early 1990s and has continuously endeavored to support a peaceful social and economic transition process. In Switzerland's engagement strategy in Kyrgyzstan from 2012 to 2015, health was defined as one of three priority areas.

SECTOR CONTEXT

In the years following the break-up of the Soviet Union, Kyrgyzstan's population suffered from diseases common to both low-income countries and to more developed nations, thus enduring a double burden. At the same time, the health system suffered from dramatic underfunding.

A national health-reform policy supported by Switzerland, Germany, the United Kingdom and the World Bank began in 1996. The reforms were designed to move Kyrgyzstan away from the old Soviet-style health system, with its many large and costly hospitals, to a more efficient community health model, in which the focus lies on preventive medicine. Improvements are already being seen: universal coverage has been reached for some basic services, and some key indicators, such as child mortality, have decreased significantly.



Lower blood pressure

One very successful health-related activity addresses high blood pressure. Hypertension is a major reason for the high stroke-related mortality rate in Kyrgyzstan but it is seldom recognised as such and thus not treated. During a yearly hypertension action week, the village health committees throughout the country screen as many adults as they can with a blood-pressure cuff. Between 2011 and 2013, over a million people were checked and the committees detected over 180,000 people with high blood pressure, among whom 57,000 were not aware of it. Those affected were sent to primary healthcare providers and given extensive information materials. Based on their documentation, the committee can follow up with these patients at a later date.

PROJECT GOALS AND ACTIVITIES

The Community Action for Health in Kyrgyzstan project aims to improve health in rural areas of Kyrgyzstan in a sustainable manner. It actively includes the rural population in the process of defining their health problems and in working towards solutions with the support of the Ministry of Health. The goal is thus to empower the local community in their engagement for health and to foster a fruitful partnership with the health authorities.

Village health committees

In each village, the implementation of the project starts with the definition of health priorities: grouped by neighbourhood, the local population discuss their most pressing health issues. During this process, the participants also elect people from their neighbourhood as members of the village health committee, which plays an important role in the project. In a later village meeting, the board of the committee is elected from among the proposed members. The village health committees work on a voluntary basis and members get regular training in medical as well as organisational skills.

Health-related activities

Based on the health priorities defined by the population and in cooperation with the Ministry of Health, various campaigns, addressing issues such as dental health, maternal and infant health, reproductive health, nutrition, sanitation and hygiene, are launched. All of these health-related activities – around 20 in all – are then implemented by the village committees. Equipped with information materials and demonstration tools, the trained members of the committee visit the population of their village on a regular basis.

While acknowledging the traditional role that women play in resolving health problems in rural families, the project constantly strives to engage more men in health-related activities, especially on predominantly male-related health issues such as brucellosis, alcoholism and tobacco use.

Iodised salt

Other high-ranking issues among the village's health priorities were disorders resulting from a lack of iodine, such as goitres. The number of those diseases increased significantly in the early 1990s because salt was no longer universally iodised as it had been under the Soviet Union. Within an iodised salt promotion campaign, the village health committees distributed simple test kits in the villages and enabled the communities to check the salt sold in their villages themselves. This campaign resulted in 98% of the targeted households only using iodised salt.



MAIN ACHIEVEMENTS SO FAR

The project was designed and for the first time tested in the Jumgal district of Naryn oblast in 2002. As the campaigns were very successful, the project was expanded to encompass Talas, Osh, Batken and Chui oblasts. Today, there are village health committees in 84% of all villages in Kyrgyzstan.

Community-based health promotion has several advantages over state-driven models. In addition to encouraging a preventive approach to health care, the strategy empowers rural communities and opens up possibilities for a stronger and more diversified civil society in the country's regions. Through this approach,

people have realised they can take the initiative for improving their own health rather than waiting passively for the government to do something for them. At the same time, medical staff learnt to see the local people in the villages not as passive objects to be taught what is good for them but as active partners in the process of improving health. The underlying principle for the collaboration between the community members, the health staff and the project staff is non-dominant behaviour and mutual appreciation of all contributions. This keeps the motivation for voluntary work alive.

Aside from the health issues, the committees started to take responsibility for further activities identified as beneficial for the community, such as income generating activities, organising social events or collective work in their villages. They work as independent civil society organisations and the number of initiatives is rising constantly.

EXPECTED RESULTS AND FURTHER STEPS

The model of community-based health promotion has been fully endorsed by the Kyrgyz government and the national association of the village health committees has been gradually integrated in the process of developing the national health strategy.

Through the creation of viable structures at community level the project also strives to provide a forum through which local people can interact with the health system as a whole. Using small grants in combination with their own contributions, communities have built or repaired bathhouses, drinking-water systems, and first-aid posts. In the medium term, about 70 health-related infrastructural units (bathhouses, rural health structures) will be built in villages across the country. In poor regions bathhouses are a major contribution to hygiene and health, particularly during the harsh winters.

In partnership with Kyrgyzstan's State Medical Academy, the project will continue to assist in introducing modules and educational resources on health promotion and community action for the graduate and post-graduate curricula of medical staff.

TALAIKUL RYSALIEVA'S VIEW

"To witness these changes is very rewarding"

Talaikul Rysalieva, a 46-year-old mother of 5 children, has been working for the Chon-Dobo village health committee since its foundation in 2003. She was elected as the committee's leader and later she was appointed chairwoman of the national association of village health committees.

"I got married very young, when I was 20", says Talaikul. "Therefore I didn't go to college. Back then, I was just a village housewife raising children and taking care of our cattle. I wouldn't participate in any public event. However, when the health committee in our village was about to be established I soon became a member. Thanks to my work at the committee I acquired communication skills and I learned a lot about organisation development and proper documentation. Now I am often invited to different commissions and organisations. The programme thus opened a whole world of opportunities for me to grow as a community worker and as a woman. Otherwise I would still be a housewife with a limited world view." Nowadays, she is also active as a member of the district government and she is convinced that this political engagement would not have been possible without her work in the health programme.

The village health committee in Chon-Dobo has continuously developed and turned into a strong local community organisation.

Its permanent membership has grown from 5 to 38 people, who are currently working on 19 health-related projects in the village. Additionally, the committee has renovated the local bathhouse and library, and a sports field has been built.

However, it was not easy at the beginning, as Talaikul knows: "When we first started our work with the villagers almost all of them were sceptical, saying we were not medical workers and had nothing to teach them. But gradually we proved to them that the work we do (for free) is crucial for the village and its residents' health. Now local people are very supportive. The most inspiring thing is that we now see positive changes in the village: people are aware of the importance of preventing diseases, they preserve vegetables and jams for winter and they take precautions when dealing with cattle. Also, the consumption of alcohol has dropped. To witness all these changes and to be a part of it is very rewarding".





COUNTRY FACTS (Source: World Bank)

Population (2013)

Kyrgyzstan: 5.7 millions
Switzerland: 8 millions

Life Expectancy (2012)

Kyrgyzstan: Female 74.1 years, Male 66.1 years
Switzerland: Female 84.9 years, Male 80.6 years

Gross Domestic Product (GDP) per capita (2012)

Kyrgyzstan: USD 1,178
Switzerland: USD 78,928

Health Expenditure per capita (2012)

Kyrgyzstan: USD 84.3
Switzerland: USD 8,980



PROJECT AT A GLANCE

Project title:

Community Action for Health

Location:

All oblasts of the Kyrgyz Republic

Duration:

1999-2017 (currently Phase 7)

Current Budget (2014-2017):

CHF 4.6 million

Implementing agency:

Swiss Red Cross (SRC)

IMPRINT

Federal Department of Foreign Affairs (FDFA)
Swiss Agency for Development
and Cooperation (SDC)
Commonwealth of Independent States (CIS) Division
Freiburgstrasse 130, 3003 Bern, Switzerland

www.sdc.admin.ch
www.swiss-cooperation.admin.ch/centralasia

Photo page 1: © Swiss Cooperation Office Bishkek,
Aida Aidakyeva

Photo page 2 (1): © SRC, Fabian Biasio

Photo page 2 (2): © SRC

Photos page 3: © Swiss Cooperation Office Bishkek

Photo page 4: © SRC