

CENTRAL ASIA PROJECT BRIEFING

HEALTHCARE FOR REMOTE REGIONS – AN SDC PROJECT IN KYRGYZSTAN SETS THE STANDARD

Most of the inhabitants of remote villages in the poor Central Asian republic of Kyrgyzstan lack access to basic healthcare services. In Soviet times, healthcare was good but very costly. After the country became independent, it had to establish a financially viable healthcare system and decided to place more emphasis on prevention. An SDC-sponsored project uses village health committees to achieve this aim. The project has been so successful that the government has made these village health committees part of its healthcare reform process. It now intends to introduce the concept nationwide.

The country lies in a mountainous region: almost half of Kyrgyzstan is over 1,500 metres above sea level. This Central Asian country is five times the size of Switzerland and has a population of five million. One-third of the country's inhabitants live in rural areas, where life is difficult. Small, remote villages with a few hundred inhabitants dot the landscape. People make a living mainly from sheep farming. Over 40% of these rural inhabitants live below the poverty line. Three-fourths of the people living in Kyrgyzstan have to get by on less than four USD per day.

While many people in Kyrgyzstan suffer from poor health, things were not always this way. In Soviet times, every village had a wide range of healthcare services. Doctors were flown in by helicopter to administer vaccines to children. Even the remotest regions had a large number of hospitals. In 1991, after the Soviet Union collapsed and Kyrgyzstan became independent, the healthcare system imploded. The financially strapped government of Kyrgyzstan (whose annual per capita health expenditure stands at USD 102 compared to Switzerland's USD 4,011) simply could not afford to maintain such a costly healthcare system. In order for the healthcare system to be made more effective, people had to take responsibility for their own health. This was a difficult task, especially because



Improving health together. The inhabitants of the village of Ak-Tala in Kyrgyzstan decide what themes are most important to them.

people were used to the state taking care of them. In the mid-90s, the government of Kyrgyzstan decided to radically change the healthcare system, which meant reducing the oversized infrastructure, shutting down hospitals or making them smaller and redirecting the focus to basic healthcare. The reform process included an SDC-funded project, which is now called the "Kyrgyz-Swiss-Swedish Health Project". Swiss funding was used to renovate and reduce



Five times the size of Switzerland, Kyrgyzstan is mostly mountainous, with remote villages dotting the landscape.

the size of five hospitals. Improved hospital sanitation and waste disposal methods were introduced. Since 2001, the project has been working closely with villagers to show them how to deal with healthcare problems in their village and take preventive measures. The “Community Action for Health” project also shows prevention experts within the public healthcare system how to work with village communities.

Under project guidance, villagers decide what their most pressing problems are and which problems should be addressed first. They set up village health committees and elect committee members. Committee members are responsible for implementing decisions. Because they are all volunteers, they receive no pay for the work they do. Depending on the priorities set, the results are different in each village. In some villages, for example, new health posts were set up and nurses assigned to provide basic healthcare services to villagers. Since many Kyrgyz houses lack bathrooms, some villages decided to build public baths to improve hygiene. In other villages, water sanitation was the priority.

In Kotschkor, one of the larger districts of Naryn Province, a village health committee has launched thirteen health awareness campaigns thus far. One of these campaigns encouraged local inhabitants, many of whom suffer from vitamin deficiencies, to grow more fruits and vegetables. Another campaign drew attention to the negative consequences of alcohol abuse – a major problem in some areas. The village health committee did a bit of research and came up with estimates on just how much money was being spent on alcohol each year in each village. The committee then explained how this money could be spent if there were less alcohol abuse. Another campaign distributed iodised salt and introduced simple test procedures to determine the iodine content of table and cooking salt at home. Today, 98% of the households in Kotschkor use iodised salt.

A total of 807 villages have set up their own village health committee. Their work has had an impact: the

previously widespread problems of goitre and stunted growth in children have sharply decreased since people added iodised salt to their diets. In addition to health awareness campaigns, the project helps village health committees to become independent bodies and work with the national healthcare system and other projects.

The project has not only improved the state of health of the inhabitants of remote villages, it has also had an impact on national healthcare policies. The project has demonstrated to the Kyrgyz Ministry of Health Care what village health committees

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Concerted action brings results: members of the Village Health Committee of Ugut in Kyrgyzstan standing in front of a local health post that they helped renovate.

«I help, because I know what it means to get sick»

Mahabat Ybyshova

Head of the Village Health Committee of Buguchu in Kyrgyzstan. She is 47 years old, married and has three children, she is food technologist by education.

«I used to work in the regional food provision organisation. I liked my work very much, but I lost it after the end of the Soviet Union. In 2004 a Village Health Committee was formed. I was elected as its leader. I wanted to take part, because I know from my own experience the price one has to pay if one gets sick. In remote regions the health infrastructure is very poor and it basically disappeared after independence. That is why I do my best to improve public health in our village. About twenty people are involved in the work of our committee in the village. It is voluntary work. It is now difficult to mobilize more people. Voluntary work is still new in our community but our work shows how useful it can be! Our activities are well accepted by the people. They follow our recommendations and we have good results. For example in 2007 we did not have a single case of brucellosis! We also organized the construction of a health post in our village with a grant from the Kyrgyz-Swiss project. We collected the contribution from the population. Before people had to walk 4 km to the next health post to get help but now we have it in our village.



I learned a lot from working with the Committee. How to work with people, how to lead an organisation and how to write project proposals. My work makes me feel very proud and our success shows, that we – the ordinary people – can do something for our village! We have even started to work with other donors. This year we have submitted a proposal for a kindergarten which is now being built.»

PROJECT SUMMARY

In Soviet times, every village, even the remotest ones, had a wide range of healthcare services. When the Soviet Union collapsed, the healthcare system imploded and inhabitants of rural areas were left to their own devices. In the mid-90s, the government of Kyrgyzstan decided to overhaul the healthcare system. This reform process included an SDC-funded project, which is now called the “Kyrgyz-Swiss-Swedish Health Project”. This project shows villagers how to improve their state of health without outside intervention. Trained employees of the Kyrgyz Ministry of Health Care work closely with villagers to help them identify their most serious problems. Village health committees are set up to implement various initiatives such as, in a good number of villages, the construction of public baths or water sanitation facilities. Health campaigns encourage villagers to adopt a healthy lifestyle. The project has been so successful that the government of Kyrgyzstan decided in 2005 to include the “Community Action for Health” project as an integral part of the healthcare reform process. The project will now be introduced nationwide.

Project title:
Kyrgyz-Swiss-Swedish Health Project

Implementing organisation:
Swiss Red Cross

Duration:
2000 – 2011 (Phase 1–5)

SDC budget:
CHF 15.4 million

Project partner:
Kyrgyzstan Ministry of Health Care



The project helps people to help themselves: two young girls use a simple technique to determine the iodine content of cooking salt. Iodised salt helps prevent goitre and stunted growth.

can do in terms of prevention and how much more they still have to offer. In 2005, the government integrated the “Community Action for Health” project in the healthcare reform process so that village health committees could be set up all over the country. In order to reach this ambitious objective, the SDC has teamed up with the Swedish International Development Cooperation Agency (SIDA) and the United States Agency for International Development (USAID).

www.swisscoop.kg

MORE INFORMATION

Community Action for Health

www.cah.kg/en

Swiss Red Cross

www.redcross.ch/mag/mag/index-de.php?id=119

Swiss Cooperation in Central Asia

DID YOU KNOW THAT...

... Switzerland has the world’s third highest per capita health expenditure, forty times higher than Kyrgyzstan?

... life expectancy for people living in Kyrgyzstan is around fifteen years less than for people living in Switzerland?

... the infant mortality rate in Kyrgyzstan is fifteen times higher than in Switzerland?

	Per capita health expenditure in USD	Life expectancy at birth	Infant mortality at birth (per 1,000 births)
Switzerland	4,011	80.7	4
Kyrgyzstan	102	65.3	58
Uzbekistan	160	66.5	57
Tajikistan	54	65.9	59
World	N/A	66.0	52

Source: Human Development Report

THE SDC

The Swiss Agency for Development and Cooperation (SDC) is part of the Federal Department of Foreign Affairs (FDFA). The SDC is responsible for overall coordination of development cooperation activities with other federal offices as well as for delivery of humanitarian aid. The SDC has around 620 employees working in Switzerland and abroad. It has an annual budget of CHF 1.43 billion (2008). In addition to running its own programmes, the SDC provides funding to international organisations as well as to Swiss and international charities involved in the following activities:

- Bilateral and multilateral development cooperation
- Humanitarian aid
- Cooperation with Eastern Europe and the CIS

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