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Conference Abstract

The Community Action for Health Programme in Kyrgyzstan: A countrywide partnership for health promotion between the health system and communities

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Abstract

Introduction: The Community Action for Health Programme in Kyrgyzstan (CAH Programme) is a countrywide partnership between Village Health Committees (VHCs) and the governmental health system of Kyrgyzstan. VHCs are community-based organisations that are independent of the health system and the local self-government entities but cooperate closely with both. VHCs are formed by election during an initial people's analysis of health priorities.

Aims: The goals of the CAH Programme are to enable rural communities to act on their own behalf to improve health in their villages and to enable the governmental health system to work in partnership with village communities to improve health.

Results: After being launched as a pilot in 2002, the programme was extended to all rural districts; by 2013, about 1,700 VHCs covered 85% of villages, accounting for 3.3 million inhabitants. Health promotion staff visit the VHCs regularly and provide training on organisational development and on health campaigns. The former aims to enable VHCs to act on health determinants at their own discretion, while the latter aims to improve health awareness and behaviour. VHCs from each district form district-level, non-profit organisations (legally registered), which in turn constitute the National Association of VHCs (AVHC) that represents VHCs vis-à-vis the Ministry of Health (MoH) and donors. The AVHC is a member of the supervisory council of the MoH. The number of VHC own initiatives addressing determinants of health and well-being is a measure of their organisational capacity and empowerment. It is rising steadily and in 2013, there were 2,572 such initiatives or 1.5 per VHC per year. Examples include mobilising the village for a waste clean-up, helping poor families with emergency transport to the hospital, creating a consensus against wasteful spending for funerals or marriages, planting fruit trees, and measures to create income for the VHC. Health actions concern a range of diseases that have been identified in the initial people's analysis, as well as some additional public health issues. The effects on the health of the population include the reversal of the brucellosis epidemic, improved health awareness and behaviour regarding danger signs and good nutrition in pregnancy and early childhood, and the screening of over a million people for high blood pressure between 2011 and 2013. These outcomes may have contributed to the decline in infant, child, maternal, and cardiovascular related mortalities in Kyrgyzstan in recent years. VHC members work on these issues without remuneration. They cite gratification typical for volunteers (recognition, gratefulness, joy of meeting new people, etc) as their motivation. A gender analysis showed that for the female members (the majority), the VHCs serve as a platform for assuming new roles in community management. The sustainability of the programme is ensured through the organisational capacity of the VHCs,

institutionalisation in the health system, interest of various donors to collaborate with the VHCs, and support by local self-governments.

Conclusion: Health systems can partner with community organisations to improve health. Investing in such partnerships can have very positive effects on community empowerment and health outcomes.

Keywords

community empowerment, health promotion, health systems and communities, effect of health promotion, village health committees

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