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ENSURING ACCESS TO QUALITY  
HEALTH CARE IN CENTRAL ASIA

TECHNICAL REPORT:

## **Community Involvement for Health Promotion in Ferghana Oblast**

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**October, 2004**

**Ferghana, Uzbekistan**



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\* Melinda Pavin and Farruh Yusufy have left the ZdravPlus project; Feruza Mamanazarova is now Health Marketing Manager for the project.

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## **I. Acronyms and Abbreviations**

CAFE	Central Asia Free Exchange (NGO)
CAIP	Community Action Investment Program (funded by USAID)
HPWG	Health Promotion Working Group
MOE	Ministry of Education
MOH	Ministry of Health
NGO	Non-Governmental Organization
PCV	Peace Corps Volunteer
STI	Sexually Transmitted Infection
SVP	Selskiy Vrachebniy Punkt (rural clinic)
USAID	United States Agency for International Development

## **II. Abstract**

One of the goals of the ZdravPlus health reform project in Uzbekistan is to redefine patients' rights and responsibilities, giving them more responsibility for their own health. To help achieve this, a community involvement program was established. The guiding strategy was to identify existing "community access points" that have contact with large segments of the population and have a mandate in the health or a health-related field. By providing technical assistance, training and resource materials for persons working in these community access points, primary health care clinics, NGOs, schools and others are now effectively conducting community health education seminars and launching health promotion campaigns. This report describes the types of activities conducted and the steps to follow to ensure the success of community involvement health education and promotion activities.

### III. Executive Summary

The ZdravPlus project, supported by the US Agency for International Development (USAID), provides technical assistance to the Government of Uzbekistan with its health reform program. One facet of the reform effort is to redefine patients' rights and responsibilities, by improving the population's knowledge about health and empowering the population to be more involved in health care decision-making. In Soviet times, the government was responsible for the population's health and there was very little emphasis on population education or population involvement, so health promotion and community involvement are something new.

Working with a number of community-based governmental and non-governmental organizations (NGOs), mostly in Ferghana Oblast, the project has helped improve the quality and effectiveness of health promotion and health education within the community. The guiding strategy was to identify existing "community access points" that have contact with large segments of the population and have a mandate in the health or a health-related field. By providing technical assistance, training and resource materials for persons working in these community access points, primary health care clinics (SVPs), NGOs, schools and others are now effectively conducting community health education seminars and launching health promotion campaigns.

SVP clinics now have nurses and doctors who have been trained on interpersonal communication skills and provide information to people through home visits, who hold "health fairs" and conduct other types of community education. Several of them have set up "mother support groups" to provide a support system for women of reproductive age and encourage them to share their experiences and learn from each other. Others are working with *maballas* (local community groups) to set up *Maballa* Health Initiative Groups that foster greater involvement of the community in SVP health promotion activities and develop joint activities with the SVP. In addition, members of the *maballa* groups provide health information directly to the population.

ZdravPlus has worked with the Ministry of Health's health education network of health [promotion] centers\*, which has a presence in each district, to build their staffs' skills through monthly training courses and by involving them in other community activities. In a step toward fostering sustainable health promotion activities in these centers, the project developed a manual entitled, "Modules for Community Health Education."

Through a small grants program for NGOs—now conducted jointly with Counterpart International (formerly Counterpart Consortium)—ZdravPlus has helped communities come together to address priority health concerns on their own initiative. There has been a dramatic expansion of NGOs working in health, from two in 1998 to about 45 today. The NGOs have grown in sophistication to the point where they have established an NGO network that successfully coordinates health promotion activities, such as an oblast-wide campaign entitled "There is No Place for AIDS in Ferghana Oblast"—and the network has even been successful in leveraging funds.

When the Uzbek government issued a legal order requiring that health lessons be taught in schools across the country, it only outlined a list of health topics, and gave no guidance on implementation. For teachers accustomed to following government-mandated curriculum, implementing lessons based only on a list of topics was a daunting task. So the ZdravPlus community involvement team developed a series of interactive lesson plans for grades 1-8 and worked with pilot schools in Ferghana to test it. Later, the program was expanded to cover large numbers of schools in two oblasts and integrated into the teacher retraining program. The curriculum is more than a simple learning experience for children and teachers--

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\* Officially called "health centers," these centers are referred to as health [promotion] centers throughout this document to make it clear that they are not health clinics providing clinical care—as in many countries around the world—but are engaged in health education and health promotion.

all health lessons include homework where children are expected to go home and teach their families what they have learned. In the fall of 2003, the curriculum was approved by the Ministry of Education for implementation nationwide.

ZdravPlus was instrumental in organizing a Health Promotion Working Group to create a supportive network of agencies acting together within the community to promote health among a wide range of people. These agencies are now working together to implement larger, wider-reaching and more diverse health promotion activities, such as a competition between schools for the best song about health, an anti-tobacco campaign, “Future without Tobacco,” and other events.

Collaboration with other projects and donors has been a feature of much of the community involvement work. One example is the collaboration with the USAID-funded Community Action Investment Program to develop a “model village,” linking community-based safe water and health education activities in an effort to reduce diarrheal disease. Community mobilization began with the drilling of a well and the installation of water pipes. On the health education side, a local health promotion working group, including community members, teachers, SVP staff and *mahalla* leaders, initiated a myriad of activities. School teachers were trained on the school health curriculum, health education sessions were conducted by the health [promotion] center on diarrhea and hygiene, and a camp was held for school students, to cite a few. The “model village” was an effective linkage between an empowered community and health care providers to prevent and manage diarrhea.

The ZdravPlus community involvement experience demonstrates that working with existing governmental and non-governmental agencies (such as the SVPs, health [promotion] centers, NGOs, and schools) that have a health care, health promotion or health education component to their mandate, is an effective and efficient avenue for reaching the population with health information. The report concludes with a series of “steps” to follow to ensure the success of community involvement health education and promotion activities.

## IV. Introduction

When Uzbekistan gained independence in 1991, it inherited a Soviet model of health care which provided universal access to health services. Provision of health care was the responsibility of the state and was administered by the Ministry of Health (MOH) through oblast (regional) health departments and then city and rayon (district) health departments. Health care providers in general were accountable to the government, rather than to the population, with patients assigned to health facilities rather than being able to choose their provider; being given little information about health; having minimal involvement in decisions about their own health care; and having little real recourse if they were unsatisfied with the care they received. While primary health care providers were accessible to the population, they had little to offer, serving largely as referral points to higher levels of care.

In 1998, a presidential decree was issued to reform the health care sector in Uzbekistan. The reform program aimed to strengthen primary health care in rural areas and, at the same time, introduce a network of emergency health care services. The MOH designated Ferghana, Sirdaryo, and Navoiy Oblasts as pilot sites for primary health care reform, working with a loan from The World Bank. The ZdravPlus\* project, supported by the US Agency for International Development (USAID), provides technical assistance to the MOH and oblast health departments on primary health care reform. This has included work in four broad areas:

- To improve the efficiency of resource use, which includes establishing rural primary health care clinics as independent juridical units, and improving financing and equity of financing for primary health care;
- To improve the quality of health services at the primary health care level, including training for doctors and nurses, and introducing pilot projects using modern quality management techniques;
- To redefine patients' rights and responsibilities, by improving the population's knowledge about health through various strategies, and empowering the population to be more involved in health care decision-making; and
- To establish a favorable legal and policy framework to support the reforms.

All work is first piloted in Ferghana Oblast and then expanded elsewhere, when appropriate, with some elements of the reform now reaching seven oblasts.

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\* For purposes of simplicity, this document refers only to the ZdravPlus Project, although the early community involvement activities were conducted under its predecessor project, ZdravReform. The transition from ZdravReform to ZdravPlus took place in June 2000.

**ZdravPlus Community Involvement Strategy**

- 1. Identify points of access in the community**
  - Organizations and government agencies most likely to come into contact with large groups of people that could easily incorporate health promotion and health education into their routine work.

The diagram illustrates four points of access in the community, represented by arrows pointing to a central illustration of a family (two adults and two children). The points are: Schools, Kindergartens, & Youth Centers; Primary Health Care Facilities (Health Care System); Community & Religious Groups; and NGOs & CBOs. Health Promotion Centers are also indicated by an arrow pointing to the family.

- 2. Evaluate each point of access**
  - Assess each point to determine where intervention would most likely have the greatest success and impact. The following were selected:
    - NGOs
    - Health Centers (MOH health promotion centers)
    - Schools
- 3. Assess possible health promotion/education activities for each point of access**
  - Assess each access point to determine:
    - Existing health promotion/education activities;
    - Expectations;
    - Needed support and technical assistance to enhance ongoing efforts;
    - Additional health promotion activities that could be incorporated into ongoing work.

ZdravPlus has helped counterparts from the MOH, oblast health departments, health [promotion] centers\*\* and elsewhere, develop and introduce new health financing, management and information systems; short clinical training courses for doctors and nurses; and a number of health promotion activities including mass media campaigns, a program of small grants to health NGOs, and specific health promotion activities in communities and schools. An integral component of the reform has been the involvement of the community in the reform process, not only to foster a partnership with health care providers in preventing and managing illness, but also to empower people to expect, request, and thereby promote accessible, high quality health care services.

To help redefine patients' rights and responsibilities, ZdravPlus has worked with counterparts to develop a community involvement program. Working out of the Ferghana office, the project's community involvement team has provided technical assistance and training to governmental and nongovernmental organizations

(NGOs) whose work includes health promotion and health education. The underlying tenet of the program is that improving the skills of those who provide health promotion and health education will help support the population's ability to take more responsibility for their own health and health care. This in turn helps to move the health reform process forward, as the population becomes better informed about health care, their health care needs, rights, and responsibilities, which in turn creates a demand for quality health care services.

It should be noted that the community involvement program goes hand-in-hand with other health promotion activities conducted in the project's Tashkent office, where research on public knowledge, attitudes, and practices related to health is conducted and, based on that, mass media campaigns and print materials such as posters and brochures are produced with targeted health messages designed to achieve specific objectives. All the project's major health promotion campaigns involve both mass media and community mobilization in Ferghana Oblast to achieve maximum impact. Mass media materials, such as

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brochures, posters, and videos, are widely used in community education activities outside of campaign periods, too.

The community involvement program has focused on providing technical assistance and training to organizations and government agencies whose work includes health promotion and health education by responding to community needs for health promotion and health education. Based on lessons learned over the years, the program has been able to weave a strong, effective and broad network for community-based health promotion and education by beginning work with a few community-based organizations that were involved in health education and promotion and had access to a broad segment of the population. Work began initially on a voluntary basis, with the approval of the Oblast Department of Education and the Oblast Health Center (the MOH's health promotion branch in the oblast), in order to learn what they were most interested in and what worked. During this process it was found that to be most effective, the community involvement program needed to be integrated with these agencies. After discussions with the Ferghana Oblast Department of Education and the health [promotion] centers, *prikazes* (government orders) were issued requiring health teachers from selected pilot schools to attend trainings on teaching health, and requiring health education staff from health [promotion] centers throughout the oblast to attend monthly trainings on how to conduct 'community conversations' about health and implement health promotion activities. Over time, additional partners have been added, thereby strengthening and deepening the network.

### Comments from Clinics

"Before when we conducted health sessions – the format was like a lecture. Now we use posters, brochures, videos, and other ZdravPlus products and the community receives the information very well, and even asks the instructors to come back to give more health sessions in the near future."  
*Ilham Emiusainov, Head Doctor, Quva Health [Promotion] Center, Ferghana Oblast*

"Previously we would deal not with the patient, but with the case. We might prescribe drugs or other treatments. This was the only relationship we had. Now we go out and work with the community. We work with the population before they get sick...We are working on improving the medical knowledge of the population so that they are more aware of diseases themselves...The patient knows he is responsible for his health now."  
*Komilova Mahsuda, Head Doctor, Buston SVP, Ferghana Oblast*

Partners are provided with training, resource materials, and technical support to help them provide ongoing health education to their communities. In order to assure institutionalization and sustainability, ZdravPlus does not provide financial assistance to these agencies. However, on occasion, it has made small donations to a consortium of organizations, such as the NGO Network or the Health Promotion Working Group (HPWG), when implementing large-scale, oblast-wide health promotion events, such as World Health Day and World AIDS Day.

ZdravPlus, in collaboration with CAFE's Andijon Development Center\*, Peace Corps Volunteers, and with the support of the Ministry of Education (MOE) and the cooperation of the Ferghana Oblast departments of education and health, among numerous others, has developed many health education materials. In addition, training courses have been held to develop a cadre of trainers who can assist ZdravPlus with health promotion/education trainings and who, in the future, will be able to continue to provide trainings to others as they come into this field. Finally, school teachers and health educators from health [promotion] centers and from NGOs were trained to use these materials and to conduct health education sessions/lessons and health promotion activities in their communities.

In order to enhance health activities within the broader spectrum of community development, ZdravPlus works with other international and development projects. For more than three years, the international organizations working in the Ferghana Valley have tried to meet monthly, as the International Organizations Network. The networking and information exchange allows projects to see where overlaps

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\* A branch of Central Asia Free Exchange, an international NGO—see box on next page.

and connections do or can exist. Not only do these collaborations allow communities to build a broader network for development, but they also allow ZdravPlus to spread activities further and deeper, to get other organizations and communities to view health and health promotion as an essential and integral part of community development, to identify a broader range of counterparts and partners, and to better provide technical assistance by using other organizations' expertise—basically to do more without increasing costs. Organizations with which ZdravPlus has collaborated include: the Peace Corps, Central Asian Free Exchange (CAFE), the American Bar Association's Central Europe and Eurasia Law Initiative (ABA CEELI) Citizen's Rights Advocacy Network (CRAN) and Rule of Law program, Mercy Corps' Community Action Investment Program (CAIP) and Peaceful Communities Initiative, Medecins Sans Frontieres, and Population Services International.

### Central Asia Free Exchange (CAFE)

The international NGO, CAFÉ, has Development Centers in many locations across Uzbekistan that serve as resource centers for the public. These centers offer computer, English, and business classes as well as access to libraries with information on these subjects, including how to teach English. There are Development Centers in Ferghana, Andijon, and Kokand districts of Ferghana Oblast. The Andijon and Kokand centers also run outreach health programs. ZdravPlus and CAFE collaborated on the development and implementation of nurse training in Ferghana Oblast, with CAFE-Beshariq's health program; and development of school health lessons and teacher trainings with CAFE-Andijon's health program.

## V. Community Points of Access

Community points of access can be defined as governmental or non-governmental organizations that have broad access to a large segment of the population and that are engaged in health education and health promotion activities or can easily incorporate such activities into their program. In Uzbekistan, the points of access in communities supported by ZdravPlus include primary health care clinics (*selskiy vrachebnyy punkti* or SVPs), health [promotion] centers, NGOs, and educational institutions. In addition, ZdravPlus has fostered the creation of an oblast-level health promotion working group and a “model village,” an example of community mobilization.

### A. Primary Health Care Clinics

Since the Uzbek health reforms are focused on strengthening rural primary health care through SVPs, community involvement activities have emphasized these SVPs, which are obvious places for health education and health promotion to occur. They are well suited to provide individual patient education, to serve as distribution points for health information, and as centers for community health where groups can meet for health education sessions. SVP doctors and nurses are well aware of the importance of



Health workers practice their newly acquired skills at an IPCS training

preventive care and the need for a more informed population, especially in terms of nutrition, hygiene and healthy lifestyles, but ZdravPlus found that there was no program in place to help them do this. A number of the SVPs attempted to maintain ‘health corners’ in their clinics with information on preventive care and health promotion, but resource materials for the corners were almost non-existent.

SVP doctors are strong supporters of preventive care and often talk with their patients during consultations about the prevention and early treatment of common

conditions, but this is only a small part of their daily practice. One of the main mandates of these clinics is to offer clinical services, so doctors are focused on diagnosis and treatment, rather than health education. Likewise, the current role of SVP nurses is to support the doctor; so their role in the clinic and their ability to conduct health education is limited. This has begun to shift over the past few years; for example, some nurses from the SVPs have received training in Israel that supports their role in preventive care and health promotion, primarily through one-on-one patient education.

Recognizing the potential role of SVPs in health education and promotion, ZdravPlus sought to better utilize these primary health care clinics as sites for health promotion by training SVP staff. It was not feasible for ZdravPlus to train all health care providers from all of the clinics, so it was decided to give priority to mid-level staff (nurses and midwives). As each district and city has a health [promotion] center, it made sense to also train trainers and health educators from these centers, who in turn could support and enhance the health promotion efforts of the SVPs. The resulting strategy was to: 1) train mid-level SVP staff; 2) encourage SVPs to work with their communities through “mother support groups” and other locally created groups, such as Mahalla Health Initiative Groups (MHIGs); and 3) train health [promotion] center staff.

## **Nurse Training**

Nurses and midwives are the first level of contact with patients in the SVPs. In addition, each SVP has a patronage nurse, a nurse who is assigned to make home visits to pregnant women, children under one year of age, and patients with chronic conditions. These health workers provide an excellent opportunity to conduct patient and family education on a wide variety of health topics. In December 2002, ZdravPlus

<b>Nurse Training in Ferghana</b>
<ul style="list-style-type: none"><li>• 352 patronage (visiting) nurses in Beshariq, Quva and Yozyovon districts trained in basic nursing assessment skills</li><li>• 74 midwives in Beshariq, Quva and Yozyovon trained in prenatal assessment skills</li><li>• 16 nurse coordinators (one from each district in Ferghana) trained to provide supportive supervision for local nurses</li></ul>

subcontracted with CAFE-Beshariq to provide training for patronage nurses, midwives and nurse coordinators in Ferghana Oblast. A series of monthly trainings, each three days long, were held from December 2002 until November 2003 for the nurses, including sessions on interpersonal communication skills, adult learning theory, and methods for health promotion and patient education, as well as some basic clinical skills<sup>1</sup>.

Results from these trainings were encouraging, with reports from the SVP doctors indicating that the patronage nurses demonstrated improved assessment skills and better relationships with the population. Doctors also reported noticeable improvement in the midwives’ skills, better detection and prevention of anemia and pre-eclampsia and better follow-up of prenatal patients.

## SVP Community Support Groups and Activities

### Health Fairs

In 1999, ZdravPlus helped the Association of SVPs apply for grant funds from New Zealand to conduct health fairs in three pilot districts in Ferghana Oblast. When it won the grant, the association worked with a number of SVPs in each of the three districts to organize the health fairs while Peace Corps Volunteers assisted ZdravPlus in training SVP nurses how to conduct health fairs. Nursing staff prepared skits and posters and informed the community about the health fairs. In addition, the Ferghana Theater Company facilitated the fairs by developing plays performed by nurses. These initial fairs served as prototypes for later ZdravPlus efforts. As described in the box on the Anemia Health Fair, health fairs have become more elaborate and creative over time, with greater community involvement and initiative.

Health fairs help people to communicate informally with health workers. For example, health workers play games, conduct competitions, become actors, and sing songs, thereby breaking down communications barriers between the health worker and the client. ZdravPlus has worked closely with the Ferghana Theater Company to produce Uzbek songs with health lyrics which have been incorporated into the health fairs.

Health fairs are one way of improving collaboration between health [promotion] centers, SVPs, schools, NGOs, and *maballas* (the Uzbek term for a local community and the lowest level of government). They have been instrumental in involving parents with schools, patients with their SVPs, and people with their *maballas*. In addition health fairs are one of the most effective activities for advertising health NGOs and health [promotion] centers.

Anemia Health Fair



In August 2001, a health fair was held in Ferghana Central Park as part of the launch ceremony for a six-week health promotion campaign on anemia. Health fairs were a new concept in Uzbekistan and the event attracted substantial crowds. A *jarchi*, or traditional town-crier on horseback, and the sound of the *karnai surnai* (traditional horn) alerted people to the event and banners hung around town announced the event beforehand. The fair featured information booths for the public about anemia and nutrition, games for children, a live theater performance about anemia, and music and songs on health themes. Food fairs were also held, featuring not only information about nutrition, but also displays of iron-rich foods and cooking demonstrations using these foods. The food fairs included contests for the best menus including salads, first, and second courses. Fifty people participated in the contests and some 800 people were involved in the two food fairs.

### Peace Corps Volunteers

The ZdravPlus community involvement team has worked closely with the Peace Corps in Uzbekistan, specifically the health focused Peace Corps Volunteers (PCVs), located in Ferghana Oblast, who conduct community-based health promotion. Most of the health PCVs in Uzbekistan function as extension workers doing health promotion and are placed in rural villages, attached to an SVP.

The first health PCVs in Uzbekistan were placed in Ferghana Oblast in 1999. Initially these PCVs assisted ZdravPlus in conducting a community-based population survey on diarrhea and training SVP staff on how to conduct health fairs. Then as new personnel arrived, new activities were initiated, including health fairs; technical assistance to NGOs in the community; helping individuals and community groups interested in conducting community health activities; providing assistance with grant applications; conducting health lessons in schools; and helping out with trainings for health [promotion] center staff.

ZdravPlus has served as a resource center for the health PCVs located in Ferghana Oblast. They can come and share ideas with the ZdravPlus staff, pick up posters and brochures on a variety of health topics, use the office's resource books or search the internet. Although the PCVs work on community-based health promotion, some come with technical backgrounds in nursing, health management, first aid, and counseling. These skills are an asset to ZdravPlus when both parties can work together and collaborate on common goals.

Since the inception of the health program within Peace Corps and the beginning of ZdravPlus, the project has worked closely with Peace Corps to identify SVPs and communities for placement of these volunteers. PCVs are a major asset to a project like ZdravPlus: they can fill gaps in programming that local staff cannot; they can assist in training and mentoring local staff as well as counterparts; and they can conduct follow-up and monitoring that project staff may not have time to do.

### Mothers' Support Groups

In 2002, with funding from ZdravPlus, three NGOs in Ferghana Oblast organized mothers' clubs through SVPs. With the assistance of nurses from the SVPs, the NGOs provided information on a range of topics including reproductive health and breastfeeding, using interactive teaching methods. The goal of these trainings was to provide a support system for women of reproductive age and to encourage them to share their experiences, so as to learn from each other. One NGO worked with a total of 29 SVPs in Ferghana and Andijon oblasts; another worked with all 17 SVPs in Okhunboboyev district of Ferghana Oblast and, over a six month period, held bi-weekly mother support groups; and a third NGO organized a young mothers' club through the Bolalik SVP in Quva district in Ferghana. Over a period of six months, about 800 teenage girls and young mothers were reached. Although formal trainings have stopped, a number of the mother support groups continue to meet.

### Mahalla Health Initiative Groups (MHIGs)

In Uzbek the term *mahalla* means community but it also may be used socially (similar to an extended family), physically (a group of houses), administratively (the lowest government-recognized administrative unit), and even architecturally. Since independence in 1991, the Uzbek government has encouraged the

### Mother Support Group Results

During interviews with participants in mother support groups, many women indicated that they had received useful information on various health topics, and found the information on contraceptives particularly useful. A number of the women said that doctors do not usually provide them with complete information when prescribing contraceptives, leaving them uncertain and somewhat afraid of using them. Participation in the mothers' groups enabled them to talk with other women and health workers about their concerns and fears and provided them with enough information to be able to choose a contraceptive method.

In some Uzbek communities many men go to Russia in search of work and frequently come back with a "bouquet" of infections which they then pass on to their wives. Thus a session was held on sexually transmitted infections with several of the mother support groups. During the sessions it was evident that initially many of the women did not know what to do when their husbands returned with an infection. Nowadays, some of the women joked, when their husbands come back from Russia they take them straight to health facility for a medical check up.

existence and role of the *maballa* by increasing its legal status. Each *maballa* is governed by a community-elected leader and assembly. The roles of the *maballa* have included propagating government laws and decisions, keeping the *maballa* clean, providing marriage counseling, advising on social functions such as weddings and funerals, and providing birth- and residency certificates. It is becoming increasingly evident that the *maballa* also has a potentially significant role to play in community health initiatives. It represents an existing pool of local opinion leaders who, because of their status within the community, may have particularly relevant tie-ins and influence on health-related attitudes and behaviors. *Maballa* members have a unique role to play in providing the population with health information, in supporting SVPs, and in conducting various events dedicated to health promotion. By tapping into this pool of natural opinion leaders, health promotion efforts are more likely to be sustainable and effective.

In January 2004, ZdravPlus launched a new initiative, to develop Mahalla Health Initiative Groups (MHIGs). The goal of this initiative was to utilize the *maballa* and its opinion leaders to foster greater collaboration and cohesion among health [promotion] centers, SVPs and their respective *maballas*. Through meetings held with the Ferghana Association of SVPs, seven SVP physicians volunteered their SVPs and respective communities to pilot the MHIGs: four in Ferghana Oblast (Toshloq, Oltiariq, Kirgili and Ozbekiston Rayons) and three in Andijon Oblast (Ulugnor, Bo'z and Ho'jaobod Rayons). Representatives from ZdravPlus and the Association of SVPs visited these SVPs and met with *maballa* committees, SVP doctors, and local health [promotion] centers. Together, they selected members for their respective MHIG. Thus, each MHIG was comprised of opinion leaders, including *maballa* committee members, the doctor and patronage nurse from the SVP, respected elders, teachers and a health [promotion] center educator. The main goal of each group has been to foster greater involvement of the community in SVP health promotion activities and to develop joint activities between the health [promotion] center and SVPs. In addition, members of the MHIGs provide health information directly to the population.

The first series of two-day trainings for the MHIGs included sessions on team building skills and breastfeeding. In each of the trainings there were 25-28 participants from the *maballas* and SVPs. The joint activities developed by the MHIGs after the training went very well, with promotion of breastfeeding occurring at home as well through *maballa* leaders and health workers. The second training session focused on prevention of diarrhea and preparation of Rehydron (oral rehydration solution) at home. It was a one-day training during which information was provided on prevention of diarrhea and dehydration, there was a demonstration of how to properly prepare oral rehydration solution and viewing of TV spots for the health promotion campaign, "Protect your Child from Diarrhea." Feedback from the SVP doctors on the impact of these events has been very positive. Several doctors indicated that they have noticed an increase in the percentage of women who are exclusively breastfeeding their infants and who vow to continue to do so for the first six months of their infants' lives. Other SVP doctors noticed a decline in the incidence of diarrhea during the summer of 2004, compared to 2002 and 2003. All SVP doctors have noted that the MHIGs have played an important role in providing their communities with information on how to appropriately prepare Rehydron, how to take it and on danger signs when a sick child should be taken to a doctor immediately.

Organization of these groups has brought the community together. Not only are SVP doctors thinking about health, but the *maballa* activists, the elders, women religious leaders, and teachers are now also openly talking about health issues and disseminating health information to their communities during meetings, in tea houses, at women's gatherings and at schools. On a recent visit to one of the pilot sites, ZdravPlus staff learned that mothers now visit their doctor for consultation not only when their children are sick, but when they want to know more about how to take care of the child, about proper nutrition, how to prevent illnesses or when to get immunizations. In addition, the population in the pilot sites has started to show greater respect for their SVPs: many people now understand that they can get health information not only from the hospital in town, but also from SVP doctors and nurses in their own villages. In Andijon, the MHIGs have been particularly successful when the patronage (visiting) nurse

coordinators have been invited to participate. Several members of the MHIGs have been so impressed with their own results that have offered to share their experiences with other villages.

## B. Health Centers

The Institute on Health is the arm of the MOH responsible for health promotion throughout Uzbekistan. It has branches in each oblast that oversee health [promotion] centers located in each district and city. Health [promotion] centers are responsible for coordinating health promotion activities in their district or city, including providing or arranging “community conversations” and other educational activities for the community on a variety of health topics.

In early 2001, a Ferghana-based working group was organized, with head doctors from the district health [promotion] centers (including Ferghana Oblast and Kokand City) to address obstacles to implementing health promotion activities and to better institutionalize health promotion efforts in existing structures in Ferghana. During the meeting, there was consensus among the health [promotion] center representatives, that there was an urgent need for training on health promotion techniques and health topics. Hence, it was agreed that ZdravPlus would provide monthly trainings for future trainers from district health [promotion] centers. ZdravPlus initially trained staff from the district health [promotion] centers on diarrhea and how to promote health in schools. There were additional monthly trainings on how to conduct health fairs, interpersonal communications skills, and adult learning theory as well as on anemia, acute respiratory infections, family planning, general hygiene, and breastfeeding. Each district health center sends three or four staff members to these monthly trainings, where they learn interactive methods of conducting “community conversations” on health for the population and SVP staff.

When possible, health center trainings parallel the launch of ZdravPlus health promotion campaigns. These campaigns include posters, brochures, a TV soap opera, TV and radio spots, newspaper advertisements, and other mass media. The details of the campaigns are endorsed by the Ministry of Health through *prikazes* (orders). In May 2003, a *prikaz* was issued instructing health [promotion] centers to send their health educators to the monthly trainings, assuring that all Ferghana health [promotion]

### Involving Health Centers

“A few years ago I used to only prepare statistical reports for my job and that was not interesting to me. At that time, I wanted to change my job. But now I have learned many new things from the ZdravPlus trainings and have found new potential in myself, which has helped me in educating other people. I’m very happy that I can help people to learn new things to stay healthy and prevent disease. It was surprising to me in the beginning, but people trust me and I can see how they want to change their old attitudes. This supports me and gives me inspiration. Also, the results of my work helped increase the respect given to the health [promotion] center in our district. Now the Central Rayon Hospital has given us a new building and supports us every time we conduct new health promotion activities in the district.” *Health [Promotion] Center educator, Toshloq district, Ferghana Oblast*

centers would have personnel trained on relevant health issues. Decisions regarding which health topics would be covered during the trainings—apart from those coinciding with the health promotion campaigns—were based on a list of topics developed by the Institute on Health.

Although health [promotion] centers still have a long way to go, they have become more productive, creative, and actively engaged in community-based health promotion. In the past, they had no model to serve as an example of community health

promotion. Since working with ZdravPlus, they are able to organize and conduct their own community health fairs, organize and launch a health promotion campaign with posters and brochures from ZdravPlus, and use a wide variety of health education techniques. In general, many of the health educators at the health [promotion] centers are more motivated and interested in their work. Many health educators from the centers have stated that they now see that they can make a difference. They have fun at the ZdravPlus trainings and carry that enjoyment into their work as health educators.

In a step toward fostering sustainable health promotion activities in health [promotion] centers, ZdravPlus developed a manual entitled, “Modules for Community Health Education.”<sup>2</sup> The modules were printed

and distributed to the Ferghana and Andijon health [promotion] centers. In addition to providing the centers with the modules, ZdravPlus provided training on “Participatory Community Appraisal and How to Develop Projects on Health and Health Promotion” for directors and other staff from the Ferghana and Andijon health [promotion] centers. This training sought to teach health [promotion] center staff how to identify health problems in their districts using community appraisal tools and how to mobilize resources to address the identified problem by writing proposals to international organizations.

ZdravPlus continues to provide short monthly training courses to health [promotion] center staff in Ferghana and Andijon Oblasts. Training sessions in 2004 addressed STIs, HIV/AIDS, how to use the community health education modules, adult learning theory and healthy nutrition for mothers and children. Topics for the next series of trainings include hypertension and patient rights and responsibilities. Regular monitoring of, and support to, the health [promotion] centers of Ferghana and Andijon Oblasts on health education will continue. As the ZdravPlus project nears its end, the goal is to encourage the health [promotion] centers to organize their own MHIGs in their districts, using the Modules for Community Health Education for trainings, to ensure sustainability of community-based health promotion activities.

### C. NGOs

After independence, a growing number of NGOs and grassroots community-based organizations were formed. When ZdravPlus began working with NGOs in 1998 there were only two NGOs/community based organizations working in health in Ferghana Oblast—today there are about 45. Each NGO and community based organization functions independently and independently of government programs. Each determines its own program focus and which population it will serve. Today, many NGOs working in health promotion have become strong enough that they are beginning to spin off subsidiaries or new NGOs, also concerned with health-related topics. Their health programs have become much more effective, utilizing a wide range of community-based health promotion activities, including seminars, interactive trainings, puppet shows, talk shows, booths in community bazaars, songs, plays/skits, health fairs, producing their own brochures and newsletters, etc. There are now enough health-focused NGOs that they formed an NGO Network in Ferghana, through which they support each other and work together to find funding.

When ZdravPlus launched its small grants program for NGOs in 1998, the rationale was to enhance the population’s involvement in their own healthcare and to empower communities to address their own health needs and priorities. It was expected that with the use of trainings, grants, and materials, NGOs

**The NGO “Ishonch”**

“So far we’ve conducted 550 seminars and several programs and 500 of those were on health issues. Most of those seminars have been on reproductive health and reproductive rights for women. Our first project was with ZdravPlus on Healthy Woman, Healthy Generation. We conducted seminars in Yozyovon and Quva on this. I am very proud of working here, of my work. We are proud of this NGO because it was the first NGO in Uzbekistan to provide sexual education for teenagers. When we conducted these kinds of seminars in schools, we were very scared but they turned out to be successful.” *Zulfiya Ahunova, Director, Ishonch*

would be able to develop health interventions to mobilize the community to identify and address health issues themselves—a vital component of health reform. ZdravPlus provided small grants to NGOs and community groups to strengthen the link between communities and SVPs, in order to develop community-based health interventions, to encourage community members to take more responsibility for the own health, and to make SVPs more responsible and accountable for the health of the population in their catchment areas. The grants required the NGOs to work with the

population, the *maballa*, and the SVP, building bridges between the three. They also provided seed money for NGO development and strengthening, an important step in building civil society.

Between 1999 and 2002, ZdravPlus funded five rounds of grant awards, with a total of 47 grants. Since 2003, Counterpart International (formerly Counterpart Consortium), a USAID-funded project that

provides support and training for NGOs, has taken over the administration and funding of the grants, while ZdravPlus contributes technical expertise on health topics and communications skills. Most of the grants support community-based health promotion in areas such as reproductive health, STIs, diarrhea, hygiene, hepatitis, maternal and child health, mother support groups, breast feeding, iodine deficiency, diabetes, and AIDS. Counterpart offers a variety of short courses for the NGOs, including participatory community appraisal, project design, and NGO registration as well as technical assistance on organizational development. ZdravPlus continues to provide technical assistance and training on specific health topics, health promotion and design of health projects.

In September 2002, the Ferghana-based NGOs formed the Ferghana Oblast NGO Network, with a mission “to promote the creation of an open forum for sharing information and exchanging the ideas and experiences of NGOs, and to develop both social partnerships and the Ferghana Oblast NGO sector.” The first network project was a five week public awareness campaign targeting youth, entitled “There is No Place for AIDS in Ferghana.” More than 50 people from 12 NGOs, supported by seven specialists from the Oblast AIDS Center, worked on the campaign. Twenty-seven NGOs and an estimated 6,500 young people attended the campaign events. The success of this collaborative effort demonstrated that collectively the NGOs can make a real difference. As a result, the NGO network continued its work on HIV/AIDS for an additional six months, culminating in the First Annual NGO Fair. At the fair, all Ferghana Oblast NGOs participated and used the opportunity for sharing experiences.

**“There is No Place for AIDS in Ferghana”**

“This public awareness campaign is the best example of the cooperation and unity of different organizations for the sake of one social objective. I think the results are great. I am proud that my organization was part of this union.”  
*Asadullo Mansurov, Executive Director of one of the Ferghana Network NGOs*



Competition for the best song about health

The Ferghana NGO Network now meets monthly, providing an opportunity for the NGOs active in health the oblast to share information and experiences, discuss common problems and develop joint strategies. These monthly meetings also allow donors to announce upcoming events and funding opportunities. Based on their initial work on AIDS, the NGO Network now receives funding and support from Population Services International to work on AIDS prevention and social marketing of condoms. A consortium of NGOs within the Network also successfully applied for a Healthy Communities Grant from Counterpart to continue their work on AIDS awareness. Through the small grants program and NGO mentoring, the NGOs in Ferghana are flourishing and demonstrating that they have the capacity to have a positive influence on the health of their communities.<sup>3</sup>

#### **D. Schools**

In 2000, the Uzbek government issued a legal order requiring that health lessons be taught in schools across the country. However, the order only outlined a list of health topics, and gave no guidance on implementation. For teachers accustomed to following government-mandated curriculum, implementing lessons based only on a list of topics was a daunting task. The ZdravPlus community involvement team

understood the importance of teaching a responsible approach to healthy lifestyles from a young age and thus developed a series of interactive lesson plans for grades 1-8.

In June 2002, ZdravPlus joined forces with CAFE-Andijon Development Center, to develop a joint curriculum for consideration by the MOE based on previously developed health lessons. The underlying approach used in the development of these lessons was that schools are a key setting through which adoption of healthy lifestyles can be imparted to youth, and in turn, to the larger community. By November 2002, the first draft of the school health curriculum was complete and focused on health topics identified as important by the government, including hygiene, infectious diseases, reproductive health and substance abuse. The draft was supported by the MOE and the Ferghana Oblast Department of Education for implementation in pilot sites in Ferghana and Andijon

#### Reflections on the School Health Curriculum

“In our health lesson on drug addiction, I learned how drugs have a negative impact on my health, my life, and my family. Now I know to say “no” when offered drugs or cigarettes.” So says Sherali, a 13 year old boy who lives in Ferghana. His school is one of a number of schools that piloted the school health curriculum.

Manzura Abdullajonova, a teacher at School #17, Quva District, explained that one of her seventh graders did not come to school one week because she had diarrhea. The child’s parents wanted to give her antibiotics and other drugs to help her to get better. But the student insisted that they get oral rehydration solution for her, because she knew from her health class that this was the best way to treat diarrhea. She felt much better after taking the rehydration solution and was quickly able to return to school. As pointed out by Manzura, the knowledge, attitudes and skills that we learn at school stay with us for life.

Oblasts. Pilot schools from seven districts were selected. During the 2001-2002 academic years, ‘health teachers’ were selected, from fourteen pilot schools in the seven districts, to participate in a ZdravPlus school health training course. The course taught the health teachers child-centered interactive teaching methods to make lessons not only educational, but also fun. A set of lessons with up-to-date information was given to teachers at these trainings for use in the pilot schools. These lessons were designed to capture the students’ attention, thereby ensuring that the health messages were well received by students, teachers, and the community.

The success of the first health lessons and testimonies from the teachers were major factors affecting the decision of the 2<sup>nd</sup> Scientific-Methodological Council of the Republican Education Center of the MOE, to approve the curriculum for implementation nationwide in September 2003. With the support of the MOE and the enthusiastic cooperation of the Ferghana Oblast Department of Education, which helped both to implement and review the health lessons, the ZdravPlus community involvement team conducted school health trainings for health teachers from an additional 54 schools throughout the oblast using the new curriculum, while CAFE did the same with seven schools in Andijon Oblast, reaching a total of 52,000 students. Pre and post test results from a random sample of 500 students from the pilot schools demonstrated increased health knowledge across grade levels, with the most significant increases being in knowledge of hygiene topics, bad habits, anemia and first aid/resuscitation.

The team also trained teachers from the Ferghana Teachers’ Retraining Institute and representatives from health and education NGOs. This activity was viewed as a critical part of institutionalizing the curriculum, by preparing future trainers who could conduct school health trainings elsewhere in the country.

The school health curriculum is more than a simple learning experience for children and teachers. It is an avenue through which schools can become centers of health promotion in their communities, with the school and the child at the hub of this information web. All health lessons include homework, where the children are expected to go home and teach their families what they have learned. The popularity of the curriculum also allowed ZdravPlus to encourage schools to conduct health fairs. It provided training on how to implement health fairs to all pilot schools and the resulting fairs have been interesting, fun-filled events that helped spread important health messages not only to students, but also to staff, parents and the broader community.



Peer education in school on HIV-AIDS

Other school-related events that led to community collaboration and interest include an oblast-wide competition for the best health song written and performed by students in collaboration with the Ferghana Department of Education and health [promotion] centers. The winners, from school #17 in Quva district, sang a song about diarrhea which they subsequently performed at a USAID-funded Sports and Health Education Project (SHEP) football match in the oblast and during the kickoff event for the 2004 health promotion campaign on diarrhea. A number of districts have also independently begun to expand the project beyond their pilot schools. For example, the three original pilot schools in Okhunboboyev district decided to roll out the health lessons to over 60 school nurses from other schools in the district, so that these nurses could also become health teachers. On World Health Day 2003, school #17 in Quva district performed its health songs, skits, and games at a neighboring school. Other schools have invited their communities into their schools for Health Day celebrations and have participated in events planned by health [promotion] centers and health NGOs working in their communities. Schools are now being encouraged to hold their own health fairs. Guidelines for organizing and conducting health fairs are included in the school health curriculum to build the capacity of schools to implement health fairs without the support of ZdravPlus.<sup>4</sup>

### **E. Health Promotion Working Group (HPWG)**

The HPWG represents the Oblast Health [Promotion] Center, the Ferghana NGO Network, the Oblast Department of Education, the Association of SVPs, the Oblast Committee of Youth public movement “Kamolot”, the Oblast *Maballa* Fund and ZdravPlus staff. Its goal is to strengthen health promotion activities and increase the population’s health knowledge, and to encourage people to take a more active role in their own health care, by improving collaboration among all organizations that perform such activities in the field; identifying needs and priorities; and sharing experiences.

In 2003, the HPWG organized an oblast-wide school song competition sponsored by ZdravPlus, an oblast-wide celebration of World Health Day, and members participated in a three-day team-building workshop. At that time, the HPWG included one or two representatives from each participating organization. During the retreat, facilitated by the ZdravPlus community involvement team, the HPWG determined their goals and projects for the upcoming year. They decided they should meet monthly and that the first event in 2004 would focus on smoking prevention and cessation. They also produced a presentation about the HPWG that each member could use to present information about the group to their respective organization.

During 2004, the HPWG conducted several health promotion events in Ferghana Oblast. The first was an anti-tobacco campaign, “Future Without Tobacco,” in Ferghana City. The campaign included picture-, photo- and composition contests among school children; an exhibition entitled “I don’t smoke because...;” health lessons in schools on “Bad Habits”; and anti-tobacco TV spots developed by a local NGO. The HPWG developed and distributed a booklet and leaflet on the topic, “Future Without Tobacco.” The second event was a camp for teenage girls from a correctional school. The purpose of the camp, entitled “If you are not indifferent to your future, join us!” was to empower the girls with health knowledge and life skills for their future development. The girls were provided with training on a number of topics, including hygiene and sanitation, proper nutrition, STIs, HIV/AIDS, drug addiction, reproductive health, the convention on the rights of the child and the declaration on human rights, as well as critical life skills.

The HPWG also conducted two additional health promotion campaigns: one on the prevention of hepatitis among children under 16 and the other on STI prevention. The hepatitis campaign included a roundtable on hepatitis with

government leaders and other organizations, a health fair for parents and school-age children, and development and distribution of posters and brochures on hepatitis prevention. The purpose of the STI campaign was to inform youth, particularly students and prostitutes in Ferghana, about STIs. Posters and brochures about STIs were developed and distributed in places where youth gather, such as discos, night bars/clubs, and game clubs in Ferghana. In addition, 30 prostitutes were trained as outreach workers. They were given condoms (donated by Population Services International) and brochures for distribution to other prostitutes and their clients.

## F. Model Village

In response to a USAID request to develop a “model village” linking community-based safe water and health education activities, ZdravPlus, in collaboration with Mercy Corps’ Community Action Investment Program (CAIP), identified a village, Katta-Tagob in Uzbekistan district of Ferghana Oblast, to introduce a comprehensive, community mobilization program to address diarrheal disease. Initial mobilization activities began with CAIP, through the organization of a community action group. The mandate of this group was to identify priority problems to be addressed in the village, of which the overriding issue was access to clean water. Katta-Tagob is a village with a population of about 3,600 people who are serviced by one water source located about three kilometers from the center of the village. Community mobilization activities began in May 2004 with the drilling of a well. Over the course of the summer, water pipes were installed along the principal roads with taps every 300 meters, and 10 kilometers of mahalla roads were asphalted. In addition, CAIP helped to repair school #37. The Katta-Tagob community was actively involved in these activities: they provided food, collected money, organized “hashars” (volunteer workers), laid road metal in front of their homes for the asphaltting, and each family was responsible for digging the trenches for the water pipes. As CAIP and the community addressed the issue of clean water supply, ZdravPlus, in collaboration with CAIP’s health

### STI Campaign

“This seminar helped me receive full information on STIs. I received answers to questions, such as: ‘How to properly use condoms? What to do if a client doesn’t want to use a condom and insists on having unprotected sex? And other questions, which I didn’t know answers to.

“I have not sought help from health facilities for a long time, as I was afraid that people would find out that I am a prostitute. Anonymous consultations and examination during this campaign helped me and other sex-workers get checked for STIs and to receive treatment if necessary without serious problems (from other people).” *Participant in a seminar for prostitutes*

### Hashar

A hashar is a community event. It occurs when a person or a group of people want to construct something, such as a latrine, but don’t have the finances to pay for the labor. Instead, on the day of construction, close friends, relatives and neighbors are “invited” to the construction site where they offer their labor. In turn, they are provided with drinks and a meal.

promotion team, tackled community education through training and organization of community health groups.

Trainings were held for trainers on health topics using the ZdravPlus “Modules for Community Health Education.” Twenty school teachers were trained on how to use the school health curriculum, how to conduct health lessons, and methods of interactive teaching. A local health promotion working group was established with 22 community members, including teachers, health [promotion] center and SVP staff, and *maballa* leaders. The participants were identified by the *maballa* committee of Katta-Tagob and by the *maballa* community action group. During the meeting, participants learned how to



Collecting water prior to the ‘Model Village’ project

properly dispose of trash in the community and how to build and use latrines. In addition, community health education sessions were conducted by the health [promotion] center on hygiene and diarrhea, in which 120 Katta-Tagob *maballa* community members participated. During the meeting, session plans from the community health education modules were used and video spots about hygiene and diarrhea prevention were viewed. In addition, in collaboration with the USAID-supported Sports and Health Education Project, a camp was held for 100 sixth form students from school # 37 in Katta-Tagob. During the camp, pupils were trained on four different subjects including health, computers, conflict prevention and sports. The health lessons were conducted by one of the trained teachers and four other teachers worked as mentors during the camp. ZdravPlus provided the materials necessary for the health lessons.

The health lessons provided during the camp included information on hygiene, diarrhea, “bad habits” such as drug addiction, human health and physical exercise, and first aid for injuries. After the camp, parents were heard to say that they had observed significant changes in their children and that their opinions on health and the role of sports had changed for the better. Other parents said that they were happy to see that their children had set new goals for themselves: to pass on the knowledge acquired during the camp to others—not only family members, but also other people living in the *maballa*.

The Katta-Tagob Model Village provides an example of how intensive involvement of the community in a health program led to partnership with health care providers (through MHIGs and community conversations) in preventing and managing diarrhea. Results of baseline and end line surveys conducted to assess the impact of the Model Village activities were positive. They showed that 100 percent of the respondents had piped water after the project, compared to 39 percent at the beginning, and also that 100 percent were boiling their drinking water (compared to 39 percent at baseline). Use of other sources of water, such as a river or stream, dropped from 38 percent to zero and the availability of soap near the washing place in households increased from 58 to 84 percent. Records from the SVP indicate that the number of cases of diarrhea did indeed decrease, from a reported 13 cases in 2003 to six cases in 2004. Although these numbers are relatively small and it is difficult to attribute this decline solely to the program activities, the results are encouraging. In the words of the *maballa* secretary of Katta-Tagob, “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.”

### **Mercy Corps**

Mercy Corps implements two USAID-funded projects in the Ferghana Valley, the Community Action Investment Project (CAIP) and the Peaceful Communities Initiative. Both projects work with communities at risk for conflict, on a wide range of community development projects and social programs. Under the CAIP project, each community forms a community action group. These groups then determine their community needs and decide which development projects they will work on. Most of these projects work to improve the infrastructure of the community, such as water or sewage systems, roads, and renovation of schools and clinics. Mercy Corps provides financial assistance for these projects, but the communities themselves are required to provide a minimum of 30 percent in matching funds or in-kind contribution for their projects.

ZdravPlus and CAIP have collaborated in the following ways: selection of pilot schools from CAIP's Ferghana sites to participate in the ZdravPlus school health program; several community action groups have applied for grants to the Counterpart/ZdravPlus Health Communities Grants Program; a training of trainers on health education for the Youth Professional Skills Development Institute; and the development and implementation of the Model Village project in Katta-Tagob in Ferghana.

## **VI. Steps to Community Involvement in Health Promotion**

When contemplating community-based health promotion in Uzbekistan, there is no need to establish new mechanisms or organizations. Existing government agencies are already in place whose work includes many of the inputs and outputs required for successful community development and health promotion. During the Soviet period, however, government activities were centrally planned, with directions about what to do and how to do it. People were not encouraged to solve their own problems or to be innovative. The break-up of the Soviet Union has not yet changed this top-down mentality, so organizations often lack the skills and knowledge to effectively develop and implement community involvement and health promotion projects.

In Uzbekistan, as in many other countries of the former Soviet Union, local NGOs are filling a niche to build, broaden, and strengthen movement towards civil society. By nature, these NGOs are operating in an alternative system and therefore are more self-reliant, able to better solve problems at the local level, and are more innovative and independent in their programs. However, initially they still lack exposure to current methods and approaches to community-based participatory appraisal and development. Once shown these ideas, they are quick to incorporate them into their routine work.

Based on ZdravPlus' experience, when initiating community involvement in health promotion in a post-Soviet environment, a number of steps should be considered.

### **A. Community Access Point Identification and Assessment**

To begin with, potential community access points should be identified and assessed to determine where an intervention would likely have the greatest success and impact. Once the access points have been identified, it should be determined what kinds of health promotion/education activities are already conducted there, what people's expectations are, what kinds of support and/or technical assistance they need, and what additional health promotion activities could be incorporated into their work.

### **B. Demonstration of Health Promotion/Education Options**

Provide demonstrations of simple, effective, interesting, and enjoyable or entertaining health promotion and health education activities to spark the imagination and interest of potential community-based health educators. Demonstrations or health promotion events should include activities that can be easily replicated with minimal resources and no additional training. Following these demonstrations, assess what the potential health educators enjoyed the most and are most interested in doing themselves.

## **C. Identification of Appropriate Health Promotion/Education Activities**

In collaboration with the identified community access points, identify priority activities. For example, health fairs at rural clinics, training teachers to conduct health lessons, training staff from the agency responsible for health promotion in the community, or initiating a small grants program for NGOs working on health projects. Once potential activities have been selected, the work required for each activity and expectations for involvement of their staff and the community should be explained.

## **D. Work Both at the Top and at the Grass-Roots Levels**

It is important to work both at the top and at the grass-roots level. For example, in Uzbekistan the process went more smoothly and was more effective when there was both community buy-in and interest and support from official levels. This step is very important for continued work, institutionalization and sustainability.

If working with an NGO, verify that the activity will not cause them any legal or bureaucratic problems. For example, NGOs may have legal problems with activities that generate income, even if it is only a small admission charge to an event.

## **E. Hold an Orientation Training, then Begin Implementation**

Hold an orientation or training for those involved in the initial health promotion/education activities. Not only will this prepare them to participate in their first activity, but it will also give them an idea of the type of technical assistance available to them. After the orientation meeting, implementation of the priority activities at the community level can begin.

## **F. Evaluation**

It is highly desirable that each health promotion activity be evaluated. Although it may take considerable time to obtain a measurable impact, evaluation leads to lessons learned, which can then be integrated into next steps and future work, improving the quality of community activities. Initial evaluations should focus more on the process, level of involvement of counterparts, the number of people affected by the activity, the interest level of the participants, and if the given activity sparked an interest or maintained a commitment from the counterparts, to continue working on similar activities. It is important to encourage community-based health educators to provide health promotion services early on, as well as to build up a demand for them. With more experience, time, training and technical assistance, the community-based health workers and the health promotion events will become more effective.

## **G. Community Involvement is an Ongoing Process**

Community involvement efforts should be an ongoing process of assessing and adding community access points (governmental and NGOs) to expand health promotion efforts, to build a network of groups addressing health issues, and to access growing segments of the population. Within each counterpart organization working in the community on health, the quality and the quantity of health education and promotion work should be ever-expanding.

## **H. Develop Leadership Skills**

In addition to providing training, technical assistance and resource materials to counterpart organizations working in community-based health promotion, it is important to develop leadership skills in others, so that community involvement activities will continue and improve. ZdravPlus trains trainers who will train new health educators for school health, who will work with health [promotion] center and NGOs. Only with the development of leadership in community-based health promotion will these activities be sustained over the long-term.

## **I. Institutionalization and Sustainability**

It is important to plan for institutionalization and sustainability of health promotion and health education at the community level, as well as at the policy level. Therefore, for community involvement health promotion, it is important to carefully weigh the impact of financial support. ZdravPlus provided minimal financial support to organizations participating in community-based health promotion, other than grants to NGOs. Local counterparts were provided with training, low cost resource materials and technical support. Low cost and appropriate technology should always be considered when introducing new methods, programs, or materials. All materials developed by the ZdravPlus community involvement team are easy to duplicate at a low cost by community-based organizations.

## **J. Create Linkages**

Finally, it is beneficial if health promotion efforts are linked at every level (community, oblast, and national) to a larger framework of interventions—in this case primary health care reform. Under ZdravPlus, each pilot community activity was highlighted with appropriate counterparts at every level of the system in order to effect greater change. Although each community is important, the goal of ZdravPlus is to create system change, and this can only be accomplished through connecting smaller efforts to the larger ones and to the greater system.

## VII. References

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- <sup>1</sup> “Ferghana Oblast Nurses’ Training Project: CAFE-Beshariq Health Education Department,” Magdalene Chu Mumm, Mark Mumm, ZdravPlus, June 2004
- <sup>2</sup> “Modules for Community Health Education,” Jennifer Mulik, Melinda Pavin, Feruza Mamanazarova, Zafar Oripov, Gulnora Isaeva, Odaybea Morrow, ZdravPlus, July 2004
- <sup>3</sup> “Health NGO Small Grants Program in Ferghana Oblast: Documentation and Lessons Learned,” David Pyle and Zafar Oripov, ZdravPlus, February 2003, *and* “Community Involvement Program in the Ferghana Oblast,” Damon Clyde, Mark McEuen and Zafar Oripov, ZdravPlus, June 2000
- <sup>4</sup> “School Health Curriculum, Grades 1-4” and “School Health Curriculum, Grades 5-8,” ZdravPlus, forthcoming