



"CBI envisions a world of self-dependent communities where people have the information, skills, and power to build and preserve healthy lives for all."

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Interview with Dr M. H. Wahdan, Special Adviser to the Regional Director on Polio



What is the role of the community in conducting national polio immunization campaigns and maintaining or improving routine immunization and rehabilitation of cases?

Poliomyelitis eradication is a complex and very demanding job that requires the collaboration of various public and private sectors and first of all the community. The first and most important strategy is to ensure that every child in the community is vaccinated against the disease, both in routine immunization and during supplementary immunization activities,



known as national immunization days.

Successful immunization campaigns are more than just providing vaccines, they involve carrying the vaccines to houses, training vaccinators and supervisors and enlisting community participation. In view of the fact that each community has its own characteristics, this should be taken into consideration in the planning and implementation of these campaigns. The key to a successful plan comes from community participation in preparing the plan. The public must be provided with information to raise their awareness of the importance of vaccinating their children and the reason why they need additional doses to the routine immunization. Communication strategies should also address questions that may be bothering the community, such as, for example, vaccine safety.

Through effective communication, suitable for each community and involving the community itself in the planning and implementation, the



programme can ensure community confidence and support and can make the community demand immunization in the same way that they demand other services.

What is your advice to national polio team leaders and CBI colleagues in order that they work together with the aim of interrupting polio virus transmission?

We understand that every community has a unique set of challenges which affect the implementation of public health programmes, including poliomyelitis eradication. CBI colleagues have been successful in thoroughly understanding the community and in achieving a level of trust and confidence which is basic for success. They are aware of the local influential persons, including community elders, religious leaders, civil organizations, community groups and different sectors who can help in reaching each and every child during campaigns.

The polio team has also undertaken a lot of effort in understanding communities and has achieved considerable success in convincing community leaders of the value of vaccination, and hence, have enabled accessibility to children even in security-compromised areas.

Both community-based initiatives programmes and polio eradication are very close to each other and could benefit immensely from each other for the main aim of serving the

community, particularly with respect to immunization to interrupt the transmission of polio viruses.

What are the key factors that have led to the successful eradication of polio in Egypt, Islamic Republic of Iran and Jordan that countries such as Afghanistan and Pakistan and also re-infected countries and other polio-free countries at high risk should learn from?

Success in achieving polio eradication depends on a number of factors which need to be ensured and implemented together in a coordinated manner. It can best be likened to a football game, in which every player has to perform his best at the same time and in a coordinated manner, otherwise it will be difficult to achieve success.

It is necessary to have:

- a good comprehensive plan.
- all necessary resources, particularly high quality vaccine, properly delivered to the periphery.
- well-trained and committed vaccinators accepted by the community (proper age and at least one female in every team) who are provided with necessary facilities to enable them to conduct their duties in a proper way.
- good effective field supervision to the vaccinators to ensure comprehensive work and to address any problem they may face.
- a public who are properly informed about the value of vaccination,

confident in the programme and mobilized to ensure vaccination of their children.

- the support of the media and community leaders, especially religious and political leaders.
- a transparent system reflecting the exact situation of what is happening with respect to the implementation of the main strategies, namely immunization (routine, supplementary and surveillance).

Experience has shown that when these elements are present there is success and if any of them are missing, the programme will not be able to achieve its target. It did not take too long to achieve the polio-free status of Bahrain, Islamic Republic of Iran, Jordan, Kuwait, Libyan Arab Jamahiriya, Morocco, Oman, Saudi Arabia, Qatar, Syrian Arab Republic, Tunisia and United Arab Emirates, and because all these elements were satisfied at the same time. Egypt has had all of these elements since the early 1990s, except transparency, and when this was rectified the end of polio viral circulation was witnessed.

I am afraid that in Pakistan we still have gaps in many of these elements. Efforts are being made by the national authorities, supported by polio partners, to overcome at least those elements within the polio eradication system.

Pakistan's lady health workers programme



In developing countries, such as Pakistan, the health sector is often faced with the challenge of delivering a comprehensive package of primary health care services to the community. Despite the existence of a large governmental network of health facilities no significant improvements have been seen in health indicators, particularly those relating to infant, perinatal and maternal mortality and population growth. To respond to this gap and with a view to achieving universal health coverage, the Government of Pakistan implemented a national programme for family planning and primary health care in April 1994, in collaboration with WHO.

The programme aims to deliver basic health services to the doorstep of underprivileged segments of society through the training and deployment of lady health workers. The selected lady health workers are middle-level educated, preferably married and residing in the catchment areas in which they serve. On average, each lady health worker is responsible for a population of approximately 1000–1500 persons. The programme is currently being implemented in almost all districts of the country. At present, nearly 100 000 lady health workers are providing primary health care services to 80% plus of the population.

Lady health workers are skilfully trained to provide preventive, promotive and simple curative care. Accordingly, they promote nutrition education, including exclusive breastfeeding, child weaning and complementary feeding

practices and the use of iodized salt. They promote education on personal hygiene and environmental health. They perform vaccinations which have a direct positive impact on polio eradication, provide the basic package that underpins the Stop TB strategy (DOTS)-prescribed treatment to tuberculosis patients and manage common health problems. They also provide antenatal and postnatal care to mothers, deliver reproductive health care services and advise families on referral in the case of obstetric or child-related emergencies. Lady health workers also keep records of births, deaths and service delivery of their catchment areas. WHO is continuously providing technical support to the Government of Pakistan in all above-mentioned areas. Through their behaviour change communication skills, lady health workers mobilize communities for health action. They receive guidance and managerial support from their female supervisors, each assigned to a cluster of lady health workers operating in a defined geographical area.

An international third party programme evaluation conducted in 2000 has highlighted the important role played by lady health workers in the provision of a comprehensive package of primary health care services and serving as a vital bridge between health facilities and the community. The annual recurrent cost attributable to the services of one lady health worker is Pakistani Rupees (PKR) 50 000 or US\$ 863, of which 70% is spent on stipends, training and essential medicines and reproductive

health items, while 30% is represented by indirect costs on logistic and supervisory support. Thus, the cost of the services performed by a lady health worker ranges from between PKR 33 and 48 (57–83 US cents) per individual annually, indicative of programme's high cost-effectiveness.

The lady health workers programme has thus become an indispensable part of the nation's health system and is contributing significantly to the overall human resource development and poverty reduction. Programme activities are sure to result in reducing infant, child and maternal mortality and improving the utilization of peripheral health facilities and reproductive health services.



Bait Al-Faqih district, Yemen witnesses signing of joint collaboration agreement between UN agencies and the Government of Yemen



The Hodeidah governorate witnessed the signing of an agreement for a joint collaborative initiative between UN agencies, the Hodeidah governorate and the Ministry of Public Health with the expansion of health activities to Al-Zafeer area.

23 March, 2009 marked a special day in the developmental history of Yemen where several UN agencies including the International Labour Organization (ILO), United Nations Population Fund (UNFPA), UNICEF, the World Food Programme (WFP) and WHO, as well as the Social Fund for Development signed an agreement on joint collaboration for community development with the Governor of Hodeidah and the Ministry of Public Health and Population.

The joint collaborative initiative among the partner agencies will be based on the basic development needs approach with the overall objective of improving the quality of life, reducing poverty, morbidity and mortality rates and empowering the target population through self-help and self-managed and self-sustained schemes.

The programme will be implemented, initially, in the Bait Al-Faqih district of the Hodeidah governorate for a period

of four years with its expansion to other areas upon successful implementation of the present initiative.

H.E Professor Abdul Karim Y. Rasa'e, Minister of Public Health and Population, Government of Yemen, endorsed the joint initiative in the presence of the governor of Hodeidah, and his team of various government departments, community representatives and heads of different government sectors from the Bait Al-Faqih district.

The UN team, headed by Dr Ghulam R. Popal, WHO Representative, also included: Mr Gian Carlo Cirri, WFP Representative and Country Director; Mr Selva Ramachandran, Country Director, UNDP; Ms Anne-Marie Fonseca, Deputy Representative, UNICEF; Mr Raidan Al-Daqqaf, ILO Project National Coordinator and a number of other UN staff.

During his speech, Dr Popal said that the aim behind the initiative was to achieve a better quality of life for the community using the BDN approach. Professor Rasa'e, Minister of Public Health and Population, in his speech alerted the people and the local authorities that the success of the programme would lead to its expansion

to many other communities. As funds begin to arrive agencies have started implementation of some activities. With extensive sensitization and advocacy by WHO within the United Nations country team and visits to BDN areas, UN agencies realize the importance and effectiveness of the BDN approach. Dr Popal is confident



of the growth of the BDN programme in Yemen through strengthening and expanding partnership with other agencies and ensuring the national commitment.



Interview with **H.E. Zaid M. Al Hussein** the Governor of Zulfi and strong supporter of the healthy city programme in Saudi Arabia

Thank you for allowing us to conduct this interview and benefit from your 5 years' experience in the healthy city approach in sectoral interventions fulfilling the needs of the community of Zulfi.

How do you view the impact of the healthy city programme in terms of community involvement, intersectoral cooperation, health and environmental conditions and social development in Zulfi?



I would like to express my deep thanks and appreciation to the Custodian of the Two Holy Mosques, his Crown Prince and his Second Deputy for their attention to all that may contribute to the welfare of citizens and residents of the Kingdom. My thanks also go to HRH Prince Salman Bin Abdul Aziz, who spares no effort in having the directives of our rulers realized. We all appreciate his follow-up and guidance in serving its citizens and residents of Saudi Arabia in all aspects, ensuring happiness and welfare for all.

Mr Zaid Al Hussein, Governor of Zulfi

said that the healthy city programme in Zulfi was driven by constructive community members' involvement. The programme is based on community participation and cooperation between public and private sectors to improve health and environmental conditions in the Zulfi governorate. The secret behind the success of the programme is the voluntary participation of community members to realize the goals anticipated from the programme as attested by WHO.

What are the priority objectives for future development which can be met through the programme in Zulfi?

Mr Al Hussein went on to explain the team in the Zulfi governorate plan to enhance the health of both citizens and residents by improving environmental, social and economic aspects which directly impact on health and educating the community on ways to increase their resources and support each other.

How do you plan to achieve these objectives?

We will achieve these objectives through: involving the service-providers' sector in health promotion to better serve the people of Zulfi; empowering the community to actively participate in enhancing their health and livelihood; and strengthening the role of women in realizing programme objectives and meeting children's needs in the programmes for health and environment and primary health care.

What are the lessons learned which you intend to share with heads of municipality/governors in Saudi Arabia to expand the healthy city programme in the Zulfi governorate?

One of the first lessons we learnt was to disseminate the culture of voluntary work among the community. This is clearly indicated by the large number of participants from this governorate in programmes serving health and environment in the healthy city of Zulfi. Secondly, we conducted needs assessment of health and environmental problems encountered in empowering the community to actively participate in enhancing their health and livelihoods and to develop programmes to address these problems through community participation. Thirdly, by ensuring the selection of an appropriate programme coordinator who possesses strong communication skills and who is goal-oriented helps to maintain the programme's progress.

Mr Al Hussein hopes that other healthy cities in Saudi Arabia would follow in the footsteps of the healthy city programme in Zulfi.



Community participation in Child Health Day celebrations,

Somalia



Child Health Day celebrations are being conducted all over Somalia. They aim to enhance child survival by reducing child morbidity and mortality through reaching all children under-5 years of age with high-impact life-saving interventions delivered through campaigns. The package of interventions includes enhancing Expanded Programme on Immunization (EPI) coverage, ensuring vitamin A supplementation, de-worming, prevention and treatment of dehydration by introducing oral rehydration solutions, providing tetanus vaccination for all pregnant women, conducting nutritional screening and community awareness-building on health-related matters. Child Health Day is the first ever large-scale public health event to be conducted in the last 18 years, after the collapse of the central government in Somalia.

Community participation is given due attention in this campaign. Different local authorities and militia groups control regions and districts of Somalia. The relatively peaceful North-east Zone and North-west Zone are managed by a stable local administration. Accordingly Child Health Days structures were established in these areas where local health authorities exist; and all Child Health Days activities were conducted under their leadership. While in Central and South Zones, where different militia groups control different regions and districts, Child Health Day teams would first approach and secure agreement from these local power structures.

Community elders also contribute in the following activities to facilitate implementation of Child Health Days by: providing security to national and international staff; selecting volunteers and Child Health Days-implementing sites; selecting vehicles and other necessary equipment for health staff; encouraging mothers to vaccinate themselves and their children, along with many other activities.



More than 27 000 volunteers have participated in Child Health Days activities all over Somalia. Volunteers are selected from each village. This has a tremendous effect on the acceptance of vaccination services. Due to this participatory strategy, Child Health Days are highly accepted among communities. This is also reflected by the participation of mothers, which was remarkable, especially in rural areas where communities do not have access to basic health services.

WHO Somalia has rich experience in working with communities through

its unique basic development needs programme at the village level. WHO Somalia has a ground presence in each district; and is aware of, and recognizes that, the community is the source of local knowledge. This extensive ground presence and respect of the local community is the cornerstone upon which community participation is built.

Participation of the community will most definitely sustain all health interventions and increase families' awareness of the importance of prevention and ensure timely uptake of high-risk groups, such as mothers and children, to receive their required health care services. This strategy needs to be led by the Government and fully supported in its expansion throughout the country by all partners in Somalia.



Improving the quality of life in refugees camps using an integrated community-based actions framework

UNRWA



UNRWA, the United Nations Relief and Works Agency for Palestine Refugees in the Near East, provides education, health, relief and social services to about 4.4 million eligible Palestinian refugees in its five fields of operations: Jordan, Lebanon, the Syrian Arab Republic, the West Bank and the Gaza Strip.

Approximately 1.3 million refugees, around one third of the total, live in 59 recognized camps, and UNRWA's services are located in or near these camps where there are large concentrations of refugees. There is a specific cluster of issues related to life in camps that cuts across fields and host countries. Examples of these include ill-health, poverty, unemployment and poor living conditions stemming from the 40–60 year history of the refugee presence.

Poverty, a major problem that camp dwellers face, is behind all social problems, including ill-health. It is a multidimensional issue, and a major component retarding growth and economic development and the quality of life of people, including their health status. Seeking to improve the quality of services provided to the camps' community, the Health Department at UNRWA headquarters, Amman, Jordan, sought the technical advice of WHO Regional Office for the Eastern Mediterranean, on the feasibility of implementing the community-based initiatives framework in two pilot camps: one in Jordan, and the other one in the Syrian Arab Republic. Following the field visits of Dr M. Assai, WHO

Regional Adviser, Community-based Initiatives programme and Dr Guido Sabatinelli, Health Director, UNRWA, to several refugee camps located in Jordan and the Syrian Arab Republic on July 2008. UNRWA has committed itself to introduce CBI programmes in refugee camps taking advantage of the comprehensive UNRWA programme of health, education, relief and social services and micro-financing.

Dr Hussein El Gezairy, WHO Regional Director for the Eastern Mediterranean, expressed his support for this joint collaboration by granting funds to introduce the programme in refugee camps. A plan of action was developed to further assist the introduction of community-based initiatives under UNRWA. The plan includes the expansion of health services using community health promoters under the leadership of the primary health care centres at refugee camps.

One of the activities conducted was the visit of Dr Sumaia Al Fadil, National Professional Officer at WHO Office in Sudan, to facilitate an orientation and planning workshop held from 17 to 20 May 2009. The workshop was attended by 18 senior staff of UNRWA programmes, including health, relief and social services, education and micro-finance, from Jordan and Syrian Arab Republic field offices and also UNRWA headquarters office, in addition to one community member from the Jerash camp.

The participants of the workshop were briefed on the community-based

initiatives concept, methodology and the tools for conducting baseline surveys and planning and project development. Furthermore, Dr Al-Fadil conducted a series of meetings with health, education and relief and social services, senior staff at UNRWA headquarters, Jordan field office, and with UNRWA staff and community members at the Jerash camp, with the objective of exploring the best strategy to build the community-based initiatives without duplicating the existing programmes.

A plan of action was developed to further assist in introducing the programme under UNRWA. The plan included the expansion of health services using community health promoters under the leadership of primary health care centres at refugee camps.

Voice of the community: Manga, a poultry breeder



In the small village of Kofour El Nil in the governorate of Fayyum, 41-year-old poultry breeder, Manga, is a household name. Outspoken but reverential, tough but generous, she has all the qualities of a leader.

Today, all the women from the village have gathered on the terrace of Manga's modest dwelling to listen to the *raeda refiya* (community health workers), who are summing up the week's demonstrations. Using a self-explanatory flip chart the *raeda refiya* shows the pictures depicting the step-by-step safe process of keeping and looking after household poultry.

Launched in August 2007, the education and awareness campaign against avian influenza (H5N1) is one of the most important operations organized by the Ministry of Health, in collaboration with UNICEF in the battle against avian influenza in Egypt.

Within the framework of the national strategic plan of the Government of Egypt, veterinarian surveillance was strengthened and house-to-house vaccination campaigns implemented. But the most important component of the strategy was the deployment of community outreach workers who set out to educate the public about the best home-breeding practices.

Manga has been married for 23 years and has four children. Her husband works on the national railway and his meagre salary is just enough to raise and feed the family. In rural

Egypt there is a strong belief that a woman's most important role is that of wife, mother and manager of the household, but for Manga and despite the financial burden of school fees, she wants all her children to be educated "They have to have a diploma if they want to live a decent life later."

The key message that Manga has received from the *raeda refiya* who visits here every week consists of simple hygienic principles: washing hands with water and soap after dealing with the poultry, covering the nose and mouth when handling birds, reporting any cases of sick poultry and suspected human cases, keeping poultry away from living areas, and if possible in confined spaces, and keeping poultry away from children.

Similar to those of other women in her position, the economic rights of Manga are determined only by her role within the family. Without personal income of her own, she faces economic challenges. However, unlike some of her neighbours who can earn an extra income by breeding poultry, Manga has only a small flock of chickens "just enough to get fresh eggs for the children and a nice roast chicken on a special occasion".

In the past, people in the village slaughtered and de-feathered their chickens in front

of their main door and left feathers, guts and blood in the middle of the street. Manga admits that things have improved since the daily visits of the *raeda refiya* who also explained that a sick chicken should be immediately reported to the vet or the village health clinic, and then killed, put in a plastic bag, chlorine poured over it and dropped in the garbage bin. "If we take all these precautions and follow the advice of the *raeda refiya*, our poultry will be healthy, our children will be healthy and we will not catch any disease" reckons Manga.



Syrian Arab Republic: WHO receives Syrian–German Doctors Association award in appreciation of its role and support to health issues



The Syrian–German Doctors Association convened its fourth joint expert seminar entitled Management of emergencies in April 2009 in Damascus, Syrian Arab Republic. Dr Ibrahim Betelmal, WHO Representative, Syrian Arab Republic, attended the seminar on behalf of Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean. This is an annual event organized by the Association in collaboration with the Shaheed Mamdouh Abaza Hospital (also known as the Golan Hospital), in Quneitra, the University of Erlangen, Germany, German Academic Exchange Service (DAAD) and the Arab Medical Doctors Union in Europe (ARABMED).

The Director of Health, Quneitra governorate, inaugurated the seminar on behalf of H.E. the Minister of Health of the Syrian Arab Republic. Dr Betelmal then presented the concept behind the community-based initiatives programme and an overview on the healthy villages experience in the Quneitra governorate. Dr Betelmal was then presented with the award from Dr Faidi Mahmoud and Dr Khalil Bajbouj on behalf of the Association in appreciation of WHO's role and support to health issues in the Syrian Arab Republic.

The WHO Representative was accompanied by Dr Ashour Gebreel, WHO Consultant on complex humanitarian emergencies, and Dr Nazar Elfaki, WHO Medical Officer.

CBI success story template



We would like to request all CBI focal points, community leaders and those who would like to share success stories in the CBI newsletter to kindly use the following format.

Purpose

This text is intended as a template showing the essential elements that should be included in an article for the CBI Newsletter.

An attractive title, such as:

"Fatima is the main reason behind the creation of 100 job opportunities in Ahmedabad"

"Bahgat community saved lives of dehydrated twins"

"No need for imported vegetables/ fruits for village as a result of BDN intervention"

Brief introductory statement

A short paragraph stating the main facts and describing: the type and total number of initiatives, e.g: improving education/upgrading schools, improving nutrition, etc.; specific locations and populations covered by the initiative/success story; the date that the project started; the involvement of any partners.

Process

A paragraph on the main activities carried out and key points considered in the implementation processes.

Outcomes

A description of the tangible outcomes of the programme.

Challenges

A paragraph highlighting the major obstacles and challenges that have been overcome.

Lessons learned

Two lines describing the initiative's implementation and planning experience.

Future sustainability plans

It should reflect the future vision of the programme and the steps that are to be undertaken in order to sustain the performance level and to emphasize the fact that the programme not only works on present success but also on sustainability.

General comments

At least two high resolution action-oriented photos in jpg format with not less than 300 dpi should be attached.

It should be attractively laid out.

At the bottom of the article include a comment such as:

If you are interested in more details about the story/programme/initiative contact [indicate name and contact details of person responsible for the programme or URL address].





Résumé

L'éradication de la poliomyélite est une tâche complexe et difficile qui requiert la collaboration des secteurs public et privé et surtout la participation de la communauté, déclare le Docteur M.H. Wahdan, Conseiller spécial (poliomyélite) auprès du Directeur régional, Bureau OMS de la Méditerranée orientale. La communauté joue un rôle prépondérant pour veiller à ce que chaque enfant soit vacciné contre la maladie. Elle doit également participer activement aux phases de planification et de mise en œuvre de la campagne contre la poliomyélite. Les programmes d'initiatives communautaires et de lutte contre la poliomyélite travaillent en étroite collaboration et bénéficient de leurs expériences mutuelles pour servir la communauté, ce qui leur permet de renforcer l'accessibilité, même dans les zones d'insécurité, pour interrompre la transmission de la maladie. Le Dr Wahdan mentionne tout particulièrement la transparence comme facteur du succès de l'éradication de la poliomyélite en Égypte, en République islamique d'Iran et en Jordanie. L'unique moyen de parvenir au statut exempt de poliomyélite pour les pays consiste à appliquer ce facteur de façon coordonnée.

Par le biais du programme pour la planification familiale et les soins de santé primaires, le gouvernement du Pakistan a mis en place le programme des femmes agents de santé en 1994 pour dispenser des soins de santé primaires essentiels dans la communauté et répondre aux besoins en santé non satisfaits dans les zones rurales et les bidonvilles urbains. Le programme visait à sélectionner, former et déployer 100 000 femmes agents de santé à travers le pays d'ici 2005. Ces agents de santé résident dans la communauté où elles travaillent et chacune d'entre elles est responsable de 1 000 à 1 500 personnes en moyenne. Une évaluation externe du programme en 2000 a révélé que les indicateurs de santé étaient nettement meilleurs dans les populations bénéficiant des services des femmes agents de santé que dans la population témoin. Avec

l'élargissement du programme, des ajustements sont envisagés pour entrer des critères et cibler soigneusement les zones pauvres et non desservies.

L'association des médecins syriens et allemands a décerné un prix au Bureau régional OMS de la Méditerranée orientale pour son rôle et son soutien aux questions de santé en République arabe syrienne. Le Dr I. Betelma, Représentant de l'OMS en République arabe syrienne, a reçu le prix au nom du Dr H. Gezairy, Directeur régional de l'OMS pour la Méditerranée orientale, lors du quatrième séminaire conjoint d'experts intitulé « Gestion des situations d'urgence », en avril 2009.

Le 23 mars 2009 est un jour spécial dans l'histoire du Yémen, car plusieurs institutions des Nations Unies, notamment l'Organisation internationale du travail (OIT), le Fonds des Nations Unies pour la population (FNUAP), le Programme alimentaire mondial (PAM) et l'OMS ainsi que le Fonds social de développement, ont signé un accord de collaboration pour le développement de la communauté avec le Ministère de la Santé publique et de la Population. Cette initiative est fondée sur une approche des besoins fondamentaux en matière de développement lancée dans le district de Bait Al-Faqih du gouvernorat de Hodeidah. Le Docteur G. Pola, Représentant de l'OMS au Yémen, qui accompagnait l'équipe des Nations Unies, s'est dit confiant quant au fait que le programme des besoins fondamentaux en matière de développement au Yémen continuerait à se développer grâce à un renforcement de la collaboration entre la communauté et les institutions des Nations Unies et à un engagement national soutenu.

M. Zeid Al Hussein, Gouverneur de la ville-santé de Zulfi a déclaré que le programme des villes-santé à Zulfi devait son succès à une participation constructive et volontaire de chacun des membres de sa communauté. Soutenu par la coopération des secteurs public et privé afin d'atteindre les objectifs

requis pour devenir une ville-santé, le gouverneur de Zulfi a mentionné les étapes qui ont mené au succès, à savoir : implication des prestataires de service dans la promotion de la santé, autonomisation de la communauté pour améliorer la santé et les moyens de subsistance, et rôle accru des femmes pour renforcer l'impact dans les programmes de santé. Ce programme est parvenu à diffuser la culture du travail bénévole dans sa communauté et à sensibiliser cette dernière à la lutte contre les problèmes de santé et d'environnement.

La Journée de la santé de l'enfant est célébrée partout en Somalie et vise à augmenter la survie des enfants, par la réduction de la morbidité et la mortalité infantiles en atteignant tous les enfants de moins de 5 ans. La Journée de la santé de l'enfant est la plus grande manifestation de santé publique jamais organisée au cours de 18 dernières années, après la chute du gouvernement central en Somalie. La campagne de la Journée de la santé de l'enfant repose sur la participation de la communauté, où les structures de cette manifestation ont été établies dans de nombreuses zones. Plus de 27 000 bénévoles participent aux activités de la Journée de la santé de l'enfant et la présence de l'OMS sur le terrain dans chaque district et aspect de la communauté locale est la pierre angulaire sur laquelle repose la participation de cette dernière. Pour durer, la stratégie doit être supervisée par le gouvernement et bénéficier d'un soutien total de la part de tous les partenaires dans son expansion à travers le pays.

L'UNRWA, l'Office de secours et de travaux des Nations Unies pour les réfugiés de Palestine dans le Proche-Orient, fournit éducation, santé, secours et services sociaux à environ 4,4 millions de réfugiés palestiniens dans ses cinq terrains d'action, à savoir : Jordanie, Liban, République arabe syrienne, Cisjordanie et Bande de Gaza. Quelque 1,3 million de réfugiés vivent dans 59 camps reconnus, et les services de l'UNRWA se situent à

l'intérieur ou à proximité de ces camps. L'UNRWA et l'OMS ont établi une collaboration afin d'améliorer la qualité de vie pour les communautés des camps par la mise en œuvre des programmes des initiatives communautaires. Avec le soutien financier de l'OMS, les programmes des initiatives communautaires seront introduits dans deux camps pilotes en Jordanie et en République arabe syrienne. Une fois orientés par les cadres de l'UNRWA et des membres de la communauté sur le concept, la méthodologie et les outils pour l'introduction des initiatives

communautaires, les réfugiés bénéficieront d'une aide pour concevoir des projets visant à améliorer leurs conditions de vie dans les camps.

Dans le petit village de Kofour El Nil dans le gouvernorat de Fayoum, Manga, 41 ans, se réunit avec toutes les femmes de son village pour écouter les *raeda refiya* (agents de terrain communautaires). À l'aide d'un tableau à feuilles mobiles explicite, les *raeda* montrent des images décrivant le processus pour élever en toute sécurité des volailles en famille.

Lancée en août 2007, la campagne d'éducation et de sensibilisation sur la grippe aviaire est l'une des opérations les plus importantes organisées par le Ministère de la Santé, en collaboration avec l'UNICEF, dans la lutte contre cette maladie en Égypte. Le déploiement des agents de terrain communautaires visait à éduquer le public sur les meilleures pratiques d'élevage. Le principal message que Manga a reçu des *raeda refiya* pendant leur visite hebdomadaire consiste en principes d'hygiène simples pour garantir la sécurité de sa famille et de la volaille.



منطقة ووجهة من المجتمع المحلي، كان هو حجر الزاوية الذي اعتمدت عليه المشاركة المجتمعية. ولضمان استمرار هذا الزخم ينبغي أن تقود الحكومة هذه الاستراتيجية وقيام كل الأطراف بدعم توسعها في البلاد بشكل كامل.

وتقوم الأنروا، وكالة الأمم المتحدة لإغاثة وتشغيل اللاجئين الفلسطينيين في الشرق الأدنى بتقديم الخدمات الاجتماعية والتعليمية والصحية وخدمات الإغاثة لنحو 4.4 ملايين لاجئ فلسطيني بحاجة لهذه الخدمات في أماكن العمليات الخمسة ألا وهي الأردن، والجمهورية العربية السورية، ولبنان، وقطاع غزة، والضفة الغربية. فهناك نحو 1.3 ملايين لاجئ يعيشون في 59 معسكراً معروفاً، حيث تتواجد خدمات الأنروا في هذه المعسكرات أو بالقرب منها. وفي محاولة لتحسين نوعية حياة المجتمعات في هذه المعسكرات من خلال تنفيذ برامج المبادرات المجتمعية، تم توطيد التعاون المشترك بين الأنروا ومنظمة الصحة العالمية. وسيتم من خلال الدعم المالي القُدَم من منظمة الصحة العالمية، إدخال برامج المبادرات المجتمعية في معسكرين ارتياديين في الأردن والجمهورية العربية السورية. وبعد توجيه كبار العاملين في الأنروا، وأفراد المجتمع نحو هذا المفهوم والمنهجية والأدوات اللازمة لإدخال المبادرات المجتمعية، سيتم مساعدة اللاجئين على ابتكار مشروعات للارتقاء بظروفهم الحياتية داخل المعسكر.

وفي نجع كفور النيل في محافظة الفيوم، جلست مانجا التي تبلغ من العمر 41 عاماً مع جميع نساء قريتها يستمعن إلى الرائدة الريفيّة، والتي قامت بعرض صور ذاتية الشرح باستخدام اللوحة القلابة وتصور العملية الآمنة لتربية ورعاية الدواجن بالمنزل خطوة بخطوة. وتعتبر حملة التوعية والتثقيف بأنفلونزا الطيور، والتي أطلقت في آب/أغسطس 2007، واحدة من أهم العمليات التي نظمتها وزارة الصحة بالتعاون مع اليونيسيف في سعياً لمواجهة إنفلونزا الطيور في مصر. وتم نشر عاملات مجتمعيّات لتوعية عامة المواطنين بالممارسات المثلى لتربية الدواجن بالمنزل. وتدور الرسالة الرئيسية التي تلقّتها مانجا من الرائدة الريفيّة أثناء زيارتها الأسبوعية حول المبادئ البسيطة للنظافة الشخصية التي ينبغي مراعاتها حتى تضمن سلامة أسرتها ودواجنها.

العالية لشرق المتوسط أثناء الحلقة الدراسية الرابعة المشتركة للخبراء، تحت عنوان "إدارة الطوارئ" في نيسان/إبريل 2009.

ويمثل يوم 23 آذار/مارس 2009 يوماً خاصاً في تاريخ اليمن حيث وقع العديد من منظمات الأمم المتحدة بما فيها منظمة العمل الدولية، وصندوق الأمم المتحدة للسكان، واليونيسيف، وبرنامج الغذاء العالمي، ومنظمة الصحة العالمية، فضلاً عن الصندوق الاجتماعي للتنمية اتفاقاً مع وزارة الصحة العمومية والسكان حول التعاون المشترك لتعزيز تنمية المجتمع. وترتكز المبادرة على أسلوب الاحتياجات التنموية الأساسية الذي بدأ في منطقة بيت الفقيه في محافظة الحديدة. وصاحب الدكتور غلام بوبال، ممثل المنظمة في اليمن، فريق الأمم المتحدة. وأعرب عن ثقته في تنامي برنامج الاحتياجات التنموية الأساسية في اليمن بفضل توثيق أواصر التعاون بين المجتمع ووكالات الأمم المتحدة، ودعم البرنامج من خلال الالتزام الوطني.

وأشار السيد زيد الحسين، مدير المدينة الصحية في الزلفي إلى أن نجاح برنامج المدن الصحية في الزلفي، إنما هو نتاج المشاركة البناءة والطوعية لكل فرد من أفراد المجتمع. وقد ساعد التعاون الوثيق بين القطاعين العام والخاص في بلوغ المرامي المطلوبة لجعل الزلفي مدينة صحية. وأوضح محافظ الزلفي الخطوات التي أدت إلى نجاحهم ألا وهي: إشراك مقدّمي الخدمات في تعزيز الصحة وتمكين المجتمع لتحسين الصحة وسبل العيش، وتعزيز دور المرأة لزيادة فعالية تأثيرها في البرامج الصحية. وقد نجح البرنامج في نشر ثقافة العمل الطوعي في مجتمعه وإذكاء الوعي المجتمعي للتعاظم مع المشاكل الصحية والبيئية.

وتم الاحتفاء بيوم صحة الطفل في شتى أنحاء الصومال بغية تعزيز بقاء الأطفال على قيد الحياة من خلال خفض مرارة ووفيات الأطفال عبر الوصول إلى الأطفال دون سن الخامسة. فيوم صحة الطفل هو أول حدث واسع النطاق للصحة العمومية يتم خلال الـ 18 سنة الماضية، بعد انهيار الحكومة المركزية في الصومال. فمشاركة المجتمع هي جوهر الحملة الخاصة بصحة الطفل حيث تم وضع شعارات يوم صحة الطفل في العديد من المناطق. وشارك أكثر من 27 000 متطوع في أنشطة يوم صحة الطفل. والشاهد أن وجود المنظمة على أرض الواقع في كل

يعتبر استئصال شلل الأطفال مهمة معقدة وثقيلة تتطلب تضافر القطاعين العام والخاص، بل وفوق كل ذلك إشراك المجتمع برمته، كما ذكر الدكتور محمد حلمي وهذان، المستشار الخاص للمدير الإقليمي لمنظمة الصحة العالمية (المعني بشلل الأطفال). ويضطلع المجتمع بدور قيادي في التأكد من تمتع كل طفل ضد شلل الأطفال. كما ينبغي عليه المشاركة بفعالية في تخطيط مراحل حملة شلل الأطفال وتنفيذها. فبرامج المبادرات المجتمعية وبرامج شلل الأطفال تعمل عن كثب وتواصل استفادتها من خبرات بعضها البعض لخدمة المجتمع، مما يعزز قدرتها على الوصول إلى المناطق التي تعاني من اختلال أمني بهدف وقف سריّة شلل الأطفال. وأكد الدكتور وهذان على الشفافية كأحد العوامل الفعالة، والتي أدت إلى استئصال شلل الأطفال في الأردن، وجمهورية إيران الإسلامية، ومصر بنجاح. فتحقيق تحرر البلدان من شلل الأطفال يتطلب من البلدان تنفيذ هذه العوامل بصورة منسقة وهو ما لم يتحقق بعد.

ومن خلال برنامج تنظيم الأسرة والرعاية الأولية، أنشأت حكومة باكستان برنامج العاملات الصحيّات في عام 1994 لتقديم خدمات الصحة الأولية الأساسية للمجتمع، ولتوفير الاحتياجات الصحية غير الملباة في المناطق الريفية وأزقة الحضر. وتولى البرنامج اختيار العاملات الصحيّات، وتدريبهن، وتوزيع 100 000 عاملة صحية في ربوع باكستان بحلول عام 2005. وكانت كل واحدة من العاملات الصحيّات القيمات في نفس المجتمع اللاتي تعملن به مسؤولة عن 1000 إلى 1500 شخص في المتوسط. وكشف التقييم الخارجي للبرنامج في عام 2000، أن المستفيدين من خدمات العاملات الصحيّات، يتمتّعون بمؤشرات صحية أعلى من السكان غير المستفيدين منها بشكل كبير. ومع اتساع نطاق البرنامج، تتم مراعاة التعديلات الجذرية على معايير الدخول، والحرص على استهداف المناطق الفقيرة والتي تعاني من نقص الخدمات.

وقدّمت رابطة الأطباء السورية الألمانية جائزة لمكتب منظمة الصحة العالمية الإقليمي لشرق المتوسط، تقديراً لدوره ودعمه للقضايا الصحية في الجمهورية العربية السورية. وتسلم الدكتور بيت المال، ممثل منظمة الصحة العالمية في الجمهورية العربية السورية الجائزة نيابة عن الدكتور حسين الجزائري، المدير الإقليمي لمنظمة الصحة

Invitation to share

The CBI newsletter is a channel for creating a network for community development issues that:

Capture the impact of the programme in the field through:

- tracking important visits of high-level officials, stakeholders, etc. and following campaigns/events and activities that involve the community in development;
- publishing the results of research related to community participation in health development;
- sharing the experiences of nongovernmental organizations involved in community development.

Bring to light the experiences of the community in:

- Voice of the community—an important column in our newsletter—where a selected member of the community shares the problem(s) they faced in their city/village and how they overcame these problems utilizing available resources and local solutions;
- improving the lifestyle of families, communities and villages as a whole in terms of health, education, solidarity and other development issues, such as income and security.

Inspire interventions to resolve day-to-day problems faced by the community through establishment of:

- women's vocational or youth development centres;
- community centres;
- local transportation systems;
- water and sanitation projects;
- community empowerment in programme management.

In this regard, CBI would like to invite you to share with us your experiences, success stories or lessons learnt, including two to three high resolution (300 dpi) photos illustrating active community involvement/ownership related to your area of work for publishing in our upcoming issues. The CBI programme looks forward to receiving your contributions.

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Mrs Eva Dadrian, UNICEF, Egypt

Ms Nour Shiyyab, Community-based initiatives programmes, Intern

Condolences

The CBI team would like to express its condolences for the passing away of two special people during the month of July 2009—the mother of Mrs Shaimaa El Khawanky, CBI secretary, and Mr Ali Suleiman, Basic Development Needs Programme, Chairperson of the Village Development Committee, Dar Mali, Sudan.

Our hearts go out to their families during this difficult time and we pray that their souls may rest in peace.



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