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Community-based initiatives newsletter

World Health Organization
Regional Office for the Eastern Mediterranean

The role of community health workers in Afghanistan

Community empowerment is an essential component of the health and nutrition sector strategy of Afghanistan, according to the community-based health care policy 2009–2013 approved by the Ministry of Public Health in December 2009. In Afghanistan, 22 000 community health workers are playing a vital role in enhancing the country's health system and some volunteers are wondering if they should not be renumerated and employed on a more formal basis for the valuable services that they provide.

Each health post consists of one male and one female community health worker who cover between 100 and 150 households. Local communities select the health worker from their geographical area. These workers are trained in the closest health facility and supervised by a community health supervisor located at each facility.

These community health workers, or volunteers, are responsible for encouraging and mobilizing family/community participation in health-related activities. They identify and manage acute respiratory infections, diarrhoea, malaria, and other common communicable diseases. They also provide mother and child care services, including antenatal and postnatal care, immunization and growth-monitoring. They treat simple diseases and refer complicated cases to the nearest health facilities. They meet on a regular basis with the shura (local community leaders) to develop, implement, and monitor community action plans for health improvement. They are supplied with a standardized equipment and medicine kit for free dispensing to clients.

They are considered as "first-line health care providers" officials say. "If we are to see Afghanistan's public health system stand on its own, we need to develop a system that can ensure the sustained interest and commitment of community health workers, who are, in fact, volunteers," said Dr Suraya Dalil, the acting Minister of Public Health.

"If we don't remunerate their work or if we fail to provide facilities for them, I think we will risk losing a very precious health asset in this country," Sayed Habib Arwal, Director of the community-based health care department in the Ministry of Public Health, told IRIN. "Community health workers are saving lives, reducing disease and raising awareness of health issues. We would be unable to sustain the existing health care system without their help."

Every community health volunteer/worker in Kabul's District 8 attends a free six-month training course, conducted by the Ministry of Public Health, to provide her/him with basic and emergency health services and advice.

Community health workers, Afghanistan

WHO Global Forum, Kobe, Japan, November 2010

Mayors presenting at the forum

In November 2010, in an unprecedented demonstration of global collaboration, city and national leaders from around the world came together in Kobe, Japan, to compare approaches and develop policies to improve the health of city dwellers. Urbanization is a major challenge for public health, with more than half of the world's population now living in urban areas. However, city living also provides great potential for better work, education, social, cultural and other opportunities. With the number of urban residents growing by nearly 60 million people per year, urban planning to reflect broader policies incorporating health is now needed more than ever.

"Building on the opportunities presented by concentrated urban living, city leaders can have a dramatic and positive impact on the health of their societies," said WHO Director-General Dr Margaret Chan. "Providing safe public transport, investing in public utilities and reducing air pollution by banning smoking in public places and on transportation can lead to a marked improvement in urban public health."

Discussions and highlights of the Forum are accessible via web streams with dialogues, interviews and sessions made available. To access, please go to:www.gfuh.org

WHO Director-General Dr Margaret Chan (on right)

WHO Regional Director the Eastern Mediterranean Dr Hussein A. Gezairy (on right)

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Egyptian revolution heralds new dynamism

People move towards democracy, Egypt, January 2011

In an article which appeared in Al Shorouk newspaper on 19 April, the author Mr Fahmi Huwaidy discusses how the Egyptian revolution, which began on 25 January 2011, has increased the feeling of citizenship among the Egyptian people. The new Egypt is encouraging participation, transparency and accountability with greater opportunity for all Egyptians to shape the future and destiny of their great nation.

As this new self confidence grows stronger smaller communities are applying the lessons of the revolution to their own communities and taking greater responsibility for their own towns and villages.

In the village of Meethawai, about 100 km from Cairo, the first meeting of "Moltaka Al'aheba" or "The companions' forum" heralds the beginning of a new era in the village. People are coming together to contribute whatever they can to the village's development and improvement. Many are giving cash and other in-kind contributions, some are offering their labour, while others simply want to share their experiences and exchange ideas.

The villagers have decided that activities such as keeping the village clean and maintaining its utilities are no longer the responsibility of the government alone but also their responsibility. They are recognizing the need to invest in youth and build their capacity through the provision of programmes and training. Some of the suggestions include teaching skills such as carpentry, carpet-making and husbandry.

This new dynamism ignited by the success of the revolution is being witnessed in many towns and villages. There are many new success stories such as Kafr Al Arab village in the Damietta governorate which has begun to produce local livestock feed from agricultural waste, instead of depending on high-cost imported feed. The village is famed for its dairy and cheese industry. The high cost of imported feed was prompting many villagers to get rid of their livestock and so this new initiative returns hope to those who thought that they would lose their livelihoods.

The resurrection of the Egyptian people is evinced by the new cultural and political environment which is ushering in a new era of prosperity, hope, ambition and nation-building. Young people are advocating self-development projects and highlighting environmental protection issues, while others are busy cleaning streets, painting sidewalks and holding book fairs in public parks. Young people are acting as the agents of change. There is great enthusiasm for the new initiatives. This enthusiasm mirrors the will of the Egyptian people in their revolt against the previous stagnancy of the nation. All over the country citizens are reclaiming their right to freedom and good governance and appealing for a strong and free civil society. The entrepreneurial skills of youth need to be developed and a culture of invention and innovation initiated to continue the drive for community-led development and collective responsibility.

Role of the health system in promoting urbanization and health

Globally, urbanization is expected to grow so rapidly, that by 2050 nearly 7 out of 10 people will be living in urban areas. Although cities provide better opportunities and services for health and education, increased migration into these areas is posing a threat, not only in terms of perpetuating long-standing health problems, but introducing new ones.

Health systems have to manage critical urbanization-related health signs and symptoms as the end point for people who are suffering. Addressing critical health issues resulting from urbanization has always been a top priority for the health system. Furthermore, to ensure sustainability, urbanization-related health issues have been well documented in several global reports on macroeconomics and health and social determinants of health.

The critical challenges faced by the health system include:

- urban migration from rural areas due to limited economic opportunities, as well as disproportionate development at the country level (in some countries 50% of the population lives in capital cities where most development takes place and job opportunities exist).

- repercussions of urbanization in developing countries, where migration rates from rural to urban areas are rapidly increasing, as well as the radical social, educational and behavioural differences between the migrants and the original urban population, which have pushed the migrants to settle in urban slum areas.

- the lack of a long-term vision for tackling urban planning and resource allocation. This should be prepared and introduced by city planning committees, taking into consideration the different developmental needs necessary to ensure a safer and healthier life in cities.

Opportunities and field experiences to overcome challenges include implementation of the healthy city programme and neighbourhood programmes, which use the power of the electorate, rightly and wisely, and adopt a vision for good health and the stewardship of the health system, with the involvement of civil society and the private sector.

Role of parliamentarians in urbanization and health

Ms Aicha Dabar Guelleh Member of Parliament and the Social Commission, Djibouti

Mr Iman Icar, Deputy Mayor of Mogadishu, Somalia

In the 21st century, urban health still represents a major challenge for all governments across the world. While developed countries are facing hazards of air pollution, increased incidence of road traffic accidents, sedentary lifestyles and lack of physical exercise as consequences of the industrialization process, developing or low-resource countries experience other kinds of urban challenges, such as lack of food safety, increased incidence of communicable and noncommunicable diseases, limited access to safe drinking-water and sanitation, etc.

Countries of the Eastern Mediterranean Region are facing a dilemma, i.e. how to overcome ongoing urbanization challenges with people constrained by deep-rooted inherited customs, believes and attitudes. Populations of the Horn of Africa have common rural roots and are nomadic. People sometimes move from one area to another without giving much consideration to the prevention of environmental pollution.

There is a need to raise the awareness and education levels of community members and mid-level managers on urbanization and health and ongoing urban health and social challenges and to ensure their participation in finding local solutions for local problems. This needs also to be supported as an agreed strategy among governments, partners and United Nations agencies interested in urbanization and health. In addition, parliamentarians may support the introduction of legislation and create a code of conduct in urban health settings and support the allocation of budget and the creation of budget lines to support urbanization and health through raised tax revenue on tobacco and alcohol products.

Urbanization in Mogadishu is as a result of natural growth in population, migration and internally displaced persons from other regions of the country searching for better living conditions. However, most of the people who move to the city are trapped in marginal situations as a significant proportion of them are poor, have large families and are not well educated. The urban poor in Mogadishu suffer the most because of their living conditions and the high cost of health services. Poor people in Mogadishu face illness and early death from preventable diseases resulting from a lack of safe drinking-water, sanitation, health facilities, security and health information.

The following points identify actions to address this situation.

- Re-establish and improve the health sector to assist in resolving the health problems of a city.
- Improve transportation and housing in cities to prevent social tension and stress, and prevent communicable diseases among the urban poor.
- Establish communication programmes to raise public awareness of noncommunicable diseases and related risk factors, for instance; tobacco use, unhealthy diets, lack of physical activity, as well as risk factors associated with disease outbreaks.
- Improve urban services, including water supply and sanitation (waste management) and housing for internally displaced persons.
- Develop managerial skills and the innovation required to pull together the vast human and other resources to improve health in a city.
- Develop effective waste management programmes to collect liquid waste from city neighbourhoods. Normally wastewater is commonly thrown onto the streets with no communal rules. This represents an immediate health hazard for vulnerable groups, especially children.

Secrets to a healthy and happy life: an interview with Mr Mabrook Barriche

A happy and healthy Mr Barriche

Mr Mabrook Barriche was born on 13 May 1949 in Hammam Souccee, Tunisia. He is a teacher of economics and a headmaster of an educational centre for training and administration. Since getting married in 1978, Mr Barriche's height, weight and blood pressure have remained unchanged. Every day, he tries to eat portions of fruits and vegetables; he also eats chicken, fish, and rabbit, and red meat very occasionally. He does not use sugar at all or add extra salt to his food.

Mr Barriche practises physical activities daily in the form of walking, bike riding and light agricultural work. When he was young, he used to play football and handball on a daily basis. He has never smoked or drunk alcohol throughout his 62 years.

Mr Barriche says for a better, healthy and enjoyable life, "Take life easy, only think about a problem once and then let it go; do not drink alcohol or smoke tobacco; believe in God's will and destiny; and be satisfied with what you have. Look around and you will find many blessings. Having a home and a good wife are blessings that bring heaven on earth." He also sees commitment to work, practising discipline with flexibility and being humble but dignified as important life principles.

Mukisa Mpewo income-generating project in Uganda

The Mukisa Mpewo income-generating clay project is being implemented in Uganda. Uganda is rich in good clay and kaolin which are used to create very beautiful traditional products. The Mukisa Mpewo clay project is a partnership between a group of women involved in the production of traditional clay products. Most products are produced by women, youth and people who are hearing impaired or mute so buying these products supports these groups. It was awarded "The Golden Stand" at the 2006 Paris Fair. The project both designs and produces pottery items, including, pots, dishes, plates, cups, mugs, coffee and tea pots, traditional products for tourists, cooking and garden items and flower vases, which are made in a traditional way utilizing traditional tools. The products are made out of the best quality natural clay from Uganda. Finished pots are thermostatic, they keep consumables hot and cold things for a long time. Large-sized pots with a bug ball-shaped base, long thin neck and stopper are used as traditional refrigerators. Smaller-sized pots keep water cool and coffee or tea hot. If the stopper is replaced by a natural "sponge", it will work as a strainer. Vases also keep flowers fresh for a longer time because the water stays cool and the flowers can breathe.

Women and youths from Rakai and the central region of Uganda also make projects using banana fibre, these products include: mobile toys, motorcycle toys, nativity and angels, doll fibres, traditional balls, banana cards, wall hangings, jewel trees, jewel boxes and banana bags.

The Mukisa Mpewo clay project sincerely wishes to thank all of its clients and its promoters. To contact:
mukisampewo@aol.com
For more information, go to:
www.mukisa-uganda.com

Display of traditional day products

Launch cermony of the healthy school programme in oPt

Healthy and environmentally-friendly schools in occupied Palestinian territory

Within the healthy city framework, the WHO country office in the occupied Palestinian territory (oPt) has implemented the healthy school programme in the cities of Ramallah and Nablus. The programme has been sponsored by the private sector, and implemented in partnership with the municipalities, Ministry of Health and Ministry of Education, with the wide participation of public and community organizations.

The programme was implemented on 4 November 2010, with the attendance of the Minister of Health, the Mayor, Deputy Minister of Education, WHO representatives and many community leaders. The programme is based on the three main principles of self-reliance, effective partnership and sustainability. It is very comprehensive, focusing on health, the environment, nutrition and social activities. Some of the activities conducted as a result of the programme have included an assessment of school health issues, nutrition, social activities and the environment; a briefing on the programme and capacity-building activities, to teachers, school headmasters, community leaders and local health care providers. In Ramallah, 65% (11 out of 17) of schools are participating. Participation is competitive and by the end of the year, the best three implementing schools will be rewarded by the municipality. In Nablus, four schools will participate in the programme this year. The best schools will receive an award of recognition as a "healthy and environmentally-friendly school".

Discussing implementation of the programme

Expansion of the healthy village programme in Jordan

Stakeholders in the healthy village programme in Jordan

The Ministry of Health in Jordan is considering options to sustain and endorse healthy village programme activities using their internal budget as the main source of finance. The Ministry of Health in Jordan allocated US$ 70 000 in 2010 and US$ 91 000 in 2011 to support, sustain and expand the activities to include more villages and to support capacity-building activities.

The support process involves various strands, including:

- expansion to cover new areas;[1]
- conducting capacity-building through the following key activities:
  - orientation sessions for community leaders
  - training sessions for development councils
  - training courses in communication and networking for community leaders and partners in the area
  - training courses for 26 villages with regard to various skills development activities, such as handicrafts
  - school community courses for schoolchildren.
- sustaining the financial support for income generation in the Agricultural Credit Corporation and signing a memorandum of understanding with development and employment funding agencies to support the healthy village programme.
- collaborating with the Hashemite fund for bedouins to support villages in their portfolio.
- mapping healthy villages in Ministry of Health geographic information systems (mapping of sites of health services).

WHO will provide technical assistance, resources, guidelines and training manuals to implement and expand this initiative. Furthermore, the healthy village programme focal point is interested in introducing a software system especially tailored to provide immediate informational updates for these villages with regard to socioeconomic and health outcomes.

Expected outcomes during 2011 include:

- development of at least eight new healthy villages in four governorates.
- identifying prospective new partners.
- institutionalizing the healthy village programme and moving towards nationwide application.
- conducting at least 10 training courses in building skills and development.
- promoting the concept of healthy cities in most governorates.

[1] Irbid governorate, Um Al Jadaiel village; Ajloun governorate, Harth, Ballas and Sfaineh villages; Karak governorate, Al Khraisheh village community; Aqaba governorate, Qriqara and Finnan villages.

Handicraft training course

Improving the physical environment

CBI programme status in countries of the Region, December 2010

Table 1 provides information about CBI programme management at the central, provincial and district levels, government commitment to the programme in terms of budget allocation, its acceptance as a national programme and existence of a CBI unit in the Ministry of Health (MoH) and availability of 3-to-5 year national expansion plan. The table also provides information on CBI programme status in partnership with UN agencies, nongovernmental organizations (NGOs) and other development sectors, national capacity for CBI expansion, monitoring and evaluation (M and E) and plan for capacity-building of health volunteers on most priority health programmes.

The following is a list of recommended actions for those countries which have not yet implemented such actions.

Establish a functional CBI unit/department in the MoH linked to primary health care to strengthen planning and management processes.

Appoint a focal point at provincial and district health department (preferably the person in charge of primary health care) with responsibility for CBI planning at provincial/ district level, building partnership for programme expansion, capacity-building of the community and members of intersectoral team, facilitating coordination between the CBI community and other development sectors and conducting programme advocacy, monitoring, supervision and evaluation.

Allocate an annual budget for programme implementation to strengthen national ownership and commitment.

Increase frequency of field visits to implementing sites and strengthen direct contact with the community.

Successful programme evaluations were carried out in eight countries from 2001–2009. The WHO Regional Office would like to receive plans of action from all countries who are interested in using the Training manual for cluster representatives and health volunteers on priority health. This manual will soon be available in French. Countries are requested to translate the tool into local languages and modify it based on their needs. The tool is easy to use and encourages community involvement in the delivery of simple procedures on preventive and promotive priority health programmes.

Table 1. Status of the CBI programme in 17 countries of the Eastern Mediterranean Region

CBI status	Afghanistan	Djibouti	Egypt	Iraq	Islamic Republic of Iran	Jordan	Lebanon	Morocco	Omna	OPt	Pakistan	Saudi Arabia	Sudan	Somalia	Syrian Arab Republic	Tunisia	Yemen
CBI unit in MoH	✓	✓	✗	✓	✓	✓	✗	✓	✓	✗	✗	✓	✓	✗	✓	✗	✓
CBI focal point at provincial/district level	✓	✗	✗	✓	✓	✓	✓	✓	✓	✗	✗	✓	✓	✗	✓	✗	✓
Allocation of annual budget by government	✓	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✓	✓	✗	✓	✗	✓
3–5 year national CBI expansion plan	✗	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	✓	✗	✓
Acceptance as national programme	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✗	✓	✓	✓	✓	✗	✓
National capacity for CBI training	✓	✓	✓	✓	✓	✗	✗	✓	✓	✗	✓	✓	✓	✓	✓	✗	✓
Partnership with UN/ NGOs and other sectors	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Evaluation conducted	✗	✓	✗	✗	✓	✓	✗	✗	✓	✗	✓	✗	✓	✗	✓	✗	✓
Monitoring and supervision once every 2–3 months	✓	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓
Plan to train cluster representatives and health volunteers on priority health programmes	✗	✗	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓

Recent CBI publications

A short guide to implementing the healthy city programme

The healthy city programme has emerged as an effective tool for improving health equity in urban areas, particularly in low-income and underprivileged neighbourhoods. It is playing a role in the formation of political, professional and technical alliances to achieve health improvement goals and create a supportive environment in which innovative action for local development can take place following a holistic and integrated approach. The healthy city approach involves comprehensive and systematic efforts to address health inequalities, focusing on urban poverty and the needs of vulnerable groups. It addresses the social, economic and environmental root causes of ill-health and places health at the centre of economic regeneration and the urban development agenda.

The short guide can be useful for city planners while they are organizing their team, building capacities or passing through different stages of healthy city programme implementation. The guide assists city planners in joining the regional healthy city network and implementing different stages of the programme. In addition, the guide assists government

authorities with how to proceed with healthy city organization at the national and city level. The guide also contains five useful annexes, including a template for a letter of collaboration that can be signed between WHO and city mayors, criteria for qualifying as a healthy city, a baseline household survey template, a sample of a healthy city project proposal and a list of the types of healthy city committee members and their responsibilities.

The guide is available in Arabic and French and is accessible at:

http://www.emro.who.int/dsaf/dsa1088.pdf.

CBI monitoring, supervisory and evaluation tool

The CBI monitoring, supervisory and evaluation tool manual has four sections: CBI site profile, CBI monitoring and supervisory checklist, CBI quarterly report and CBI evaluation tool. Each section has a specific purpose and should be used in a specific location following a particular methodology. These four separate tools have been combined to form one easy-to-use manual in order to simplify the task of local/national evaluators and to ensure a common methodology is followed; given that all four tools follow the same structure. This will enable data comparison over different periods of time and will identify the successes and failures of local and national CBI programmes. The tools are all prepared based on the following nine major areas, which are fundamental to the CBI implementation process.

- Community organization and mobilization
- Intersectoral collaboration and partnership
- Community-based information system
- Water, sanitation and food safety
- Health development
- Emergency preparedness and response
- Education and literacy
- Skills development, vocational training and capacity-building
- Micro-credit activities

The tool is accessible at:

http://www.emro.who.int/cbi/publications.htm.

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Dr Najibullah Safi, CBI focal point, WHO country office, Afghanistan

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Résumé

En Afghanistan, les volontaires de santé communautaires jouent un rôle vital dans la consolidation du système de santé national. Ils prennent en charge la réalisation de campagnes de vaccination, la prestation de services de soins de santé de base et la diffusion de messages essentiels sur la santé. Les volontaires de santé, aussi connus sous le nom d'agents de santé communautaires, sont considérés dans le pays comme des prestataires de soins de santé de première ligne. Chaque volontaire/agent de santé communautaire suit une formation de six mois, dispensée par le ministère de la Santé, afin d'acquérir la connaissance des services de santé de base et d'urgence et pouvoir par la suite prodiguer des conseils en la matière.

Kobe a été le cadre d'une manifestation de collaboration mondiale sans précédent : cette ville du Japon a accueilli des responsables nationaux et municipaux du monde entier, pour procéder à une comparaison des approches et élaborer des politiques visant à élever le niveau de santé des citadins. Avec plus de la moitié de la population mondiale résidant en ville, l'urbanisation est devenue un défi de santé publique majeur.

La prise en compte des graves problèmes de santé provoqués par l'urbanisation a toujours été la plus urgente des priorités pour le système de santé. Les difficultés majeures auxquelles celui-ci est confronté sont notamment l'exode rural, les conséquences de l'urbanisation sur les pays en développement et l'absence de vision à long terme permettant d'aborder la question de la planification urbaine et de l'allocation stratégique des ressources. L'un des moyens de les surmonter est de mettre en œuvre le programme des villes-santé et le programme de voisinage, qui garantissent l'implication de la société civile et du secteur privé.

Des représentants du Bureau régional de la Méditerranée orientale se sont entretenus avec trois participants du Forum mondial sur l'urbanisation et la santé. Le Dr Ali Jaffar, Conseiller spécial du Ministre de la Santé d'Oman, pense qu'il faut soutenir la sensibilisation et la formation des membres de la communauté et des administrateurs de niveau intermédiaire à la question de l'urbanisation et de la santé ainsi qu'aux problèmes sanitaires et sociaux persistants en milieu urbain, et également appuyer leur participation à la recherche de solutions locales aux problèmes locaux, dans le cadre d'une stratégie adoptée d'un commun accord par les gouvernements, les partenaires et les institutions des Nations Unies concernées. Madame Aicha Dabar Guelleh, Député djiboutien, estime que les parlementaires doivent soutenir l'introduction d'un code de conduite en milieu urbain et l'allocation d'un budget consacré à l'urbanisation et aux activités sanitaires, constitué grâce à la hausse des taxes sur le tabac et l'alcool. M. Iman Icar, adjoint au maire de Mogadiscio, remarque que l'urbanisation dans sa ville est le résultat de la croissance démographique naturelle, des migrations et de l'arrivée de personnes déplacées d'autres régions de Somalie, à la recherche de meilleures conditions de vie. Il prévoit de refonder le secteur de la santé pour le renforcer, d'améliorer les transports, le logement, les services urbains et les programmes de communication visant à sensibiliser le public, de développer l'innovation et les compétences en matière de gestion et d'élaborer des programmes efficaces de gestion des déchets, en collaboration avec toutes les parties prenantes de Mogadiscio.

M. Mabrooke Barriche est né le 13 mai 1949 en Tunisie. Depuis son mariage en 1978, sa taille, son poids et sa tension artérielle n'ont pas changé. Il essaie de manger chaque jour des fruits et des légumes, et consomme aussi du poulet, du poisson, du lapin, et très occasionnellement, de la viande rouge. Il ne mange pas de sucre du tout, et ne rajoute pas de sel dans sa nourriture. M. Mabrooke Barriche pratique une activité physique quotidienne, et n'a jamais fumé ni bu d'alcool en 62 ans. Il affirme que pour vivre mieux, heureux et en bonne santé, il faut « ne pas trop s'en faire, ne penser aux problèmes qu'une seule fois et puis les laisser passer, ne pas boire d'alcool et ne pas fumer, croire en la volonté de Dieu et en son destin et se satisfaire de ce que l'on a ».

Dans le cadre des villes-santé, le programme des écoles-santé a été mis en œuvre dans les villes de Ramallah et Naplouse, dans le territoire palestinien occupé. Le programme a été lancé en 2010 en présence du ministre de la Santé, du maire, du vice-ministre de l'Éducation, de représentants de l'OMS et de nombreux responsables communautaires. Il est fondé sur les principes d'autonomie, de pérennité et d'un partenariat efficace.

De son côté, le Ministre de la Santé jordanien examine les possibilités permettant de soutenir les activités du programme des villages-santé et de s'y associer en utilisant leur budget interne comme principale source de financement. L'OMS fournira une aide technique, des ressources, des lignes directrices et des manuels de formation.

Le projet Mukisa Mpewo, fondé sur le travail de l'argile, est actuellement mis en œuvre en Ouganda. Ce pays est en effet riche en argile de bonne qualité, notamment en kaolin, qui est utilisé pour créer de très beaux objets traditionnels. Mukisa Mpewo, qui s'est vu décerner le Stand d'or à la Foire de Paris en 2006, est un partenariat entre un groupe de femmes impliquées dans la production de produits traditionnels à base d'argile.

Le Bureau régional a publié un Guide succinct pour la mise en œuvre du programme des villes-santé, qui peut être utile aux urbanistes lorsqu'ils organisent leurs équipes, renforcent les capacités de celles-ci ou évoluent à travers les différentes étapes de la mise en œuvre du programme. Le document aide les urbanistes à rejoindre le réseau régional des villes-santé et à exécuter les différentes étapes de ce programme.

Le Bureau régional a également diffusé un manuel intitulé Outils de suivi, de supervision et d'évaluation au service des initiatives communautaires, décliné en quatre parties : profil du site, liste de contrôle pour le suivi et la supervision, rapport trimestriel et outil d'évaluation. Ces quatre parties distinctes, ou « outils », permettent de comparer des données sur différentes périodes de temps, pour identifier les réussites et les échecs des programmes locaux et nationaux d'initiatives communautaires.

Dix-sept bureaux de pays de l'OMS ont réalisé une évaluation visant à obtenir des informations sur la situation du programme des initiatives communautaires dans les pays de la Région de la Méditerranée orientale. Les informations portent sur la gestion du programme aux niveaux central et provincial, ainsi que dans les districts, l'intérêt du gouvernement vis-à-vis du programme en termes d'allocation budgétaire, son acceptation en tant que programme national, l'existence d'une unité des initiatives communautaires au ministère de la Santé et d'un plan d'extension nationale sur une durée de trois à cinq ans. L'évaluation renseigne également sur l'état des partenariats du programme avec les institutions des Nations Unies, les organisations non gouvernementales et les autres secteurs de développement, ainsi que sur les capacités nationales en matière d'extension du programme des initiatives communautaires, de suivi, d'évaluation et de planification du renforcement des capacités des volontaires de santé dans le domaine des principaux programmes de santé prioritaires.

Suite à la révolution du 25 janvier en Égypte, les habitants du village de Meethawai ont décidé qu'ils étaient dorénavant personnellement concernés par le nettoyage du village et l'entretien des services publics, et que ces tâches ne relevaient plus de l'unique responsabilité des pouvoirs publics. Par ailleurs, dans le Delta et en Haute Égypte, la résurrection du peuple égyptien a insufflé un sens de l'urgence dans l'esprit des gens pour permettre à la nation d'accéder à la prospérité et au développement. Certains jeunes plaident en faveur des questions de protection de l'environnement, tandis que d'autres nettoient les rues, repeignent les trottoirs et organisent des ventes de livres dans les parcs publics où ils vendent ces livres à tout un chacun à des prix raisonnables.

الموجـز

يؤدي متطوعو الصحة المجتمعية دوراً حيوياً في تعزيز النظام الصحي في أفغانستان، إذ يأخذون على عاتقهم مسؤولية إجراء حملات التطعيم وتقديم خدمات الرعاية الصحية الأولية ونقل الرسائل الصحية البالغة الأهمية. ولهذا فالمتطوعون الصحيون، الذين يُعرَفون أيضاً بالعاملين الصحيين المجتمعيين، يمثّلون «الخط الأول من مقدمي الرعاية الصحية» في البلاد. فالمتطوع أو العامل الصحي المجتمعي يتلقّى — قبل أن يبدأ في تقديم الخدمات — دورةً تدريبية مجانية تستمر ستّة أشهر وتنظمها وزارة الصحة يُعْيَهَ تزويده بما يلزم من الخدمات والمشورة الصحية الأساسية والطارئة.

وفي مظهر غير مسبوق من مظاهر التعاون على الصعيد العالمي، توافدت أعداد من القادة، على مستوى المدن والمستوى الوطني، من شتى أنحاء العالم إلى مدينة كوبي باليابان، من أجل مقارنة الأساليب وإعداد السياسات الرامية إلى تحسين صحة ساكني المدن. ذلك أن التحضُّر يمثل تحدياً كبيراً أمام الصحة العمومية، حيث يعيش الآن ما يربو على نصف سكان العالم في مناطق حضرية.

ويأتي التعاطي مع القضايا الصحية الحرجة الناجمة عن التحضُّر دائماً على رأس أولويات النظام الصحي؛ وتتضمن هذه التحديات قضية الهجرة الحضرية من المناطق الريفية، وتداعيات التحضر في البلدان النامية، والافتقار إلى رؤية طويلة الأجل للتعاطي مع التخطيط الحضري وتخصيص الموارد. وثمَّةَ في المقابل فُرَصٌ لتجاوز هذه التحديات، ومن بينها تنفيذ برنامج الصحة في المدن وبرامج الجوار، مع التأكد من مشاركة المجتمع المدني والقطاع الخاص.

وقد أجرى ممثلو المكتب الإقليمي لشرق المتوسط مقابلات مع ثلاثة من الحضور في المنتدى العالمي للتحضر والصحة؛ حيث أبرز الدكتور علي جعفر، المستشار الخاص لوزير الصحة العُماني، أهمية رفع مستوى الوعي والتثقيف لدى أبناء المجتمع ومديري الإدارة الوسطى حول التحضر والصحة، والتحديات الصحية والاجتماعية الحالية بالمدن، وأخيراً الاستفادة من مشاركتهم في إيجاد حلول محلية للمشكلات المحلية، مؤكداً على أنها أمور جديرة بالدعم بوصفها استراتيجية متفق عليها بين الحكومات والشركاء ووكالات الأمم المتحدة المهتمة بموضوع التحضر والصحة. وترى السيدة عائشة دابار جويليه عضو برلمان جيبوتي أنه يتعين على البرلمانيين دعم تطبيق مدونة لقواعد السلوك في المواقع الصحية بالمدن، ودعم تخصيص موازنة لتمويل الأنشطة الخاصة بالصحة والتحضر من خلال زيادة إيرادات الضرائب المفروضة على منتجات التبغ والمُسْكرات. ويشير السيد إيمان إيكا، نائب عمدة مدينة مقَديشيو، إلى أن التحضر في المدينة جاء كنتيجة طبيعية للنمو السكاني والهجرة والأشخاص المشردين داخليا من مناطق أخرى بالصومال بحثاً عن ظروف حياتية أفضل، وذكر أنه بصدد وضع خطة لإعادة بناء القطاع الصحي وتحسين أدائه، إلى جانب تحسين برامج النقل والإسكان والاتصالات من أجل زيادة مستوى الوعي ورفع كفاءة الخدمات الحضرية وتنمية المهارات الإدارية ووضع برامج فعالة لإدارة المخلفات وذلك بالتعاون مع جميع الشركاء المعنيين بمدينة مقديشيو.

ولد السيد مبروك برِّيش في الثالث عشر من أيار/مايو 1949 في تونس. ومنذ أن تزوج في العام 1978، لم يتغير طوله أو وزنه أو ضغط الدم لديه، كما إنه يحرص على أن يتناول بعض الفواكه والخضراوات يومياً، فضلاً عن تناوله الدجاج والسمك ولحم الأرانب إلى جانب اللحوم الحمراء من حين لآخر. وهو فضلا عن ذلك لا يستعمل السكر ولا يسرف في إضافة الملح على طعامه، ويمارس أنشطة التمارين الرياضية اليومية، بل إنه لم يسبق له شرب المُسْكرات أو التدخين طوال عمره البالغ 62 عاماً. ويقول السيد برّيش أنَّ من يريد أن يحظى بحياة أفضل تتسم بمزيد من الصحة والمتعة، عليه «أن يأخذ الحياة بسهولة، وأن لا يفكر في أي مشكلة إلا مرة واحدة، ثم يتركها لتمضي؛ وأن لا يتناول المُسْكرات ولا يدخِّن التبغ؛ وأن يؤمن بمشيئة الله وقدره؛ وأن يقنع بما في يديه.»

وفي سياق إطار العمل المعني بالمدن الصحية، شهدت مدينتا رام الله ونابلس بفلسطين تنفيذ برنامج المدارس الصحية الذي انطلق في العام 2010 في حضور وزير الصحة، وعمدة المدينة، ونائب وزير التعليم، وممثلي منظمة الصحة العالمية، ولفيف من القادة المجتمعيين. ويقوم هذا البرنامج على مبادئ الاعتماد على الذات والشراكة الفعالة ومضمونيَّة الاستمرار.

كما أن وزارة الصحة الأردنية بصدد دراسة بعض الخيارات لمواصلة أنشطة برنامج القرى الصحية ودعمه من خلال استخدام الميزانية الداخلية مصدراً رئيسياً للتمويل. وستقوم منظمة الصحة العالمية بتقديم المساعدات التقنية والموارد والدلائل الإرشادية والكتيبات التدريبية اللازمة لتنفيذ البرنامج.

وتشهد أوغندا حالياً تنفيذ مشروع موكيسا أمبيو للصلصال؛ فأوغندا بلد غني بالصلصال والصلصال الأبيض اللذَيْن يستخدمان في صنع منتجات الصلصال التقليدية. والمشروع عبارة عن شراكة بين مجموعة من السيدات المشاركات في إنتاج منتجات الصلصال التقليدية، وكان المشروع قد حصل على جائزة «منصة العرض الذهبية» (جولدن ستاند) من معرض باريس سنة 2006.

وقد قام المكتب الإقليمي بنشر دليل موجز بشأن تنفيذ برنامج المدن الصحية أفاد منه مخططو المدن عند قيامهم بتنظيم فرق العمل الخاصة بهم وبناء قدراتهم أو عند مرورهم بمختلف مراحل تنفيذ برنامج المدن الصحية، حيث يساعد الدليل مخططي المدن على الانضمام لشبكة المدن الصحية الإقليمية وتنفيذ المراحل المختلفة للبرنامج.

كما نشر المكتب الإقليمي كتيب أدوات الرصد والإشراف والتقييم للمبادرات المجتمعية الذي يتألف من أربعة أجزاء: مرتَسَم موقع المبادرات المجتمعية المرتَكَز، وقائمة تفقدية للرصد والإشراف على المبادرات المجتمعية المرتَكَز، والتقرير الربع سنوي للمبادرات المجتمعية المرتَكَز، وأداة تقييم المبادرات المجتمعية المرتَكَز. فهذه الأجزاء أو «الأدوات» الأربعة تيسِّر إمكانية مقارنة المعطيات على مدى مدد زمنية مختلفة من أجل تحديد مواطن النجاح والإخفاق في البرامج المجتمعية المحلية والوطنية.

وللحصول على مزيد من المعلومات حول وضع البرنامج المجتمعي في بلدان إقليم شرق المتوسط، قام 17 مكتباً قطرياً لمنظمة الصحة العالمية بإجراء دراسة تقييم، حيث قدّمت هذه الدراسة المعلومات حول إدارة برنامج المبادرات المجتمعية على مستوى البلدان والمحافظات والوحدات المحلية، ومدى التزام الحكومة بالبرنامج فيما يتعلق بتخصيص الميزانية له، وقبوله على أنه برنامج وطني، ووجود وحدة معنية بالمبادرات المجتمعية بوزارة الصحة، وتوافر خطة توسع وطنية تمتد من ثلاث إلى خمس سنوات. كما تقدم معلومات حول وضع برنامج المبادرات المجتمعية ضمن الشراكة مع وكالات الأمم المتحدة والمنظمات غير الحكومية وغيرها من قطاعات التنمية، والقدرات الوطنية، وذلك للتوسع في المبادرات المجتمعية ورصدها وتقييمها، ورسم خطة لبناء قدرات المتطوعين الصحيين بشأن البرامج الصحية ذات الأولوية.

عقب ثورة الخامس والعشرين من كانون الثاني/يناير التي شهدتها مصر هذا العام، قرَّر أهالي قرية ميت حواي، إحدى قرى مركز السنطة بمحافظة الغربية، فيما بينهم أن نظافة القرية وصيانة مرافقها هي مسؤوليتهم الشخصية، وليست مسؤولية الحكومة وحدها. وما يحدث في قرية ميت حواي يحدث كذلك في سائر الدلتا والصعيد، وهو ما يشهد بأن الميلاد الجديد للشعب المصري وَلَد رغبةً عارمة لدى الجميع في النهوض بالبلد، وإخراجها من حالة الجمود، إذْ صرنا نرى الآن نماذج لشباب يسعون للحفاظ على البيئة، وآخرين ينظفون الشوارع، ويشتركون في دهان الأرصفة، ويقيمون معارض لبيع الكتب بأسعار زهيدة في الحدائق العامة.

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