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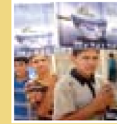
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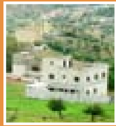
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World Health Organization

Regional Office for the Eastern Mediterranean

Community-based initiatives newsletter

CBI programme institutionalization

Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean

WHO and Member States' support for community participation in health and social development was restated at the Sixty-second session of the World Health Assembly held in Geneva in 2009. Resolution (WHA62.12) "Primary health care, including health system strengthening" reiterated the commitment of governments and WHO to community participation as a basis for strengthening health systems.

The WHO Regional Office for the Eastern Mediterranean has almost two decades of experience implementing the community-based initiatives (CBI) programme as a main instrument for reducing poverty and improving the health and socioeconomic status of people through encouraging their active participation and mobilization. At present, a population of more than 18 million is covered by the programme in 17 countries of the Region. A common goal of the initiatives is to create development policies and directions that are supportive to health, empower communities, promote intersectoral action for health and improve local governance to ensure health equity and a better quality of life.

WHO has provided support to countries in building replicable models of community-based initiatives and will continue to promote the programme as an integral part of national health policies and plans in future. I am pleased to note that some countries of the Region have taken a further step towards programme institutionalization. Some governments have allocated annual funds for programme expansion, while others have established a unit/department within the Ministry of Health to oversee the programme. Some have built strong linkages between the programme and national poverty reduction and overall development policies/plans. A few countries still remain at the model stage, and we will work with these countries on building their own evidence-based success stories and develop a national plan for expansion of the CBI programme in their country.

The level of political commitment to the programme by policy-makers largely depends on tracking and reporting joint achievements in an accurate and analytical manner. Community participation is the driving force behind the initiatives, which are created by communities to achieve self-reliance, self-sufficiency and solidarity. Empowering communities to achieve their own health and development goals is the primary goal of the CBI programme. Communities are the real custodians of the whole development process and the ultimate recipients of health or social services. The CBI experience has shown that ownership by, and involvement of, the community in the local development process brings

about significant positive change in local socioeconomic indicators. Women in particular, if empowered and proactive in societal actions, bring about real change to their societies.

Formal evaluation of the CBI programme in Djibouti, Islamic Republic of Iran, Jordan, Sudan, Syrian Arab Republic and Yemen has identified several strengths, including: the creation of well-organized, aware and enthusiastic communities; active participation of women in income-generating activities; increases in women's literacy rates due to establishment of adult literacy classes; and communities who are empowered to approach local governments and other agencies to implement new projects. Programme evaluation has revealed that many health-related indicators, such as the percentage of pregnant women with access to regular antenatal and postnatal care, the percentage of deliveries assisted by trained health personnel, the percentage of children undergoing regular growth-monitoring visits, vaccination coverage, access of households to safe drinking-water and sanitation and healthy lifestyle practices, have been increased due to active community involvement in local health planning. Healthy school initiatives, no-smoking campaigns and establishment of vocational training centres and smoke-free villages are among important interventions led by the community in implementing sites. A positive spin-off has been the encouragement for neighbouring communities to organize themselves and make efforts to raise funds for social development projects. Evaluations have shown that mother and child health and coverage, immunization rates, access to safe drinking-water and sanitation and quality of health care services in implementing sites is significantly better than in non-implementing sites. Tuberculosis directly observed treatment, short-course (DOTS), community-based malaria control programmes, the Integrated Management of Child Health (IMCI) programme, safe pregnancy, community-based solid waste management, community-based rehabilitation, gender in health and development and community-based nursing are some successful examples of health-related programmes in which the community has a significant role in impacting the health of target groups.

Civil society organizations can also enhance sustainability in running local projects, which is an objective for all CBI sites. In countries such as Pakistan and Sudan, when a village development committee or similar organization is registered as a nongovernmental organization it becomes eligible for the receipt of grants from the ministry of social affairs or social welfare and from other organizations.

Nongovernmental organizations can also replicate the CBI model in their own activities. Thus, linkages are created between three sets of stakeholders: communities engaged with the programme, civil society organizations and ministries of health and other government line departments. These linkages and community ownership of the programme need to be enhanced at the country level.

The Alma-Ata Declaration states that "health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors, in addition to the health sector … The people have the right and duty to participate individually and collectively in the planning and implementation of their health care".

To achieve this goal engaging with partners should be central to our efforts towards community development. Partnerships can activate awareness, generate resources, promote sharing of information and encourage a wider range of participation. It is important that we work with partners in the United Nations system under the United Nations Development Assistance Framework, and with donors, to facilitate the formulation of community-based health and poverty reduction programmes and to incorporate them into a viable macroeconomic framework at the national level.

I would like to emphasize also the importance of intersectoral coordination. This too is an integral part of the community-based initiatives concept and calls on the various government line departments working together to mobilize local communities and involve them in the development process at the grass-roots' level. Our experience has shown that the process is easier and more encouraging if it starts at the local and district levels. Tangible outcomes can then provide a model to enhance joint efforts towards poverty reduction and health development.

CBI programme institutionalization means ensuring high-level political commitment to community empowerment in local decision-making, including health and other socioeconomic needs. The CBI concept, strategy and methodology should be accepted as part of all health and social development programmes and plans. We should do our best to set up an effective infrastructure within the health sector at all levels to implement the CBI programme and allocate sufficient budget and human resources to implement, monitor and supervise community-designed interventions. Health programmes should assign community roles as an element of their intervention and encourage community empowerment. Each Member State may review and adapt WHO Regional Office monitoring, supervisory and evaluation mechanisms and tools, and adapt them according to their local situation. Efforts must be made to facilitate an exchange of experience and to learn from each other by ensuring proper documentation, advocacy and evidence-building and promoting partnership and resource mobilization capacity at all levels.

Finally, the programme should be linked to research institutes and academia, to encourage them to use field experiences and practices to complement their health system research activities.

In view of the importance of ensuring community ownership and active participation in health and social development, programme institutionalization is a priority for the Regional Office for the forthcoming two biennia. I request Member States to advocate for the CBI programme by organizing joint field visits of parliamentarians, key policy-makers, donors and potential partners to CBI-implementing sites within their own countries and to raise high-level political commitment for programme institutionalization. Efforts must be made to enhance WHO collaboration and partnership with other UN agencies for joint programme planning, developing mutually-agreed interventions and expanding the programme.

Empowering people through literacy and vocational training, Afghanistan

Women's literacy classes in Afghanistan

"We are committed to contributing and providing rooms for similar training activities in the future". Community member.

Literacy and vocational training centres were established in the four villages of Khlachan, Baghbanha, Banafshdarah and Qala Sharbat in Afghanistan on 1 May 2010 as one of the activities of the basic development needs programme. these centres were established, in collaboration with the World Food Programme, the local community and WHO. The centres offer literacy classes, sewing, handicrafts, carpet weaving and metal workshops. The intervention has benefited 969 people directly and more than 3000 indirectly.

As a result of receiving this training 500 individuals (365 women and 135 men) attended literacy courses and are now able to read and write (Figure 1). 150 individuals (130 women and 20 men) have attended vocational training courses and acquired skills in sewing, metal work, handicrafts and carpet weaving (Figure 2). Project costs have totalled about US$ 5000, which was contributed by the community.

Some of the lessons learnt have shown that: working with communities has proven to be effective in promoting women's education; health education of women has had a positive impact on promoting families' behaviour; and vocational training centres have contributed to women's empowerment and community self-reliance.

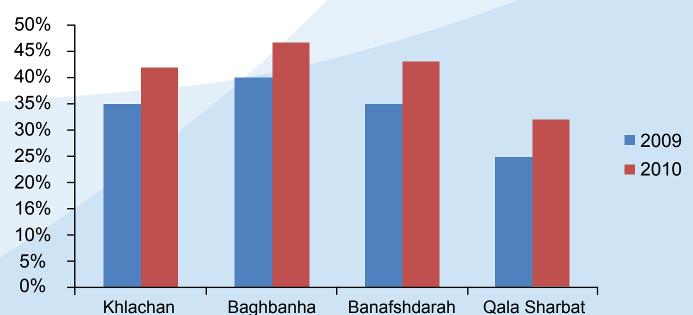


Figure 1. Increases (%) in the literacy rate in four villages, 2009–2010

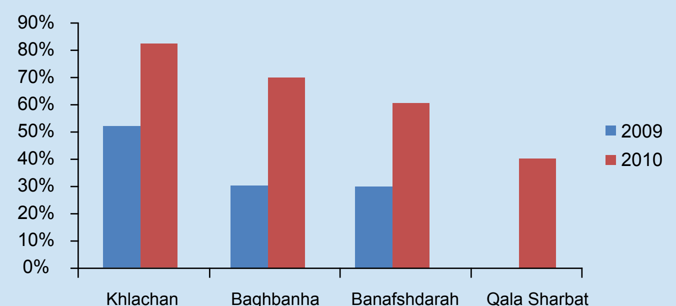


Figure 2. Increases (%) of skills acquired through training, 2009–2010

Faryab date project, Bushehr, Islamic Republic of Iran

Faryab date storage house

"Instead of providing financial assistance to people with physical disabilities people are being empowered through hope, responsibility and self-belief". Omid Jangi, a villager of Faryab.

Faryab village is located in the Bushehr province in the south east of the Islamic Republic of Iran, 60 km from Borzjan city. The total population of Faryab is 2277, in 518 households. Implementation of the basic development needs programme began in 2004 with the training of seven members of the village development committee. A date-packaging project began in 2006 and is still functional. Mr Ahmad Khajeh, 36 years old, with a Bachelor's Degree in mechanical engineering has benefited from this project.

Ahmed decided to use this money to improve his father's date-packaging factory with the support of the village development committee and intersectoral team in the Dashtestan district of Boshehr province. Before receiving support from the programme the factory was only able to package 50 tons of dates. This capacity has since risen to 1000 tons, of which 200 tons are exported abroad. The programme has not only saved him money but has created 40 job opportunities for the other villagers, mostly for women who were formerly without income.

As a result of this project date packaging is now performing cost effectively. Quality and safety have improved, there is less waste from the packaging process; community income has been increased and a market for farmers created in the village to sell their products for a reasonable price.

Omid Jangi was a 25-year-old unemployed man with physical disabilities who had lost both his mother and father in an accident. Ahmed's father decided to bring him to his workshop and put him in charge of registering workers. After 18 months in his job Omid's morale improved, he communicated really well with the workers and learnt a lot about accounting. He was made responsible for payment of workers' salaries. Later on, he was put in charge of delivering dates from date palm holders and now he is managing the workshop.

Mr Omid Jangi, workshop manager

Addressing urban environmental health threats and climate change, Al Maymouna, Iraq

Al-Maymouna district, with a population of 59 950, is located in the southwest of Alemarra city in the Missan governorate. Missan is situated near Iraq's south-eastern corner, bordering on Basrah to the south and Islamic Republic of Iran to the east and north.

The economy has declined due to crumbling infrastructure and poor access to resources. The deteriorating environment has had a profound impact on the social determinants of health and on social networks and ecosystems in the city. The security situation remains relatively calm, in spite of a renewed outbreak of violence in October 2008. The area hosts a large number of internally-displaced persons, the vast majority of whom are from Baghdad. Lack of access to safe and sustainable water supplies and poor sanitation are compounded by high prevalence of diarrhoea and other communicable diseases. The lack of access to groundwater is negatively impacting agriculture, food availability and nutrition and is increasing desertification. Poor infrastructure for waste management has lead to accumulation of waste in the shifting sand dunes.

Through the community-based initiatives programme, a cross-sectoral and coordinated approach was adopted through which agriculture, the environment and health sectors work together with communities to improve their environmental situation. The initiative helped to increase the awareness of affected communities, which in turn, led to decreasing pollution and improved urban environment. Communities are working together to improve school yards, plant trees and improve waste management, and in the longer term, attain the Millennium Development Goals (MDGs).

Improved community particip-ation in multisectoral planning and decision-making created a sustainable approach towards local development and increased awareness of the direct effect of the environment on health. Enlarging reas of the city has created a better outlook in an area facing conflicts and disasters.

School-aged children campaign on environmental health, Al Maymouna

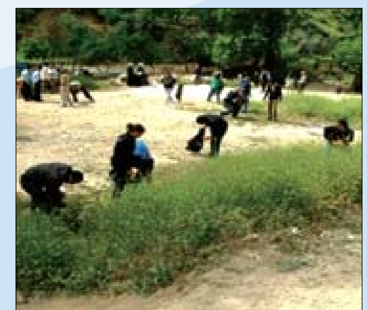
Promoting healthy lifestyles and strengthening social ties through the healthy village programme, Jordan

"Volunteering and business plans are new to our community and have had a positive impact on our lives."

The healthy village programme was implemented in Rajib village with a population of 5000 in 1998 through the collaborative efforts of WHO, the Ministry of Health, special government funds and the Ministry of Finance. Programme activities have included: healthy walks, community support to people with special needs, anti-smoking campaigns, road safety initiatives, dental hygiene, small-scale microcredit projects (livestock and honey bee farming), and community school health initiatives.

Many in the community have been participating in the healthy walk initiative for more than a year. More than 60 of these people had at least one risk factor for heart disease. They spent more than 150 hours walking and indicators show that they have lost between 3 and 19 kg. The healthy village programme has improved access and utilization of the local community to primary health care services, strengthened the bond between communities and health care providers, empowered people in locally-based decision-making for health and development issues, and improved the quality of life and income of families as beneficiaries of the no-interest income-generating loans. Thirty-two people have benefitted from these loans, 14 of whom are female. Project costs have amounted to US $ 70 000, supported by WHO and the Government of Jordan. The village, in cooperation with nongovernmental organizations, is operating an information technology station in which WHO has supported International Computer Driving Lesson (ICDL) training to more than 100 people, including health staff.

Lessons learnt from the programme show that health programmes represent a good opportunity for overall development changes at the community level; younger generations are better prepared to solve community problems based on their locally-available resources; and female volunteers are doing an excellent job in promoting healthy lifestyles and in engaging women in regular physical activities.



Voluntary environment day at Wadi Rajab

The Director of Health in Ajloun joining the healthy walk

Rural view, Ben Ahmed

Voluntarism for maternal health, Morocco

"This project made even the men in our village aware of problems associated with childbirth and pregnancy". A villager in Bouchiba.

"It is a good intervention that has encouraged safe and clean delivery and timely referral; the volunteers may phone us at any time to save the life of a mother". Lachbah Rachida, village midwife.

Bouchiba village is located in the northeast of the Ben Ahmed district, a mountainous area with a population of 1015 habitants.

The basic development needs programme has provided an opportunity to build community capacity in health development and reduce maternal mortality in Bouchiba village. Maternal mortality in Morocco, which is 227 per 100 000 live births, is among one of the main health sector challenges. As a result of this project; 66 volunteers have been trained on working with pregnant women at the community, antenatal care, care of the pregnant mothers at risk and safe and clean delivery. There is one volunteer per 164 households. The project was initiated in September 2010 and supported through collaboration between the rural community, the Ministry of Health, WHO and Modicus Mondi (a Spanish nongovernmental organization that works in the field of community health). Volunteers are trained on: encouraging women to seek timely antenatal care, screening mothers at risk and ensuring that they are visited by trained midwives, encouraging safe and clean home delivery, facilitating referral of high-risk pregnant women to hospitals, and building community awareness on the importance of improving maternal and child health.

The Ministry of Health advocates for safe home delivery, ensures availability of trained midwives with sufficient equipment and provides 68 mobile phones to volunteers. The municipality of Ben Ahmed contributed an ambulance and a driver and Medicus Mondi provided bags to the volunteers and contributed to the printing of training materials.

So far, out of 42 deliveries, 30 women delivered their babies at home and 12 were referred to hospital. All women are in good health with no maternal deaths reported since September 2010.

Volunteer training

A pregnant woman being referred by ambulance to a maternity home

A community volunteer makes a call to the ambulance to transfer a woman in labour

Community mobilization to combat protein energy malnutrition, Oman

Awareness building on health-related issues, community nutrition centre, Al-Talool

The project in Oman to compat protein energy malnultion has enjoyed the active contribution and collaboration of, the *wali's* office, *willayat* health committee, community support group and local nongovernmental organizations. The Oman Construction Company, the Ministries of Regional Municipalities and Water Resources and the Ministry of Education have all contributed to this project. Local community awareness-building about the importance of malnutrition among children under 5 and how the community could contribute to such reduction took place during the initial stages of this intervention.

This was followed by the formation of a subcommittee to follow up on community action and develop a detailed plan of action. Different ministries and donors have contributed to the construction of the centre, which was furnished, equipped and officially opened on 17 July 2006. The members of the community support group were trained by the Directorate of Health Services in Al Mudhaibi *willayat* to provide basic nutrition education sessions to the local community. The centre carried out different interventions, such as assessment of child nutrition, raising community awareness, and conducting an educational kitchen intervention that aims to transfer knowledge and skills to mothers regarding healthy and safe cooking practices and preparing food for their children. In addition, the centre conducted close monitoring and assessment of the children's status and weight and referral to the nearest health centre for follow up and treatment.

Major outcomes of this effective intervention included:

- establishment of a community centre in Al Talool raised public health awareness, particularly on issues related to children nutrition
- developing and training an active community support group on child nutrition-related issues
- establishment of an educational kitchen, which is a meeting point for women at community level to discuss and share experiences on child nutrition
- enrolment of 35 mothers in literacy classes
- raising public awareness on the concept that health is the responsibility of everybody not only government
- noticeable changes in some nutritional habits, especially regarding methods of preparing food and meals
- elimination of malnutrition among children under 5 in 2008.

The challenges include financial constraints, illiteracy, misconceptions and concepts regarding childhood nutrition and lack of qualified trained volunteers at the village level. Nutritional health education is the key element to eliminate malnutrition among children and active community involvement, in addition to a multisectoral approach.

Orientation of mothers on growth-monitoring, community nutrition centre, Al-Talool

Towards a healthy Nablus: health-friendly schools initiative, occupied Palestinian territory

"In order to implement such an initiative, we should start from the bottom and work upwards, children are the major masters of this game". Mayor Yaish.

"*Education alone is not enough for children … they need a sound mind in a sound body".* Mrs Asmaa' Shouli, Representative of the Ministry of Education.

The health-friendly schools initiative started in December 2010 through collaboration between the Ministry of Health, WHO, Nablus Directorate of Education, local nongovernmental organizations and public and private sector institutions. Nearly 4000 students from five schools participated in, and benefited from, this health-friendly school initiative in Nablus.

The project has mainly focused on health and nutrition awareness campaigns, environmental and public safety and social and cultural activities, including improvement of schools' environmental infrastructure. As a result of the project 347 student underwent dental check-ups; 238 had tooth decay and were referred to a dentist. 40% of the students were identified as having some kind of impairment and about 20% had some form of visual impairment. The students have been trained by the Ministry of Civil Defense in evacuation and on virtual first aid. The project has increased students' awareness of different health, nutrition and environmental issues and improved environmental cleanliness and personal hygiene. Students have been actively participating in art competitions related to health and nutrition and have planted trees inside their schools. The project has cost US$ 40 000 (US$ 10 per student), of which private sector companies contributed US $ 25 000, UN agencies US$ 10 000 and Nablus municipality US$ 5000.

Press conference showing the commitment of Nablus municipality, 1 February, 2011

Students planting trees in Beit Wazan, 5 March 2010

Students' medical check-ups, Beit Wazan, 10 March 2010

Evacuation and virtual first aid training, Khadijiyya School, 1 March 2010

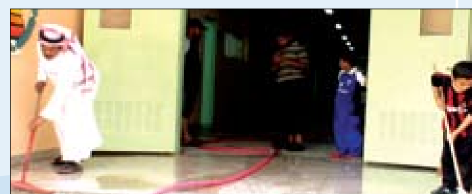
Partners' involvement and commitment has been a key tool for the successful implementation of the healthy school initiatives and the commitment, team work and division of work of leadership are critical key factors for the success of the project.

Healthy school initiative in Zulfi, Saudi Arabia

"The classrooms looks cleaner, the school grounds look neat and tidy, and there is a marked improvement in the environmental health status after implementation of the healthy school initiative". Teacher, Zulfi healthy school.

The healthy school initiative in Zulfi, Saudi Arabia, was implemented in 2008 to cover 24 schools and approximately 3500 students. The project aims to involve families and community groups in introducing health-related interventions at target schools. Teachers and parents receive health promotion training sessions and all students undergo screening for hearing and sight tests. Families, teachers and students are working together to improve the environmental health status and promote physical activity and a balanced diet in schools. The project has facilitated referrals of children to the nearest health facilities and increased opportunities for physical and recreational activities for students. The project has not only benefited students but has also had a positive impact on the awareness of parents of health and the importance of physical activity. Schools can act as a source of health-related information and can motivate families and other members of the community for health promotion.

Medical check-up of pupil



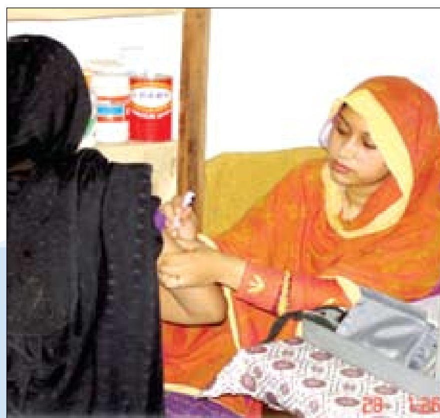
Cleaning activities in the healthy school

Community-based maternal and child health centres, Punjab, Pakistan

Community development committee members in Kasur, in collaboration with the health department in Punjab province and WHO, established two maternal and child health centres on 23 April 2003 to deliver maternal and child health services to the community's doorstep. The project has cost less than US$ 1000. The centre charges small fees for each visit. Two qualified lady health visitors were recruited to work at the centre. Members of the committee supervise and monitor community satisfaction and the availability of essential medicines in the centres. The health department provide their technical support plus provision of required medical supplies. Lady health workers follow up on defaulters.

The main outcomes of the project include: 100% TT immunization coverage of pregnant women, early detection and management of complicated pregnancies, provision of ferrous sulfate tablets to pregnant women, increased maternal awareness of the benefits of exclusive breastfeeding for the first 6 months, 100% Expanded Programme on Immunization (EPI) coverage for children under 5 and reduction of infant mortality to 50 per 1000 live births, while it is 78 per 1000 live births in Punjab province. This has been achieved as a result of improved EPI coverage, appropriate management of diarrhoea and pneumonia and improved family planning practices. In addition, the area has witnessed the effect of community ownership on sustainability of maternal and child health services. Through community ownership the quality of services provided to the target population has improved, and more than 90% of children with diarrhoea receive oral rehydration solution and zinc, against a baseline of 23%. The coverage of antenatal care has reached 84%, compared to 61% in Punjab province, and 75% of pregnancies are attended by skilled birth attendants, compared to 38% in Punjab province. The contraceptive prevalence rate has reached 67%, compared with 33% in Punjab province.

The basic development needs programme has proved an effective vehicle to scale up evidence-based and cost-effective strategies for health and social development. Community involvement and empowerment has been instrumental in significantly improving reproductive health and sustaining health-related interventions. The community maternal and child health centre is a model of community-based partnership for health.



Health-friendly school, occupied Palestinian territory

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Mr Falah Al Mazrou, Director General of Preventive Health, Ministry of Health, Saudi Arabia

Dr Motasem Hamdan, CBI focal point, WHO country office, Jerusalem

Women's participation in local development, Sudan

The CBI programme was introduced in Gubara village, with a population of 1098, in 2004. The village development committee comprises 12 members. There are 13 cluster representatives each representing 20–25 families and 10 subcommittees participating in health and social development with 10 members in each committee.

The participation of women has increased from zero in 2002 to 46 women actively involved in local development in 2009. Women are involved in the overall decision-making process at the grass-roots' level. Most cluster representatives are women who have been trained in capacity-building and various health and developmental aspects. Many other women work as health volunteers and have been given training in various skills. A trained female volunteer now carries out immunization sessions twice a week in the health centre. In addition, the following activities have been undertaken.

- Rehabilitation of the social club for women (Dar-muminat) to host women's activities.
- Provision of a suitable physical place within the club where women can meet and discuss important issues.
- Training of two midwives in the El-Nehood midwifery school.
- Conducting of a training workshop for 25 volunteers on community IMCI.
- Conducting of a training workshop for 12 members of village development committee members, 13 cluster representatives and two midwives on basic development needs tools for management, health education and communication.
- Training of 35 volunteers on first aid management, sewing, handicrafts, food processing and preservation and computer skills by the Red Crescent Society.
- Training of 20 volunteers and one medical assistant on microfinance management for small income-generating schemes.
- Training of 28 cluster representatives on environmental sanitation, conducted by the federal Department of Environment.

Role of the community in health-related interventions

Communities have a significant role in assisting in a range of health-related interventions.

HIV/AIDS prevention and awareness-building

The community assists in HIV/AIDS prevention and awareness-building through:

- informing and educating people on HIV transmission and prevention.
- facilitating provision of disposable syringes, new blades for barbers and sterilized instruments used by dentists and other health care providers.
- stimulating community dialogue on underlying risk behaviours and reducing stigma through community awareness-building activities.
- encouraging people to hold positive and supportive attitudes and behaviours towards people living with HIV/AIDs.

Malaria control

The community assists in malaria prevention by:

- raising awareness.
- organizing and mobilizing people for cleaning campaigns and logistic support.
- identifying mosquito-breeding sites.
- building contact with different relevant sectors and working with them to prevent malaria.
- identifying high-risk groups and taking necessary actions according to the advice of health care providers.

In terms of treatment they:

- distribute bednets to target groups
- identify suspected cases and refer them to the nearest health facilities.
- follow up diagnosed and treated cases.
- ensure intake of the medicine and follow up treatment.
- facilitate and support actions of mobile health teams.
- record and report new cases.

Vaccine-preventable diseases

In controlling vaccine-preventable diseases, the community assists in:

- conducting awareness-building and advocacy for the timely vaccination of vulnerable groups (children and pregnant women).
- planning immunization sessions with local health staff.
- identifying all eligible children and pregnant women for vaccination.
- identifying defaulters and following up on them.
- assisting in organizing immunization sessions/campaign in remote areas.
- exploring community resources and partnership.
- reporting suspected cases of vaccine preventable diseases.
- contributing in monitoring of immunization performance and coverage.

Reproductive health, including birth spacing and safe delivery

In addressing reproductive health, the community assists in:

- ensuring target families discuss birth spacing with the health staff.

- advocating for family planning and educating community leaders on the health benefits of birth spacing.
- following up on at-risk groups.
- promoting safe delivery through the preparation of an emergency plan for each pregnant woman.
- educating others on normal signs of labour and danger signs in pregnancy.
- promoting deliveries by trained birth attendants in safe and clean places and following infection prevention techniques.
- ensuring vaccination of all pregnant women against tetanus.
- assisting in identifying pregnant women at risk and taking any necessary actions.
- coordinating with, and assisting the health staff in the provision of antenatal, natal and postnatal care.
- collecting, using and sharing key information about mother and child health in the local area.

Healthy ageing

The community assists in looking after older people by:

- listing older people in the community and their needs.
- conducting community awareness and advocacy sessions.
- building capacity of elderly people in self care.
- exploring resources, particularly to support the poor.
- building social support.
- ensuring utilization of health services and administering medication.

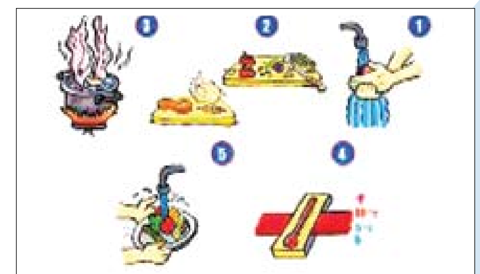
Emergency preparedness and response

The community can assist in emergency preparedness and response by:

- ensuring the establishment of a sustainable system for local emergency preparedness, response and recovery.
- conducting awareness-building to reduce vulnerability and risk reduction.
- coordinating with rescue teams to ensure all families/victims receive the required services and support.
- assisting in mapping affected areas and developing a profile through collecting and sharing key information for local planning and service delivery.
- participating in planning, monitoring and supervision and reconstruction.
- generating resources for emergency management.

The five key rules for ensuring safe food are:

- wash hands
- separate raw and cooked food
- cook food thoroughly
- keep food at a safe temperature
- use safe water and fresh food.



Food and chemical safety

The community can assist in ensuring food and chemical safety by:

- conducting community awareness-building.
- using five key rules for food safety in educational sessions.
- ensuring safe storage, proper use and disposal of food and chemicals.
- inspecting shopkeepers and food handlers using the checklists.
- sharing the results of inspection with the community.
- adopting correct practices.

Training manual for cluster representatives and health volunteers

Poverty is the most serious challenge that humankind currently faces. A healthy life, free from starvation and disease, is the right of each and every person. Diseases are one of the main obstacles that stand in the way of community efforts to overcome poverty. The spread of disease increases poverty and poverty accelerates the spread of disease. Improving health status through investment in health improves economic and social outcomes and thus can alleviate vulnerability and offer an exit route out of poverty. Indeed, healthy children are better able to learn and healthy adults are better equipped to work and care for their families. The health sector thus has sufficient grounds to justify its engagement in poverty reduction initiatives, for which it has to develop both the skills and infrastructure necessary to work in partnership with other sectors and the community.

The Regional Office for the Eastern Mediterranean has successfully advocated to Member States the importance of involving communities as active partners in the delivery of comprehensive primary health care. Experience from different countries of the Region implementing community-based initiatives (CBI) programmes has shown that organized and aware communities are able to significantly improve health indicators, especially related to immunization coverage, access to water and sanitation, mother and child health, tuberculosis and malaria control and healthy lifestyles. Community-based initiatives have been so successful in countries that Member States have begun to institutionalize the programme in a sustainable manner as part of the government structure. Community participation in health care programmes is now increasingly being recognized as an innovative and effective approach.

Cluster representatives and health volunteers in CBI-implementing areas of the Region have been assisting in the implementation of priority health programmes at the community level, while maintaining strong linkages with health services and health workers operating in the area. They are trained by specially selected trained nurses and technicians working in the nearest health facility to the CBI site supervised by members of the CBI intersectoral team and related technical programmes at the district level. However, there is a growing need to empower them, not only with the transfer of health messages, but also as partners in health planning and in its implementation. Responding to the challenge, the community-based initiatives programme of the Regional Office produced this training manual for cluster representatives and health volunteers, in coordination with the 17 relevant technical programmes in the Regional Office. Its publication represents a starting point towards the integration of community-based initiatives into all health-related programmes at community level and its use facilitates the ability of health programmes to work closely with communities to involve them in a sustainable way at grass-roots' level.

In using this manual health volunteers and cluster representatives will be trained on their specific roles and responsibilities and will be made aware of simple and timely actions to prevent and manage common diseases and health-related issues. It is expected that more extensively trained community representatives and health volunteers will be able to assist the health system in improving the access of the target population to primary health care services and in helping to ensure the provision of timely health services to the entire population.

This manual has been successfully field-tested in several countries of the Region and it is expected that Member States will translate the manual into local languages and use it as a guideline for community involvement in health actions. Countries of the Region can adapt and adopt the material in accordance with their specific needs, culture and local situation.

It should be updated periodically to accommodate new health issues and challenges.

The manual comprises four modules.

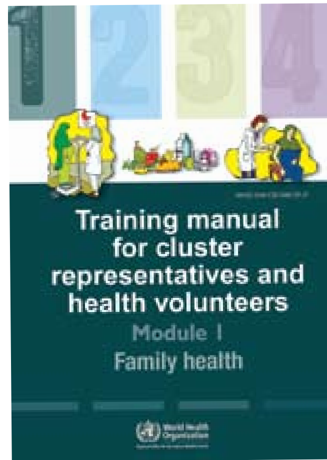
Module 1. Family health: Birth and emergency planning; Birth spacing; Child health, Nutrition and Dental hygiene

Module 2. Emergencies, environmental health and food safety: Emergency planning, First aid, Healthy environment, Food and chemical safety

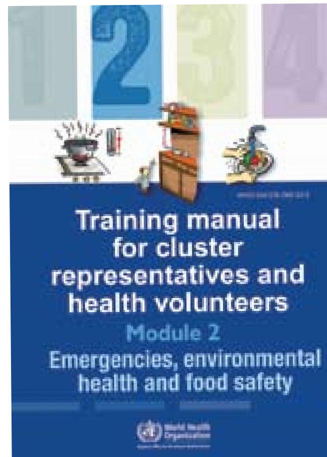
Module 3. Communicable diseases: Tuberculosis; AIDS and sexually transmitted infections;

Malaria; Childhood diseases and immunization

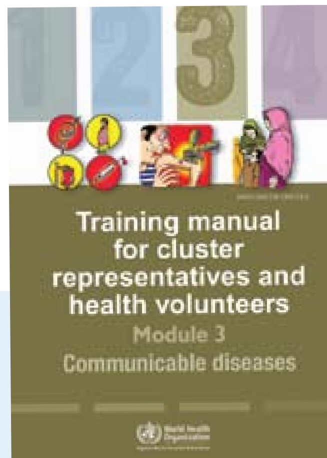
Module 4. Noncommunicable diseases: Noncommunicable diseases; Prevention of control of blindness; Active and healthy ageing and old age care; Mental health and substance abuse; Tobacco and health


Training manual
for cluster
representatives and
health volunteers
Module 1
Family health

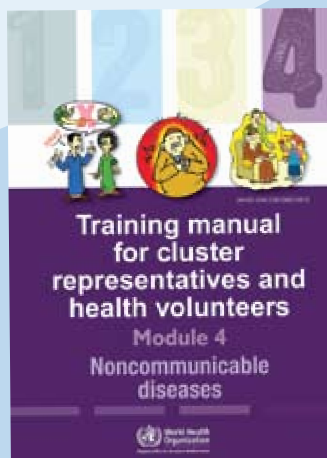
دليل تدريبي لمجموعات
ممثلي الأحياء والمتطوعين
الصحيين
الجزء 1
صحة الأسرة


Training manual
for cluster
representatives and
health volunteers
Module 2
Emergencies, environmental
health and food safety

دليل تدريبي لمجموعات
ممثلي الأحياء والمتطوعين
الصحيين
الجزء 2
الطوارئ، والصحة البيئية،
وسلامة الغذاء


Training manual
for cluster
representatives and
health volunteers
Module 3
Communicable diseases

دليل تدريبي لمجموعات
ممثلي الأحياء والمتطوعين
الصحيين
الجزء 3
الأمراض السارية


Training manual
for cluster
representatives and
health volunteers
Module 4
Noncommunicable
diseases

دليل تدريبي لمجموعات
ممثلي الأحياء والمتطوعين
الصحيين
الجزء 4
الأمراض غير السارية

Résumé

Le Bureau régional OMS de la Méditerranée orientale a presque vingt années d'expérience dans la mise en œuvre du programme des initiatives communautaires. Le Dr Hussein A. Gezairy, Directeur du Bureau régional, a fait remarquer que certains pays de la Région avaient alloué des fonds annuels à l'élargissement du programme, alors que d'autres pays avaient créé une entité au sein du ministère de la Santé pour superviser le programme. Des relations étroites ont été établies entre le programme, la réduction de la pauvreté et les politiques globales ou les plans généraux de développement dans les pays. L'institutionnalisation du programme des initiatives communautaires implique l'assurance d'un engagement politique de haut niveau en faveur de l'autonomisation des communautés dans la prise de décision au niveau local, notamment en termes de besoins sanitaires et d'autres besoins socioéconomiques. Le Dr Gezairy a demandé aux États Membres de promouvoir ce programme en organisant des visites sur le terrain pour les parlementaires, les principaux responsables politiques, les donateurs et les partenaires potentiels sur des sites dans leur pays qui mettent en œuvre des initiatives communautaires. Il a aussi demandé d'intensifier l'engagement politique de haut niveau en faveur de l'institutionnalisation du programme.

Des centres d'alphabétisation et de formation professionnelle ont été établis le 1er mai 2010 dans les quatre villages de Khlachan, Baghbanha, Banafshdarah et Qala Sharbat en Afghanistan. Ces centres proposent des cours d'alphabétisation, de couture, d'artisanat, de tissage de tapis et des ateliers de travail du métal ; de ce fait, 500 personnes sont maintenant capables de lire et écrire et d'autres ont acquis des compétences professionnelles dans les domaines enseignés.

Le programme des Besoins fondamentaux en matière de développement a été mis en œuvre en 2004 dans le village de Faryab (République islamique d'Iran), avec la formation de sept membres du comité de développement du village. Une entreprise d'emballage de dattes, qui a ouvert en 2006, compte parmi les bénéficiaires de ce programme. Auparavant, la capacité d'emballage de l'usine ne dépassait pas 50 tonnes de dattes. Cette capacité est depuis passée à 1000 tonnes, dont 200 tonnes destinées à l'exportation. Le programme a créé 40 nouveaux emplois pour les villageois, principalement pour des femmes qui étaient sans revenus.

L'économie du district d'Al-Maymouna en Iraq, avec une population de 59950 habitants, a décliné du fait de ses infrastructures délabrées et d'un accès difficile aux ressources. Par la mise en œuvre du programme des initiatives communautaires, une approche intersectorielle coordonnée a été adoptée permettant aux secteurs de l'agriculture, de l'environnement et de la santé de collaborer avec les communautés afin d'améliorer leur situation environnementale. Le renforcement de la participation communautaire à la planification multisectorielle et la prise de décision a créé une approche pérenne du développement local et a accru la sensibilisation à l'effet direct de l'environnement sur la santé.

Le programme des villages-santé a été mis en œuvre dans le village de Rajib en 1998 en Jordanie, incluant les activités suivantes : marches de santé, appui communautaire aux personnes ayant des besoins spécifiques, campagnes antitabac, initiatives de sécurité routière, hygiène dentaire, petits projets de microcrédit et initiatives pour la santé scolaire en communauté. Ce programme a permis d'améliorer l'accès de la communauté locale aux services de soins de santé primaires, a augmenté leur utilisation, a renforcé le lien entre les communautés et les prestataires de soins de santé, a autonomisé les populations dans la prise de décision locales et a amélioré la qualité de vie et le revenu des familles.

Le village de Bouchiba est situé dans le nord-est du district de Ben Ahmed au Maroc, une zone montagneuse de 1015 habitants. Suite au programme des initiatives communautaires, 66 volontaires ont reçu une formation sur les soins aux femmes enceintes à risque et les accouchements dans de bonnes conditions d'hygiène et de sécurité. On compte un volontaire pour 164 ménages. Jusqu'à présent, sur 42 accouchements, 30 ont eu lieu à domicile et 12 ont été orientés vers l'hôpital. Aucun décès maternel n'est à déplorer depuis septembre 2010.

La construction d'un centre d'alimentation communautaire a débuté à Al-Talool, Oman le 22 novembre 2002. L'objectif du centre est de réduire le pourcentage des enfants de moins de cinq ans souffrant de malnutrition protéino-énergétique, de 44,2 % à 10 % en cinq ans. Les membres du groupe de soutien communautaire ont été formés pour dispenser des cours élémentaires d'éducation nutritionnelle dans la communauté locale. Le centre a conduit plusieurs interventions, comme l'évaluation de la nutrition chez l'enfant, la sensibilisation de la communauté et une intervention éducative en cuisine visant à transmettre des connaissances et des compétences aux mères concernant les pratiques saines et sûres de cuisine.

Les membres du comité de développement communautaire à Kasur, (Pakistan) ont établi deux centres de santé maternelle et infantile le 23 avril 2003 et ont recruté deux femmes visiteurs de santé qualifiées. Ces centres demandent une petite contribution à chaque visite. Les membres du comité sont attentifs à la satisfaction de la communauté et supervisent la disponibilité des médicaments essentiels. Parmi les résultats du projet, on peut citer une couverture vaccinale antitétanique de 100 % des femmes enceintes, une détection et une prise en charge précoces des grossesses compliquées et la sensibilisation accrue des femmes enceintes, y compris pour l'allaitement au sein exclusif.

L'initiative des écoles engagées dans la promotion de la santé a été mise en œuvre à Naplouse (Territoire palestinien occupé) en décembre 2010 et depuis lors, près de 4000 enfants provenant de cinq écoles ont tiré profit de cette initiative. Le projet était principalement axé sur des campagnes de sensibilisation à la santé et à la nutrition, la sécurité environnementale et publique et la mise en œuvre d'activités sociales et culturelles. Les écoliers ont participé aux concours d'expression artistique liés à la santé et à la nutrition et ont planté des arbres dans leur école. L'engagement des partenaires a été un outil essentiel pour l'efficacité des initiatives des écoles-santé.

L'initiative des écoles-santé à Zulfi (Arabie saoudite) a été mise en œuvre en 2008 pour couvrir 24 écoles et environ 3500 écoliers. Le projet vise à impliquer les familles et les groupes communautaires dans l'introduction des interventions en relation avec la santé dans les écoles cibles. Les enseignants et les parents bénéficient de formations sur la promotion de la santé et tous les écoliers passent des examens de l'audition et de la vue. Les familles, les enseignants et les enfants œuvrent de concert pour améliorer la situation liée à la salubrité de l'environnement et pour promouvoir l'exercice physique et une alimentation équilibrée dans les écoles. Le succès du projet montre bien que les écoles peuvent jouer le rôle de source d'information pour la santé et motiver les familles et d'autres membres de la communauté pour la promotion de la santé.

Le programme des initiatives communautaires a été introduit dans le village de Gubara (Soudan) en 2004. Depuis lors, la participation des femmes dans le développement local est passée de zéro en 2002 à 46 en 2009. Les femmes sont impliquées dans le processus de prise de décision global sur le terrain. La plupart des représentants de groupe sont des femmes qui ont reçu une formation sur des aspects de la santé et du développement. De nombreuses autres femmes travaillent comme volontaires de santé et ont bénéficié d'une formation leur apportant des compétences diverses. Une femme volontaire qualifiée conduit actuellement des sessions de vaccination deux fois par semaine dans le centre de santé.

Les communautés ont un rôle important à jouer dans le soutien aux interventions variées en relation avec la santé, comme la prévention du VIH/sida, le renforcement de la sensibilisation dans ce domaine, la lutte contre le paludisme et les maladies évitables par la vaccination, la prise en compte de la santé génésique (l'espacement des naissances et les accouchements sans risque), l'aide aux soins des personnes âgées, la préparation aux situations d'urgence et l'organisation des secours, la sécurité chimique et la sécurité sanitaire des aliments.

الموجـز

يتمتَّع المكتب الإقليمي لشرق المتوسط بخبرة تقرب من عقدين من الزمان في مجال تنفيذ برامج المبادرات المجتمعية. فقد لاحظ الدكتور حسين عبد الرزاق الجزائري، المدير الإقليمي لشرق المتوسط أن بعض بلدان الإقليم قد خصَّصت تمويلاً سنوياً لتوسيع البرامج، وأن بعضها الآخر قد أسَّس وحدات أو أقساماً ضمن وزارات الصحة للإشراف على البرامج، وأن روابط قوية قد توطدت بين البرامج وبين خطط وسياسات التنمية الشاملة وتقليص الفقر. إن إضفاء السمات المؤسسية على المبادرات المجتمعية يعني ضمان مستوى رفيع من الالتزام بتمكين المجتمع في مجال اتّخاذ القرارات على الصعيد المحلي، ويتضمَّن ذلك تلبية الاحتياجات الصحية والاقتصادية والاجتماعية. وقد طلب الدكتور حسين عبد الرزاق الجزائري من البلدان الأعضاء الدعوة لبرامج المبادرات المجتمعية عن طريق تنظيم زيارات ميدانية مشتركة للبرلمانيِّـين وأصحاب القرار السياسي والأطراف المانحة والشركاء المجتمعيين في مواقع تنفيذ المبادرات المجتمعية ضمن بلدانهم، مع رفع مستوى الالتزام السياسي بإضفاء السمات المؤسسية على برنامج المبادرات المجتمعية.

لقد تم تأسيس مراكز تدريب مهنية ومحو الأمية في أربع قرى في خلاشان وبقباهانا وبانا فشاداران وقالاشاربات في أفغانستان في الأول من شهر أيار/ مايو 2010. وتقدِّم هذه المراكز صفوف محو الأمية والخياطة والحرف اليدوية وحياكة السجاد والأشغال المعدنية. ونتيجة لتدريب 500 شخص أصبحوا الآن قادرين على القراءة والكتابة ولديهم المهارات المطلوبة للخياطة وللأعمال المعدنية والحرف اليدوية وحياكة السجاد.

وقد تم تنفيذ برنامج تلبية الاحتياجات التنموية الأساسية في فارياب، جمهورية إيران الإسلامية عام 2004، فتم تدريب سبعة من أفراد لجنة تنمية المجتمع. وما لبث المنتفعون من هذا البرنامج أن افتتحوا شركة لتعليب التمر عام 2006. وقبل تلقِّي الدعم من البرنامج لم يكن بمقدور المصنع إنتاج 50 طناً من التمر، وما لبثت قدراته أن ازدادت لتصل إلى 1000 طن، منها 200 طن تصدر إلى الخارج. وقد خلق البرنامج 40 فرصة عمل للفلاحين، ومعظمهم من السيدات اللواتي لم يكن لديهن قبل ذلك أي دخل.

أما في العراق فإن الحالة الاقتصادية في منطقة الميمونة التي يقطنها 950 59 نسمة قد تدهورت بسبب تلاشي البنية التحتية وسوء إتاحة الموارد. ومن خلال تنفيذ برنامج المبادرات المجتمعية تم اعتماد أسلوب تنسيقي وشامل للقطاعات يعمل فيه قطاعات الصحة والبيئة والزراعة معاً إلى جانب المجتمعات المحلية على تحسين الأوضاع البيئية. وقد أدَّى تحسين إسهام المجتمع في التخطيط واتّخاذ القرارات المتعدِّدة القطاعات إلى اعتماد أسلوب مضمون الاستمرار سار نحو التنمية المحلية وزاد من مستوى الوعي بالتأثيرات المباشرة للبيئة على الصحة.

وفي الأردن تم تنفيذ برنامج القرى الصحية في قرية رجيب عام 1998، وتضمَّنت أنشطة البرنامج: المشي الصحي، والدعم المجتمعي لذوي الاحتياجات الخاصة، وحملات لمكافحة التدخين، ومبادرة السلامة على الطرق، وصحة الأسنان، ومشاريع القروض الصغيرة الضيقة النطاق، ومبادرات المجتمعات الصحية والمدارس الصحية. وقد أدَّى برنامج القرى الصحية إلى تحسين إتاحة خدمات الرعاية الصحية الأولية وزيادة الاستفادة منها في المجتمع المحلي، وتوثيق الروابط بين المجتمعات وبين القائمين على إيتاء الرعاية الصحية، وتمكين الناس من اتّخاذ القرارات تأسيساً على الأوضاع المحلية، وتحسين جودة الحياة وزيادة الدخل الأسري.

وفي المغرب، تقع قرية بوشيبة في شمال شرق منطقة بن أحمد، وهي منطقة جبلية يبلغ عدد سكانها 1015 نسمة، ونتيجة لتنفيذ برنامج المبادرات المجتمعية فيها فقد تم تدريب 66 متطوعةً على تقديم الرعاية للحوامل المعرضات للخطر وعلى الولادة النظيفة والمأمونة، ووصل معدل التطوُّع إلى واحدة من كل 164 نسمة. وحتى الوقت الحاضر استكملت 30 ولادة في المنزل، من أصل 42 ولادة، وتم تحويل 12 إلى المستشفى، دون أية وفيات منذ أيلول/سبتمبر 2010.

أما في عُمان، فقد بُدئ في 22 تشرين الثاني/نوفمبر 2002 في بناء مركز مجتمعي للتغذية في الطلول، وكان الغرض منه خفض النسبة المئوية للأطفال ممن هم دون سن الخامسة، والذين يعانون من سوء التغذية بالبروتين والطاقة من 2.44% إلى 10% خلال 5 سنوات. وقد تم تدريب أعضاء فريق الدعم المجتمعي على تقديم التدخلات مثل تقييم الوضع التغذوي لدى الطفل، ورفع مستوى الوعي المجتمعي، والقيام بتدخلات تثقيفية حول الطبخ تستهدف ترجمة المعارف إلى مهارات لدى الأمهات في مجال ممارسات الطب المأمونة والصحية.

وفي باكستان، أسَّس أعضاء لجنة تنمية المجتمع في كاسور، البنجاب، مركزين لصحة الأطفال وصحة الأمهات في 23 نيسان/أبريل 2003، ووظفوا فيهما عاملات صحيات زائرات ذوات كفاءة عالية. وفي حين يتقاضى المركزان أجوراً ضئيلة على كل زيارة فإن أعضاء اللجنة المجتمعية يشرفون عليهما ويرصدون رضا المجتمع وتوافر الأدوية الأساسية. ومن الحصائل التي تمخَّض عنها المشروع: تغطية بالتمنيع ضد الكزاز لدى الحوامل تصل إلى 100%، والكشف المبكر والمعالجة المبكرة لحالات الحمل المترافقة بالمضاعفات، ورفع مستوى الوعي لدى الأمهات الحوامل، ولاسيّما في مجال الاقتصار على الرضاعة الطبيعية من الثدي.

وفي فلسطين، تم تنفيذ مبادرة المدارس المراعية للصحة في نابلس في شهر كانون الأول/ديسمبر 2010 ومنذ ذلك الوقت استفاد ما يقرب من 4000 تلميذ من هذه المبادرة. ويتركَّز هذا المشروع على حملات لرفع مستوى الوعي بالصحة وبالتغذية، وبالسلامة البيئية وبالسلامة العامة، وبتنفيذ أنشطة ثقافية واجتماعية. وقد ساهم التلاميذ مساهمةً فعَّالة في مسابقات فنية تتعلق بالصحة والتغذية، وزرعوا الأشجار داخل المدارس. وقد كان لإسهام الشركاء ولالتزامهم دور رئيسي في التنفيذ الناجح لمبادرات المدارس الصحية.

وفي المملكة العربية السعودية، تم تنفيذ مبادرة المدارس الصحية في الزلفي في عام 2008 لتغطية 24 مدرسة وما يقرب من 3500 تلميذ. ويستهدف المشروع إشراك الأسر وفرق مجتمعية في إدخال التدخلات الصحية إلى المدارس المستهدفة. وقد تلقَّى المعلمون والآباء تدريبات على تعزيز الصحة. وخضع جميع الطلاب لتحريات شملت اختبارات للسمع والإبصار. ويعمل المعلمون والتلاميذ والأسر يداً بيد لتحسين الأوضاع الصحية ولتعزيز الأنشطة البدنية والنظام الغذائي المتوازن في المدارس. ويعطي نجاح البرنامج دليلاً قاطعاً على أن المدارس يمكنها أن تكون مصدراً للمعلومات الصحية، وأنها يمكن أن تحفز الأسر وأفراد المجتمع الآخرين على تعزيز الصحة.

وفي السودان، تم إدخال برنامج المبادرات المجتمعية في قرية غبارة في عام 2004، ومنذ ذلك الوقت زاد إسهام النساء في التنمية المحلية من الصفر عام 2002 ليصل إلى 46 امرأة في عام 2009. وقد أتيح للنساء الإسهام في جمع عمليات اتّخاذ القرار على الصعيد الشعبي، بل إن معظم الممثلين للقطاعات كانوا من النساء اللواتي تم تدريبهن في مختلف المجالات الصحية والتنموية، كما تعمل نسوة أخريات كمتطوعات صحيات بعد أن تلقَّين التدريب على مهارات متعدِّدة، حتى أصبحت المتطوعات المدرَّبات ينفذن جولات التمنيع مرتين أسبوعياً في المركز الصحي.

إن للمجتمعات دوراً هاماً في تقديم المساعدة في التدخلات الصحية المتنوعة، مثل الوقاية من الإيدز والعدوى بفيروسه، ورفع مستوى الوعي، ومكافحة الملاريا، ومكافحة الأمراض التي يمكن توقّيها بالتمنيع، والتعاطي مع الصحة الإنجابية، ومنها مباعدة الفترات بين الحمول والولادة الآمنة، وتقديم العون في رعاية المسنّين، والتأهُّب للطوارئ والاستجابة لها، وسلامة الغذاء، وسلامة المواد الكيميائية.

مشاركة الشباب فى الأنشطة المجتمعية الخاصة بحملات النظافة فى عمان

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