

CENTRAL ASIA PROJECT BRIEFING

HEALTH DESPITE POVERTY – AN SDC-SPONSORED PROJECT CHANGES PEOPLE’S PERSPECTIVE

The poorest country in Central Asia, Tajikistan is no longer able to maintain a viable healthcare infrastructure for its seven million inhabitants. Illnesses such as diarrhoea and iron deficiency anaemia are very common. The people, especially those in more remote areas, live in abject poverty and are basically on their own. An SDC-funded project seeks to improve their plight by teaching them how to take responsibility for their own health: many illnesses could be avoided if people understood the root causes and how to go about preventing the illnesses.

After the Soviet Union collapsed and Tajikistan declared its independence, the free healthcare system imploded. The population, especially inhabitants of remote areas, was left to their own devices. This Central Asian country, which has as many inhabitants as Switzerland but is three and a half times larger, is poor. The State is barely able to provide basic healthcare services to its people, particularly those living in high mountainous areas under extreme climatic conditions. Poverty pushes many men to seek employment elsewhere, mostly as guest workers in Russia and Kazakhstan. The money they earn allows them to support their families back home. The women left behind take care of the house and children on their own. 85% of the population has to make do with less than USD 4 per day.

For a country that spends an average of USD 54 per year on healthcare for each inhabitant, a well-functioning healthcare system is simply unaffordable and impossible to maintain. Despite large gaps in public funding, an SDC-sponsored project called the “Community Health Care Project” seeks to increase access to better quality healthcare services. This project is run by the well-established Aga Khan Foundation and is based in a remote region of Tajikistan situated between Afghanistan, the Hindu Kush Corridor and China. The area is home to some 220,000 people. The project



Addressing controversial topics: in small villages such as in Murghab, music and games are used to inform people about HIV and AIDS.

should improve the situation of children under the age of five and women of childbearing age. The SDC project works to help sparsely populated villages and to compensate for the lack of larger infrastructures such as hospitals by getting people to adopt healthy lifestyle patterns and take more responsibility for their own health. Many illnesses can be avoided by prevention. Examples include



Located in Central Asia, Tajikistan has as many inhabitants as Switzerland, but is three and a half times larger. Over 70% of the region is comprised of high mountains. Nearly half of the territory lies 3,000 metres above sea level.

diarrhoea caused by exposure to contaminated water, and anaemia caused by iron deficiencies. Many people in Tajikistan suffer from these life-shortening illnesses. The main problem is that many adults who grew up under the Soviet system are used to the state taking care of all of their needs.

People – both inhabitants and employees of state healthcare structures – need to learn how to change their lifestyle and behaviour patterns if they are to remain healthy. Working on a volunteer basis, community health promoters play a pivotal role in the project. They are the first people to be contacted for illnesses and are able to refer people to doctors and hospitals. There are over 400 such volunteers currently in place. Their main objective is to promote a healthy lifestyle and teach people how to remain healthy. They help women, for instance, by explaining to them the benefits of breastfeeding their children and the importance of teaching their children to adopt good hygienic habits. The villagers themselves meet in local councils to decide what priorities to give to community health promoters. People feel more motivated because they are involved in the decision-making process. This is even more important now that medical services are no longer free of charge as they once were in Soviet times. The introduction of fee-based services and medicines initially met with strong resistance from the population. Gradually, they began to understand that having good quality services that matched their needs was only possible if it was paid for.

In more populated areas, the project provides assistance to centres that promote healthy lifestyle patterns. People coming to these centres find answers to a wide range of health-related questions. There are information brochures, some of which have been drafted locally. In order to address controversial topics such as HIV/AIDS, community health promoters organise events in villages or districts and use music and games for information purposes.

es. However, such projects run the risk of quickly being viewed by state structures as competition. The project therefore works closely with state institutions and helps to strengthen them. Training is provided to nurses and doctors to teach them how to use antibiotics in a targeted manner. Working closely with the Ministry of Health and its regional health offices, the project maintains a medicine storage facility. Through more rational pricing, these regional health offices are able to distribute low-cost medicines to the population.

Continued on page 4



The healthcare centre in Alishur is the first contact point for villagers. Here, they receive medical care and information.

«I want to help people to remain healthy»

Bakhor Navrusova

Biology teacher and project volunteer. She lives in Gorno-Badakhshan, is 31 years old, married and 8-months pregnant.

«I have been working as a community health promoter since 2003. This allows me to keep my family and close friends – as well as all of the people here – healthy. I have four brothers and sisters and am eight-months pregnant. I live in a district that has roughly 1,200 inhabitants, mostly young families. It is precisely this age group that needs to have a great deal of health information. For this reason, I organise seminars on subjects such as AIDS, vaccines, diarrhoea, breastfeeding, hygiene and family planning. I also distribute brochures along with an oral rehydration solution, which when added to clean water, ensures the survival of young children suffering from diarrhoea. When I run out of oral rehydration solutions, I show mothers how to make their own oral rehydration solutions using sugar and salt. I also explain to them what food they need to give their children when they develop diarrhoea. We show kindergarten and school children how to improve their hygiene. We distribute toothbrushes, toothpaste, soap and toilet paper. I meet regularly with other volunteers to exchange experiences.



This is important and I find it motivating to know more about what others are doing. We conduct surveys to determine, for instance, the state of health of mothers and children and what they eat. We also actively produce information sheets and organise events to inform people about such things as AIDS. I have learnt so much through my volunteer work, and I hope that I will give birth to a healthy child.»

PROJECT SUMMARY

After the Soviet Union collapsed and Tajikistan declared independence, the free healthcare system imploded. This left the population, especially inhabitants of remote areas, to their own devices. The country is poor and the State is barely able to provide basic healthcare services to its people. 85% percent of the people in Tajikistan have to make do with less than USD 4 per day. This Central Asian country has as many inhabitants as Switzerland, but is three and a half times larger. The SDC's "Community Health Care Project" seeks to improve the state of health of people living in remote areas of the country. The project is based in a remote location between Afghanistan, the Hindu Kush Corridor and China. Project objectives are pursued with the help of local communities. Ongoingly trained volunteers teach people how to adopt more healthy lifestyles and provide information about illnesses and hygienic behaviour. Working closely with state agencies, the project also improves the distribution of medicines.

Duration: 1999-2009 (several phases)

Implementing organisation:
Aga Khan Health Services

Project partners:
Tajikistan Ministry of Health, regional health offices

Total budget:
CHF 4.5 million



Information is key: posters are used to raise public awareness of various topics, here HIV/AIDS.

The various project initiatives have had an impact. The state of health of the people has significantly improved. The SDC now intends to strengthen the role of family doctors and general practitioners. People will no longer need to go to expensive specialists or hospitals directly, but will rather consult their family doctor first. Family doctors will examine patients on the basis of what they know about their medical history and that of family members. They will also consider the whole picture. This should lead to an overall reduction of costs. The surplus funds resulting from these cost savings will be allocated to a reserve for emergency situations.

MORE INFORMATION

- Swiss Cooperation in Central Asia
www.swisscoop.tj
- Aga Khan Development Network
www.akdn.org

THE SDC

The Swiss Agency for Development and Cooperation (SDC) is part of the Federal Department of Foreign Affairs (FDFA). The SDC is responsible for overall coordination of development cooperation activities with other federal offices as well as for delivery of humanitarian aid. The SDC has around 620 employees working in Switzerland and abroad. It has an annual budget of CHF 1.43 billion (2008). In addition to running its own programmes, the SDC provides funding to international organisations as well as to Swiss and international charities involved in the following activities:

- Bilateral and multilateral development cooperation
- Humanitarian aid
- Cooperation with Eastern Europe and the CIS

www.deza.ch

DID YOU KNOW THAT...

	Tajikistan	Switzerland	
... Switzerland spends 74 times more on healthcare per inhabitant than Tajikistan?	USD 54	USD 4011	Annual per capita healthcare expenditure
...the financially strapped government of Tajikistan has very limited resources available for healthcare?	0.9 % of GDP	6.9 % of GDP	Public health expenditure
... the maternal mortality rate in Tajikistan is 34 times higher than in Switzerland?	170	5	Maternal mortality rate (per 100,000 births)
... one of the main reasons for this is the fact that many women give birth unassisted by qualified midwives?	71 %	100 %	Proportion of births assisted by trained midwives
... babies born in Switzerland are 12 times more likely to reach the age of 60?	7.2 %	84.7 %	Proportion of infants who will reach age 60

Source: Human Development Report 2007/2008

MASTHEAD

Swiss Agency for Development and Cooperation (SDC)
Commonwealth of Independent States Department
Freiburgstrasse 130
CH-3003 Berne

Concept/editing:
Alexandra Stark, Zurich
www.alexandrastark.ch

Assistants: Lukas Lüscher, Aga Khan Health Services, Renato Galeazzi

Layout:
formerei gmbh, Zurich
www.formerei.ch

Photos:
Lukas Lüscher, Aga Khan Health Services

This publication can also be found at: www.deza.ch