MINISTRY OF HEALTH AND SOCIAL PROTECTION OF POPULATION OF THE REPUBLIC OF TAJIKISTAN

GUIDELINE
ON THE PARTNERSHIP WITH COMMUNITIES ON HEALTH ISSUES

Dushanbe – 2017

Annex

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Population
of the Republic of Tajikistan
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Guideline
on the Partnership with Communities on Health Issues

1. Introduction

This guideline regulates the single technique, approach and method of the activities at the community level on health issues based on the principles for a partnership on health promotion which aims at community empowerment and involvement in health issues between the health system and communities for all rural areas of Tajikistan.

Wider involvement and participation of communities in health issues is in accordance with the National Health Strategy of the Republic of Tajikistan 2010-2020, approved by the Government of the Republic of Tajikistan, the Decree No.368 as of August 2010.

As outlined in the Ottawa Charter of the World Health Organization on health promotion, the role of people and communities in health promotion goes beyond receiving information on healthy lifestyles and includes organising themselves to actively address the determinants of their health.

For many years, numerous development partners have been contributing in organizing and implementing the activities with communities on health promotion in many parts of the country. Today this contribution of the partners is essential for taking community activities to scale given the resource-constrained context

of Tajikistan. However, scaling up the engagement of communities in health promotion programmes requires a coordinated approach.
Therefore, this coordinated approach is defined in this Guideline that involves the health system structures in charge of health promotion, Primary Health Care (PHC) and Healthy Lifestyle Centres (HLSC). This will ensure that these structures and the health system as a whole are fully engaged and have the right of ownership of these programmes. This will also ensure capacity building for PHC and HLSC staff to implement such programmes and it will increase their sustainability.
One strategy is laid down in this guideline, called "Partnership with communities on health issues" for sustainable collaboration on health promotion between communities and HLSC and PHC structures that is valid for all rural areas of the Republic of Tajikistan. This is best suited to the needs of the health sector and the expansion of this relationship and the participation and support of all partners.
The main principles of the guideline are laid out in the part "Guiding principles for the Partnership with communities on health issues".
The Guideline contains the following four elements as indispensable for the program "Partnership with communities on health issues":

1. The Primary Health Care (PHC) and Healthy Lifestyle Centre (HLSC) structures are the lead agencies in working with communities on health and must be involved in all such programmes and activities.
2. The Republican Healthy Lifestyle Centre (RHLSC) coordinates the "Partnership with communities on health issues".
3. In the village communities, the independent organisations of volunteers, so called Community Health Teams (CHTs), shall be the key partners of the PHC and HLSC for promoting health (the

formation of Community Health Teams is described in the part "Guiding principles for the partnership with communities on health issues").

4. The choice of the topics for the work with communities must be guided by priorities identified by the communities themselves and by priorities identified by the Ministry of Health and Social Protection of the Republic of Tajikistan in the frame of the National Health Strategy 2010-2020 issued by the Decree of the Government of Republic of Tajikistan, No.368 dated August 2010. The method of choice to identify people's priorities is the Participatory Reflection and Action (PRA) process which is described in the part "Guiding principles for partnership with communities on health issues".

This guideline defines the roles and functions of the structures in the partnership with communities on health issues.

2. Roles and functions of structures in the Partnership with Communities on Health issues

2.1 **Republican Healthy Lifestyle Centre (RHLSC)**:

2.1.1 RHLSC coordinates the cooperation of the health system and its partner projects with the Community Health Teams and with other community based organisations.

2.1.2 RHLSC selects the health topics for working with the Community Health Teams by taking into account people's priorities as identified through Participatory Reflection and Action (PRA) as well as the priorities of the health system as outlined in the National Health Strategy of the Republic of Tajikistan 2010-2020.

2.1.3 RHLSC closely collaborates with all partner projects and requests them to coordinate their health promotion activities with the RHLSC and develops yearly plans in coordination with all partners on the implementation of health promotion programmes with the Community Health Teams.
2.1.4 RHLSC develops appropriate programmes (so called health actions) on the selected health topics. This includes the approach, the messages, education material and training modules for these health actions, etc. Development partners are invited to support the RHLSC in this task. The RHLSC coordinates this development with the relevant specialty departments of the health system as well as with partner projects that plan to implement a programme on the topic in question.
In the frame of such health actions Community Health Teams may be asked to distribute health messages in various ways (by talking to people at community gatherings, organising events on specific health days, house visits, collecting neighbourhood groups to discuss an issue, etc.) as well as to take other actions supporting awareness raising and behavioural change in their communities.
2.1.5 In designing health actions, the RHLSC takes into account that Community Health Team members are volunteers and that they therefore cannot be expected to fulfil tasks like paid staff.
2.1.6 RHLSC selects the topics for the organisational development of the Community Health Teams and develops relevant trainings on these topics.
2.1.7 RHLSC trains and organises the training of the specialists at the Healthy Lifestyle Centres at oblast, town and rayon levels on all matters regarding the partnership with communities on health issues and supports and supervises their work. For this, the RHLSC

prepares a national pool of specialised trainers on the partnership with communities on health issues.

2.1.8 RHLSC supports the oblast, rayon (town) Healthy Lifestyle Centres in organizing and holding workshops that inform Hukumats, jamoats, and other relevant local structures about the "Partnership with communities on health issues" before it is being implemented in a region. In this instance, the Rural Health Centres (RHCs) will inform the Mahalla Committees about conducting the activities in the frame of "Partnership with communities on health issues".

2.1.9 RHLSC develops with each partner project that works with communities on health promotion a transition process from its current approach that is outlined in this guideline. It offers the partner projects to hire trainers from the national trainer pool to train the local PHC and HLSC personnel and the project staff on the initiation in their project region of the approach, outlined in this guideline. This initiation includes the information workshops with local structures and the PRA process with identification of people's priorities and with the formation of Community Health Teams. The RHLSC shall request the partner projects to finance this initiation and then to cooperate with the Community Health Teams on their specific project topics. Simultaneously, the local Healthy Lifestyle Centre or other projects in agreement with the Republican Healthy Lifestyle Centre may ask these Community Health Teams to cooperate with them in other programmes in the same region. Involvement of PHC and HLSC staff should include training them on the specific project topics as well as assigning them active roles in the day-to-day implementation of the project so that they are able to continue this work after the project ends.

2.1.10 RHLSC plans the gradual expansion of the realization of this guideline "Partnership with communities on health issues"

throughout Tajikistan and invites all development partners to support this endeavour. It continuously develops the program "Partnership with communities on health issues" in cooperation with all relevant partners based on experiences and monitoring data.

2.1.11 RHLSC develops a monitoring system for the program "Partnership with communities on health issues" and adapts it over time to the evolving needs of the programme. The monitoring system should cover at least the following issues:

- Number of PRA sessions held per region
- People's priorities and determinants of health by region
- Number of Community Health Teams and number of members of Community Health Teams per region
- Regions, villages and population covered
- Number of HLSC and PHC structures, involved in project activities
- Topics covered
- Number of activities on the own initiatives of Community Health Teams on determinants of health
- Number of Community Health Teams, involved in Business Planning cycles of the Rural Health Centres (RHCs)
- The quality of the relationship of all partners with the Community Health Teams that is reflected in the adherence to the concepts of partnership and of independence of Community Health Teams from other structures, as well as in an attitude of PHC staff towards Community Health Teams members that is based on respect, appreciation, non-dominant/non-authoritarian behaviour, recognition and gratitude.

2.2. **Oblast Healthy Lifestyle Centre (oblast HLSC)**

2.2.1 The oblast HLSC trains and organises the training of the specialists at the rayon (town) Healthy Lifestyle Centre and supports and supervises their work on the "Partnership with communities on health issues".

2.2.2 The oblast HLSC coordinates the cooperation of local government and non-government structures on oblast level with the program "Partnership with communities on health issues" in case such support is useful for health actions or own initiatives of Community Health Teams on determinants of health.

2.2.3 In the course of implementation of the Guideline "Partnerships with communities on health issues", the oblast HLSC closely collaborates with oblast PHC structures.

2.3 **The Rayon Healthy Lifestyle Centre (rayon HLSC)**

2.3.1 The rayon HLSC coordinates its work on the "Partnership with communities on health issues" with the Primary Health Care Manager.

2.3.2 The rayon HLSC trains the staff of Rural Health Centres and Health Houses on all matters concerning the formation of and cooperation with Community Health Teams and supports and supervises them in this work.

2.3.3 The rayon HLSC coordinates the cooperation of local government and non-government structures on rayon level with the "Partnership with communities on health issues" in case such support is useful for health actions or own initiatives of Community Health Teams on determinants of health.

2.4 **Primary Health Care (PHC) Centre at Rayon Level**

2.4.1 As the main part of its preventive task, the rayon Primary Health Care puts into practice a close collaboration with the rayon Healthy Lifestyle Centre and actively participates together in the implementation of activities based on the Guideline on partnerships with communities on health issues.

2.4.2 The rayon Primary Health Care supports the Rural Health Centres and Health Houses financially and technically in their respective roles in program of the partnership with communities on health issues. It facilitates and promotes the cooperation between these structures in this programme as well as with other relevant structures.

2.5 **Republican Clinical Centre for Family Medicine (RCCFM)**

2.5.1 RCCFM trains PHC staff in their role in the "Partnership with communities on health issues".

2.5.2 RCCFM coordinates the activities of PHC of the districts in implementation of guideline "Partnership with communities on health issues".

2.5.3 RCCFM closely collaborates with the Republican Healthy Lifestyle Centre in implementation of the guideline "Partnerships with communities on health issues".

2.6 **Rural Health Centres (RHC) and Health Houses (HH)**

2.6.1 The RHCs and HHs are the main partners of the Community Health Teams on the side of the health system.

2.6.2 They are not members of the Community Health Teams.

2.6.3 Cooperating with the Community Health Teams on health promotion is the central task of RHCs and HHs in regard to the preventive part of their work.

2.6.4 They facilitate the conducting of PRA sessions in their communities to identify people's priorities on health and to form Community Health Teams.
2.6.5 The RHCs and HHs will build the capacity of Community Health Teams in two areas. On the one side, they train them on health actions and support them as needed in their implementation. On the other, they provide training and support on organisational development of the Community Health Teams.
2.6.6 The RHCs involve the representatives of Community Health Teams in their Business Planning cycles (elaboration of yearly plans, monitoring, quarterly and annual analysis). The purpose is to give communities a voice in the yearly planning by the RHCs and in monitoring their work, thus increasing transparency and accountability of RHCs to communities.
2.6.7 The RHCs will invite the representatives of Community Health Teams to the Business Planning and review meetings early enough so that Community Health Teams can identify issues their representatives will bring into the meetings. The involvement of Community Health Teams in the Business Planning cycles will take place according to adopted documents.
2.6.8 In all these tasks the RHCs and HHs respectfully relate to the Community Health Teams as their equal partners, not as their subordinates, respecting their opinion and showing appreciation, recognition, and gratitude for what the Community Health Team members offer as volunteers for the improvement of health in their communities.

2.7 **Community Health Teams (CHTs)**
2.7.1 Community Health Teams are informal, independent, community based organisations in rural communities. They consist

of community members who are concerned about the health of their communities.

2.7.2 Community Health Team members offer their time and skills as volunteers, without remuneration, for united efforts to improve the health and wellbeing of their communities.

2.7.3 In rural areas, Community Health Teams are the main community based partners of the health system.

2.7.4 Their role is to assist in disease prevention through health actions, to address determinants of health at the community level through own initiatives, and to take part in the business planning cycle of the RHCs as representatives of their communities.

2.7.5 Usually, the formation of Community Health Teams is part of the PRA process and is facilitated by RHC / HH staff with support by rayon HLSCs (information is provided in the part "Guiding principles for the partnership with communities on health issues"). During this process, the communities initially propose and elect the Community Health Team members. The Community Health Teams can later, with approval of the majority of its members, invite further people to become members, for example to replace members who left or to increase their membership.

2.7.6 As a rule, there should be one Community Health Team per village. In big villages and communities, Community Health Teams and RHC/HH may decide to form more than one Community Health Team.

2.7.7 Community Health Teams receive training on the implementation of health actions and on organisational capacity building by Rural Health Centres or rayon HLSCs.

2.7.8 The role of Community Health Teams in health actions may be to distribute health messages as well as to take other actions supporting awareness raising and behavioural change in their

communities. As volunteers, Community Health Team members decide themselves how much time they can spend on such tasks and therefore how much coverage can be achieved. They must not be expected to work as if they were paid staff.

The organisational capacity building should encourage and enable Community Health Teams to take own initiatives that tackle local determinants of health, which they themselves should identify and prioritise. In both these tasks, health actions and own initiatives, the Community Health Teams are encouraged to cooperate with other non-governmental and governmental organisations on village level and beyond, such as schools, clubs, Mosque committees, community groups active in non-health sectors, Mahalla Committees, Jamoats, Hukumats, RHC/HH, and others. In cooperating with such organisations, Community Health Teams are independent partners, not subordinate to any of them. This also applies to their relations with the Mahalla Committees, jamoats, Hukumats, and RHC/HH.

2.7.9 There is no requirement that a representative of the Community Health Team is a member of the Mahalla Committee or vice-versa, but there is no objection to this if a community elects a person to both organisations.

2.7.10 The representatives of Community Health Teams are invited to take part in the Business Planning cycles at the RHCs. Each Community Health Team will select one representative to take part in the meetings. Each Community Health Team will discuss and agree on issues its representative will bring into the meetings. This will ensure that health priorities of the people are taken into consideration in the RHC planning and it will increase transparency of the RHCs and their accountability towards their communities.

3. Guiding principles for the partnership with communities on health issues

3.1 The preconditions for the sustainability of the partnership with communities on health issues are the following:

- A unified approach to this partnership
- A leading role of the health system structures responsible for health promotion, HLSC and PHC, in all programmes engaging communities in health promotion.
- Development of sufficient financing for health promotion from the side of the health system, as is foreseen in the National Health Strategy of the Republic of Tajikistan 2010-2020. Sufficient financing of health promotion is not only an investment in the health of the population but will save money for the health system in the long term. Financing for the program "Partnership with communities on health issues" will be required mainly for transport that will allow PHC and HLSC structures to maintain contact with Community Health Teams through trainings and supporting visits.

3.2 If people and communities are to take an active role in health promotion they need information and they need to learn to plan and manage their own initiatives on determinants of health. This process is called community capacity building. Its goal is the empowerment of people and communities.

3.3 The process of community capacity building requires as a minimum the following elements:

3.3.1 *Organisations*. Facilitating the formation of organisations is an essential part of community capacity building because organisations can address many socio-economic determinants of health that individuals cannot address. They also can be more effective partners than individuals in programmes on disease prevention. Organisations make voluntary work more sustainable

because they allow members to mutually support each other. The feeling of togetherness helps volunteers to sustain their motivation. Organisations can survive the dropout of members by replacing them with new members. Organisations are a more powerful voice than individuals when advocating health issues in their communities or with authorities.

3.3.2 *Organisational development.* Community organisations such as the Community Health Teams need capacity building in order to function well and to sustain themselves and grow. Skills that need to be developed include basic administrative skills, leadership, planning and evaluation, linking to each other, to other organisations and to governmental and other resources, etc. By building the organisational capacity of Community Health Teams, the health system convinces them that it wants them to grow and to do things that they themselves think are important for their communities. They also will be more effective in cooperating with the health system on actions for disease prevention. Organisational capacity building can be done through trainings and by connecting Community Health Teams with each other on jamoat/hukumat/rayon level to learn from and support each other.

3.3.3 *People's priorities.* It is essential to work with communities on their own priorities. It promotes ownership and shows that their interests are the main focus of the programme rather than the interests of the health system or other partners. In practice, both interests mostly overlap to a large extent. But working on people's priorities avoids people's impression that they are being used for other's interests. This does not exclude to also work with communities on issues that are not priorities for them – if the reasons are carefully explained and if otherwise their priorities are being addressed. Furthermore, starting with their priorities signals to them

that their knowledge and experience are being valued, which raises their self-confidence and their interest in the partnership. The analysis of people's priorities should be done in a way that gives people themselves an active role in it. This generates interest and fosters a sense of ownership of the process from the beginning. The PRA approach contains these elements.

3.3.4 *Partnership*. The relationship between the health system and its partner projects on the one side and with communities and community groups on the other must be one between mutually respectful partners. In order to ensure that the following elements are essential:

- The behaviour of staff of the health system and of partner projects towards community partners must be respectful and non-dominant. A dominant attitude that displays authority will inhibit the growth and empowerment of people. With or without words, it tells people that they should wait for orders or permissions instead of being encouraged to take own initiatives. It requires training and constant supervision and support to make staff aware of their conscious or unconscious dominant behaviour. Features of non-dominant behaviour are, among others, listening more than teaching, avoiding complicated language, appreciating people's knowledge and opinions, and recognition of and gratefulness for any efforts they contribute.
- The health system and partner projects must respect the voluntary status of Community Health Team members. There is a danger to regard them as unpaid workers who can be given instructions that they have to fulfil. Such an attitude undermines their motivation and/or raises demands for payment. Instead, volunteers need to be offered other things they are interested in. The most important of them are appreciation and recognition and the feeling of

personal growth, i.e. a sense of increasing personal possibilities, purpose and self-confidence. The health system and project partners can provide recognition easily in numerous ways, e.g. public praise, awards, invitation to events, involvement in official structures and processes (e.g. Business Planning), etc. People experience personal growth through a variety of things, among them learning, discovering and developing hidden talents, opening new fields of activities for themselves, the joy of helping others, dedicating themselves to a vision, the joy of being in a group of and bonding with likeminded others, and of achieving something together, etc. These different paths are promoted through an attitude of partnership in a spirit of support, not control, and through non-dominant behaviour of staff.

3.4 PRA stands for Participatory Rural Appraisal or Participatory Reflection and Action. It is an approach that among many other things can help groups and communities to analyse living conditions by themselves. For the analysis of health priorities a simple standardized process based on PRA principles has been developed in Kyrgyzstan (Community Action for Health Programme, Kyrgyzstan, Swiss Red Cross/Swiss Agency for Development and Cooperation) and tested in pilots in Tajikistan. It brings people in numerous small neighbourhood groups together to discuss the health issues in their community among themselves and to rank them by priority, while the facilitator mainly listens. The results can be compiled by village, rayon, oblast, and country.

In this view, the use of PRA process is a part of the program on partnership with communities on health issues for analysis of people's health priorities for the following reasons:

• PRA gives people an active role in the interaction with programmes from the very beginning. They produce, document, and understand their own data and therefore own it. This is in contrast to a survey where the data are owned and understood only by the outside experts. PRA therefore supports from the beginning the intention to build a relationship as partners. Adding to this is the non-dominant behaviour of facilitators with participants, which is required in PRA and is part of the training for facilitators.

• PRA sessions are a transparent process. The consensus result of the group evolves visible for everybody on a piece of paper – written and drawn by them, not by the facilitator - and all can contribute to the outcome. This creates interest and supports the overall goal of encouraging people to participate in the improvement of health.

• Asking people to produce their own data signals to them that the health system appreciates their knowledge and judgement. This enhances their self-confidence and their interest in participating in the programme and supports the development of a relationship as partners.

Experience shows that health priorities of people and of health systems largely overlap and that in some cases people have important health concerns that official morbidity data miss.

• The PRA sessions in neighbourhood groups aid in the formation of Community Health Teams. Having identified health priorities in a group participants can be easily asked whether they think it would be possible for the community to tackle some of these issues if they combined their forces in an organisation. This immediately links their analysis to possible own action and it explains the need for an organisation. The group can then propose a woman and a man from their neighbourhood or quarter to be

members of the Community Health Team. Neighbours know best who are those with a natural interest to help others, who can speak up, whom they can trust, etc. Such a decentralised process of selecting the members of the Community Health Team contributes to a broad-based anchoring of the Community Health Team in the community, enhances the participation and interest of both, people and selected members, and begins the process of leadership development.

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