

**UNICEF AZERBAIJAN
PRIMARY HEALTH CARE REFORMS PROJECT**

**EVALUATION REPORT ON
COMMUNITY INVOLVEMENT IN 5 PHCR DISTRICT**

JANUARY– DECEMBER, 2003

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BACKGROUND

The active involvement of community members in the health sector was formally endorsed as a goal of the Alma Ata Declaration on Primary Health Care in 1978. This Declaration reflected the belief that health problems were not caused simply by service delivery issues or solved by service delivery interventions. A holistic approach to health was envisaged that addressed the root causes of poor health and empowered people in the process. Despite endorsement of the Declaration, very few governments have taken up the challenge to involve communities to determine their health priorities and interventions. To date, it has been largely International and Local NGOs that have tried to implement this concept.

The principal thrust of the district-level component of the project is the actual implementation of a number of reforms that have been previously piloted by UNICEF in Azerbaijan. The component of the project represents the first efforts in the selected districts to enhance and implement the UNICEF pilot-tested reforms; to rationalize the health care services; to implement outpatient, primary health models of care; to improve the quality of, and access to, primary health care services; and to strengthen the management and clinical capabilities of the district health personnel. This component of the project is designed to provide direct material support and substantive training in 5 districts (Goychay, Salyan, Shamkir, Sharur, and Khachmaz) of Azerbaijan.

Community involvement is critical and is carried out through the establishment of district and community steering committees, which will be formal representatives of the communities. The members of the committees will insure that the needs of the local communities are met. They will play a role in the planning of services (including the development of the rationalization plans); the setting of prices and exemption policies for services and drugs; the generation of additional revenues to support health service activities; and provision of in-kind support (e.g. labor for refurbishing, cleaning, etc). They also serve as the primary contact with the communities in terms of educational programs.

EXECUTIVE SUMMARY

The principles and practice of community participation and public involvement in policy development, service planning and delivery in public sector have been actively promoted in recent years. Community participation and public involvement are related concepts such as community development, empowerment, and social mobilisation, particularly in relation to health promotion and improvement. According to a number of theories, community involvement can improve health and social and mental wellbeing, through the mechanisms of developing healthier public policy and better services.

Before discussing potential benefits and limitations of the community's role in the health sector, it is essential to define terminology. Many people are unaware of the difference between "community participation" and "community involvement". According to WHO Organisation Study Group Report, there are various interpretations of community participation. Community participation can be seen as:

- the contribution of material or labour;
- appropriate organisational structures;
- participation as empowerment of communities to manage health matters;
- enabling them to decide and take action that they believe is essential to their health

Community involvement, on the contrary, is a process where people express their right to be active in the development of appropriate health services. It is partnership between individuals, groups, organisations, and health professionals in which all parties examine the root causes of health issues. Together they agree on approaches to address these issues. Community Involvement in Primary Health care Reform Project (PHCR) aims to achieve the involvement of communities as full partners in their own development.

Community involvement in Primary Health Care Reform Project endorse the idea in its documents covering "to foster community participation across the health sector, to involve communities in planning, management, delivery, monitoring, and evaluation of health services, to establish mechanisms to improve public accountability, dialogue and feedback between public and health providers, and to encourage communities to take greater responsibility for their own health promotion and care"

It is fundamental principle of the PHC approach that there is maximum possible community participation in the planning, provision, control, and monitoring of health services. For such community participation to be effective, it is not enough that the managers of the service simply are held formally accountable to an elected body, for example Community Health Council. Community development and empowerment are essential to the promotion and maintenance of the health of communities, and vibrant community – based organizations must be accommodated within the district health structures if true community participation and involvement are to be realized.

Taking into account, the above mentioned issues, following three objectives that should guide implementation of all community involvement initiatives were established

- to ensure that all health services are fully accountable to the people served by them;
- to empower and build the capacity of community members via CHC to fully participate in the decision making process; and
- to allow the community to take ownership of the health facilities that they use.

Community participation is a dynamic process; therefore, these objectives should be flexible to adapt to the changing situation

COMMUNITY INTRODUCTORY MEETING

Introduction

Community Introductory Meeting, one of the first activities within Primary Health Care Reforms project jointly implemented by Ministry of Health of Azerbaijan Republic and UNICEF held in 5 pilot PHCR districts. The meeting is the first opportunity for community members to meet Primary Health Care Reforms project team members and other co-partners, including Project Coordination Unit of Ministry of Health and District Health Authorities. **(For detail information, see Summary Report on Community Introductory Meetings)**

Objective:

- Brief the community members about the Primary Health Care Reforms Project;
- Discuss with community members the concept of community participation and involvement within the PHCR;
- Increase the awareness of community members about the importance of health education and deliver the health messages;
- Identify the level of participation of community members in the solution of health problems via baseline survey;
- Encourage community members to elect their community health body to carry out the reforms in the community.

Community Introductory Meeting is designed for one day and covered following topics: (For detail information, see Guidelines for Clinical Facilitators)

1. **Community participation as the key step toward the development** – explain the process of community participation, involvement in the issues of defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services, and in taking action to achieve change.
2. **Community participation through capacity building** – clarifies the purpose of capacity building which is to enable people in a community to work together, make well considered and collaborative decisions, develop a vision and strategy for future, and act over time to make these real.
3. **Forming Community Health Council:** - identifies the purpose of Community Health Council, the role of CHC members in creating healthy community and public health within the community, CHC members' election criteria, and etc.

Participants of the meeting: Various strata of population, including women and youth, elderly people participated at the meetings held in the districts. The gatherings were organized by municipalities, village executive power representatives, especially Chief Doctors of Village Hospitals or Medical points and of course, supported by Chief Doctors of Central District Hospitals. Project Coordination Unit of MOH and other co-partners attended at the meetings.

The dates that community introductory meeting was held:

Table # 1

Districts	# of people participated			Dates
	Female	Male	Total	
Salyan	92	197	289	05 – 20 February
Goychay	125	190	315	12 – 24 February
Shamkir	50	116	166	19 February - 10 April
Khachmaz	208	300	508	24 February - 17 March
Sharur	43	61	104	11 March – 14 April

Main Findings

Following are main findings discovered in the course of discussions held with community members, including municipality, executive power, etc;

- **Information on health:** One of the keys to improved health care status is an educated public. In spite of the fact that the health education materials were distributed to health centers in the districts, these materials are only kept or hanged on the walls of health centers or hospitals. In addition, health workers do not take active part or involved in dissemination of health education materials while delivering health services.



Qusarchay community member expresses his believe in participation which is an important factor in effective utilizing of community resources.

- **Community collaboration and partnership:** Despite the fact that various structures which include municipality, executive power, health and education are functioning in the community, in most cases, these structures do not prefer to work together. But in some cases, for instance, health and education workers, sometimes municipality support each other in dissemination of health related information in schools.
- **Mobilization skills of community resources:** Despite of the fact that there are lots of internal and external resources to be mobilized in community; community members are not able to mobilize these resources towards the solution of common problems.

Lessons Learned

- **Awareness Raising:** One of the most important responsibilities is to convey information simply and accurately, you want to convey that, yes, there is a problem, but the solution lies with them in the community.
- **Capacity Building:** Capacity building is to enable people in a community to work together, make well considered and collaborative decisions, develop a vision and strategy for future, and act over time to make these real.
- **Community Partnerships:** A continuum of relationships that foster the sharing of resources, responsibility, and accountability in undertaking activities within a community.
- **Conception on community:** Community is not just a collection of individual human beings. It is super-organism that belongs to and is part of culture, composed of interaction between people, everything that is learned. Community is the group of people who share interest, neighborhood, or a common set of circumstances.
- **Community Health Improvement Process:** Community health improvement is not limited to issues classified within traditional public or health services categories, but may include environmental, business, economic, housing, land use, and other community issues indirectly affective the public's health. The community health improvement process involves an ongoing collaborative, community-wide effort to identify, analyze, and address health problems; assess applicable data; develop measurable health objectives and indicators; inventory community health assets and resources; identify community perceptions; develop and implement coordinated strategies; identify accountable entities; and cultivate community "ownership" of the entire process.

BASELINE SURVEY

Purpose

The purpose of the survey was to identify the level of community members' knowledge on the concept of "community" and "participation", to have better understanding about the actions taken in terms of solution or preventing health issues or keeping healthy in community.

Results

Consisted of 15 questions, the survey questionnaire is divided into 2 parts - "Community, Participation and Involvement" and "Community Participation in health issues" The first part was "Community, Participation and Involvement" which was covered 2 questions.

The second part was "Community Participation in health issues" which was covered 13 questions. But, during the survey analysis, it was identified that last two questions ("Explain the role of health workers in the solution of health problems or preventing them?" and "Explain the role of community members in the solution of health problems or preventing them?") did get any response or responses were general without any explanation. So that, these last 2 questions were out of the list and were not analyzed.

Survey Participants: The survey conducted in 57 communities of 5 PHCR pilot districts. A total of 1382 people (864 male and 518 female) participated in the survey

Information on participants took part in the baseline survey:

Table # 2

Districts	# of people participated in community meeting			# of people responded to the survey questions		# of questionnaires analyzed	
	Male	Female	Total	In numbers	In percentage	In numbers	In percentage
Salyan	197	92	289	223	77.17 %	166	74.44 %
Goychay	190	125	315	231	73.34 %	204	83.31 %
Shamkir	116	50	166	65	39.16 %	47	72.31 %
Sharur	61	43	104	88	84.62 %	88	100 %
Khachmaz	300	208	508	262	51.58 %	214	81.67 %
Total	864	518	1382	869	62.88 %	571	82.73 %

Main Findings:

The terms of reference of the first activity were to examine the nature and extend of community involvement in local health and to assess the effectiveness of the system of participation. The work involved analysis of community members' knowledge on community and participation, as well as actions taken toward the healthy community. Community members taking part in the survey expressed their thoughts and ideas on community and participation, their involvement in health issues. (**For detail information see, Annex # 1: Baseline Survey Analysis Report**) Followings are the main findings based on the analysis of survey:

- **Community members' perception on community and participation:** 50 % of respondents perceived "community" as people living in one geographical area which shows that people consider the community as geographical area only rather than "super-organism" consisting of huge internal resources to be mobilized and then, to be utilized. Only 32 % of respondents consider this term "participation" as joint activity, 24 % as problem solution, etc. It shows that community members are involved or take part in one or other activities carried out in communities. But they are encouraged to participate by executive power or municipality, rather than based on their self-initiative which comes from within community.

- **Community members' involvement in health:** Intending to identify community members' knowledge on health and importance of health education materials in the community, the second part of the baseline survey covered 11 questions. Following are the results of analysis:
 - **Did community participation in the solution of health problems?** 62% of community members taking part in the survey responded "Yes", only 8% said "No". 28% of respondents' answer indicated "Others" which included vague answers such as "Decision making", "Supporting", or "Attitude to Problem" It should be noted that only community members, especially members of municipality, representatives of executive power, teachers and health workers who perform his/her duties take part in the solution of health issues which includes immunization, malaria, etc. but, without involving other strata of community.
 - **How do people in this community do to keep healthy?** 45 % of respondents' answers were indefinite such as "Good", "Excellent", or "Walking in fresh air", etc. 31% of respondents expressed that how they keep healthy in community by following sanitary hygienic rules, 9% by following the basic principles of nutrition (it is doubt), 7% keeping regiment, and only 5% involving in sport, which shows that community members are not aware of being healthy or keeping healthy in the community.
 - **How do women take care of their sick child?** 55 % of respondents addressing to doctor, 11% prefer to make treatment at home, and 30% of respondents' answer were indefinite.
 - **How parents keep their children healthy in the community?** 43% of respondents' answers were indefinite, 28% by following sanitary hygienic rules, 10% follows the rules of rationale nutrition (it is doubt), and 17% do vaccination.
 - **What do people do to keep living area clean?** Majority of respondents (59%) conduct cleaning campaigns, the only activity conducted in the community with the possible participation of community members. 31% of respondents expressed indefinite answer.
 - **Where the place when people come together and what is the best times for people to attend health talks?** The purpose of these questions was to determine most common place and best times for various events to be held in communities. 30% of respondents prefer local clinic or health center, 18% consider the municipality as common place. Rest of places was tea house, cultural center, village executive power and clubs each of them received from 2% to 9% of respondents' answer.
 - **How local authorities share or disseminate health information in community and where do community members get health information materials?** These two questions also helped us to identify the role of health authorities in sharing and dissemination of health information in community. In spite of the fact that 30% of respondents' answers were indefinite, 25% of respondents received health information through meetings. Only 14% of respondents received information through home visiting and health education campaigns implementing in schools with the participation of health workers. In addition, community members received the health education information from health workers (37%), village health center (33%), health education tools (1%). Indefinite answers were 27%.

Lessons Learned:

- **Community involvement in monitoring and evaluation process:** Monitoring is very important in planning and implementation, as evaluation is important to identify the constraints that hinder the project in achieving its objectives and solutions to the constraints can then be identified and implemented. In terms of that, community involvement is critical and is the only way in which people participate in the life of their community. The advantages of participation in monitoring and evaluation include:
 - a common undertaking,
 - enhancing accountability,
 - better decisions,
 - performance improvement,

- improved design, and
 - more information
- **Community involvement in dissemination of information on health:** Government agencies have often targeted their communication efforts at one group, whom they thought represented the community. This has led to frustration on the part of the larger community. The first lesson is that extra efforts may be necessary to ensure that the messages are heard by all community members.
It is especially critical to convey information related community health in timely manner. Outreach mechanisms must find a way to go to the community rather than expect community to come to them. The second lesson is information should be communicated in a timely way, and in manners that are accessible and understandable to the entire community.

COMMUNITY HEALTH COUNCIL

Introduction:

There is general acknowledgement by government and community representatives of the importance of creating community involvement mechanisms that include broad representation and a diversity of views. Special attention must be paid to whether or not the membership of a process adequately represents the views and values of the larger, unorganized, inactive and non – participating public.

It is not a simple task to ensure that diversity of views is heard in decision – making process. Decisions on who participates and how participants are selected can significantly affect both the perception and the reality of the fairness, independence, and representativeness of that process. It is clear that there are some segments of the community not participating in the process; extra efforts should be made to reach out to and accommodate those voices that would otherwise go unheard.

Efforts must be made to help community members to address the barriers in community involvement. If its is clear that there are segments of the community not participating in the process, extra effort should be made to reach out to and accommodate those voices that would otherwise go unheard.

Purpose

Community Health Council is an important mechanism of involving community members in creating healthy community, increasing the visibility of public health within the community and engaging community to create community ownership for public health issues.

Community Health Council members:

In order to function properly, Community Health Council members, in initial stage, established the key objectives which are followings:

- participate in strategic planning process (district rationalization plans);
- advocate for community needs;
- consult with communities on plans under consideration;
- report back to communities on Health Center progress;
- collaborate with health personnel in delivering health education messages and conducting community based events;
- ensure quality of services;
- involve in monitoring and evaluation of project activities

421 community members (236 male, 85 female) were elected and established Community Health Councils in 57 targeted communities. Following are criteria proposed to community members in CHC election process: **(For detail information, see Annex # 2: Community Health Councils' composition by male and female age groups and by profession)**

- Active person willing to help, support community in solving health problems
- Creative person with self-initiative skills
- Capable person willing to participate and able to mobilize the community
- Person who should not prioritize his own interest to community one
- Optimist person who focuses on unification, reconciliation, collaboration and cooperation with other stakeholders
- Person able to share power and problem solver
- Person having respect and gain trust among and between community members

Main Findings:

Findings on Community Health Councils are based on meetings and discussion held with CHC members, Health Authorities and community members. Here some of them:

- **Existence of community based structure:** In spite of functioning of government structures and municipality as an elected structure could be considered as community based structure, community members are not involved in delivering health education messages, in solution of common problems, as well as in decision making affecting their lives. CHC establishment would create an opportunity to liaise between other structures in mobilizing community resources to achieve healthy community. But, only in Goychay district, community members initiated to organize community structure “Water Association” dealing with water problems (agricultural field) in the community.
- **Experience on holding civic initiative activities:** In most cases, the events held in community are organized or initiated by government or pro – government officials (education or health officials). These events can not be considered as community driven process in itself. But, it should be noted that since Community Involvement component started to function in districts, education materials became available not only in Central District Hospital and Rural PHC, but in common places of people such as tea houses, cultural palaces, schools, municipality buildings etc. Also, CHC members participated in the solution of health related problems; i.e. bog reclamation, rehabilitation of water pipeline in Sharur; and are involved in decision making process (discussions on district rationalization plans held in Baku on June and PHCR project observation workshop held in Khachmaz on August 19-21, 2003)
- **Capacity building:** Citizens and communities require resources, knowledge and skills in order to ensure that they can contribute to a process in a meaningful way. Evaluation of outcomes of Community Involvement and Participation Workshop and community based events showed that CHC members in most cases are driven by health authorities, rather than community driven, in other words, lack of initiative and experience to learn and apply exist in communities.



“Close cooperation between CDH and Community is critical to ensure better quality of services” – it was the main issue of discussion in Pusyan community.

But, it should be noted that since, Community Involvement component started to function in districts, some of activities were initiated by CHC members. For example, Khudat CHC (Khachmaz district) promoted Information Boards not only in center, but as well as in schools and education centers. In order to carry out community based activities, including Health Education Days, Community Evaluation and Monitoring, etc. CHC members need to increase their mobilization skills which include internal and external resources’ mobilization, community involvement techniques, etc; organizational skills, collaboration and communication skills, etc.

- **Membership:** Our observation (based on protocols on CHC election submitted by Clinical Facilitators and visits made to sites) shows that majority of community members’ participation was not provided in the election process of Community Health Council members, as a result of which in most cases officials of various structures (chief doctor of HC, school director, head of municipality, representative of executive committee, etc) were elected, other members (teachers, account, nurses) were mainly appointed rather than elected. Although appointed to

represent the community, many members of CHC do not comfortable with the role. They are not able to speak for community, as a result of which few members participate or not participate in the activities carried out in community. Another issue was importance of women and youth election to CHC. After recommendation made to district health authorities, women (43%) and youth (7%) were elected to Community Health Council.

Lessons Learned:

- **Membership:** It cannot be assumed that limited participation in a public process means that the community members are not interested in or concerned about the subject. There are number of reasons why community members may not participate in the process. People living near contaminated sites may be hesitant to trust a government that failed to prevent environmental contamination. As a result, lack of trust of community in government often becomes major barrier to participation in a government – led process. Membership should include broad representation that reflects the diversity of viewpoints in the community.
- **CHC Election:** Openness and transparency can lead to a better process. Being the one of the first factor of democratic society, election of community representatives need to comprise more than 50% of the membership to ensure that their representation is meaningful. The term “community representative” was not explicitly defined; therefore it is unclear whether local government or municipality representatives would qualify as community representatives. It is clear that CHC members should not represent interest of political parties in performing their duties. People would be selected to serve the community's interest. Efforts must be made to ensure that election process is conducted in a fair and equitable manner.

COMMUNITY INVOLVEMENT AND PARTICIPATION WORKSHOP

Objectives of the workshop

- Increase Community Health Council members' knowledge about the tools and techniques on community involvement and participation and community management skills;
- Encourage Community Health Council members to identify the internal and external resources to solve health related problems using community assessment tools;
- Mobilize community members in delivering health messages and conducting community based events (health education days or community health and sanitation days, etc)

Community involvement and participation workshop is designed for two days and covers three topics: (For detail information, see Community Involvement and Participation Report)

1. **Mobilizing for Action through Planning and Partnership** – includes community assessment tools which are as follows:
 - Community Mapping
 - Community Services and Opportunity Mapping
 - Community Health Status Report
 - Problem Analysis and Tracking
 - Community Action Plan
2. **Community Management** – includes the core principles of community management and involve CHC members in finding the answers to 4 questions which are as follows:
 - What do we want
 - What do we have
 - How could we get what we want with what we have
 - What will happen when we get it
3. **Community Involvement and Participation: Tools and Techniques** – includes community based activities such as health talks, health education days (sport games and role plays), community health days, etc.

Participants of the workshop: Community Health Council members (3 person) representing 11 communities participated in the workshop. Each Community Health Council received one copy of Practical Manual on Community Involvement and Participation in PHCR project consisting of 3 chapters: (1) Mobilizing for action through Planning and Partnership; (2) Community Management and (3) Community Involvement and Participation: Tools and Techniques. This manual includes practical activities by implementation of which communities would be involved in the PHCR project.

The dates that community involvement and participation workshop was conducted: Table # 3

Districts	Places	# of people participated	Dates
Khachmaz	Conference Hall	35 people	29-30 May, 2003
Goychay	Training Center	35 people	03-04 June, 2003
Shamkir	Training Center	35 people	11-12 June, 2003
Sharur	Training Center	35 people	23-24 June, 2003
Salyan	Training Center	35 people	08-09 July, 2003

Finding:

- **Willing to learn:** Community involvement and participation workshop conducted in district level focused CHC members' attention on topics, especially mobilization techniques covered in the workshop. The topics presented, issues discussed and actions planned encouraged CHC members to consider the resources existing in community as available and key factor in solution of health problems.
- **Community Collaboration:** A relationship of working together cooperatively toward a common goal. Such relationships may include a range of levels of participation by organizations and members of the community. These levels are determined by: the degree of partnership between community residents and organizations, the frequency of regular communication, the equity of decision making, access to information, and the skills and resources of residents. Community collaboration is a dynamic, ongoing process of working together, whereby the community is engaged as a partner in public health action
- **Community Health Council:** Community Health Council is the group of people, chosen by the community as a whole and wants to solve health problems using participatory approach. They want to take the lead to organize the community for better health. Actions undertaken by those who live in the community that demonstrates the need for and value of a healthy community and an effective local public health system. Community support often consists of, but is not limited to, participation in the design and provision of services, active advocacy for expanded services, participation at board meetings, support for services that are threatened to be curtailed or eliminated, and other activities that demonstrate that the community values a healthy community and an effective local public health system.

Lessons Learned:

- **Community awareness of an issue:** Successful efforts more likely occur in communities where residents recognize the needs for some type of initiative. A community building effort must address an issue which is important enough to warrant attention, and which affects enough residents of a community to spark self-interest in participation. The residents must know that the problem or issue exists. Perception of a problem or an issue catalyzes the groups. It heightens interest; it motivates initial participation; and it sustains motivation as time goes by, or challenges become great.
- Simply speaking, community members have many things to do. A community building initiative competes with existing obligations and inclinations. It may also create risks. A community building initiative will only reach priority status among residents if they perceive a likely payoff.
- **Motivation from within community:** Successful efforts more likely occur in communities where the motivation begins; a community building process is self-imposed, rather than encouraged from the outside. In addition, the process seems to be more effective if ideas for goals and activities come from residents themselves.
- Community "self-motivation" engenders widespread participation. When ideas come from the community itself, the ability to accomplish tasks tends to increase.
- **Ability to discuss, reach consensus, and cooperate:** Successful efforts tend to occur more easily in communities that have a spirit of cooperation and the ability to discuss openly their problems and needs. Members of such communities may not necessarily have formally solved problems together, but have a history of coming together to help neighbors during a crisis or of working together on social events. In addition, if a community have previously solved common problems, or even been involved in previous community building efforts, this experience is likely to have enhanced the ability of residents to work together in the future.
- **Good system of communication:** Successful efforts tend to have well-developed systems of communication. This includes communication within the community itself, as well as between the community and the rest of the world. Communication fosters community residents' awareness, motivation, participation and innovation, problem solving and ability to mobilize. Good communication also ensures that the residents know the rationale for an initiative, the

plan, and what is being accomplished over time. It sustains the momentum of a community building process. Participants need to feel a sense of accomplishment and need to some concrete results, or they will likely lose their enthusiasm. Communication increases the participants' motivation by increasing their sense of efficacy, their self-esteem, and by providing other rewards and incentives to continue doing their part.

Communication ensures that all segments of the community remain aware and motivated, serving to maintain the widespread participation earlier noted as an ingredient for success. It also fosters the generation of innovative ideas and problem solving, by convening many talents and resources to accomplish tasks large and small.

Communication also helps participants in a community building initiative to assemble quickly when necessary. Often, community-building efforts confront unexpected obstacles or crisis – a shift in politics, an imminent funding cut, the loss of a key leader, or an attempt to derail the project. In such circumstances, communication can mean the difference between survival and extinction. Communication enables the leaders to quickly convey accurate information, to enlist help, to convene participants, to assign the tasks necessary to deal with the obstacle.

Communication techniques are as follows: festivals, parties, newsletters, news releases, special events, public meetings, establishing neighborhood information brokers, and establishing networks with resource people.



Khudat CHC member analysis the community map paying attention to social – economical opportunities in community.

strength to community building effort because;

- It brings talents and resources of a wider, more diverse group of individuals in the process. This is especially more important for problem solving and task accomplishment;
- It increases the likelihood of political acceptability of any activity, programs or policies that grow from the community building effort;
- It increases the likelihood of ties to outsiders who may have resources to contribute or may control elements of the environment that can affect the success of the community effort;

- **Widespread participation:** Without a doubt successful efforts occur more often in communities that promote widespread participation in the community building efforts. Representative participation provides Participation at all level of initiative, from policy to task accomplishment is important. Successful efforts build in ways to involve as many community members as possible
- **Training to gain community building skills:** Successful community building efforts are more likely to occur when participants receive training in the skills needed increase their community building skills. Some people refer to this as leadership training. Examples of such training topics include group facilitation skills, organizational skills, human relations skills, and skills on how to analyze complex community issues. This training may be self-directed; it may come from outside specialists; or it may be delivered by a formal community organizer. Training is an essential piece of many initiatives. It helps people understand their problems and gives them the skills to make changes, so they are less reliant on government or other organizations. Training took the form of teaching, mentoring, coaching and modeling. Sometimes it occurred one-on-one, as individuals were groomed for a particular task or role. Other times, training was a group event, in which the members learned together how to approach or evaluate work that was done.

CIVIC INITIATIVE ACTIVITIES

Introduction:

Community participation is an underpinning principle for carrying out health reforms in community level. It is important for many different reasons and offers many different benefits for individuals, communities, organizations and society as a whole.

Citizens and communities may take following arguments:

- We have right to have a say about decisions that affect our lives;
- We know more about where we live and what we want and what is best for us than do people working for big organizations;
- We all have something to contribute – and our ideas and views are as anyone else's

Professionals working in local health authorities, health authorities, and other organizations may voice a range of different arguments:

- Community participation can help us target resources more effectively and efficiently
- Involving people in planning and delivering services allows them to become more responsive to need and therefore increases uptake
- Community participation methods can help develop skills and build competencies and capacities within communities
- Involving communities in decision making will lead to better decisions being made, which are more appropriate and more sustainable, because they are owned by the people themselves
- Community participation is a way of extending the democratic process, of opening up governance
- Community participation offers new opportunities for creative thinking and innovative planning and development

Taken together, the voices of communities and professionals provide a convincing argument for giving priority to community participation as an active two-way process that may be initiated and sustained both, by individuals and communities, and by local and health authorities and other local organizations. Community participation can -

Increase democracy – Community participation in decision making, planning, and action is a human right. Increasing number of citizens want to see more participatory approach to democracy.

Empower people – The actual process of participation can inherently empower individuals and communities to understand their own situations and gain increased control over the factors affecting their lives. This process can, in turn, enhance people's sense of wellbeing and quality of life

Mobilize resources and energy – Communities have a wealth of untapped resources and energy that can be harnessed and mobilized through community participation, using a range of practical techniques that can engage people

Achieve better decisions and more effective services – Involving people in identifying needs, planning and taking action can result in better and more creative decisions being taken and more responsive and appropriate services being provided

Main Findings:

Followings are civic initiative activities to be conducted by CHC in collaboration with other players of the project:

- **Health Talks:** Intending to increase the community members' knowledge on various diseases and encouraging community members to delivering health messages in the community, health talks as a civic initiative activity is conducted by health personnel in collaboration with education workers. But the limited number of people participates in the discussions. Furthermore, the talks are not designed well and in most cases, the organizers and facilitators

do not analyze the outcomes of the event and encourage community members to deliver these or that issue into the attention of other people who were not able to take part at the discussions.

- **Health Education Day:** The activity is entirely new one and is aimed at to mobilize community members, especially women, youth and children to be active when they learn, to bring people together to learn more about important health issues in a fun setting and using role plays and dramas to express their own ideas and share health messages with the community and involve youth in protection of their health.

Health Education Days or Health Fair conducted in Qarabagly community of Salyan district and Duyarli community of Shamkir district. The event gave opportunity to assess the event whether it is acceptable in community and district level or not and positive and negative impact to the attitude and behavior of community members, etc.



Health Fair was open for all community members, especially for vulnerable people to be examined for free in Qarabagly community



Youth deliver their health messages by performing poems in Duyarli community

- **Community Participation:** according to the information received from the district health authorities of Salyan and Shamkir, 295 people (Salyan) and 536 people (Shamkir) received medical treatment in Health Centers. Sharing the opinion with their counterpart, Chief Doctors of CDH stated that the event played an important in assessment of medical attendance (for example, in Salyan, out of 295 people 39 examined by pediatrician, 24 by dentist, 60 by therapist, 29 gynecologist, 25 by USI, 106 oculist, etc);
- **Youth participation:** The event also gave an opportunity to youth participate in delivering and disseminating health education messages in a fun setting (poem, and art exhibition on “Healthy Lifestyle”). One of the doctors of Health Center (Duyarli) mentioned that youth participation is an important factor, especially in determining of most concern problem or issue existed in community.

Lessons Learned

Health Talks:

- Community involvement: as mentioned, a limited number of people took part in the discussions. As a result, people debarred from taking part in decision making process, their concerns, voices would be heard, and in problem solution process, people would be mobilized. Also, they would not be aware of their health issues.

Health Education Days:

- CHC involvement: Unfortunately, CHC members were not involved in organization, planning and implementation process in both districts. It comes to attention that the event only organized by district health authorities, which is top – down approach to the event.

CONCLUSION:

For any given community it is likely that certain processes and mechanisms for community involvement will be more successful than others. As mentioned above, there are some findings and lessons learned in community involvement, and different types of processes may do a better or worse job at overcoming the barriers to community involvement.

There are a variety of processes and mechanisms available to involve communities in decision making processes that affect their lives. The report does not attempt to recommend a particular type of community involvement process, as this is very dependent upon the particular community and the purpose of community involvement.

Regardless of whether the process is government driven (e.g. structure and purpose of the group is defined by the government) or group – driven (e.g. where the group decides on a process, goals, membership, etc), there are certain process – related factors that may affect the credibility and success of a participatory mechanism. Following are the main factors that may affect the process:

- Agency accountability within a public participation is essential. The credibility of the process may be undermined when agencies whether it is governmental or non – governmental do not respond (or fail to respond in a timely manner) to public's input, suggestions, or recommendations (e.g. Alpond community was out of project area, in spite of public's input and suggestions on inclusion of Health Center to the balance of CDH)
- Communities are not homogeneous entities. As a result, it is likely that a number of communication tools and strategies will have to be used to disseminate and gather information, and educate community members. Extra effort should be made to ensure that information distributed beyond "those most willing to hear it" and that input is received from more community members than "those who are easiest to hear from"
- Consistency in membership is often cited as affecting both credibility of the process and the ability of process to move forward. A consistent membership may be difficult to achieve as both government employees and community members can suffer from "burn – out" (current CHC membership is an example). This may result from a large time commitment to the process.
- Issues of openness and transparency can significantly influence public trust and willingness to participate in the process. For example, openness and transparency should be provided in every step of the community involvement process which includes public meetings or gatherings, access to information on project, etc.
- Training for government staff (or all participants) on topics such as listening, communication, negotiation, consensus building, and use and value of community involvement process may also help to increase a commitment to the process.
- A lack of fairness in the process (e.g. unequal time allowed for different viewpoints to be heard) can diminish the credibility of the process.

Chart # 1: CHC Composition – Male by age groups by district

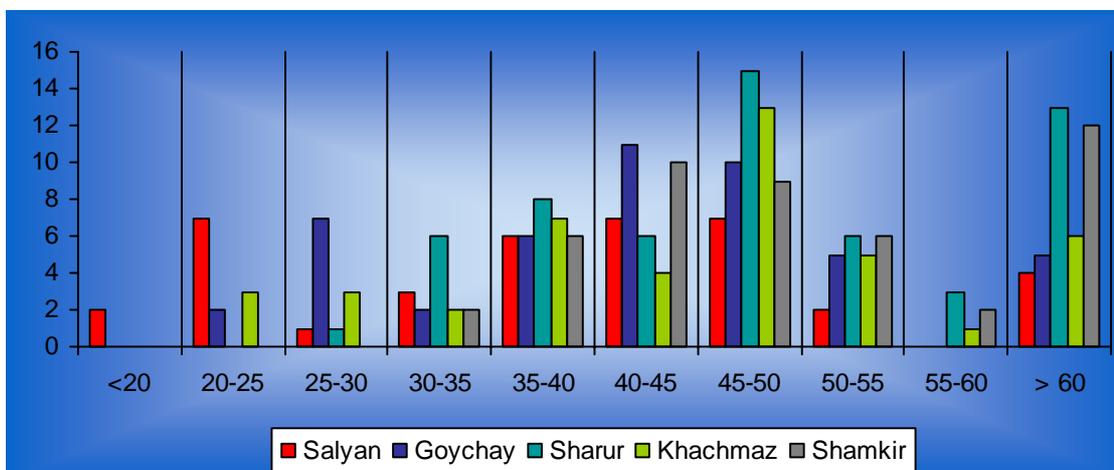


Chart # 2: CHC Composition – Female by age groups by district

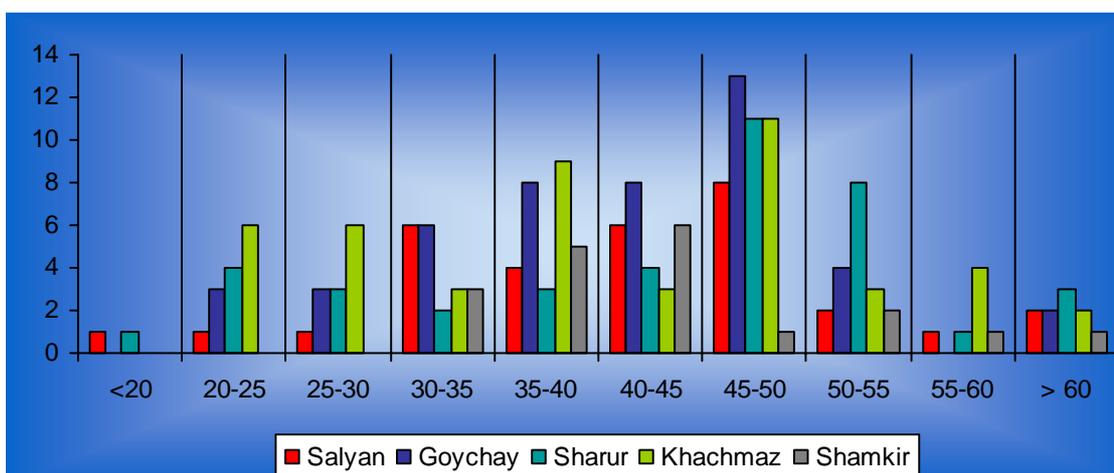


Chart # 3: Community Health Council members by profession

