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Conference Abstract

## Linking community groups to primary health care services

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### Abstract

**Introduction:** Since 2007, project Sino has been developing a concept for community participation and health promotion. The concept includes direct community activities and also covers institutional aspects [1].

The 'bottom-up' approach to community involvement has proved to be appropriate for the rural contexts in which project Sino is active. This approach responds to community-defined health needs and concentrates on establishing community groups of "active individuals". The bottom-up approach empowers ownership of health services within the village communities.

**Aims:** The current model links community groups to primary health care and healthy lifestyle services (in Healthy Lifestyle Centres) to encourage health promotion and disease prevention activities. The prospects for such integration are generally good, especially in the pilot districts in which the project has worked over the past years.

**Results:** Local primary health care, family medicine and Healthy Lifestyle Centre staff is well aware of the importance of village communities defining their own needs. In this regard, conducting "Participatory Reflection and Action" sessions and providing information on, as well as prevention measures against priority diseases have already become a standard practice for many of the Centers' staff.

Priority health issues, identified by the community groups through a participatory approach, relate to non-communicable diseases, infectious diseases, mother and child health, immunization, breastfeeding, and reproductive health, among others.

Using Family Medicine (FM) services gives communities the chance to be actively involved in their own health care and in the health of surrounding people. It promotes increased involvement of community groups, which in turn further strengthens FM services.

FM teams work collaboratively with their communities to address local health priorities. Their role is to increase the knowledge of communities about the needs and importance of Primary Health Care/FM services, to support community groups in identifying and bringing forward health problems at local level and to develop locally sensitive responses and generate solutions. Furthermore, they aim to provide communities with health information on identified health topics, to improve the packages of primary health care/family medicine services provided, and to understand that communities are an important resource and partner in family medicine and health promotion.

Increased health awareness increases the use of FM services. "It is important to ensure community support [for] and use [of] services through activities which ... increase demand. Success of family medicine services will also depend on bringing services closer to the population and giving users a certain feeling of ownership over services" [2, p.53-55].

**Conclusions:** The approach is well-received, entails relatively low cost, meets demand and increases the credibility of family medicine, offering sustainable solutions at a local level if accepted by and integrated into state structures.

## Keywords

primary health care, family medicine, community groups, health promotion, prevention, Sino, Tajikistan

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