

CONFERENCE ABSTRACT

Improving access to quality services for vulnerable older people in Kyrgyzstan through engaging volunteers and establishing self-help groups

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Very often older people are being excluded from community life and are therefore particularly prone to disorientation in a changing world.

In this connection, a Model designed by the Red Crescent Society of Kyrgyzstan engages community volunteers to improve access to quality services for vulnerable older people.

RCSK is supporting older people through creating new opportunities and better access to existing services for them while at the same time, fostering the capacity of elderly people to address and solve their problems. This requires that the target beneficiaries know where they can receive support and how to apply for it by demonstrating skills necessary to solve their problems and support other community members.

Positive impact of this approach could be demonstrated in a project including 400 vulnerable older people supported by 200 community volunteers providing social and household support, according to the IFRC minimal standards of Community Based Home Care for Older people. 120 older people act as members of elderly clubs, 20% of the beneficiaries are participating in community initiatives. The people feel more confident to share their feelings and opinions. 100% of beneficiaries with low mobility requesting for support receive assistance with special equipment helping to stay socially active and as independent as possible. By the end of 2017, 1450 people were informed on services available for older people in their communities. 120 of them have moved from being "beneficiaries" to becoming "active community members" who are able to support others, develop and implement initiatives. Members of 5 elderly clubs volunteer to improve health literacy of communities through health promotion and disease prevention activities.

Importance is given to a close collaboration with existing services in order to complement rather than duplicate activities.

Social workers provided by the state are the key persons assisting to vulnerable older people. But due to time limitations (each social worker provides services up to 20 wards) and prioritizing the most urgent needs, the RC volunteers are working in pairs with them using participatory approach. Plans of service provision are designed jointly by a social worker and a coordinator.

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RC volunteers are helping to establish links between social care services and health institutions. Volunteers regular visits help to monitor persons' health state. If changes are noticed, coordinator reveals the personal data, contacts the family doctor and assists with further observation and controls timeliness of procedures. In addition, Family doctors and nurses to design individual plans for older people integrating social, psychological and health related needs and particularities can be made available.

Community volunteers are engaged in spreading the practices of healthy ageing, supporting self-management of older people in terms of monitoring of their state of health, building environment in the community and reducing the burden of already stretched public health system.

Sustainability of the action is achieved by transferring the lead action to beneficiaries. Beneficiaries are empowered to retake the action through establishing self-help groups. This approach turns the beneficiaries into enthusiastic and energetic volunteers who are able to contribute to development of their community.

Keywords: volunteers; service providers; care givers; advocacy agents

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