
CONFERENCE ABSTRACT

Non-communicable diseases prevention through community mobilization

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An introduction: Non-communicable diseases (NCD) are a serious macro-economic burden for Belarus. About 90% of all deaths in the country are due to NCDs (63% – cardiovascular diseases). Behavior change is an important element of NCD prevention.

Practice change implemented. In order to reduce the impact of NCDs on individuals and society BRC implemented the project “Community action for Health” supported by SRC. The project is aimed at behavior change of individual community members through introducing a change from “non-organized” members of community to community volunteer groups (CVGs) with extension of the “effect” to wider circle of people in community.

Aim and theory of change. The aim is engaging people and communities in and empowering for healthier life style through setting up CVGs, united around key community needs/priorities in the area of healthy life style.

Key stages:

- Training for volunteers on NCD prevention,
- public events for public awareness and engaging more community members,
- thematic mini-initiatives,
- peer-support in individual behavior change.

Target population:

- 14 CVGs with more than 250 members aged between 9 and 85 years in 12 pilot districts (with population about 185 thousand of people).
- Around 10,000 people involved in CVGs activities.
- More than 500 volunteers trained in NCD prevention.

Main stakeholders – BRC, health, educational, social, sport and culture institutions, local authorities.

Innovation/ impact and outcomes: Important element of community mobilization is developing and implementing mini-initiatives that address the health related priorities identified by the

communities. It doesn't only establish supporting environment for behavior change, but shapes community and works as an advocacy tool. There is also a "spill-over" effect to other communities/districts of the pilot regions.

Within peer-support process, trained volunteers help community members (maximum 3 persons per one volunteer) setting a goal, personal motivation, make up a clear plan, arrange supporting environment. Monitoring of changing process is carried out by collecting personal stories. At the end of the project it is planned to get more quantitative results of behavior change based on the quasi-experimental method (comparing knowledge, skills and practices in the pilot communities with those communities that were not covered by any health related projects).

Sustainability of CVGs is ensured by signed partnership agreements with the local state organizations providing organizational and financial support to the CVGs.

Transferability: BRC has 100% coverage of the country with regional and district branches: CVGs experience is transferred within the organization, as well as by partner state organisations and local authorities.

Conclusions: Community mobilization via CVGs work is new, but effective mechanism of NCDs prevention in Belarus.

Discussions: How feasible it is to build-in community-led NCD prevention into the state primary prevention system including

Lessons learned:

- There are two "types" of CVGs: uniting active members of community in their individual capacity and built around representatives of the local institutions interested in addressing NCDs.
- Individual peer-support is effective method of behavior change: needs to be better described and further developed.

Keywords: non-communicable diseases; behavior change; community volunteer groups
