

Community-managed Health Development Program

Aims:

To improve the health and welfare of the people by:

- Promoting equity in development, encouraging and ensuring participation by target groups in development processes
- Promoting a broad view of health, with interventions that address a wide range of causes of ill-health
- Empowering communities with participatory methods and bottom-up planning to facilitate their participation in decision-making and create opportunities for communities to access resources and advocate for their development
- Improving quality of life of disadvantaged people through better living conditions, health and nutrition, as well as greater capacity to control and change their lives
- Promoting inter- and intra-sectoral collaboration to facilitate and support community participation.

Specific objectives:

- To improve the quality of life of people in the targeted villages and communes
- To increase the quality and amount of health services in communes and villages through a village health worker network and focus on first aid, traditional medicine, CBR, and health problems identified by villagers
- To increase the capacity of partners in planning and program management to support CMHD & other programs
- To increase capacity of village support groups in participatory planning, implementation and participatory monitoring and evaluation
- To develop the ownership of the community for their own health development, and to empower people, especially the disadvantaged with respect to poverty, gender, ethnicity and disabilities

Background:

In 1996, the community-managed health development (CMHD) program was introduced by MCNV in Quang Tri. In 2000, it expanded to Khanh Hoa and Phu Yen in response to demands from their own health services. In 2006, CMHD was started in Sepone district, Savannakhet province, Laos, on their request after visiting Quang Tri.

Definition:

CMHD is an approach to a healthy community, a process to facilitate communities to gain ownership of their health and development. In this process, citizens in rural and urban settings make their own health development plans, based on their own analysis of their health situation and largely on their own resources. During the analysis of their situation people find the root causes of their health problems. These health problems are often related to poverty and a general lack of access to social, cultural and political opportunities.



By participatory planning, implementation and monitoring and evaluation to solve problems, citizens improve their health in a sustainable way according to their own perceptions of their needs, appropriate to their local context. MCNV works with all the people in the community but pays special attention to the disabled people, ethnic minorities, the very poor, women and children. CMHD can encourage and ensure participation of these disadvantaged groups in development processes.

Activities:

The CMHD programme includes five components:

1. capacity development of villagers, health and other staff and managers at all levels,
2. village health development plans and sub-group projects,
3. income generation activities,
4. community-based rehabilitation and inclusive education,
5. behavior change activities.

Development of civil society is also important in the CMHD process. MCNV facilitated the partners to establish Disabled People's Organizations (DPO) and an Association of VHW that have contributed their members' empowerment. Research is carried out on impact of the interventions, in collaboration with students from Vrije Universiteit Amsterdam. CMHD also supports social activities organized by the community & DPO to raise community awareness on gender, health problems and to promote social inclusion for PWD.



Achievements:

Although it was initiated more than 10 years ago, CMHD is still a dynamic process and the model is still developing in response to the evolving context in the project areas. CMHD has demonstrated that it can improve the lives of the poor and empower the most vulnerable groups in a way that is appropriate for the Vietnamese system. The approach has also been duplicated successfully in different rural and urban areas in Vietnam and more recently has been successfully replicated in rural Laos.