



## Policy Brief # 12

# Health and Accessibility of Health Care for Residents of New Development Areas in Bishkek

This review is based on results of a survey using qualitative methods of assessment. The goal of this survey was to assess health and accessibility of health care for residents of new development areas of Bishkek city.

### 1. Relevance

Problem of poverty is a priority of the government policy in Kyrgyzstan and activity of international organizations. Most of implemented surveys in this field were focused at the problems of rural population, and poverty in the city had not been thoroughly examined.

### 2. Background

Large-scale internal migration started in Kyrgyzstan in the beginning of 1990 and it was primarily a response to social vulnerability, unemployment and high level of poverty in rural areas. In general, for the period since declaration of independence up to 2001 about one third of country population migrated primarily to the capital. By 2004 at area around Bishkek city about 26 new built districts with different level of infrastructure development were formed. Total amount of people living in the new development areas varies from 80 up to 300 thousands based on different estimates.

### 3. Survey's Objectives

The objectives of the survey involved examination of health and patterns of seeking healthcare, including:

- Detection of health problems and their causes, from the viewpoint of people living in new development districts;
- Examination of accessibility of health services in new development areas in Bishkek.

### 4. Methodology of Survey

Focus-group methodology is identification of people's viewpoints, mindsets, and their specific experience with the help of group discussion, which allows understanding internal essence of the problem.

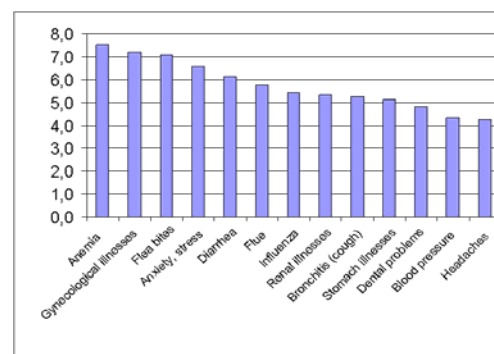
Focus groups were formed on the basis of categories of sex-age (men, women, separately pregnant women, teenagers-boys, teenagers-

girls), income level (people with low and average levels of income), quartalniys (rayon administration officer in charge of registration of residents in that area – note of interpreter), representatives of NGO and FGP doctors.

This survey was carried out in three new development districts with different level of infrastructure: "Archa-Beshik", - one of the most developed new district, "Dordoy" – new district with middle level of infrastructure development and "Ak-Bata" – one of the poorest underdeveloped newly built district. 24 group discussions were held with 8-10 people in each group. In total 214 people were participated. Unified methodology in its structure was developed to hold a discussion in all 24 groups, in order to receive comparative results (this methodology is available at <http://hpap.med.kg> in the full version of survey report). Focus-group participants had been asked to list health problems in the new development districts, which were ranked in order to define most common and most significant (which provide greater impact to their day-to-day life) health problems. During the second section of the group discussions, participants were identifying the major reasons of detected health problems. The third section was focused at identification of patterns for seeking healthcare by residents of new development areas and potential barriers in accessibility of health care, as well as positive and negative factors in healthcare delivery at primary and secondary levels.

### 5. Outcomes

#### 5.1. Most Common Health Problems





It is obvious that anemia is the most common health problem. Statements of respondents are provided below (Thereinafter in italic – note of the author)

*«Anemia is a result of malnutrition. I feel dizziness, things are flashing before my eyes. I've been always feeling tired, it is hard to do even home work.»*

Besides, gynecological diseases are widely spread, which they referred are a result of supercooling.

Residents of all new development districts mentioned the problem of fleas and rats, which create a potential threat for outbreaks of different communicable diseases.

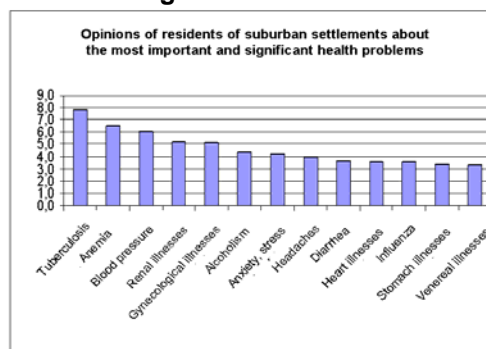
The fourth most common problem is headache/emotional tension and stresses. Poor arrangement of domestic life, poverty, and financial issues – all these problems directly impacting mental health of people living in the new development areas. «*Bash ooru*» translated from Kyrgyz means "headache". However, this term should not be interpreted literally. Residents of new development areas meant by this a general concern by living conditions and standards, concern about the future of their families, children, etc. If translate semantic of the terms "headache", one can get the concept emotional tension and stress, and we have used this in our interpretation.

*«There are too many diseases caused by stresses, since there is no jobs, there is nothing we can occupy ourselves to feed our families. Here is always lack of money for a normal life, one don't know, where to look for a job, where to take money for bread, for construction and all these headaches are caused by these factors...»*

The fifth most common problem is a diarrhea. They found out very interesting difference from the similar survey, conducted by Kyrgyz-Swiss Health Reform Support Program in rural area of Naryn and Talas oblasts, where diarrhea was not in the list of most common health problems. Several explanations of this fact are possible, the main of them are the issues of hygiene and poor sanitary condition in the city, in particular in summer period, which cause higher prevalence of diarrhea. Another side of these cases can be that people taking this problem not as a disease, but as just a part of life. Diarrhea is a serious problem for residents of new development areas and careful attention should be paid to this problem in the future.

*«There is no one child or an adult that didn't have a diarrhea at least once a year, in particular in summer...»*

## 5.2. Most Significant Health Problems



People believe the tuberculosis is the most significant problem that influences all aspects of life from above mentioned ones.

It is worth mentioning sufficiently comprehensive knowledge about anemia and a real threat to the full-fledged life as a consequence of this disease. The next one is blood pressure, which is according to residents implies the threat of very burdensome for life and has a threat of serious complications. Kidney diseases and gynecological disease are at the same place. Groups of women and teenagers attached very high importance to alcohol addition problem.

*«Alcoholism impacts life negatively, because in case any family member suffers with alcoholism, it means that the whole family suffers (this is related in particular to psychological climate). People often loose their jobs. All these factors are causing depression, crime...»*

## 5.3. Main Causes of Health Problems

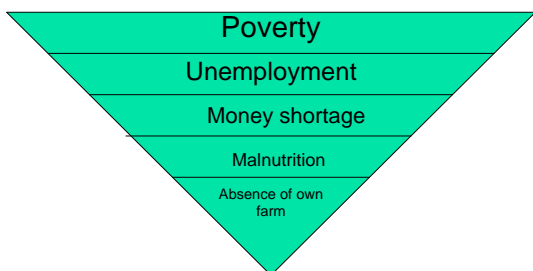
Then people were asked about the causes of detected health problems. All listed causes were grouped into four main categories:

- economic factors
- housing conditions and environmental factors
- social and psychological problems
- lifestyle

The figures reflect schematically the most important causes, according to priorities, in descending order. On the basis of the pyramid the most frequently referred cause is reflected in large print, and then – in descending order.



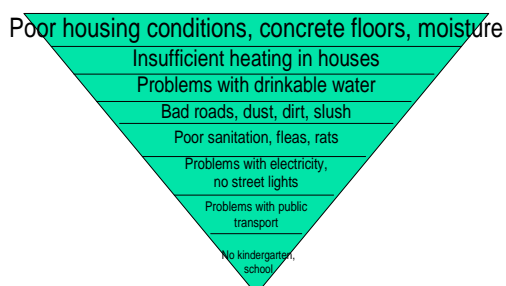
### Economic Factors



The most important causes of health related problems are poverty and unemployment with implied consequences, such as shortage of money, malnutrition, impossibility to have own household. Overwhelming majority of able-bodied citizens doesn't have permanent job, only temporal earnings, such as construction, some works at markets (packers, barrow cart carriers, etc.).

«The cause of many problems, not only health-related problems is poverty. If you don't have a job, you have to think all the time how to survive the next day" (32-years old man in "Dordoy" market)

### Living Conditions and Environmental Factors



Almost all respondents pointed out at poor living conditions. Even in the most developed new built district "Archa-Beshik" the share of completely equipped houses does not exceed 20-30%. More than 80 % of all respondents have concrete floors. The situation with drinking water is worst of all in new development district "Ak-Bata", where people are taking water from one source. And the most distant house is located three kilometers away from this manhole, which is not protected from pollution, which had resulted in massive cases of contamination of people through the water.

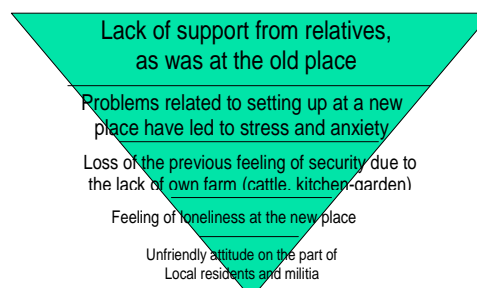
Roads are another big problem.

«In summer time roads full of dust, in autumn and winter they are full of impassable mud and slash" (40-years old lady, "Archa-Beshik").

Absence of school in the new development areas "Dordoy", and "Ak-Bata", according to residents is a reason for health related problems, in particular for growing up generations.

«They teach in schools the basics of healthy lifestyle. But our kids don't attend school, since we don't have money. I want them to study, but they have to help me to earn money" (38 years old, "Ak-Bata").

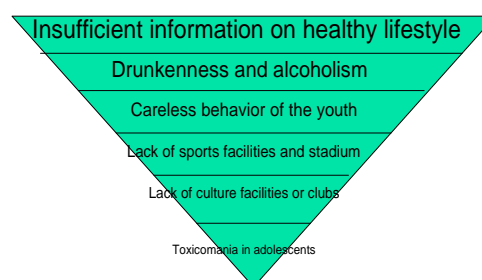
### Social and Psychological Problems



Lack of family support as people used to have at the previous place, becomes the main psychological factor, which provided negative impact at people's health. The cause for stresses and emotional tensions, according to the opinion of residents of new development areas, was the problems related to organization of their domestic life at the new place. All respondents marked that they had initial euphoria on the occasion of obtaining their own land plot in the city. This was taken as a great achievement. But soon some another feeling came, which were related to numerous problems.

«It is possible to last without a single tyyn couple of months in a village, because we have a vegetable garden and cattle. In the end, one can rely on support of relatives. Here, in the city it is impossible to make a single step without money" (45-years old man, "Archa-Beshik").

### Lifestyle



According to the residents of the new development areas, lifestyle plays an important part in health promotion. In general there is lack of information related to healthy lifestyle. They used to get this information from different sources (radio, TV, newspapers), and it is their opinion currently, that the state doesn't pay sufficient attention to this. Many people kept on



recollecting the times, when morning exercises were broadcasted by the radio, and people recollected TV program “Zdorovie”, magazine “Den-Sooluk”. Right now even newspapers became inaccessible to majority of new development areas’ residents.

Mostly women and adolescents stressed the importance of negative impact of drunkenness and alcoholism. Mostly women were mentioning light-minded behavior of youth. Quartalnys together with adult residents mentioned the absence of clubs as a factor that can potentially impact health. These things existed in the villages they came from and were functioning rather successfully. Boys-teenagers mentioned substance abuse. The prevalence is not that high, but nevertheless such phenomenon exists.

#### **5.4. Patterns of health care appealability by residents of new development areas. Barriers in healthcare accessibility, and quality of health care**

The third section of this survey was finding out the opinion of new development areas’ residents about health care services, delivered in new development areas, and where people apply to receive services, and what kind of services and possible barriers in accessibility of healthcare services. Analysis of all received opinions allowed highlighting several factors that limit accessibility of health services.

1. Low financial capacity of people for seeking health care. And priorities for expenditures are food, construction materials, and transport.

*«We visit a doctor only in severe cases, but before that we do self-treatment, drink hot tea, and take available drugs»*

*«Poverty causing all the problems, we sometimes don’t have money to buy bread, without even mentioning drugs».*

2. Inaccessibility of ambulance services, as a result of absence of accurate addresses, public telephone-boxes, long distance from the city and bad roads.

*«Ambulance didn’t come, first of all, because it was far away, and the second, because of absence of gasoline and specified addresses in our new development area».*

*«If we need ambulance service, we have to get to a hospital ourselves. We ask our neighbors*

*that have cars to give us a lift or go by passing cars».*

3. Poor level of equipment in FGP and FMC that makes people seek healthcare in different healthcare facilities, located in the city.

*“What’s the point of going to FGP where one have to wait for results for 5 days, when on different city hospitals one can go through a medical check for one day”.*

*“They make only blood and urine test in FGP, and in order to have other tests done, one have to go to the city, and it is not convenient”.*

4. Inadequate household visits by a family doctor of new development areas due to large distances within new development areas, absence of transport and poor condition of roads.

*“Doctors don’t do home visits, they visit only newborns. This is understood, since how one can visiting homes on such roads, in particular in slush and mud”.*

*We make household visits at daytime, when parents and adults are not at home. But children cannot say anything clear, or even don’t open doors. It is desirable to cancel them, since they take a lot of time, and why a doctor should run after patients that are not interested in their health (FGP doctors)”.*

5. Imperfection of Recordkeeping Mechanisms (registration – enrollment)

*“Without passport with city registration, FGP will charge some money for a visit, or won’t serve a patient at all. Although they say everywhere that FGP must serve people for free”*

*“I wanted to get registered, but they told me to bring a certificate of striking off the register certificate from the place where I was registered before. I cannot go home, I don’t have money for the trip. Eventually, they enrolled me to FGP”.*

FGP of new development areas have to serve not-enrolled residents for free (social security beneficiaries, emergency patients, pregnant women, children) on the basis of certificated received from quartalniy, although for FGP enrollment one need to provide a certificate their striking off the register from the previous residence. Very often it is not possible for different reasons. And FGP payment at that is done according to the number of enrolled people. In the end, FGP doctors provide more services



for a larger number of people within allocated amount of funding.

### Assessment of FGP/FMC and Hospitals Performance

Objectives of the survey included assessing the level satisfaction with FGP and hospitals services of residents of new development areas. And opinions with which all respondent agree were assessed as positive, or as negative sides, and in other cases, when there was no unemnity, these opinions were assessed as controversial.

#### Assessment of FGP/FMC

##### Positive aspects:

- Pediatrician makes visits to families with newborn babies every month
- FGP don't refuse to provide first aid
- Free vaccination

##### Negative aspects:

- FGPs are overcrowded, long waiting lines of people. Mixed reception (children + adults)
- No labs, ultrasound and X-ray units in FGP and FMC

##### Controversial opinions:

- Many people do not know their family doctor
- Friendly/unfriendly attitude of health professionals
- One can get drugs of humanitarian aid
- FGPs provide free health care for children

##### Positive aspects:

- Day regimen is observed there, doctors provide good treatment, administration of drugs is done in time

##### Negative aspects:

- Informal payments exist in some facilities
- After making co-payment, patients have to buy additionally some drugs
- We have to nurse sever patients ourselves

##### Controversial opinions:

- Hospitals conditions are better then at home (nutrition, heat)
- Double payment (co-payment + doctor remuneration)
- Hospital personnel sells the drugs at higher prices than in pharmacies)
- Hospitals need renovations. Many people in one ward
- Friendly attitude of health professionals
- Free service for poor in some health care facilities
- They don't treat patients without proper friends or money)

## 6. Conclusions

### Conclusions in regard to health problems

Health condition of internal migrants living in new development areas of Bishkek city is impacted by negative factors related to their moving and arrangement of their life in a new location.

The most common health problems in the new development areas are:

- - Anemia
- - Gynecological disease
- - Stresses and emotional tensions

Most important and significant problems:

- - Tuberculosis,
- - Anemia
- - Blood pressure

Health care for children is delivered at a good level. Residents of “Arch-Beshik” also expressed themselves regarding congestion in FGP, all FGP have poor equipment level. One of the reasons, why people often don't know their family doctor is personnel turnover.

*“Sometimes I come to visit my family doctor, and doctor then referrers me to have diagnostic tests done. When I bring tests results back to the doctor – another doctor sees patients. I ask: “What happened to the previous doctor?” They say: “He/she doesn't work any longer”. Three doctors have been changed already.”*

#### Assessment of Hospitals

Opinions concerning health services were based at opinions of respondents, or their relatives or acquaintances that were seeking health care in hospitals.

As it turned out, residents of new development areas prefer to go directly to hospitals, believing that quality of service and doctors qualification is better their rather than at the primary level.

Opinion concerning influence of anemia at all aspects of life, in particular at mother and child health, highlights again the importance of solving this problem in new development areas. Significant of gynecological diseases for female residents of new development areas stresses the importance of paying attention to reproductive health issues.

Main courses of existing health problems of residents of new development areas are poverty and its consequences, such as mal-nutrition, poor living conditions.

Another important causes are underdeveloped infrastructure of new development areas, problem in accessing clean drinking water, poor hygiene conditions, and lack of information concerning healthy lifestyle.

### Conclusions regarding accessibility of health services

#### General Problems



- Low financial opportunity of people to seek health care
- Poor level of FGP and FMC diagnostic equipment
- Inadequate household visits by a family doctor

Problems in new development area

- Inaccessibility of ambulance services
- Imperfection of enrollment mechanisms to FGP

## 7. Recommendations

Detected problems of new development area have nature of different types. Solving of these problems requires a comprehensive approach with involvement of all concerned ministries and agencies. On the basis of results of conducted survey the following recommendations were developed:

### For the Ministry of Health:

- Improve mechanism of enrollment to FGP
- Improvement of new development areas population awareness concerning their rights and responsibilities
- Further strengthening of primary care and public health services in new development areas
- To strengthen interaction between FGP and health promotion units and social departments of local authorities, involving non-governmental organizations

### For government authorities and inter-sectoral interaction

- Improvement of new development areas infrastructure
- Improvement of mechanisms of recordkeeping and registration of internal migrants
- Mobilization of local community to solve health-related problems

---

For more detail information contact Health Policy Analysis Project:

**Akunov Nurdin**      [nurdin@manas.elcat.kg](mailto:nurdin@manas.elcat.kg)

**Chechabayev Erkin**      [erkin@manas.elcat.kg](mailto:erkin@manas.elcat.kg)

**Melitta Jacab**      [mjakab@manas.elcat.kg](mailto:mjakab@manas.elcat.kg)