



Comprehensive Rural Health Project, Jamkhed

Final Report



INTRODUCTION TO INDIA

As early as my arrival at Mumbai's Chhatrapati Shivaji airport it became apparent that India is a land of many juxtapositions and opposites. The degree to which the social and economic extremes of this diverse and colorful nation can be so readily perceived is truly remarkable. With over half the population of Mumbai living in slums the gap between the rich and poor, the opulent and the destitute, the over privileged and the underserved was blatantly obvious even despite my then jet-lagged state. The sheer size of the slums and the horrible conditions in which people struggle to survive is something that is difficult to comprehend without witnessing it first hand.

Continuing my journey from the crowded city of Mumbai into progressively smaller cities, towns and villages provided yet another perspective and contrast into Indian society, namely that between



rural and urban lifestyles. This journey served as the backdrop to a much larger learning experience which I readily embarked on for the next ten months. As we drove up to the Comprehensive Rural Health Project (CRHP) compound I felt as if I was entering into the pages of a book, namely that of *Jamkhed*, written by the Aroles themselves, which I had read only a short while back. This oasis of thought and innovation lies just outside the main town where the weekly Saturday cattle and vegetable markets draw bustling crowds of people and animals from dozens of smaller nearby villages.

After only a few days into my stay I realized that this remotely located organization with its network of over one hundred partner villages, which dot the plains and hills of Ahmednagar district, represented something very special. This was not merely a project focusing on a handful of interventions in order to improve key health indicator rates (e.g. infant and maternal mortality). This was a philosophy by which to achieve holistic, positive and long-lasting transformation of families and communities, improve the quality of life, reduce poverty and its effects on health, and ensure equitable access to quality health care services for all, especially the poor and marginalized. Under the capable and visionary leadership of Drs. Raj and Mabelle Arole the project transcended beyond this revolutionary ideology and actually created a movement which spread far beyond the villages of Jamkhed, incorporating such fundamental concepts as grassroots empowerment through comprehensive and value-based training and development.

In both formal and informal sessions I met with the health workers, local community groups, and the staff of CRHP. It was from these discussions and after hearing a number of personal stories that I learned about the cruel and divisive nature of the caste system and how it continues to remain an inherent and deep rooted aspect of Indian society, especially in the rural areas. The generally low status of women as well as their inhumane treatment as children and adults likewise became painfully apparent after hearing the personal histories of women who against all odds overcame unimaginable hardships and animosity that are tragically perpetuated in a lifelong cycle within the context of poverty. The seeming paradox of India's history



of electing strong female leaders to the highest of political offices was a contradiction not lost to me and only indicates how complex this ancient yet rapidly modernizing society really is.

These experiences gave me a brief yet powerful glimpse into the lives of people whose stories are rarely told as they remain virtually cut off from the outside world, save for the telephones and satellite TVs that are quickly becoming ubiquitous even in the most isolated of India's rural areas. What was most profound about these encounters was that I was witnessing significant social and psychological transformations that have occurred and continue to occur at the individual and



community levels. Despite facing so much strife and having the odds stacked against them these people somehow managed to overcome and even reverse the social evils that had been taking place in their villages for hundreds if not thousands of years, passed down from one generation to another. The important question of how such strong and seemingly intransigent traditions, superstitions and customs were reversed and even abandoned through the efforts of social outcasts (e.g. Dalit men and women, tribals, leprosy and HIV/AIDS patients) was to consume me for months to come.

COMMUNITY-BASED HEALTH AND DEVELOPMENT TRAINING

The formal training component of this fellowship involved participation in CRHP's two month Diploma Course on community-based health and development (CBHD). The participants were of diverse nationalities and backgrounds, including health and allied health professionals, NGO/non-profit workers and students. Such diversity proved to be extremely conducive in producing a rich cross-cultural learning experience and an exchange of ideas and experiences. A wide range of teaching styles were utilized including lectures, group discussions, small group work, individual and group projects/presentations. Participatory learning was emphasized and encouraged throughout the course. Major topics included factors of health; socioeconomic and health conditions in India; principles and practices of primary health care with an emphasis on community-based approaches; urban versus rural health issues; women's and child health; social and physical aspects associated with common chronic and infectious diseases particularly in developing countries; herbal medicine; and alternative health systems. Each of these categories was further subdivided and discussed in detail over the period of several days to a week. Class time was also devoted towards personal development and included sessions on confidence/self-esteem, leadership, communication and public speaking, adult learning, and motivation.



The major project during this course involved working in groups of four or five to create detailed action plans for implementing community-based primary health care (CBPHC) projects in the participants' own work areas. I was placed with a group of four women from Northeast India and one from China, all of whom were trained nurses working in mission hospitals and community

health centers. The topic we were assigned was “child care and integration of CBPHC and hospital.” We agreed to focus on the area of that person who had the most experience and involvement with community work and would therefore be more likely to successfully implement the project. Being the facilitator of my group entailed having to delegate responsibilities and encourage equal participation despite differences in training, methodology, and language. Although we struggled at times to come to a consensus on certain issues, overall our group worked well together and successfully completed our task of submitting a written action plan and formally presenting our work to the entire group. The document we produced will be presented for evaluation by our chosen group member to her organization and if approved may move into the implementation phase.

Overall the course provided an excellent framework by which to understand the principles and practices of comprehensive primary health care. In a way it entailed deconstructing the dominant view of biomedicine’s superiority over other health systems and differentiating the difference between medicine and health. The ingrained Western belief that only health professionals can and should be involved in healing was disproved through field observation and discussions with trained village health workers (VHWs), many of whom were/are illiterate. These women (CRHP encourages the selection of female health workers), many of whom working for well over a decade, have drastically improved the health and quality of life in their communities through culturally appropriate health education and prevention, prenatal care, family planning, growth monitoring, treatment of common illnesses, and much more. These incredible women eagerly shared with us their experiences as health workers and the transformation they have observed in themselves, their families and communities. They are living proof that the health of a community is not dependant on doctors and hospitals but rather on having the proper knowledge and the ability to use that knowledge for the common good. Indeed CRHP has proven that 80% of all health problems can be solved directly at the village level through mostly non-medical interventions combined with the effective ongoing training of health workers. However, the success of CRHP’s preventive health programs is in part related to the quality of the curative services which is offered through their secondary care hospital and clinics.

GENERAL ACTIVITIES AND PROJECTS

Following completion of the two-month CBHD Diploma Course I had begun to research and gain interest in environmental health particularly as related to water and sanitation. With the awareness



of the importance of a safe and reliable water supply to the health of a community I along with another course participant began devoting time to work on developing an existing technology known as the Biosand filter to provide effective low-cost water filtration technology at the household level in the villages partnered with CRHP. Initially starting out as an experiment to introduce Biosand filters as an appropriate technology to reduce the incidence of waterborne diseases due to consumption of unsafe drinking water, the project has grown to include many other components related to water and sanitation.

The program, which has been named *Water for Life*, was conceived after conducting research and writing an extensive proposal for a three-year program. Coupled with a community-based program the aim is to build local awareness of relevant environmental and sanitation issues as well as building the capacity of community groups to act on them. This includes community-managed monitoring and improvement of sanitation, hygiene and drinking water quality within the project villages of CRHP. The program utilizes a participatory approach in which designated teams in each village would receive appropriate training and equipment to regularly monitor the quality of local drinking water, conduct sanitation and hygiene surveys, raise local environmental awareness, and work effectively as a community to initiate any necessary improvements and changes. The related practical training I have received in Jamkhed has greatly enhanced my awareness of the need to actively seek out community participation and involvement in all levels of program planning and implementation when considering the use of appropriate technology.



Aside from my work on the *Water for Life* Program I was actively involved in a number of administrative activities including report, proposal and grant writing, fundraising, and strategic planning. In addition to the valuable experience and skills I have been receiving in this aspect of non-profit administration it was a pleasure to have put my skills and energy to use in assisting CRHP with this essential task. Faced with the ever increasing demands and scarcer resources of donor agencies and foundations CRHP has found itself in need of greater assistance in responding to this challenge. The increasing number of voluntary organizations has also contributed to a high degree of competition for funding. It has become clear that a professional PR or fundraising coordinator with excellent English communications and computer literacy skills is vital to maintain the financial sustainability and global outreach of this organization in the long term.

In the current era of the internet and unprecedented technological innovation the need to stay current and “connected” is vital. To this end, in order to promote the incredible work and transformation that has been taking place through the many community-based programs and training activities of CRHP I have been working alongside several of the staff members to completely redesign the CRHP website and produce high quality and up-to-date brochures and informational materials. We are also planning an online and published newsletter to highlight the current activities of CRHP, profile hard-working community groups and volunteers, and to spread the ongoing successes and accomplishments of the Jamkhed model throughout a larger network. These activities can greatly assist CRHP in the process of increasing global visibility, model expansion, and widening the support base. Through these efforts we hope to transform CRHP into a truly global organization with a wider grassroots support base, meaning that the majority of funding should preferably come from socially-minded individuals rather than large international NGOs whose shifting demands may not always be congruent with the goals and mission of CRHP. By tapping individual donors, particularly in the U.S. and Europe, CRHP would in effect raise awareness among developed nations for the great effectiveness and value of a holistic and grassroots approach to health and development.

CLINICAL EXPERIENCE

The hospital and clinics of CRHP present an invaluable practical training opportunity for any medical or other health professions student as I have come to know. The experience of observing and assisting in over a hundred surgeries of many different types, shadowing experienced physicians on daily rounds, participating in out-patient clinics and in community-based medical camps at such an early stage of my medical education was truly incredible and will provide much motivation for the years to come. Many of the hospital's staff including nurses and doctors (both residential and visiting) are highly knowledgeable and experienced. They enjoy teaching and gladly took the time to explain or demonstrate various techniques and procedures that allowed me to obtain practical hands on experience. For example, I was given the opportunity to physically examine patients with heart disease, cancer, TB, pneumonia, leprosy, OB/GYN and many other conditions and illnesses with palpation, auscultation, and other clinical techniques that were demonstrated to me.



The knowledge and skills I was exposed to included the techniques of physical examination, history taking, suturing, basic patient care, surgical anatomy, and the diagnosis, etiology and treatment of a wide range of communicable and non-communicable diseases, especially those most common in



poor and developing areas. A small sample of the most common types of operations being performed at CRHP's hospital include appendectomies, hysterectomies, Caesarian sections, injuries and abscesses, skin grafts, tubal ligations, hernias, and many others. Concepts such as rational drug therapy and low-cost quality secondary care are essential components of CRHP's medical activities and services. The prohibitively high cost of many lab tests and diagnostic equipment on the poverty-stricken patients of the health center has enabled the

clinical staff to greatly enhance their skills and clinical acumen. Throughout my tenure at CRHP I have come to appreciate this *pure* practice of medicine and in certain ways its superiority over the current Western approach which more and more emphasizes over-reliance upon complex technology and automation while slowly abandoning many time honored practices which rely on the five senses, common sense and valuable experience that comes from practicing patient-centered medicine.

The experience I obtained at the CRHP hospital has given me a true appreciation for the complexities of the human body as well as the amazing process of healing as I was able to observe the daily health improvements in patients recovering from various



illnesses. As I have learned, a holistic approach to patient care including compassion and emotional support are often far more helpful and therapeutic than medication alone to a person's quick recovery. Having done away with visiting hours and many other restrictions regarding family involvement in a patient's in-hospital care was truly a revolutionary approach that has produced exceptional results in terms of outcomes as well as general effectiveness of the curative services being provided. Nurses who work in the CRHP hospital understand the importance of teaching family members the proper way to care for the patient and, therefore, where possible train and then allow the family to administer most of the necessary medication and basic care. This greatly helps to ensure proper adherence and compliance with medication and other treatment after discharge from the hospital. Even during the operation itself one family member is allowed to observe from inside the theater. Explaining the basic procedure of the surgery to family members is but one of the ways by which CRHP is working to demystify medicine in order to empower and bring health to those who have for so long been exploited by politicians and professionals including doctors.



OUTSIDE PROJECT VISITS

On several occasions throughout this fellowship I was given the opportunity to visit CRHP's satellite project in the hilly tribal area known as Bhandardara. Traveling to several villages and



learning more about the incredible work being done in that area of Maharashtra has greatly enhanced my appreciation of the positive change that can be accomplished using the CBPHC approach and effective/appropriate health education despite a lack of adequate medical services in the vicinity. Seeing the enthusiasm and impressive health knowledge and skill levels of the local VHWs and the positive changes that have occurred over the last decade has been a

very uplifting experience. This was made especially so by the people's strong sense of ownership in these achievements as well as their commitment to further develop their communities.

During the month of November 2005 I traveled with Dr. Shobha Arole to New Delhi where we conducted an evaluation of a community-based organization called Asha, which was inspired and based on the Jamkhed model in the late 1980s. The five-day evaluation involved visiting project slums, speaking with community groups and health workers, local politicians and government officials as well as the staff of Asha. Extensive field visits were conducted at each site to assess and evaluate changes in environment and infrastructure, sanitation, and apparent health knowledge and conditions. House to house visits were used to validate records and documentation as well as assess living conditions. The exposure I have received has made me more conscious of the issues surrounding



urban poverty as well as the problems and obstacles faced by slum dwellers. Besides gaining a fuller understanding of the health-related issues existing within slums this valuable opportunity has allowed me to corroborate the true power and effectiveness that comes from empowering individuals, especially women and children, and communities with knowledge and skills that I had previously only seen in the villages. Furthermore, learning the skills and methodology necessary to conduct a project evaluation will prove to be a useful asset in the future.

As part of VISA requirements it was necessary for me to leave the country during the month of February. I used this time to spend nearly three weeks traveling to Nepal and New Delhi where I



visited and spent time with other NGOs working in the field of community-based health and development. This was an amazing opportunity during through which I was able to improve my understanding of how to adapt the methods and principles of CBPHC under diverse settings and circumstances. The first project I visited was called Share and Care Nepal, headed by Ramesh Khadka. Focusing on health, education, environment, community mobilization and development this NGO was heavily inspired by CRHP and the Jamkhed model and is now achieving very impressive results in villages scattered around Kathmandu Valley. This unforgettable experience gave me a taste of the life, culture and relevant issues existing in the villages of Nepal.

Throughout the rest of my NGO tour I visited various organizations, both large and small, working with whole communities or specific populations. These organizations included the Nepal Family Health Program, Plan International India, Asha society, CREA, and Pratham. Discussions with staff at each organization gave me a good perspective on the different approaches being used to achieve community development and positive change. Although health was not always a direct focus area of some of these organizations, working to improve the quality and access to education in the case of Pratham or empowering women in the case of CREA, can have indirect and far-reaching consequences that can markedly improve people's health and quality of life. These meetings have also made me aware of the need and value to network with other NGOs working in specific areas of development in order to combine efforts and create a truly comprehensive PHC-based approach for community development. The resulting synergy of this collaboration, relying on the skills and resources of different organizations, can surely achieve effective holistic empowerment. However, as these past ten months at Jamkhed have taught me relying solely on a narrow or selective approach without incorporating the important components influencing the health and living conditions of people is not nearly as effective or sustainable as is an integrated and comprehensive model.

ACKNOWLEDGMENT

The honor and privilege of having been part of the Comprehensive Rural Health Project (CRHP) in Jamkhed, India for the past ten months will forever remain a pivotal turning point in my life. The Mabelle Arole Fellowship is truly unique in its ability to deliver an exceptional and multifaceted training opportunity in the field of community-based primary health and development. This experience has surpassed all of my expectations and will remain a strong motivating force for the rest of my life. The knowledge and wisdom shared with me during the course of this fellowship will undoubtedly serve as a valuable resource and guide during medical school and the years to come.

I am extremely grateful for having met and been mentored by Drs. Raj and Shobha Arole whose selfless dedication and commitment to the noblest of causes is hard to come by, especially in this day and age. Although I was not fortunate enough to have met Dr. Mabelle Arole it was an honor to have carried her name through this fellowship. The legacy she left behind could always be felt and her spirit and passion have left an indelible mark on CRHP, the villages of Jamkhed and all the village health workers who have been transformed through the tireless efforts of the Aroles. I also want to acknowledge Ravi Arole for the sincere kindness, friendship and support which he has shown me during the ten months of my fellowship and for his sincere dedication and commitment to the cause of CRHP.

Lastly, I would like to acknowledge JSI Research and Training for their continued support and funding of the Mabelle Arole Fellowship. The relationship between JSI R&T and CRHP has provided and hopefully will continue to provide a profound and truly unique learning opportunity for medical students at a critical stage in their career. This fellowship will cultivate well-rounded leaders in the fields of public and global health for years to come given the continuation of this partnership.