



# CELEBRATING

# Community Health Cell

## *Some Reflections*

Prem C John

The seventies and eighties were, to borrow a phrase from an old song, a time of innocence. Following up on the concept of community health that evolved during the late sixties, several, though not too many, people were reaching out to communities in order to make health more accessible to those who needed it most. Doctors, as is well known, were not scholastically prepared to deal with communities, with social issues, in fact with ordinary people except in a clinical, four-walls-type of situation then. (Whether the situation is any different now, we don't know!). The fact is that those who went into communities went in wide-eyed and mostly devoid of skills to integrate and serve the communities of the poor. The fact is also that most of them were willing to de-learn, learn from the communities that they were serving and thus become more relevant to them. The fact is also that the early successes that they undoubtedly achieved (to name a few – Jamkhed, Deenabandu, Aurangabad, Hoshangabad etc.) were due mostly to chance than to a considered, informed, educated plan of action.

In this scenario came Community Health Cell (CHC). They dared to dream differently. They dared to follow up on their dream. Rather than depending on a throw of the dice, they came with an informed plan of action. This would not have been possible if CHC had a mere academic background. The people involved – Drs Ravi Narayan and Thelma Narayan, and their team of capable young people – were primarily activists in academic clothing but the time, then, was ripe for such interventions, such 'educated' inputs, such university type of organized thinking and action in the guise of

activism. This brought a qualitative change to the practice of community health and gave a handle, as it were, to other practitioners striving to fill the needs of the poor.

CHC's influence, over the years, has been felt at different levels. Firstly, at the grassroots level, informed interventions brought about tangible changes. Their involvement with faith-based organisations, which had and still have a very significant role to play in health services, especially at the community level, brought about national-level change in thinking, planning and implementation of community level programmes.

Secondly, CHC then, intervened into mid-level activism by training a large number of trainers of health workers who continue to play a significant role in making health a reality to the poor.

Thirdly, CHC selected and trained enthusiastic, dynamic, committed community health thinkers and activists with leadership potential who were then able to make an impact at the national level.

Fourthly CHC, consciously involved itself with the government and its systems and structures which many community health activists and practitioners had looked upon with suspicion. As one looks back, this fourth thrust was one of the outstanding strategies that have paid rich dividends since, ultimately, the state has the primary responsibility for providing health. Provoking the state with creative ideas of action and influencing state implementation of health delivery systems on a geographically and demographically significant scale has been one of the major achievements of CHC, of continuing significance.



Fifthly, by involving itself with national entities such as Jan Swasthya Abhiyan and Medico Friends Circle, CHC was able to draw upon their experiences at various levels to influence thinking and practice at local and national levels for non-governmental organizations and state and national health systems.

Sixthly, on an international level, CHC's achievements have been no less than outstanding. On the strength of their community level and national level achievements, they have been able to intrude into international health thinking and decision-making with special reference to the World Health Organisation where CHC's influence has been pervasive.

Along the way, CHC successfully demonstrated that it is possible to raise significant amounts of money from Indian sources instead of relying solely on foreign funds alone.

Having done all this, they involved themselves with the People's Health Movement (PHM) wholeheartedly

and hosted the PHM Secretariat in Bangalore for three years. Three very significant years in the growth and outreach of PHM. In a sense, the philosophy, the values, norms and practices that CHC developed over the years are now part of the people's health movement worldwide.

Their record has been outstanding and achievements countless and of far reaching significance. Ravi, Thelma and their team have set an example that is hard to emulate. It is also hard to write laudatory notes about them since a lily does not need gilding!

On behalf of Asian Community Health Action Network (ACHAN), the Chairperson, Dr. Qasem Chowdhury and other trustees, it is my privilege to greet CHC on its Silver Jubilee and to hope that the next 25 years will prove quite successful for them. ■

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*(Continued from page 49)*

- They also discussed on common problems faced by women (white discharge) and got clearer understanding of identifying the symptoms to seek medical help in time.
- They learnt about components of herbal medicines for headache, pimples, cracked feet etc

The programme is still continuing through various efforts like advocacy, capacity-building and networking and all of these are linked to health action. Very recently, there was a meeting together of health workers from many parts of Karnataka to discuss their experiences and challenges in community health action.

### **Women in Primary Health Care**

To commemorate the 30<sup>th</sup> Anniversary of the Alma Ata Declaration in a meaningful way, a two-day workshop for the community health workers of Karnataka was organized on 10<sup>th</sup> and 11<sup>th</sup> September 2008 by the Community Health Cell. Community health workers and health activists came together to share their experiences, challenges and hurdles faced by them in Primary Health Care.

Excerpts from the dialogue

- Women are playing a major role in addressing women's and children's health issues. They have developed skills in identifying diseases pertaining to women and giving herbal treatments. They have

succeeded in conducting and assisting in normal deliveries and in identifying difficult cases and referring to the hospitals. In most cases they accompany women to hospitals during the time of delivery.

- Depending on the training received they have been able to identify malaria, T.B etc and in conducting the preliminary tests and referring to hospitals. They are also able to give medicines for common ailments.
- Those who were trained in herbal medicines have cured many cases of paralysis and skin-related problems.
- They help the poor and marginalized sections of the society in accessing the health systems, public distribution system, panchayats etc as well as tackling social issues (violence against women, alcoholism, superstitious beliefs etc) in the community.

It is evident from this experience that when women are empowered they are able to bring in changes in the community. Community Health Workers, mostly being local women, have tried to revitalize primary health care through the knowledge gained. There is a need to enhance their capacity with the updated knowledge to keep the community healthy and link them with the system to access their health rights. ■

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