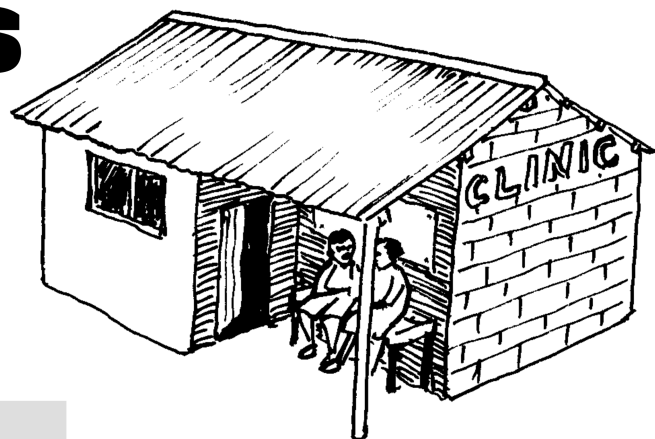


Community links for sustainable healthcare



by Dr Shobha Arole

THE IMPACT of sustainable, community-based healthcare has been studied recently at the Comprehensive Rural Health Project in Jamkhed, North India, through a one-year study in three villages nearby. The findings are shown in the diagrams on pages 8 and 9. The first diagram indicates the pattern of access to healthcare and other facilities in villages before community health staff began work. The second shows the impact of effective community health work three to five years later.

A typical village

The first diagram (page 8) shows a village divided by economic and social barriers. It is made up of the following groups of people...

A few wealthy people with easy access to all the necessary services – such as schools, doctor, government officials, bank and credit facilities, clean water and transport.

Poor, marginalised people (the majority), who are...

- dependent on home remedies, herbalists and local healers

- dependent on the rich for employment
- without power to make decisions
- without access to outside knowledge, government or NGOs
- without good access to health facilities
- without access to safe drinking water.

People with leprosy, AIDS and TB, who are driven out of the village and live nearby.

Women, who are marginalised both within their family and within the community, receive less food than others and no money for healthcare.

Effects of community-based healthcare

When Jamkhed staff first begin work in a community, they aim to build up relationships, and to build and strengthen community organisations. This takes much time. Games such as volleyball are good ways of bringing people together and relaxing with them. Jamkhed has found that effective organisations of women, men and children are vital to successful community healthcare. Motivated organisations can help cut across caste barriers, religious and other differences. They often include a few socially minded

rich people. When both caring health staff and effective community organisations are present, various results may occur...

- A community health worker (CHW) will be chosen and supported.
- The CHW and community organisations can work in partnership to make sure good health services are available.
- If community organisations are provided with good health information, they can assess the local health situation, analyse the causes and take action.
- People may also become aware of harmful cultural practices such as discrimination against women, and act.
- They may also understand the real causes and treatment of TB, AIDS and leprosy so that sufferers can be cared for within the community.
- Community organisations may improve the access to micro-credit for poor families.

The effects of these changes on the life of the village community are indicated in the second diagram (page 9).

Case Study

In Ghodegaon, Madhu was found to have HIV/AIDS. When members of the community organisation were given information about AIDS they lost their fear of infection and took care of him, provided work for his wife and helped look after his children.

Sri, a leprosy patient, had been driven out of the same village. After understanding the causes and treatment of leprosy, members brought him back home, made sure he had proper treatment and rehabilitation and today he is an active member of the men's group in his village.

