

A Sustainable, Comprehensive, Community-Based Primary Health Care Approach: The Jamkhed Model

The Comprehensive Rural Health Project (CRHP) has been a pioneer in developing sustainable comprehensive community-based primary health care (CBPHC), which has empowered communities to address their own health problems and development. Villages are transformed into cooperative and caring communities, working together to address root causes affecting health of the whole community, especially poor, marginalized, and women. CRHP's values-based initiative builds community capacity in order for the community to assess its problems, analyze the causes and develop its own solutions. From the initial 30 villages in the early 1970s, the project has expanded to serve a population of over 500,000. More than 25,000 health workers from around the world have been trained at the CRHP Training Institute, introducing this approach to over 170 countries.

In its model of effective health care, CRHP works at three interrelated levels:

- 1- Community** -- Village Health Worker supported by Farmers' Clubs and Women's Clubs
- 2- Mobile health and development team**
- 3- Health centre** -- clinic/hospital, training centre, administration

1) Community

The community is CRHP's level of primary focus as building community capacity is the principal goal of sustainable health improvement. The emphasis is on the Village Health Worker (VHW), women's and men's clubs, and more recently, adolescent and children's groups. The core of the model is centered on the VHW who is selected by her community and serves as the link between community groups, the Mobile Health Team (MHT), and CRHP. By empowering women predominantly from the lowest caste as the agent of change, these programs harness existing local human resources while overcoming traditional caste and gender barriers. Through ongoing education and support by CRHP, VHWs gain confidence and respect from the community and are able to empower their neighbors.

VHWs:

- Provide essential primary care (e.g., prenatal care, deliveries, children's nutrition and development, and referrals for treatment)
- Promote prevention, early detection, minor treatment, rehabilitation and referral for complications or emergencies, and addressing root causes through regular village checkups
- Educate, organize, and mobilize community members to identify barriers and actively develop solutions to public health problems

The formation of groups such as farmers' clubs (FC), women's self-help groups (Mahila Mandals [MM]), and adolescent programs help to reinforce the role of VHWs, and create support circles within the community.

MMs & FCs:

- Organized by VHW with help of MHT
- Education by VHW
- Assist VHW, e.g. assessment, analysis, planning, action, prevention & treatment (especially persons with chronic and stigmatized problems, e.g. TB, leprosy, HIV/AIDS)

Community-level programs are expanded through training and demonstration initiatives addressing key areas such as improved agriculture, water and sanitation, women's banking services, and training in small enterprises. In this way, knowledge is shared and solutions are developed to address community priorities.

2) Mobile health team (MHT)

The MHT is a multidisciplinary team that supports community work by following up on in-home patient care referrals and hospital discharges, visiting villages and holding community focus groups, and training VHWs, adolescent programs, and other group sessions through the training center.

The team consists of a nurse, social worker, paramedical worker and sometimes a doctor and an experienced VHW, all of whom are cross-trained and multipurpose. Its purpose is to support the VHW and supervise development activities in the village, and to be the liaison between village and health centre. In the early stages, the team visits a village weekly, and then more infrequently, until the village is able to manage without regular visits. The team visits the different villages everyday in the morning and is in constant contact with the communities. During the visits, the MHT and VHW follow up on hospital discharges and referral cases as well as new/developing social, health, and economic issues. Problems needing solution beyond their level are referred to the centre. In the evenings, the team holds various meetings of the different community groups, discusses relevant issues, or facilitates assessment (e.g. PRA) and analysis of problems and planning activities.

MHT:

- Building and maintaining rapport with community
- Support and Training of VHWs and community groups
- Help in information gathering, updating data, facilitating analysis
- Respond to requests from community for assistance with the process
- Referrals from VHWs (health problems, unresolved issues)
- If necessary, refer to Center – legal, social, economic, health issues

3) Hospital and Training Center

The hospital offers low-cost secondary care, including both out- and in-patient, for referrals from villages or tertiary care for complications, emergencies, and cases needing hospitalization. Only 20% of the patients are from the project villages, as most health problems are resolved at the community level.

The 50-bed hospital provides surgical, prenatal, delivery, emergency, and burn care while practicing low-cost care by having a basic facility, using effective but inexpensive medicines, and keeping costs down in surgery and other areas. Staff are cross-trained and multipurpose, and tasks are delegated to the lowest trained who can do an sufficient job, including relatives. The patients' relatives help the nurses in the care of the patients, which improves the healing process and allows for earlier discharge to home care by the family, as well as follow-up by VHWs and MHT. Patients are charged basic fees for the services in order to support the hospital as well as to avoid the problems that often arise with giving care free of charge.

The training center provides basic training in knowledge, skills and personal development to VHWs and other villagers, as well as seminars on various topics, including health, agriculture, credit and loans, income-generating programmes, government schemes, watershed management. The role of this health center is also to network with government and other agencies and to identify resources for training and community projects.

Results

This integrated system is effective and efficient for providing health care, focusing on promotion, prevention, treatment, and rehabilitation. Working with community groups, villagers prevent common health problems, treat minor illnesses, and deal with social, cultural and economic aspects of health and development including poverty, women's status, and caste system. Since the community is capable of taking care of most problems, secondary care is used more appropriately.

Communities handle 80% of health problems of the whole village, especially poor and marginalized, including communicable and chronic diseases, antenatal care, safe deliveries, child health problems. They are aware of when to refer cases, most of which the hospital can handle. The effectiveness of the system is denoted by problems beyond those common in developing countries including secondary obstetrical and surgical care and complicated medical and pediatric problems.

Impact

All major common illnesses are prevented or treated by the community members, including early detection, follow up of necessary hospitalization, and rehabilitation in the community, including stigmatized problems (e.g. leprosy, TB, AIDS). Common developing country diseases are under control, with resulting rates: e.g. IMR 19/1000, safe delivery 95%, family planning 60%, CBR 20, immunization 98%, malnutrition 3%, TB 4/1000 (down from 11). Chronic diseases are being detected early, and their management is done in the community.