

The JAMKHEd MODEL of MINISTRY

A Sustainable, Comprehensive, Community-Based Primary Health Care (CBPHC) Approach
based on Christian Values -- *Communities 'Health' Themselves*

based on the **Comprehensive Rural Health Project (CRHP), Jamkhed, India**

I came that they may have life, and have it abundantly. John 10:10

CBPHC as a Philosophy

The aim of the community-based primary health care (CBPHC) approach to health and development is to enable and empower people and communities to take health into their own hands – it is like the Kingdom of Heaven. It is necessary to address the basic causes of problems and to share Christian values leading to greater humanity by showing concern for the dignity of others with equity and justice. It is necessary to respect and trust people and facilitate the process of awareness building.

Health as a Right -- Health is a fundamental human right. People have the right to basic health services, and they also have the right to have the knowledge and means to acquire and maintain their health. Years of exploitation and feudalism have left poor people disillusioned, fatalistic, apathetic and with a nurtured sense of dependency. People are divided along caste lines and village politics. Women have a poor status, and literacy rates in the adult population are low. All these factors contribute to the poor health status and act as barriers in the achievement of community participation, a spirit of self-determination and self-reliance.

Medical Professionals & Health -- In the past few decades, with the rapid progress in medical science and technology, health care services have tended to become more technology oriented and expensive. At the same time a sense of dependency on the medical profession has been created. This monopoly of medical knowledge by the medical profession has resulted in medicalization of health. People in subtle ways are being denied the right to acquire and utilize health knowledge.

People & Health -- Human beings live in a community -- be it a family, clan or the larger rural or urban setting. Their well being and development are affected to a large extent by the way they are treated by these community groups and the society as a whole. Addressing economic poverty and building large infrastructures alone will not lead to better health. Health depends on individual and community action.

People are the key actors in achieving health. Poor people have coping mechanisms based on collective experience and wisdom. It is important to recognize this and enhance their skills and knowledge so as to increase their choices. People must realize that health ultimately depends on individual and community action and that, when organized and informed communities work together and hold the government accountable, sustainable PHC programs are achievable.

Health Knowledge -- The knowledge to acquire and maintain health is a human right. Health professionals need to change their attitudes and demystify medical knowledge. They should share knowledge freely, not by providing a few filtered messages that they think are best for the people. Knowledge should be shared in such a way that people can be empowered to assess, analyze and make the right choices themselves. The knowledge should liberate people and not intimidate them. It should lead to building self-esteem and confidence in oneself and others.

Primary Health Care (PHC) -- PHC is a radical shift from an individual, disease-based model, which is dictated by the medical profession, to one that views health from a broad perspective and where programs and priorities are defined and articulated by the community. Community-based programs ensure caring, knowledgeable and empowered communities contributing to their own health and development. PHC is ultimately about empowerment of individuals and communities so they have

control over their own lives.

PHC strategies embodied in the WHO/UNICEF Alma Ata Declaration of 1978 can lead to sustainable health and development. The undergirding principles of equity and justice result in changes in the lives of people. Empowered women from poor and marginalized communities take their rightful place in society. Infant mortality can be reduced by 90%. The majority of health problems in rural areas are simple; many are preventable or amenable to early detection and simple treatment. However, these problems can become worse and may even cause death if not identified and treated at the onset.

Sustainability of health care involves working with the communities and the health center in an integrated approach, dealing with promotive, preventive, curative and rehabilitative services and keeping in mind the economics of people. Sustainability is not only in financial terms, but more importantly through knowledge, attitudes, practices, values and the development of caring and sharing communities, where all people are included and their health improved.

Introduction -- CRHP, Jamkhed

The Comprehensive Rural Health Project (CRHP) was started in 1970 by Drs Raj and Mabelle Arole, a young Christian Indian couple, to provide health care to rural communities, keeping in mind the realities of rural India. CRHP developed a comprehensive, community-based primary health care (CBPHC) approach, based in Jamkhed (200 miles east of Bombay), which is far away from a city and is typically rural, drought-prone and poverty stricken.

The Aroles' idea was to develop a program that would involve the community in addressing its health problems, in preventing and treating the majority of the conditions with simple techniques, and dealing with the root causes, such as poverty, women's status and the caste system. It was their deep Christian conviction, faith and desire to serve the Lord Jesus that led them to serve the poorest of the poor, working with the whole community, in the ministry of healing and sharing the Gospel of love and good news the Gospel has to offer.

With deep Christian commitment and a vision for health in its broadest, wholistic sense, they started the program. The project began with a view to develop a health care delivery program best suited to the needs and resources of this rural area. The essential element of the project is the community's empowerment. From the beginning of the project, the different village communities were involved and participated in a partnership relationship with the project staff.

The strategies used include:

- * emphasis on the needs of the poorest of the poor
- * full community participation and involvement
- * integration of promotive, preventive, curative and rehabilitative health services
- * use of appropriate technology
- * a multi-sectoral approach to address all issues affecting health

The focus is on the community's full participation, having villagers responsible for PHC activities in their own villages. Knowledge and skills are shared with community members so that they can assess and analyze their problems and plan activities according to their local situation.

Over the years they have further refined the project, listening to and learning from the communities and getting villagers involved. They believed in the abilities of all the staff (sweepers and doctors alike) and of the villagers (no matter their formal education) – and taught them as much as possible. They de-mystified medicine in simple terms. It was important that everyone had the same information and gave the same messages about health and the project.

Their philosophy was to provide knowledge and training to all staff, and to delegate tasks to the person with the least education who could do the job. These persons were better able to relate to the community people, and to encourage health promotion and prevention; these were the staff that the community would turn to more often for information and advice, than to the formally trained outsiders.

After three years, the health status of the population already showed signs of improvement.

More importantly, the communities developed self-reliance, thus enabling them to continue their active participation in all health-related activities.

CRHP's vision: *People are made in the image of God. They are endowed with talents and abilities, and have the potential for personal growth and development. We are called to facilitate and empower them so that their health can be improved in a wholistic and integrated way, available to all with equity and justice.*

Jamkhed Model -- Principles

Goal – *To build the capacity of village people to enable them to participate actively and responsibly in primary health care (PHC) activities to improve the health (physical, mental, emotional, psychological, social, spiritual, economic) of the whole community.*

Based on Jesus' model of ministry, equity, integration and empowerment of people are the principles to improve the status of women and weaker sections of society. This approach results in overall development of the people, including wholistic health, that is appropriate and sustainable.

1) Equity – The needs of the poorest of the poor must be addressed. In addition to reaching out to them, they are also brought into the community, ensuring their participation. In order to resolve their problems, root causes must be identified and addressed. In reality, perhaps not everyone in the world will be able to have equal health care. However, it is possible to make sure that all people have access to necessary and relevant health care. These are issues of justice.

2) Integration – There are various aspects of this principle:

- a) *Wholistic* -- Health is not only absence of disease but also includes social, economic, spiritual, physical and mental well being. (ref. WHO definition)
- b) *Interdisciplinary* – team approach, multipurpose workers, cross-training
- c) *Health Care* -- includes promotive, preventive, curative and rehabilitative aspects (as much as possible in and by the community).
- d) *Comprehensive* – includes all programs (e.g. child health, maternal care, TB, leprosy) depending on the problems identified by the community.
- e) *Health Systems* – incorporates useful, affordable, appropriate elements of various health care systems, including traditional and home remedies.
- f) *Multisectoral* -- Health does not exist in isolation, but it is greatly related to education, environment, sanitation, socio-economic status, agriculture, legal, etc. Non-medical interventions are often more effective and have greater impact on well being. Some of these sectors are of greater interest to the communities from the beginning.

3) Empowerment -- Working at the grassroots with village health workers (VHWs) and community groups leads to the process of empowerment of women particularly and communities in general. Once people have knowledge and can make informed decisions, they have power they can use in constructive ways to transform their communities. They learn skills they can use for them-selves and for others. Positive values and attitudes build a caring and sharing community. By giving skills, knowledge and Christian values and sharing the gospel, empowerment of people, especially women, is emphasized.

It is important to get to know the community, to listen to and learn from the people about what they know, what they do and why, and to build rapport in order to develop a relationship of partner-ship. The key to bringing God's kingdom on earth starts with understanding people's needs. The project facilitates building the capacity of the community so the people themselves together can assess/identify their problems and resources, analyze their causes, decide what problem to work on, and develop appropriate solutions that will work in their community. This active participation of working together, with additional relevant knowledge and skills, sharing with and caring about each

other, brings about empowerment. The focus is on helping the community to 'health' itself, to gain control of their lives for the well being of all.

Ownership, or as written in Isaiah, people enjoy the work of their hands, comes about by empowering people. This is enabling people to have knowledge and skills along with sharing Kingdom values so that empowerment facilitates healthy, balanced men and women, and power is used for constructive, community-building purposes, with health for all.

Another principle is **Appropriate Technology** including people (VHWs, on-the-job training), facilities (simple hospital, community halls, home deliveries), supplies (basic, easily available), equipment (locally made and maintained), drugs (limited essential list and herbal), education (simple and local media), energy sources (renewable). Locally available resources – people (labor, knowledge, ideas), money and materials – are used as much as possible, including effective traditional methods and remedies. Equipment is technically appropriate and easily made, able to be maintained and repaired. The villagers are involved in using simple and traditional media for health education purposes, and the Village Health Worker uses simple equipment and effective traditional and simple modern remedies for her work in prevention and treatment. Utilizing VHWs, delegating duties to the lowest trained person capable of performing adequately, and training persons with little formal education to do various tasks are also examples of employing appropriate technology.

CBPHC Is Based on Christian Values

One of the important factors to bring about wholistic health and healing is to not only share information, but also impart Christian values. This involves sharing Kingdom values with people and enabling people to have a caring attitude and understand the importance of service and compassion.

CBPHC is more than knowledge and skills – it is a value-based approach that develops caring and sharing communities. Knowledge and skills are shared with everyone in the community. The community is organized and mobilized to address problems together. The poorer and marginalized parts of the community are reached out to and included in the community, with focus on their needs and problems, to be addressed by the community. Relationships within families and the communities are strengthened so life is more harmonious. Faith in a loving God undergirds these values, as all people are the children of God.

CBPHC as a Process

CBPHC is a process, not a program or a project. Its purpose is to develop the capacity of the community to assess, analyze and develop actions for any problem or situation that they identify, and to build a sense of community, of diversity working together. Villagers systematically are included in the planning process, in monitoring of activities, and in community surveillance of common diseases.

As the process develops in the initial villages, they are the catalysts for initiating the process in other villages through their sharing of their experience with their relatives and other contacts. They can assist in all stages of the process.

Basically, the Jamkhed process is the following, though it is not followed linearly (i.e. steps e, f, g do not have to be completed in that order before the next step):

- a) identify village(s) that want/invite you
- b) get to know and build rapport with the villagers.
- c) gather the people
- d) identify socially minded persons

- e) organize groups
- f) select/train village health workers (VHWs)
- g) identify/address community's problems
- h) learn about government programs and other resources and agencies in the area
- i) seminars for villagers

a) identifying village(s) that want/invite you – through contacts you have with various villages, e.g. through patients (if you are providing medical care), students (if you are with a teaching institution), parishioners (if you work with a church). [After the initial villages have developed, they will spread the word through their relatives and contacts in other villages.]

b) getting to know and building rapport with the villagers – the official and informal leaders (who need to give some kind of approval, and to gain their support if possible), the very poor and marginalized, women, and persons from various castes. Let your contacts introduce you and show you around the village, making sure you get to all areas, especially the poor and marginalized, who usually will not be seen readily in the community. Informally, spend time with the villagers, listen to and learn from them, find out about their problems and concerns, find out about their capabilities and coping mechanisms, respond to their needs. Once people realize that they are being heard and their needs met, their trust and understanding of the love of God increases.

c) gathering the people – bring the various groups together in an appropriate activity that will attract them, such as sports or entertainment; your contacts can help you plan and organize.

d) identifying socially minded persons – through the previous activities, learn about those people, present in any community, who are concerned about others, about socio-economic issues, about children, about caring for those in need. These are the people who can start work in their village, with your support.

e) organizing groups – groups of men and of women from various segments of society are organized around their self-interest, which motivates them to be involved and active. Care is taken to have the poorer sections of the village well represented. These self-interests are usually related to agriculture for the men and religious singing, income-generation projects, food and water for the women. (Health is rarely an initial interest.) Soon these groups serve as an avenue to share health knowledge and skills with other village people to enable them to appreciate their crucial role in improving the health of their village. (see more below)

f) village health workers (VHWs) – a person (usually a woman) is chosen by the villagers (usually by the community groups) to be trained as their village health worker. These persons are the animators and change agents in the village. They are health educators, organizers, mobilizers, role models, sources of information, motivators for better health practices, providers of basic health care. (see more later about training and role)

VHWs, working as volunteers, are expected to share their knowledge and skills with the community groups. Health and development issues for each village are addressed by the VHW in conjunction with these organized groups, who provide support in all her activities.

g) identifying/addressing community's needs – facilitated by the project staff, the community is engaged in participatory rural appraisal (PRA) techniques to learn about their community (e.g. the power structure, political factions, religious and other groups), to identify/discover their health and other problems, to analyze them and the causes, to choose the problem to work on, and to develop

activities that are appropriate to their situation. (see more later)

h) learning about government programs and other community resources and how to access and benefit from them -- The project does not provide services that are easily available elsewhere, especially government programs. As problems are taken up, if external resources are necessary and the government does not have them, other agencies (e.g. NGOs, universities) are sought for assistance.

i) seminars for villagers to learn knowledge and skills, related to health, agriculture and other income-generating programs, and government schemes. Issues on all areas of development and the role of government and programs of other agencies are taken up, building on their existing knowledge and skills. Workshops with local government functionaries are carried out for the community groups to provide knowledge regarding government policy and existing programs and schemes available to them. By making knowledge available regarding the role of government officials and existing government programs, communities are empowered to make maximum use of these programs and to demand accountability from the government.

CBPHC Builds Community's Capacity

The project staff works with the community organizations to enhance their skills in assessing their own health problems. PRA methods, focus group discussions and house-to-house surveys are used to identify common health problems and learn about other aspects of their community. The community groups are involved in planning and carrying out the surveys, so they can learn about their community's problems, which also motivates them to do something about the problems. (They also collect better quality data!) Surveys also lead to identification of specific target groups for action. All results of the assessment are shared with the community and displayed publicly so that people become aware of the problems and participate effectively.

Activities are selected by the villagers themselves, according to their needs and interests. With the aid of project staff, they analyze the results, discuss the causes of each problem, select a problem to work on, and plan activities. They initiate local activities, such as drainage and sanitation system, community feeding programs and kitchen gardens for malnourished children, seed distribution to increase food production. Community resources (people, money, supplies, space [field, building], machines, vehicles, knowledge, skills, etc) are identified and mobilized. (Sometimes matching funds proportional to community contributions may be provided by the project as an incentive to the community initiatives.)

It is important to start with a small project (even if it is not related to a health problem) that is easily done in a short time – the emphasis should be on getting the community to learn to work together and to discover that they can solve a problem or create something together. This develops community, which is important to building its capacity.

As their knowledge base increases, the village groups are more involved in planning and undertaking activities. They work closely with the VHW to provide PHC to all in the village, especially poor and marginalized, women and girl children. With the VHW and project staff, groups identify and work towards solving health problems within their capacity.

With each cycle of assessment-analysis-action, the community's ability to participate and to take on larger issues/problems is strengthened.

The community groups also are involved in monitoring project activities and in surveillance of common diseases.

CBPHC's New Role for Project Staff

As the process develops, the project's role becomes much more an enabler, facilitator and trainer, as the community becomes knowledgeable and empowered to deal with its own problems. The staff facilitates the process, trains VHWs and other villagers, provides back up for difficulties, encourages and supports VHWs and community groups, shares information. The mobile health team, consisting of nurse, social worker, paramedical worker and sometimes a doctor, is involved in providing know-ledge and skills to VHWs, both at weekly classes at the health center and also providing practical demonstrations at the village level. Staff learn how to work with communities in new ways, including participatory, adult learning techniques and qualitative research methodologies, which can be adapted for use by both staff and villagers, regardless of literacy.

*Go to the people: Live with them. Learn from them. Love them.
Start with what they know. Build with what they have.
But of the best leaders, when the job is done, the task accomplished,
the people will all say, "We have done this ourselves." (Lao Tse, China, 700 BC)*

CBPHC as an Interrelated Support Structure

In order to achieve effective health care, the project works at three different but interrelated levels – village, mobile health team (MHT), health center (clinic/hospital, training).

1) Village – VHWs, Women's Groups (Mahila Mandals, MMs), Farmers Clubs (FCs), especially the marginalized groups

VHW – selected and supported by village

-- trained and supported by Health Center staff

MMs, FCs – organized by VHW with help of MHT

-- education by VHW

-- training (requested by them, organized by MHT)

-- mobilize community for various activities

-- assist VHW, e.g. assessment, analysis, planning, action, prevention & treatment

(especially persons with chronic and stigmatized problems, e.g. TB, leprosy, HIV/AIDS)

This is the level of primary focus, for it is the building up of the community's capacity to deal with its own problems that will ultimately improve their health in a sustainable way. Here, the emphasis is on the village health worker, the women's and the men's clubs, and adolescent and children's groups. 80% of the health problems can be taken care of by the people themselves in their community. (more description later)

2) Mobile Health Team (MHT) – interdisciplinary, multipurpose team to address all PHC components

* build/maintain rapport with community

* training -- VHWs, community groups

* support VHWs – respect, ongoing training

* help in information gathering and updating data, facilitate analysis

* respond to requests from community for assistance with the process

* referrals from VHW (health problems, unresolved issues)

* if necessary, refer to health center – legal, social, economic, health issues

The team consists of a doctor (sometimes), nurse, social worker, paramedical worker (and experienced VHW after a few years), all of whom are cross-trained and multipurpose. Its function is to support the VHW and supervise development activities in the village, and to be the liaison between village and health center. In the early stages, the team visits a village weekly, and later

less often, and finally the village is able to manage without regular visits. During the visits, families are seen together with the VHW and members of the various clubs. Specific health or social and economic issues are discussed. Problems needing solution beyond the MHT's level are referred to the center. In the evenings, the team visits the villages and holds various meetings of the different community groups and discusses relevant issues or facilitates assessment (e.g. PRA) and analysis of problems and planning activities.

3) Health Center – for referrals (from village and to tertiary care), training, networking, administration – It is not necessary to have a hospital or clinic; but if not, it is important to have a referral source for medical (secondary) care.

The **hospital** (40 inpatients, 100-150 outpatients daily for population of 400,000 in 50-mile radius) acts as referral for medical problems that cannot be dealt with in the village. Cost-effective, appropriate, affordable secondary care is practiced. The hospital is simple in appearance and has modern diagnostic equipment, surgical facilities and inpatient beds for surgery, medicine, obstetrics, pediatrics, etc. There is a referral system for cases that cannot be handled there. Low cost is achieved by having a basic facility (building, furnishings, equipment and supplies); having adequate, appropriate technology, e.g. diagnostic tests, and limiting its use to necessary functions; using effective but inexpensive, essential medicines and effective herbal remedies; and keeping costs down in surgery and other areas. Staff are cross-trained and multipurpose, and tasks are delegated to the lowest trained (including family members) who can do an adequate job. 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 village health workers and other villagers, as well as seminars on various topics, including health, agriculture, watershed, credit and loans, income-generating programs, government schemes. Another role of the health center is to **network** with government and other agencies and to identify resources for training and community projects.

CBPHC Is Community-Based and Controlled

Village Health Worker (VHW)

What is needed in a community is a health agent who will conscientiously reach the local people, especially the poor and marginalized, and will facilitate prevention and early detection of serious diseases, bringing about positive change in the habits and attitudes towards illnesses. Thus the qualities needed are not the mechanical ability to store information and give it out like a robot nor only technical ability, but rather the sensitive human ability to recognize other people's needs, to patiently promote health knowledge, and to gently and compassionately care for the sick.

The purpose is not to train a cadre of health workers who become another level in the health care system, but a cadre of facilitators or change agents who share what they learn with others in their villages and who are motivated by service and not by financial reward. They are partners with the organization as representatives of their villages.

Their roles include health educator (most important), provider of basic medical care (e.g. pre-natal care, safe deliveries, infant care, family planning, minor illnesses), organizer and facilitator of community groups, mobilizer of community for various activities planned by the community, motivator, mentor, supporter, role model, source of information.

The village health worker is a person (usually a woman), selected by the community and responsible/accountable to it, who may or may not have formal education. VHW's main purpose is to improve the health of the village community through sharing of knowledge and skills and organizing the community, as well as providing minor medical care. VHWs are empowered to work especially on the knowledge, attitudes and practices of the community. They work as volunteers; and the more knowledge, skills and service attitudes they share with others, the less 'work' they have to do.

They receive an initial basic training and thereafter training once a week at the health center and training in his/her village, mentored by an experienced VHW, and 'field work' in an experienced VHW's village. Follow-up training is also provided during village visits by project staff. (After progress in initial villages, most of the training is provided by experienced VHWs at the health center and in the village of the 'trainer' and 'trainee'.) Initially over half the time is dedicated to personal development in order to build self-esteem and confidence and skills necessary for community organization and effective communication. Personal development includes knowledge of the loving God and commitment to the Christian values exemplified by Jesus. The rest of the time is spent developing clinical knowledge and skills that equip them to function as PHC workers.

Training includes basic knowledge and skills that respond to the needs identified by the community (usually in areas like women's health, child health, tuberculosis, leprosy, eye care, care of the disabled, HIV/AIDS, environment, sanitation, and social issues like the status of women and caste system, etc.) Training includes understanding root causes (e.g. social, economic, cultural, political) and social justice concerns, as well as other development issues. The training is based on Christian values, such as caring, love, humility, service, justice and peace. The training of the VHWs is based on their interest and their current experience in their village, using adult learning principles; so there is no set curriculum. They often learn more from each other than from the staff.

As one VHW, Muktabai, shares: *"We cannot bring about health and wholeness unless we are spiritually and holistically transformed and willing to serve others with the compassion of Christ."* Muktabai comes from a Hindu background, once suffered from tuberculosis, rejected by her husband, suffered depression. Then she believed in the transforming power of Christ, which is alive in her, and became a respected member of society, who shared the love of Christ and enabled others to receive wholeness and shalom.

Community Organizations

Along with the VHWs are community groups – men, women, adolescents, children. They are organized around their own self interests, so they are motivated to participate in meetings and collective activities. As they do more together, they expand their concerns to health and social/cultural issues. They learn to assess their problems and resources, analyze causes, select a problem to work on, and develop appropriate activities. Both Farmers' Clubs and Women's Clubs work together in supporting the VHWs. They help them in keeping records, promoting health activities, and mobilizing the villagers for community action. Community groups monitor birth and death incidence in their village and the progress of common health indicators. They are involved in the surveillance of endemic diseases, such as malaria and TB, within their village. The men's and women's groups cooperate in improving their environment. They also address harmful social and cultural beliefs/practices and remove 'stigma' that is often part of the victimization of some diseases.

Farmers' Clubs (FCs) -- Young socially minded men from various castes who are eager to improve their villages are encouraged to organize themselves into Farmers' Clubs. Care is taken to see that the membership includes representation from different socio-economic backgrounds, but the major-ity is drawn from the poorer communities.

They learn to work together and to plan and carry out programs that will benefit the community as a whole, especially the poor and marginalized, and not only themselves. The groups focus mainly on agricultural and environmental development, which also influences health. Programs undertaken involve such matters as employment, agriculture methods, development of water resources, improved housing, nutrition, etc. Village fallow lands and waste lands are brought under cultivation.

Women's Clubs (Mahila Mandals - MMs) -- One of the most important organizations to evolve is the Women's Clubs. Since one of the greatest social injustices found in the villages today is the low status of women, the primary goal of the Women's Clubs is to bring about social changes, especially those which will improve the condition of women and children.

In each village, women from different caste groups come together initially often around religious or income, and then their interests broaden to include health concerns. The women have different economic programs to improve their families and homes, which has a deep impact on the health of the people. Money in their own hands is a great lift to their position in their family and community. Since most of the health problems are related to women's reproduction and young children, these mothers concern themselves about those health issues and become skilled and knowledgeable about prevention, early detection and care, including dealing with harmful practices, improved pre-natal care, safe deliveries, and childhood diarrhea, respiratory infections and malnutrition.

Children's Groups -- The adolescent girls program is for the age group 12-18 years. The girls participate in improving their health knowledge, personal development and sex education. The main purposes are to encourage the girls to stay in school, delay marriage and pregnancy, and to develop strong young women. The adolescent boys program focuses on promoting gender equity and developing young men to be healthy and productive members of their community.

The child-to-child program focuses on sharing health knowledge with children and improving their self-esteem in creative ways. Many children are left to watch their younger siblings, so these skills and knowledge improve their caretaking responsibilities as well. They also can influence their parents to adopt healthy practices.

CBPHC as a Movement

As the men and women realize the changes taking place in their villages, they contact their relatives and friends in other villages to share their experience. They facilitate the organization of FCs and MMs and the selection of VHWs. As the people become more self-reliant, volunteers go to other villages to initiate new programs. In their turn, the village people become facilitators for change. It

becomes a people's movement, with village people encouraging other villages to start programs.

The villagers themselves are the ones who can best explain the process and motivate other villages to engage in the process. Thus community-based primary health care becomes a movement, spreading from community to community, as villagers from one community ignite the lamps of understanding in the next village.

Organizations that develop successful programs should feel the obligation to share this transforming experience with others, through visits and through training. The Jamkhed Institute has trained thousands of persons (grassroots workers, project managers, health and development workers, policy makers, etc.) from India and internationally.

In the words of a VHW speaking at a plenary session of the National Council for International Health (now Global Health Council) in Washington DC (1988):

This is a beautiful hall and the shining chandeliers are a treat to watch.

One has to travel thousands of miles to come to see their beauty.

The doctors are like these chandeliers, beautiful and exquisite, but expensive and inaccessible.

This (oil) lamp is inexpensive and simple. But unlike the chandeliers,

it can transfer its light to another lamp. I am like this lamp, lighting the lamp of better health.

*Workers like me can light another and another and thus encircle the whole earth. This is **health for all**.*

Hundreds of thousands of people have realized this energy and potential and are responsible for a worldwide movement for social change.

The success of the Jamkhed experience lies in the transformation that takes place when simple, illiterate people, especially women, are empowered, not only with skills and knowledge, but also with the transforming power of God's love and values of the Kingdom. Drs Mabelle and Raj took their inspiration from the Gospels in believing in the potential of people and empowering them. Jesus made disciples of simple people, like fishermen. Yet empowered, they transformed the world.

The Jamkhed Model as a Sustainable and Appropriate Approach to Improve Health and Lives

Impact -- After a few years, the effect of this process can be seen in health statistics and in the quality of life of the community. In Jamkhed, the following results occurred in 20 years:

Infant Mortality Rate (176 → 19), **Crude Birth Rate** (40 → 20)

Prenatal Care (.5% → 82%), **Deliveries by trained attendants** (<.5% → 83%)

Eligible couples protected by temp. methods (<1% → 60%)

Immunizations/under-5s (.5% → 91%), **Malnutrition/under-5s** (40% → 5%)

Leprosy prevalence/1000 (2 → .1), **TB prevalence/1000** (15 → 6)

Leprosy → accurate knowledge of the disease; example of health workers with patients; early detection by VHW, which also prevents deformities → persons affected by leprosy are accepted by and become productive members of their communities.

Family Planning → acceptance of small families, even if no son; variety of methods easily available → high rate of use, both temporary and permanent.

HIV/AIDS → accurate knowledge of the disease; preventive practices; caring values in the community → low prevalence; persons with AIDS are cared for and die at home, and have a community funeral.

Caste → education about values and the futility of the system → all groups work together and help the poorest and low caste.

Status of women → discussions with men; personal and socio-economic development of women → uplifted and involved as equals in community life.

Maternal health → improved health of women; knowledge of pregnancy; frequent prenatal care by VHWs; identification and referral of high risk pregnancies; women's knowledge of safe delivery; community transport → healthy mothers and babies with home or hospital deliveries.

Adolescent girls → education, personal development, group discussions about attitudes, creative activities → stay in school; delay marriage; empowered young women.

Children → mothers' knowledge of and practices related to common diseases (prevention and treatment), nutrition education and demonstration, growth monitoring → high immunization rate; decrease in infant mortality and morbidity, especially diarrhea, malnutrition and respiratory infections.
Harmful traditions (related to health and social conditions) → education and discussions about rationale → no longer practiced.

Sustainability is achieved through the knowledge, skills and attitudes that motivate people and provide them with the ability to improve their own health and care for others.

The impact of the project can be assessed by statistics, which show results achieved over a period of time. Beyond numbers are self-confident men and women, once outside the mainstream of society, taking leadership positions in their villages, affirming that they are created in the image of God. It is not only the quantitative changes that are important; but even more so the transformation of persons and communities in a qualitative way, which leads to harmony, health and peace - ***shalom***.