Canada-India Education Society

Building Capacity for Primary Health Care in Rural Punjab

Canada-India Education Society in partnership with
Guru Nanak Mission Medical & Educational Trust

Final Report - June 2005

For the past four years, CIES has worked with our partner in India to promote primary health care. We look back on this period with satisfaction about the project's successes and we are grateful for the relationships that were developed with our colleagues at Dhahan-Kaleran as we collaborated on project activities. We know that people's lives in the project villages were changed for the better as a result of their involvement as volunteers, members of self-help groups, participants in health promotion activities and educational sessions.

Background

The Primary Health Care Project began in 2001 when CIES received funding from the Canadian International Development Agency (CIDA) to conduct a community health assessment in the area served by Guru Nanak Mission Trust. This assessment – the first survey of its kind in the area – covered 9,600 households in 60 villages in Nawanshahr district to collect information about the population's health status and existing health and social services in each village. The information compiled by the project team was used to plan the second phase of the project, funded on a cost-sharing basis by CIDA and CIES. Guru Nanak Mission Trust provided in-kind contributions in the form of office space, transportation, staff housing, publicity and administrative support throughout both phases of the project.

Promoting Village Health

The project's second phase from 2002 to 2005 began with hiring a team of three community health nurses, a communications coordinator and a project coordinator to carry out a variety of village health services and health education in the area.

The team started its outreach work in 8 villages that were identified as lacking health services and whose leaders had shown interest in the project. The team held meetings with the Panchayats (village councils) and sought volunteers who would assist with project activities. The community health nurses developed a schedule for visiting their assigned villages once or twice each week and together with the volunteers organized women's groups, made home visits to pregnant women and families with new babies, provided home nursing care and conducted health programs in the village schools and day care centres. This cluster of 8 villages was the team's primary focus (see list of 'intensive villages').

Over time the project team expanded its health programs to many more villages, conducting village pre-natal clinics, presentations about various health topics (such as prevention of malaria and other common diseases and promotion of breastfeeding) and holding meetings with Panchayats in up to 50 villages (see list of 'extensive villages'). Additional team members were hired in the second year to support these outreach efforts and to embark on a substance abuse prevention and counselling service in selected villages. They drew upon the expertise of staff of Guru Nan-

Healthy girls growing and learning together at a village school

ak Mission Hospital including a dentist who became an enthusiastic contributor to the project by providing free dental check-ups in the primary schools and several dedicated medical specialists who offered their services to the villages.

The project staff, assisted by personnel from the college and hospital, also devoted considerable effort to create practical health education resources in Punjabi. They produced an excellent collection of posters, booklets and videos that were used extensively throughout the area.

Members of the team were knowledgeable, caring health professionals who became a trusted source of information and support. In particular, their work with village women made a huge difference in raising awareness about health and mobilizing people to ensure that their village environments were clean and safe. In keeping with the primary health care approach advocated by the World Health Organization and other international agencies, the team used a community development process to guide its work.

Successes and Challenges

In the project's final year, CIES and Guru Nanak Mission Trust commissioned a formal evaluation that was conducted by the Institute for Development and Communication in Chandigarh. The evaluation report highlighted both successes and challenges in achieving the project's expected results and alerted us to areas for improvement in the future.

Public awareness about common health problems increased as a result of educational programs conducted by the project team. For example, staff noted that a campaign to educate primary school children and their parents about prevention of skin infections yielded a noticeable decrease in these common problems. Substance abuse prevention education in high schools and with community groups was well received. A video on dispelling myths about substance abuse was shown in 21 high schools and colleges in the district. The evaluation also showed that women's awareness about the importance of preventive care and good reproductive health practices increased.

The project provided employment as well as opportunities for meaningful volunteerism for women in the area. Over the course of the project, nine women were employed as community health nurses or counsellors; the majority were recent graduates of Guru Nanak College of Nursing. Through this project, the nurses were able to gain practical experience in primary health care and remain in rural Punjab. Most of the project volunteers were women, including young women who assisted with educational work and older women who assisted the nurses with identifying health problems and organizing community meetings. Female day care teachers became important allies in promoting reproductive and child health activities in their communities.

One of the challenges noted by the evaluators was the lack of clarity about the roles and responsibilities of project volunteers; we learned that they needed more guidance and training to be most effective. Other challenges resulted from the overly ambitious work plan. The project resources were stretched to do more than was really feasible at times. It was quite difficult for the small project team to reach all the extensive villages on a regular basis and to provide much needed service such as pre-natal care. A further challenge pointed out by the project coordinator was that the team's desire to educate and mobilize people to improve village health was sometimes met with resistance by the Panchayats and other leaders.

Making a Difference by Caring and Connecting

Did the project make a difference?

Although it's too early to say what the full impact of this project will be, we know that changes in attitudes and actions were set in motion on many levels. It is clear that the participatory efforts of the team created increased awareness about individual and collective responsibility for health. The adage "prevention is better than cure" took on new importance for people in general. Other impacts can be summarized as follows:

1. Women who were part of the project gained health knowledge and noted the benefits of their active participation in self-help initiatives. Also noted were major improvements in health and hygiene practic-

Community Development Process in Action

The project team built trusting relationships and established credibility by:

- Establishing relationships with Panchayats and local leaders before offering services.
- Holding village meetings to explain the project's purpose and to recruit volunteers.
- Making daycare centres the focal point for regular visits to each village, working closely with day care staff and becoming known and trusted by parents and children.
- Responding to community concerns and requests for new services.
- Inviting suggestions from village volunteers to improve project activities.

es among primary school children and their parents. Positive changes were observed in both household and village sanitation, especially in the 8 villages where the team had worked hard to educate people about the importance of environmental sanitation.

2. Access to primary health care services improved substantially in 8 villages. Satisfaction was high for the reproductive and child health services provided by the team and for school health programs.
3. This project contributed ideas and practical examples of the policy changes that are needed to support participatory health and social action in local communities. The connections made with government departments and other non-governmental organizations will be beneficial in mounting future endeavours.
4. Guru Nanak Mission Trust's capacity to assess health needs in the community, to evaluate its programs and develop new initiatives has increased.

The project also served to motivate and inspire our Canadian partners. The University of British Columbia School of Nursing played an advisory role throughout the project. The School's director, Dr. Sally Thorne, offered her reflection on the benefits of this experience:

> *The PHC project has convinced us all that very good work is possible, probably kept up the motivation and the courage for continuing to do this work. Very inspirational!*

Future Opportunities

Through the partnerships established during the project, we expect that some community health programs will be sustained and enhanced in the coming months and years. The work begun on substance abuse prevention will continue, as will health promotion activities in the villages. Both the Voluntary Health Association of Punjab and the Institute for Development and Communication have expressed interest in collaborating on future endeavours related to gender, child health, governance and other social concerns.

We are grateful to all our partners and donors in India and Canada for supporting this important work. We draw inspiration from the words of the Indian economist and Nobel laureate, Amartya Sen:

> *If we are concerned with poverty, we should not really be concerned with how much money people have in their pockets. We are (should be) concerned with how much food they have in their belly, how much education goes into their brain, how much health care they can receive when they need it, and so on.*

CIES looks forward to meeting with Guru Nanak Mission Trust and other partners in Punjab in the near future to reflect on what we have learned and gained from this remarkable project and to share ideas for sustaining the processes and results of the past four years. We ventured into unknown territory when we embarked on this journey to transform the existing approaches to health care and ways of partnering with villages. Although there were numerous small setbacks and misadventures along the way, we remain committed to continuing the primary health care journey.

Barj Dhahan and Nora Whyte

A healthy community in rural Punjab

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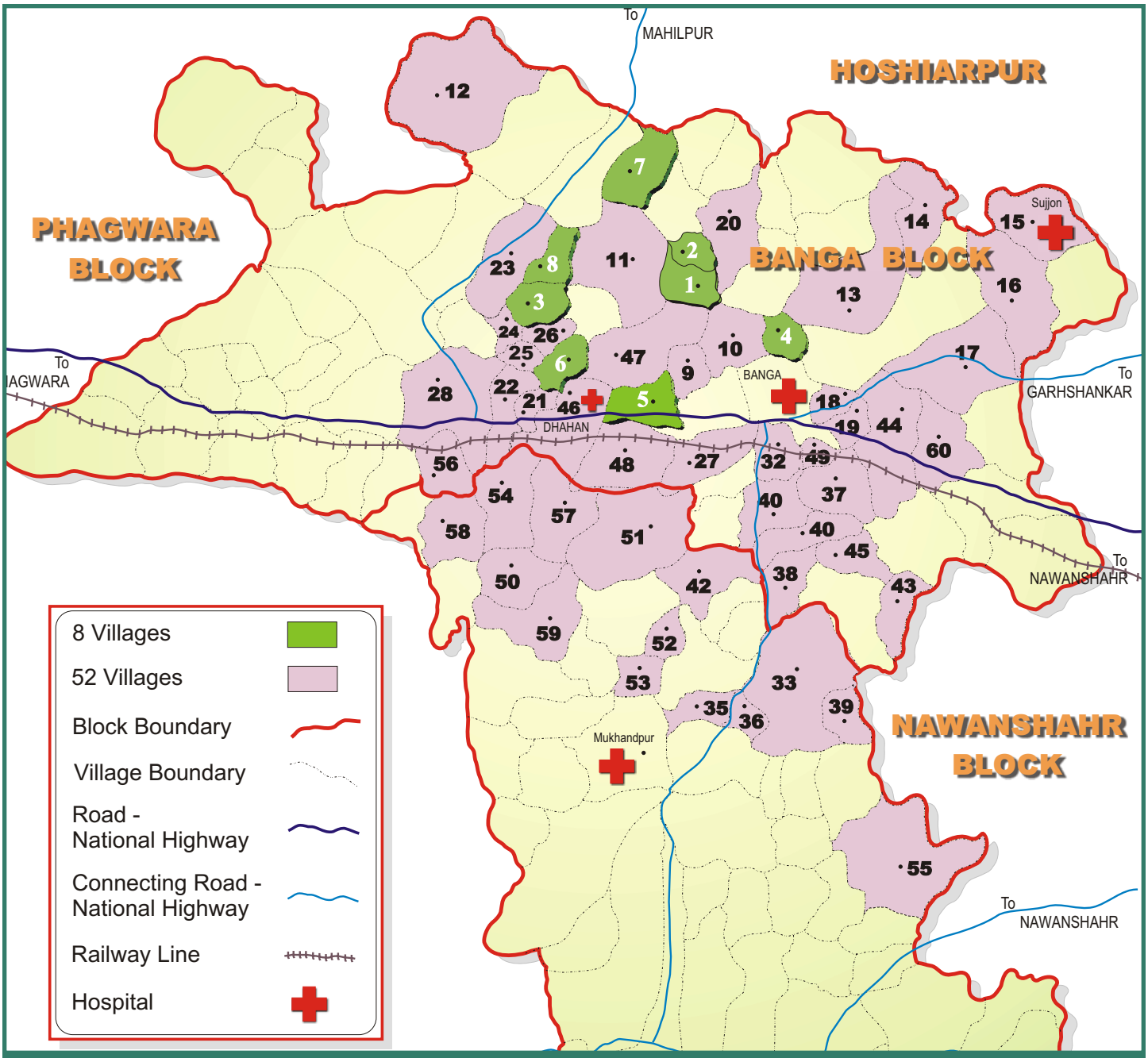

List of Project Villages (60)

Village Name	S.No.
Intensive Villages	
SALH KHURD	1
SALH KALAN	2
GADHANI	3
KAJALA	4
BAHROWAL	5
BISLA	6
LADIAN	7
BILAKIPUR	8
Extensive Villages	
HAPPOWAL	9
HEON	10
JANDIALA	11
KANGROR	12
JHIKKA	13
UCCHA LADHANA	14
SUJJON	15
BHAURA	16
NAURA	17
KHAMANCHO	18
THANDIAN	19
GOBINDPUR	20
LALPUR	21
MALLAHSODIAN	22
SUNDH	23
MAQSUDHPUR	24
JHANDER KALAN	25
JHANDER KHURD	26
MAZARI	27
BEHRAM	28
LEHAL KALAN	29
BHEEN	30
CHAK DESRAJ	31
PUNIA	32
GUNACHAUR	33
CHANDER KALAN	34
FIROZPUR	35
GAHAL MAZARI	36
DOSANJH KHURD	37
NAGRA	38
MAZARA RAJA SAHIB	39
BHUKRI	40
BHAROMAJRA	41
LAKHPUR	42
RASULPUR	43
KHATKAR KALAN	44
MUSAPUR	45
DHAHAN	46
KALERAN	47
MALLUPOTA	48
JINDOWAL	49
NOORPUR	50
LANGERI	51
BIKA	52
MANDER	53
KATTAN	54
KAMAM	55
TALWANDI JATTAN	56
CHAK BILGAN	57
CHAK RAMU	58
SAHRAL MUNDI	59
BHUTAN	60