

# Community links for sustainable healthcare

(continued from previous page)

Sustainable healthcare involves working with the community in an integrated way, promoting good health and dealing with preventative, curative and rehabilitation services. Staff from the health centre need to act as facilitators with real sensitivity and ability to bring people together. People within the community need to have a sense of ownership of the health centre.

People need to become aware that good health comes through their own actions, both as individuals and as a community. The more information they receive, the more they can make changes for their own good.

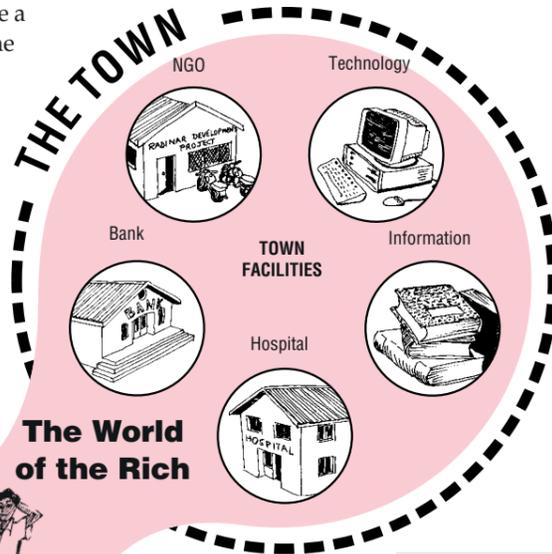
## Villagers' suggestions

- Common minor illnesses can be treated by the village people with scientifically sound remedies and advice from health workers.
- Provide more information and training for health workers. Give them a supply of simple medicines which are available over the counter, to treat certain common diseases.
- Use effective measures to treat preventable diseases.
- Certain basic health services should be the right of every citizen through state health services.
- Community groups should work in partnership with health services to make sure that there is equality in health care.
- Community organisations should set apart a fund for the few people who need curative health services in either clinic or hospital.

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## Before

Typical village with no community health programme



**The World of the Rich**

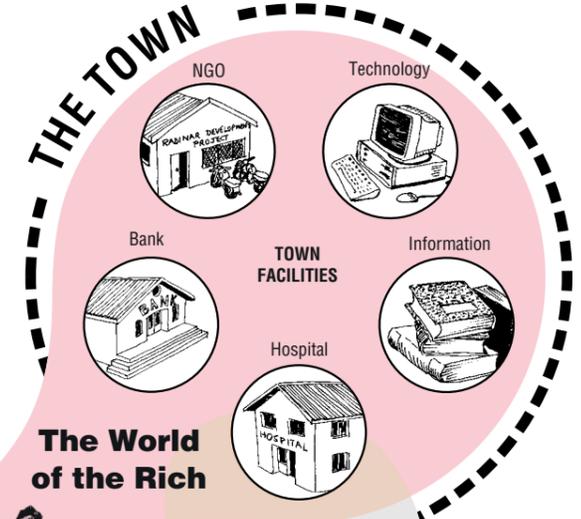
Rich have access to town and village facilities

### Case Study

In one village people identified malaria as a major cause of illness. After learning that malaria is spread by mosquitoes breeding in stagnant water, they cleaned up their village, built underground drainage pits and reduced malaria cases significantly.

## After

Village with effective community health programme



**The World of the Rich**

Access to transport means access to a few of the town facilities

**The World of the Poor**

People now have more health information and skills and are empowered

Village facilities now extended and improved with access for all

### Case Study

Ashok came from a poor background. He received a serious snake bite, but could not afford the expensive anti-snake venom to save his life. His community contributed the cost of the venom.

### The World of the Outcast

People with AIDS, TB or leprosy are excluded from community

Healthcare too expensive for the poor

Young people have little hope in the future

Women have little say in how the village works

**The World of the Poor**

The poor have little access to village facilities such as transport, clinics, credit and schooling