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CHETNA's Model of Health Care

CHETNA
Centre for Health Education, Training and Nutrition Awareness
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About CHETNA

Activities began in 1980

With INHAP Project

↓ Now

Broadened activities in Nutrition, Health, Education and Development from a "Rights" perspective

↓ For

Disadvantaged & Marginalised Children, Adolescents and Women

↓ Strategy

Empowerment

Historical background

- **Phase-I (1980-84)**
  - Foundation years
  - Activities in community health education
- **Phase-II (1984-88)**
  - Establishing credibility
- **Phase-III (1988-90)**
  - Taking stock of the work done
- **Phase-IV (1991-94)**
  - Towards new horizons
- **Phase-V (1995-2000)**
  - Expansion, mainstreaming and advocacy
- **Phase-VI (2001-2004)**
  - Advancing rights of children, adolescents and women

Rational

- **Women lack adequate health services. Receive health care solely because of child bearing role. Neglected non-child bearing, individuals, single, post-menopausal. Suffer discrimination throughout lives.**
- **"Women's health cannot be separated from the society in which she lives and works"**
- ↓
- **With this conviction CHETNA initiated its activities which envisages an egalitarian & just society, where empowered women live healthy lives.**

Women's Health Concerns

- **27 % women are married between the age of 15-19 years.**
- **More than one-fifth women are not consulted in all decisions about seeking health care for themselves.**
- **46.3% women are anemic.**
- **Estimated Maternal Mortality is as high as 380 per 100,000 live births.**
- **29 % of women Of Gujarat have at least one reproductive health problems.**
- **Sex ratio of Gujarat has declined by 50 points from 928 in 1991 to 878 in 2001.**

Comprehensive Women's Health

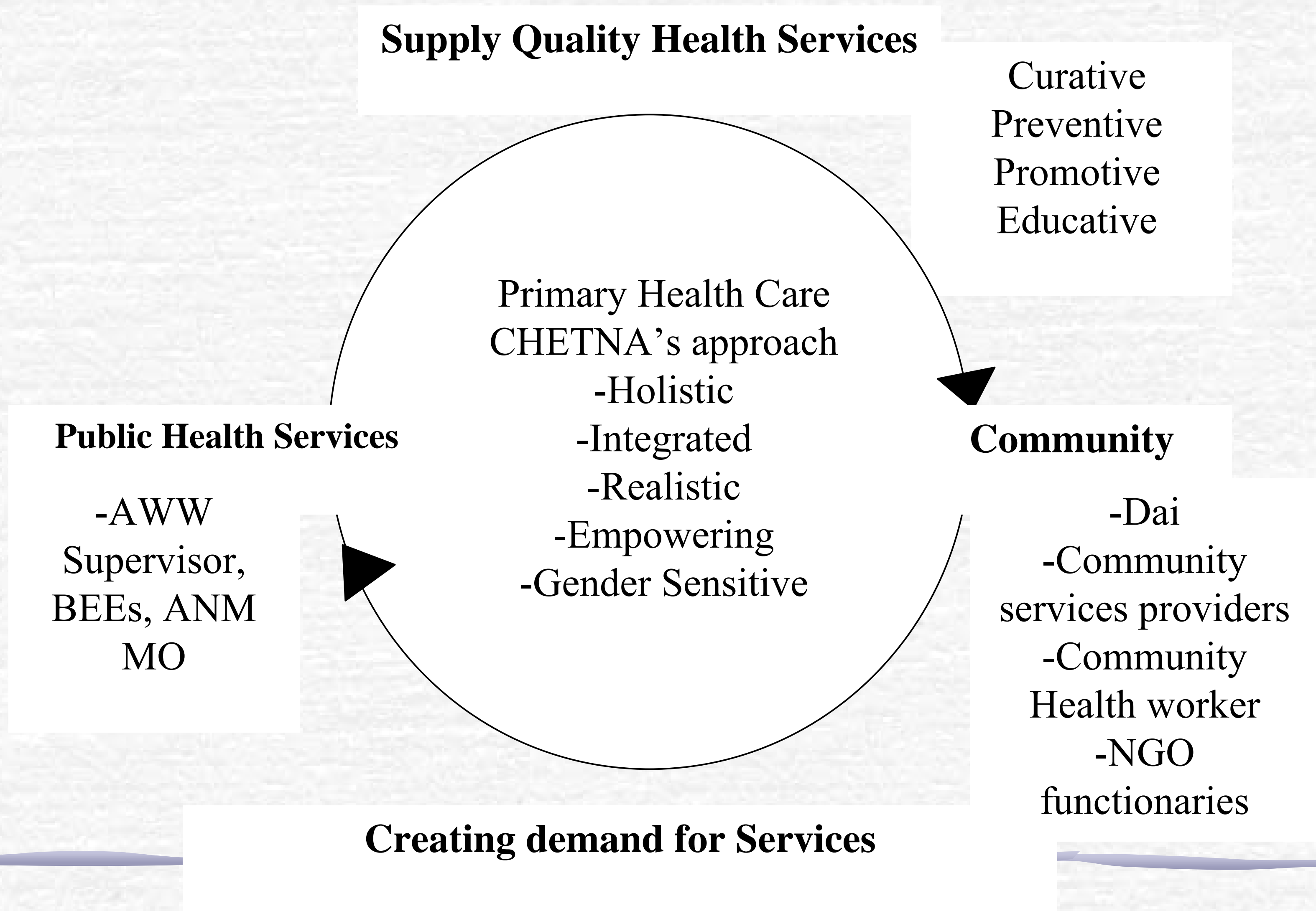
Health is a personal and social state of balance and well-being in which a woman feels strong, active, creative, wise and worthwhile; where her body's vital power of functioning and healing is intact; where her diverse capacities and rhythms are valued; where she may decide and choose, express herself and move about freely.

-WAH Network

To Achieve Comprehensive Women's Health Needs---

- **Dignity and equal status in society, freedom from violence.**
- **Assured and just income, safe working and living conditions and access to skill and employment.**
- **Adequate & clean food, water & shelter.**
- **Education including health, health care, contraception.**

CHETNA's Principles of Comprehensive Health Care



Empowerment

- **"I can empower myself by going through a process of developing my own space within a power structure based on my values and choices, but in collective efforts with the other actors in the power structure."**

Empowerment Strategy

Enable us to

Empowering ourselves (CHETNA Team

Capacity building of NGOs/GOs (structure training providing inputs to enhance information, knowledge and skills and providing need based IEC material

Field follow up to provide field level support to initiate programmes for the empowerment of community. (Community level activities and replication and advocacy awareness for women's empowerment

Influence/change policy

Advocacy for policies regarding the empowering of women and community

Consolidation and documentation/ dissemination of experiences

CHETNA's Activities for Empowerment

Capacity Building processes for children. Adolescents, women and men.

- **Through**

- **Child Resource Centre (CRC)**
- **Women's Health and Development Resource Centre (WHDRC)**

Capacity Building Process

- Needs Identification
- Training/implementation
- Developing a module for wider sharing and dissemination
- Providing Follow-up support

Stakeholders involved in Capacity Building Processes

- Policy makers, programme planners, managers, middle level and grass-roots workers.
- Doctors, religious leaders, media, corporate sector, researchers, academicians.
- Community Organizations: Teachers, TBA'S, witch doctors, Sarpanchs (village leaders) and local self government members, community leaders, health workers etc.

Why Women and Health (WAH!)

Primary health care concept failed to consider **gender issues** and the **specific health** needs of Women

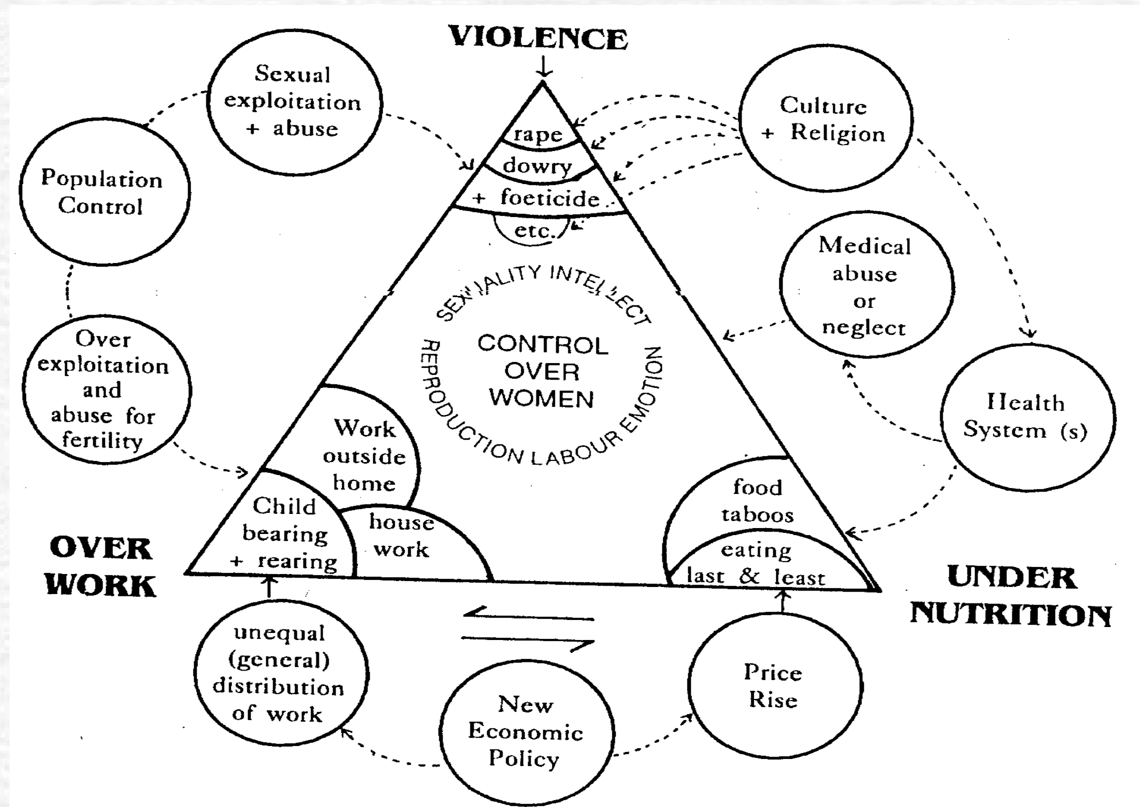
Objective:

- → To create women managers for Women's health programmes

Process:

- **1992: Review of primary health training needs**
- **1993: Core group formed, developed the training**
- **1996: Pilot programme was initiated**
- **1998-99: CHETNA conducted the training process**
- **2001-02: Second phase conducted WAH! Programme covers 3 trainings phases of 30 days each.**

WAH! Triangular Force Diagram



WAH! Training Processes

- Needs Assessment
- Meeting with leaders of NGOs and resource persons.
- Developing design, curriculum, content.
- Training methodology: Psychodynamic, Participatory approach.
- Follow-up Support: Gender Development Training for family members, visits, communication material.
- Evaluation

Why Men's Active Participation?

They should—

- Aware about family, wives and children's health needs.
- Motivate to take responsibility for obtaining preventive and curative care including use of contraceptives.
- Shared decision making between husbands and wives.

Managing Health Care in a Decentralised Manner--

"Due to my enhances management skills, I have taken the responsibility to organize awareness camps on health. To work in the life span approach, I have also started training programmes for adolescent health and development and awareness camps for adolescents. We are also focusing on the traditional healers to acknowledge their traditional knowledge so they will be more useful to the community. Due to enhancement of my training skills, I have been given the responsibility of conducting trainings not only at the community level but also for capacity building of our staff members. One of the positive results of these trainings is that previously male family members were very shy and hesitant to use a contraceptive (condom), now they are using".

--WAH! participant

Learning to function as a collective decision making, action, critical reflection, and accountability--

"We have formed a health committee to improve women's health. The committee has about 1,500 members, from which 25 women were selected to participate in a training that we conducted on women's health and access to primary health care. These women are now facilitators for the groups in their own villages to take action on women's health. We have also formed the Yuvati Mandal".

Building Capacities of Traditional Midwives

- Home births by TBA is a reality. Dai is critical actor to make home births safe as she is available, accessible, affordable and acceptable at the community.
- Study of Practices,Training of TBA, Training of Trainers, Developing Teaching Aids, Long Term Linkages.

Enhancing Capacity of TBAs--

" I was trained as a Dai by a local NGO. A family called me for a consultation when their daughter was seven months pregnant, for the first time at 17 years age. A look at the daughter and I could make out that she was very weak. I informed the family about the care to be taken and advised them for a hospital delivery. Respecting my suggestion the family did so and their daughter and her baby are healthy and happy".

--By a participant Trained in the Training

Developing Education and Training Material

- A set of pamphlets on Women's Health
- Anaemia and Women's Health Kit
- Modules on Women's Health
- Life Useful Educational Material on Reproductive Health
- Child Birth Picture Book
- Posters on Maternal Health

Networking and Advocacy

Each programme begins from sensitization, actual training events to develop the skills of the concerned functionaries, documentation and sharing of experiences and to utilize the experiences to network at the national and international level so as to influence need based policy making.

Advocacy kit on Violence Against Women and Women's Health.

Active member of Networks: WRAI, Health Watch, YRSHR, LSPSS, IUHPE.

Innovative Training and Awareness Approaches of CHETNA

- Women's Health and Development Fair
- A camp for Adolescent Girls
- Nutrition Week in School Health Programme.
- Self-help groups for Health and Credit Linkages.

Impact of Globalization

- **Privatization, Commoditization, Urbanization.**

- **Increased malnutrition, infant mortality, unemployment, illiteracy, poverty, lack of safe drinking water.**
- **Cuts in health care, education and other sectors.**
- **Destruction of farm land, crop failure, replacement of food crops by cash crops.**
- **Environment threats: Exposure to toxic substances, contaminated water, polluted air.**

Lessons learnt

- **Decentralization improves accountability, responsibility, enhances leadership & management capacities.**
- **Health should be a primary responsibility of state, with active partnership of NGOs.**
- **Model projects to address women's health concerns need to be formulated and proposed.**
- **Necessary to develop capacity of field NGOs & GOs & strengthen women's health networks.**
- **Attitudinal changes is as important as changes in the system.**
- **Need based, field tested IEC material plays an important role to enhance active community participation.**

Uniqueness and Strengths of CHETNA

- Training: Life cycle approach, participatory, psychodynamic.
- Gender Mainstreaming: Training, Documentation, IEC material, policies etc.
- Good relations with partners.
- Engagement with the government
- Committed and competent leadership
- Self-development focus

Constraints Faced

- Affected by world wide cut backs in resources and reduced funding.
- Due to constraints of resources at NGO level capacity building is a slow process.
- GO projects are too short a duration to initiate the participatory processes.
- Difficult to implement comprehensive health care in a life cycle approach due to activity oriented funding.

Recommendations

Policy Changes:

- **Review of existing polices to make comprehensive with appropriate budget allocations.**
- **Radical changes in medical education.**
- **Ensure provision of Basic Needs**
- **Systematic and urgent research on traditional health systems.**
- **Priority on life skill education, health care, food and employment of women.**
- **Contraceptive centred policy should be holistic relationship with poverty and social realities.**

Programme Levels

- **Massive Training Programmes to transfer of skills to representatives of the community.**
- **Build organizations of women and weaker sections to demand for their health rights. Ensure active participation of community, local governance and village level functionaries.**
- **Gender Development and Violence Against Women, should integrate in all the programmes.**
- **Strictly monitoring to regulate the private sector.**
- **Strengthen the capacities of Government institutions.**
- **Modification in staffing service delivery norms to suit the requirements of the area.**
- **Immediate measures to ensure the access of the poor to adequate nutrition.**

Programme Level

- Standardize TBA practices
- Enhance solidarity among existing TBAs.
- Strengthen TBA's role in Safe Homebirths.
- Adolescents: Holistic life useful curriculum.
- Gender audit of all textbooks. Sex education
- Provision of space to come together.