

DESIGN OF VOLUNTARY HEALTH PROJECTS:**A Case Study of the Comprehensive Rural Health Project, Jamkhed***D. C. Joshi, J. G. Krishnayya, C. B. Das Gupta*

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PREFACE

Mr. Eric Gass, Representative of the **United Church Board for World Ministries in India** introduced us to **CRHP, Jamkhed**. We were asked to evaluate the project and suggest guidelines for duplication of similar ventures elsewhere.

On the separate trips to Jamkhed in April and May 1978, Prof. J. G. Krishnayya, and Mr. D. C. Joshi of SRI and Mr. C. B. Das Gupta, a Graduate Trainee from IIM, Ahmedabad, held extensive discussions with the project leaders, Dr. and Dr. (Mrs.) Arole, talked with the project staff, the VHWs and a number of villagers in the project area. After these field trips there was little doubt in our minds about Jamkhed being a success story and, rather than conduct a formal "evaluation" of the project, we concentrated on **understanding the key design elements** of the project. This report presents our understanding of the systemic processes of evolution of the project.

The report, spread over five chapters and three short appendices, traces the chronology of developments at Jamkhed and develops broad design guidelines. The three distinct phases of development are discussed in the first four chapters. The key characteristics of each phase are identified following a description of the processes during that phase. In chapter 5, we present a set of guidelines for the design of similar programs elsewhere. These had to be broad, for no one can claim to know all or even most of the possible sets of circumstances at the village level. The temptation to prepare a design manual had to be curbed in favour of wider applicability.

One can never learn enough about socio-economic-environmental systems: one can always write more about them. Yet, for it to be read, the report had to be reasonably short and targetted at a particular audience. It is **a short screening guide, and for the designers of such projects, to be used as a checklist of the design details to be considered.**

We thank the Aroles for their warm hospitality and genuine interest in our assignment. Mr. Eric Gass introduced us to an entirely new area of learning and we

are thankful to him. And finally, we thank the VHWs for sharing with us their experience, and the villagers of Jamkhed: what we learnt from them can hardly be bound in a report.

Mr. Rao and Barve typed the report with their usual excellence.

CHAPTER 1 : INTRODUCTION

The Comprehensive Rural Health Project in Jamkhed was set up with the aim of intervening to improve health conditions in villages in the Jamkhed Taluka of Ahmednagar district in the State of Maharashtra. The emphasis was on prevention of disease by **manipulating causal factors** in the socio-economic and natural environment, rather than on curative aspects alone. In seven years of its operation, it has significantly reduced malnutrition among the most vulnerable segments of the population, and provided improved health care in the region it serves. This has been accompanied by major socio-economic changes in the villages, many of which were indeed essential for the program to fulfil its objectives. A chronological summary of developments is presented in fig.1

This report examines the issues involved in duplicating this or a similar project elsewhere. From a developmental biography of the CRHP, which is divided into phases of development, certain features which would be of wider applicability are isolated, and their implications examined. Later, a model is introduced, which could serve as a guide for future projects.