‘Linking 2 Learn’

CHGN Uttarakhand Cluster

Linking-to-Learn meeting
October 2008

The Community Health Global Network Cluster – Uttarakhand met together in October 2008. This cluster workshop called "Linking2Learn" saw 56 people attending from over 17 community health programs in Uttarakhand State

Objectives:

The Objectives of the Workshop were to:

- Improve linkages between Community health programs, and between community health program leadership and non Community health orientated health leadership.
- Enjoy a time of fellowship amongst like-minded staff of programs around a common vision and a common desire to serve God and our rural communities.
- Discuss and explore different and novel ways to use our corporate resources and expertise in Community health to train CHWs and trainers of CHWs
- Determine the future vision and objectives for this cluster group so that we can determine how best to utilise this significant resource to best serve the people in our programmes and beyond and to serve God.
- Undertake some basic training on health issues relevant to CH programs

Draft Outcomes:

- A shared vision is generated- and personal visions are developed - in the context of partnership and cooperation
- A L2L declaration of intent or resolution is produced and signe.d
- An action plan is produced to work towards the next follow-up workshop to be held in February or March.
- A small "secretariat" of perhaps 2 or 3 people is appointed to take this process forwards.
- Strategic key focus areas are identified where there are people who are unserved or underserved).
- Different ideas for future workshops are brain stormed.
- A joint l2l cluster venture is commissioned.
- L2L participants leave encouraged by the time of fellowship and sharing.

Outcomes:

The outcomes were achieved by the end of the workshop. Additionally to the planned outcomes, another major outcome was the appointment of 17 cluster consultants. Each program identified a specialist area in which they had special skills and they identified a program consultant to represent them in this area (see below). Each of these consultants, on behalf of their program, signed a "Cluster declaration of intent" to inaugurate the CHGN-UKC cluster and plan the way forwards. A draft action plan was also developed.

Additionally, a secretariat was appointed to take the cluster forward. Robert Kumar (Coordinator), Arul Paul, Rajkumari Singh, Satendra and Nathan Grills were appointed as Cluster secretaries. Please provide any feedback or comments to a secretary.

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Meeting Summary:

Day One

A time of 'Kairos': The background to the cluster and the opportunity it represents was discussed:

This meeting is being held at a very significant time for community health – not just for India but also all over the world. It comes 30 years after the World Health Organization (WHO) 'Alma Ata' Declaration of 1978, which set out the only way to impact and improve the health of the global community for the present and future was through giving primacy to Primary Health Care, supported by appropriate levels of Secondary and Tertiary Care.

Now in 2008 WHO has made a revitalized restatement of the need for the global community to focus on Primary Health Care, with appropriate support of other healthcare delivery systems. In this new statement WHO has recognised that faith-based organizations are both significant and effective to deliver holistic care and bring about lasting transformation in the lives of communities.

Day Two

It is extremely difficult to review, in a short space, the immense amount of ground covered in day two. However, the following are some observations that try to encapsulate those things of significance that we discovered and agreed together.

1. Can the cluster, raise the priority of dealing with a public health problem like tobacco abuse? No groups, as yet, have a specific strategy or programme element for this – however many integrate anti-smoking teaching in their programmes. Can the cluster work together to make this number one killer a high priority? The cluster committed itself, including the provision of finance, to support the creation of a new tool using a culturally appropriate, and sensitive DVD. 'Tree of Life' team gave us a stimulus to make better use of media, music and the other performing arts.
2. All were encouraged by the readiness and openness of the participants to share their weaknesses. This was in fact one of our real strengths of the Cluster!
3. Threats – these are real – there was no real surprises or new challenges. There is a growing sense that we can cope with and overcome the threats, as a cluster, far better than in our individual programmes.
4. Community Health Worker training and a 'Jamkhed of the Hills' was discussed. The concept was welcomed and all agreed on the need – the 'What'. It was concluded, however, that much work is needed between us on the 'How' to relate to and draw on the strength of India's 'ASHA' programme.
5. It was affirmed that there is lots of unity in the cluster. The participants thought through the strengths and opportunities, in general terms. These need to be made specifics, if the 'cluster' is to bring added value to our work.