 **SOCHARA**

**From Appropriate Technology
in Health to Social Innovations: An
overview and challenging questions**

Appropriate Technology in Health – An exploratory workshop
SOCHARA – SELCO – Logistimo

SOCHARA Team,
Society for Community Health Awareness, Research and Action,
Bangalore.

9th February 2017

**An overview
of Appropriate Technology in Health
and some challenging questions**


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**The Alma Ata Declaration-
1978**

- "The People have the right and duty to participate individually and collectively in the planning and implementation of their health care....."
- "Primary health care requires and promotes maximum community and individual self reliance and participation in the planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources; and to this end develops through appropriate education the abilities of communities to participate"

Personal Journey *Inspiration - 3*

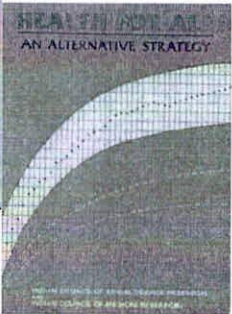
1978- Alma Ata Declaration-I.





- Health for All
- Primary Health Care
- Health a Fundamental Human Right
- Equity
- Appropriate Technology
- Inter-sectoral Development
- Community Participation.

Alma Ata, 1978:
The International Conference on Primary Health Care calls for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world by the year 2000.

**1981: Health for All -Prescription of and ICSSR/ ICMR
For a mass movement post Alma Ata in India**



- Reduce Poverty inequality and spread education.
- Organise poor and underprivileged to fight for their basic rights
- Move away from the counter productive Western model of health care and replace it by an alternative based in the community"
- Provide community Health volunteers with special skills, readily available, who see health as a social function"

**1986: The New Community Health Paradigm
of the SOCHARA Experiment**

- "Community health is a process of enabling people, to exercise collectively their responsibility to their own health and to demand health as their right
- Community health approach involves the increasing of the individual, family and community autonomy over health and over the organizations, the means, the opportunities, the knowledge and the supportive structures that make health possible....."

source: the CHC axioms – red

The People's Charter for Health

Dec 2000



"Promote, support and engage in actions that encourage people's power and control in decision making in health at all levels including patients and consumer rights....."

.....Build and strengthen people's organizations to create a basis for analysis and action...."

National Rural Health Mission 2005-2012

- Evolving through the politics of engagement



Goal:

- To improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children

Principles:

- It seeks to improve access to equitable, affordable, accountable, and effective primary health care.
- It has as its key component provision of a female health activist in each village; a village health plan prepared through a local team headed by the village health and sanitation committee of the panchayath.
- Train and enhance capacity of panchayath institution to own, control and manage public health service.

Overview of Innovation – (Global Forum)

- "Innovation encompasses the entire process from the generation of new ideas to their transformation into useful things to their implementation".
- "Innovation may involve
new products, manufacturing processes
services, management structures
methods, policy"

Overview of Social Innovation in Health (Global Forum)

- "Social innovation involves new ways to manage people, processes and information, while technological innovation involves material invention".
- "The technological and social aspects of innovation are intertwined and complementary- eg when drugs are made available to poor people through innovative schemes like pooled purchasing, social marketing, community health action groups etc"

Social Innovation: for Whom? and What?

■ From whose perspective is it being evaluated?

- Producers- Researcher/ industry
- Policy makers/ Program Planners
- Service providers (govt/private/cso)
- People - Community, and or Patient



■ What Parameter is being used to assess innovation

- | | |
|----------------------|-------------|
| Biomedical ? | Economic? |
| Techno- managerial ? | Political? |
| Socio-cultural ? | Ecological? |

Social innovation : Why

■ Why is something called innovative?

Promotes Health for All?

Increases personal

family/community

autonomy?

Prevention/promotion rather than curative?

or

Promotes health for those who can pay (Market)?

Promotes

Producers/innovators interest?

Promotes providers interests?



Social Innovation- How

■ How does the social innovation work?

- Enhances Autonomy?
- Facilitates Control ?
- Promotes Well being ?
- Promotes Public good?

Sometimes we miss the innovation – Why?

- Tradition or Cultural Innovation?
- Local creative adaptation?
- Eco sensitivity and Harmony?
- No do 'innovation' (Acts of Omission) ?

Source: CPHE SOCHARA 2009

Dimension of Social Innovation-I (From a Health for All Perspective)

PRODUCT INNOVATION & APPROPRIATE TECHNOLOGY:

- Appropriate economically (Low cost)
- Appropriate techno-managerially (Effective)
- Appropriate culturally (Synergistic with local beliefs)
- Appropriate socially (Access and Equities)
- Appropriate politically (Control and Demystification)
- Appropriate ecologically (Green and in Harmony)

Source: CPHE SOCHARA 2009

Dimension of Social Innovation –II (From a Health for All Perspective)

PROCESS INNOVATION

- Enhancing Equity/ Access
- Community Participation/
- Community Ownership
- Community Monitoring
- Community Watching/
- Community evaluation / research
- Health workers to health activist



Source: CPHE SOCHARA 2009

Dimension of Social Innovation-III (From a Health for All Perspective)

COMMUNICATION INNOVATION

- Low cost communication
- Decentralized /communication
- Autonomous communication (Folk Theatre)
- Community of learning (IPHU/ CHFP)
- Communication for advocacy/change (Culture of protest)



Source: CPHE SOCHARA 2009

Dimension of Social Innovation-IV (From a Health for All Perspective)

DISTRIBUTION INNOVATION

- Self help groups
- Community based organization/association
- Community Networking
- Cooperatives



Source: CPHE SOCHARA 2009

Dimension of Social Innovation-V (From a Health for All Perspective)

ECONOMIC INNOVATION

- Micro Credit
- Health Cooperative
- Community Health Insurance
- Cost Sharing Partnerships
- Demand side and Supply side initiatives

Source: CPHE SOCHARA 2009

Dimension of Social Innovation-VI (From a Health for All Perspective)

PARADIGMATIC INNOVATION

- Medicine → health
- Individual → community
- Provision and product distribution → Education and social processes
- Molecular Biology (intracellular) → Balloonist/social/community action
- Professional control → community autonomy

Source: CPHE SOCHARA 2009

SOME PROPOSITIONS - 1

Health is not medicine

Health is physical, mental, Social well being and medicine is focused on ill being!

We need more holistic / wholistic approach to health

SOME PROPOSITIONS - 2

Health system is not medicine care system

Health system includes housing, nutrition, water and sanitation, education, livelihoods, recreation, IEC and primary medical care

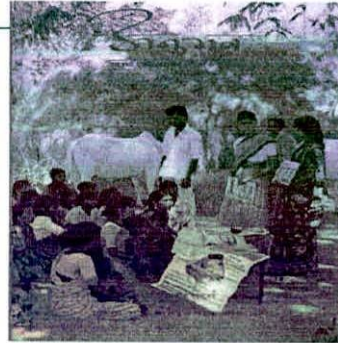
Public health and primary health care system linked to all these sub systems

UNDERSTANDING THE PARADIGM SHIFT FROM BIO MEDICAL MODEL TO SOCIAL /COMMUNITY MODEL

FROM MEDICINE TO HEALTH (From illness care to well being)



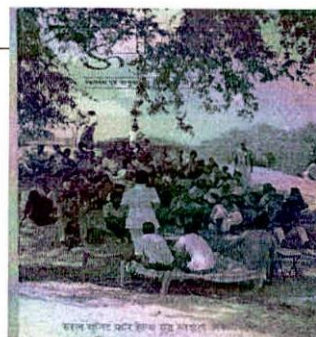
**FROM INDIVIDUAL TO
COMMUNITY
(Collective and Societal action)**



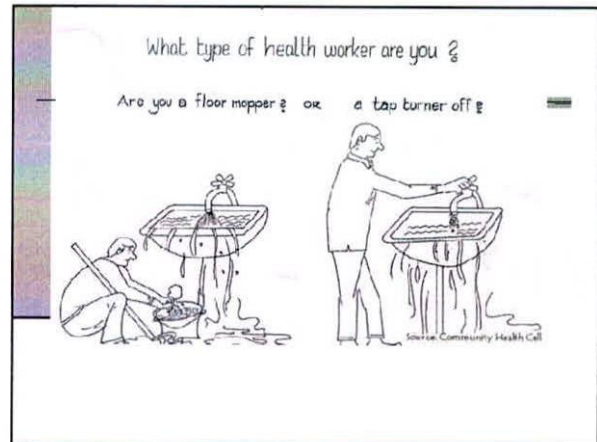
**FROM TECHNOLOGY (drugs and
vaccines) TO EDUCATION AND
SOCIAL PROCESSES
(From distribution to process of
empowerment)**



**FROM COMMUNITY AS
BENEFICIARY/ CLIENT TO
COMMUNITY AS ACTIVE
PARTICIPANT/ PARTNER
(COMMUNITIZATION)**



FROM FLOOR MOPPING TO TAP TURNING OFF

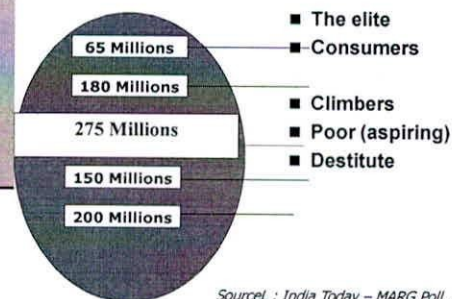


SOME PROPOSITIONS - 3

Health For All is different from Health for Those who can Pay

Health is primarily a public good not a private good and hence health systems does not exclude anyone

India's Population Reflecting recent changes



SOME PROPOSITIONS - 4

Primary health and public health need people, public community as core component

They are not clients, users, beneficiaries but active participant of the system. Public health and primary healthcare therefore need to be communized. NHM offers many spaces, mechanism and opportunities

COMMUNITIZATION-NRHM DEFINITION.

“ Institutionalizing community led action for health by empowering community to take leadership in health matters”

SOME PROPOSITIONS - 5

Energy ecosystems must recognise human energy as a system

Communities knowledge, energy, skill, experience and capacities are an important energy resource!

The communitisation component of NHM is an important recognition of this resource

SOME PROPOSITIONS - 6

Technology is essential for health but not all technology is relevant for HFA goals

Technology for health needs assessment and evaluation for appropriateness. Appropriate technology for healthcare was an important component of the Alma Ata declaration!

The Socio Epidemiology Paradigm

Case study

Use of bednets among indigenous people in Mandla, India

Source: Singh N., et al MRC (ICMR) 1993

The Socio Epidemiology Paradigm

Tribal population behaviour in Mandla Community survey of bednet use

Activity during peak mosquito biting time

Night Mahua collection	16%
Sleep in fields	12%
Tendu leaf collection	21%
Fishing	8%

1200 people out of 2000 are outside the bednet during peak mosquito biting time!

-Source: Singh N., et al MRC (ICMR) 1993

The Socio Epidemiology Paradigm

Tribal population behavior in Mandla Community survey of bed net users

Reasons for non use

Fatigue due to hard field work	57.85%
Suffocation inside net	9.87%
Intoxication	1.92%
Spread on floor	1%
Wrapped around body	20.9%
Used as pillow	2.8%

-Source: Singh N., et al MRC (ICMR) 1993

The Socio Epidemiology Paradigm

Evidence

What? Whose? Who decides?

The people are sharing evidence with the malaria programme bednet researchers about poverty, survival, marginalisation and other social determinants.

The Socio Epidemiology Paradigm

What is our interpretation?

Social marketing and health promotion of bednets for malaria to keep them in. ☐

or

Poverty alleviation in the context of sustainable development and responsive primary health care to make the programme more accessible, relevant and affordable. ☒

SOME PROPOSITIONS - 7

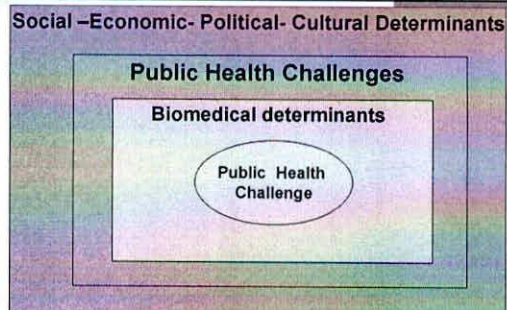
Decentralisation brings health closer to the people but it is more then outreach

Decentralisation is an issue of governance as well. Who plans, manages, governs, monitors, evaluates the health systems. PRIs, SHGs, community or programme managers and governments?

Appropriate Technology for a resilient Health System

1. Building and construction of centers / spaces for Health
2. Agriculture, food and nutrition technology
3. Water, sanitation and waste disposal
4. Energy generation for PHC
5. Transportation options
6. Medical / Healthcare technologies
7. Information and communications including monitoring and evaluations
8. Cooperatives, credit systems and livelihoods
9. And

Towards a new epidemiological analysis for the new public health



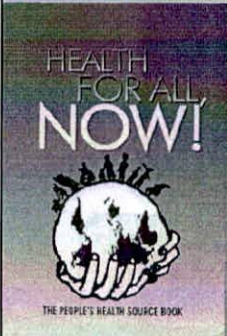
Inspiration – 1975- 1981- (I)



Inspiration – 1975- 1981- (II)

- National system of Medicine – appropriate integrated relationships between modern and indigenous.
- Plural manual for health workers
Janata Health Worker Manual – Ayurveda, Yoga, Unani, Siddha, Homeopathy, Naturopathy
- Values from tradition for alternative model of health care – Ashrama concept, yoga, herbal medicine, non consumerism etc.

AYUSH and People's Health Movement - SOCHARA Initiative - 1
Jana Swasthya Abhiyan from 2000

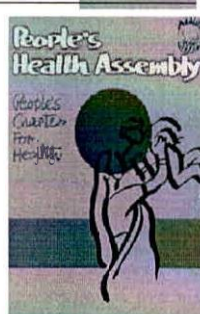


Indian People's Health Charter


"Support be provided to traditional healing systems, including local and home based healing traditions for systematic research and community based evaluation with a view to developing the knowledge base and use of these systems along with modern medicine as a part of holistic healing perspective."

AYUSH and People's Health Movement - SOCHARA Initiative - 2
Global People's Health Charter – 2000

Support, recognise and promote traditional and holistic healing systems and practitioners and their integration into Primary Health Care....."



AYUSH and People's Health Movement - SOCHARA Initiative - 4
South Asian Regional Workshop on Role of Traditional Medicine in HFA-2006



Perspective

- Indigenous and rural communities particularly women care takers of culture, health and eco-system
- Colonization and economic homogenization destroying local health cultures
- Not just therapeutic alternatives to add to western biomedicine
- Learn from concept of health, healing, harmony, and respect for environment.
- Laws of nature rather than laws of market.

LOCAL HEALTH TRADITION – II
SOME ISSUES

- ❖ Community Knowledge
- ❖ Family / Household Traditions
- ❖ Palm Leaf and other manuscripts
- ❖ Oral Traditions
- ❖ Rapid Assessment of LHT's (PRA's)
- ❖ Kitchen Herbal Garden
- ❖ Operation "Health at your doorstep".

History of Appropriate Technology in Health and the SOCHARA Involvement

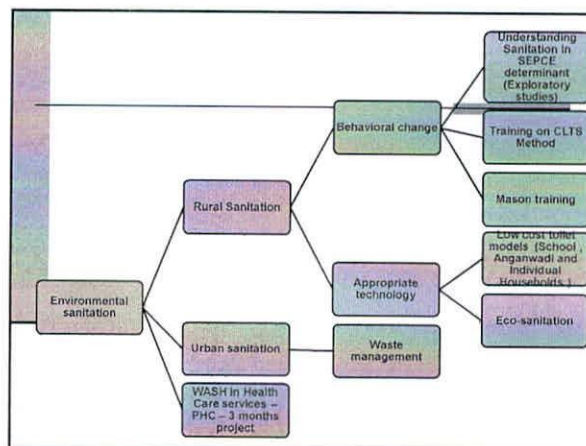
II

History of Appropriate Technology in Health and the SOCHARA Involvement

1. The Community Health Decade at St. John's
2. ASTRA – Exploring Health Agenda
3. AHRTAG to Healthlink – the UK connection
4. mfc Technology and Health – The exploration in Alwaye
5. JSA and PHM – The globalisation of health and healthcare debate
6. Global Forum for Health and the Social Innovation in Health initiative in Cuba
7. Catalysing the Social Innovators in Health Network!!

Sanitation – Technology and Community Choice: A case study

III



Training – “Community Led Total Sanitation and Mason training”



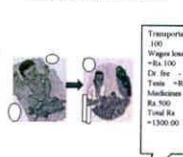
Rapport building



Walk of shame

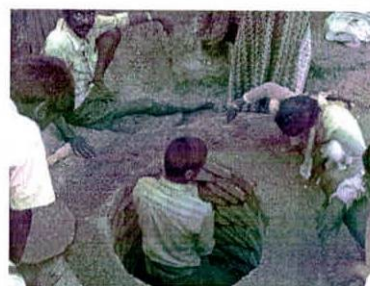


Fecal-Oral transmission



Transportation - Rs. 100
Wages - Rs. 100
Dr. fee - Rs. 100
Tools - Rs. 500
Materials - Rs. 500
Total Rs. - Rs. 1300.00

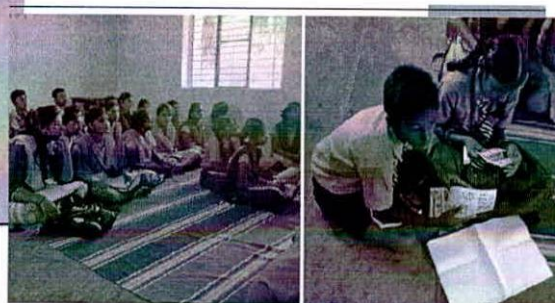
Mason training



Toilets Constructed after the Training process



School Sanitation



Sanitation Follow up activities



Training – Children's – Kannamangala Government school – November 2013

