

Minutes of the Meeting of WeServe & WHO CCET Community Health Programme

Date: 4th April, 2026

Location: Pakari/Rewasi Village, Sitamari District, Bihar

Purpose of the Meeting: A Sensitization Meeting on the benefits of a Community Health Programme and to discuss the action plan for its operationalisation.

Attendees

A. WeServe: An Initiative To Serve the Unserved (an executive arm of the Ganga-Bamvdev Foundation)

- a. Shri Kanhaiya Chaudhary: Founder and Chairman
- b. Ms R.Harini: Co-ordinator
- c. Dr. Sneha Govindarajulu, Public Health Expert-- Invitee

B. WHO CCET, New Delhi

- a. Dr. Tej Pratap Sinha, Addl. Professor, JPNATC AIIMS & Co-Director, WHO CCET, New Delhi
- b. Ms Rupa Rawat, Consultant, WHO CCET

C. Members from the Community

- a. Shri Lalit Kumar Jha, Convener
- b. Shri Gauri Shankar Lal Karn, Programme Co-ordinator
- c. Shri Shailendra Nirmal
- d. Shri Umesh Sahni
- e. Shri lalchandra Sahni
- f. Shri Lal Babu Chaurasia
- g. Shri Munna Kumari Karn
- h. Shri Ramsagar Sah
- i. Shri lalan Mandal
- j. Shri Radhe Shyam Sah

- k. Shri Rajanisha Lal Karn
- l. Shri Saroj Sahani
- m. Shri Rajesh Lal Karn
- n. Smt. Pratibha Karn
- o. Smt. Anju Karn
- p. Shri Saurav Karn
- q. Mr Ranvir Kumar

A sensitization meeting for initiating a WeServe & WHO CCET collaborative Community Health Programme was held, online, on 4th April, 2026. **Shri Kanhaiya Chaudhary**, Founder & Chairman, WeServe, welcomed the participants and introduced the members to the WHO CCET Team led by **Dr. Tej Prakash Sinha**. He explained to the village members the vision of the Organization and its commitment to bringing in societal change and development by empowering the Community.

Dr. Tej Prakash Sinha also extended a warm welcome to the participants and appreciated their enthusiasm for being a part of the Community Health Programme. He informed the participants about the major activities undertaken by the JPNATC, AIIMS including accidents, cardiac emergencies, critical illnesses, trauma, poisonings and respiratory distress. The importance of response timings to treatments for survival was highlighted. Moving onwards, **Dr. Sinha** emphasized the importance of the 3R's of emergency management (Recognize, Respond, and Resuscitate), contextualizing the same to the objectives of the community health programme. He explained that this Community Health Care Programme is rooted in the cooperation of the village members; although health professionals and officials from WHO CCET shall be offering guidance and expert medical advice from time to time. The central idea in this programme is to empower the community, so that they take ownership of their health care for increased longevity and leading a more productive life.

Section 1: Major health issues and vulnerable social groups

After his introductory remarks, Dr. Sinha requested the members of the community to list out the specific nature of cases prevalent in this village/Panchayat. In response to that the community members informed that Hypertension, Diabetes, Paralysis, Joint Pain, Stomach Gas and general Nutritional deficiency causing anemia are the major problems.

As a preliminary advice, Dr. Sinha explained that the way we maintain our health is the root cause of most of our health problems. However, timely identification of relevant **risk factors** (nutrition, environmental causes, sanitation, water resources, hereditary issues), **precautionary measures** for the management of conditions and the ways to **prevent** the issue from exacerbating could save many lives. With the example of blood pressure and diabetes, Dr. Sinha illustrated how the village must come together to focus on the problem associated with **accessing treatment** (poor medical infrastructure, high fees and travel to district hospitals) and how the collective can do better. Following this, one must focus on the **factors and causes** (diet, sleep, deficiency of supplements and essential vitamins and minerals; illustrated with the deficiency of calcium when addressing arthritis).

Subsequently, the discussion was opened for the participants to share their ideas. Responding to it, **Shri Shailendra Nirmal**, the local medical service provider, recounted that a large number of community members were afflicted with **high blood pressure, diabetes, liver disorders, cardiac conditions and paralysis**, with over **50%** of adults suffering from blood pressure and diabetes. When inquired about the state of facilities accessible for treatment, Mr. Nirmal informed that the health care facilities at the level currently is inadequate. Most afflicted individuals travelled to the district hospital at Sitamarhi, with more serious cases often referred to the hospitals at Patna. There were negligible amenities for patients suffering from paralysis. Also, **the elderly** group require the highest degree of intervention and (those aged 60 and above).

Shri Umesh Sahni, another member of the village, stated that although his mother (suffering from high blood pressure) and father (afflicted with chronic knee pain) had visited the doctors multiple times, there seemed to be no permanent relief or recovery.

Mr. Shailendra Nirmal also reported that women fall ill in significant numbers; back pain, asthma and other conditions are quite common. Mobility issues among older individuals was prevalent to a high degree and those aged above 40 acquired chronic back and knee issues.

Shri Gauri Shankar Lal Karn informed that high cholesterol is a significant health burden.

Shri Lal Babu Prasad expressed that hysterectomies were becoming increasingly common at younger ages.

Mr. Ranvir Kumar reported digestive issues among younger children. Stones in the kidney and bladder were also frequently reported afflicting the people.

Near the end of the meeting, **Dr. Sinha** reflected upon how hysterectomies are often unnecessary medical procedures that lead to adverse hormonal changes and remain unaddressed. Lack of calcium intake can also lead to the former. **Mr. Gaurishankar Lal Karn** reflected upon the unique gendered burden of health inequities; as women are occupied with care-giving and child-bearing and, therefore, do not expend care to themselves.

Shri Lalit Kumar Jha in his remarks highlighted the importance of this initiative for the community & the village people.

Section 2: The way ahead

After the members of the village had described and listed the multiple issues an action plan was thought through as described below:

- A baseline survey shall be the first crucial step to move ahead.
- Based on that a framework for a comprehensive Health Care Plan to be drawn up.
- A common understanding to be developed for prioritizing health for the well-being of the community. Therefore, all members of the village (or more practically, their

representatives) must come together and discuss the status of health conditions, facilities, access and outcomes in order to develop a comprehensive framework from a **people-centric perspective**.

- Such a framework should consist of a **list of priorities** to be addressed, including the most frequent disorders for different age and gender categories and the mapping of these disorders; 3-6 months must be dedicated for the resolution of one central health issue. Priority here must be characterized at two levels: which disorder causes a greater number of deaths and what diseases affect a greater proportion of the population, leading to financial burden.
- This framework must also understand what type of areas or regions certain disorders are concentrated within. After the development of a priority list, the community and the facilitators can discuss how to go about it, what roles different individuals can take and the role of WHO CCET experts, policy workers and governmental functionaries at different levels.
- Dr. Sinha also noted that the interpersonal integration of the community is important. **Even individuals without a degree can be trained to check and detect high blood pressure and erratic pulse, attach intravenous fluids and conduct emergency treatment.** Capacity building of panchayat volunteers and village representatives shall be a welcome step.
- Thus, a comprehensive framework must involve spreading awareness amongst the community, integration of members, the development of a priority health list, the analysis of current treatments and amenities, listing of proposed solutions and the integration of WHO facilitators at the level of execution. Before proposing methods of accessing central and district hospitals and the intervention of civil servants, change at the ground level is crucial.
- A weekly meeting of the community members and a monthly stakeholders review shall be held to make the programme effective.

The meeting ended with thanks to all.