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

Date: 9th May, 2026

Location: Pakari/Rewasi Village, Sitamari District, Bihar

Purpose of the Meeting: A Review Meeting on the operationalization and status of the Community Health Programme and to discuss further steps.

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. Tarannum Khursheed, Manager (Operations)
c. Ms R.Harini, Programme Coordinator
d. Dr. Sneha Govindarajulu, Public Health Expert as an Invitee
e. Mr. Chandan Kumar, Coordinator

B. WHO CCET, New Delhi

a. Dr. Tej Pratap Sinha, Addl. Professor, JPNATC AIIMS & Co-Director, WHO CCET, New Delhi

C. Members from the Community

a. Shri Lalit Kumar Jha, Convener
b. Shri Gauri Shankar Lal Karn, Programme Co-ordinator
c. Smt. Anju Karn
d. Shri Shailendra Nirmal
e. Shri Umesh Sahni
f. Shri Rajesh Kumar
g. Smt. Saujanya Kashyap

A review meeting to assess the progress and map out deliverables for the WeServe & the WHO CCET collaborative Community Health Programme was held, online, on 9th May, 2026. **Shri Kanhaiya Chaudhary**, Founder & Chairman, WeServe, welcomed the participants and explained the purpose of the meeting. He also informed that to make the programme effective regular monitoring of the programme at the levels of Community and WeServe & WHO CCET are required. Shri Kanhaiya Chaudhary elaborated upon how this endeavor can improve community health, which in turn can increase collective productivity and reduce medical expenditure, facilitating a cycle of progressive development.

Thereafter he requested **Dr. Tej Prakash Sinha** for his remarks. Dr. Sinha commenced by describing the importance of inter-community assessments of health inequities and outcomes; short-term, participatory interventions have been proven to lead to large-scale, longitudinal community benefits. Dr. Sinha demonstrated the same through the following case studies:

a. In a particular community, gestational and childbirth complications involving excessive loss of blood (Postpartum Hemorrhage) were unusually common, resulting in both maternal and infant mortality. Even when infants were born, extremely low birth weights were recorded; such neonates would die within 10-15 days after birth. Despite significant awareness of the health burden and discourse, a viable solution could not be attained. Dr. Sinha noted that, after investigation and inter-community mobilization, it was discovered that the primary reasons for gestational mortality and morbidity was extremely poor diet and anemia. However, this nutritional deficiency was not due to excessive poverty but rather due to the consumption of polluted water; consistent afflictions with diarrhea due to contaminated water consumption would lead to mothers not retaining sufficient nutrition; immediate changes in the patterns and sources of water consumption had significantly more direct benefits on health outcomes as opposed to the construction of more health centres and ICU's.

b. Similarly, in another community-based study, joint and back ache issues were significantly reported, and the underlying issue was identified as calcium deficiency.

However, this deficiency was not due to the impaired consumption of dairy and other calcium-rich substances but rather due to very poor vitamin D intake (long work hours and stagnant patterns of residence and habituation resulting into poor Vitamin D exposure). Dr. Sinha noted that in this case, rather than bone scintigraphies, daily movement and exposure to sunlight and Vitamin D are more crucial factors shaping bone health.

c. In another case of brain hemorrhage reported from a village; poor MRI facilities were perceived as the apparent cause of death. However, Dr. Sinha noted that within this village, high blood pressure afflictions were common and often unmonitored due to suboptimal procedures undertaken by untrained and unsupervised healthy personnel in nearby Government health centres.

Thus, Dr. Sinha illustrated these cases to explain how crucial it is for communities to not only be cognizant of symptoms, disorders and conditions that affect the greatest proportion of their members, but also the sources of these disorders and the patterns in which they manifest.

Next, the villagers shared updates with reference to survey collection. The attendees stated that the village has come to a consensus that the community health program is of great importance and that data collection shall be progressing from the **14th of May** onwards.

With this the floor was opened for the members of the village to share their concerns and queries. Responding to it, **Shri Umesh Sahni** mentioned that among women, chronic back and knee pain as well as uterine issues (including bleeding) poses a significant health burden.

Shri Shailendra Nirmal suggested that the creation of a resource-centre-cum-office establishment could be facilitated, as the governmental provisions are not accessed at the ground level as desired. Dwelling on this issue it was explained that the Community programmes are to be owned and driven by the Community to make it sustainable. If attention and resources are diverted in establishing a parallel centre (with a focus on curative rather than preventive measures), the community health program initiatives of improving collective health, nutrition,

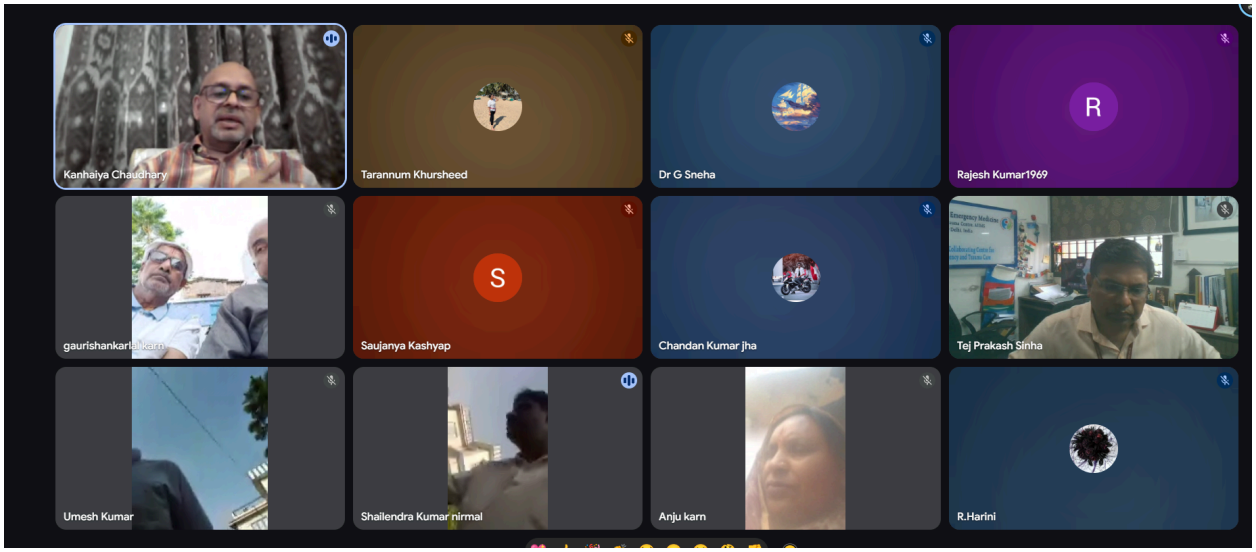
sanitation and infrastructural networks will be unfulfilled. It is more about empowerment of the community. Hence, training and capacity building of the community healthcare workers and volunteers would be desirable. Such a workshop may be organized by WeServe with the support of WHO CCET. He stated that it would be more efficient to integrate members from health centres and anganwadi centres.

Shri Rajesh Kumar also stated that there are over 5 anganwadis present near the village, where regular awareness and service delivery programs, including those targeting malnutrition and vaccinations are conducted periodically and frequent visits by pregnant women and young mothers were highlighted.

As the review meeting neared its completion, **Dr. Sneha Govindarajulu,** Public Health Expert, delivered a short address to the audience, introducing the attendees to public health and its important determinants. Dr. Sneha focused on aspects such as the importance of maintaining sanitation around residences and colonies, particularly emptying stagnant water, to prevent the spread of diseases like Dengue. She focused on nutrition, safe water consumption, frequent health visits when required and good sleep patterns as central to maintaining, restoring and improving health outcomes.

The meeting concluded by underlining future directives to ensure that the community health program functions as a systemic and sustainable process; generation of awareness and survey must progress hand-in-hand, in order to develop meaningful interventions for conclusive results and circulate the findings among the villagers.

The meeting ended with thanks to all.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Rajesh Kumar1969
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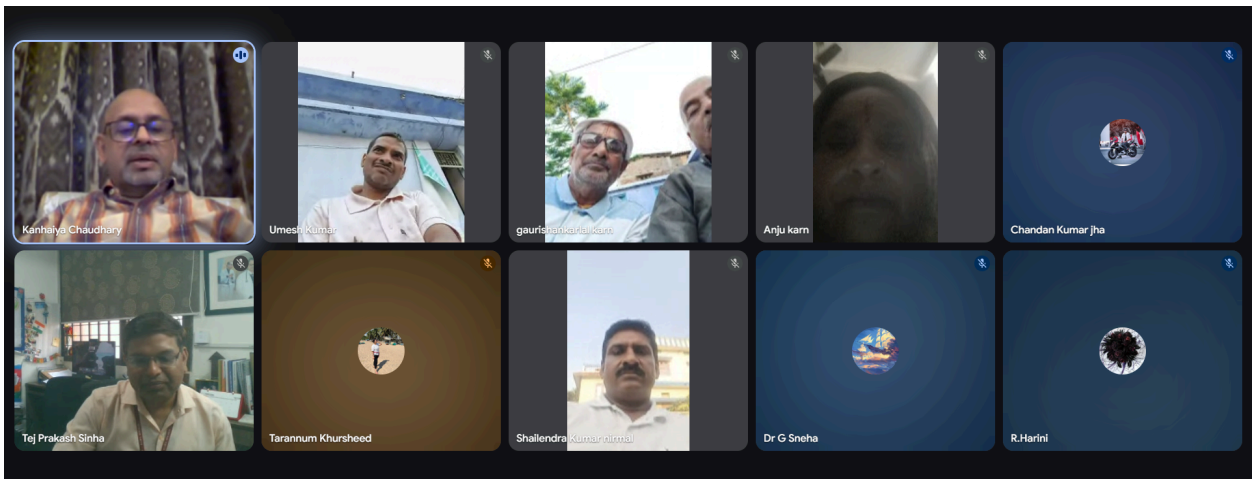
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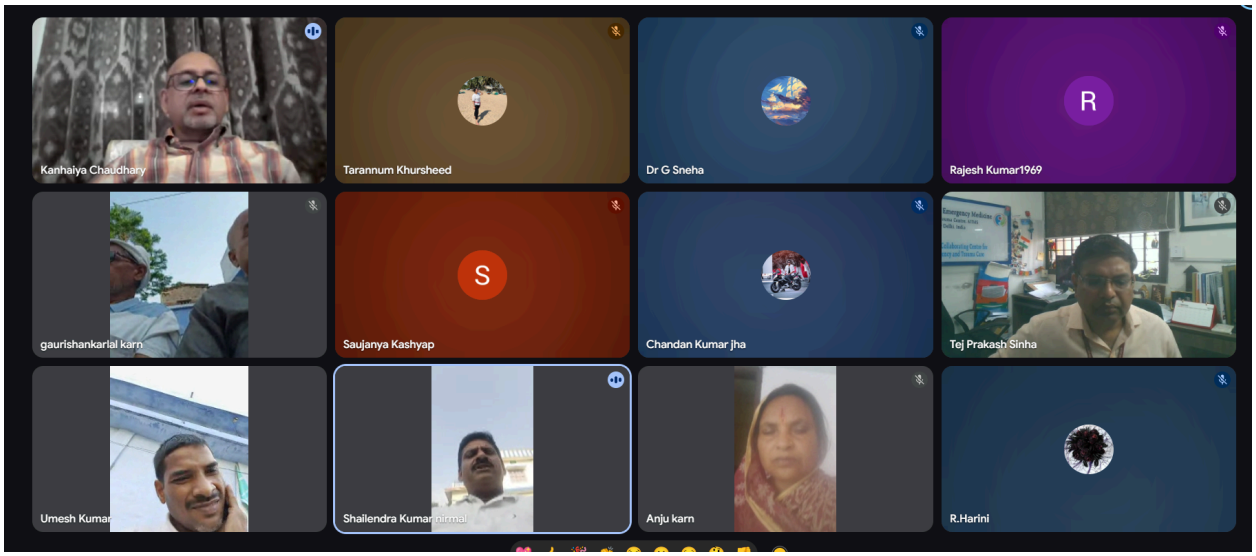
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