

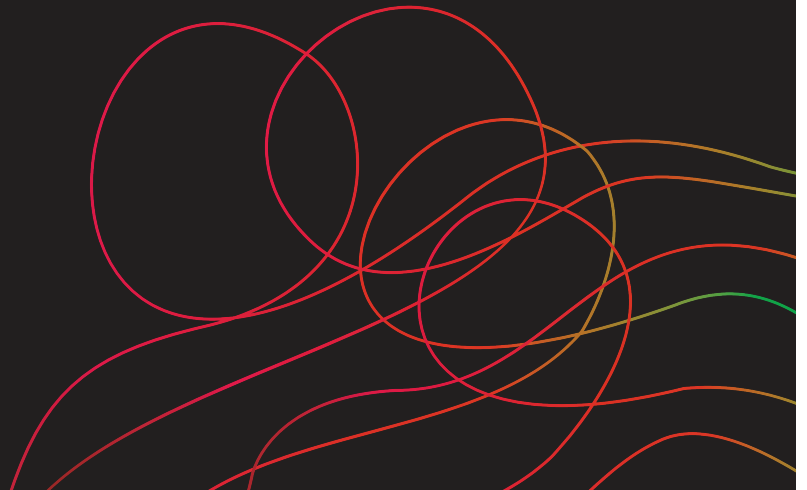
Sailing below the waves

*Sketching the
20-year journey of
Strengthening Local
Health Systems in India*

THE IMAGES

Meena Putturaj
Arima Mishra
Ketaki Das

Sandip Bagchi
Biswanath Basu
Bharathi Ghanashyam
Karel Gyselinck
Elies Van Belle



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List of abbreviations

AWC	Anganwadi Centre (Integrated Child Development Service Centre)
BDO	Block Development Officer
BHCSP	Basic Health Care Support Programme
BMOH	Block Medical Officer of Health
CATCH	Comprehensive Annual Total Check-up of Health
CBO	Community Based Organization
CMOH	Chief Medical Officer of Health
DHF	District Health Forum
DM	District Magistrate
DRR	Disaster Risk Reduction
GTA	Gorkhaland Territorial Administration
HDDF	Howrah District Development Forum
HF	Health Facilitator
ICDS	Integrated Child Development Services
NGO	Non-Governmental Organization
PRI	Panchayat Raj Institutions
SC	Sub-Centre
SDH	Sub-Divisional Hospital

SGSY Swarnajayanti Gram Swarojgar Yojana (Rural Income Development Scheme)
SHG Self Help Groups
SP Superintendant of Police
WBVHA West Bengal Voluntary Health Association
ZP Zilla Parishad (District Administration)

Glossary

Integrated Child Development services is a government programme in India which provides food, preschool education, primary health care, immunization, health check-up and referral services to children under 6 years of age and their mothers.

Panchayat Raj Institutions generally refers to the system of local self-government in India. The system has three levels: Gram Panchayat (village level), Mandal Parishad or Block Samiti or Panchayat Samiti (subdistrict level), and Zilla Parishad (district level).

Self Help Group is a community based group with 10-20 members. They are usually women from similar social and economic backgrounds, all voluntarily coming together to save small sums of money, on a regular basis. They have broad anti-poverty agendas and form an integral part of micro credit institutions in India.

Gorkhaland Territorial Administration is a semi-autonomous body to administer certain areas of Darjeeling hills in West Bengal, India

Janani Suraksha Yojana is a safe motherhood intervention under the National Health Mission. It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. It includes cash assistance to women with delivery and post-delivery care.

Foreword

People are at the centre of sparking, steering and sustaining health policy and systems change for better health and social justice. This book showcasing Rich pictures reflecting on 20 years of collaboration facilitated across stakeholders involved in the Basic Health Care Support Programme (BHCSPP) shares narratives from the people involved about the relationships built, the challenges faced, and the achievements realised. Rich pictures enabled varied viewpoints to be expressed and understood by supporting conversations by multiple stakeholders. Visualisation allowed for new conceptualisations to be developed from these conversations and shared in ways that were accessible and intriguing. Pictures communicate not just material realities, but also the meanings they hold for people, the latter being critical for engaging and changing mindsets. Inviting viewers to understand people's experiences through pictures that convey nuances and values communicate more directly than through other methodologies that are more expert driven. By visualising the lived experiences of people engaged across 1912 villages in West Bengal and Sikkim, this collection inspires others who seek to further decolonise health policy and systems by valuing the people and relationships who build the foundations for progressive change from the bottom up.

ASHA GEORGE

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Complexity and Social Change
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Preface

MEENA PUTTURAJ
ARIMA MISHRA

The inspiration for this work emerged from the experiences gained from using the Rich pictures as a tool in the Basic Health Care Support Programme, a complex health system strengthening intervention implemented in the remote and rural parts across five districts of West Bengal and Sikkim in India. Modern public health practice demands a multidisciplinary approach and the conglomeration of practitioners and academia for various reasons. The making of this Image Book or Rich picture book is a pragmatic example of facilitating collaborative working among people of diverse backgrounds and expertise. The team comprised international development experts, civil society actors, academicians, public health consultants and an independent journalist /development writer. We cherish the fond memories of the moments we had for the purpose of the book. It was truly an exhilarating and a gratifying experience to see the passion, the commitment and the faith of the communities and the NGO/civil society/community-based organisations which are part of the BHCSF, as well as West Bengal Voluntary Health Association, and Memisa, Belgium. We literally jumped in joy interacting with various stakeholders of BHCSF during the workshop to validate the descriptions of the Rich pictures used in this book. It would not be an exaggeration to say that our team's energy levels increased exponentially and reinforced the belief in the value of putting people in the centre and working together for the betterment of health systems.

We sincerely thank a number of people who contributed to this innovative publication. At the outset, our heartfelt gratitude to various stakeholders of the Basic Health Care Support Programme for developing the Rich pictures and sharing their learning with us. Thank you Kasturi Sen for introducing the Rich picture tool to the BHCSF. Ever since then, the tool has become the part and parcel of the BHCSF guiding the action reflection processes of the programme. Many thanks to the WBVHA team at Kolkata for your sincere efforts in the documentation and for preserving the Rich pictures as a treasure. Memisa, hats off to you! Your flexibility and your open nature have provided a fertile ground to breed creative ideas like the Rich picture tools among others in the BHCSF. We knew Biswanath Basu as a Programme Director in WBVHA. But we now learnt that there is an artist in you when you helped us with replicating the original Rich pictures for the purpose of this book. Thank you! The BHCSF is also close to the hearts of people who are not formally part of it. The boat pictures sketched by Katrien Pallemmaerts is a testimony to that. We are grateful to Bart Criel and Renu Khanna for reviewing drafts of the book at various stages of its development. The list is not complete without thanking Felipe Sere, David Durnez, Elies Van Belle from Memisa and Sandip Bagchi from WBVHA. Thank you for being there whenever it mattered.

A photograph showing the interior of two wooden fishing boats on a dark sea. The boats are made of weathered, greyish-brown wood. The boat on the left has several thick, light-colored ropes coiled on its deck. The boat on the right has a large, tangled mass of bright blue ropes on its deck. A white rope runs diagonally across the scene, connecting the two boats. The sky is overcast and grey, and the water is dark and calm. The overall mood is somber and contemplative.

‘I wonder if creativity needs rules.’

IANNIS XENAKIS

The stories the pictures tell

Those who tell
the stories rule
the world – PLATO

Traverse the book

This book is a compilation of Rich pictures drawn by diverse stakeholders i.e. grassroots communities, programme team members including health facilitators, coordinators, NGO partners and others of the Basic Health Care Support Programme (BHCSPP) implemented by the West Bengal Voluntary Health Association (WBVHA), India (10) with support from Memisa (8), an international NGO based in Brussels, Belgium. The Rich pictures have been drawn at various stages of the programme between 2013 and 2019, during community meetings, consultations, and other occasions when stakeholders met, discussed and reflected.

‘Pictures allow for viewing one situation in many ways’

MATRI
STORE
BEST PRICE!



ONE PICTURE IS WORTH A THOUSAND WORDS!

SL

About the guiding principles of the Basic Health Care Support Programme

The Basic Health Care Support Programme (BHCSPP) is centred on strengthening health systems, improving access and promoting a rights approach among communities to take responsibility for their health. It has been implemented over a period of 20 years so far. It is geographically spread across 1912 villages and spans 5 districts in 2 states, namely, West Bengal and Sikkim. The programme works under an umbrella of five core principles:

People-centred

The BHCSPP ensures that people are at the centre of all activities and are empowered to claim their right to health.

Linking up actors

Strengthens health systems by linking up actors in a constructive and effective way to create an enabling environment where communities have access to quality health services.

Comprehensive approach

Government schemes often focus vertically on specific needs and services. Recognising the inherent limitations of this approach, the BHCSPP is comprehensive and goes beyond the mere delivery of health services. Affirming the rights approach to health, it aims for overall well-being.

‘We can tell a big story in just a few pictures.’



Learning by doing

The programme is embedded in a learning approach and aims for strategic impact by focusing on learning from experiences and taking the lessons to other areas for peer-to-peer learning and then to the policy level. This includes identifying lessons learnt, discussing remaining challenges, and widening the perspective.

Subsidiarity and empowerment

The programme encourages facilitation by NGOs over implementation, thereby encouraging and involving the community to make need-based choices and take responsibility for their own health. Programme facilitation strives to create an environment of trust among different stakeholders including the local elected representatives, officials at the sub-district and district levels, the NGOs, health providers and local communities.

On the ground, the BHCSF works much like a closely woven web, where all grassroots NGOs are interlinked with each other as well as with service providers, local authorities and the community through various organically formed platforms such as the District Health Forums. This process results in an enabling environment for the community to access quality healthcare services as well as strengthen relationships with officials and policymakers.

As the BHCSF evolved, the District Health Forums (DHF) emerged to institutionalise the interlinkages between the stakeholders in the local health systems. The DHF in the five districts, based on local contexts were composed accordingly. Some forums (e.g. Howrah, North 24 Parganas and South 24 Parganas) were composed with members from various grassroots NGOs, while the forums in other districts were composed with members from the community e.g. Darjeeling, healthcare providers

from the public health facilities e.g. West Sikkim and government authorities. Such forums were truly multi-stakeholder platforms.

RICH pictures in BHCSP: inception of the tool in 2013

Rich pictures are a visual participatory methodological tool. While a range of participatory visual techniques including picture codes, participatory mapping, pocket charts, Venn or chapatti diagramming and photo voice have been widely used in health systems research the use of Rich pictures is relatively recent (1) (2) (4). Adapted from the soft systems methodology (3) Rich pictures offer an opportunity to seek multiple perspectives, identify different dimensions of a problem situation, a deeper understanding of the situation, capture messy, complex processes of programme implementation [including flows, activities, and connections among different activities, dynamic interactions among actors, changes that have taken place, conflicts that need to be resolved], facilitate open discussion and shared learning. A number symbols and icons are used.

The Rich picture tool was first used during an external evaluation of the BHCSP in 2013 to encourage better understanding and for capturing the complexity and messiness of health system strengthening programme, understanding the perceptions of all the stakeholders and promoting a constructive and iterative process of reflection, learning and actions. The BHCSP team picked up the tool immediately and used it regularly in different contexts and levels as the pictures in this book illustrate.

The Rich pictures were empowering as they allowed community members and others involved in the programme to express themselves in a natural, comprehensive

The Rich pictures were empowering as they allowed people to express themselves in a natural, comprehensive way appealing to the mind and the heart

way that appealed to the mind and the heart, eschewing a more intellectual and academic approach. Images of the journey the programme had traversed, were collectively created and narrated by all those who have been involved in BHSCP.

The introduction of the Rich picture tool held lessons for the programme design itself. It demonstrated that all methodological tools need not be conceptualised from the start of a programme. The ability to adapt and adopt was important, as well as the need to include new tools that can add strength to the design and implementation of a programme. Thus, 2013 and the Rich picture tool created important moments of learning for the team in several areas.

The process of sketching Rich pictures

All stakeholders underwent training on the Rich picture tool in 2013 with subsequent mentoring by the WBVHA staff. The technique is as follows:

- 1 Groups comprising 8-10 stakeholders engaged in the BHSCP used Rich pictures to communicate, reflect and decide collaboratively on further actions. This was done during different community meetings, programme review meetings and consultations.
- 2 The groups were provided with all the necessary stationery for drawing the Rich pictures [chart paper, coloured sketch pens, pencil].
- 3 The process usually took 1– 2 hours depending on the theme the group chose to sketch.
- 4 Each group first brainstormed the ideas, thoughts and feelings and arrived at a consensus on what to portray in the rich picture. Each group had a facilitator to

‘We cannot read and write very well. But this method allowed us to express ourselves fully.’



moderate the discussion, help to resolve conflicting views if any and ensure that each person contributed to the picture. .

- 5 After drawing the Rich picture, one representative from each group presented the meaning of the picture to their peers and received feedback.
- 6 The learning from the group presentations of the Rich pictures helped to enrich the next set of Rich pictures. Thus, it became an iterative process of collaborative learning for the programme partners.
- 7 The programme staff of the WBVHA documented the sessions and the written documents were saved in the form of reports at WBVHA for later reference and use. The pictures drawn by the stakeholders were also preserved as part of the BHCSP documentation.

‘Mirror of mind’: experiences with sketching Rich pictures

The compilation of this book has been a collective effort of viewing, thinking and learning about each of these pictures together

In the true spirit of the programme, the compilation of this book has been a collective effort of viewing, thinking and learning about each of these pictures together. As part of this compilation, WBVHA organized a workshop on November 19, 2019 in Kolkata inviting programme partners including health facilitators, health coordinators, district forum members, village development committee members and members of elderly persons’ groups from different districts to share their overall experiences with the Rich picture tool, going back in time and [re]narrating the story behind certain pictures.

The following are the expressions of what the tool meant and changes it brought to the programme partners including some of the challenges faced:

‘Rich pictures are a mirror of the mind, they capture what we think, feel and do.’
‘We can tell a big story in just a few pictures.’
‘A way to visualise what we have done, what we need to do better, a kind of a monitoring tool for us.’
‘We cannot read and write very well. But this method allowed us to express ourselves fully.’
‘Rich pictures stimulate us to think “how”.’
‘Unexpected thoughts and insights are revealed through pictures.’
‘Pictures allow for viewing one situation in many ways.’
‘The Rich pictures allowed for group interaction and learning.’
‘At times, arriving at a consensus through diverse ideas/perspectives of the team in developing the pictures has been challenging.’
‘One picture could convey different meanings.’
‘We have faced ethical challenges of privacy/confidentiality when family problems are discussed in the group (eg: reported elderly abuse) during the RICH picture drawing process.’

‘Rich pictures are a mirror of the mind, they capture what we think, feel and do.’



The BHSCP conference – a learning synthesis forum

Another important learning synthesis forum of BHSCP was a conference entitled ‘Primary Health Care in West Bengal: People-centred Health Governance’ held in Kolkata. The conference was organised on 7-9 February, 2019 by the WBVHA in collaboration with Memisa, an international NGO based in Belgium. More than 100 delegates from diverse backgrounds (academia, researchers, civil society, policy makers, and development practitioners) participated in the event. The

‘Unexpected thoughts and insights are revealed through pictures.’

objectives of the conference were to: i) present the approach/guiding principles, history, process, achievements and challenges of the BHCSP; ii) engage in a critical debate with different stakeholders guided by different perspectives; iii) take strategic learnings and lessons for the BHCSP actors and policy-makers and develop a common agenda for a way forward.

The conference served to bring all stakeholders together on one platform and encourage dialogue and reflection on various aspects of the programme. Some of the Rich pictures in this book have emerged out of deliberations at the conference.



The Yin and the Yang

This Rich picture book complements the narrative of the BHCSP which has been captured in a comprehensive publication named ‘Sailing below the waves: a 20-year journey of strengthening local health systems in India’. It’s a twin publication, composed of a Story Book and an Image Book, tracing the entire journey of the BHCSP from inception to where it is now, and going on to lessons for future. In many ways, both books are like the yin and the yang (7). The story book can be considered the Yin, which has the physical properties of the programme and is a factual written account of the strategies, activities, impact and learnings. The image (Rich picture) book on the other hand, is like the Yang, which reveals the ‘other side’ i.e. community perceptions, feelings, thoughts, the energies, the progress, and most importantly, the infinite potential for change.

In conclusion: a picture is worth a thousand words

It has been famously said that a picture is worth a thousand words and can tell stories that words cannot. This compilation bears testimony to the adage. They are not drawn by professional artists and are not meant to be viewed as works of art in the accepted sense. Rather, they are ‘talking images’ that reveal very compelling insights on what communities and other stakeholders perceive, feel, think and need as the programme evolves and sails through. This book is not simply a story of a programme and its impact. Instead, the Rich pictures capture a journey that witnessed the complex stories of change, the many lessons and learnings on the way, the anticipated and the unanticipated occurrences, the opportunities, challenges and many more.

The Rich pictures are laid out chronologically as these were drawn at different stages of the programme. Each picture is accompanied by a brief description. The intention is to allow the viewer to get a basic understanding through the descriptions and then delve deeper into them to draw out additional inferences of their own. The pictures are not meant to be viewed as closed and complete. The viewers are invited to turn the kaleidoscope and draw out interpretations, and learn and create their own stories. The BHCSP is a collective, continuous journey, the beginnings of which are revealed in the pictures. Viewers can discover new milestones, gain fresh insights and enrich their own understanding. Wide margins alongside the captions give freedom to the viewers to pencil in suggestions and thoughts inviting them to be part of a collective journey of learning and reflections.

Turn the page to journey on.

‘Talking images’ that reveal very compelling insights on what communities and other stakeholders perceive, feel, think and need



‘Tell people – and they may forget... show them – they may remember... but involve them and they will understand.’

CONFUCIUS

The Rich pictures

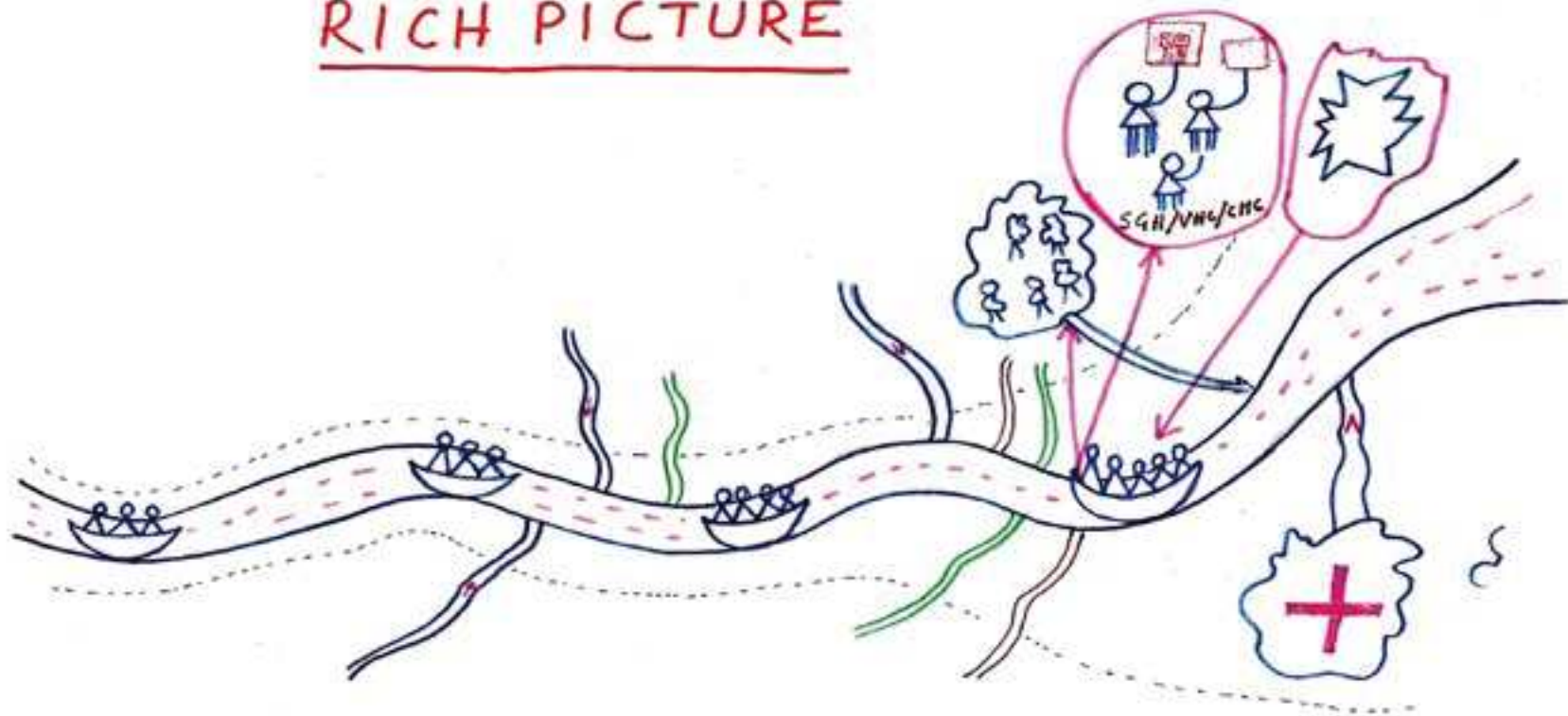
A collaborative journey: one phase at a time

IB1: This picture likens the BHCSF to a boat on a river and the various stops on the river bank as the different phases of the project. BHCSF partners from South 24 Parganas Health Forum are sailing in the boats. They work with self-help groups, village health committees, and community development committees towards enabling quality health services.

The boat initially sets out with only a few travellers but as it moves from one phase to another, more travellers join in. At every stop, the travellers are shown achieving fresh milestones such as evolving from an NGO forum to a people's forum, developing individual and structural problem solving capabilities, as well as the ability to bring people together with technical and financial support from the project.

*Drawn by the Health Forum NGO partners,
South 24 Parganas district, 2013*

RICH PICTURE



South 24 Pgs Health Forum

The CATCH Campaign

IB2: This picture drawn by the BHCSF team in Sikkim describes the Comprehensive Annual and Total Check-up for Healthy Sikkim (CATCH) campaign of the Government of Sikkim. The campaign has initiated several measures in villages with the aim to make Sikkim the healthiest state in the country. The campaign, which was adopted by BHCSF, brought together the various players in the village such as the block development officer, grassroots NGOs, the Primary Health Centre staff and the Auxiliary Nurse Midwife and registered medical practitioners. It also shows a local innovation, a stretcher made to carry patients to the primary health centre as there aren't enough roads in the remote parts of the hilly region.

Drawn by the Sikkim BHCSF team, 2014

Achievement of Basic Health Care Program
at Sombory West Sikkim



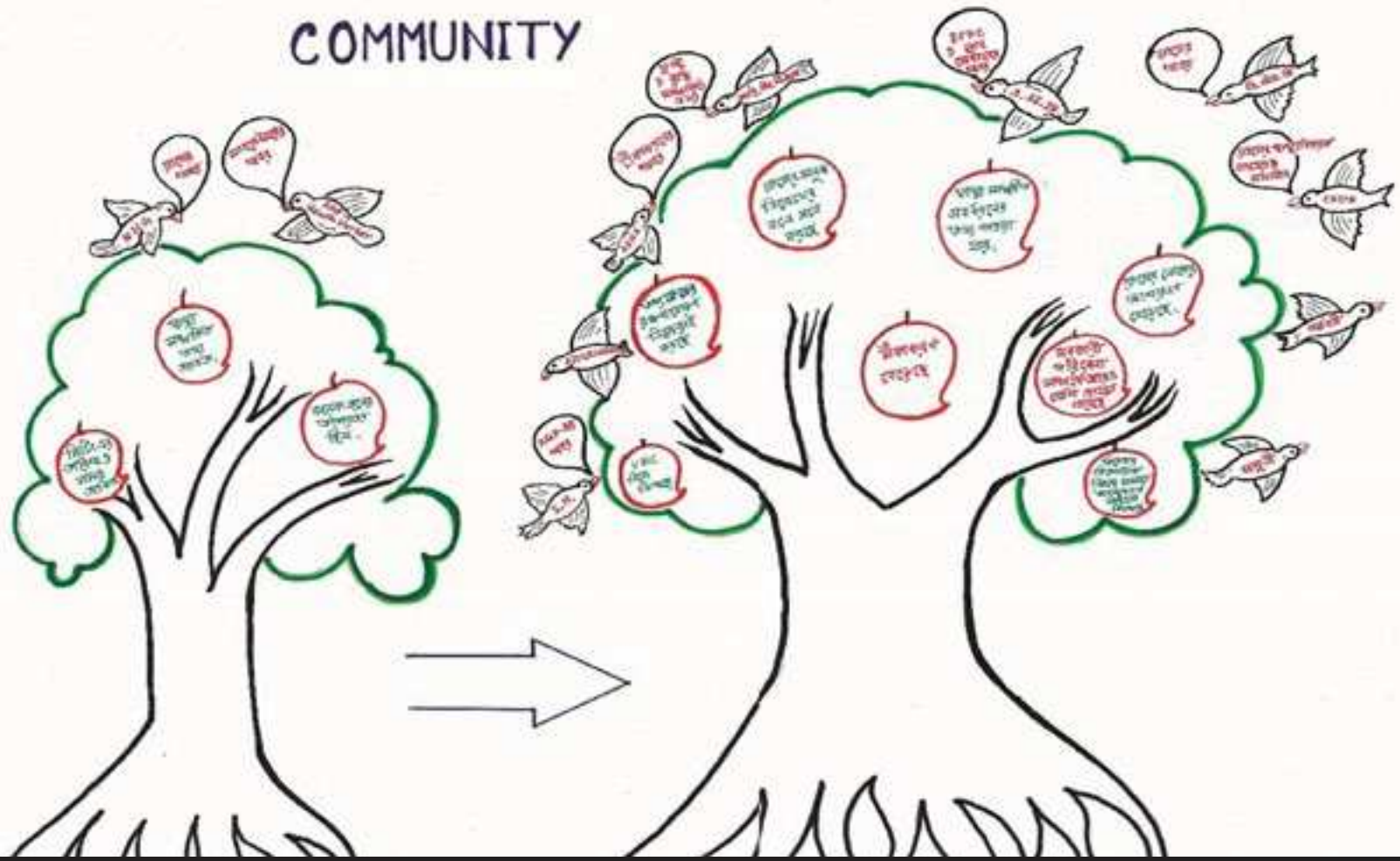
The one-stop village information board

IB3: This picture showcases the evolution of the village information board displayed in public spaces such as markets, over the common water tank, or in schools in Diamond Harbour block of South 24 Parganas district. The boards, which sparsely used earlier, were transformed over the programme period and became rich sources of useful information.

The board was earlier maintained by the local self-government [panchayat] staff and the Auxiliary Nurse Midwife of the health sub-centre and contained limited information. The community ownership of the boards developed when they realised the potential of the boards to convey useful information. Various actors depicted as birds on a tree began to contribute to the village information board, including adolescent groups. The village information board is now brimming with information related to maternal and child health, government welfare schemes, information about the village and many more topics as depicted on the fruits.

*Drawn by the Village Development Committee members,
South 24 Parganas District, 2014*

COMMUNITY



Building bridges: working with the government and community

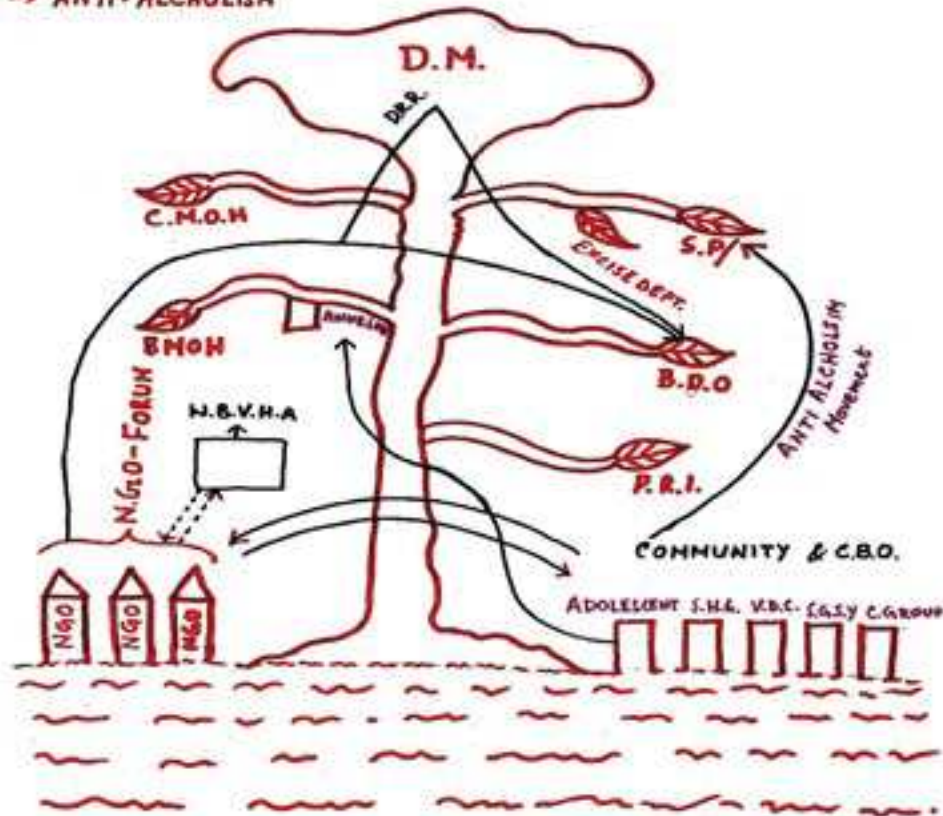
IB4: The branches of the tree in this picture represent the various government organisations e.g. Block Development Office, Block Medical Office, Chief Medical Officer of Health, Superintendent of Police, Local self-government institutions and others that are expected to provide services to the community. The NGO forum being depicted at the same level as community groups reiterates that it emerges from and is part of the community. The adolescent groups, self-help groups, village development committees and the elderly persons' groups are the various community clusters that work with the forum.

WBVHA is perceived as the entity that strengthens forums and establishes linkages between the adolescent groups and the Anwasha clinics, i.e. adolescent health clinics in the Block Primary Health Centre. The social movement against alcoholism by women self-help groups, and disaster reduction efforts received support from the police and block officials. While engagement with the government at the block level is strong, there is now some interaction at the district level too.

*Drawn by the Administrators of the NGOs
represented in the District Health Forum,
Howrah District, 2014*

MANAGEMENT.

- ADOLESCENT
- DRR
- ANNESHA
- ANTI-ALCOLISM



Small drops make big waves

IB5: Memisa, the international development partner developed this Rich picture at the end of an annual review workshop with all stakeholders in South 24 Parganas. The project may initially have been a drop in the ocean putting forward some important principles. But eventually, through holistic strengthening of relations between actors in the local health system, it began making waves. Through a participatory learning process, the District Health Forums gradually got more confidence enabling them to go from the comfortable bay to the deep sea to catch some bigger fish (addressing a bigger issue). This journey towards ensuring essential primary health care for the communities is riddled with real (health system) challenges. Navigating through a journey by sea with storms and thunderbolts on the way does not follow a pre-set course. The route emerges while sailing, sometimes in response to situations that emerge and requires constant thinking and re-orientation guided by the stars [friends of the forum].

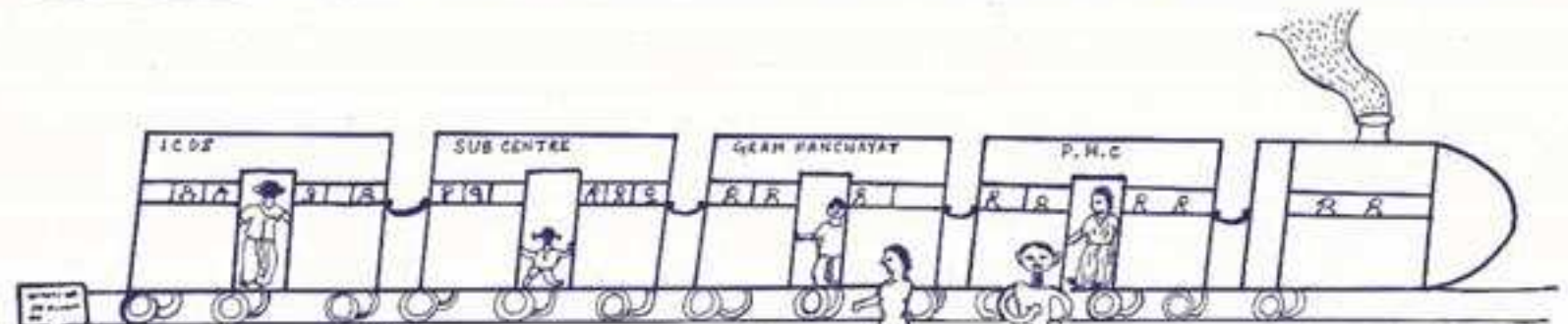
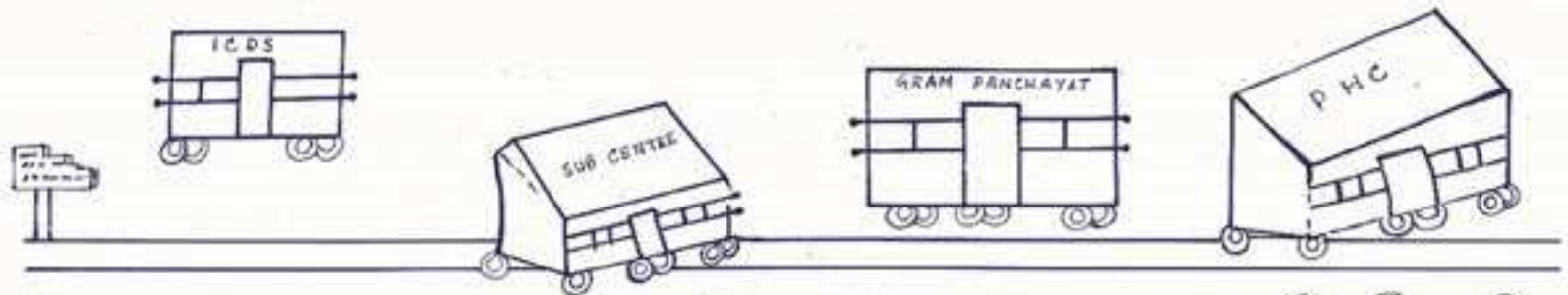
Drawn by Memisa, 2014

On track: integrated and coordinated health services

IB6: The train analogy indicates that ensuring integrated health services to the population is a significant achievement of the BHCSF. In a fragmented state, the sub-systems of the health system are portrayed as disconnected compartments of a train that have derailed. The damaged signboards near the derailed compartments indicate that the people did not have adequate information to navigate the complex health system.

The NGOs in the District Health Forums identified ways to bring various actors into one platform e.g. activating monthly review meetings held on the 4th Saturday of every month. This promoted better coordination between the institutions that cater to the same population. Because of these efforts, better coordination between the local institutions has been achieved where BHCSF is implemented allowing people to have easy access to services. The smoke from the train indicates the functional status of the health system and its progress towards a specific goal.

*Drawn by the BHCSF staff of
West Bengal Voluntary Health Association,
Kolkata, 2014*



The second innings: enjoying health, enriching life

IB7: The picture is one of hope and joy and tells one large story with several smaller stories embedded in it. When viewed together, the story tells of the overall changes that the members of the elderly persons' groups experienced in their lives. BHCSF has helped them to participate in spiritual activities, yoga classes which are regularly organised for the groups and overcome the trauma of loneliness. As expressed by one member, 'We feel a sense of calm and serenity in our lives.'

The little illustrations of their eating together, gathering to celebrate the Durga Puja festival, engaging with spiritualism and prayer, or experiencing the joy of seeing younger people seeking them out to attend health camps with them indicate that they experience a life of inclusion and empowerment.

*Drawn by the members of the village level
elderly persons' group, Mathurapur II block,
South 24 Parganas district, 2015*

बाद्यम



प्रतिदर



दल - २
निकरिब



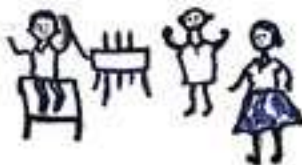
देहावे का अमने



दुर्गा देहावे धरति



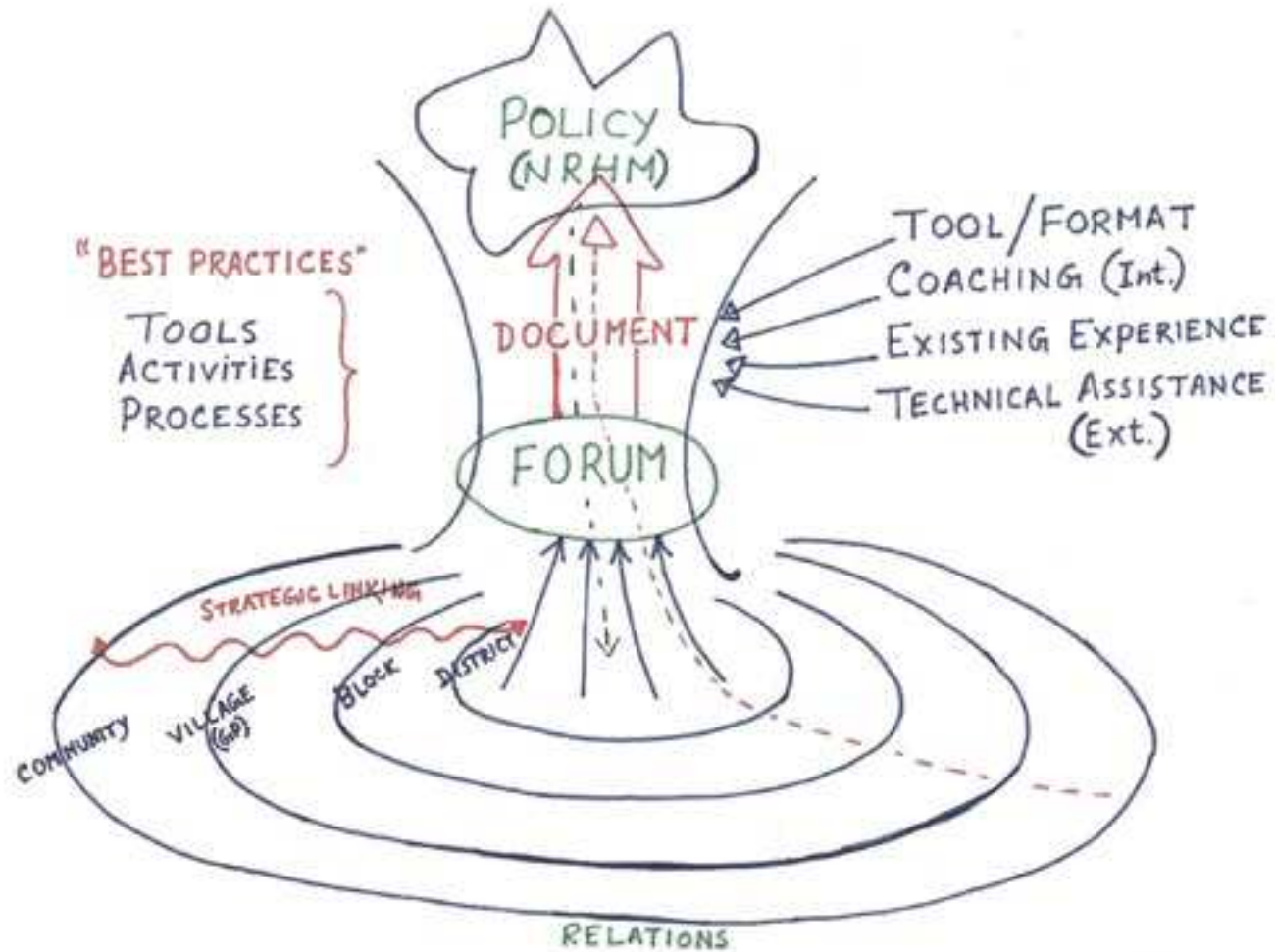
अड्डादि काम



Going beyond implementation: learning horizontally and vertically

IB8: Development is engaging in continuous learning cycles. This picture illustrates the dynamics of continuous learning in this support programme. An important objective of the programme is to contribute to the implementation of national/state policies and schemes. This implementation should happen by adapting policies and schemes to local needs and context. Therefore, local stakeholders as well as strategic partners should be involved and engaged. Even more important, and even more challenging, is to draw and share lessons from the activities and processes emerging at field level. Like a stone thrown in the pool causing horizontal ripples and upward splashes, the lessons learnt have spread, horizontally through peer-review at the level of individuals, community groups, panchayats [village council], blocks and districts and vertically by documenting them for evidence-based policy advocacy.

Drawn by Memisa, 2015



Joining hands: local to international

IB9: The working of the District Health Forums is visible in this picture with a clutch of NGOs in the centre. The District Health Forums receive technical and financial support from Memisa and West Bengal Voluntary Health Association.

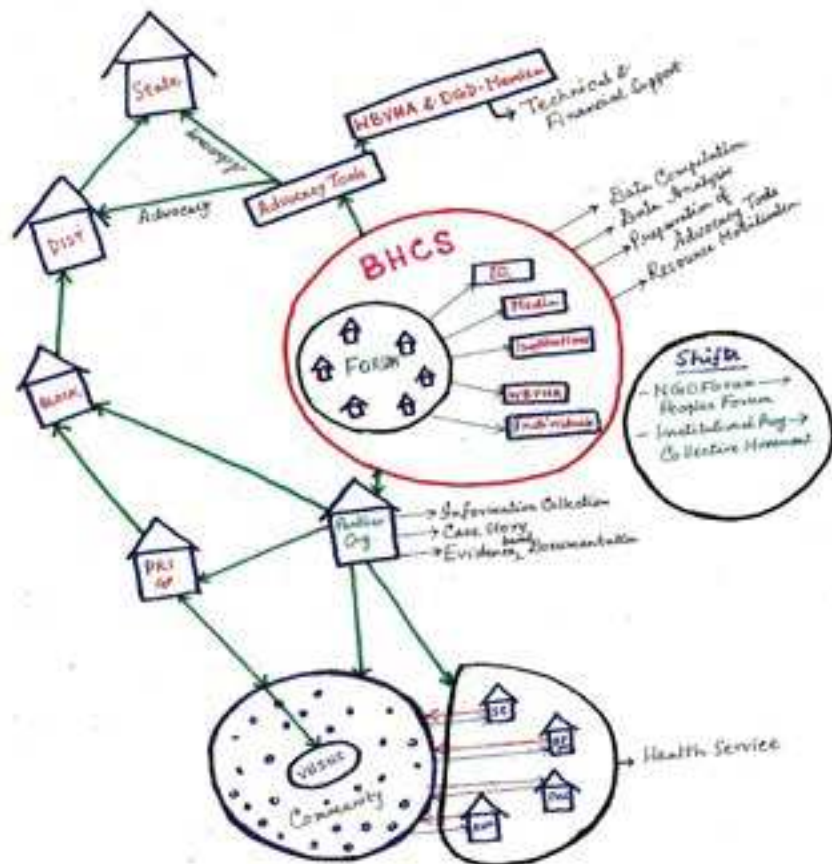
All partner organisations of the Forum work with the communities to assure quality public health services. The individual partner organisations collaborate with public institutions e.g. local self-government organisations and block administration. The Forum foresees the need for evidence based advocacy and hence focuses on case building through documentation in BHCSP.

The Forum also builds partnerships with media, academic organisations and influential people for effective advocacy at higher levels. The District Health Forum which is now a NGO forum envisions a people's forum in order to progress towards building a collective social movement to bring in policy reform.

*Drawn by the District Health Forum members,
North 24 Parganas district, 2015*

Group - 5

Result - 2



Expanding web of influence and action

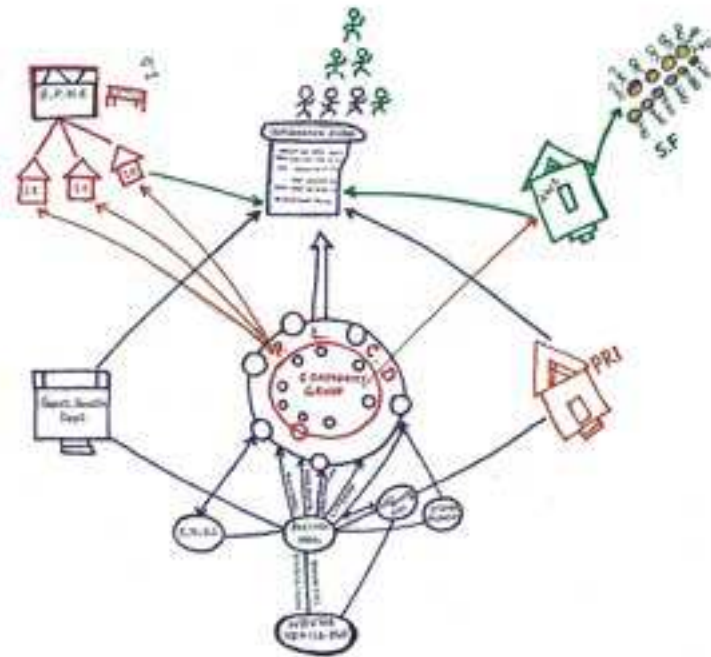
IB10: The picture depicts some of the outcomes of the working relationships between the WBVHA, the grassroots NGOs and the various community groups in the villages. The WBVHA, positioned at the bottom, served as a facilitator for the BHCSP, built capacities of various stakeholders and guided the design and implementation of their action plans in the field. The NGO stakeholders of the District Health Forums had linkages with the other NGOs in the areas who conducted training, awareness and sensitisation programmes on health and well-being. These then were linked to various community groups e.g. elderly persons' groups, adolescent groups, and women SHGs and the larger community to avail the services of the health sub-centre, Integrated Child Development and Service (ICDS) centre in the villages and the Block Primary Health Centre.

The web of influence widened as NGO stakeholders of the District Health Forums forged collaborations with other organisations that were not part of the forums e.g. Chittaranjan National Cancer Institute. The NGO members of the District Health Forums built working partnerships with local self-government organisations and the health department at the block (sub-district) level. These partnerships helped increase institutional deliveries, and ensure spot feeding for the children attending the ICDS centre.

*Drawn by the BHCSP Co-ordinators of
the NGOs of the District Health Forum,
South 24 Parganas district, 2015*

24 pgs(s) HEALTH Forum Coordinator
Group - 2

-  - S.C.
-  - A.M.C
-  - E.P.H.C
-  - P.R.I



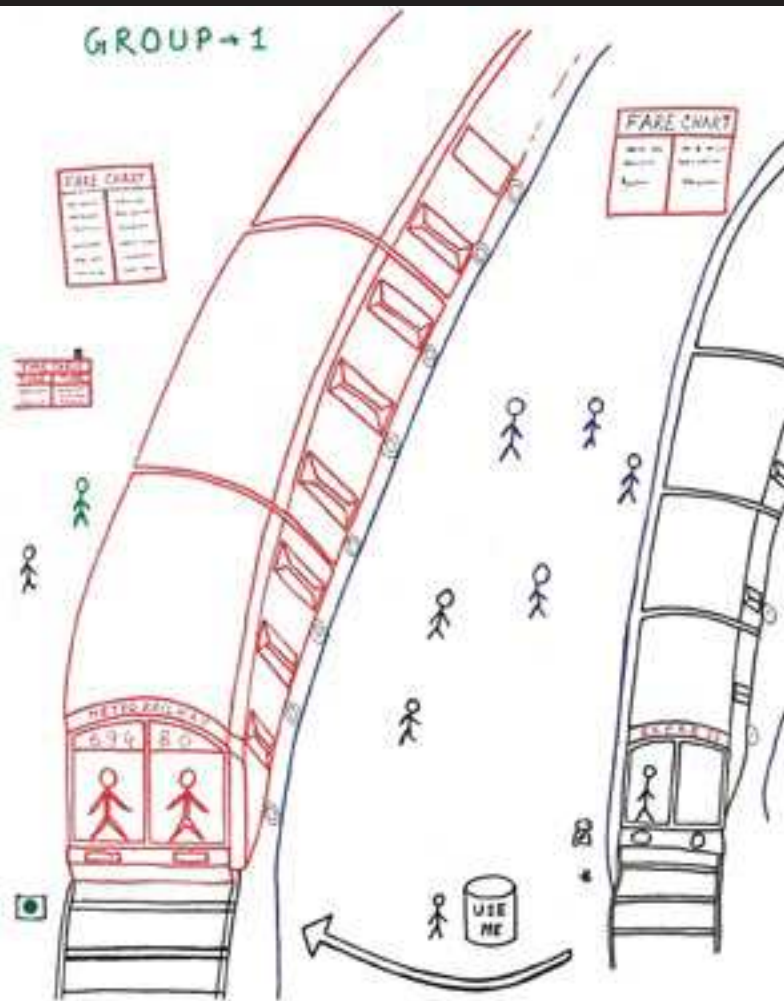
Driving together: the primary health care journey

IB11: Just as rail travel is an effective means for people to reach their destinations, NGOs in this picture, perceive themselves as the vehicles that communities can use to achieve better lives for themselves. The path laid by the BHCSF enabled the NGOs and other stakeholders in the health system to come and think together in order to gain a shared understanding.

The earlier and present status of individual NGOs in the District Health Forum are compared to an ordinary train and superfast metro train respectively. In an ordinary train there is only one driver which is indicative of the NGOs working individually within their limited organisational capacity. However, in the metro train, there are two drivers representing the collaborative attitude of the NGOs in the District Health Forum. Metro trains are a faster and more convenient mode of transport than ordinary trains. The Forum members see value in networking and fostering collaborations/partnerships between institutions and individual actors embedded in a climate of trust.

*Drawn by the District Health Forum members,
South 24 Parganas district, 2015*

GROUP → 1



Creating support systems: communities as stakeholders

IB12: In this picture, health facilitators from the grassroots NGO partners in Howrah district perceive the village, the BHCSF and its activities as different parts of a tree offering shelter. The various other elements in the picture show a comprehensive support system for health, such as camps for adolescents to detect anaemia, cervical cancer and a fair for elderly people. The red-tipped torch is seen as a guiding light that motivates and mobilises elders to be a part of groups.

The NGOs and the community-based organizations (CBOs) are like birds playing the role of facilitators rather than only implementers. The picture reflects the potential for community groups like the women's Self-Help Groups (SHGs), adolescent groups and community based local self-government institutions (PRI) to catalyse developmental activities in their villages including demanding access to Government services.

*Drawn by the Health Facilitators,
Howrah district, 2016*

H.F-2



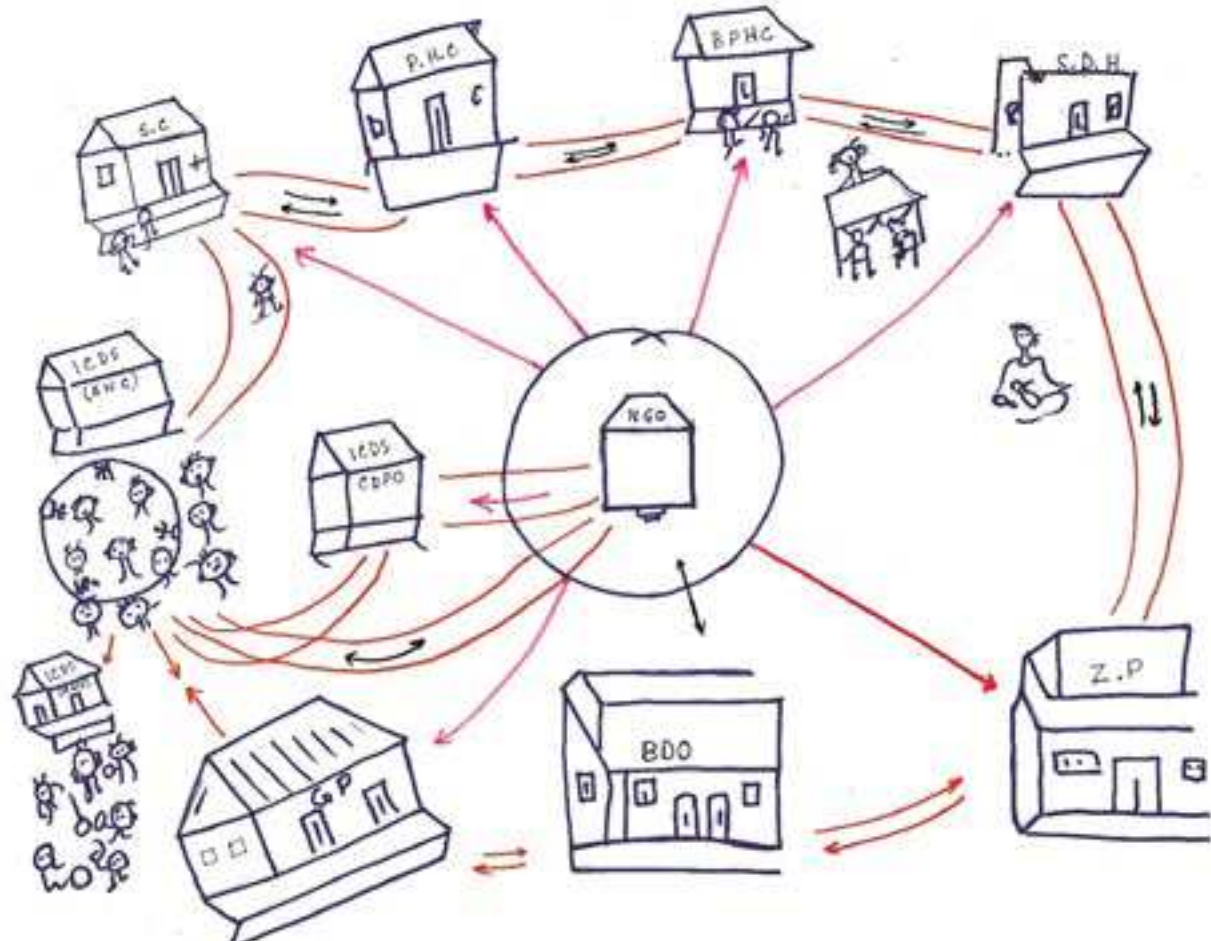
Partners in local health systems

IB13: Developed by the health coordinators from NGOs of North 24 Parganas district, this picture shows the interrelations between various institutions in the local health system. The grassroots NGOs of the subdistrict work closely with the Gram Panchayat (self government unit at the village level), the Integrated Child Development centres (ICDS), health sub-centres, primary health centres, block primary health centres, sub-divisional hospital, the child development project office, the subdistrict and the district administration (Zilla Parishad).

The arrows represent the reciprocal relationships among the public institutions. One of the NGOs in the North 24 Parganas District Health Forum also set up an information desk at the block primary health centre to help people with necessary information to navigate the complex health system. The NGO staff also help in referring pregnant women with complications for further treatment. The NGO, along with some mothers, did advocacy with the authorities and ensured spot feeding for the under five children attending the ICDS centres in the villages.

*Drawn by the Health Coordinators,
North 24 Parganas district, 2016*

COORDINATOR GROUP



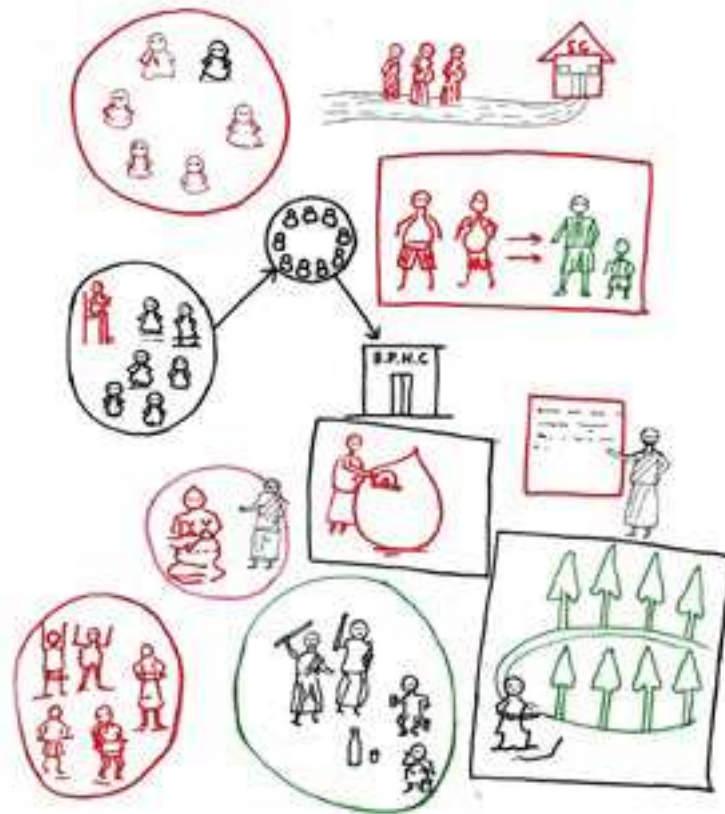
Comprehensive primary health care is achievable

IB14: This picture illustrates the strength of partnerships between the stakeholders of the health forum. Change is seen at several levels because of the integrated approach and partnerships established between the health service providers, panchayat [village council], block administration and the NGO partners.

Members of the Forum perceive that more women are availing antenatal services from the health sub-centre and malnutrition in under-five children is being addressed better. Elderly persons' groups facilitated by the NGO partners meet every week to address some of their psychosocial issues. The Forum was also able to introduce and scale up the Community Health Fund among the women's self-help groups. A few groups have taken the initiative to fight against alcoholism and domestic violence. Tree plantation drives have been conducted. The self-help group members ensure that the information boards in the ICDS centres are updated to empower communities with information and reinforce downward accountability in the system.

*Drawn by the District Health Forum members,
Howrah district, 2016*

H.D.D.F
Rich picture of the Parten's Co-ordinator



District Health Forums: standing strong and tall

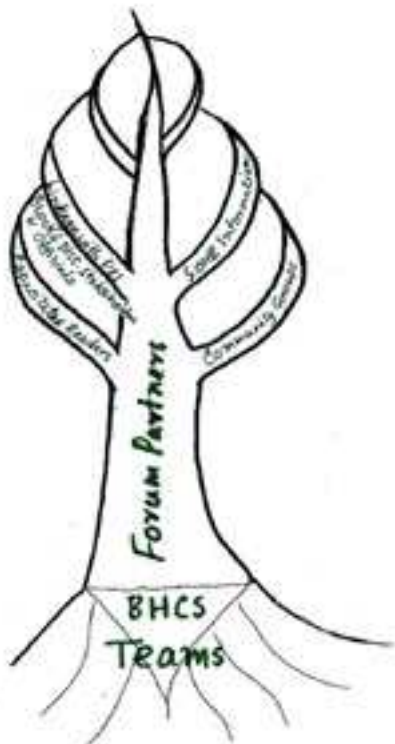
IB15: The District Health Forums, established as a part of the BHCSP, are the main components of the programme, and hence shown as the trunk of the tree. The team at WBVHA, perceived as the roots, builds capacity of the forums and other community groups and enables linkages between the District Health Forum stakeholders with the local self-government representatives and officials at the subdistrict and district levels. Further, it has enhanced the technical skills of the forum stakeholders to collect and analyse appropriate data to use for policy advocacy.

To yield better results in the coming years, the coordinators realised that the District Health Forums should take up more forum based activities rather than individual NGO based activities. There is also a need for forums to establish strong networks with individuals and institutions and enable leadership to guide the future of the District Health Forums. There is a need for the forum to scale up their advocacy activities to district/state/national level. With these strategies, the District Health Forums have the potential to become stronger.

*Drawn by the BHCSP Coordinators of
NGOs in the District Health Forum,
Howrah district, 2016*

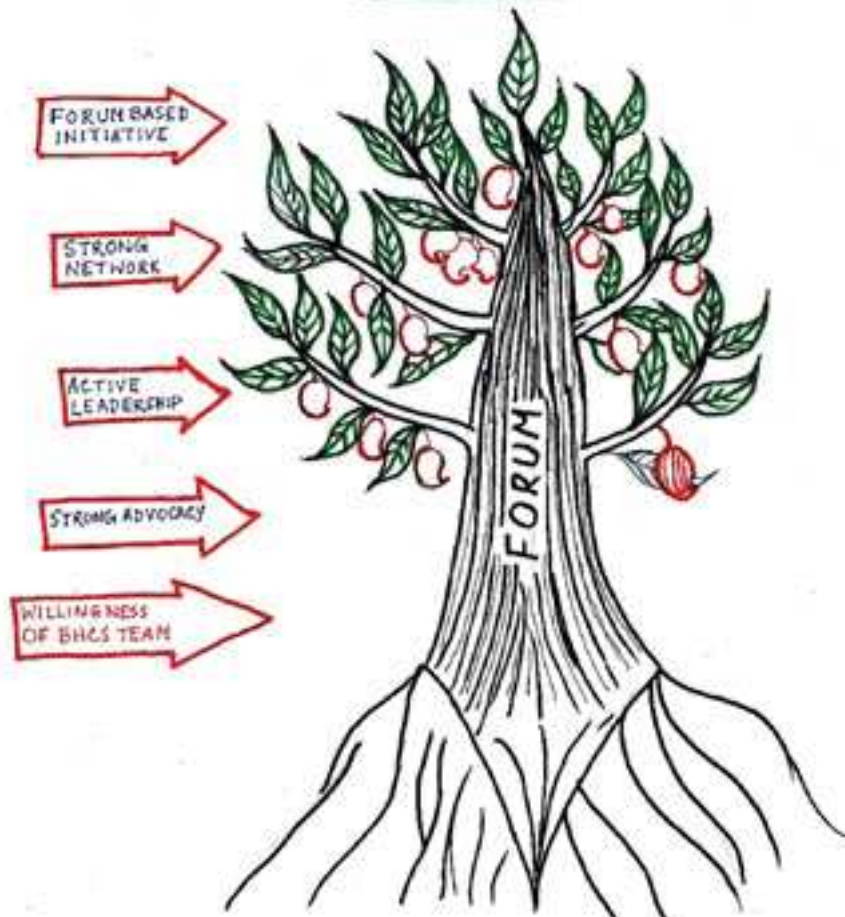
GROUP - 4

EXISTING SITUATION
UP TO 2016



FRUIT LESS TREE

AFTER 5 YEARS

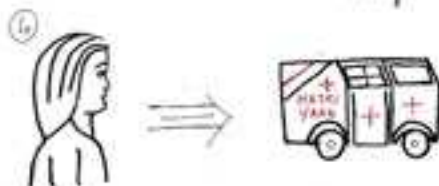
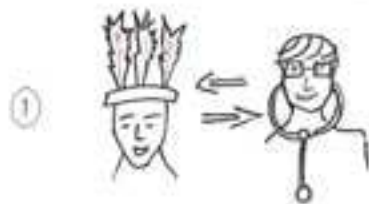


The achievements, the stories

IB16: This picture depicts the achievements of BHCSP. Earlier, people used to go to the traditional healer (jhakri) and now people prefer to go to qualified medical doctors. The picture points to people saving for health, and not just for micro-financing. Earlier people were unable to access the benefits of various government schemes and programmes. Now, mothers, children, adolescents and elderly people can access the various government facilities and schemes like Janani Suraksha Yojana, social security schemes and immunisation. Pregnant women can avail the facilities of 'Matri Jan' [ambulance] for transporting pregnant and lactating women and children to hospitals.

*Drawn by the BHCSP Coordinators,
Darjeeling, 2018*

ACHIEVEMENTS :— Coordinators, Darjeeling W. Bengal.



Reclaiming health: rebuilding a sub-centre

IB17: Darjeeling district in West Bengal is spread over a steep mountain ridge. Several parts of the districts are hard to reach and access to primary health care is a challenge. The picture depicts the story of protracted and persistent advocacy for rejuvenation of a dilapidated sub-centre which caters to a scattered population of 4000-5000. This sub-centre was particularly important for the community as the nearest healthcare facility was located 20 km away. The People's Health Forum (The Jan Kalyan Samanwai Samiti) nurtured by the BHCSF collaborated with the female health worker at the health sub-centre, members of the forum at the village, subdistrict and district levels to strengthen their advocacy for rebuilding the sub-centre. They met officials at each level including the Block Primary Health Centre, Block Administration and the Gorkhaland Territorial Administration (GTA) and petitioned for the reconstruction of the health sub-centre. The transformation of the sub-centre into a well-equipped healthcare facility with sitting facilities for patients, ramp for the disabled, electricity, water facilities and wellventilated rooms is clearly visible.

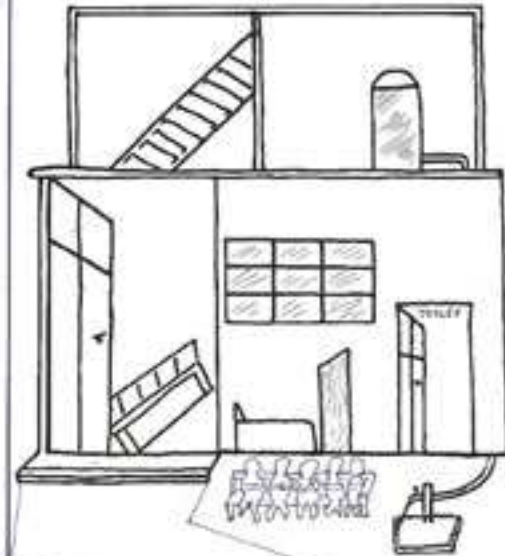
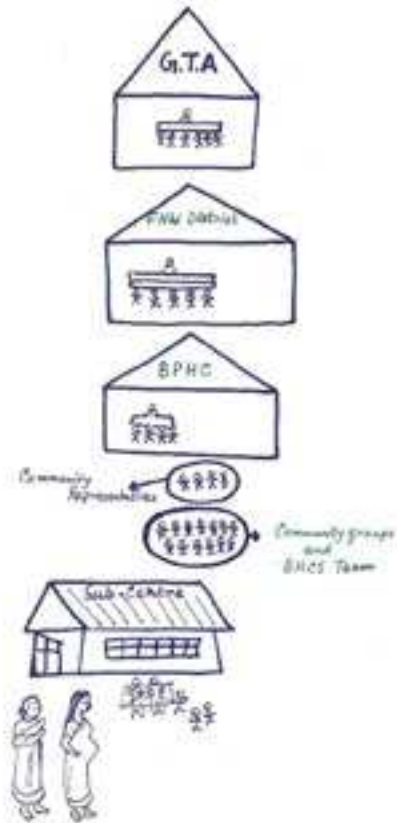
*Drawn by the People's Health Forum members,
Darjeeling, 2019*

BEFORE

Reconstruction of

Sub-Centre

AFTER



Rasmy Yinn (G)
Anya Tamang (N/K)
Bina Rai (M/W)
Dawa Tsh Sherpa (M/W)
Lalpa Yangi Sherpa (M/W)
Dancing Rai (M/W)

S.K. Lamahalla
28.5.2019

Centring health in times of conflict

IB18: In 2017, protests erupted as a part of the Gorkhaland movement (9) when the West Bengal government attempted to impose Bengali as the main language in the Nepali speaking regions of Darjeeling. The 100-day strike severely affected the essential public services including healthcare. The picture depicts the earlier dysfunctional state of the PHC i.e. the cobwebs on the walls, locked doors and weeds in the premises of the primary health centre.

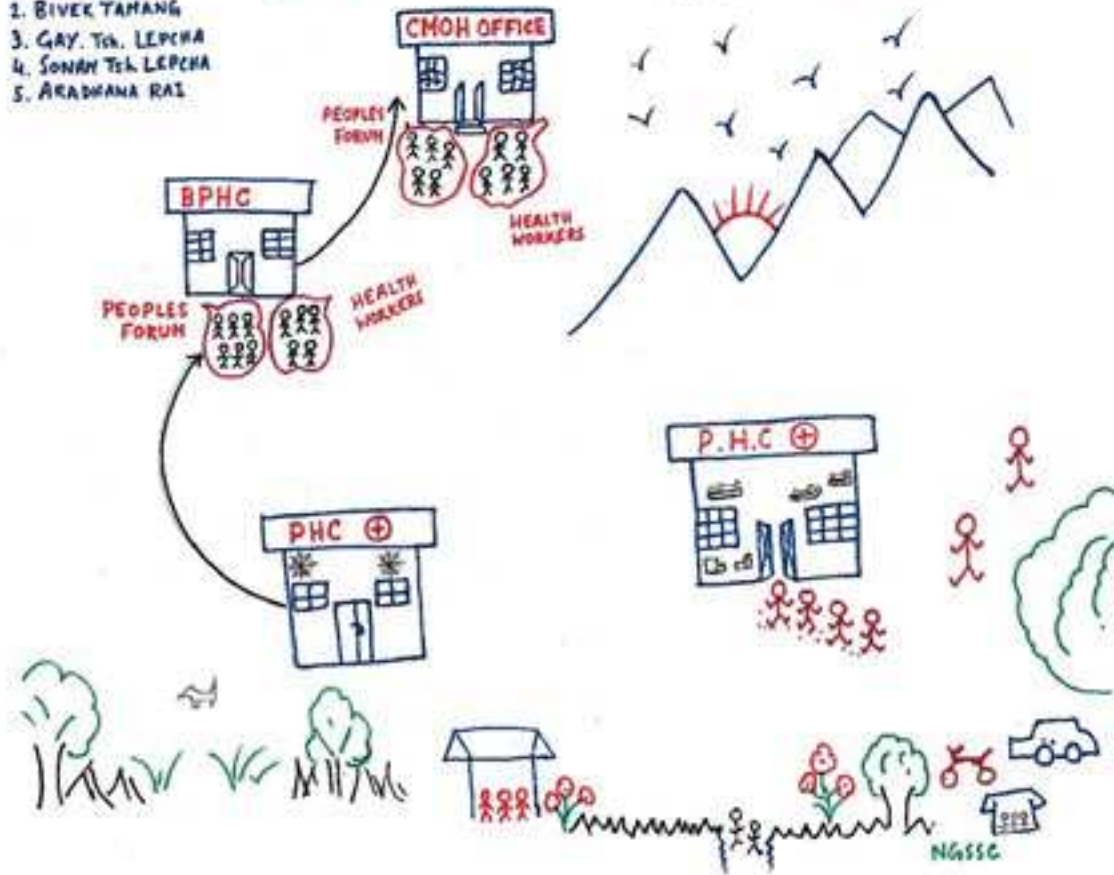
A few individuals joined hands with the grassroots NGOs in the Rangliot subdistrict and formed the People's Health Forum mainly to revive the functions of the primary health centre located in Takdah, the headquarters of the subdistrict. The People's Health Forum (Jan Kalyan Samanwai Samiti) in collaboration with the healthcare staff of the subdistrict level primary health centre approached the Chief Medical Officer (CMO) at the district. As a result, the district administration restored the services of the health centre, enabling people in the subdistrict to access basic healthcare services even during times of conflict.

*Drawn by the District Health Forum members,
Darjeeling, 2019*

NGSSC

1. MIKEL PRADHAN
2. BIVEK TAMANG
3. GAY. TH. LEPCHA
4. SONAM TEL LEPCHA
5. ARADHANA RAI

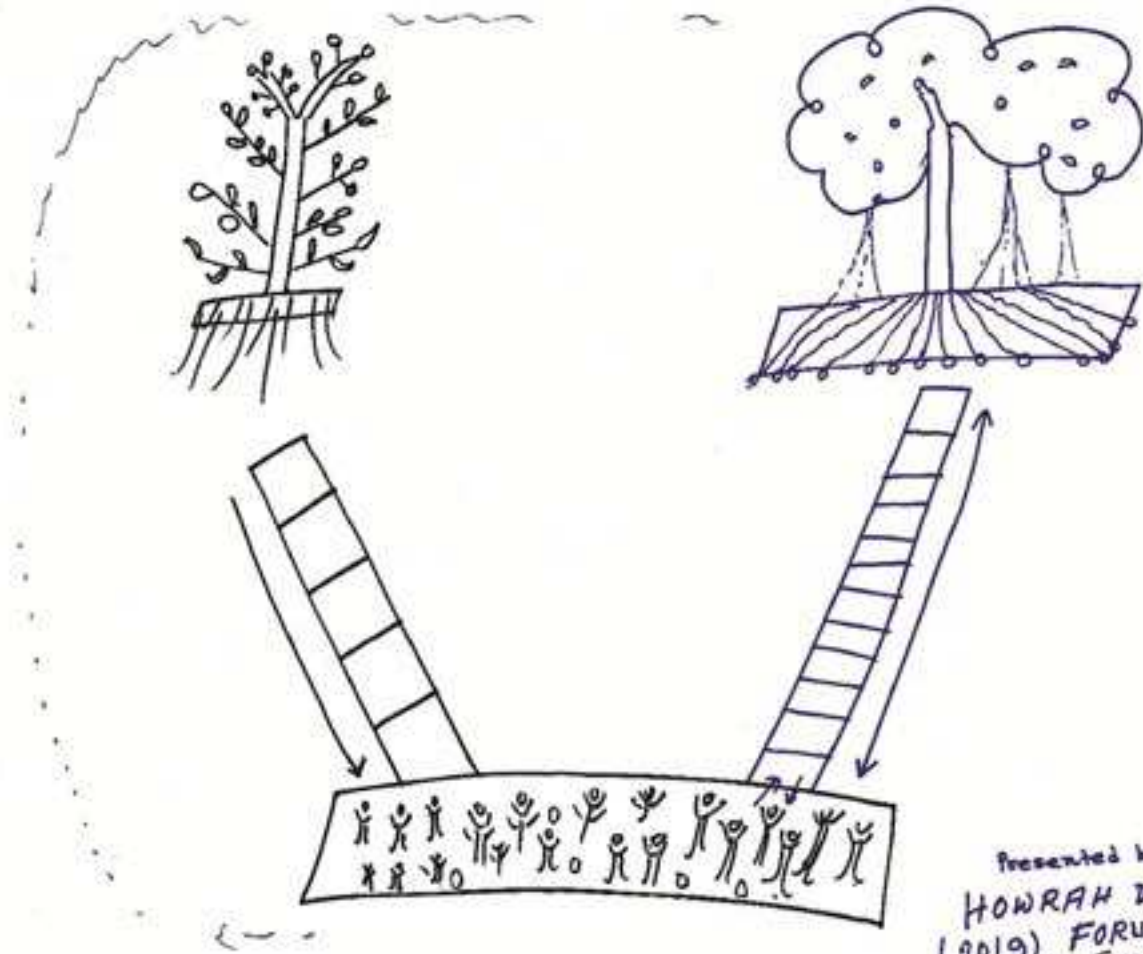
BEFORE IMPROVED PHC SERVICE AFTER



The ladder to stronger partnerships

IB19: The grassroots NGOs in the picture were earlier akin to a single, somewhat weak sapling providing a few benefits to the community. Communication too is portrayed as a one-way process where NGOs determined the needs of the community. The District Health Forum is perceived as a platform that brings all the grassroots NGOs together, capacitates them and nurtures collective action for social change. The aerial prop roots of the banyan tree portray that the partnerships between the stakeholders of the Forum nurtured in a climate of trust added additional strength to the Forum signified by the banyan tree unlike the few roots in the sapling or individual NGOs. They symbolically reiterate sustainability of the structures that promote collective identity. The rungs of the ladder which enable movement show that meetings with the Village Health, Sanitation and Nutrition Committees and monthly review meetings with the village-level planning committees on the 4th Saturday of every month organised by the NGOs facilitate two-way communication.

*Drawn by the District Health Forum members,
Howrah district, 2019*



Presented by -
HOWRAH DISTRICT
(2019) FORUM
12 FEB 2019

Planting and nurturing primary health care: the road ahead

IB20: The Health Forum stakeholders in the North 24 Parganas district visualise the BHCSF as a tree. The community is the taproot and NGOs are seen as the branch roots. The roles of Memisa and WBVHA are compared to those of the sun and the rain that nurture the tree (BHCSF). Over 18 years, the tree has borne some fruits, one of which is the capacity that the NGOs have acquired for reflective learning.

The conference on BHCSF held in 2019, drew the attention of external national and international actors. They are portrayed as birds that came to visit the tree (BHCSF). The Forum partners realised that the BHCSF has reached a tipping point. Therefore, it is essential to foster new partnerships with institutions and individuals for the programme to have more impact on policies. The new partnerships are the adventitious roots that enhance the life of the tree in all respects. The Forum stakeholders also acknowledge that there are new challenges that will be encountered by the BHCSF.

*Drawn by the District Health Forum members,
North 24 Parganas district, 2019*

Learning bears fruit

IB21: The District Health Forum members from South 24 Parganas developed this Rich picture following the national conference on BHCSF in 2019. They visualised the tree as the community that was challenged by several problems. A number of NGOs were working to help them but with no impact. This resulted in creating a Forum with strong leadership that sails carrying the NGO partners and community members with their problems with it in a common analogical boat through a turbulent river, in search of common solutions. They find these solutions which are depicted as sunbeams in a harbour and in the form of healthcare facilities e.g. a primary healthcare centre.

The main elements of the picture are stark indicators to the problems as well as the solutions. The multitude of problems depicted on the tree, the coming together of the stakeholders in a common boat that is moving towards a sunlit harbour are a compelling picture of hope and success.

*Drawn by the District Health Forum members,
South 24 Parganas district, 2019*



Learning from many voices

IB22: The BHCSP staff of the WBVHA drew this picture to express their views about the conference on BHCSP. Through this conference, the BHCSP got recognition from national and international participants. The NGO partners of BHCSP and representatives from United Nations agencies like WHO, UNICEF gave positive feedback about the BHCSP and the conference.

The conference yielded several opportunities for the BHCSP – portrayed as the house with open doors and windows – at district, state, national and international levels, including possibilities for research activities on BHCSP, strategic partnerships with individuals and institutions. The conference also broadened the perspectives of the BHCSP stakeholders on primary healthcare and health governance.

The WBVHA team also noticed that the grassroot NGOs, which are part of the BHCSP, could not follow some sessions and lost interest because the deliberations were in English.

*Drawn by the BHCSP staff of
West Bengal Voluntary Health Association,
Kolkata, 2019*

WBVHA



12.02.19

Epilogue

At the end of the book, there is little left to say because so many voices have already spoken. Communities have expressed their thoughts, feelings and aspirations, programme implementers have spoken; NGOs who were a part of the programme have eloquently described their experiences through the Rich pictures. Each picture tells a tale, teaches a lesson and reveals an insight. It seems the story is complete. And yet, it is not.

There is so much that the pictures leave untold, and leave for interpretation by the reader. It is for the reader to understand that there is a common thread of thought that went through all stakeholders, be they communities, implementers, health coordinators, or NGO partners. This thread which became the warp and the weft was the feeling of satisfaction of having achieved, the warmth of knowing there was help at hand, and the emotions that run through an individual when a tree bears fruit.

The value of the BHCSF was seen and felt by the communities and this is a learning that the programme will carry with it – that anything, be it small or big that is done for and to empower communities has big dividends. The Rich pictures have revealed this insight strongly and with conviction, and the depiction of work with elderly persons is the strongest example.

The following set of pictures are drawn by Katrien Pallemmaerts and conceptualised by Karel Gyselinck, Health Advisor of Memisa, who grew along with the BHCSF being

Anything, be it small or big
that is done for and to empower
communities has big dividends

involved in conceiving and nurturing the idea of BHCSF since its inception. These pictures are a reflective summary of the 20 years of journey using the metaphor of a boat in the Bay of Bengal. A journey of pencilling and gumming. The pictures were drawn during the national conference in Kolkata to share the story widely.

The bay

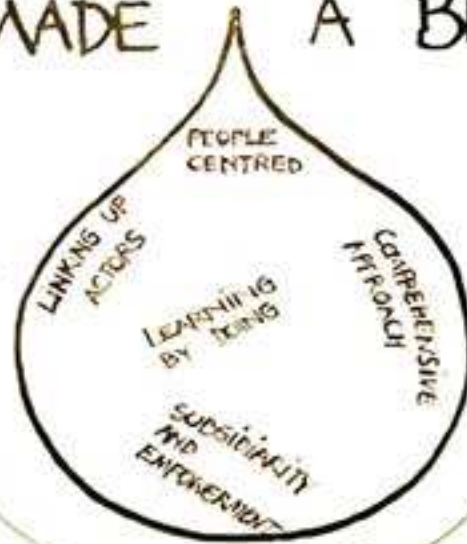
IB23: In the first phase of the programme, the focus was on the village level, close to the reality of the community groups and the NGOs. The main aim was to get the National Rural Health Mission and related government schemes to the people. To do that in the most effective way, grassroots NGOs started to join hands with all relevant local actors at the panchayat (village council) level during the 4th Saturday meeting. This was an effort to put health on the agenda more prominently and in a coordinated way. At that stage, programme staff remained in their comfort zone, the safety of the bay.



A drop

IB24: From the very beginning of the programme a lot of attention was put in 'HOW' to do things not only to 'WHAT' to do. The focus was on strengthening the capabilities of community groups, institutions and local NGOs, not by doing it for them but with them. However, reality is complex. Changing behaviour towards better health is not easy. It can only be achieved by looking at the person as a whole, by working together and by moving forward through learning. This approach in a small programme started as a drop in the ocean but ultimately it made a big wave.

A DROP IN THE OCEAN
BUT IT MADE A BIG WAVE



The islands

IB25: As the programme evolved, NGO partners of the District Health Forum caught some fish, meaning results were emerging but most importantly their confidence grew. So they started to move out of their comfort zone, going out of the bay to explore the islands nearby. They connected with people of the other islands and shared their experiences. In this phase, there was a great expansion of learning horizontally (peer-to-peer). This process was to a large extent an organic process. Neighbouring community groups, village councils, NGOs, partners in subdistricts and districts saw opportunities to organise themselves better and catch more fishes [addressing bigger issues] of their own.



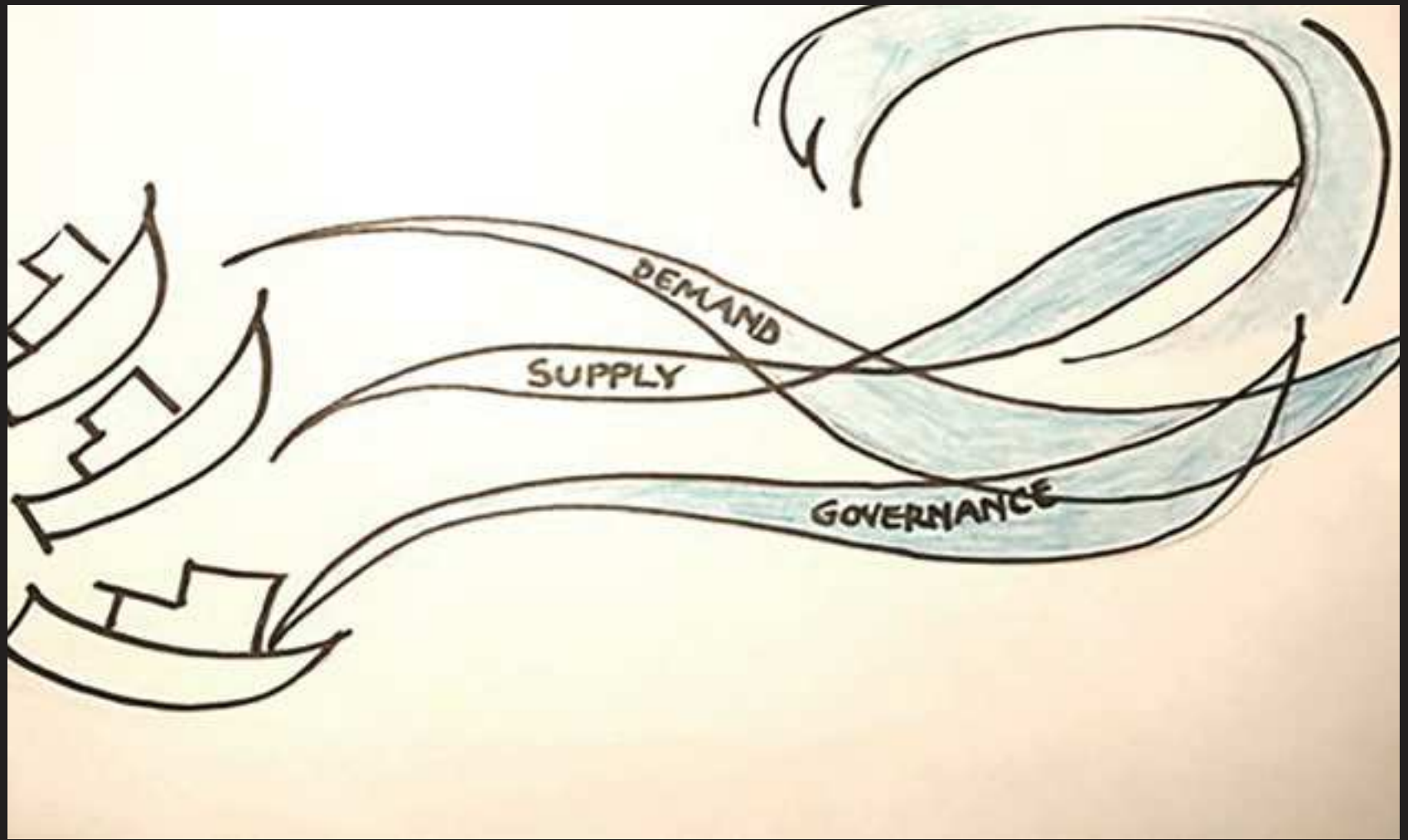
The big boat

IB26: The programme realised that the NGO partners of the District Health Forums could not stay in the bay or on the island if they wanted sustainable changes. People realised they needed to influence decisions at levels far beyond their comfort zone. So they constructed a forum, a movement, a bigger and stronger boat to go to the open sea and to catch bigger fish (tackling bigger issues). At that time the crew i.e. District Health Forums already had some skills and experience to make that journey: experiences in a range of health issues and skills of processes e.g. how to make a village level health plan . They had learned to work as a team, able to make decisions in uncertainty because the exact route to change is not known. They had also some tools to go to the open sea, like strong nets (strong evidence for advocacy) to catch bigger fish, a strong motor (action-research as a motor for learning), a radio to connect with other boats (health forums), or a compass (explicit mind-shifts and models for change). And they lifted the anchor (becoming more autonomous from the programme) guided by the stars (friends of the forum).



Survive that Tsunami!

IB27: Another realisation for the programme is that if one wants to survive the tsunami, one cannot stay close to the shore. One must go to the open, wide and deep sea or one might lose it all. One can catch really big fish in the ocean and sail on different sea currents, such as the currents of supplying people-centred health services or of governance at different levels enabling all actors to contribute to health. The current of demanding health and health rights is based on strong arguments and partnerships. This may lead to new policies and financial streams.



Sailing below the waves

IB28: This picture emerged in the process of co-writing the book on a 20 year journey of Primary Health Care in West Bengal. The book tells the story of a journey of emancipation. It's about people – as individuals, or as part of a community, an organisation, an institution or a system – changing their behaviour, which involves complex processes. Such complexity is not a choice but just reflects reality. And most of this reality is invisible, in other words 'below the surface'. Therefore, when sailing from small, safe bays towards the wild open sea, it seemed appropriate to represent this journey as sailing below the waves, in the deep dark troubled waters far below the surface. Sailing in those circumstances doesn't follow a straight pre-planned route but instead a meandering pathway, guided by currents, opportunities and obstacles. For that kind of sailing, we need a special compass because the rules are different down there. Magnetism is replaced by a force with four key variables that are absolutely critical to move beyond our shadows. They are, in order of importance: 'people, people, people, people.' (6)



Penciling and gumming by the reader

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- 10 WBVHA is a state level health agency, established in 1974 as a charitable, non-profit and secular organization promoting and implementing basic health care services throughout the state of West Bengal. [Available from www.indianngos.org/ngo_detail.aspx?nprof=3005221047]

A picture is worth
a thousand words.

This book illustrates the power of drawings in a development support programme using a tool called RICH pictures. These drawings showcase the mindset, dreams, challenges and achievements of the people involved.

The book is part of a twin-book-publication: a Story book and an Image book. Together they tell the remarkable story of the Basic Health Care Support Programme, a development support programme intended to improve the health and well-being of people living in villages of West Bengal and Sikkim, two states in eastern India. A journey of pencilling and gumming.



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