

# Amala Rural Community Health (ARCH) Programme



Saju Cherumadathil<sup>1</sup>

ARCH (Amala Rural Community Health) programme is a product of an intense desire to have a novel training programme for MBBS students to learn Community Medicine more interestingly and effectively. The ARCH Programme started as a dream project of Community Medicine Department in the year 2013. The main objective of the programme is to expose the medical students to the harsh ground level realities in various spheres of human existence, be it social, economic, environment, or health-related and equip them to deal with these in a comprehensive manner. In the light of our experiences with the program, we can proudly say that ARCH programme has helped the students to have a better understanding of the health-related problems of the serving community. The strategies are as follows:

1. Allotment of households to first year MBBS students in the selected panchayath.
2. Collection of baseline information regarding socioeconomic status, health, nutrition, and environment.
3. Continuous monitoring of the family health by regular visits by students.
4. Provision of health-related services to the family including health checkup, referral, health education, counseling, vector surveys, etc.
5. Identification of community health problems.
6. Conduct of community problem solving sessions.
7. Liaison with local self government and NGOs for implementation of Community Action Programmes.

Students' involvement has surpassed all our speculations of a student community. Students were physically as well as mentally attached to the programme which was fairly evident by the conduct of various activities to solve the health-related problems identified by them. ARCH programme provided them with lot of opportunities for learning, researching, and for doing charity services.

## Structure

The entire programme is carried out in a phased manner. Activities under ARCH programme are spread over a period

of three and half years beginning from fourth semester to internship. Preparatory ground work begins just before their posting in the fourth semester for each batch. It requires about 10 days of ground work for health inspectors to make clusters of 7 houses to be allotted to each student of each contingent of the batch. Health inspectors of the department select the field area to be allotted to each batch of the students. They visit every house in that area to gather minimum information needed to cross-check the data collected by the students. The students will be allotted 7 houses after an orientation programme conducted at the college as well as at the field. Students are expected to make at least 1 visit in every 3 months or more as the situation demands. A vector density survey and a medical camp are made part of the ARCH programme during the fourth semester of MBBS Course. Both are organized by the students in totality except for the technical assistance provided by the department.

## Data Collection and Management

Everyday morning hours will be utilized for visiting the houses allotted to them and collecting information using a predesigned ARCH folder. This information includes demographic, medical, social, and environmental aspects of the family. Every year Department of Community Medicine collects the above-mentioned information of 700 families. Our database is expanding every year and presently we have a database of 4900 families which may be approximately equal to 20,580 individuals.

'Innovative Program' section highlights positive messages for common health programmes and replicable model for others to follow. Those who have innovative programmes like this, please send us as case studies for future issues.

<sup>1</sup> Department of Community Medicine, Amala Medical College, Thrissur, Kerala, India

### Corresponding Author:

Saju Cherumadathil, Department of Community Medicine, Amala Medical College, Thrissur, Kerala 680555, India.

E-mail: drsajucr@gmail.com



## Components

There are three major components for ARCH programme.

### *Curricular activities*

Students get an opportunity to familiarize with medical, social, and environmental factors related to health. Every household is turned into a platform for learning medicine in their own environment. Every patient encountered by them become a continuous source of academic knowledge to the students. Their state of affairs with regard to physical, mental, and spiritual dimensions of health is opened to the students' inquisitiveness. The program provide an opportunity to the students to learn the natural history of health-related events in a comprehensive manner and ways by which it can be prevented or controlled.

### *Research Activities*

ARCH database is being utilized for conducting many research projects and publication of research articles. Undergraduate students have to conduct a research project and submit it for the university examination as a mandatory requirement for Kerala University of Health Sciences. Conduct of vector surveys equips them to predict mosquito-borne disease outbreaks and to take possible preventive measures in collaboration with Local Health Authorities and Local Self government. Our postgraduate students are also utilizing data for presentation of papers in various conferences and publication of articles.

### *Service Activities*

Students act as health guides for the allotted families, providing health education, necessary medications free of cost, referral to the ARCH Clinic, etc. During the sixth semester, "NANMA" a Community Action Programme will be conducted. It includes medical and financial assistance to the population, disinfection of wells in the locality, distribution of wheel chair, walking aids, grocery, roofing materials, cloth, etc. Through these, students learn how to organize a health programme with the participation of community.

## Achievements

1. Considerable change in the students' attitude towards community medicine as evidenced by their total involvement in the activities.
2. 4900 families have been surveyed so far and data have been collected of approximately 20,580 individuals.
3. Five Mega Community Action Programmes were conducted in which many deserving families received various aids, namely, social, physical, and financial.
4. 30 vector density surveys were conducted. 30 Medical camps were conducted. 500 projects reports were generated for University examinations.
5. 15 oral paper presentations were given at various conferences.
6. Many publications.