

# **COMMUNITY HEALTH CELL**

## ***ACTIVITY REPORT*** ***2007-2008***

### **Community Health Cell**

(a functional unit of the **Society for Community Health Awareness, Research and Action**)

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## ACTIVITY REPORT 2007-08

### **Introduction**

The Community Health Cell (CHC) entered the twenty-fourth year of its existence in 2007-08 which is the functional unit of The Society for Community Health Awareness, Research and Action (SOCHARA). We recognize that peoples' health is influenced by determinants that are deeply embedded in the social, political, economic, cultural and ecological fabric of life. Therefore, the core thrust of the organization is to promote community health based on the social paradigm, through policy action, training, networking and mainstreaming the people's health movement.

**CHC's contribution to the field of community/public health was acknowledged and the founders of CHC – Dr. Ravi Narayan and Dr. Thelma Narayan were awarded 'The best Community Health Professional Award' by Karnataka Association of Community Health (KACH)**

### **Main focus of 2007-08:**

Advocacy towards "Health as a fundamental Human Right" was implemented through following internal organizational activities of CHC:

- A. Community Health networking, training and action
- B. Community Health library and information centre (CLIC)
- C. Centre for Health and Equity: A unit for CH/ CH policy advocacy and research

The advocacy strategy involved is the following:

- ✍ Trainings at the national, state and district levels on Health as a Human Right.
- ✍ Right to primary health care campaign and research on primary health care.
- ✍ Involvement in People's Health Movement at the International, National and State level.
- ✍ Building cadre for the health movement.

### **A. COMMUNITY HEALTH NETWORKING, TRAINING AND ACTION**

#### **TRAINING ON COMMUNITY HEALTH / PUBLIC HEALTH**

#### **National level Orientation Course for Public Health Fellows of Public Health Foundation of India (PHFI)**

An orientation course was conducted for the PHFI fellows in July 2007. A total of 24 PHFI fellows from varied background participated and nearly two third of them were mid career professionals. The course was facilitated by CHC team, Mr. Ankur Puri (PHFI) and Palkie Barua (PHFI).

The objectives of the course

- ✍ To orient PHFI fellows to the challenges in Public Health in India.
- ✍ To explore and build on community and to learn from each others programme experiences.
- ✍ To build a collective vision and commitment to strengthen public health in India.
- ✍ To reflect about one's own role, vision and future plans.

Participatory interactive learning methodology provided opportunities to meet inspiring public health resource persons and to learn about new initiatives and perspectives.

### ***Input session to the International Students***

Orientation session was held at CHC on health advocacy for the students from University of Ghent, Belgium, department of Development Studies. CHC technical team conducted sessions on public health, people's health movement and advocacy towards "health for all, now!"

### **Advocacy towards "Health as a Human Right"**

CHC initiated two trainings at national and state level on "health as human rights".

***National training on "Health as Human Right towards realizing Health for All":*** CHC's efforts were streamlined in advocating Health as a fundamental Human Right under the institutional and constitutional framework of India. This included,

- ✍ National Training on "Health as Human Right"
- ✍ State level training on " Health as Human Right"
- ✍ Right to Primary Health care campaign
- ✍ Building cadre for the health movement.

CHC organized a training program "*Health as Human Right towards realizing Health for All*" for the NGO professionals working in the area of health and development. The training was held in February 2008 which introduced the participants to the concept and action of "*Health as a Human Right*". Participants from varied background including medicine, social sciences, law and public health participated.

Technical team of CHC and external resource person Dr. Abhay Shukla from Center for Enquiry into Health and Allied Themes (CEHAT) Pune and also a joint Convener of Jana Swasthya Abhiyan (JSA) dealt with the concept of health, rights and health rights critically. The content of the training program oriented the participants to the conceptual framework of "Health" and "Human rights" and their inter-linkages.

- ✍ The role of state in ensuring health and improving health equity among its citizens (with reference to the Indian constitution and International commitments).
- ✍ Understanding the political economy of health including: neo-liberal economic order and the effects of liberalization, privatization and globalization on health of people particularly on health equity among populations.
- ✍ State health policy and programs.
- ✍ Health systems.
- ✍ Access to essential medicines and health.
- ✍ Understanding the social paradigm/social determinants of health.

### ***State level Training on "Health and Human Rights" in Kannada***

The orientation course was held in February 2008 for the health activists of Karnataka state. Preference was given to the JAAK network members to not only strengthen their understanding on health and human rights but also to build a cadre at the district levels. Resource persons were Sharadha Dabade, Dr. Prakash Rao, Prasanna, Prabha, Obalesh and CHC team members. The Content of the training was similar to National training with translated Kannada material.

## **Right to Primary Health Care Campaign**

CHC is the secretariat for Janaarogya Andolana, Karnataka (JAA -K), which strategize to achieve right to healthcare, especially the Primary Health Centers.

The main objectives of the campaign were:

- ✍ Prioritizing Health as a Human Right for various people's movements, organisations, networks and CBOs;
- ✍ To increase people's accessibility to Primary Health Centres and right to primary health care;
- ✍ To evolve a cadre based network of people to work towards the process of health as a human right;
- ✍ Community based advocacy; using Right to Information Act, research, public hearings, media and mass actions;
- ✍ State Policy level advocacy linked to the local action and advocacy.

The process of RPHC campaign involves facilitating strategy planning meetings both at the state and district level, state level networking meetings, advocacy meeting for RPHC in 17 districts.

### **Strategy Planning Meeting:**

In the year 2006-07 the strategy focus was to revitalization of the primary health centers initially through four broad areas like: **Staff, Medicines, Equipments and Infrastructure.**

**State Level Networking Meeting:** Strategy planning meeting held in June 2007 discussed the goal of JAAK i.e. to value democratic process, people's participation, people's leadership and equal representation of the society.

**State Level Planning for Advocacy on Right to Health Care:** State level planning meeting held in July 2007 took stock of the activities, plan action and budget for the year in 21 districts through 42 representatives. Decisions were taken to hold signature campaigns, seminars, letter campaign, meeting with the respective MLAs. Documenting and fact finding denial/corruption cases in accessing health care at Taluk level. Political lobbying saw its way as a rally at the state demanding revitalization of the health care system.

**CHC's role in the campaign** CHC has been the organizational base to the movement and the campaign. The team members of CHC took the lead role in facilitating the movement at state, regional and district level. CHC appointed staff and provided extra human resource assistance.

### **Demanding Health as a Right – 'People's Health Action Day':**

On October 29, 2007 more than 6000 people across 17 districts carried placards demanding Health as fundamental right as "People's Health Action Day" organized by Jana Arogya Andolana – Karnataka (JAAK) making government accountable in realizing People's right to health.

The table below gives the details of the mass action taken place in 17 districts.

Sl .No	Districts	No. of participants	Action taken
1	Bangalore Urban	50	Rallies and submitted memoranda to the DHOs, CEOs and DCs of the respective districts.
2	Bangalore Rural	250	„
3	Bagalkot	350	„
4	Belgaum	40	„
5	Chitradurga	500	„
6	Chikaballapur	300	„
7	Chamarajanagar (+ Kollegal)	500	„
8	Davangere	120	„
9	Dharwad	400	„
10	Gadag	400	„
11	Haveri	-	Informal mobilisation and meeting at the local level.
12	Kolar	85	Rallies and submitted memoranda to the DHOs, CEOs and DCs of the respective districts.
13	Mandya	20	Press Meet
14	Mysore	-	Meeting and discussion.
15	Raichur	100	Rallies and submitted memoranda to the DHOs, CEOs and DCs of the respective districts.
16	Shimoga	100	„
17	Tumkur	-	Informal mobilisation at the local level.

Some of the issues raised through these rallies were rampant corruption in the public health system, non-availability of doctors and nurses during the working hours, non-availability of medicines and diagnostic facilities, shortage of doctors and nurses in rural areas, privatization and introduction of user fees in medical education and public health system.

## Networking: Trainings to build the JAAK Network

**Cadre building:** District level cadres are important for future direction of the campaign. Therefore, it was felt to strengthen their understanding on health and rights. The state level core group discussed about the syllabus, topics and the training sessions on the following topics:

- ✍ social determinants of health
- ✍ concept of right to health
- ✍ concept of primary health care
- ✍ health systems
- ✍ National Rural Health Mission, Community monitoring & planning.

**District trainings for JAAK partners:**

District level training for JAAK partners began from the month of February 2008 till now four district level trainings have been completed.

Districts	Dates of training	No. of organisation	No. of participants		Action Plan
			M	F	
Chamarajanagar	19 & 20 Feb 2008	20	17	16	? Formation of district core group and identification of taluk member (s) for corresponding with the state core group. ? Third Wednesday of every month to have a meeting to discuss about the activities done and plan for the forth coming month. ? To record the denial cases. ? Trainings for community members (SHGs), CBOs.
Shimoga	10 & 11 March 2008	9	16	24	? Formation of district core group and identification of taluk member (s) for corresponding with the state core group. ? Trainings for community members (SHGs), CBOs. ? To collect information about PHCs, meeting with PRI members to discuss about the status of VHSCs etc.
Davan-gere	12 & 13 March 2008	8	13	20	? Trainings for community members (SHGs), CBOs. ? To record the denial cases. ? To discuss about the status of VHSCs etc to PRI and SHG members.
Tumkur	27 & 28 March 2008	6	34	08	? Formation of district core group and identification of taluk member (s) for corresponding with the state core group. ? Trainings for community members (SHGs), CBOs. ? Survey of 4 PHCs.

The two days training covered the following topics– Rights, health and health rights, why right to health, primary health care, NRHM and the services guaranteed by the state and group discussion for strategy building to take the movement forward. The sessions were conducted by CHC team members and JAAK core members.

## ***CHC's involvement in the People's Health Movement (PHM)***

Team members of Community Health Cell have been actively contributing at international, national and state levels to the People's Health Movement.

**International Level:** CHC supported governance, building perspectives of primary health care, global health watch and international people's health university (IPHU) and PHM country circle mobilization.

**National Level:** As a member of the National Coordinating Committee of the *Jan Swasthya Abhiyan* (JSA) the Indian chapter of the People's Health Movement, the CHC team was invited to

be a member of the National Organizers group in the last NCC meeting.

**State level:** The team is actively involved in strengthening the People's Health Movement activities at the state level.

In Karnataka CHC hosts the secretariat of the *Jan Aarogya Aandolana – Karnataka* (JAAK) the Karnataka chapter of the *Jan Swasthya Abhiyan*.

In Tamil Nadu too the CHC team hosts the secretariat of the *Makkal Nalavazhvu Iyakkam* (MNI) the Tamil Nadu chapter of the *Jan Swasthya Abhiyan*.

CHC team contributed in finalizing the first draft report of the People's Health Assembly on behalf of JSA.

*CHC's involvement at International Level:*

**a) Governance**

- i) As a member of the Global Coordination Commission (CoCo) and Steering Council (SC) of the global people's health movement and supports governance and decision making by participating in the monthly skype/paltalk discussions. As a supporter of the new secretariat at AHED, Egypt and also the WHO advocacy circle.
- ii) As a human resource on global policy responses and representing PHM in policy dialogue or meetings. Participating in an e-group discussion and teleconference with WHO research unit on research priorities on social determinants.

**b) PHM perspective on Primary Health Care**

As a participant in a small group that evolved a background paper on Primary Health Care and the research agenda from a PHM perspective. The paper was distributed as a background document for a round table organized by PHM and the WHO taskforce at the World Health Assembly in May 2007.

**c) Global Health Watch (GHW)**

CHC was involved as a chapter reviewer and contributor in Global Health Watch (alternative World Health Report) and contributed to the chapter on 'Health Research' and 'Watching WHO'.

**d) International Peoples Health University (IPHU)**

- i) As a resource centre (planning support session) for the International Peoples Health University.
- ii) Participated in an IPHU course organized in GK Savar, Bangladesh.
- iii) CHC as visiting faculty to IPHU course in India.
- iv) CHC facilitated discussion on PHM linkages and challenges in the Middle Eastern region as IPHU course for Cairo, Egypt.

**e) PHM Country circle mobilization**

- i) **PHM Sweden:** Facilitated PHM workshop at the Dag Hammarskjold Foundation in Uppsala, bringing together various groups and resource persons interested in starting a PHM Sweden circle.
- ii) **PHM Germany:** Medico International hosted a day's meeting on People's Health Movement in Frankfurt Germany with the objective of evolving a PHM Germany country circle. CHC resource team spoke about the work of PHM India and the evolution of PHM Global.
- iii) **PHM Argentina:** In August 2007 CHC resource team facilitated two lecture discussions on PHM at the two university departments in Buenos Aires which brought together academics, researchers, and activists interested in strengthening the country circle.
- iv) **PHM China:** CHC and PHM colleagues organized a PHM stall in the market place of China which was visited by many academics, researchers, and NGO's.
- v) **PHM Thailand:** National Health Commission and CHC facilitated a discussion on PHM and its perspectives and activities to encourage the formation of a more active PHM Thailand circle
- vi) **PHM Burma:** CHC acted as a key resource in a health policy workshop for

Myanmar organized in Thailand by various health resource groups working and planning for health action in Myanmar.

**National Level:**

CHC was present at the Jan Swasthya Abhiyan, National Coordinating Committee meetings held in May'07. The main issue was the follow up of the 2<sup>nd</sup> National Health Assembly and finalization of the report. Other issues for discussions were the campaign for the release of Dr. Binayak Sen, banning of Novartis, the continuation of the Right to Health Campaign and the next phase of the People's Rural Health Watch etc.

CHC took the responsibility of coordinating the Environment and Occupational Health sub-group in JSA-NCC and work on Right to Health Campaign, Urban Health and Binayak Campaign.

**State Level:**

**Karnataka:** In May JAAK health resource group planned a training schedule for capacity building. In July and August the State level Coordinating Committee discussed issues, ratifying the new organizational structure and planning future strategies of the campaign.

**Tamil Nadu:** Team was part of the implementation of the Community Monitoring and Planning project of the NRHM. Focus was on the formation of district and block level social sector alliances and production of popular materials on the right to health and other issues.

**Community health initiatives with tsunami affected coastal communities in Tamilnadu**

The community health initiatives in Pazhaverkadu continued up to September 2007. A total of 30 weekly meetings were held during the year on:

**Community health inputs to health activists:** Community Health inputs to health activists continued from April'07 to September'07. Eight sessions were conducted on the following topics, HIV/AIDS prevention and counseling, Introduction to mental health by a specialist, De-addiction and a visit to TTK de-addiction centre, child health, adolescent health and diarrhea management.

**Sanitation work:** CHC build a water purification plant in the Pazhverkadu Government Higher secondary school which provides purified drinking water to 800 school children. Community toilets were constructed in Light House Koopam in Palvezhkadu.

**Facilitating Pazhaverkadu youth club activities:** Continuous involvement with the youth club members to discuss/resolving community issues through perspective building on:

- ✍ Caste, religion and fundamentalism
- ✍ Different political ideologies
- ✍ Alternative media
- ✍ Globalisation
- ✍ Food security and public distribution system
- ✍ Health, health rights and monitoring of health system
- ✍ Right to information
- ✍ Global warming and waste management etc

*The youth club had taken the following initiatives in Pazhaverkadu*

1. Campaign against corruption in Public Distribution System
2. Initiatives for strengthening the public transport system.
3. Intervention to control the corruption in the distribution of Government houses
4. Rejuvenate the Pazhaverkadu Public library

5. Involved in the process of community monitoring of health services in Thiruvallur district.
6. Participated in the activities led by other civil society organisations and movements.

## Initiatives of CHC Team in Environment and Occupational Health

Environmental and occupational health has become a key area of CHC through working with communities, capacity building and developing structures for increased accountability of the health system to pollution and toxic affected communities. CHC mainstreamed these issues within the People's Health Movement and hosted a workshop during the 2<sup>nd</sup> People's Health Assembly. It is coordinating the Environment and Occupational health sub -group of the JSA.

### ***Major inputs and initiatives:***

- ✍ Faculty to three-day workshop on occupational health held in May 2007. Twenty five members from eight unions participated in it.
- ✍ Part of the consultation meeting on the Gujarat Public Health Act – with a special reference to environment and occupational health as well as the EIA parts of the Act.
- ✍ CHC team member was invited to the Executive committee meeting of the HLL factory workers union (thermometer) at Kodaikanal and made a presentation to the High Court Committee on behalf of the workers.
- ✍ CHC took training of community based volunteers for health work in SIPCOT Cuddalore and will do follow up work on surveillance of children and their health problems in the area.
- ✍ Part of the fact finding team to Mumbai to document the struggle of a group of former workers of asbestos factory.
- ✍ Paper presentation on the 'Health Impacts of the Present Chemical Based Agriculture' and "Chemical Poisoning in Food, Public Health Perspectives".

### ***Workshop on environmental health – Interventions to reduce air pollution related health risks: January 2008***

CHC was one of the co-organisers of the workshop to identify partners and interested community groups and individuals who could engage in the ongoing activities. At least 120 participants included students, doctors, scientists, people's groups, occupational groups, researchers and policy makers. CHC has committed to work with the steering committee to tackle air pollution related health risks by supporting and strengthening capacities in community health.

### ***The Bucket Brigade Conference – New Delhi, February 2008***

The meeting was aimed to share experiences of different communities using Bucket Brigade toll of community environment and health monitoring and shared:

1. Environment monitoring was a useful tool for community mobilization.
2. It helped people understand the nature of chemicals and their toxicity.
3. Sometimes, they have been able to campaign for change using the data.

CHC presented an extensive introduction to concepts of health, ill-health, and determinants of health, what toxins do to the body and visa versa and concepts of health monitoring and limitations of science and causal theory. It was agreed that a CHESS workshop with the Tamil Nadu groups would help giving focused training on monitoring and follow up for long-term studies with communities.

## Promoting People's Advocacy: Promoting Community Planning and Monitoring Initiatives of Health Services

National Rural Health Mission (NRHM) was introduced in the year of 2005 by the Ministry of Health and Family Welfare to improve and restructure the health system in the country. Community Monitoring is an important component of the NRHM as building transparency and accountability through creating peoples committees at various levels.

**Community monitoring project in Tamil Nadu:** The community monitoring and planning on NRHM project was taken up by Makkal Nalavazhvu Iyakkam (MNI – Tamil Nadu JSA) through Tamil Nadu Science Forum, who is a member of the MNI. In five districts 45 villages covering nine Primary Health Centers of three blocks. Following were the major activities:

### **State level Meeting:**

- ✍ The first state level civil society consultation on the subject was held in May 2007. The team along with Health Secretary and Director of Public Health and chose the following five districts - Tiruvallur, Vellore, Dharmapuri, Perambalur and Kanyakumari for community monitoring and planning.
- ✍ CHC team attended the TOT meeting of the project at New Delhi organized by PFI and CHSJ held in July'07.
- ✍ CHC facilitated the state level meeting to discuss the strategies for implementing, funds and trainings for the project.
- ✍ CHC was the core faculty of TOT training attended by sixty members of five districts.

### **District level Meeting:**

- ✍ Five district level launching meeting held from September-October 07 for clarifying concept and objective of the project.
- ✍ In March 2008 CHC participated in the planning and execution of district level residential training workshops for five districts.

### **Participation in community monitoring and planning**

- ✍ CHC Tamil Nadu team members took part in the inauguration and trainings at Kandili and Pernambut of Vellore district and in Poonathmallee and Minjur blocks.
- ✍ CHC team pilot tested the tool for community monitoring in Madharpakkam PHC in Gummudipoondi block.
- ✍ Regional level workshop was conducted in Minjur and Kattor PHC of Kottaikuppam along with interactive session with the community of Thiruvallur district sub-centre on implementation of NRHM.
- ✍ In March, 2008 two booklets in Tamil on NRHM, community monitoring and health rights were released.

### ***Community monitoring and planning initiatives in Karnataka***

CHC team organized and facilitated a meeting to build technical capacity of JAAK state team members and interested NGOs in August 2007. In September'07 meeting on the methods of implementing NRHM in a comprehensive way was attended by Fifty-six members.

In January'08 a preparatory and Feb 08 a workshop was organized for developing training materials and module to train Village Health and Sanitation Committee (VHSC) members in Karnataka. Technical inputs from CHC made available four Kannada booklets on Concept of health, rights and health rights; VHSC process, roles, responsibilities, Water and sanitation, Equity in health with focus on marginalised groups like women, children, etc., and Public Health systems and national health programs.

## **Community Health Learning Programme**

The phase II of the Community Health Learning Programme (CHLP) started in January 2008 with the grant from Sir Ratan Tata Trust, Mumbai.

### **Full-time Programme:**

A semi-structured training opportunity to orient young professionals to the 'community health perspective' is facilitated through the Full-time internship programme for 9 months at CHC in partnership with selected community health projects and initiatives in the country.

### **Flexible Programme:**

The Flexible component allows young students the space to explore and strengthen their motivation, interest and commitment for community health. For more detail profile of the fellows visit the web site.

### ***Advisory Committee***

The Advisory Committee has been constituted to guide the CHC team on various aspects of CHLP. The members include Dr. Sara Bhattacharji from Christian Medical College-Vellore and Ms. Renu Khanna from SAHAJ-Vadodara, Dr. Mani Kalliath and Dr. Vasundhara members of SOCHARA, Ms. Sathyasree Goswami, an alumnus of the CFHS who is currently working with Sangama-Bangalore, Dr. Thelma Narayan, Mr. E. Premdas and Dr. R. Sukanya of CHC.

### ***National Workshop***

One of the important objectives of the CHLP is to disseminate the concept of the learning programme to other interested organisations and to explore the idea of a network of community health worker trainers. In this regard, the first national workshop to discuss 'new initiatives in public health education oriented towards strengthening health systems and the NRHM and in building & harnessing community capacities for health' was organised in April in Bangalore.

## **Addressing Urban Health Issues**

### ***Recommendation for planning urban health programme***

A two member team of CHC visited Bommanahalli City Municipal office to understand the health system under city municipal council areas and make recommendation for planning urban health programme under the Bruhat Bangalore Mahanagara Palike (BBMP). The team visited few villages in the CMC area to experience the ground realities for the need for a primary health centers in the urban areas. The team experienced that most urban areas have family welfare centers which cater to the needs of women and children with a focus on reproductive health and the aspect of public health component was missing.

### ***Consultation on Public Health Act and urban health issues***

Mrs. Renu Khanna presented facts on Public Health Act of Gujarat with special focus on urban health the discussion was moderated by CHC and participated by KIMS, Basic Needs and IPH. Presentation focused on how the urban health care be structured, how to establish accountability and community participation, State health department's responsibility towards auditing and monitoring, role of NGOs, CSOs and concerned citizen to start the process.

### ***Review of urban community mental health programme***

Urban mental health programme is carried out by three partners of Basic Needs India was reviewed by S J Chander from CHC and Dr. Anbu Dorai of Banyan. Key findings were: project adhered by the comprehensive approach of preventive, promotive, curative and rehabilitative. Treatment took care of PHC model of accessibility, affordability and availability. Majority of the people treated are stabilised and are placed for livelihood programme. Project advocated for political space by making World mental health as a public program by involving the Chief Minister and Health Minister.

### ***Orientation of members of Bangalore HIV & AIDS Forum on following issue***

- ✍ Understanding health as a right and looking at issues contributing to the denial of the right to health.
- ✍ Understanding Primary Health care in urban setting and how to improve it.
- ✍ Overview of Peoples' Health movement and how to participate in it.

The orientation initiated with "Understanding of Health" designed by CHC team followed by discussion on various dimensions and determinants of health of people living with HIV/AIDS (PLWHA). The group discussed on privatization and inequitable health system in accessing ARV drugs.

## **Ethics/Medical Practice and Public Health: CHC at the 2nd National Bioethics Conference**

The conference was jointly organized by 38 organizations and CHC as part of the National Organizing Committee. The conference offered plenary sessions, workshops, paper presentations and panel discussions to facilitate debates and dialogues on health care technologies in the contexts of clinical practice, research in public health and policy.

### **Organising Youth Centres**

CHC was instrumental in organizing and conducting the pre-conference workshop, "SOCH"-the student Bioethics Forum as part of the 2<sup>nd</sup> National Bioethics Conference at NIMHANS. The teams highlighted the role of state policies and programmes that address the health care needs of the poor, quoting examples of insurance schemes, private partnership in public sector facilities and the use of telemedicine in hilly areas.

The pieces of art reflecting ethical issues of corruption, brain drain, techno centric medical care or misuse of publicity in the health care profession were displayed. A short film 'SOMETHING LIKE A WAR' stimulated the young health professionals to reflect on international development and aid, population control, reproductive rights and health of women. A vibrant Mad-ad presentations by 7 college teams who enacted many issues of patient care, relevance of medical education, affordability of health care and corruption.

CHC participated in the pre-conference workshop "Public Health Ethics Curriculum" organized by the Public Health Foundation of India. CHC chaired the parallel paper session on public health ethics. The papers highlighted issues of mass public health programmes, coercion in RCH programmes, lack of research on technologies on aged women's health and inadequacy of law in addressing issues of newer reproductive technologies.

# Supporting Communities in Community / Public Health

RUWSEC is a non-governmental organisation with a 25-year history of promoting women's reproductive health and rights through empowerment. The organisation is based in Chengalpattu, Kancheepuram District of Tamil Nadu in South India. CHC supported the development of the 12 bedded rural hospital located in a village in the Kancheepuram district. Following were the main areas of input by CHC:

## **1. Developing systems in the clinic**

- a. The development of an essential drug list for the hospital.
- b. Streamlining the pharmacy according to the WHO guidelines for rural pharmacies.
- c. Introduction of standard treatment guidelines.
- d. Training in IMNCI (Integrated Management of Neonatal and Childhood Illnesses) for the staff.
- e. Synchronizing the medical records with the ICD 10 classification system.

## **2 Providing clinical support to the clinic**

- a. Helping running medical camps and planning follow up.
- b. Support to the operation theatre – to start it up and assist as part of the operating team.

## **3 Developing a long term vision**

- a. Being part of the medical advisory committee, developed the outreach program, and formulated the vision for next 5 years.

### ***Jagrutha Mahila Sanghtan (JMS)***

JMS is a Dalit Women's collective in Raichur district, Karnataka State. JMS works community barefoot doctors and make state health programmes accountable. Organisation ensures basic rights like BPL cards, pensions, housing, electricity, sanitation, Panchayat and local governance issues like corruption and right to information. The main areas of input from CHC were:

1. Community Health workers meeting, training and programme planning.
2. JAAK - Raichur - planning and discussion
3. Chilipili Child Labourer's School - Health inputs to teachers, children and mentors.
4. Activity review and planning of JMS which involved access to and revitalisation of primary health care and NREGA / food security.

JMS is involved in monitoring the effective implementation of National Rural Employment Guarantee Act (NREGA) for food security and trainings in the different areas of Primary Health Care and Right to Health.

### ***ii. Holy Cross Comprehensive Rural Health Project (HCCRHP):***

HCCRHP based in Hanur of Kollegal Taluk, Chamarajnagar District is a Non-Government

research, training and extension institution in the field of health and rural development. HCCRHP has been involved in health action activities; training and support of Community Health Volunteers from 80 villages, provision of mobile health clinics for remote tribal villages, economic empowerment in alternative livelihood activities, animal husbandry and novel farming methods, water shed development and improvement of education through establishment of evening schools; "Satvidya"- a residential school for rescued bonded laborer children between 7-14 years of age. Main area of inputs from CHC:

1. Planning meeting for scaling up and "People's Health Action Day" on 29<sup>th</sup> October 2007.
2. Two day residential training program on "Health as a Human Right" for health activist in Camarajanagar District.
3. Supporting HCCRHP on the HPSP and Community Health Volunteer program for the year 2008-2009.

## **Conflict and role of the Public Health professionals**

CHC was part of a fact finding team that visited Dantewada district of Chattisgarh state to assess the public health impact of the "Salwa Judum" campaign against Naxalites in Dantewada district of Chattisgarh state in Central / East India. The team consisted of members of JSA (Jan Swasthya Abhiyan) and MFC (Medico Friends Circle). The report "where there can go no doctor" is available on [www.cgnet.net](http://www.cgnet.net), [www.pudr.org](http://www.pudr.org), [www.cpicwordpress.com](http://www.cpicwordpress.com)

### ***Review of Public Health Situation in Dantewada – an mfc team visit***

CHC team participated in the MFC theme meet as part of the Save Binayak Campaign at the Saheed Hospital (Chattisgarh) on the Role of Public Health Professionals in the context of Violence and Conflict.

### ***Release Dr. Binayak Sen Campaign***

Dr. Binayak Sen was arrested on the 14<sup>th</sup> of May 2007 in Chattisgarh. He is a senior member of the JSA and an ardent defender of human rights including the Right to Health. He is the National Vice-President of the People's Union for Civil Liberties. He was arrested under a series of false charges under two draconian laws. Subsequently he has been kept in custody without being provided bail. Health groups and human rights groups from all over the country have risen up in protest. CHC has been in the forefront of the campaign and had arranged two large public meetings and signature campaign along with PUCL in Chennai and Bangalore.

## **Other Inputs to CH / PH issues**

### ***Training inputs on Right to Health in state level workshop***

CHC was the main resource for a workshop on Health Rights of Women where 45 Women leaders from various organizations in Karnataka participated. CHC provided reading materials and gave the overview of health services in India, concepts of right, right to health and health and human rights linkages.

### ***Training on Rights, Constitution and Social Movements***

CHC team conducted training on Rights, Constitution and Social Movements for Sexual  
CHC Activity Report 2007-08

Minority groups in Bangalore covering rights and human rights, understanding the concept of State, Constitution and governance and the issues related to advocacy and policy.

### ***National Urban Renewal Mission***

CHC participated in a discussion on the National Urban Renewal Mission (NRUM). The Missions formulation and actions designed by World Bank and USAID who have vested interest and long history of promoting neo-liberal developmental policies. Therefore it was decided to oppose acceptance of the programme in the present form.

### ***Consultation on Urban Health Care***

CHC team visited APSA to meet the team and discuss about their role in urban health care. Although health is not main focus for organization, yet they agreed to work together as part of the larger campaign for health.

### ***Exposure visit***

Ms. Devanshi of ICCI Lombard visited CHC for understanding the urban health initiative of CHC. She visited primary health center, maternity home in Austin Town and Siddiah road referral hospital to understand the urban health care system by the Bangalore Mahanagara palike. She was briefed about the campaign JAA-K and planning on comprehensive urban primary health care.

### ***Health Awareness Programme for Elected Representatives***

**Bangalore Rural district:** CHC team and Ms. Prabha of Samatha, BGVS conducted a health awareness programme for elected representatives of six village panchayats in Doddabalapura taluk. The session concentrated on determinants of health, privatization of health care and history of health service development in India. Participants shared their personal experience of exploitation by the private sector and agreed to work towards improving the PHCs.

**Kolar district:** Grameena Mahila Okkoota organized a similar programme in Mulbagal taluk of Kolar district. Thirty Six elected representatives from four panchayats participated. CHC explained the concept of privatization (insurance scheme) and if the public health system is good there is no necessity for health insurance.

### ***Training on Health and Adolescence***

AVAS, an organization working with women and girls, organized and facilitated by CHC an awareness program for about 200 adolescent girls from the state of Andhra Pradesh and Karnataka.

The session covered the following topics:

- ✍ Understanding Adolescence – undergoing physical, emotional and psychological changes.
- ✍ Gender discrimination and sex determination.
- ✍ Rights - Right to health, right to education, right to social security measures, right to privacy, safety and security and right to non-discriminatory atmosphere at home, place of education and work.
- ✍ Screening of a Kannada film that highlighted gender discrimination and sex discrimination.

### ***Training Modules on Patents and Trade and Drugs***

Training materials were developed on the following topics. (Please refer <http://www.sochara.org>)

- ✍ Information material on drug pricing in India.
- ✍ Training material on essential drugs.
- ✍ Information on Section 3 of Indian Patents Act and Article 27 of TRIPS

### ***Workshop on NRHM***

CHC participated in the workshop where Concepts and components under NRHM and the current status of implementation of NRHM in Karnataka were presented by the manager of SPMU.

### ***Civil Society Summit***

CHC team participated in the India Civil Society Summit on the occasion of 60 years of Independence. It was participated by more 1000 NGO executives and CEOs. The overarching theme of the summit was 'displacement'- from land, governance and identity.

### ***Orientation on Health and Community Health for BSW students from Madras School of Social Work (MSSW)***

CHC Chennai team took orientation session with BSW students from Madras School of Social Work (MSSW) on community health. 25 MSW students with one faculty visited CHC to understand the holistic health model; democratization of health by bringing health into people's hands from professionals' hands. Students also got introduced towards People's Health Movement and the efforts towards reducing health inequities and improving population health guided by the philosophies of Social Justice and Health as Human Right.

### ***Community Health Workers Training***

A meeting organised for TOT on the community health workers of the following organisations - Grameena Mahila Okkoota, Kolar (GMO), Human Rights Forum for Dalit Liberation, Pavagada (HRFDL), Nava Jeevana Mahila Okkoota, Raichur (NJMO), Jagrutha Mahila Sanghatan, Raichur (JMS) and Holy Cross Comprehensive Rural Health Project Hanur, Kollegal (HCCRHP) whose health workers were trained by CHC. CHC agreed to render technical support, training materials and resource persons for four organisations; HCCRHP- Hanur, NJMO-Raichur, AID-India and HRFDL- Bangalore.

## **B. CHC library and information centre (CLIC)**

CLIC continued its support to CHC Staff, NGOs, Civil Societies, Medical Colleges, Activists Professionals and others. CLIC collects books, journals, newsletters, reports, health education materials, information from email, website and internet.

### **Health Education Resources available at CLIC till March 2008**

<b>Sl. No</b>	<b>Items</b>	<b>Numbers</b>
1	Books	10404
2	CDs	354
3	Slides	54
4	Posters	876
5	Resource Files	506

CLIC produce monthly newsletters of Health Round-up and is circulated widely to its users through email, makes it available on SOCHARA website and once in 3 months by post. Health Round-up is an Index of the articles from the journals and newsletters and books on various subjects.

CLIC has started annotated bibliography of a) Films b) Alternative System of Medicine. CLIC disseminated information in the stall at India Summit and NGOs Bazar in Koramangala and 2<sup>nd</sup> National Bioethics Conference NIMHANS, Bangalore. CLIC has large data base on Primary Health Care and National Rural Health Mission.

CLIC team attended training on “Managing Information Resources in the Digital Age” organized by Centre for Science and Environment.

### **CHC Articles/ publications**

1. Interview with Dr. Ravi Naryan on Medical Education. Health Action, August 2007. P7-9
2. Health for Dalit Community by Mr. E. Premdas. Christian Medical Journal of India, Vol. 21, No. 4, 2006
3. Black under the white coats (article about Medical Ethics) by Dr. Rakhal Gaitonde. Tehelka, 2007
4. "Defending the health of People in the era of Globalisation" - A consolidated report of NHA, Bhopal 2007..
5. Annual Report 2006 - 2007 of Community Health Cell.
6. Report Karnataka State Health Assembly March 2007.
7. A Short Report on PHM Mission to Geneva by Dr. Ravi Naryan.
8. Health – Development – Agriculture – Environment: New Linkages and New Paradigms (The Challenge of Arbo- Viruses in India) by Dr. Ravi Naryan.
9. Unfolding Disaster – A study on Chemplast Sanmar’s Toxic Contamination in Mettur by Community Environmental Monitoring and Corporate Accountability Desk Group. Dr. Rakhal Gaitonde was part of the study group.
10. ‘Where There Can Go No Doctor.....’: Report on the Public Health Situation in Dantewad, Chhattisgarh by members of Medico Friend Circle & Jan Swasthya Abhiyan. Dr. Rakhal Gaitonde was part of the study team.
11. Shrinking from the problems – Mental healthcare speaks an idiom unfamiliar to patients. Tehelka Magazine, Vol. 5, Issue 10, 2008. Dr. Rakhal Gaitonde.
12. “Health Round up” - issues
13. Right to Health as a fundamental Right by E. Premdas, Dissertation submitted to National Law School, Bangalore.

## **C. CH/PH Policy Advocacy Unit (CHE: Centre for Health and Equity)**

### **Introduction**

**The Centre for Health and Equity (CHE) is an evolving idea to consolidate and take forward the work of CHC in community health and public policy action, including support to the growing network of public health education initiatives in the country.**

SOCHARA has made CHE the silver jubilee initiative which will function autonomously from April 2008. Since August 2006, the PHM Global Secretariat (hosted by CHC from January 2003 till July 2006) and the health policy action unit of CHC converged into a small policy, education and advocacy unit, the CHE. In lieu of new developments in the country where over 20 new public health institutes and or public health courses have emerged since 2006, CHE plans to evolve as an alternative learning centre. Simultaneously CHE will continue to work with the civil society - community health training and policy network to evolve a more definitive alternative. CHE undertook activities classified into four priority areas:

- A. Strengthening Primary Health Care and Health Equity Nationally and Globally
- B. Capacity Building for the New Public Health
- C. Global Health Policy and Health Strategy including People's Health Movement
- D. Alternative Learning Centre Initiatives

The main activities under each thematic area are as follows:

### **A. STRENGTHENING PRIMARY HEALTH CARE AND HEALTH EQUITY:**

#### **National level**

##### **1. National Rural Health Mission (NRHM)**

CHE is involved actively with the National Rural Health Mission at various levels.

- a) Goals for comprehensive Primary Health Care and NRHM website.
- b) As a members of the Task force on Indian Public Health Standards (see website).
- c) As a member of the national ASHA monitoring group and responsible for Madhya Pradesh.
- d) As a member of Standing Committee called the Advisory Group on Community Action (AGCA).
- e) The Medical Education Task Force report edited by CHC available on [www.mohfw.nic.in/NRHM.htm](http://www.mohfw.nic.in/NRHM.htm).
- o As a member of the Common Review Mission in November 2007 and the report is available on [www.mohfw.nic.in/NRHM.htm](http://www.mohfw.nic.in/NRHM.htm)

##### **2. Planning Commission Initiatives for 2007- 12**

###### **a) Primary Health Care**

As a member of the National Planning Commission steering group on Primary Health Care to revitalize PHC orientation of the public health system in the next 5 year plan – the 11<sup>th</sup> Plan (2007-12).

###### **b) AYUSH and Public Health**

- 1) As a member of separate steering group on evolving a role for alternative and indigenous health systems (AYUSH - Ayurveda - Yoga - Unani – Siddha - Homeopathy).
- 2) As a member of the appraisal and approval committees of AYUSH to select, review and monitor various projects under the grant –in- Aid scheme for AYUSH and public health initiatives.

- 3) A Stakeholders workshop under this scheme was hosted by Foundation for Revitalisation of Local Health Traditions (FRLHT, Bangalore) and facilitated by CHE. Participants from academic and research centres and NGOs from both community health /public health and AYUSH sectors came together to evolve project ideas and working groups on the theme.

### **3. People's Health Movement- India (JSA)**

CHE continues as an informal resource centre for PHM India at National (JSA) and state levels- Karnataka (JAA) and Tamilnadu (MNI) providing strategy advice and perspectives. CHE participated in the release of the second report on the People's Rural Health Watch. CHE is the joint convener of JSA at the second National Health Assembly at Bhopal.

### **4. Others**

- 1) CHE was one of the three judges at the **national legislation review competition on the Control of Tobacco Products Act (COTPA)** organized by Hriday Shan, Delhi and the National Law School of India (NLSIU).
- 2) As a participant in a workshop on **'Repositioning CBR Forum'** (the community based rehabilitation forum for persons with disability).
- 3) As a participant in the consultative process initiated by Dr. Amarjeet Singh senior health bureaucrat from Gujarat and led by Ms. Renu Khanna from SAHAJ representing civil society on the evolving Gujarat Public Health Act.

### **International level**

#### **1. World Health Organisation: Revival of Primary Health Care (WHO- PHC)**

CHE has been actively involved in a number of initiatives that have encouraged WHO to rediscover and revitalize primary health care policy in the year.

- a) **WHO – PHC Seminar:** As a Key note speaker to WHO in an in-house seminar on “PHC in the new millennium: Challenges and new Paradigms”.
- b) **World Health Assembly – PHC advocacy:** Participated in the World Health Assembly as members of a PHM delegation.
  - i. As a co-chair of the NGO – WHO briefing on rational use of Medicines.
  - ii. As a panelist on the NGO forum for health session on keeping WHO to its fundamental principles.
  - iii. As a Co-chair on “From Policy to Action – a roundtable on Primary Health Care and Health Systems” with a gender and multicultural perspective.
  - iv. As a participant in a dialogue with Health systems and services cluster.
  - v. As a member of PHM team in a dialogue with Dr. Margaret Chan – WHO DG on Primary Health Care and related concerns.
  - vi. As a participant in a dialogue with World Health Report -2008 team on Primary Health Care.
- c) **PHC International Conference at Buenos Aires:** As a resource person/panelist for the WHO/PAHO sponsored conference on – **From Alma Ata to the Millennium Declaration – conference on Health for Development: Rights, Facts and Realities.** As a panelist for the session on Equity in Health and Financing and participated in the evolution of the Buenos Aires declaration. CHE presented a report on behalf of the Indian Ministry of Health on National Rural Health Mission at a parallel Primary Health Care conference organized by the Ministry of Health, Argentina.
- d) **Consultation on World Health Report 2008 on Primary Health Care:** As a participant and resource person in a special meeting organized in Bellagio, Italy by the WHO team working on the World Health Report 08 on the theme of Primary Health Care.
- e) **World Health Report 2008 Review:** Invite as an external reviewer of the World Health Report 2008 to be organized as a WHO retreat in May 2008.

## **2) WHO Commission on Social Determinants of Health (WHO -CSDH)**

- a) As a member submitted their report to The Knowledge Network on Measurement of Evidence for Policy (MEKN).
- b) As a author of final report of the commission at the Buenos Aires meeting in August 2007.

## **3) WHO – SEARO Peer Review**

Following an earlier regional meeting the WHO – SEARO team developed draft regional strategic directions for strengthening community based health workers and community health volunteers in the South East Asia region. CHE participated in peer review workshop of the draft document.

## **4) Comprehensive Primary Health Care Research Study: (Teasdale Corti Study)**

CHE is a participant in the multi-country study across continents on “Revitalising Health for All Learning from Comprehensive Primary Health Care”. The team participated in the first phase of the study undertaken during the past six months on the literature review of CPHC in Asia (India, Bangladesh, Pakistan, Sri Lanka, Lebanon, Iran, Vietnam, and Indonesia). Detailed planning of the phase II of the study, finalization of the call for project proposals/ expressions of interest for the study phase and the training of triads was also undertaken. CHE will host the Research training program for the Asian teams in October 2008 in Bangalore.

## **5) Global Forum for Health Research**

CHE continued to participate in the deliberations of the Global Forum for Health Research in the following ways:

- a) As a participant in the Foundation Council meeting and joint meeting with COHRED in April 2007 in Geneva Switzerland.
- b) As a participant in the e-dialogue around a 10 years planning document for the strategy of the Global Forum for Health Research in the next decade
- c) As a resource group in planning a round table on Primary Health Care for Forum 11 of Global Forum for Health Research in Beijing.
- d) Represented PHM on the programme committee for the Global Inter-ministerial Summit at Bamako, Mali for November 2008.
- e) As a panelist in the special session on Evidence for Policy change which was also organized during the Forum 12.
- f) As a participant in a satellite workshop on Health systems and Health Policy Development hosted by Fudan University in Shanghai after Forum 12.
- g) Elected to the STRATEC committee of the Global Forum for Health Research, which reviews all the studies and technical reports of the forum for the next 3 years.

## **B) CAPACITY BUILDING FOR THE NEW PUBLIC HEALTH**

### **1. National Health Systems Resource Centre**

As a member of the founding Governing Board of the newly created National Health Systems Resource Centre (NHSRC) in Delhi which is mandated to provide technical assistance on health system strengthening and human health resource development initiatives for the National Rural Health Mission.

### **2. Public Health Foundation of India**

CHE continued to support the evolution of PHFI and its initiatives.

- a) CHE hosted a 5 day orientation programme for 24 PHFI fellows from 16-20 July 2007 in Bangalore.
- b) Attended the meeting of Academic Council of PHFI, which considered the draft MPH curriculum.

- c) As a facilitator to the course module on Community Health Management in India and Public Health Policy development in India for the evolving MPH course.
- d) CHE is the informal mentoring resource support for the PHFI fellows.
- e) Invited to chair a sub-group of the PHFI board to evolve the ethics policy of the foundation and also the guidelines for public private partnership.
- f) Facilitated the meetings of the subgroup to finalise the vision, mission and ethics policy of the foundation.
- g) As a participant in the First National Consultation on Mapping Research priorities for Society and Health research in India.

### **3. Resource Persons for the Public Health Courses.**

- a) CHE has been involved with various aspects of institutional planning and curriculum development for MPH courses in several institutions in the country. These include:
  - i) Tata Institute of Social Sciences Mumbai: MPH course curriculum and PhD examiner.
  - ii) Health Management Course, Institute of Public Health, Bangalore.
  - iii) Achutha Menon Centre for Health Sciences Studies, Thiruvananthapuram as PhD advisory board.
  - iv) Institute of Public Health, Bangalore.
  - v) South East Asia Public Health Education Network.
  - vi) SRM Medical College, Kancheepuram: MPH course developing health policy module.
- b) As a resource group delivered a lecture on Professional Training in Public Health – New Paradigms and New Challenges in the plenary session on human resources for public health at the National Conference on Emerging Public Health Challenges organized for the 10<sup>th</sup> anniversary of the Achutha Menon Centre for Health Sciences Studies, Thiruvananthapuram.

### **4. Medico Friend Circle**

The medico friend circle has initiated the compilation of their next anthology on Public Health which includes reprinted updates of the papers published earlier in the MFC anthology entitled Medical Education Re-examined. CHE will contribute papers to this anthology as regular contributors to MFC debates.

### **5. Lancet India Series**

CHE is the member of the advisory group that is evolving the special India series of the Lancet in 2008 on Health policies and Health System in India.

### **6. HM Patel Memorial Oration:**

As a resource group delivered lecture on Globalization of Health From Below: Lessons for Medical Education and Health Care at the HM Patel Memorial Oration organized by the Charutar Arogya Mandal of Gujarat at Pramukswami Medical College, (PMC) in Karamsad in Gujarat in Nov 2007.

### **8. Visit to Humanities Division of IIT, Chennai**

CHE is the Academic consultant to the Humanities Division of IIT, Chennai.

### **9. The IXth Sir Dorabji Tata Symposium on Microbiological Resistance**

CHE facilitated a special session on the ‘Role of Public Health Professionals and the Community in the Control of Antibiotic Resistance’ at the IXth Sir Dorabji Tata Symposium on Antimicrobial Resistance held in Bangalore in March 2008.

### **10. The NH Antia Memorial Lecture:**

As resource group delivered a lecture on “Public Health in the 21<sup>st</sup> Century: towards a people’s health paradigm” at NH Antia Memorial lecture organized by PHM – Tamilnadu (*Makkal Nalavazhvu Iyakkam*) in Feb 2008.

### ***(c) Global Policy Initiatives***

#### **a) Dag Hammarskjold Foundation, Uppsala, Sweden (DHF)**

CHC's experience on Public health is compiled into a special issue of Critical Comment and a special issue of Development Dialogue, by Dag Hamamarskjold Foundation, Uppsala as part of short term residential scholarship.

#### **b) British Medical Journal (BMJ)**

CHE is the member of the International advisory board of the British Medical Journal as well as its specialty advisor on Public Health with a view to strengthen the public health and human rights content of the journal.

#### **c) Wall Summer Institute for Research, Vancouver, Canada**

Attended a meeting on policy analysis hosted by the Peter Wall Institute of Advance Studies, University of British, Columbia in Vancouver in June 2007.

#### **d) Health Policy Workshop (LSHTM, London, UK)**

Attended a Health Policy Analysis Workshop organized at the London School of Hygiene and Tropical Medicine in May 2007 by Overseas Development Institute (ODI) and the Consortium for Research on Equitable Health Systems (CREHS).

#### **e) Prince Mahidol Award Conference, Bangkok: (Jan 2008)**

CHE participated in the PMAC 2008 conference in Bangkok in Jan 2008 on Community Health Workers.

#### **f) Health Policy Workshop for a future democratic Burma, Mae Sot, Thailand**

Represented as a key resource group in a health policy workshop for a future democratic Burma organized in February 2008 in Thailand by various health resource groups working and planning for health action in Myanmar for details refer to [www.phmovement.org](http://www.phmovement.org).

## **D. ALTERNATIVE LEARNING CENTRE INITIATIVES IN THE COMMUNITY HEALTH PARADIGM**

### ***1. Community Health Training Modules***

CHC is continuing to facilitate 9 training modules based on the experience of CHC in the last 25 years. These themes have been based on areas of CHC involvement and experimentation and include:

- i. Community health management – A Public Health approach (tried out in National Institution of Epidemiology in Chennai and being updated)
- ii. Community health policy action (tried out in National Institution of Epidemiology in Chennai and being updated)
- iii. Gender and Women's health empowerment (based on WHE project in which CHC was involved)
- iv. a) Community approaches to communicable diseases (Guidelines created for RBM programme of WHO in South East Asia Region will be modified into a more generic module)  
b) Community approaches to Non-Communicable diseases (Case studies – Tobacco/Alcohol)
- v. Community/Social orientation of Human Resource Development for health for all (brings together all the initiatives and studies done by CHC in medical education, and community health training)
- vi. Globalization and Health: challenges and solidarity action from below
- vii. Social determinants of health and the concept of the social vaccine
- viii. Health and humanitarian challenges – a public health response to disaster (brings together CHC experiences in disaster response and the contribution to disaster preparedness training in NIAS as well as the experiences of the Tsunami project)

ix Towards medical pluralism– integration of alternative systems of medicine (brings together all the CHC initiatives in the area of medical pluralism and integration).

## **2. SOLIDARITY SUPPORT WITH PUBLIC HEALTH INITIATIVES AND OTHER NETWORKS**

CHE is a member of some additional institutional committees and networks like:

1. The Institutional Ethics Committee of National Tuberculosis Institute, Bangalore.
1. Trustee of Basic Needs India in Bangalore
2. Scientific Advisory Committee and Ethics Committee of the Regional Occupational Health Centre, Bangalore (branch of National Institute of Occupational Health, Ahmedabad).
3. An editorial adviser of Real Health News (Newsletter of the Global Forum for Health Research).

### **FOOT PRINTS ON SANDS OF TIME:**

Mr. J. W. Rodrigues, father of Dr. Thelma Narayan, who passed away on 25<sup>th</sup> April 2007. He was a very strong support to CHC and a permanent well-wisher. In the initial years of CHC, he had invited CHC to be housed and operated from at his own residence.

“The lives of all great people  
tell us  
that we can make our lives sublime  
and departing,  
leave behind us,  
foot-prints on sands of time”  
(H. W. Longfellow)

## ***Thanks.....***

***We are very grateful to all the SOCHARA members and members of Executive Committee who have contributed to the development and functioning of CHC, especially for their active participation in the governance of CHC.***

***We thank our donor partners Misereor (Germany), Cordaid (Netherlands), Sir Ratan Tata Trust (Mumbai, Teasedale Corti Foundation (Canada)) and Sarathy Foundation (USA) ) for their continued support for all our activities.***

***We deeply appreciate the support of friends, peers and associates of CHC, members of PHM-JSA-JAAK-MNI and other organizations, social movements and networks who have been companions in CHC's journey.***

### **Abbreviations used:**

CHE – Centre for Health and Equity

CHLP - Community Health Learning Programme

SRTT – Sir Ratan Tata Trust

PHM – People’s Health Movement

JSA – Jan Swasthya Abhiyan (PHM India)

JAAK- Jana Arogya Andolan (PHM Karnataka state chapter)

JABU- Jana Arogya Bangalore Urban (Bangalore Urban circle of PHM Karnataka)

MNI \_- Makkal Nalavazhvu Iyakkam (PHM Tamilnadu)

### **CHC Team**

Mr. E. Premdas - Coordinator –CHC / Secretary –SOCHARA

Dr. Rakhil Gaitonde - Training & Research Associate

Dr. R. Sukanya - Research & Training Associate

Ms. Sudhamani. N - Field Training Coordinator

Mr. Ameer Khan - Training & Networking officer

Dr. Thelma Narayan - Public Health Consultant

Dr. Ravi Narayan - Community Health Advisor

Dr. Vinay Viswanatha - Research and Training Assistant

Mr. Victor Fernandes - Administrative Officer

Mr. H. R. Mahadeva Swamy - Library & Information Assistant

Ms. Maria Dorothy Stella - Secretarial cum Admin Assistant

Mr. Mathew Alex - Accounts cum Secretarial Assistant

Mr. C. James - Office cum Media Assistant

Mr. Joseph Anthoniappa - Office cum Maintenance Assistant

Ms. B. Pushpalatha - Secretarial Assistant

Mr. Amarnath Sindhia - Assistant Accountant

Mr. Hariprasad Ojha - Office assistant

Ms. Kamalamma - Office helper

## **SOCIETY MEMBERS (SOCHARA) 2008**

### **Executive Committee Members**

Dr. Mohan K. Isaac (President)	Dr. Sr. Aquinas
Fr. Claude D'Souza ( Vice-President)	Dr. H. Sudarshan (Treasurer)
Dr. Ravi D'Souza	Mr. E. Premdas (Secretary)
Dr. Thelma Narayan	Dr. M. K. Vasundhra

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Dr. Denis Xavier	Ms. Valli Seshan
Mr. K. Gopinathan	Dr. K. Ravi Kumar
Dr. Madhukar Pai	Dr. Mani Kalliath
Dr. N. Devadasan	Dr. Neela Patel

### **Honorary Members**

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