

Report of the Alumni Workshop 2010 of the Community health Learning Programme

Introduction:

The year 2010 is an important landmark as we complete 2 phases of the Community Health Fellowship Programme. The Fellowship programme has had more than 80 participants from different parts of India who are linked with CHC-SOCHARA even after the internship. Over these years, CHC-SOCHARA has cherished every little interaction with our interns and alumni. Sharing of their experiences and learnings with us has always been inspiring.

One of the spaces created for an ongoing linkage and providing support to the alumni is the Annual Alumni Workshop. The Alumni workshop is a space and opportunity for sharing the experiences of the fellows and to learn through collective reflection. In 2008, the alumni workshop was part of the 25th year Jubilee celebrations of CHC –SOCHARA. In 2009, the alumni met during the Training on Health and Equity by the International People's Health University (IPHU).

In 2010, the objective of the workshop was to bring alumni together - to celebrate their linkages with CHC, to share their stories and experiences, the challenges they face, the perspectives they want to understand and debate and so on. A session on urban health care revealed the challenges of access to health care for urban poor. Talks by activists of marginalized communities (Transgender and Dalit) helped us to broaden our understanding of the discrimination they face and their struggles to achieve justice for their communities.

The alumni workshop was held on 26th and 27th November 2010 at Vishranthi nilaya, Infantry road, Bangalore. The alumni of the first phase of the Fellowship Programme and the alumni and interns of the 2nd phase attended the event.

1. It makes a difference to this one!!

Ms Joyce Premila welcomed the gathering. She highlighted the common bonding which knits all members together, that of empowering marginalized communities to be overcomers against existing odds. The obstacles were many, and often left workers frustrated. The encouragement was in knowing that every individual and family touched is a positive change. There are many marginalized individuals and many needy areas, it is impossible to ever expect complete resolutions, but each individual touched is a victory. The story was narrated of a small boy on a beach strewn with millions of star fish. He kept picking them and throwing them into the sea one by one. This was watched by an elderly man, who came up to him and asked him why was he doing something when he could never clear the beach of starfish. The little boy looked up and the old man, then at the star fish in his hand, threw the fish into the sea and simply said, 'It makes a difference to this one'

This was followed with all the participants given candles and asked to light them and place them at the center where the acronym CHC was beautifully outlined with leaves and petals.

Mr Premdas said that we are lights and can spread light to others around us. The current batch of interns rendered a meaningful song on health rights for those denied them.

Following this was a round of introductions. Participants paired with someone not very known to them. They were asked to share about their families, their dream, a secret and a joyous event. Partners had to introduce one another. There were a few self introductions.

SOCHARA MEMBERS

Dr Vasundhra, President, SOCHARA, distributed certificates to alumni of previous batches on the first day. She gave a brief self introduction, which she ended by speaking of the need for a national identity to be forged. She narrated how a small boy in Hubli on hearing the word 'India' asked his mother what new caste was this?? She wished that this Programme was bringing persons from diverse backgrounds and creating a community with a common goal.

Dr Ravi Kumar, SOCHARA member was present and shared briefly in his introduction, that in today's world it is very difficult to go ahead with the long term friendships but workshops like this bring us together and likened it to a heart to heart sharing. He also spoke about the blind spots which others never get to know and one can never feel the essence of the field unless one has experienced it. He said these formal avenues bring the community to a such a level where feelings become words, and words line up to become a paragraph and they lead to meaningful discussions.

Dr Dennis Xavier, SOCHARA member and is a professor of pharmacology at St. John's Medical College. He spoke about his current work with the subject of clinical trial and knowledge translation.

2. Perceiving needs and trying to make a difference!!

Sharing by Alumni on 26th and 27th November, 2010

Naveen Thomas

Naveen shared the reason he had joined the fellowship program. When his mother was ill, he realized there were many needy patients unable to access basic resources. During his college days, he was posted in Bombay in Sion Hospital as a social worker. There he saw many people having to cross the railway tracks for work and being hit by trains. The casualty ward was full. These

were people who with an accident, lose their livelihood and become helpless. Families were affected. Yet the government remained apathetic. A simple solution would be the government to build a bridge but it has not been done.

The CHC fellowship empowered them to understand right to health. This model of fellowship i.e planning something and then framing an action continues to help him frame his goals. The fellowship also proved to be a come back for him because he had developed that human concern and the wanting to carry it forward to bring about a change. During his six months fellowship program, he read a lot of books, magazines and journals and also interacted with a lot of people. During this course of time, he got really interested in the subject of Globalization and public private partnership wherein he studied the condition of the National filarial program in North Karnataka. He realized that policy changes can affect different places in different ways.

He also studied the role of funding agencies and found that pharmaceutical companies had tie-ups with the government and pushed their drugs to the main market to gain maximum profit. This influence of pharma companies impacted disease control strategies including the Filarial control programme that he had reviewed.

Being part of All India Drug Action Network Forum, Karnataka, he spoke about the status of patents in India and the transition of patents from process patents to product patents. The product patents, a new form of globalization is making the poor, poorer, and the rich richer. eg drugs for HIV, Cancer would be costlier. He pointed out that the efficacy and the sustainability of the newer policies can be determined by the last person who gets the access or is denied access.

Naveen is also actively involved in disaster management as he realized that the health system is not geared for meeting emergencies. Seeing how the livelihoods of people are washed away in just few seconds by disasters, has touched him very deeply. He has recently initiated a new venture called 'Head streams'. The goal is to support livelihoods of people marginalized by different forces – physical, social and political.

He ended his session by quoting a line which said, "In India, systems are designed to fail and it is obvious they will fail if they are built to fail."

Satyashree

Ms Satyashree worked in the development sector for ten years prior to joining the CHC program. She has worked in Assam, Arunachal Pradesh and Ananthpur. She currently facilitates organisational learning and organisation development workshops with organisations working on the issue of food security, Dalit and campaign for human rights in Orissa, Rajasthan and north Indian states.

The CHLP fellowship program is very close to her heart because it gave her that space to explore and analyse ideas from all the confusions she had. She was able to understand the impact of globalization behind most changes in the development sector. Because of the fellowship, she has had a paradigm shift in her perception of poverty and aims to build social empowerment of the community.

She gave special emphasis on understanding and engaging with market politics which determine even the life of the poor and how market strategies can be used to empower community people to help them in capacity building. According to her, we as social workers need to make adjustments to the market *rigueur* such that the untapped energy within the community can be channelized more wisely.

She quoted Vedanta in Orissa which is involved in large scale mining displacing tribals to whom the home minister Chidambaram's wife is the CA and legal advisor. At the same time it is involved in building educational institutions etc. So the naxalites are being attacked as being anti government. Also windmills are set up in remote areas by a company in Germany claiming it is providing jobs for localites which are far from true. Given these realities, we need to see how people can engage in these issues.

She values Community Health Cell because it has got its own set of principles and follows the principle of not amassing assets. CHC helps out of box thinking as provide a platform for second line leadership. It has never treated its fellows as beneficiaries but has valued them deeply.

Sudha

Ms Sudha shared that the fellowship had always meant a lot for her. It had been a road of unlearning and relearning for her. An engineer, in U.S.A she was associated with an organization called the Association for India's Development. In 2008, she came back to India and she wanted to understand first hand what was really happening on the ground, in India. The fellowship proved to be a journey of understanding, also learning from her fellow travellers in the fellowship through their experiences. It had also raised a question of how could she contribute to society? She settled in Sitapur district, Uttar Pradesh and worked with the Sangtin Kisan Mazdoor Sangatan. She could understand the politics of Panchayat elections and gender inequality among dalits and backwards.

She drew the attention of the audience to the donor agencies, which gain the information from the community and then overall do not contribute to the community and seek money for selfish reasons. Effective communication strategies may be used to raise money. More than half goes back for advertisements!! We need to communicate better for the very poor communities

She shared her struggles in the last year of losing a mother and gaining a daughter. Currently she is not actively involved due to child rearing and has taken a break.

Ameer Khan

Mr Ameer Khan joined the fellowship in 2004 because he wanted to be a staff of CHC. He said, "The system that is a target to serve the poor is often poor." He thanked Community Health Cell for bringing about a total change in him (A complete makeover!!). He later joined CHC as a team member. He has worked with several civil groups and studied the larger aspects of their problem. He said quick remedies are often the easy ways people use to solve deep rooted problems. He feels anger at seeing oppression. CHC helped channelize this anger to think solutions. Eg insurance schemes to promote self interest in the name of helping community. Wisdom, attitude and knowledge are three tools which he can utilize and answer several questions being raised by the community. According to him, the structure of the system is very essential and determines the fate of the community i.e. if one has to bring about a change in the system, then he should try to build a political system through which there is an equal distribution of resources.

Varsha

Varsha is currently a counselor of the HIV- AIDS clinic in the Government hospital in Nagpur, Maharashtra. She spoke of the barriers for ART. Personally, she has faced a lot of problems and was able to relate various socio-economic factors behind poor adherence to ART. While the medicines are free, people have no money for travel, or can't afford to lose a day's wages. In her counseling she finds discordant couples having many conflicts.

When married men or women are diagnosed with HIV-AIDS, most families prefer they were dead. The pre-dominant cause of men not following the full course of anti-viral drug therapy was alcoholism and drug abuse

From her childhood, she was very enthusiastic and active and was very curious. A graduate in microbiology she had aspired to be a teacher. In 1997, she got married and after some time, she and her husband got to know that they were HIV positive. Soon after, they got the news that their daughter had also contracted the infection. This was the beginning of a journey with pain. She decided to fight back and not get into a defeatist attitude. To fight back, she bought a computer and started reading and gathering information about the same through the internet, to gain more resistance and achieve more self-confidence. She did a diploma in Naturopathy and yoga for two years and tried several strategies to elevate her body resistance. She took proper nutrition to combat her infection and got significant results in regard to her CD4 counts. Her parents and parents in law have always been supportive and taken good care of

her daughter. She enrolled herself in the masters program and completed her MSW. She has initiated and is the president of the Positive Women's Network in Maharashtra.

A friend Kausalya of the Positive Womens Netowrk referred her to the fellowship Programme in Community Health Cell. Her husband was against her joining for a nine month internship program. In spite of the stiff resistance from her husband, she joined and completed it. Taking a deep breath, she painfully spoke about her daughter who has been struggling to combat this infection and understand the various reactions her body is going through. She derives her inspiration from CHC and her co-fellows. The fellowship has given her the courage to speak. She was placed with SATHI, Pune during the CHLP and has been able to learn administration and also networking.

She has worked as a counselor for children, because she is accepted by the relatives. She also spoke about the various government schemes for women and child development. She spoke of barriers because of her refusal to give bribes to get the requisite government clearances and sanctions for the organization

She ended her sharing by saying she would continue struggling for people in her life till her last breath and would try her best to bring about a change. The lesson she has learnt is that in spite of challenges we can be successful if we persevere and don't give up.

Karibasappa

Karibasappa has been working in the social areas of child labor and NREG for the past 10 years. He narrated how his first days as CHC were very demoralizing. Due to the language barrier as the sessions were in English he was greatly encouraged by co fellows. His 9 months of fellowship helped him travel and meet different people. It opened up a space for him to learn, lead and interact with different organizations. Today he is working in Haveri in the area of child health and NREGA. He is also associated with the Janarogya Andolana, Karnataka, through which he has conducted over 10 public hearings He is able to conduct enquiries. He has filed complaints with the Lok Ayukta on the non-functioning of the health system.

He is well recognized for his work in JAAK and is called by many groups to give inputs on health and rights. Through this fellowship he learnt about the methods and ways to strengthen the health system. His visits to different organizations gave him new insights. CHC had also helped him join the anti-communal organizations when he wanted to fight against the communal violence.

He has registered a society called Nirman. His fellowship experience has taught him to run it.

Keerthi Sunder

Before Keerthi began his career in psychiatry he joined this short-term fellowship and had to unlearn many things. He was introduced to the fellowship by Vinay Vishwanatha. He had a paradigm shift and was taught to see problems holistically rather than the piece meal approach normally given to patients. He explained that in this fellowship he found himself garnering experiences for life. Being a consultant practitioner now, he is in constant conflict within himself. Reality is so different from dreams!! He constantly has confusions- rationally and ethically. He seeks to constantly dialogue with his colleagues to bring about a reflection on the problems faced by patients. In his profession where people are branded as subjects, he attempts to help colleagues view problems in a holistic way. He spoke of the impact Ravi Narayan made in his life. He thinks he needs to carry on the awareness among his colleagues of changing mindsets with regards to sexual minorities.

ShivaKumar

ShivaKumar comes from Shimoga. He is an MSW and has worked with Basic Needs India on the mental health system. He heard about the fellowship program which was announced in his college in his fourth semester. He has learnt a lot through the fellowship.

He is presently working in the Western Ghats Development Project Government of Karnataka as an income operation coordinator. He has seen a lot of corruption in this project. The Western Ghats are subject to a lot of ecological changes which are not being addressed properly and there is still destruction. He wants to work for the tribals.

He would also like to study the North east people's problems. Many of the students from NE face problems when they migrate due to their looks.

He shared the battles he faces within himself with his present job as while this projects to be one for ecological protection, he is afraid that it is a sinister way of gaining control of tribal land and ousting tribals, in the pretext of helping tribals.

Savitri

Savitri hails from Raichur and had worked in the NRHM program as a fellow in three Primary health Care centers. She completed her Bachelor social work in Mangalore. It was through her experience in CHC, that she realized that she feels immense happiness working with and for communities. Savithri works in a government project addressing and seeking interventions on issues of trafficking in women and children. She feels that there is an urgent need to address the issue of Women trafficking and a great amount of awareness needs to be spread regarding the same.

She also shared about her learnings of organizational dynamics and how she has to answer her conflicts and confusions of her desire to work for people and the limitations of being in a project or imposed by a job.

Sowmya

Sowmya has been working for Headstreams, an initiative started by Naveen Thomas. This organization has different principles for empowering the disadvantaged. The under privileged can be assisted only temporarily and it is important to build enterprises which help the people in the communities become self reliant - vocational training in pottery and bamboo work is given. There is a need to help every person access livelihood resources.

She had worked on rights of marginalized groups and minorities in the days before joining the CHLP. She expanded her understanding of health rights through the internship. She has been constantly expanding her understanding of urban health issues and is active in networking of many Bangalore organizations on the issue of urban health.

Deepak

Deepak was working with FRLHT in a project on looking at solutions for malaria. He came to know of CHC through Dr Ravi Narayan. He worked as a training assistant, then joined as an intern. Deepak spoke about how he came to CHC in the middle of the training program. He learnt many aspects regarding health which were not taught to him as part of his syllabus like globalization etc. In his visits to many places he learnt about women's health issues. He also visited the SOCHARA centre in Bhopal, Madhya Pradesh. During his stay in CHC, he did not take up any individual initiative. He was rather helping other people's initiatives and meeting these people helped him learn about others experiences in the area of community health. He worked again with CHC after the completion of his three month flexi internship. Currently he is doing his MSc in epidemiology at CMC, Vellore.

Current interns (just completing internship)

Manjula

The Karnataka interns, Manjula, Mallikarjuna, Shivamma and Hanumanthappa had done a joint nutrition study in Kota village in Raichur district. She shared the difficulties in staying in a village with poor sanitation facilities and how the team of four helped each other. They could learn how to live in a village, work together and help each other in times of need.

During this study Manjula narrated the story of a new born baby who couldn't pass stools and was taken to the sub center by her. The child was referred to the district hospital in Raichur, as surgery was required. This family was very poor and had no money. Manjula gave them Rs. 500/ for expenses. The family did not have a BPL card, so Mr Basavaraj an activist working in Nava Jeevana Mahila Okuta (NJMO), helped them get a card. The baby underwent a surgery at the district hospital. Manjula narrated the sense of satisfaction in being able to help a family by coordinating through contacts to empower the family to receive necessary care.

She also shared how the internship also provided her with the opportunity to develop English speaking skills and computers which has greatly benefited her.

Shivamma

She had interacted with ASHAs to understand the problems faced by the ASHA workers under NRHM. The system has inbuilt problems. The PHC doctor and ANM treat the ASHA as an employee under them when the ASHA is actually the bridge between the community and the medical services. Hence the ASHA is not respected and due treatment not given to the patients taken by the ASHA workers. The patients are referred to other centers. Due to this the ASHA workers lose the respect of the community who feel that they are 'unable to deliver the goods' and they have difficulty in mobilizing communities. This has led to communities being completely demoralized.

Hanumanthappa

He narrated the story of migrants from the Kota village who while traveling in a bus towards Bangalore met with fatal consequences when the bus caught fire and 30 people died. KSRTC gave some insurance. He visited the families of some of those who had died. The families where the men died, are struggling. Gave eg of late Shivappa's family. The insurance helped pay back loans. The wife and three daughters are struggling to make ends meet. He compared the Mangalore air crash where all the survivors of the deceased were given huge compensations by the government and questioned the government's double policy of not providing compensation for the poor. The government promised free treatment but has reneged on it. Many of the accident survivors have run huge debts to take care of medical expenses

He shared how the internship has given him a paradigm shift to understand systems and work in the health system. He is able to speak after reflection now where he was earlier hot headed.

Ganesh

Ganesh shared that in these last nine months as a fellow he traveled a lot to many gram panchayats and attended many gram sabha meetings. He shared of

a certain panchayat where there was a population of 2,400, where thirty persons of a village came of which 15 were gram panchayat members including the President. Ganesh pointed out the poor maintenance of the gram sabha resolution book citing street light repairs made in the previous year, was wrongly noted in the current year's resolution book. He spoke of the need to involve the community in the gram sabha deliberations.

Sukanya summarized by saying that fellowship gives space to learn new things. There are several harsh realities existing around us and it is difficult to address each one of them. However, this does not mean that we do not make an effort. She also requested all the alumni to keep sharing their journeys in the coming years through various media as these struggles and successes inspire each one of the larger family of community health activists.

Interactive group game by Naveen Thomas on 26th November

Naveen Thomas facilitated a thought provoking session on 'why do we engage with the community' through an interactive discussion which concluded with individual expectations and demarcated experiences with the success desired in the next ten years. The participants had to articulate the present state of the community or society we are working with a word or phrase. In the second round of discussion they were asked to name the state to which one wants to reach or the state once the previous condition is reversed. They came up with innovative words like contentment, peace, equality, social justice, Nirmana, heaven, empowerment, enormity etc and shared their views about the same. He had also asked the audience to put down the fears and challenges which usually stop us from achieving our goals.

3. Current Challenges in Realizing Health for All

Dr. Sushil Mathew John

Dr Sushil Mathew John, of the Low cost effective care unit in Christian Medical College (CMC), Vellore shared the story of the ethos of CMC and about the urban health programme of their unit.

CMC had humble beginnings when Dr Ida Scudder opened a small medical dispensary. She did not want to pursue medicine. While in India three men approached her (her father was a doctor) for help in their wives deliveries. Men were not allowed. All the three women died during delivery and this made such an impact on her. She studied medicine and worked in India to start rural mobile medical clinics for women and children and in the long run started a medical college to train women doctors.

CMC has three major sub-units- service, training and research. LCECU was in services. The LCECU had 46 beds and an OPD. The cost of services is kept low.

The inpatients are provided with plain cots with no mattress. This keeps away the people who can afford comfortable bed facilities. They provide low cost care by minimal infrastructure, patient retained medical records, family physicians, dependency on clinical diagnosis, limited investigations and gadgetry, nursing staff handling multiple roles, use of generic medicines, use of manual tests, easy and subsidized access to specialists and have in built subsidies for all especially those who cannot pay. The unit caters to the poor class of Vellore town. The medical team has to filter and also decide who can avail the services. This is quite a challenge for the team and sometimes very difficult.

Recently, their unit has come up with the wellness clinic which is mainly devised for women and their concerned health issues. Women meet, exercise together and discuss health issues. He specially appreciated his team and called them multi-taskers because of the limited availability of the staff in the unit and without their cooperation, the unit would not have been successful. Many of the health care services are given by trained nurses. The doctors are family medicine physicians who care for almost all health problems and take in the help of specialists when necessary. As CMC hospital is linked to the unit, many specialists come to the Unit. Several economical subsidies are given to the patients availing surgeries and for consultations with specialists (different disciplines).

The unit has also started working with mentally ill people and narrated few case studies of how the team could develop home based treatment for people with intractable psychiatric disorders. They have been able to innovate with available resources in the community. His unit has several achievements - his interns have used coconut shells to get women affected by strokes to exercise. Volunteers from the community were trained on disability and Community based rehabilitation. They have empowered communities access various government schemes. They had also come up with a new life skill program for the youth which instills them with the positive attitude and the life skills.

The team makes several home visits to understand conditions and to find out what social systems are available to fulfill their needs. The unit has overlapping responsibilities like reaching to the poor and the needy, ensuring high quality family medical practice, merging low cost and evidence based medicine and working with existing referral system.

According to him, instead of concentrating on the tertiary centers, the government should work on the primary and the secondary health care and a health system should be comprehensive and should be of good quality.

He highlighted the several dilemmas' concerning health care which mainly included the non-availability of high quality and primary health care facilities, poor public health infrastructure, over dependency on specialists and disconnect between medical education and the patient's needs.

He ended his discussion by reflecting his struggles with the community and the need to keep humanity alive till the last breath.

4. Sharing from marginalized groups

As the alumni meeting focused on sharing life journeys, three persons from communities facing social stigma and discrimination yet who have dared to be different to be leaders were called to share their experiences and struggles. Revathy and Chandni (Hijras from sexual minority community) and Venkatesh (Dalith Bahujan community) shared their life histories with the group.

The **Hijra community** is marginalized in India. It is difficult to get employment, official recognition in their feminine identities, or protection from the various arms of the law and judiciary. Usually, generally, hijras live together in strict hierarchical familial homes and have their own cultural norms, religious gods and practices. They are usually self-employed in sex work or in begging. They face a lot of social ostracism and exploitation.

The “**Scheduled Castes**” is the legal and constitutional name collectively given to the groups belonging to the lowest status and they are known by the term ‘Dalits’ which stands for their struggle against brokenness. In spite of Government remedial measures most of them still suffer the trauma of stigmatization. In addition to being denied benefits due to them.

Revathy

Revathy hails from Namakkal in Tamil Nadu. She belongs to the *Gounder* caste. She is a writer and an actress. Revathy shared her heart wrenching story which told us about her struggles. Revathy works with ‘Sangama’, an organization that works with sexual minorities.

All her life she desired to be a girl. Her identity was more that of a woman than a man. She used to be attracted to men and feel shy of them like in going to the toilet when men were around. She went to the physical abuse of being stripped for behaving like a girl. She discontinued her studies. The entire situation finally led her to join the Hijra community which left no option for her, besides begging or working as a sex worker. She used to work as a sex worker in Mumbai and get about Rs 100 per person for providing sex.

She shared her frustrations of being a social outcast and the many painful experiences because of the way society perceived them. She has been stripped and raped often. She used to sleep on the road, where often boys would burn her clothes. She was forced to give free sex for sleeping on roads.

This has also happened in the police station. She narrated a particular incidence where she was booked and kicked by police. She was forced to eat food from ground and made to clean the station. Later forced to strip and give sex. The woman constable booked a case of theft because she had a costly purse which the constable alleged that she may have stolen it.

She also narrated incidence of forced anal sex, due to which there was heavy bleeding. She had to visit the hospital. The doctor there abused her for indulging in anal sex rather than understanding her pain. He gave her some tablets without doing anything. She suffered for many days. The police refused to take a complaint.

Harassment is faced in ordinary daily chores like buying vegetables. People were willing to give money but not sell vegetables. Her brothers have taken her property threatening to kill her if she complains.

She spoke of the many suicides which take place daily by hijras because of the social harassment faced. Many are HIV+ve. Many are into drugs and take alcohol.

She ended with a plea to the listeners to please look at them as normal people.

Chandni

She thanked the organizers for providing her this opportunity to tell her story, which had always been an unfulfilled dream till now. Born as a boy, Malikarjun, Chandni always wanted to live the life of a woman. In school she would always play the role of a girl. She would put coins in pocket to think she was wearing and hearing the sound of anklets on her legs. She would always cover chest. She had a male friend who understood her feelings in school. She had a relationship with a man in her second year PUC. She used to write long love letters to him. They had a relationship for two years. In the hostel she used to feel shy of bathing before males.

She then joined the Hijra community where she felt accepted. She was adopted by a *family*. Hijras always live in families where male and female roles are present. She had a surgery done. When she visited her home she would dress like a man near her home town, otherwise she would travel like a woman. She faced stiff resistance from her family. But now her parents have finally accepted her. She has now adopted a daughter.

She has been suffering from societal atrocities from the past 18 years. She explained the difficulty living in a double "role" of feeling like a girl. Much of her experiences were similar to that of Revathi. She gave a photo presentation of her life which was realistic of the importance of how identity is crucial to every human being.

Venkatesh

Venkatesh belongs to the Dalit Madiga community and has completed his education upto pre-university. He has actively worked against Dalit atrocities. He narrated the whole story as to how money is allotted by the government for Dalit communities but it never reaches them due to corruption in the Bangalore Municipal Corporation. The guidelines set to use this money for the development of the SC/ST communities are not being practiced properly.

He said three kms from the Majestic Bus stand is a Dalit settlement with 720 huts. Being in the center of the city they have no electricity or water supply. While less than half (343) of them have toilets the rest are still to be built. The local MLA Somanna wanted to confiscate land, but dalits put up struggle. He wanted to build flats but the constructions are of poor quality and till today the Government is not ready to give land. Unfortunately there is no land for dalits when land is freely given for Multinational Corporations. Government does a lot of speaking like saying free sites for dalits, but then that there is no land to give them free sites. Dalits face many turmoils as no one wants to rent out their homes to a dalit..

According to BBMP records only 15% money for dalit upliftment has been used yet officials keep saying there is no money. There is a rule that for every Rs 100 in benefit schemes, Rs 18 should go to a Dalit, but this is not done and often the money lapses.

He spoke of his long uphill battle which is often disheartening in his fight for justice for Dalits. He has been jailed many times and has a number of cases booked against him. The police also discriminate and commit atrocities. He also spoke of the internal conflicts of the SC associations.

Dr. Ravi Kumar summarized group feelings when he said, "Inaction is an offence, silence is an offence which we the silent majority are all guilty of."

6.Feedback session

Strengths

- The fellowship gives a lot of flexibility.The learning program should continue with similar initiative.

Suggestions for improving the entire fellowship program.

- The orientation program is too long. Having small breaks for relaxation to make it more interesting.
- Time for writing proposals should be extended.

- Helpful if CHC could provide funding after the fellowship is over so that some independence is given to the fellow until a job is found.
- Structure of the fellowship can be improved. Periodic study time should be extended and leadership skills should also be inculcated in the fellows.
- Certain number of social activities could be included in the program.
- Module on basic self analysis.
- Field experience can be in more than one district.
- Include leadership and management to build leadership skills
- Candidates : some seats given for those who are social activists involved in movements

Alumni workshop

- Continue holding alumni workshops annually which can be developed as a forum for discussing health issues. A day or two in the alumni workshop should be kept as a training program. Forming of network through alumni workshop is really important and should be encouraged.
- The purpose of the alumni workshop should be clear- is it for enhancing knowledge, sharing experiences or any other objective is attached
- Demarcation of fixed dates for the Alumni workshop for every year so that people can make time in advance.
- The workshop should be made more interactive through competitions and trainings
- Have sessions so alumni can keep abreast of prevalent trends

Flexi internship

- Counseling should be provided as to where they could fit in with their background to work towards health for all in the given time frame.
- Innate skills and hobbies of the fellows can be polished and provided opportunity for expression.

Alumni Support

- CHC should be in touch with the organization the fellows are working with.
- Provide help for alumni to write proposals and raise funds
- A directory can be maintained for the contact details of all the people associated with CHC in the past and present.
- CHC can send postcards to all alumni every 6 months to get them to send updated details
- Regularly provide short profile of alumni and alumni updates on the website or in print.

7. Food for thought

The participants were given the following books that could inspire them in their work in the future.

- **The Truth about me, A Hijra Life story by Revathi(English)** – This is an autobiography of Revathi. It was written in Tamil and translated into English. The book narrates the struggles and challenges of Revathi as she becomes a Hijra and the violence she had to face and the recognition she got as an artist,activist and writer.
- **Raku’s Story (English)** Rakku's Story: Structures of Ill-Health and the Source of Change by Sheila Zurbrigg, Centre for Social Action, Bangalore (1984). The author has used ethnographic research to narrate the story of a peasant woman and her travails in seeking health care for her sick child in a remote village in TamilNadu. The book analyses the structural causes of illhealth and the inadequacy of the system to address the inequalities. This book is a must for all those who would like to understand the social dimensions of health.
- **Khairlanji (Kannada)** This book is a Kannada translation narrating the atrocities against Dalits in Khairlanji .
- **Balagopal by Arundhathi Roy** translated into Kannada. A memoir of late Balagopal, a human rights activist in Andhra Pradesh who fought for the rights of adivasis and marginalized communities.
- **Implementation of SC/ST atrocity act 1989 (Kannada)**

The alumni workshop was a memorable reunion that helped us to nurture our collectivity, broaden our perspectives and strengthen our networking.

Annexures

Schedule of the Alumni Workshop of the Community Health Learning Programme

26th and 27th November, 2010

Vishranthi Nilaya, Bangalore.

Tentative Programme

Date & Time	Session	
November 26,2010		
9.30 – 10.45 am	Welcome & Introduction – followed by personal Sharing by all	Ms.Joyce - introductory session Moderator: SOCHARA member
10.45 pm -11.15 pm Tea		
11.15 to 1.00 pm	Personal Sharing (cont.)	Moderator: SOCHARA member
1.00 pm - 2.00 pm Lunch		
Thematic Sharing about involvement & Initiatives -		
2.00 pm– 4.00 pm	Current Challenges in realising health for all : Some issues for discussion (Resource person from CMC, Vellore is contacted)	
4.00 pm–4.30 pm Tea		

4.30 – 5.30 p.m	New beginnings and initiatives	To Lead discussion: Mr. Naveen Thomas, Mr. Karibasappa, Ms. Varsha, Moderator – Sudha N.
5.30 pm – 6.30 pm	Community Action for health	To Lead discussion: Mr. Ameer Khan along with Karnataka and Tamilnadu interns Moderator – Shivamma
	6.30 – 8.00 Free Time	
8 pm	Dinner and cultural evening	
	November 27, 2010	
9.15 am– 10.45 am	Processes & initiatives in building and organizing communities	Lead discussants: Ms. Sathyasree & Ms. Savitri, Moderator – Dr. Sukanya
	10.45 am-11.15 am Tea	
11.15 am – 1.15 pm	Testimonies: Daring to bring about Change - Stories of Persons from Dalit and Sexual Minority Communities -	Community leaders from Sexual minority & Dalit communities who have struggled to initiate change at the community level will share their personal stories – followed by discussion Moderator: Sathyasree
	1.15 pm to 2.15 pm Lunch	
2.15 pm- 3.30 pm	Challenges in Food security and nutrition in communities	Lead Discussants : Ms. Sejal, Ms. Manjula, & Ms. Deeksha Moderator - Varsha G.
	3.30 – 4.00 pm Tea	
4.00 pm – 5.00 pm	Open discussion – Ideas for strengthening alumni bond.	