

NW (E) 1: 1988

WORKSHOP

Theme: Community Health Action and Networking in Karnataka

Dates: Sunday, 7th February 1988: Workshop 1
Sunday, 6th March 1988: Workshop 2

Time: 9:30 AM to 4:30PM

Venue: Ashirwad, 30 St Marks Road Bangalore

Objectives: The WORKSHOP brings together a number of people involved in supporting Community Health Action in Karnataka.

Through an explorative and participatory way, it will seek to enable

(a) Participants to get to know each other and hear of experiences and plans in Community Health and Development action; and

(b) Brainstorm around some ideas outlined in the CHC Report and eVolve a creative interaction in our efforts.

Additional Information

- (a) Participants are requested to attend both Workshops since Workshop 2 will build on the interaction at Workshop 1.
- (b) Participants are requested to reflect on their key experiences in Community Health and Development in order to share the salient features with the group. Each participant will have some time to share about their work.
- (c) Please bring with you any papers, booklets, manuals, slides or any other audio-visual material that may have emerged as a result of these experiences. This will help participants to get to know more about each other's work.
- (d) Tea/Coffee and lunch will be provided at ASEIRVAD.

CHC Team

Networking Group

1. Dr C.M Francis
St Martha's Hospital
Nrupathunga Road
Bangalore 560009
Phone: Off. 28427
Res.562527
2. Prof George Joseph
10 Sambandam Street,
T Nagar Madras 600016
Phone: Off.444594
3. Fr Claude D'Souza Sj
St Joseph's College
Museum Road
Bangalore 560001
Phone: 574417
4. Prof SV Rama Rao
72/4 'PRAYAG'
V Main Road Chamarajpet
Bangalore 560018
Phone: Res. 606757
5. Prof V Benjamin
8 Cline 'Road Cooke Town
Bangalore 560005
Phone: Res.569087
6. S P Tekur
804 'SRI NIVAS'
16th Main 19th Cross
Banashankari II Stage
Bangalore 560070
Phone: Res.620740
7. G Gururaj
Dept of Epidemiology
National Institute of
Mental Health & Neuro
Sciences, Hosur Road
Bangalore 560029
Phone: Off : 642121
8. B S Paresh Kumar
27 Pattamma Temple Street
Basavangudi
Bangalore 560004
9. Joseph Panackel
Dept of Community Psychiatry
National Institute of Mental
Health & Neuro Sciences
Hosur Road, Bangalore 560029
Phone: Off.642121
10. Gopal Dabade
Hubli Hospital for the
Handicapped
P.O. Box 54
Hubli 580020
11. Dr H Sudarshan
Vivekananda Girijana
Kalyana Kendra
B R Hills,
Via Chamarajanagar
Mysore Dist. 571 313
Karnat.aka
12. Vanaja Ramprasad 839,
23rd Main
J P Nagar II Phase Bangalore
560078
Phone Res. 644963
13. Dr. Uma Sridharan 51/2
Lavelle Road Bangalore
560001
Phone Res.574812
14. Dr S B Maheswara
Bandipura 571318
Gundlepet Taluk
Karnataka
15. Dr Gerry Pais
DEED for Development
Through Education
Post Box No.20
Hunsur: 571105
Karnataka
16. Maria Zillioli
Door No.16, 13th Cross
Adipampa Road
V V Mohalla
Mysore 570002
Phone. 31036
17. Valli Seshan
783, 10th Main Jayanagar
IV Block Bangalore 560011
Phone. 642025

- | | |
|---|--|
| <p>18. Dr K V Sridharan
51/2 Lavelle Road
Bangalore 560001
Phone: Res.574812</p> <p>19. DhruvMankad
1877 Joshi
Galli Nipani 591237
Belgaum Dist.
Karnataka</p> <p>20. Mani Kaliath
445, 3rd Block
Koramangala Bangalore 560034
Phone; 567767</p> <p>21. Dr Mohan Isaac
Dept of Psychiatry National
Institute of Mental Health &
Neuro Sciences - Hosur Road,
Bangalore 560029
Phone Off. 642121</p> | <p>22. Magimai Pragasam
Centre for Non-formal
and Continuing Education
30 St Marks Road
Bangalore: 560001
Phone. 570154</p> <p>23. Sanjeev Kulkarni
Registrar: OBG
St Martha's Hospital Bangalore
560009
Phone: 74081</p> <p>24. Dr Sukhant Singh
Area Manager
CMAI South Area Office 9/30
Karamchand Layout
Lingarajapuram
Bangalore 560084
Phone: 575083</p> |
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COMMUNITY HEALTH CELL

1. Five Questions About CHC??????

WHAT: A Study- self reflection- action experiment to explore the evolving principles and critical issues in community health in India.

A resource group promoting and facilitating
The enabling dimension in health care
The Socio epidemiological approach in Planning
The participatory ethos in Management

WHO: Four full time and four part time team members bringing together the experience and interest in community health and development epidemiology and management, occupational health, child health, low cost communication, traditional systems of medicine, mental health, health workers training, documentation and administration.

WHERE: First floor of ex students hostel of the Holy cross brothers at 47/1 St. Marks road, Bangalore 560001, Telephone 21313

WHEN: Monday to Friday 9:30 AM to 5:30 PM Saturday by appointment only

HOW: Participatory reflection and evaluation, Information/ resources identification, Exploratory learning programmes, Peer Group review of Plans/Initiatives, Policy research, Networking library and Documentation.

2. A network in Community Health

Recognizing the presence of an increasing number of people involved in different dimensions of community health in Karnataka, the CHC has been facilitating an exploratory and informal networking since February 1988.

The NETWORK presently brings together 25 members with skills and interest in a variety of disciplines--medicine, nursing, public health, social sciences, Nutrition, management, social work, psychiatry, epidemiology, communications and 'journalism'. Many have field experiences with and as NGOs (Non Governmental Organizations) in health care and development.

The group met four times in 1988 to share experiences, perspectives and plans through a participatory dialogue. Small groups meetings all along.

The NETWORK is not a formal group and is continuously expanding as members draw in more associates and contacts. For the present it has been only a 'dialogue' forum. Members interact and participate independently in other existing associations eg, "voluntary health association of Karnataka (VHA-K), federation of voluntary organizations in rural development (FEVORD-K) etc.

NETWORKING helps to share information; communicate plans; promote inter-actions; cross pollinate ideas; seek peer group support in initiatives, and build some collectivity in health action.

In 1988 some fruits of network were :

- a) A letter of protest for the bureaucratic delay by Mysore University (Prasrasanga) in the publication of Kannada version of HWRE THRE IS NO DOCTOR
- b) A memorandum to the Karnataka government committee on the health university (see page 3)
- c) A health Workshop for the members of the tribal action network in Karnataka (see page 7)

The focusing in 1988 meetings has been primarily to get to know each other on the group. In 1989 the network will be having the decision where it wants to go.

3. WHITHER Health university?

The Karnataka government announced the formation of an expert committee to explore and evolve guidelines of a health university in Karnataka. The Committee sought suggestions and opinions from the public on the matter.

The matter was discussed at the network meeting and the small sub group prepared and submitted a memorandum to the expert committee for consideration.

We noted with concern

- # The continuing falling and dilution of medical education standards in the state
- # The quantitative expansion at the cost of quality
- # The commercialisation and growth of capitation fee medical colleges
- # The growth of colleges on caste/religious affiliations
- # The commercialisation of health services structure
- # The politicization of the academic ethos

and made a plea to halt these trends.

We stressed educational goals and objects suggested by

- # Medical Education and Support Manpower Committee GOI of 1979 (Srivastava Report)
- # ICMR/ICSSR Health for All Report of 1981
- # National Health Policy of 1982/1983
- # Deliberations of medico friend circle 1983/1984

We made a Plea for

- # Social orientation and increased social science input
- # community oriented field training
- # training in teaching methodologies for teachers
- # small group interactive and participatory training
- # bridge optional and elective courses to integrate disciplines and systems of medicine
- # curriculum research

-----a network medical education group

4. A 'Participatory' Community Health Learning Experience

Though not primarily a training group, the **CHC** made an exception and organised an exploratory process of training of two batches of Brothers in Community Health and Development as an integral part of their formation at Jyothi Sadan. The course at Jyothi Sadan had evolved through a long process of interaction between brothers trained in Community Health work, some of their formatters and

some resource persons in Community Health. The focus in 1988 was to further enhance the participatory aspects of the course.

The structure of the course as it developed last year included

- # Two week exploration of concepts of Community Health Development, Education, Conscientization through small group discussions, slide shows, case studies and simulation games;
- # A month's exposure to the dynamics of rural/ urban slum communities;
- # Curriculum content evolved from above experience was tackled by various CHC members and associates using both 'orthodox' and participatory approaches;
- # A special two week session on low cost communications especially puppetry and street theatre;
- # A two week intensive course at CHC on Community Health Action. Learning experiences drew heavily on health education/teaching aids of VHAI, APVHA, CHAI, CHEB and Karnataka Health Directorate;
- # Concurrent and terminal evaluation of course which included both individual and group approaches.
- # Ten brothers were given a Participation Certifications at their graduation in October 1988.

5.DIALOGUE-1988

The CHC was invited to participate in many interesting meetings and dialogues in 1988. We were not always able to attend but when we could not we sent a background paper to animate the meetings.

January 1988

An International Meeting of Primary Health Care Resources Centres at New Delhi jointly organized by VHAI and AHRTAG (The Appropriate Health Resources and Technologies Action Group, England),

The CHC background paper raised four questions:

- I. Can we focus on 'enabling' rather than 'providing' in our efforts?
- II. Can we focus on social change process than just 'medical/health' projects?
- III. Can our 'users at the grass roots be our Participants as well?
- IV. Can we move the primary health care philosophy beyond the primary level

April 1988

Panel discussion on Refreshing trends on primary health care at VHAI Annual general meeting at New Delhi.

The panel included Dr Zafarullah Chowdhury (GK Project Bangladesh), Dr Ekbal (Kerala Sastra Sahitya Parishad) Dr H Sudarshan (Vivekananda Girijana Kalyana Kendra) and Ravi (CHC). Professor D Banerji (Jawaharlal Nehru University) chaired the panel,

While sharing their experiences and welcoming new approaches in Health Care all the participants cautioned against too much euphoria about Primary Health Care and the urgent need to counter disturbing trends such as verticalization, Selectivization, imposition from the top, stress on 'provision' rather than enabling socially marketed rather than socially proposed and so on

July 1988

A workshop on Ten Years after Alma-Ata—vertical interventions versus comprehensive community based health care organised by Asian Community Health Action Network (ACHAN) At Katmandu Nepal

CHC background paper listed out the distortions in Primary Health Care from its original focus? Then outlined some emerging principles and issues from community health action in India and made a plea for a paradigm shift' from medicine as a providing process to health as an enabling process Its basic contention was that the real issue facing us today, was not primary versus tertiary/secondary health care, vertical versus horizontal programmes selective versus comprehensive care but medical model versus social model or health be it individually community or international.

August 1988

A meeting on Rational therapeutics in medical education in Manila, Philippines organized by IOCU and ACHAN.

CHC background paper outlined the socioeconomic-political implications of irrational prescriptions at the community level. The complex and multi-dimensional implications include the raising of cost in health and medical care; wasting available and limited resources; delaying treatment and or worsening conditions of ill health modifying home economics often precariously; altering health culture of a people: and widening the existing inequities in society by making health care inaccessible and unavailability to the large majority in need

October 1988

A community health trainer's dialogue at NIMHANS organised by Voluntary health Association of India. We participated and helped in facilitation of the first meeting of trainers in community health in India which through brainstorming and dialogue explored the type of courses to health need, planning process in training methods of evaluation, the need for training and networking possibilities.

November 1988

The Annual Convention of the Catholic Hospital Association of India on the theme: Towards a greater accountability- the mission hospital at Ernakulum Kerala

The CHC planning paper on the theme and content of the convention outlined the need to explore the role of Mission Hospitals in to-days context through a critical medical audit of ton dimensions of Hospital Policy-community need versus hospital priorities preferential option for the poor; financial resources; financial management; drug policy; technology policy; personnel and wages policy, educational skill development of hospital personnel; pastoral Care and medical ethics.

We also stressed the need to evolve an alternative vision drawing inspiration from the Indian case studies of hospitals experimenting with rational drug policies and formularies; humanizing hospital policies, community health orientation; use of appropriate technologies, training of health workers: integration with other systems of medicine; working with government institutions: participatory management pastoral care; and moving beyond the hospital wall

January 1989

Annual Meeting (XV) of medico friend circle a Always Kerala on the theme Technology and health care – Issues and Perspectives

The CHC background paper mainly directed towards -those exploring the theme for the first time outlined why we needed to discuss this theme; the scope of the relationship; the criteria for assessment of technology; some aspects of overuse/misuse of clinical investigations and surgical technology; options in community health technology and social issues in choices of health care technology. ,

6. A perspective plan for Karnataka

CHC was invited to a dialogue with the Perspective Planning Committee of the Government of Karnataka, along with a few other representatives of the NGO sector. Two sessions exploring perspectives in health and in education were held.

After the meetings, the CHC team submitted an independent reflection to the Committee which made

A plea for a reorientation in focus,

- a. From health as a 'medicalised provision' of a package of curative services to health as an enabling process

- b. From health policy as 'infrastructural development' to health policy as quality of life and quality of care development;
- c. From health planning as a top-down bureaucratized procedure to planning as a participatory community based bottom up exercise.

This re-orientation was particularly relevant in the context of the decentralised Panchayat Raj ushered into the State;

The CHC document made a plea also for—

Health policy to be closely inter-linked with socio-economic development policy.

Health policy to explore multi-sectoral linkages.

Health policy to evolve locally/regionally taking into account:

- # Special needs of disadvantaged groups like Dalith's, Tribal's and Slum dwellers;
- # Changing status of socio-economic conditions environments nutrition.
- # Reliable and good quality health information;
- # Interaction with community perceptions and needs.
- # Health budgets to be increased substantially and rural/urban disparity tackled seriously.
- # All systems of medicine and existing alternative options available to the community to be involved.
- # Curbing of privatization and commercialization trends in health care delivery.
- # Public health orientation and continuing education of health manpower at all levels.
- # Shift from vertical health programmes to integrated community based health approaches.
- # A rational drug and technology policy.
- # Increasing importance to Health Practice Research.

7 Health in Tribal regions - an exploratory Workshop

The CHC team facilitated a Workshop on Health with members of the Tribal Action Network in Karnataka which consists of over a dozen projects working with tribal populations in the State. The network meets regularly to discuss developmental issues relevant to tribal regions and was eager to explore health and its many dimensions.

The participants were invited to explore health in a holistic sense taking into account

their own field experiences and perceptions. The problems, issues and dimensions that emerged in this workshop were very comprehensive. Apart from frank medical problems like malnutrition, diarrhoea, tuberculosis, malaria, anemia, skin infections, worm infestations, polio, whooping cough, tetanus and sickle cell anemia a wide range of other problems were also identified. These included:

- # poor hygiene and insanitary environment
- # problems of alienation from forest life and inability to adapt to agricultural life styles
- # alienation from tribal medicine and healing traditions and inadequate adaptation to non-tribal medical cultures
- # problems of inferior and dependent self-image due to domination/exploitation by non-tribal's

The group also identified some aspects of tribal culture, the impact of which, on health needed further evaluation.

As the Workshop proceeded the group was also helped to identify cross cultural biases, prejudices and value judgments that many activists were making because of their own roots in a dominant caste culture. How this could modify action plans was also explored. Since it was the first of such meetings the group also explored some other aspects of health action not specific to tribal regions including health worker and doctor training, demystification in medicine, the role of a non-medical developmental activist, integration of traditional health practices, rational drug policy and the concept 'of empowerment in health.

8. Community health orientation of Tibetan refugee settlements in Karnataka

At the request of the Health Department of the Central Tibetan Secretariat at Dharmasala, the CHC team was involved in two brainstorming sessions and an on the spot field assessment of the Mundgod Tibetan settlement in Karnataka to assess options for community health action in their future plans. The CHC report identified some unique features of the settlements and some special problems and explored possible options.

These included among others fostering of good traditional practices in mother and child care; Appropriate Medical/ administrative action to tackle the health problems of a large mobile swatter seller population in the settlements; need to integrate Tibetan Medicine and western Medicine in health planning; promoting greater involvement of community, youth, women and the Lamas in health activities; exploring health education as a school based activity and also in pre-school and non-formal situations; continuing education and career development of existing health manpower. Some areas for health practice research were also identified

9. Promoting solidarity and collectivity

The CHC team supports actions and initiatives of a wide variety of existing coordinating agencies, networks and resource groups, in solidarity and to promote greater collectivity. In 1988, we participated with or supported.....

medico friend circle

- *Mid annual meeting (Sevagram)
- *Methodological aspects of Bhopal Study
- * Note on organizational development
- * Annual meet, Always: Technology and health care

Catholic Hospital Association of India

- *Reflection's with Community Health Department
- *Planning of annual convention of hospitals and their accountability
- * Health Action August 1998 issue on the rational drug therapy
- * Partnership dialogue of national level agencies and funding agencies

Voluntary Health Association of India

- *PHC resource centre Background paper
- *Educational Council
- *Annual general body meeting pannel discussion
- * State of India's Health
- *Dialogue of trainers in community health

CSI ministry of Healing

- *Manual for promoting community capability in health action

Asian Community Health Action Network

- *1988 planning/ evaluation session
- *Link Special Issues on training
- * Kathmandu dialogue: Ten Years after Alma-Ata.
- * IOCU/ACHAN meeting on rational therapeutics in medical education

Drug Action Forum- Karnataka

- *Meetings
- * Steering committee

10. Low cost communications

One of the CHC team members who has been developing skills in low cost communications (posters, puppetry, street theater, chalk talk, flannel graph, slide, cassettes, photo language) continued to work with the Media Unit of the Centre for Non-Formal and Continuing Education, participating and supporting numerous workshops for animators from developmental programmes in Karnataka

The media unit of that centre also produced video documentaries on tribal festivals, a two month course in development and Liberation; a programme for ,shepherds; a programme on power loom workers; and a programme on convention of marginalised groups. In addition slide-sound productions on Landless laborers; schools in Bangalore; one teacher schools in rural Karn2taka and the Kannada sound track of Drug Policy of India

From January, 1989, our team memb3r has now permanently shifted into the Media Unit. CHC hopes to develop low cost medicine productions in Community Health with this Unit without developing a separate media unit of its own.

11. RESEARCH EXPLORING ISSUES AND PRIORITIES

CHC has planned to gradually move from being a Community Health Resource group to a policy research/ action research group exploring the implications of NGO health experience to health policy in the country. This shift of emphasis will be taking place over the next few years with Thelma completing her training in 1987 last saw the beginning of this new dimension of work in a modest way. Four initiatives emerged as the year progressed:

- Planning and collection of data from secondary sources for a report on health status of people in karnataka
- Participation in planning exorcises for an evaluation of National Tuberculosis programme by ICORCI for Government of India;
- Reference on methodological aspects of mfc study in Bhopal on Effects of toxic gas on women's reproductive health;
- Mid-course review and planning of analysis of a two year follow up study of Growth and development of children under the KSSS Project in Kanyakumari District, Tamilnadu.

A general overall impression that has emerged from this Year's experience is that it will be some time before the emerging research interest in NGO circles in Health and Development will be able to sustain the in depth and rigorous methodologies that 'community based! research will entail.

12. From project to process management

The CHC reflections have identified the need to adapt management principles for facilitating a social process rather than just using it to enhance the efficiency' of the provision of a package of services. This requires an in-depth review of state of art of management in existing health projects stressing either 'providing of services' or 'enabling of people' and identifying and establishing process indicators and dimensions. we have just begun a review of literature on the issues and problems of management in Health and Development projects In India. Mr. Gopinath a team member who has acquired skills in management in 1987 is beginning to visit projects in Karnataka to adapt his skills to the needs of these projects as well as to document the state of the art.

13. Information and advisory service

The CHC continues to get numerous requests for information on various aspects of community health through correspondence or by visitors to the Cell.

Visitors to the Cell are encouraged to share their own field experiences so that we enhance the two way nature of the dialogue- the CHC team learning as it goes along responding to the various requests.

With some additional part time staff we have managed to re organize our library books reports and journals in a more orthodox way and are presently working on the cataloguing of papers, reports, proceedings of meetings, health education materials and a host of other types of literature which we constantly receive from our wide contacts with health and development circles in India.

Our focus is on the mass of grey literature unpublished material or publications not indexed in current journals or bibliographies that has been emerging in the country and those that are not easily accessible to the health activists and health policy researchers amongst us .

14. Plans for 1989

This is the fifth and final year of our informal study reflection-action project of the Centre for Non-Formal and Continuing Education. Hence documenting our experiences and perspectives will be the chief focus of the year. The interim 'Reflection' circulated last year for collective comment will be finalized. All our initiatives and reflections will be put together in a more comprehensive publication's. However, the momentum gained during the last year will continue. Some ongoing commitments--collaborative programmes and policy research will be completed.

Some new initiatives will be explored:

- # A 3 day workshop for Health and Development activists on Rational Therapy and Drug Policy issues (for Drug Action Forum-Karnataka)
- # A training programme for non medical development activists in Community Health (with Gerry Pais, DEED, Hunsur)
- # Health component of Environmental Education programme at BR Hills High School (with VGKK and Centre Par Environmental Studies, Indian Institute of Science, Bangalore)
- # Documentation of a case study of an NGO taking over a Taluk level Government Leprosy programme (with Karuna Trust, Yallandur)
- # A study group on Issues in the Integration of Medical systems
- # A study of Management issues in a select number of health and Development NGOs in Karnataka.

15. Publications/documentation

- # Community Health--the search for an alternative process (an interim report of the Cell sent to colleagues/associates in India for collective comment/criticism).
- # Report of CHC experience--January 1984 to June 1986.
- # A note on a year of travel and reflections--1982.
- # Rational Drug use (cover story) Health Action, August 1988.
- # A to Z of Drug Policy issues and A to Z of Problem Drugs (Cover story) Health Action, August 1988.
- # Moving Beyond the Teaching Hospital, LINK, April-May 1988.
- # Towards a Paradigm Shift, LINK, Aug-sept 1988.
- # Technology and Health Care--Issues and Perspectives (background paper, mfc annual meet 1989)
- # A Perspective Plan for Health in Karnataka.
- # A Memorandum on the University of Health sciences in Karnataka.
- # Socio-economic-political implications of irrational proscriptions at the community level (background paper for IOCU/ACHAN Manila Meeting).
- # Community Health in India : an annotated bibliography
- # Health, Nutrition and Agricultural development:
 - o an exploration;
 - o an annotated bibliography;
 - o a Karnataka case study.
- # The Health Status of people of Karnataka (a secondary sources review).
- # Management issues for NGOs in Health and Development.

16. Past, Present, Future--Where Do We Go?

The CHC will complete five years in December 1989 (excluding the staff training year 1986-87).

The study-reflection-action experiment began in January 1984 when three of us moved beyond the department of Community Medicine of St John's Medical College, Bangalore, to start an informal exploration of the dynamics of community health action by participating in reflections and supportive actions with health and development projects in the voluntary sector particularly in Karnataka.

The experiment built on perspectives which had first emerged in a year of travel and reflection at the grass roots which two members of the team undertook while they were staff of St John's Medical College in 1982.

The first 32 months till August 1988 was full of intense and interesting experiences with NGOs in Health Care at all levels. During part of this phase the CHC team also managed the organizational responsibilities of the medico friend circle and edited/published the mfc bulletin and supported the Bhopal initiatives.

An interim phase of staff training evolved from September 1986, till October 1987 when three members of the team underwent courses in Epidemiology, Management and Low Cost Communications respectively and the Coordinator spent a sabbatical year on policy research exploring the health and nutrition effects of agricultural development.

From 1987 to-date, the CHC team has moved beyond its informal base in Koramangala to its present address developing some support systems and facilities to further explore dimensions of four tasks identified in the first phase--these being action research, documentation, communications and networking in community health and among NGOs and voluntary agencies involved in health action.

The whole experiment has been exploratory, participatory and informal in its ethos. The CHC team has emphasized its catalyst/facilitator role and supported actions/initiatives of a wide range of groups at all levels ensuring that it does not rush into the establishment of a distinctive 'charismatic' and 'individualized' identity of its own.

Nineteen Eighty nine is the final year of the informal phase. After much deliberation we see that our long term commitment should be to evolving health policy alternatives at the macro level building on the micro level experiences of NGOs as well as our own action/ policy research. This does not necessarily need a separate Centre. We could well become part of/linked to/or an extension of a larger initiative as long as we are able to negotiate a creative autonomy and a participatory governance that such an experiment requires. In the absence of such an alternative we may have to move towards the establishment of a more, formal Community Health Policy Research Group.

Your suggestions are most welcome. Till the final option evolves we shall continue to strengthen the 'enabling' and 'collective' dimension of health action, playing the catalytic/facilitator role we have played since January 1984

CHC TEAM 1988/1989

Ravi Narayan

Thelma Narayan

K Gopinathan

N Chakravarthy (till December 1988)

M S Nagarajan (from June 1988)

Mani Kalliath (from July 1988)

S John (from June 1985)

Shyam Sundar (Till November 1988)

Shirdi Prasad Tekur (from January 1989)

WISE COUNSEL

Fr. Claude D'Souza sj

Dr C M Francis

Dr George Joseph