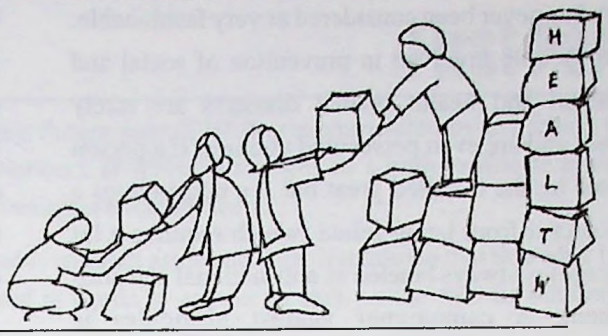
Building-blocks



Community Health Cell, Bangalore

An Occasional Newsletter by Interns in Community Health and Development

December 2008

Dear friends,

This newsletter is an endeavour to bring together all the past and present community health fellows, and their rich experiences. As you all know the first phase of the formal Fellowship Programme known as Community Health Fellowship Scheme which had 23 full time fellows and 17 interns was wound up in March 2007. This edition of the Newsletter comes after a long gap and marks the continuation of the "journeys in Community Health" of many more young people through the second phase of the Fellowship Programme, the Community Health Learning Programme (CHLP). The CHLP carries within itself the learnings and feedback from the first phase and the some of the recommendations of the end-review. In the current phase, the CHLP has had 6 flexible interns between August 2007 to Sept 2008 and 8 full time interns, already working with, or proposing to work with Community based programmes and health initiatives in the voluntary and development sector.

This Newsletter comes at a time when health is facing the major challenge of the fallout of globalisation, liberalization, privatization and the brunt of identity politics. Civil society initiatives are moving towards rights based approaches and also engaging with the State to revitalize and strengthen the public health system. As CHC steps into it's 25th year, this newsletter symbolizes our commitment to guide, mentor young people in their exploration of the social paradigm of health, to support their shift to community based health action and to build a common edifice of the community health movement.

Sukanya R

Our Planet, Our Health

Reflection

In the movie 'The Matrix', Agent Smith describes the human species as one that defines itself by misery and suffering. Once the scenario for suffering has been created, we find great pride in charity and rehabilitation work. This goes to show the dominant paradigm of most human action.

We are busy doing many things, busy creating new technologies without considering the consequences, busy making many things which actually have no utility, but on the same hand can create more problems. We can only appreciate health at the time of sickness. We can only appreciate the beauty of the tiger when it is on the verge of extinction. This is unfortunately a severe handicap humans have. Actually it is not a handicap as such. A situation has been created where money assumes such importance that it has created a blindfold which no one wants to remove. There is a severe lack of foresight. This foresight actually existed and still exists among indigenous and tribal communities but among them too the wisdom is dying out.

Prevention has never been considered as very fashionable. That's why people involved in prevention of social and environmental and health related disasters are rarely appreciated; and are even persecuted at times. If a person plants a tree he/she is called great but if a person hugs a tree to protect it from being felled (which requires a lot more courage) is always labeled as anti-national and anti-development. A campaigner against pesticides is persecuted but a doctor giving palliative care to a cancer patient (who worked at a plantation) is treated by society like a descendant from heaven.

What is primary environmental care? It is interesting that I came across this concept in a WHO publication called Our Planet Our Health. This is a brilliant concept and has to be considered as a complement to primary health care. There is actually no Primary Health Care without Primary Environmental Care. A good environment causes the reduction of most of the diseases and enhances other aspects of health like the social and spiritual dimension.

The diseases like asthma (prevalence rate of 30% among city children), upper respiratory tract infections (air pollution) and diarrhoeal diseases (caused mostly by mixing of drinking water with sewage water) are major causes of morbidity in developing countries, especially in India. Prevalence rates of cancer, birth defects, diabetes and other serious chronic diseases are all high in areas polluted by chemicals. These are to name a few.

The current norms suggests we need one doctor per 250 population etc. I agree that we need doctors for the present 'unhealthy scenario' but we should not allow this to cloud our perspective of primary health and environmental care. Our current system of churning up thousands of half-baked doctors just encourages the system which thrives on keeping the people sick and giving them some pills regularly.

It has been shown successfully in places like Ralegaon Siddhi in Maharashtra that Primary environmental care also leads to ecological, economical and health development. Such villages have become prosperous and have learnt the importance of protecting the ecology and environment. From a drought hit region, it has now become a very productive village. But can it happen that this village will forget this all-important lesson after a couple of decades when the next generation takes over? Such a situation can only be prevented by appropriate environmental education of the new generation and also by making preservation fashionable. How this will be or can be done has to be thought further.

As we speak, more and more villages are going towards desertification, debt and death of farmers. The answer for all this is primary environmental care but it has never appeared on the manifesto of any of the political parties. Everyone promises water, electricity, food and employment. Primary environmental care can provide enough opportunity for all of that.

This will be needed not just for rural areas but also for urban areas considering the fact that it is urban requirements which lead to most of the problems. Urban planning can also be looked on the lines of primary environmental care. To start with - location of houses in relation of workplaces, water management through rain water harvesting, waste management through Zero Waste Concept, transport management through appropriate public transport and adequate arrangement for cycling and walking, and preservation of existing parks and gardens. The other more difficult tasks of encouraging consumption of local products and also improvement of education system should also be considered.

The challenge that we face now is to rejuvenate a nation-wide primary environmental care movement on parallel lines with the people's health and social movement.

Adithya

Challenging My Inner Man

When I first heard about the Community Health Learning Programme (CHLP), recommended by my friend and well wisher Ms. Kousalya, President of Positive Women's Network (PWN+), I thought its a high profile fellowship and doubted if I would pass through the interview process and whether it would fit me.

Very soon, experiencing the orientation sessions, my doubts were set aside and I am determined that this what I wanted. The essence of the CHLP programme cannot be expressed in words by anyone or even by the website but only can be experienced.

Everyday of our learning, we had varied experiences - questioning our previous understanding about community and health; challenging personal attitudes; understanding the national health programmes particularly the National AIDS Control Programmes and its work for children; surprising us with field trips to historical monuments (Hampi) and disturbing us by the plight of child labourers in mining areas of Hospet in Bellary; learning from fellow friends; everyone looking at one another when asked for written reports of our learning, and much more wonderful surprise lunches by the CHC team members and fellow friends.

It's a privilege for me to be associated with CHC. I learnt not just from the lectures and sharing of experiences but so much more on observing the life each one of us have chosen to live. CHC has helped me to look at the condition of my inner-man, to find the leader in me, to focus on my call to serve, to organise my thoughts and to learn from prior experiences.

The one strong lesson I have learnt from CHLP is that it is not just the educational qualification and experiences that matters, but the need for regular introspection of the inner man to use the knowledge and skills with a right attitude in serving our community.

S. Jeyapaul Sunder Singh

Paradigam Shift In My Life

It all happened in a month's time to quit a prestigious job as Principal of a Mission hospital Nursing School, challenged by General Chapter 2007 message of my congregation. Experiencing the deteriorating socio political changes in the country, I decided to make a deviation in my way of life after having lived 25 years of religious life. THANKS to CHC who has given me an opportunity exceptionally, as the Fellowship is meant for youngsters - to make my focus more clear. Thus I am CHC's CHLP Fellow.

As a trained nurse I began to realise that by and large health care has become the luxury of the rich, and the poor are sidelined. I am determined that wherever I am called to serve, Community health will be given more importance.

During CHLP, I am privileged to visit and observe various organisations where community health is given more prominence in their health care service. I had been to CMC Vellore - a pioneer and model institution for training men and women for rural health care. I was astonished to see that the legacy left behind by the founder is carried down even after a century of it's existence! As I write this I am associated with Jan Swasthya Sahyog (JSS), a non governmental organisation at Ganiyari, in remote rural Chhattisgarh. The services provided by a group of socially conscious heath professionals who have given up lucrative practice or prestigious post in premier institutions in India or abroad to champion the cause of the poor is commendable.

I am very grateful to these organisations and to CHC for arranging these field visits which has enhanced my determination. I am confident that these exposures will definitely help me to make a deliberate option to promote holistic approach to health care, community health and alternative system of medical care through my future apostolate.

Sr. Ria

Jeyapaul

Karibasappa

Walking Classes Unite: Towards a platform for the pedestrians

People & Places

There is growing frustration among Chennai's pedestrians as the city becomes increasingly insensitive to the largest population of road users; the pedestrians. Unable to grapple with the growing number of private vehicles, the authorities have resorted to a slew of measures including road widening, flyovers and grade separators and numerous one way roads. All these come at the cost of pedestrians whose access is severely restricted and their safety, compromised. It is no wonder that 42% of all fatalities in road accidents is among pedestrians. As the city chokes under the exhaust fumes of luxury cars, the cry for a pro poor direction to urban transport planning is increasing.

Pedestrians should be at the centre of any attempt towards a sustainable urban transport network. As many cities including Beijing have recognized, the indiscriminate increase in private vehicles has led to lengthy travel times, high rates of accidents and fatality and severely polluted air that threatens residents with serious ailments. The over all damage to environment cannot be tackled unless cities move towards inclusive systems of public transport. At the same time, it is a well known fact that public transport will not bear fruit unless accompanied by a strong pedestrian infrastructure. This has spurred a number of civil society groups to take up this pressing issue.

Walking Classes Unite (WCU) is one such initiative that focuses on creating a platform for pedestrians to raise a voice against the current state of affairs and the direction of urban transport planning in Chennai city. The volunteer driven group has been actively trying to bring together various groups (informal sector workers including hawkers, school and college students and teachers, senior citizens and people with special needs) who constitute the walking classes. "The aim of this platform is to recreate the city as an inclusive space for the weaker and vulnerable population to live and pursue their livelihood in a less polluted environment which does not pose a serious health hazard", says Venkat.T, Coordinator of the Campaign

In an attempt to capture the attention of the authorities and the general public, Walking Classes Unite organized a 6 km walkathon on 21st September, 2008 to highlight the issues of pedestrians in the city. More than 600 concerned citizens and many associations walked along the seafront in Marina and the event ended with street theater and songs. Even as the event celebrated pedestrians, it also revealed the stark reality of pedestrians who risk their lives everyday. Pedestrian Audit Walks conducted by WCU, along with locality based associations and institutions, have become a tool through which to reveal the deplorable conditions of pedestrian facilities, while also being able to recommend to authorities workable ways to improve the ground situation. Through its outreach, WCU volunteers have also been raising these issues among college and school students.

By bringing the people of Chennai together, WCU intends to create a strong public opinion that administrators and legislators cannot ignore.

Lakshmi

Surfing through the Chaos

During my fellowship in CHC, I have been meeting different groups of people starting from rural communities to medical professionals and technology experts. In all these visits I also came across different development models. I feel in the present scenario any development initiative has to go through an ocean of chaos which seems to be increasing with each passing day where the effort and the time spent on different development activities to the social return ratio is always at stake. One of the reasons for this chaos is the ever increasing complexity of the problem itself. Another tacit but more alarming reason is the rigidity of different assumption based development ideologies which tends to contradict with each other.

Recently I was fortunate to be a part of a screening session where we had invited people to propose appropriate technology ideas that can bring social changes. We received applications from all sectors and communities. On one side there were scientific communities with all tangible resources throwing an air that the world exists because of them and all they are proposing is flawless without even knowing what problem they are trying to address with their rocket science ideas.

On the other side there were humble, self motivated grassroot individuals with very limited resources but who have a deeper understanding of the exact problem and also have a rough idea of the possible solution. Due to their limited resources and their day to day problems, those ideas die off slowly. At the end both these groups could not deliver to their maximum potential because of their inherent limitations.

The answer to these problems is not simple but there is certainly an immediate need to link both these group of people to make the whole system more sensible and functional.

Sabyasachi

Becoming a 'jhola chhaap' doctor

'Jhola chhaap' is a colloquial term used to describe informal medical practitioners in India. These are usually people with some experience with medicines and health care they may have worked as a compounder with a doctor somewhere or received some formal/informal training or just picked up medical knowledge along the way.

But health services are so scanty in rural areas that these people can get elevated to doctor-like status. At CHC, we've had a few discussions about such practitioners are they just quacks who should be discredited and banned? Or are they providing a valuable resource in the absence of trained professionals?

\Some groups have been working with such practitioners to improve their techniques a powerful example is the trainings provided to traditional dais (midwives) to promote safe deliveries, prenatal and antenatal care etc.

In Sitapur district, Malaria seems to be quite prevalent. In Mishrikh block, only the town of Mishrikh has government and private labs that can test for malaria. The time and expense (including travel expenses and loss of

daily wages) involved in the testing process discourage many people from villages in going through with the tests. We were discussing this issue in the Sangtin Kisaan Mazdoor Sangathan's (SKMS) regional meeting at Qutubnagar and I asked what people did instead. One or two replied that they go to a 'doctor' in Qutubnagar who injects them with some medicine that makes them better.

Many situations have come up in Sitapur where people have taken decisions or acted in ways that I am sure are

wrong for them. But I have often kept quiet due to the lack of alternative options for them and because I did not want to get into an indefinite 'lecturing' mode. Even with friends and family in one's socioeconomic strata, we choose to keep quiet during difficult discussions to keep the peace. But here, I decided to speak up and told the group that that was not the right way to treat malaria.

'Then what is the right way, didi?' asked someone. I mentioned chloroquine, the most commonly used drug for treatment or prevention of malaria. The group talked among themselves and more people joined the conversation. A little while later, another SKMS member came up to me and confirmed the name of the drug. By that evening, a number of people had bought chloroquine tablets to stock at home and had told their fellow villagers to come to them if they had 'jaada bukhaar' (cold and fever, the colloquial term for malaria)!

Was this the right thing to do? What if they used the wrong dosage? What if....? I was quite worried at this outcome and wondered if I should have instead pushed these folks to get tested and get proper medical advice from trained professionals. I called Sukanya and the feedback she gave provided some comfort. She suggested that I talk to doctors in the area and the PHC and government staff to get an idea of the malaria situation in the area. Also, CHC would send me pamphlets on malaria, its diagnosis and treatment (written in Hindi) that I could distribute to the group and use for further discussions. 'You gave them the right information,' she added. 'The need for good health services in these communities is so acute that any good information they get can only be beneficial. So don't hesitate to share complete and accurate information we all have a role to play.'

So this is how, for a short time, I almost became a 'jhola chhaap' doctor! I expect to fulfill that role again in the future and hope that I will be able to respond in a sensitive and useful manner. After all, when campaigning for 'Our health in our hands', each of us have to step up to the challenge as best as we can.

Sudha N

Community based monitoring of health services

Under the National Rural Health Mission, community based monitoring (CBM) of health services is underway in this 9 states. Maharashtra is one of them. It was started on pilot basis in 5 districts,

i) Amravati ii) Nandurbar iii) Osmanabad iv) Pune v) Thane.

Three Talukas were selected in each of the above districts, and three PHCs in each taluka and 5 villages under each PHC was undertaken. SATHI CEHAT Pune, is the State nodal organization for this programme for the period of April 2007 to January 2008.

The main Objectives of CBM are to create awareness among the general masses about the available health services under the NRHM and to increase the participation of them in planning and implementation of the services provided.

During my field placement of two months with SATHI CEHAT, I attended 4 district level JANSUWAI (Public Hearing) and one state level JANSUNWAI. I could understand the process and also encountered many positive changes facilitated by the CBM.

My observation was that people were very actively involved with greater enthusiasm in the process. Some of the positive changes are listed below.

- The people were becoming aware of the health services which are available at PHC , sub centre, Rural Hospital (RH) and about their rights to avail of such services.
- People at grassroots level were coming to know about the amount of funds which was made available to their village/taluka/district/state. Awareness on the services provided on paper and that existing in physical state was increasing.
- Provision of health services improved at sub centre, PHC and RH level after the Public Hearings.
- The mothers were getting their entitled incentives under the Janani Suraksha Yojana without any delay from the concerned authorities.

- Various vacant posts at different levels were being filled in due course and fresh appointments and tenders were issued for future programmes.
- The People's Health Rights Charter was displayed in each PHC and RH prominently and was given wide publicity.
- All the essential medicines will be provided across the counter on a cashless basis and with the provision of local purchase, if not available on hand at the time of requirement.
- Free transportation will be provided to and from the referral services if it is not available and such arrangement will be made through government funds.

Varsha

I have found a pearl

First Person

Savitri has described her experiences of being in CHC, interaction with CHC team members and her observations in a small dialogue form that is happening between three friends Mangala, Manjula and Jagadish. She has introduced to them CHC's work, to the Community Health Learning Programme and Janarogya Andolana Karnataka (JAA-K). The title is "Nanagondu Muthu Sikkitu" "I have found a pearl".

ನನಗೊಂದು ಮುತ್ತು ಸಿಕ್ಕಿತು

ಮಂಗಳಾ: ಅಮ್ಮ ನಾನು ನೀರು ತರಲಿಕ್ಕೆ ಹೊಗತೀನಿ

ಅಮ್ಮ: ಆಯ್ತಮ್ಮ ಬೇಗ ಬಾ

ಮಂಗಳಾ: ಏನೇ ಮಂಜು ಎಲ್ಲಿಗೆ ಹೊರಟಿದ್ದೀಯಾ?

ಮಂಜುಳಾ: ಇಲ್ಲೆ ಕಣೆ

ಮಂಗಳಾ: ಏ ಮಂಜು ಇಲ್ಲಿ ಬಾ ನಾನು ನಿನ್ನ ಪತ್ತಿರ ಒಂದು ವಿಷಯ ಕೇಳಬೇಕು. CHC ಅಂದರೆ ಏನೇ? ಅದು ಎಲ್ಲೈತಿ?

ಮಂಜುಳಾ: ಏನೇ ಒಮ್ಮೆಲೆ CHC ಅಂದರೆ ಏನು? ಅದು ಎಲ್ಲೈತಿ ಅಂತ ಕೇಳತಿದ್ದಿಯಾ? ಸರಿ ಬಾ ಇಲ್ಲಿ ಕುತ್ಕೊಳೋಣ. CHC ಅಂದರೆ, ಅದು ಒಂದು ಆರೋಗ್ಯದ ಬಗ್ಗೆ ಕೆಲಸ ಮಾಡುತ್ತಾ ಇದೆ. ಆದು ಬೆಂಗಳೂರಾಗ್ಯೆತೆ.

ಮಂಗಳಾ: ನಾನು ಈಗ ತರಕಾರಿ ತರಲಿಕ್ಕೆ ಹೋಗಿದ್ದೆ ಆಲ್ಲಿ ಎಲ್ಲರೂ ಹೇಳತಿದ್ರು, CHC ಅಂಥ ಆಫೀಸ್ ಇದೆ. ಆದು ನಮ್ಮ ದೇಶದಲ್ಲಿ ಆರೋಗ್ಯಕ್ಕೆ ಎಷ್ಟು ಕೊರತೆ ಇವೆ ಅಂತ ತಿಳಿದುಕೊಂಡು (ಅಭ್ಯಾಸಮಾಡಿ) ನಮಗೆ ಆರೋಗ್ಯ ಬೇಕು, ನಮ್ಮ ದೇಶದಲ್ಲಿ ಆರೋಗ್ಯದ ಕೊರತೆ ತುಂಬಾ ಇದೆ. ಇನ್ನೂ ಕರ್ನಾಟಕದಲ್ಲಿಯಂತು ತುಂಬಾ ಹೀನ ಸ್ಥಿತಿಯಲ್ಲಿದೆ ಎಂದು ತಿಳಿದ ಕೂಡಲೆ, ಅವರು ಯೋಚಿಸಿದರಂತೆ, ಹೀಗೆ ಕೂತರೆ ಏನು ಸಿಗಲ್ಲ ನಮ್ಮ ದೇಶಕ್ಕೆ ಹಾಗಾಗಿ ಆಧಿಕಾರಿಗಳೊಂದಿಗೆ ಇದರ ಬಗ್ಗೆ ಚರ್ಚೆ ಮಾಡಬೇಕು ಎಂದು ತೀರ್ಮಾನಿಸಿ ರಾಷ್ಟ್ರಮಟ್ಟದಲ್ಲಿ ಮತ್ತು ಅಂತಾರಾಷ್ಟ್ರಮಟ್ಟದಲ್ಲಿ ಆರೋಗ್ಯ ಮಂತ್ರಿಯೊಂದಿಗೆ ಮಾತನಾಡಿ, ಈಗ ನಮ್ಮ ದೇಶಕ್ಕೆ 4 ಈ ಕರ್ನಾಟಕ್ಕೆ ಎಲ್ಲರಿಗೆ ಆರೋಗ್ಯ ಇಂದೇ ಸಿಗಲಿ ಎನ್ನುವ ಘೋಷಣೆಯೊಂದಿಗೆ, ಎಲ್ಲರಿಗೆ ಆರೋಗ್ಯ ಸಿಗುವಂತೆ ಮಾಡಿದ್ದಾರೆ.

ಮತ್ತೆ CHC ನಲ್ಲಿ ತೆಲ್ಮಾ ನಾರಾಯಣ ಮತ್ತು ರವಿ ನಾರಾಯಣ ಅಂತ ಇದಾರಂತೆ ಅವರು ಈ CHC ಗೆ ಎರಡು ಕಣ್ಣುಗಳಿದ್ದಂತೆ. ಇವರಿಂದನೇ ಈ CHC ನ ಸೃಷ್ಟಿಯಾಗಿರೋದು.

ಮಂಜುಳಾ: ಹುಂ.. ಹೌದು ಕಣೆ ಆಲ್ಲಿ ರವಿ, ತೆಲ್ಮಾ ಇವರು ಡಾಕ್ಟರ್ ಪದವಿ ಪಡೆದು ಈ CHC ನ ಸೃಷ್ಟಿಸಿದ್ದಾರೆ. ಮತ್ತು ಆಲ್ಲಿ ಇರುವಂತಹ ಎಲ್ಲರು ಡಾಕ್ಟರ್‌ಗಳಾಗಿಲ್ಲ, ಎಂ.ಎಸ್.ಡಬ್ಲ್ಯು, ಲಾಯಸ್ಸ್, ಇಂಜಿನಿಯರ್ಸ್ ಇವೆಲ್ಲ ಪದವಿ ಪಡೆದಂತವರು ಕೂಡ ಇದ್ದಾರೆ.

ಮಂಗಳಾ: ಹೌದು ಆಲ್ಲಿ ಒಬ್ಬ ಗುಂಡಕ್ಕೆ ದಪ್ಪ ಇದ್ದಾರಂತಲ್ಲ, ಒಬ್ಬ ಮನುಷ್ಯ ಅವರಿಗೆ ನೋಡಿದರೆ ಭಯ ಆಗುತ್ತಂತೆ.

ಮಂಜುಳಾ: ಇಲ್ಲಾ ಕಣೆ ಆವರ ಹೆಸರು ರಾಖಾಲ್ ಅಂತ. ಆವರು ನೋಡಲಿಕ್ಕೆ ದಪ್ಪ ಇದ್ದಾರೆ ಅವರು ಪಾಪ, ತುಂಬಾ ಮೃದುವಾದ ಮನಸ್ಸು, ಮನುಷ್ಯ ಆಷ್ಟೆ ಚುರುಕಾಗಿದ್ದಾರಂತೆ.

ಮಂಗಳಾ: ಮತ್ತೆ ಸುಕನ್ಯಾ, ಪ್ರೇಮದಾಸ್ ಮತ್ತು ಸುಧಾಮಣಿ ಇವರು ಹೇಗೆ?

ಜಗದೀಶ್: ಏನ್ರೇ ಆದು ಸುಕನ್ಯಾ, ಪ್ರೇಮದಾಸ್ ಮತ್ತು ಸುಧಾಮಣಿ ಅಂತಾ ಇದ್ದಿರಾ ಯಾಕೆ?

ಮಂಜುಳಾ: ನನಗೆ ಗೊತ್ತೇನೂ CHC ಬೆಂಗಳೂರು ಆಫೀಸ್ ಬಗ್ಗೆ.

ಜಗದೀಶ್: ನನಗಾ?..... ನನಗಾ?..... ನನಗ್ಯಾಕೆ ಇಲ್ಲಿ ಬೇರದಲ್ಲಿ CHC ಅಂದರೇ ಏನು? ಅದು ಎಲ್ಲಿದೆ? ಏನು ಕೆಲಸ ಮಾಡುತ್ತಾ ಇದೆ ಅಂತ. ಏನೀಗ..... ಯಾವುದರ ಬಗ್ಗೆ ಕೇಳುತೀಯಾ ಕೇಳು. ಪಟ ಪಟ ಉತ್ತರ ಕೊಡತೀನಿ.

ಮಂಗಳಾ: ಹೇಳು ಮತ್ತೆ CHC ಬಗ್ಗೆ

ಜಗದೀಶ: ಸರಿ ನೀವು ಹೇಳುತಿದ್ದಿರಲ್ಲಾ ಸುಕನ್ಯಾ. ಪ್ರೇಮದಾಸ ಸುಧಾಮಣಿ ಅಂತ, ಅವರ ಬಗ್ಗೆನೆ ಹೇಳತೀನಿ ಕೇಳಿ. ಸುಕನ್ಯಾ ಅವರು ಒಬ್ಬ ಡಾಕ್ಟರ್ ಆದರೇ ಅವರು ಯಾವತ್ತು ಯಾರೊಂದಿಗೆ ಡಾಕ್ಟರ್ ಅನ್ನುವಂತೆ ನಡೆಸಲ್ಲ ಮತ್ತು ಹೇಳಲ್ಲ. ಯಾಕೆಂದರೇ ಅವರಿಗೆ ಡಾಕ್ಟರ್ ಅಂತ ತಕ್ಷಣ ಜನರ ಮನಸಲ್ಲಿ ಏನು ಬರುತ್ತೆ ಅಂತ ಅವರು ಯೋಚಿಸುತ್ತಾರೆ. ಏನೆಂದರೆ ಅವರು ದೊಡ್ಡವರು. ಅವರಿಗೆ ಅಲ್ಲಿ ಕುರಿಸಬೇಕು, ಜಾಸ್ತಿ ಮಾತಾಡಬಾರದು ಅದಕ್ಕೆ. ಸುಕನ್ಯಾ ಅವರ ಮನಸ್ಸು ಮಗುವಿನ ಮನಸ್ಸು ಇದ್ದಹಾಗೆ.

ಇನ್ನೂ ಪ್ರೇಮದಾಸ್ ಇವರ ಹೆಸರು ಕೇಳುವಾಗಲೇ ಅನ್ನಿಸಬೇಕು, ಅವರು ಎಲ್ಲರಿಗೆ ತುಂಬಾ ಪ್ರೀತಿಯಿಂದ ನೋಡುತಾರೆ. ಅವರೊಡನೆ ಮಾತನಾಡಿದರೆ ಸಾಕು ಆ ಮನುಷ್ಯ ನಗದೆ ಹಿಂತಿರುಗಲಾರ. ಅಂದರೆ ಎಲ್ಲರಿಗೆ ನಗಿಸುವ ತಾನು ನಗುತ್ತಾ ಇರುವಂತವರು. ಇನ್ನೂ ..... ಸುಧಾಮಣಿ ಇವರು ಸೈಲೆಂಟ್. ಇವರು ಯಾವಾಗಲೂ ತುಂಬಾ ಯೋಚನೆ ಮಾಡುವಂತವರು ಇವರು ಊರು ಕೇರಳ ಆದರೇ ಕನ್ನಡ ತುಂಬಾ ಚೆನ್ನಾಗಿ ಕಲಿತಿದ್ದಾರೆ.

ಇನ್ನೂ ಮಷ್ಟ. ಮರಿಯಾ, ಜೇಮ್ಸ್, ವಿಕ್ಟರ್, ಹರಿ, ಆಮರ್, ಮಹದೇವಸ್ವಾಮಿ, ಜೋಸೆಫ್, ಕಮಲಮ್ಮ, ಮ್ಯಾಥ್ಯೂ ಇವರೆಲ್ಲರು ದೇವರೇ..... CHC ಗೆ ಹೋದರೆ ವಾಪಸ್ಸು ಬರಲಿಕ್ಕೆ ಮನಸ್ಸು ಬರುವುದಿಲ್ಲ. ಅಷ್ಟೊಂದು ನಗಿಸುವುದು, ಮಾತಾನಾಡಿಸುವುದು, ಯಾವುದರ ಬಗ್ಗೆ ಕೇಳಿದರೆ ಹೇಳಿ ಕೊಡುವುದು. ಹೋದವರಿಗೆಲ್ಲ ತುಂಬಾ ಪ್ರೀತಿಯಿಂದ ನೋಡಿಕೊಳ್ಳುತ್ತಾರೆ. ನಿಜವಾಗಿಯು ಅಲ್ಲಿ ಇರುವಂತವರು ಪುಣ್ಯಮಾಡಿದ್ದಾರೆ. ಇನ್ನೊಂದು ವಿಷಯ ಗೊತ್ತಾ. ಅಲ್ಲಿ ಇರುವವರು ಎಲ್ಲರು ಸ್ನೇಹಿತರಾಗಿ ಇದ್ದಾರೆ. ಎಲ್ರೂ ಒಂದೇ ಎಂಬ ಭಾವನೆಯಲ್ಲಿ ಎಲ್ಲರು ತುಂಬ ಸಂತೋಷವಾಗಿದ್ದಾರೆ.

ಮಂಜುಳಾ: ಬೇರೆ ಏನೆಲ್ಲ ಇದೆ ಕಣ್ರೋ.

ಮಂಗಳಾ: CHC ಮುಂದುಗಡೆ ಬೇರೆ ಬೇರೆ ತರಹದ ಆಯುರ್ವೇದ ಗಿಡಗಳನ್ನು ನೆಟ್ಟಿದ್ದಾರೆ. ಯಾಕೆಂದರೆ ಅಲ್ಲಿರುವಂತಹ ವೈದ್ಯರು ಬರೀ ಇಂಗ್ಲೀಷ್ ಔಷಧಿಗಳನ್ನು ಉಪಯೋಗಿಸುವುದಿಲ್ಲ. ಅವರಿಗೆ ಆಯುರ್ವೇದದಲ್ಲಿಯು ನಂಬಿಕೆ ಇದೆ. ಅದನ್ನು ಉಪಯೋಗಿಸುತ್ತಾರೆ.

ಮಂಜುಳಾ: ಹೌದು. ಅಲ್ಲಿ ಎಲ್ಲರಿಗೆ ಹಾಡುಗಳೆಂದರೆ ತುಂಬಾ ಪ್ರಾಣ. ಎಲ್ಲರು ಸೇರಿ ಹಾಡುಗಳು ರಚಿಸಿದ್ದಾರೆ. ಯಾವಾಗಲೂ ಹಾಡುತ್ತಾ ಇರತಾರೆ. ಮತ್ತು ಸಿ.ಡಿ.ಗಳು ನೋಡಿದರೇ ಅವುಗಳಲ್ಲಿ ಎಷ್ಟು ಆರ್ಥಪೂರ್ಣವಾಗಿರುತ್ತವಂತೆ ಮತ್ತು ಆಫೀಸಿನಲ್ಲಿ ಗೋಡೆಗಳಿಗೆ ಹಾಕಿರುವಂತಹ ಪೋಸ್ಟರ್‌ಗಳು ಕೂಡ ಅವು ಬರೀ ಆರೋಗ್ಯಕ್ಕೆ ಅಷ್ಟೆ ಸಂಬಂಧ ಪಟ್ಟಿಲ್ಲ. ಲಿಂಗತ್ವಕ್ಕೆ, ಜಾತಿಗೆ, ಜಾಗತೀಕರಣ. ಮಾಲಿನ್ಯದ ಬಗ್ಗೆ ಇವೆ. ಯಾಕೆಂದರೆ ಇವೆಲ್ಲವು ಕೂಡ ಆರೋಗ್ಯಕ್ಕೆ ಹೊಂದಿಕೊಂಡಿವೆ ಎಂದು ಎಲ್ಲರಿಗೆ ಮನವರಿಕೆ ಮಾಡಬೇಕು ಅನ್ನುವುದು ಅವರ ಆಸೆ.

ಮಂಗಳಾ: ಅಷ್ಟೆ ಅಲ್ಲ, ಜನಾರೋಗ್ಯ ಆಂದೋಲನ ಅನ್ನುವಂತ ಒಂದು ವೇದಿಕೆ ಇದೆ. ಅದರಲ್ಲಿ ಎಲ್ಲರು ಸಕ್ರಿಯವಾಗಿ ತಮ್ಮನ್ನ ತೊಡಗಿಸಿಕೊಂಡಿರುತ್ತಾರೆ. ಈ ಜನಾರೋಗ್ಯ ಆಂದೊಲನ ಕರ್ನಾಟಕದಲ್ಲಿ ಹಲವಾರು ಜಿಲ್ಲೆಗಳಲ್ಲಿ ಕೆಲಸ ಮಾಡತಾ ಇದೆ. ಹಾಗೆಯೇ ರಾಷ್ಟ್ರಮಟ್ಟದಲ್ಲಿ People's Health Movement ಎಂದು ಕರೆಯುತ್ತಾರೆ.

ಜಗದೀಶ: ಹಾಗೇಯೇ ಲೈಬ್ರರಿ. ಇಲ್ಲಿ ಪ್ರತಿಯೊಂದು ವಿಷಯದ ಬಗ್ಗೆ ಕೂಡ ಪುಸ್ತಕಗಳು ಸಿಗುತ್ತವೆ. ಇಲ್ಲಿ ಮಹದೇವಸ್ವಾಮಿ ಇವರು ಎಲ್ಲರನ್ನೂ ತುಂಬಾ ತಾಳ್ಮೆಯಿಂದ ನೋಡಿಕೊಳ್ಳುತ್ತಾರೆ.

ಮಂಗಳಾ: ನೋಡು ನಾವು ಹೀಗೆ ಕುತ್ಕೊಂಡು ಮಾತಾಡಿದ್ದಕ್ಕೆ ನನಗೊಂದು ಮುತ್ತು ಸಿಕ್ಕಿದ ಹಾಗೆ ಆಯಿತು.

ಮಂಜುಳಾ: ನಿಜ ಕಣೆ ಇಂತಹ ವಿಷಯಗಳು ತಿಳಿದುಕೊಂಡು ನಾವು ಅರಿತುಕೊಳ್ಳಬೇಕು ಆಗಲೇ ಒಬ್ಬರಿಂದ ಇನ್ನೊಬ್ಬರಿಗೆ ವಿಷಯಗಳು ತಲುಪುವುದು. ಹೀಗೆ ತಿಳಿದಾಗಲೇ ಆರೋಗ್ಯದಲ್ಲಿ ನಾವು ಸುಧಾರಣೆಯನ್ನು ಕಾಣೋದು ಏಂದಿತ.

ಜಗದೀಶ: ಸುಧಾರಣೆ ಕಾಣೋದು ಏಂದಿತ ಅನ್ನುವಾಗ ನೆನಪಾಯಿತು. CHC ಯಲ್ಲಿ ವರ್ಷಕ್ಕೆ CHLP ಅಂತ ಕಾರ್ಯಕ್ರಮ ಮಾಡತಾರೆ ಅದು ಒಂದು ರೀತಿಯಲ್ಲಿ ಕಲಿಯಲಿಕ್ಕೆ ಒಳ್ಳೆಯ ಅವಕಾಶ. ಅದು ತರಬೇತಿ ಅಂತನೂ ಹೇಳಬಹುದು. 6 ತಿಂಗಳು ಅಥವಾ 9 ತಿಂಗಳಿಗೆ ಈ ತರಬೇತಿ ಇರುತ್ತದೆ. ಆದರಲ್ಲಿ ಆರೋಗ್ಯದ ಬಗ್ಗೆ ಕಲಿಯಲಿಕ್ಕೆ ಮತ್ತು ಕೆಲಸಮಾಡಲಿಕ್ಕೆ ಆಸಕ್ತಿ ಇರುವವರು ಇಂತಹ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ಪಾಲ್ಗೊಳ್ಳಬಹುದು. ಇದಕ್ಕೆ ಡಿಗ್ರಿ ಆಗಿರಬೇಕಂತೆ ನಂತರ ಆರೋಗ್ಯದ ಬಗ್ಗೆ ಕೆಲಸ ಮಾಡಿ ಅನುಭವ ಇರುವವರು ಇರಬಹುದು. ಆಸಕ್ತಿ ಇರುವವರು ಇರಬಹುದು, ಇದಕ್ಕೆ ಪ್ರಯತ್ನಿಸಲು ಬಹುದು.

ಮಂಗಳಾ: ನಿಜ ಹಾಗಾದರೆ ನನ್ನ ಒಬ್ಬ ಸ್ನೇಹಿತೆ ವರ್ಷಾ ಅಂತ. ಅವಳು CHC ಯಲ್ಲಿಯೇ CHLP ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ಪಾಲ್ಗೊಂಡಿದ್ದಾಳೆ.

(ಮಂಗಳಾ, ಜಗದೀಶ, ಮಂಜುಳಾ): ಹಾಗಾದರೆ ಉಳಿದ ಮಾಹಿತಿ ವರ್ಷಾಗೆ ಕೇಳೋಣ ಬನ್ನಿ.

Savitri

Community Health Cell
A functional unit of the
Society for Community Health Awareness, Research and Action
No.359 (Old No.367), 1st Main, 1st Block, Koramangala, Bangalore - 560 034
Ph : +9180 25531518 / 25525372 / 41101483
E-mail : chc@sochara.org | Web : www.sochara.org

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