

Society for Community Health Awareness Research and Action

Annual Report 1994-1995

256, 5th main, I block Koramangala
Bangalore

1. Introduction

This Annual Report of the Society for Community Health Awareness, Research and Action covers the period April 1994 to March 1995.

The Society was registered under the Karnataka Societies Registration Act on 16th April 1991. The Community Health Cell (CHC) is the functional unit of the Society.

CHC works in the area of Community Health, through peoples groups, voluntary agencies and the Government, aiming at

- creating awareness;
- promoting community health action;
- evolving educational strategies;
- undertaking research;
- dialoguing with planners; and
- developing documentation / library in Community Health including development.

CHC functions as a resource group promoting and facilitating community health in the context of

- the poor and marginalized;
- women, children, aged and disabled;
- local resource mobilization and utilization; and
- highlighting, understanding and tackling health problems associated with development.

2. Organisation and staff

CHC is governed by an Executive Committee of the Society, whose members take an active part in its function beyond the regular meetings mandated. Two new members, Dr.H.Sudarshan and Dr.V.Benjamin joined the Executive Committee in places of Dr.Mohan Isaac and Dr.M.J.Thomas who withdrew due to other personal commitments. Dr.S.V.Rama Rao shifted from an Honorary Member status to a member of the General Body, which added Dr.M.K.Vasundara, Dr.D.K.Srinivasa and Dr.Vatsala Nagarajan. Dr.Padmasini Asuri joined as an Honorary Member.

Members who have joined the CHC team staff include

- Kum. Reena K.Nair (Documentation Assistant), July, 1994;

- Kum. Anjana Srinivas (Training Assistant), July, 1994;
- Sri. V.J. Jaimon (Research Assistant), September, 1994;
- Kum. Jayachitra Narayan (Secretarial & Computer Assistant), December, 1994;
- Dr. A.R. Sreedhara (Research Officer), January, 1995.

Secretarial Assistants Sri H.N. Viswanathan and Sri R.Murali left to improve their qualifications.

3. Activities

CHC's activities for the year are recorded in line with the aims and objectives listed earlier.

a) CREATING AWARENESS IN COMMUNITY HEALTH

- i. The CHC initiated Community Health Forum met thrice on the issue of 'Health of the Elderly' and brought together agencies in Bangalore working on this issue. The organisations were primarily catering to immediate and medical needs of the aged.

A study is planned by CHC for the next year to be able to identify needs of the aged in a wider context.

A meeting on 'plague', following the Surat outbreak and nation-wide panic. Pamphlets on this issue were prepared and distributed along with SAMVADA and CIVIC.

An informative letter highlighting the Health and Development needs for Karnataka was prepared and circulated to all contestants to the Legislative Assembly of Karnataka prior to the elections. This was to enable them to include Health as a matter of concern in their agenda.

ii. ON RATIONAL USE OF MEDICINE

- along with DAF-K on Olle Hanson's day – May, 1994, where a poster and video exhibition with a seminar for public education.
- with CREAT, a consumer organisation on 'Rational Use of Drugs' and 'Drug Policy and Consumer' on two separate occasions.
- at the Consumex 1994 fair on Rational Drugs.

iii. ON CHILD HEALTH AND THE FAMILY

- at the Bangalore Children's Hospital exhibition on "Child Rights and Rational Use of Drugs".
- For participants at the Workshops organized by NIPCCD, for ICDS functionaries, voluntary agency functionaries and Media personnel on three separate occasions.
- Facilitated a broadcast on AIR on 'Children and Nutrition' in Kannada.

- At a debate for school children on AIDS, organized by INSA, as part of their AIDS awareness campaign.

iv. ON ALTERNATIVE SYSTEMS OF MEDICINE AND HEALTH CARE

- at the Indian Institute of World Culture organized by Navadarshanam for its associates.
- At E.C.C during a National Seminar on “Alternatives and Sustainable Development”.
- At the South India Regional Conferences organized by Karnataka Welfare Association for the Blind on “Disability and Alternative Medicine” exploring the challenges to the disabled for development.

b) PROMOTING COMMUNITY HEALTH

CHC as a catalyst continues its training, monitoring and advisory activities with urban and rural voluntary organisations as before.

- The Carmelite Missionaries working at J.P.Nagar slum have been facilitated in Community Organisation, small savings and health awareness. The Community Organisation efforts have extended into schooling, adult non-formal education, housing, civic awareness and housing areas.
- The networking of Street Organisations led to “Communications” workshops, inputs into psycho-social problems over 5 sessions and how to handle them. This is leading to continued networking for training and action for health.
- At MANUSH-Chintamani, the Traditional Birth Attendants and Balwadi workers (numbering 30) trained were monitored in the field area and helped in documentation of their work.
- At RORES-Srinivasapura, the community organizers (numbering 26) have initiated Community Health programmes in areas of Nutrition, Immunisation, Herbal Medicine and against social evils like alcoholism and dowry. A unique experiment in enabling about 100 women across 30 billages to take care of their gynaecological problems with local resources has been initiated. The health survey was completed for 30 villages, and its findings utilized for devising suitable programmes for the next two years.
- The staff of Action Aid – Karnataka Project, Jagalur, have been initiated into exploring local resources for their health problems, especially, herbal medicine, acupressure and non-drug therapies.
- At JANODAYA-Raichur, orientation was directed to Community Health tackling the specific problem of Tuberculosis rampant in that area. A follow-up five months later revealed an effective co-ordination between Government and Voluntary Agencies having been achieved.
- A request from ORBIT (Organisation for Bidar Integral Transformation) at Bhalki, Bidar District, led to a training programme of 5 days for 26 workers

from the grass-roots to managerial level, to help initiate Community Health planned for the next one year. Feedback reports have been encouraging.

c) EVOLVING EDUCATIONAL STRATEGIES

CHC's technical resource was involved in training inputs for groups trained by the Government and Voluntary Agencies and specific strategies evolved for each, depending on need and focus.

These agencies include: INSA-India, XIME, SJMC, NIPCCD, KIMS, Good-Shepherd Convent, Jyothi Sadan Scholastics, Sacred Heart Teacher's Training College, THREAD-Orissa, and CHAI.

(for details, refer to CHC Newsletter (December, 1994). The requests were more and on a wider range of issues.

d) UNDERTAKING RESEARCH

CHC has been helping other voluntary agencies and individuals in their research efforts in addition to some CHC initiatives. They include:

- a contribution to VHAK's study on "State of Karnataka's Health" on Health Systems and Services and Health Human Power training;
- a survey of parental attitudes and awareness about children's needs at the Bangalore Childrens Hospital mela;
- a study-evaluation of the School Health Programme of Deena Seva Sangha, Bangalore; and
- helping in the INSA evaluation of its trainees in the area of Community Health and in their AIDS programme

Dr. Thelma Narayan of CHC is pursuing the Doctoral programme at London School of Hygiene and Tropical Medicine-London

As part of the sabbatical, Drs. Ravi and Thelma Narayan are consolidating a decade of CHC's understanding of Community Health in two monographs, namely

- i. Community Health: Search for an Alternative; and
- ii. Community Health Training: Laying a New Foundation.

e) DIALOGUING WITH PLANNERS

Apart from dialoguing with National organisations like VHAI, CHAI, CMAI and MFC, CHC personnel are on the Executive Committees of various voluntary agencies and involved in their planning processes. They include: INSA, DAF-K, FEB, HAFA and Shanta Jyothi. Inputs into seminars and meetings related to planning have been with both governmental and Non-governmental organisations. Apart from these, CHC has helped in planning at the individual level, for students, project co-ordinators and Community Health enthusiasts.

f) LIBRARY AND DOCUMENTATION

The CHC Library has expanded its collection of Voluntary agency Journals and publications, to over 3,000 books, 30 regular journals, 54 Newsletters and slide sets, video and audio cassettes and CED Docpost. The poster collection has expanded and is being updated during CHC activities. The screen printing and cyclostyling units have been active in generating both CHC and other volag materials.

Four different packages for computerization have been explored, and a custom-made package to suit CHC requirements is being made with the help of two computer students as part of their project work.

Bibliographics on AIDS, Medical Education, and to meet the specific needs of voluntary agency Journals are continuing.

The Library and Documentation unit has been inspected by the Raja Ram Mohan Roy Library Foundation and approved for support in the future.

g) STAFF DEVELOPMENT

CHC personnel have attended courses / workshops on NGO finance management, screen-printing, suicide proneness, computer-usage, creative conflict resolution, street children, women's health, Community Health planning, and bio-testing / therapy during the year.

Apart from these, an internal process of team building has been initiated for CHC staff with measures like

- Quality Circles;
- Staff Transformation Workshops;
- Work-pool meetings; and

Regular Staff Meetings to share work experiences, The utility of these team-building measures is being studied for modification to suit voluntary agency requirements.

Two members of the CHC team Drs. Ravi and Thelma Narayan are on a sabbatical on research, consultancy and doctoral study commitments.

h) STAFF WELFARE

As Public Provident Fund provisions continue, Gratuity and Staff Welfare Funds have been initiated this year. The Salary Policy has been reviewed and modified by a Finance Committee appointed by the Executive Committee for the purpose.

CONCLUSION

CHC completes its fourth year after registration as a Society, evolving mechanisms to build its own team as it responds to increasing demands on its expertise over wider range of Community Health issues. A phase of consolidation has brought confidence to CHC in its capabilities in handling emerging Community Health issues.

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