

Annual Report of the Community Health Cell(CHC),
functional unit of the Society for Community Health Awareness,
Research and Action (SOCHARA)

April 1999 – March 2000

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1. Introduction

The Society for Community Health Awareness, Research and Action, had a very busy and significant ninth year (since registration in April 1991). It is the sixteenth year since the initiation of the CHC as a Study Reflection Action experiment in Community Health in 1984. The review findings of 1998 were taken further forward through a series of initiatives and evolving processes. By the end of the year, CHC was well on its way to becoming a community health and public health policy research and advocacy group in India, deeply *committed to improve health and access to health care, of the poor and marginalised*. It carries this agenda forward in all its dialogue, interaction, and participation with government and non-government initiatives in the country and abroad.

The year was marked by four significant changes:

- a. *A growth in the core team, with some changes, and a evolving concept of an extended team.*
- b. *An identification of core thrust areas.*
- c. *More mainstreaming, with a wide range of initiatives from the grassroots to the district, state and national level, all the way to South Asian and International levels.*
- d. *A strategic opportunity to be part of a Health Task Force set up by the Government of Karnataka to improve primary health care and public health in Karnataka with a focus on equity and quality.*

2. The CHC team

- i. Dr. C.M. Francis (CMF), Dr. V. Benjamin (VB), Dr. Thelma Narayan (TN) Dr. Ravi Narayan (RN), Dr. A.R. Sreedhara (ARS), Dr. Deep Philip Joseph (DPJ), Dr. Rajan Patil (RRP) and Mr. S.D. Rajendran (SDR) continued from the previous year. SDR was confirmed as Information (Documentation) Cum Training Assistant. The office team under the leadership of Mr. M. Kumar (MK), and including Mr. V. N. Nagaraja Rao (VNNR), Ms. Aparna Chintamani (AMC), Mr. S. John (SJ), Mr. H.R. Mahadevaswamy (HRM), Mr. C. James (CJ) and Mr. Joseph Anthoniappa (JA) also continued into the year.
- ii. Six new team members joined the CHC team during the year. Dr. Roopa Devadasan (RD) as a part-time training associate, Dr. Rakhil Gaitonde (RG) on a short-term assistantship prior to his postgraduation, Mr. A. Prahalad (AP) as Training cum Research Assistant, Mrs. Rita Lobo (RL) to the office section, bringing in many years of experience, Dr. James Parayil Joseph (JPJ) as Training Associate, also working in HIV/AIDS. Ms. M.R. Shyla (MRS) joined as a short term project assistant for the Women's Health Training Programme in May 1999.
- iii. Dr. Ravi L. Kapur (RLK) joined as a Consultant in October 1999 to promote the Community Mental Health and Psychosocial aspects of CHC's work.
- iv. Some of our Associates and society members represented CHC more actively in various initiatives. Dr. H. Sudarshan (HS) represented CHC at an International Consultation on *Inter-religious Dialogue on Bioethics* in Tübingen, Germany; Dr. Mohan Isaac (MI) represented CHC in a WHO sponsored study group meeting in Israel on *Long Term Home Based Care*; Dr. Sunil Kaul (SK) and Dr. Rajaratnam Abel (RA) represented CHC in policy guideline workshops on *Roll Back Malaria in WHO SEARO* in PGI Chandigarh and NMEP, Delhi apart from actively working on Guidelines for *Community Mobilization and Advocacy* along with Dr. RN of CHC. Dr. MI and

Dr. Mani Kalliath joined the CHC facilitating team for the *South Asian Dialogue on Poverty and Health* in Bangalore in November 1999. Dr. Pankaj Mehta (PM) and Dr. SK represented CHC in a *policy dialogue organised by Madhya Pradesh Government* in May 1999. Dr. Paresh Kumar (PK) facilitated a *Civic Planning Workshop on Malaria* in Mangalore. Such active involvement of our associates was a new feature of the year. There is an emerging concept of an extended team with Dr. ARS continuing links in various ways even after he discontinued full time involvement from mid September, 1999.

- v. Three of our younger team members left for postgraduate studies – all of them in areas of Community Health. We look forward to their return to strengthen the work of CHC. Dr. RRP who is on study leave, began his Masters Course in Epidemiology at CMC Vellore. Dr. DPJ began his Masters in Tropical Medicine and Public Health in Australia in Feb 2000. Dr. RG began his M.D. in Community Medicine at CMC Vellore in March 2000.
- vi. There have been some other changes as well. SJ, RD, MRS, VNNR, AMC, discontinued the link with CHC during the year for alternative options.

3. Task Force on Health and Family Welfare (Government of Karnataka)

- i. The participation of two members of the CHC team – Drs. CMF and TN -- and the involvement of CHC as a supportive public health and policy research group in the Task Force on Health and Family Welfare, set up by the Government of Karnataka in December 1999, was the highlight of the CHC activities during the year. Dr. H. Sudarshan, also a SOCHARA member, was appointed the Chairperson of the Task Force and this was an strategic linkage and opportunity. CHC was also one of the resource groups to make presentations at the Task Force hearings.
- ii. The terms of reference was to propose to the government various policy measures to be adopted, to improve the public health and primary health care system in the State, to recommend changes in the education of health professionals, covering both clinical and public health areas and to strengthen the management and administration of the public health system.
- iii. Dr. CMF was in the sub-committees on the following areas :
 - Health systems and services in rural and urban areas;
 - Emergency healthcare, Panchayat Raj and health care;
 - Human resource development and Medical Education;
 - Non communicable diseases; Dental Health; Mental Health;
 - Nutrition; Law & Ethics.
- iv. Dr. TN was on the sub-committees on the following areas :
 - Health Policy; Intersectoral coordination;
 - Externally aided projects;
 - Women's Health
- v. CHC team member's presence strengthened the process dimension of the Task Force deliberations which were participatory and interactive. A very wide range of

representatives from NGOs, civic society, people's movement, trade unions, community organizations and women's groups were invited for the hearings.

- vi. Among CHC Society members who attended meetings or sent comments and suggestions were Dr. Mohan Issac; Dr. Ravi Narayan; Dr. Pankaj Mehta, Dr. R.L. Kapur, Prof. S.V. Rama Rao;
- vii. The interim report was presented to the Govt. of Karnataka in April 2000 and was entitled : *Towards Equity with Quality in Health : Focus on Primary Health Care and Public Health*. It has been widely circulated for comment and in a spirit of transparency and accountability it has been put on the Internet and is now being discussed with various groups of stake holders within the health care system.
- viii. The Task Force process continues into the year till the final report is presented in Nov. – Dec. 2000 and the involvement of CHC will continue.
- ix. Already as a complementary process Drs. CMF and TN are being requested to attend a host of Government health policy meetings by different departments and programme officers.
- x. CHC also initiated a policy dialogue in Bangalore on the Draft Health Policy that was circulated for debate/comment by the Ministry of Health and Family Welfare, Government of India. A very interactive multidisciplinary meeting was organised at the Task Force office with CHC society members and associates and resource persons representing different disciplines and sectors. The feedback and suggestions have now been sent to MOHFW/GOI for consideration in the new National Health Policy.

The Task Force involvement has been a very intense experience for CHC, but considering the strategic opportunity to seriously address and contribute to State Health Policy – it has been one of the most significant initiatives in the last 15 years of CHC's history – adding greatly to our experience. It was felt that this progressive initiative taken by the political leadership and the government should be supported.

4. Core Thrust Areas

A meeting in June 1999 helped in the evolution of the vision and mission of CHC as an ongoing process. Five thrust areas were identified as CHC's core agenda for the year, apart from the continuing main agenda of promoting a paradigm shift in Community Health through catalyst support and through a proactive information and advisory service.

A. Social and Community Orientation of Health Human Power Education

The thrust during this year was on Medical Ethics in Medical Education.

- i. Dr. CMF, Dr. TN and Dr. RN were Resource persons at the workshop organised by Rajiv Gandhi University of Health Sciences on *Medical Ethics in Medical Education*. Deans / Principals and senior clinicians from 17 colleges under the jurisdiction of the university met to consider how to operationalise the Medical Ethics course which now had been made part of the MBBS curriculum of the University. The CHC team also helped with bringing out the proceedings of the workshop, which is now a University Publication.

- ii. A submission by CHC and Drug Action Forum Karnataka, helped in the introduction of a wide range of issues and concerns related to *Rational Drug Therapy into the Pharmacology course* in the MBBS curriculum.
- iii. Dr. TN took a session on Medical Ethics at Ambedkar Medical College for The Academic Council.
- iv. Dr. CMF and Dr. RN took an Interns orientation session for over 100 Interns from the Bangalore Medical College on *Rational Drug Therapy; Medical Ethics; Consumer Protection Act and Rational Career Choice*.
- v. Dr. CMF and Dr. RN have been interacting with ICMR on the evolving *Ethical Guidelines for Research on Human Subjects*, a draft of which had been produced by a committee under the chairmanship of Justice Venkatachalaiah of the National Human Rights Commission.
- vi. Dr. TN has been participating in a collective process initiated and coordinated by CEHAT, Mumbai at the National level to evolve *guidelines for Social Sciences Research in Health*.
- vii. Dr. RN presented a keynote address entitled "*Rethinking Teaching of Physiology : The Challenge Ahead*" at a workshop on Humanising Experiments in Physiology, organised by the Department of Physiology, St. Johns Medical College, for faculty of Physiology departments of all colleges under the jurisdiction of the Rajiv Gandhi University of Health Sciences, Karnataka.
- viii. A report entitled "*Does Karnataka State need more Medical Colleges*" was prepared by CHC, and distributed widely for public action to counter the commercialization and unregulated expansion of medical education in the State. We believe that among other things it led to the call for a moratorium on new medical colleges made by the Karnataka Task Force on Health in its interim report in March 2000. Lobbying is continuing.
- ix. Inputs on *Leadership and Team Building* for Principals of Arts, Science and Commerce colleges by Dr. C.M.F; an input by Drs. CMF and RD *on the Role of Management in the Social Sector* for first year students at IIM-Bangalore; and inputs by Drs. CMF and RN for the first *National Workshop on Teaching* for teaching staff of Homeopathic Medical Colleges in India in February 2000, saw a new thrust of CHC in taking the social orientation of Education into other sectors as well.

B. Public Health Policy Research, Advocacy and Action

This was another thrust area. The three areas focussed upon were priority public health problems – namely tuberculosis; malaria and vector borne diseases and tobacco. HIV/AIDS evolved as another focus area over the year.

I. Tuberculosis Control

- i. Dr. TN attended a Dissemination Workshop at The National TB Institute, organized by DFID to review and take forward key findings from their recent studies.
- ii. A paper written by Dr. TN entitled *A Violation of Citizens Rights : The health sector and tuberculosis*, was published in Issues in Medical Ethics in July - September 1999 and was widely circulated.

- iii. CHC organised a workshop on *Strengthening TB Care and Control* at Ashirvad in which 25 participants mostly NGO's from all over the country participated and evolved a common action plan on certain thrust areas.
- iv. The Imperial college publication *Tuberculosis - An Interdisciplinary Perspective* edited by John Porter and John Grange, includes a paper by Drs. TN & RN on *Educational Approaches In Tuberculosis Control : Building on the Social Paradigm*, which makes a plea for a paradigm shift from DOTS to COTS (Common Oriented Tuberculosis Service). The book was well received and a second reprint was made in 1999 itself.

2. Malaria Control

- i. CHC's supportive inputs to the initiative of the Mangalore City Civic initiative in malaria control (Mangalore Mahanagara Parisarasaktha Okkutta - Malaria Action Committee) continued. Drs. RN, PK, PM and RRP visited Mangalore in April 1999 to participate as resource persons in the workshop on *Towards an appropriate Malaria/Dengue Action Plan for Mangalore city*.
- ii. Dr. RN was invited as a South Asian resource person for the *Roll Back Malaria Global Partnership Meeting*, organised by WHO, Geneva in Harare, Zimbabwe in June 1999.
- iii. In December 1999, CHC organised a workshop to develop *Guidelines on Community Mobilization; Advocacy; Partnership with NGO's, Private Sector, Schools, Intersectoral linkages, and Research and Development* for The Roll Back Malaria Initiative in the WHO-SEARO region. Resource persons from all over the country attended the workshop.
- iv. In December 1999, Dr. SK and Dr. RA, CHC Associates, attended two other guideline writing workshops for the RBM initiative in the country, on behalf of CHC. These were workshops on *Strengthening District Health Systems* organised by The National Malaria Eradication Programme (NMEP) in Delhi and *Diagnosis, Treatment and Transmission Control at Community level* organised by PGIMER (Postgraduate Institute for Medical Education & Research), Chandigarh.
- v. In January 2000, Drs. RN, SK and RA attended the informal consultation for finalisation of the Technical Guidelines for RBM initiatives in the South East Asia region. The meeting was held at WHO-SEARO, New Delhi. Representatives from different countries in the region participated in adapting the guidelines to reflect the diversity of the region.
- vi. The CHC final set of guidelines on *Community Mobilization, Advocacy and related areas* mentioned earlier were so well appreciated, that we have been sent all the other guidelines by WHO-SEARO for final integration and animation -- a project that is now extending beyond this year.
- vii. Since Filariasis is also a neglected problem in the country and in the state, CHC and the Department of Community Health, St. Johns Medical College, Bangalore, co-hosted a one day consultation on *Control / Elimination of Filariasis in Karnataka : Role of partners, with special reference to NGO's*. A team from the Vector Control Research Centre, Pondicherry (Dr. P.K. Das, Director and Dr. S.P. Pani, Deputy Director) facilitated this workshop.
- viii. In May 1999 Dr. RRP attended a 5-day workshop in Delhi on Science Technology and Literacy (STL) jointly organised by UNESCO and Delhi

University. Due to his proactive initiative one of the modules for the STL initiative for schools in Delhi was designated as "Can we get rid of Malaria?" Dr. RRP then worked on a module for a community awareness and information gathering exercise for students of class IX. This has now been published in the STL manual along with other topics, and released for trial in schools in the country.

- ix. Dr. RRP has now taken up a study of Kalazar in Bihar as the subject of his M.Sc., Epidemiology thesis, in keeping with CHC's interest on vector borne diseases, which are reemerging as major public health problems in the country.

3. Tobacco Control

Tobacco related diseases constitute a major public health problem. Participation in the Tobacco Free Initiative has gradually emerged as an important concern and area of involvement for CHC. It began with a request from WHO – Geneva to CHC to be policy research group to support Anti-Tobacco activities in the region.

- i. CHC began by collecting background documentation and publications on the tobacco issue in the country, and also about ongoing anti tobacco campaigns and programmes. Contacts were established with professionals and NGOs already involved in the campaign.
- ii. Dr. DPJ made presentations on the harmful health and socio-economic effects of tobacco use in various fora, which included the INSA team, Taj Hotel staff, students of Karnataka Chitrakala Parishat and others.
- iii. Dr. TN attended a symposium on the *Role of NGO's in Development of the Framework Convention for Tobacco Control (FCTC)* hosted by the NGO Forum for Health and INGCAT. She presented a paper – *A Perspective on Tobacco Control from the Indian Sub Continent*.
- iv. Dr. TN also attended an International Conference organised by WHO on *Tobacco, Public Health and Law* in New Delhi in January 2000.
- v. SDR, Dr. DPJ, MRS, JA & Dr. TN participated in a walkathon and also undertook a pledge on World Anti-Tobacco Day (31st May 1999) as part of the Anti-tobacco Campaign jointly organized by the Curie Centre of Oncology of St. John's Medical College. Dr. TN spoke at a street meeting cum march organised by the Cancer Patients Aid Association (CPAA).
- vi. CHC organized a poster competition for the students of Karnataka Chitrakala Parishat. Over 100 students actively participated and we have now 104 posters that are being regularly used by us and other organizations in the Anti-tobacco campaign in Bangalore. The posters have also been converted into a slide set and a set of photographs for display. The prizes were sponsored by Taj Residency, Titan Watches and Karnataka State TB Association.
- vii. SDR wrote an article in Tamil on the Tobacco issue which was published in Dinamani – the Tamil newspaper of the Indian Express group. There was also a short program on Sun TV on the perils of smoking based on a write up sent by SDR.
- viii. Ms. Zebaysh Hirji, 2nd year student at the National Law School of India University, did a placement at CHC for a study of the Bidi industry in Karnataka and visited Mangalore and Vellore in this regard.

- ix. Dr. VB and SDR visited Trust for Rural Development, Kaval Karan Patti, 20 km from Trichy, to study informally the situation of bidi rollers working in that area.
- x. Dr. TN was a judge and spoke at a poster competition organised by Mr. Masilamani of SWAPLAP on National Anti-Tobacco Day.

4. HIV/AIDS Control and Prevention

While involvement in HIV/AIDS control and prevention had not been a special focus, but always part of the open ended catalyst support to NGO's in the past, this year saw the HIV/AIDS problem moving up much higher on the CHC's agenda - atleast partially due to Dr. DPJ's personal commitment to the problem.

- i. Dr. DPJ began a regular weekly visit to Snehadan an AIDS care centre run by St. Camillus Fathers, as a visiting doctor to support the care and counseling efforts of this committed team working under the able guidance of Br. Luka, a long term CHC associate.
- ii. Dr. DPJ also attended a weekly clinic at the National Institute of Mental Health and Neurosciences to learn and participate in the counseling of HIV/AIDS patients with Dr. Prabha Chandra.
- iii. Dr. DPJ also participated in meetings and training sessions organised by a variety of other agencies including INSA Bangalore; Bowring Hospital, Bangalore; Koramangala Christian Fellowship; CHAI - Karnataka; Asha Kiran, and others.
- iv. Dr. ARS along with INSA team conducted an awareness training session for teachers and students in a school on HIV/AIDS, using a more interactive, problem identifying and solving method of instruction.
- v. Dr. ARS evaluated INSA India's, HIV/AIDS preventive education programmes through their trainers in different parts of the country. He also participated in a HIVOS study group which studied the feasibility of funding to groups working for people with alternative sexual preferences.
- vi. Dr. DPJ also facilitated some articles in the press on the HIV/AIDS issue.

C. Women's Health

The multilevel Women's Health Empowerment Training programme which was a major project of CHC this year. It endorsed CHC's long standing interest and support to Women's Health and Empowerment, through the efforts of Drs. TN, SPT, ARS, and others in the past. A more detailed reflection on this project focussing on the learning experiences from the first two phases is given in Appendix.

The third and final phase of the State Level Training of Trainers was held at Bellary from 28th February to 1st March, 2000. There were 18 participants and 2 observers apart from the organising team. Emphasis was on Networking of groups and programmes and sustainability of these programmes.

Support to Women's Health issues continued in other ways as well :

- i. Dr. TN took sessions on Women's Health for medical sisters of St. Anne's congregation, Bangalore; spoke on Globalization and its effects on poor especially women at CHAI day Meeting of Bangalore Diocesan and Mysore Diocesan units; and the CHC team attended CHAIKA District Health action forum meeting on Women's Health.

- ii. MRS attended the VHAK (AGBM) on the theme Women and Health.
- iii. The CHC Women's Health team members visited and interacted with various NGO's involved in Women's Health programmes including Sakti, Bangalore; Belaku Trust, Kanakapura; projects in Bellary and Raichur district; Fedina Navachetana; Viveknagar slums; Peenya slums(Astha); AIKYA and others.

D. Poverty and Health

Evolving Indian / South Asian Perspectives on Poverty and Health : analysis and action

The exploration of the dynamics of Poverty and Health linkages has emerged this year as a major policy concern and involvement of CHC. The components of this involvement included

- i. **Poverty and Health Linkage resource material** : Drs. RN/TN/CMF and SDR and other associates helped to build up a significant documentation and collection of resource materials to enhance our understanding of the issue and facilitate our involvement in the problem.
- ii. In April 1999, Dr. RN attended a meeting at Dhaka, Bangladesh, co-hosted by the Bangladesh Institute of Development Studies and WHO-HSD on "*Meeting the Health Needs of the Poorest and most Vulnerable*". As a resource person he shared perspectives from the Indian experience and also visited Gonoshasthaya Kendra in Dhaka.
- iii. In August 1999 CHC was invited to discuss the World Bank case study on Health Sector Activities in India for the period 1979-99. A critique was evolved jointly by Drs. RN/CMF/TN/ND which was presented at a World Bank – Government of India dialogue in New Delhi and also widely circulated. The CHC team raised five key issues which included neglect of primary health care and public health and management; political economy; and ethics related issues.
- iv. CHC initiated an interactive participatory process from June to November 1999 with a carefully selected group of scholars, researchers, policy makers, administrators, NGO's in health and development, civic society, peoples movements and the private sector who were to be participants of a South Asian dialogue later in the year. Documents were shared; a pre-dialogue opinion survey conducted; and background papers selected and distributed.
- v. A South Asian Dialogue on Poverty and Health was organized at the National Institute of Advanced Studies, Bangalore from 15th to 18th November 1999, in partnership with the Advisory Group of the emerging International Poverty and Health Network. 55 participants from 6 countries in South Asia and 11 states in India attended the dialogue. In addition participants from 7 countries outside of Asia made it a significant South-South; South-North and North-North dialogue experience. The highlights of the dialogue included :
 - a. Community visits by the dialogue participants to six field projects. Jeevika (Bonded Child Labour); APSA (Slum Outreach and Street Children); Gram Rakshe (indigenous people); Association of People with Disabilities (Urban slum outreach); Mahila Vikas Project (Women's Development), Titan Watches (Corporate initiative in rural development).

- b. A Public Symposium on *Poverty and Health in South Asia* - was chaired by Dr. Devaki Jain. The panelists included Dr. Debabar Banerji - NHPP, Delhi (keynote), Drs. Zafrullah Chowdhury and Abul Barkat from Bangladesh, Dr. Myrtle Pereira (Srilanka), Dr. Yousuf Memon (Pakistan), Dr. John Martin (WHO-Geneva).
 - c. A 3 day dialogue which focussed on a wide variety of issues and themes including socioeconomic deprivation and illhealth; illhealth leading to poverty; Feminization of Poverty; Globalisation and Health; Poverty, Ecology and Health; Disaster, Poverty and Health; Strategies for Equity at local / community / national / regional / SAARC / WHO levels etc.
 - d. A collective statement of concern on the problem with a draft plan of action.
 - e. A proceeding and a larger publication have been evolving slowly due to the significant contribution and original papers made by such a large group.
- vi. In October 1999, CHC hosted a national level dialogue on the concept of a Global Health Watch, in partnership with the NGO Forum for Health, Geneva. This idea had emerged in various NGO & WHO policy dialogues, to which CHC had contributed at the conceptual level. Forty participants from different NGO's and states met to discuss all the issues raised by the 'Concept of GHW' and contributed to an Indian perspective. The participants included academics, health professionals, NGO's, researchers, activists, economists, lawyers, management experts and members of civic society. The focus was on Health Inequalities, Equity and Health of the Poor and Marginalised. The participants decided to continue such dialogues to explore the evolution of Health Watching and Equity Watching in India along with all those who were already involved in such initiatives.
 - vii. In January 2000 an Editorial on the theme of Poverty and Health was placed in a large number of international health and medical journals all over the world in which CHC was shown as the "South Pole" of an International Poverty and Health Network, the 'North-pole' being Health Links, UK. This has resulted in a lot of email dialogue with requests from all over the world on Poverty and Health issues.
 - viii. From December 1999 as a potential next step after the South Asian Dialogue on Poverty and Health, CHC has been actively involved with the Indian mobilization for the People's Health Assembly in Dhaka (December 2000). CHC is now in the National working group and the National Coordinating Committee that is organizing the National Jana Swasthya Sabha in Calcutta (Dec 2000) and the State level mobilization; the block level enquiries, the Kalajathas or folk health campaigns; and the production and distribution of health awareness building materials. While Drs. RN and RLK are contributing at the national level; the CHC team is supporting state level mobilization in Karnataka through AP as the key CHC person and in Tamilnadu through SDR. Five booklets have been produced at National level and CHC has contributed substantially to three of them, namely
 - a. Whatever happened to Primary Health Care
 - b. A World Where We Matter - which includes women's and children's health, and issues related to street children, people with disabilities and the uncared aged.
 - c. Commercialization of Health care, where we contributed the Medical Ethics section.

- ix. CHC team members (Dr. RN/SDR/AP/Dr. PK) have also actively participated in the evolution of a field study organised by the Public Affairs Centre (PAC), on "Access to Quality Health Care for Urban Poor in Bangalore" looking at corruption and other issues in IPP-VIII centers and Corporation Hospitals that affect access and equity. SDR/AP were field supervisors for the study, conducted by NGO activists in Bangalore.

5. Additional

Apart from the four thrusts described earlier, CHC has continued most of its ongoing activities, carried over from its past commitments and traditions.

i. *Community Health/Public Health Forum Meetings*

CHC has had a series of interactive meetings on a large variety of themes with both CHC resource persons, associates and contacts contributing greatly to their success. Some meetings were mainly for CHC team as self development. The meetings have included :

Exploration of Health and Healing (Dr. RG); Primary Health Care in Urban areas and Women's Health (Dr. Sara Bhattacharji); Homeopathy & Community Health (Dr. RRP); Value of Human life in Hinduism - Bioethical perspectives (Dr. H.S); Learning from PROSHIKA - Bangladesh (visiting Proshika team); three sessions by Dr. RLK on Psychosocial aspects of Health and Community Mental Health; Violence and Indian Youth; Critical Review of Mental Health Care in India; The ACCORD experience (Dr. RD); Long Term Care (Dr. MI) and other topics.

ii. *CHC training inputs into other courses*

CHC team members, as in the past were invited to make inputs on a variety of community health / public health topics in various ongoing training programmes and courses. These included courses at INSA (Dr. DPJ); ECC, Whitefield (Dr. CMF); IIM Bangalore, (Drs. CMF/RD/DPJ); Department of Community Health, St. John's Medical College (Drs. RN/TN); Ambedkar Medical College, Bangalore (Dr. TN); Bangalore Medical College (Drs. CMF/RN); French Students at Ashirvad, Bangalore (Dr. TN); CHAD - CMC Vellore (Dr. RD); Health workers of APD (Dr. RD); Karl Kuebel Foundation Course (Drs. CMF/SPT); Primary School Teachers of Maya (Dr. DPJ/SDR); St. Peters Seminary (Dr. RN); Richmond College of Psychosocial Rehabilitation (Drs. RN/TN); and so on.

iii. *Some of the CHC facilitated training programmes were also held*

- The Community Health course for Jyothisadan Scholastics as well as Kripalaya (Mysore) was held at Jyothisadan, Bangalore, in August and December 1999 respectively. Field visits were organised for both these courses and CHC team members accompanied the participants to various field programmes, run by other voluntary agencies, in and around Bangalore.
- The Teachers Training Course (TTC) module in Kannada on the theme *Promotion of Health and Prevention of Disability*, organized by CHC for the TTC course of Divine Light Society for the Blind, Whitefield every year, could not be held due to unavoidable reasons but Dr. ARS was an examiner for the TTC course this year.
- The Women's Health project described earlier was a major training effort at various levels and the first *Kannada Training Manual* prepared by CHC, which covers a very wide range of health issues, has been widely distributed and greatly appreciated.

- d. The inputs in Health Management courses for Government medical officers at the State Institute of Health and Family Welfare by Dr. CMF continued during the year.

iv. *Promoting Rational Drugs Use and Policy*

This year the CHC involvement in the Rational Drug Campaign was low key but significant in some other ways:

- a. The emerging Anti-tobacco campaign described earlier was an important focus shift.
- b. The introduction of Rational Drug use topics in the Pharmacology curriculum of Rajiv Gandhi University of Health Sciences was significant.
- c. Rational Drug use and the broader effects on drug manufacture and availability of globalization and impact of WTO/IPR and other international agreements were included in the IPHN Dialogue and have been included in the evolving agenda for the People's Health mobilization as well.
- d. Rational drug use was introduced as a theme in the Internship Orientation course for interns for Bangalore Medical College (Drs. RN / CMF).
- e. A campaign on issues related to Hepatitis Vaccination / vaccination camps was conducted through handouts, press meetings and email dialogue, in collaboration with DAF-K.
- f. CHC members participated as usual in some of the meetings of DAF-K to discuss Drug Pricing Policies of the Government of India; drug situation in India; the impacts of Patent Laws and other issues.
- g. Dr. VB participated in a seminar on Rational use of Drugs, conducted by State Pharmacy Council, Karnataka.

v. *CHC Support to other Organisations in Solidarity* : with their work, continued as before. This included :

- a. VHAK – MK as Treasurer
- b. INSA – Dr. VB, Dr. TN, PA as governing body members and Dr. ARS as evaluator of INSA AIDS programme
- c. CHAI – Dr. TN for Annual meeting on Globalisation; and Review of Comprehensive Plan; Dr. RN as facilitator of Trainers dialogue.
- d. CHAIKA – Resource persons for various meetings (Dr. TN, SDR)
- e. Snehadan and Jeevodaya – Dr. DPJ as visiting doctor on weekly basis
- f. DAF-K – as members of Advisory Committee
- g. FRCH, Pune – Dr. RN as Research Advisory Council Member
- h. Radical Journal of Health and Health Action – Dr. TN as editorial board member
- i. Jana Swasthya Sabha – People's Health Assembly, India – mobilization – CHC in National Coordination Committee and Dr. RN in National Working Group; SDR in Tamilnadu Working Group and AP in Karnataka Working Group.
- j. Government of Karnataka – Dr. CMF and Dr. TN on Task Force on Health
- k. Regional Occupational Health Centre – Dr. RN as member of Scientific Advisory Committee (NIOH-ICMR).

vi. *CHC's Staff Development Programme continued this year in three ways*

- a. There were a number of staff meetings and in house continuing education sessions on various programmes and issues. Particularly important was the session on Motivation and on Time Management by Dr. CMF; an interactive session on computer by

Mr. George Francis; a lecture demonstration on yoga by Shri H.S. Arun of Prashanth Yogashraya; the inputs by Dr. N. Devadasan on Orissa health sector observations; Dr. Ravi D'Souza on Orissa cyclone disaster - a first hand experience etc.

- b. Some CHC team members attended other short courses – ISI course on Indian Political Situation (SDR / Dr. DPJ); Training in Report Card Methodology by PAC (SDR).
- c. Three younger team members have now started formal postgraduate courses in Epidemiology, Community Medicine, Tropical Medicine and Public Health respectively (See 2 earlier).

vii. Information & Advisory Services

Finally the open-ended catalyst responses in supporting Community Health initiatives of non-governmental, governmental and civic society continue as before and some new creative areas of explorations in health were also facilitated. These are too many to list since they are a continuing feature of CHC's Information and Advisory Service but some interesting and significant ones are highlighted.

- a. A meeting of FRLHT to evolve methods of Appraisal of Herbal and Traditional Remedies (Dr. RG, ASM, Dr. PM attended)
- b. A workshop for Artists on 'Images of Wholeness and Healing' – Dr. ARS attended and Dr. RN made a presentation on *Paradigm shift in Health leading to images of a new holistic health process.*
- c. Participation in the signature campaign for Save Tippagondanahalli Reservoir, (CHC team); dharna by Human Rights organisation in solidarity with victims of Police Brutality (SDR); participation in a millennium reflection organised by NBA and AID (Dr. RG) at Domkhedi in the Narmada valley; walkathon for Anti Tobacco campaign (SDR, Dr. DPJ, MRS, JA, Dr. TN).
- d. Dr. TN attended a WHO Regional committee meeting in Dhaka Bangladesh on behalf of Memisa Medicus Mundi.
- e. Dr. DPJ attended a meeting organized by COMPAS – (Company and Supporting Indigenous Agricultural Systems) in Bangalore.
- f. Drs. VB / RD participated in an APD Training evaluation project for Action Health (UK).
- g. As part of her sabattical Dr. Sara Bhattacharji – Additional Professor of Community Health from CMC – Vellore spent a week with the CHC team discussing issues and facilitating small meetings.
- h. Dr. TN participated in the planning session for '*ASIAN HEALTH REPORT*' being facilitated by ACHAN.
- i. Dr. VB / SDR have been visiting various TN projects to support them in their work. These include POWER (Villipuram) and Trust for Rural Development (Kavalkaranpatti);
- j. Discussions and visit to Al-Aman Charitable Hospital near JC Road to assess potential for Community Health Action.
- k. Dr. TN and MRS attended Truth Commission for Women – A Public Enquiry into Harassment and Dowry death causes organised by Vimochana.
- l. Coordinating a South India field visit programme on Herbal Medicines and Community Health for a team of four doctors from PROSHIKA, Bangladesh.
- m. Attending monthly meeting of the Network of CBR organisation in Bangalore (Dr. CMF / Dr. DPJ / SDR)

6. CHC Publications and Resource Materials

As usual a large number of publications, reports and handouts have emerged from all the initiatives and / CHC involvement in events, campaigns and training programmes. The most significant one of the year were :

- i. The CHC – *Background note on Evolving Vision / Mission*
- ii. *The interim Report of the Karnataka Task Force in Health* (Drs. CMF / TN / RN)
- iii. The Women's Health Training Manual in Kannada (AP/MRS/Dr. TN/Dr. RD and associates Dr. S.V. Rama Rao / Dr. T. R. Raghunatha Rao / Ms. Shamantha)
- iv. *Special issue of Health Action* – November 1999 on the theme *Community Health : The quest for an alternative paradigm.* (Raj. G. et al. eds.)

7. CHC Information Centre (Library and Documentation)

a. We have taken 605 new books into library stock including purchased from book shops, donations from outside; books sent by post by some NGOs; some reports and publication collected by our Technical team during the last year. We have now 6350 books in our library. The New Subjects / subdivisions included in our Classification System include Globalisation; Health and Poverty; Geriatrics / Ageing and Dalit.

b. *Library facilities used by students and staff of*

- 1) Asian College of Journalism
- 2) IITM, Bangalore
- 3) Manipal Hospital, Bangalore
- 4) Catholic Health Association of India, Secunderabad
- 5) Dr. Ambedkar Medical College, Bangalore
- 6) National Law School of India University, Bangalore
- 7) Ferguson Company, Bangalore
- 8) Dr. Paresh Kumar, Mysore University
- 9) St. John's Medical College and Hospital, Department of Nursing and Community Health, Bangalore
- 10) Belaku Trust, Bangalore
- 11) Malaria Research Centre, Bangalore
- 13) Action Health, Bangalore
- 14) NMKRV College, Bangalore
- 15) CBR Forum, Bangalore
- 16) Vivekananda Foundation, Bangalore
- 17) VGKK, BR Hills
- 18) CREAT, Bangalore
- 19) VOICES, Bangalore
- 20) INSA/India, Bangalore
- 21) HIVOS, Bangalore
- 22) VIMUKTI, Bangalore
- 23) ActionAid, Bangalore
- 24) MANUSH, Chintamani
- 25) Mahila Samakhya – Karnataka, Bangalore
- 26) FOURWINDS, Bangalore
- 27) M.S. Ramaiah Medical College, Bangalore
- 28) Sevasadan, Bangalore
- 29) Janodaya, Bangalore
- 30) Ms. Shamantha, Journalist, Bangalore.

c. *Donations / Gratis were received from the following :*

- 1) The South Centre, Geneva
- 2) RUHSA Department, Vellore
- 3) South East Asia Regional Office (WHO), New Delhi
- 4) World Health Organization, Geneva
- 5) HIVOS, Bangalore
- 6) Ms. Padmasini Asuri, Bangalore
- 7) Dr. V. Benjamin, Bangalore
- 8) Dr. Kishore Murthy, Bangalore
- 9) Dr. V.P. Sharma, WHO-SEARO, New Delhi
- 10) Voluntary Health Association of India, New Delhi
- 11) International Epidemiological Association
- 12) VCRC, Pondicherry
- 13) Central TB Division, Govt. of India, New Delhi
- 14) World Bank, New Delhi.

d. *New Journals / Newsletters:*

The following were added to the library during the year :-

- 1) CAMPUS Newsletter
- 2) Early Childhood Matters
- 3) Journal of Parasitic Diseases
- 4) Development Outreach
- 5) Perspectives in Health
- 6) aH Alert
- 7) Health Watch

8) INGCAT Update 9) Manasa (Kannada) 10) Malaria Matters 11) Frontline 12) VIPNET News 13) Lifeline.

e. *Annotated Bibliographies of material in our library have been prepared on :*

- Malaria
- Tobacco
- Reports collected for the Karnataka Task Force on Health & Family Welfare

f. *Resource Files*

New resource files which include less than 15 page reports, articles, and Seminar papers are listed below:

- i. International Consultation on Inter Religious Dialogue, Tübingen, Oct. 5 – 8, 1999.
- ii. National Consultation on "Towards a Comprehensive Women Health Policy and Programmes. VHAJ, New Delhi.
- iii. Study Group on Home – Based and Long Term Care, 5 –10, Dec. 1999, Israel.
- iv. The WHO International Conference on Global Tobacco Control Law: Towards a WHO Framework Convention on Tobacco Control, 7 – 9, January 2000, New Delhi.
- v. Background papers of medico friend circle 2000 meeting, held at Wardha
- vi. Tobacco Industry, Tobacco and Health, Tobacco and Diseases, Bidi Industry
- vii. Cancer
- viii. Cost of Caring / Health
- ix. Human Health and Dams, World Bank Papers.
- x. e-mail information on Vaccination; Tuberculosis NET; Narmada Bachav Andholan; FCTC; Malaria.

8. CHC Organisational Issues :

Some key developments during the financial year were as follows :

- i. The society has been provided with a Tax Deduction Account Number from the Department of Income Tax.
- ii. Core grants were received from Miscreor and Memisa and project funds were received from WHO - Geneva (IPHN); WHO-SEARO (RBM and Women and Health Training); NGO Forum for Health, Geneva (GHW Meeting); other smaller donations were also received.
- iii. Two Pentium computers were purchased and networking of all the in-house computers was completed.
- iv. The post of AEO was upgraded to the post of Administrative Officer pending final decision.
- v. Consequently the Office Manager's post was redesignated as Personal Assistant to Coordinator.
- vi. A mid annual audit was conducted by M/s. Marulasiddiah & Co. and audited statements were sent to our funding partners.
- vii. Application for Renewal of 80 G Exemption was made.
- viii. During the year one of our funding partners Memisa metamorphosed into Cordaid.
- ix. Executive Committee : Ms. Padmasini Asuri took over as Treasurer from June 1999. Dr. Shirdi Prasad Tekur completed his term and Dr. Ravi Narayan came into the

committee as the ex-coordinator. Fr. John Vattamattom was nominated as Honorary Member of the Society. Four Executive Committee Meetings took place during the year (12th April 1999; 23rd June 1999; 4th October 1999; 17th February 2000).

- x. Society Members : Dr. Pankaj Mehta and Dr. Sr. Aquinas became members of the Society during the year.
- xi. CHC had 2 volunteers this year. Padma a 12th standard student worked with CHC on the tobacco problem and made some charts for the anti-tobacco campaign. Kameshwar, who was referred to us for occupational therapy from St. Johns Medical college helped in the library/office as an assistant for six months.
- xii. The lease agreement for the office premises was renewed.

9. Conclusion

The year 1999-2000 has been a very significant year for CHC. As we move into the new millennium and the HFA-2000 goal seems so much more distant, we are challenged to stretch ourselves as we move through a wide range of alternative actions and options, making choices and priorities as we go along. The year has seen CHC play multiple and different roles from grassroots activists; grassroots and middle level trainer; policy activist and researcher; networking etc., at different levels. The range of requests, visitors, demands and challenges have grown. While we have been seriously team building and team extending, and improving our management and infrastructural support systems, we have to be careful that we don't spread too thin to potentially affect the quality of our responses. We need to continue to play the catalyst role at individual search and small NGO level, which has been a significant component of CHC work in the past 16 years. These dialectics and choices face us constantly, and we hope that with faith and optimism as well as with clarity and commitment, we shall continue to work towards the paradigm shift in health and health care that is so urgently required today.



CMF – Dr. C.M. Francis; VB – Dr. V. Benjamin; TN – Dr. Thelma Narayan; RN – Dr. Ravi Narayan; ARS – Dr. A.R. Sreedhara; DPJ – Dr. Deep Philip Joseph; RRP – Dr. Rajan R. Patil; SDR – Mr. S.D. Rajendran; MK – Mr. M. Kumar; VNNR – Mr. V.N. Nagaraja Rao; AMC – Ms. Aparna M. Chintamani; SJ – Mr. S. John; HRM – Mr. H.R. Mahadeva Swamy; CJ – Mr. C. James; JA – Mr. Joseph Anthonyappa; RD – Dr. Roopa Devadavan; RG – Dr. Rakkhal Gaitonde; AP – Mr. A. Prahalad; RL – Mrs. Rita Lobo; JPJ – Dr. James Parayil Joseph; MRS – Ms. M.R. Shylva; RLK – Dr. R.L. Kapur; MI – Dr. Mohan Isaac; PM – Dr. Pankaj Mehta; PK – Dr. Paresh Kumar; SK – Dr. Sunil Kaul; RA – Dr. Rajaratnam Abel; ND – Dr. N. Devadasan; HS – Dr. H. Sudarshan; ASM – Mr. As Mohammed.

WOMEN'S HEALTH TRAINING PROGRAM

Some Reflections

Introduction :

- ★ The idea of a multi-level phased women's health training program for trainers and for community leaders came about in the course of three meetings [November 1998, January 1999 and March 1999] held in New Delhi and Ahmedabad. This was initiated by the Ministry of Health, Government of India. It derived from work in 15 states were to participate in this program. The WAH perspective, [which emphasizes the *empowerment of women and communities by encouraging local health traditions and health directed initiatives*] was instrumental in inspiring this women's health training program. *Women's health concerns in their entirety would be addressed rather than just issues of Reproductive and Child Healthcare.* This perspective took shape by developing a women's health program set in a multi-sectored frame work. The World Health Organization (SEARO) and the four government departments of Health & Family Welfare, Rural Development, Education and Women & Child Development were jointly engaged in this project along with partner NGOs (Non Governmental Organizations) from various parts of the country.
- ★ This program's main objectives were to enhance women's capacities of handling their own health care by generating a certain level of self sufficiency. Equally important, to create pressure on the existing government facilities to deliver services more effectively by raising women's awareness of the prevailing health care system and its various programmes. To achieve such an objective, a two phased training program was conceptualized. A decision to develop a training module was taken. The different components of the program were:
 - ↻ A module that would include a technical information kit and manuals. It was put together in a user- friendly manner by a core group of individuals from participating NGOs & Govt. Departments with CHETNA [Center for Health Education Training and Nutrition Awareness] Ahmedabad as the secretariat. CHC contributed the module on Tuberculosis and Malaria.
 - ↻ Three training manuals were developed. One for the Master Trainers at state level; the second for the District Level Trainers and the third for Community Leaders, at the village level.
 - ↻ This project covered 15 states and 75 districts [Five Districts in each State].
 - ↻ 25 Master Trainers were trained in 15 days by lead NGOs, over two sessions. There would be four NGO representatives from each of the five districts per state. Four to five persons were to represent the involved Government Departments, facilitating collaboration between these two sectors.
 - ↻ The trained women would conducted a seven day training program at the village level.
 - ↻ This would involve the training of 25 trainers per state and 750 group or community/women sangha leaders who would take the message to women in the villages. With this as a backdrop, 15 states were given the mandate to initiate the project.

The planning process for Karnataka State :

- ↻ Community Health Cell (CHC) was selected as the lead NGO for Karnataka state to devise and conduct the training program with Mahila Samakhya (MS) as one of the major collaborators for the district level training in 3 districts. The teams were clear that the training program's focus would be on women as individual persons and not as mere participants. The women should think and act upon health related issues rather than just being recipients of this information.
- ↻ A range of training methods were employed to give the participants maximum exposure. These includes a session on community building and participation as it was viewed as critical to the program. The entire program was based on eliciting what the participants were aware of and building on their existing knowledge.
- ↻ Time was allocated for introspection, yoga and meditation. Through field visits, links were established with the trainees prior to the program. Approximately 10 NGOs from Bidar, Kopal, Bangalore Rural and Chamrajnagar were involved. However the Government was not adequately represented as only two persons from Bangalore Rural District attended. The only criteria adopted, in the selection of participants was a commitment to the cause of women's empowerment.

State Level Training of Trainers: Phase I - 25th October to 30th October 1999 :

- ↻ The 1st phase began with building awareness among the group of the different dimensions of health. Topics taught and discussed upon ranged from food, nutrition and health to personal hygiene, sanitation and water supply systems. From Gram panchayats to community participation and building. Gender and self esteem to mental health and violence and women's health. Sessions were conducted, on various aspects of health, NGO participation, effective implementation of government programs, the essentials for trainers, and gender and self esteem.
- ↻ The group was asked to recollect happy and sad episodes in various phases of their life. During the course of this phase it was noticed that the unhappy episodes outnumbered the happy ones. However, the women were extremely articulate and this sharing enabled them to introspect, relax and identify with each other. Games and role plays were used in quite a few of the session and riddles were shared among the group. This helped relax and encourage the group. Subjects like Reproductive and Child health

