

**ANNUAL REPORT  
OF  
THE COMMUNITY HEALTH CELL (CHC),  
FUNCTIONAL UNIT OF  
THE SOCIETY FOR COMMUNITY HEALTH AWARENESS, RESEARCH &  
ACTION (SOCHARA)**

**FOR THE YEAR  
APRIL 2003 – MARCH 2004**

**by**

**THE COMMUNITY HEALTH CELL TEAM**

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## 1. INTRODUCTION

The Society entered its thirteenth year since registration in April 1991 (Twentieth year since the beginning of the CHC experiment). We continue our commitment to improve health and access to health care of the poor and marginalized. Promotion of community health, based on the social paradigm, through policy work, training, information services, mainstreaming, networking and the people's health movement continued to be our core thrust.

## 2. CHC's OBJECTIVES

The objectives of the Society provided the framework for our activities. These are :

- a. To create an awareness regarding the principles and practice of Community Health among all people involved and interested in health and related sectors.
- b. To promote and support community health action through voluntary as well as governmental initiatives.
- c. To undertake research in community health policy issues, particularly:
  - i. community health care strategies;
  - ii. health personnel training strategies;
  - iii. integration of medical and health systems.
- d. To evolve educational strategies that will enhance the knowledge, skill and attitudes of persons involved in community health and development.
- e. To dialogue and participate with health planners, decision makers and implementers to enable the formulation and implementation of community oriented health policies.
- f. To establish a library, documentation and interactive information centre in community health.

This year there were four special objectives and thrusts;

- ⇒ Health Policy Action and Advocacy with increase opportunities for dialogue with health planners and policy makers at different levels.
- ⇒ Involvement in the People's Health Movement at state, national and global levels with PHM hosting the PHM Global Secretariat on behalf of the India region;
- ⇒ Promotion of community health in urban and rural areas emphasizing community participation and focusing on major public health problems and issues with a focus on Life Skill Education as an educational strategy for youth.
- ⇒ Internship / fellowship scheme for young professionals from health / social science backgrounds to provide an alternative community oriented learning experience.

### 3. THE CHC TEAM

- a. Every CHC team member contributed to the activities during this year, as in the past. The spirit of voluntarism was evident in the extra hours of work that team members put in, even at personal cost. As we promote community health, we try and develop a sense of community, equality, democracy and of challenge to each other as professionals working within a team. This enhances personal and team growth and enables us to take and share responsibility. This was and continues to be an important part of our 'action-reflection experiment'.
- b. Dr. C.M. Francis (CMF); Dr. Thelma Narayan (TN); Dr. Ravi Narayan (RN); Mr. S.D. Rajendran (SDR); Mr. S.J. Chander (SJC) continued their work with CHC. Mr. A. Prahlad (AP) who was with us as Training Assistant, joined UNDP's AIDS project in Bellary, in February 2004. Dr. Rajan R. Patil (RRP) left us in March 2004 and is now with UNDP's Integrated Surveillance Project in Orissa; Mr. K. Gopinathan (KG) left us in June 2003 because of health reasons and at present he is in Hyderabad working for Sanghamitra.
- c. Ms. Noreen Hoskins (NH); Mr. S.B. Anil Kumar (SBA); Mr. C. James (CJ); Mr. H.R. Mahadeva Swamy (HRM); Mr. D.G. Srinidhi; Mr. Joseph Anthoniappa (JA); Mr. V.N. Nagaraja Rao (VNNR); Smt. Kamalamma and Sri. Hari Prasad continued with us as members of the administrative team.
- d. Dr. B.S. Paresh Kumar (BSP) joined us as Fellow - Training, Networking & Community Mobilization in March 2003. Mr. S.S. Prasanna continued as Communication Officer of the PHM Global Secretariat. Ms. Deepu Shailaja (DS) joined us as Secretarial cum Accounts Assistant in May 2003.
- e. Apart from the above, CHC had volunteers on short term project during the year :
  - a) Sri. Mohan Kumar – MSW student from Lorven Educational Centre, Bangalore, for a few days a week over a 8 month period, from August 2002 to March 2003. He did social mapping, individual case work and group work around the issue of alcohol.
  - b) Dr. B.S. Manjunatha – Masters in Health Administration at TISS for a 1 month placement, from 7-4-2003 to 2-5-2003, who supported the Health Inter Network project in Kanakapura Taluk, Karnataka.
  - c) Dr. Dennies – Diploma in Community Health Management in Christian Medical College, Vellore, from 7-4-2003 to 31-5-2003, who did a community survey on alcohol abuse as a community health problem in an urban slum.

### 4. PEOPLE'S HEALTH POLICY ACTION UNIT

This unit continued to facilitate participatory health policy processes at state, national and international level with a focus

on poor and vulnerable, equity, ethics, gender sensitivity and social determinants of health. The People's Charter for Health (PHM) and primary health care paradigm continued to remain the basic framework for the policy action.

a. Karnataka State level

- i. TN and CMF continued to participate in several meetings related to the follow-up of the Integrated Health Nutrition and Population Project being evolved by the Ministry of Health & Family Welfare in Karnataka.
- ii. The state government finally passed the Integrated Health Nutrition and Population Policy in February 2004 after several meetings. This had been an important and final chapter of the Karnataka Task Force report on Health and Family Welfare and is a very significant development.
- iii. Many other sectors / governmental departments began to invite TN for policy dialogue in the context of health challenges. These included:
- iv. CHC was a member of the AIDS Forum Karnataka (AFK) and TN attended many meetings of the Forum including policy discussions with the Karnataka State AIDS Society.

b. National level

- i. TN attended the National Commission on Women's special meeting on Gender Policy.
- ii. TN was a consultant to CHAI's national meeting on Universal Access to Health Care, Secunderabad, in August 2003.
- iii. TN attended WHO-SEARO sponsored workshop on Anti Tobacco campaign as one of the authors of a proposed policy document on Anti Tobacco Policy.
- iv. The report on Health Manpower and Health Policy Planning undertaken by the Chattisgarh State Health Resource Centre was published and circulated during the year. TN was a consultant to the process.

c. International level

- i. TN participated in the final meeting of the Caritas Internationalis AIDS Task Force (CIATF) in Rome in November 2003.
- ii. RN participated in the Global Forum for Health Research (GFHR Forum 8) in Geneva and made a policy intervention on Challenges for Poverty and Health Research from the perspectives of the poor and social excluded.
- iii. RN was invited to be a member of the WHO Task Force on Health Systems Research priorities, which was mandated to prepare a background document for the inter-ministerial summit on Health Research scheduled for Mexico, November 2004.
- iv. CHC is a member of the Global Advisory and Research team for a multi-country initiative on Global Public Private Partnership (GPPI), which is coordinated by WEMOS, Netherlands. TN attended meetings in Amsterdam and Nairobi to finalise the protocol and process of the study. CHC is now participating by studying the Global Alliance for the Elimination of Lymphatic Filariasis (GAELF). A 3 day visit to Filariasis endemic areas in Gulbarga district to assess the problem and implementation of the impact on the Global Public Private Partnership from 23- 25 February 2004.

d. Others ? training programme organized by Madhukar Pai

## **5. THE PEOPLE'S HEALTH WATCH UNIT (PHW Unit)**

### **A) People's Health Movement – Global Secretariat (CHC as host)**

The People's Health Watch Unit of CHC became the Global Secretariat of People's Health Movement from 1<sup>st</sup> January 2003. Throughout this year (April 2003 to March 2004) the PHM Secretariat undertook a large range of activities guided by a twenty one member global steering group consisting of representatives of eight international networks and thirteen PHM regions. Dr. Ravi Narayan and Mr. D.G. Srinidhi were seconded to the PHM Secretariat from CHC for this new assignment, which would be extendable until March 2005. A full time Communication Officer (Mr. S.S. Prasanna) was appointed specially for the PHM secretariat. Apart from this, CHC team members and fellows provided technical assistance and the office team including

Accountant provided administrative support. In order to keep a distinct identity of the PHM global secretariat from the host organization – CHC, and to prevent any conflicts of interest between the global role of the secretariat and the predominantly national / state / local level of activity of CHC, the Secretariat had a separate office premises across the road from CHC with a separate telephone, email identity and website. The major activities of the PHM facilitated by the Secretariat team could be broadly classified into (a) growth and development of PHM as a movement (b) special initiatives and events.

## 1. Growth and Development of PHM Movement

### *i. Country Circles*

- f. The Secretariat team continued to promote the evolution of the country level circles by identifying key contact points in many countries and helping them to build more inclusive circles by involving all those in the country responding to the concerns of the People’s Charter for Health (PCH).

The main countries with which secretariat established contacts were

<b>Asia</b>	<b>Africa</b>	<b>Middle East</b>	<b>Europe</b>	<b>Americas</b>
Bangladesh Indonesia India Malaysia Nepal Pakistan Philippines Sri Lanka Thailand	Congo (DRC) Kenya Tanzania South Africa Uganda Zambia Zimbabwe	Egypt Iran Lebanon Palestine	Germany Italy Netherlands Norway Spain Sweden U.K.	Argentina Canada Costarica Cuba Ecuador Guatemala Nicaragua USA

- g. The PHM Coordinator visited a few countries at the request of local circles to help the evolution of these circles. In some cases, TN was invited as a resource person and she visited the country on behalf of the Secretariat. These included – Sri Lanka (April 2003); Iran (October 2003); Italy (TN in June 2003 and RN in November 2003); Germany (TN in November 2003); Spain (November 2003); Thailand (March 2004).

### **ii. Issue based circles**

#### *a. WHO-WHA Advocacy Circle*

This circle organized an Alma Ata Anniversary get together at World Council of Churches, Geneva, and facilitated a delegation of 82 PHM

resource persons from 30 countries for the World Health Assembly also in Geneva in May 2003.

Dialogue with new leadership of WHO was initiated at the WHA and followed up by a series of informal meetings to give feedback to WHO on a host of issues and to explore some partnerships as well. WHO responded by supporting a plenary session and a workshop on HIV / AIDS at the International Health Forum in Mumbai, January 2004. Four staff from Headquarters (Geneva) and one from SEARO (New Delhi) attended the forum and had a good dialogue on HIV-AIDS with participants from all parts of the world. WHO also invited PHM for the dialogue on Primary Health Care in Madrid and PAHO region.

***b. Health Research Circle***

This circle organized e-group dialogue on health systems priorities. PHM was invited to be a member of the WHO task force on Health Systems Research. (RN and David Sanders – South Africa). They participated in meetings to evolve a health systems research priorities paper for the Lancet and the discussions to plan the Mexico Interministerial Summit on health research in November 2004.

***c. Macro Economics and Health Circle***

A critique of the report of the Commission on Macro Economics and Health was prepared by the Circle and presented in WHO dialogue for SEARO / WPRO with government and civil society representatives in Colombo in March 2004. The dialogue is continuing.

***d. Women's Access to Health Care***

PHM members supported the campaign organized by the Women's Global Network for Reproductive Rights and launched on 28<sup>th</sup> May 2003. Launch meetings were held in different parts of the world. A plenary and workshop on themes relevant to women's health were also organized at the International Health Forum, Mumbai, in January 2004.

***e. War, Disaster and Conflicts Circle***

This Circle actively participated in organizing events and press releases against the war in Iraq, and also organized plenaries and workshops on this theme at the International Health Forum / World Social Forum in Mumbai in January 2004. After the IHF / WSF, the Circle also launched No War No WTO Health for All Now campaign.

***f. HIV/AIDS Circle***

The PHM circle on HIV/AIDS was reactivated by the announcement of the 3/5 initiatives of WHO and led to a series of dialogues and meetings to evolve People's Charter for HIV/AIDS which was to be

released at the International AIDS Conference in Bangkok in July 2004. The idea of the Charter came during the workshops and plenaries on HIV/AIDS at the IHF / WSF mentioned above.

### **iii. Special initiatives**

#### ***a. Alma Ata Anniversary***

2003-04 was also celebrated as the Alma Ata Anniversary year and the PHM members were encouraged to hold meetings at country level to explore and endorse the Alma Ata Declaration.

- i. A million signatures for Health for All Now campaign was launched on the web site and participants of all the meetings were encouraged to sign.
- ii. A position paper and reflections on Alma Ata Anniversary was circulated to all the members and later published as an Alma Ata Anniversary pack entitled “Health for All Now! Revive Alma Ata”.
- iii. A series of press releases promoting the primary health care theme was issued and a statement on primary health care made in World Health Assembly in May 2003.

#### ***b. IHF / WSF Mumbai, January 2004***

The Third International Health Forum in the Defense of People’s health was organised in Mumbai from 14<sup>th</sup> –16<sup>th</sup> January 2004 by PHM secretariat and PHM India (Jana Swasthya Abhiyan). Over 700 participants from 46 countries participated in the event which included six plenaries and 14 parallel workshops. A Mumbai declaration evolved at the end of the meeting as a 2004 update of the People’s Charter for Health.

This was followed by a series of health related meetings at the World Social Forum which included: (a) Globalization and Health (b) Health under War and occupation (c) Global Tobacco control (d) Liberation Medicine (e) Health sector reform (f) HIV / AIDS (g) Women, Population Policies and Violence (h) Alternative Systems of Medicines (i) Health Care of marginalized (j) Voices of the Unheard (k) New Economics and Medical Practice (l) Mental Health and Social Determinants (m) Environmental Justice (n) Poverty and Hunger and others.

#### **c. Publications**

News briefs 9 and News brief 11 were printed by PHM resource centre in GK, Savar, Bangladesh and released at World Health Assembly, May 2003 and IHF/WSF (January 2004).



The five little PHM Indian booklets were reprinted as one consolidated book edition and released at the IHF / WSF, Mumbai, January 2004 along with the Health For All Now! Revive Alma Ata!! Published mentioned above.

Many NGO journals and bulletins including Contact (WCC Geneva); Health Action/ CMJI / Health for the Millions (India); HAI newsletter (Sri Lanka); Third World Network Journal – Resurgence (Malaysia); Health Action (UK) and many others published special issues on People’s Health Movement and the Alma Ata Anniversary.

#### **d. PHM Website**

The PHM Secretariat took over the website from October 2003 and the Communication Officer of PHM updated it regularly.

e. The PHM Global Secretariat in addition to all the above activities and initiatives continued to act as a catalyst hub of the PHM wheel encouraging and supporting various steering group members, networks, regions and country representatives to initiate serious reflections and advocacy on the concerns of the People’s Charter for Health relevant to their own situations. This role of the Secretariat has been appreciated in the external evaluation that was ongoing during the year. Three important findings of particular relevance to the Secretariat were:

- i. “...Now in mid 2004, it is safe to begin to describe the PHM as a young, strong, and growing movement, one that is drawing on a wealth of wisdom, knowledge and experience from around the world, and one that offers hope that social change to improve people’s health can become more of a reality”
- ii. “.....The concept of PHM participants bringing their own contributions to the table to enable things to happen, rather than looking to PHM (particularly to the Secretariat) as a source of resources beginning to be internalized”.
- iii. “....The impact of these activities beginning to be seen in 2004 in terms of the new vibrancy of contact, frequency of interaction among key stakeholders in the movement, and the quality of the dialogue. Internationally, PHM is beginning to have a presence; locally in an increasing number of countries, there is a development of stronger local groups that reflect people’s concerns”.

#### **B. Jana Swasthya Abhiyan (People’s Health Movement – India) (CHC as member of NCC / NWG**

In addition to being the host of the Global Secretariat on behalf of the India region, CHC continued to play an active role as a member of the National Coordination Committee (NCC) / National Working Group (NWG) of PHM India.

1. TN was invited to be the Joint Convenor of PHM India with a focus on the four southern states – Tamil Nadu, Kerala, Karnataka and Andhra Pradesh.
2. The Communication Officer of the Global Secretariat – SSP also volunteered to initiate a PHM India website, which was launched in March 2003.
3. CHC was actively involved with the evolving Right to Health Care campaign at the national level as well as the preparation for the public hearings on the denial of health care to be organized by NHRC later in 2004.
4. CHC team members attended the PHM India national meeting in New Delhi (April 2003); the meeting on Hunger Watch in Bhopal (May 2003); the National Dialogue on Right to Health Care, Mumbai (September 2003); ;
5. CHC facilitated JSA – NCC / NWG planning meeting in Bangalore on 27<sup>th</sup> July 2003.
6. CHC team actively supported the PHM secretariat in the preparations and planning for the IHF / WSF events in Mumbai, in January 2004. Apart from many staff who played key roles in the organization, CHC also facilitated a team of medical students and CHC fellows who volunteered and supported many activities at the IHF / WSF, Mumbai. CHC actively supported the fund raising campaign for IHF / WSF raising small grants from a wide range of Indian and International NGOs including CEHAT, SAMA, VHAI, ACTION AID – Bangkok; Medico International, Physicians for a Smoke Free Canada, Cordaid, Misereor and World Health Organization.
7. CHC team participated in the preparation of the policy brief for the pre-election dialogue with political parties in New Delhi, in March 2004 and the event itself.

### **C. Jana Arogya Andolana – PHM Karnataka**

1. AP was the co-convenor of PHM Karnataka till he left CHC in December 2003. BSP took over as \_\_\_\_\_ with Dr. Prakash Rao from January 2004.
2. Alma Ata Anniversary related primary health care workshops were held at Bijapur (\_\_\_\_\_), Shimoga (\_\_\_\_\_), Dharwad (\_\_\_\_); Koppal (\_\_\_\_); Bangalore Urban (\_\_\_\_) and Belgaum (November 2003) in close coordination with other network members of JAA.
3. Translations of Alma Ata Declaration and Mumbai Declaration in Kannada were printed in HIN newsletters and distributed widely. The Kannada version of the Million Signature Campaign was also released during the year. A revised second edition of the Janaarogya Sannadu (People's Charter for Health) with cartoons was published in early 2004.
4. The Janaarogya Andolana – Karnataka contingent for IHF / WSF was given an orientation programme in Ashirvad, in December 2003.
5. A post IHF/ WSF meeting for local NGOs and IHF/WSF delegates was organized in January 2004 during the visit of some IHF / WSF foreign

delegates from Germany, Ecuador, USA, Argentina and Belgium, who visited Bangalore after the event and then went on to Plachimada, Kerala, to join the local campaign against the Coca-Cola factory.

## **6. PROMOTION OF COMMUNITY HEALTH THROUGH COMMUNITY MOBILIZATION**

### **A. Community Health in Urban Slums**

#### **i. Primary Health Care**

- On April 7, 2003 - People's Health Day (World Health Day), a seminar was organized to address the issues related to Primary Health Care. Over 50 participants, most of them were slum dwellers and a few staff of voluntary organizations working for the urban poor attended. SJC from CHC, Dr. Mala Ramachandran of Urban Resource Centre (BMP), Mrs. Ruth Manorama of Women's Voice, Ms. Preetha of Janagraha and Mr. Madhu Sudhan of KKNS were the speakers who addressed the audience.
- A presentation on People's Charter for Health and People's Health Movement was made at CHAI state annual general body meeting at Mysore on 15<sup>th</sup> May 2003 in which 25 people from Mysore district participated.
- A two orientation on Primary Health Care was organized for Mahila Samakhya and BGVS volunteers at Belagum on 31<sup>st</sup> October by FRLHT. S.J.Chander facilitated the session on Primary Health Care, He discussed with the participation mainly on the impact of globalization on People's Health.

#### **ii. Tuberculosis**

On 3rd May a workshop on combating tuberculosis among the urban poor was organized in which 26 participants from 6 voluntary organizations participated. The objective of the programme was to evolve an action plan in collaboration with BMP to make TB care and control in Bangalore urban effective especially for poor and vulnerable sectors of society. Four follow up programmes have been organized to enable these voluntary agencies to start addressing the problem. A presentation on tuberculosis was made to the staff of Fedina Navachethana at their Domlur office. Another session on tuberculosis was conducted for over 50 self help group members of World Vision at Koramangala on 5<sup>th</sup> December 2003.

SJC Participated at the World TB day planning meeting on 15<sup>th</sup> December. He was one of the core group members he also mobilized people for the rally and arranged for an orientation on tuberculosis.

#### **iii. Tobacco Free Initiative**

##### ***a. World No Tobacco day***

World No tobacco day 2003 turned out as a good collective effort of all the network members of Consortium for tobacco free Karnataka (CFTFK). Over sixty five thousand rupees worth of material for the event which includes 15

banner, 1000 posters and 10, 000 handbills and 10000 bookmarks. Media covered the event and the message of the theme “ tobacco free films and fashion well.

***b. Awareness for school and colleges***

Over 2,500 college students have participated at the awareness sessions on ill effects tobacco use conducted for St. Joseph’s College and Christ College. Supported intercollegiate seminar on ill effects tobacco at St. Joseph’s College. SJC was one of the panelists. Over 300 students from Five colleges participated at the seminar. Two sessions on ill effects of tobacco was conducted for students of BGS international school. Over 150 students belonging 8<sup>th</sup>, 9<sup>th</sup> and 10<sup>th</sup> participated at the session. A poster exhibition was also conducted as part of the awareness programme in the school campus on 1<sup>st</sup> December.

***c. Awareness for Corporation schools students***

Through the school awareness programme over 480 children studying in 9-corporation school studying in class 6-8 participated. Slides and interactive methods were used for the session.

***d. Awareness for street children***

- An awareness session on ill effects of tobacco was conducted for the children of APSA, BOSCO, Mythiri and REDS. Over 200 children participated at these sessions. An arrangement has been made with tobacco cessation clinic of NIMHAS to help the boys who came forward to quit. only a few boys expressed the desire to quit immediately after the session. Their instructors have been told to motivate more boys to quit.

***e. Independence day***

- Over three hundred children from four schools in Kavalbyrasandra marched through the streets of their locality spreading the message “**Freedom from Alcohol and Tobacco**” on 15<sup>th</sup> August 2003. They distributed handbills in Urdu, Kannada, Tamil and English containing the messages on ill effects of Alcohol and Tobacco.

***f. Media conferences***

- Participated at the press conference at Kidwai Memorial Institute of Oncology prior to World No Tobacco Day on 27<sup>th</sup> May 2003. Participated at a personal interview with FM 91 Radio City for 5 minutes on 28<sup>th</sup> May 2003. I was one of the two panelists for Doordarshan programme on tobacco control for 30 minutes on 10<sup>th</sup> June 2003.
- Tobacco control workshop for southern region at UTC by VHAK on 19<sup>th</sup> June 2003

**iv. Community Health Approach to Alcohol**

CHC team was involved in conducting a study on consumption pattern of alcohol among the residents of Koramangala slums. Over 200 houses were covered during the primary data collection.

### **Sudhamanagar Slum**

#### ***Women's Group***

- Forty four (44) health sessions conducted. Apart from coping skills, family therapy, parenting skills and awareness on women entrepreneurship also conducted.

#### ***Chronic Alcoholics***

- Chronic people are motivated by using different methods like AA group member sharing, etc.
- 10 people are admitted to get the de-addiction treatment at NIMHANS.
- Self supporting group was formed among them and 3 meetings conducted group therapy sessions were also conducted.

#### ***Training***

A Three day intensive training was conducted for volunteers and youth from 12-4-2003 to 14-4-2003. 35 people participated. Topic was “prevention and Management of addiction and have to adopt life skills to reduce this problem”.

#### ***Toilet Construction***

- Forty one (41) toilets were constructed with the support of Rotary of Bangalore. Planning and implementation was completely done by people's organization.

#### ***Youth programme***

- Youth were encouraged to spend their leisure time in healthy manner. Sports and games day were organized two times. Indoor and outdoor games tournament were also organized.
- Six boys got the driving training and received the driving license with the support of SKIP.
- Four life skills were conducted for boys.

#### ***Children***

- Sports and games days were organized. Awareness education on alcoholism were conducted in three schools around Sudhamanagar. Separate training was organized for teachers.

### **Victoria Layout slum**

#### ***Health Behaviour Study – Alcohol use was conducted***

- Four (4) life skills sessions and 8 health sessions were conducted for young girls and women groups. Alcohol use survey was also conducted.
- Twelve (12) life skills session for young boys and girls were conducted. Eight (8) health sessions for women groups and 4 sessions for children

were also conducted. Awareness education for 6<sup>th</sup> and 7<sup>th</sup> standard student were conducted in two schools in 10 days. Separate session for teachers also organized.

- Chronic alcoholic group was formed with 16 members and nine re-education programme were conducted.
- Health behaviour study-alcohol use was conducted and the analysis of data is going on.

#### **Ragigudda Slum**

- Through World Vision, series of health sessions were planned but lack of organizing the SHG members it was stopped with six sessions. Through Kanthikiranam, 8 health and coping skills session were conducted for SHG members.
- Health behaviour study – alcohol use was conducted.

#### **v. Child Health**

- State plan of action for children supported the chapter on child health at SCM house on 22<sup>nd</sup> and 23<sup>rd</sup> July 2003.
- A three day programme of FORCES on National policy meeting for Children at Ooty for 13-15<sup>th</sup> June 2004.
- Forces- Karnataka Action planning meeting at APD.

#### **vi. Life Skills Education**

- A session on critical thinking for CH fellows was conducted. Sessions on Health and Community Health, human sexuality, ill effects of tobacco, empathy, emotion and stress management were conducted in Tamil for 20 community animators of voluntary organizations working in rural and urban areas. Sessions on ill effects of tobacco, problems solving and decision making were conducted in Kannada for community animators working predominantly in rural areas of Navajeevan Mahila Pragathi Kendra.
- A three-day programme on life skills were conducted for 30 animator working in both rural and urban areas. Sessions on problem solving, decision making, critical and creative thinking, managing emotion and stress, empathy, interpersonal relations Community Health and Nutrition. The sessions were facilitated by Dr. Rajan Patil, S.J.Chander, and A. Prahalad. The methodology adopted was participatory and interactive.
- The third programme of life skill education was conducted the ITI boys of Seva Sadan. Over 60 boys from four different languages attended the session on every Friday from 10.00 am -12 noon for six month starting from October 2003.

- On 3<sup>rd</sup> December a session on life skills was conducted for social work students of Sacred Heart College in Thirupathur. 16 students of the second year participated at the session.
- A two day workshop on Problem Solving, Decision making, Critical thinking, creative thinking, conflict management and managing emotion was conducted of social work students of Sacred Heart College in Thirupathur from 27-28<sup>th</sup> January 2004. 26 students participated at the workshop.

A session on Human Sexuality was conducted on 6<sup>th</sup> March for Mamta volunteers in which over 20 adolescent girls and boys participated.

- Health and life skills sessions for Sevasadan ITI boys were conducted.
- Community health and life skills sessions for three days was organized for Camillians brothers. Two day problem sessions were conducted after their field placement programme.
- Life skill education training for grass root level health animators was organized in two levels. One in Tamil from 9<sup>th</sup> to 11<sup>th</sup> September 2003 at Upasana. 15 participants benefited. The second life skill education training was conducted in Kannada from 7<sup>th</sup> to 9<sup>th</sup> October 2003 at Upasana. 25 participants benefited from difædòdnt organization.
- Trainers Training Programme on LSE was organized from 18<sup>th</sup> to 20<sup>th</sup> March 2004. 30 delegates from different voluntary organizations participated at IYD, Bangalore.

#### **vii. Networking**

- Networking members from 16 NGOs were met three times for sharing and learning from each others.
- Trainer's training programme on Community Health Approach to Tackle Alcohol related problems was conducted for networking NGOs from 14<sup>th</sup> to 16<sup>th</sup> October 2003 at NIMHANS. Sixteen delegated from N.W. member organization participated. Resource persons came from NIMHANS and CHC.
- With CHC's initiative and Balamandir's (Chennai) support, parenting network for Karnataka was formed. The net conducted two training programme for various NGOs.
- Urban NGO network meeting at Fedina on 19<sup>th</sup> September, 2003.
- Planning meeting of Janagraha for improving health of the urban poor on 15<sup>th</sup> October 2003.
- Participated at the NGO network meeting held at Koramangala for addressing the needs of the residents 4<sup>th</sup> December, 2003.
- Participated at the Koramangala slum development committee consisting of over 10 organizations working in Koramangala slums on 3<sup>rd</sup> February 2004.

- Participated at the discussion on second report card study report finding presented by Public Affairs Center on 19<sup>th</sup> February 2004.

#### **vii. Environment**

- Participated at the meeting on reading the city presented by BOSTON University students facilitated by Environment Support Group on 18<sup>th</sup> February 2004.
- Janagraha meeting on assessing needs of urban poor, facilitated session on drainage and sanitation on 30<sup>th</sup> August.

## **B. Rural Community Health Promotion**

The main programme under this objective was the Health Inter Network (HIN) Project conducted as a pilot programme by CHC in collaboration with WHO-SEARO.

### **1. THE HEALTH INTER NETWORK (HIN) PROJECT - A COMMUNITY PARTICIPATIVE MODEL**

This is a research project being undertaken by CHC as a sub-component of a project undertaken by WHO-SEARO, New Delhi. After a period of interaction and exchange of ideas it became operational from 27<sup>th</sup> September 2002 and functioned for one full complete year.

This India pilot project supported Tuberculosis and Tobacco control programmes at the central, state and local levels. The HIN is being piloted in two districts in India, Deogarh District in Orissa and Bangalore Rural District in Karnataka. The community participatory model of the Health Inter Network was designed by the Community Health Cell and put to test in two Primary Health Centres of Kanakapura taluk and Kanakapura Taluk general hospital. Appointment of health volunteers for the project was done during March 2003 (two health volunteers - Ms. Jyothi and Mr. Chennamallappa) were appointed. Once again, in the month of August 2003, three health volunteers were appointed (Ms. Chetana, Ms. Chandrakala and Ms. Latha) against the vacancies of Ms. Jyothi and Mr. Chennamallappa. In April 2003, a three member team from WHO, Geneva and WHO-SEARO, Delhi visited the field with the health volunteers and had detailed discussions with Government staff from Kanakapura Taluk Hospital and Satnur PHC. The team also interacted with the community members in nearby villages.

#### **Workshop / Discussions**

The third HIN workshop was organized on 6<sup>th</sup> June 2003, with an objective of addressing the paramedics and other line department staff on issues related to Tobacco and Tuberculosis. More than 100 participants from four line departments took part in the deliberations. The importance of community participation in the HIN Project was also discussed. Resource persons for the programme included senior staff from District Tuberculosis Office and Anti-Tobacco Cell, Kidwai Memorial Institute of Oncology, who answered questions raised by the participants. Wherever answers needed elaborations, Former Deputy Director, ICMR, who was a special invitee provided the necessary inputs. This Workshop also became the platform to present



the HIN pilot project volunteers to explain their role in the field level and the limitations that they were facing. This two way interaction helped in clarifying doubts regarding technical problems at the field level. Thereby the HIN volunteers were able to expand their activities. The role of CHC was as a catalyst, enabling the local HIN volunteers to rise to the occasion.

The Fourth HIN Workshop was organized from 8<sup>th</sup> July 2003, to address IMA Kanakapura Taluk branch members, on the role of private practitioners in Revised National Tuberculosis Control Programme (RNTCP), IMA members were involved, as they are very important stakeholders as far as health service at the community is concerned. Senior expert from National Tuberculosis Institute, Bangalore addressed the gathering on role of Private practitioners in RNTCP programme. Computer presentation on details of HIN project was also done as a part of the workshop. More than 15 practitioners from different parts of Kanakapura including few from public sector participated in the deliberations.

The Fifth HIN workshop was organized on 20<sup>th</sup> October 2003, with an objective of developing networking among government staff, voluntary agency staff and private practitioners with the media also playing an important role. The Health services scenario in Karnataka with more focus on Kanakapura taluk was main topic discussed by Dr. Sudarshan, Vigilance Director (Health, Education and Social Welfare), Lokayukta, Government of Karnataka. During the presentation, he stressed upon importance of right information to the community and requested all the stakeholders to come together in this direction. After the input on importance of community participatory model of HIN project by CHC team, Dr. Sudarshan called upon all the stakeholders present, to effectively utilize already existing information system to collect latest information on health issues and urged the group to pass those information to grass root who are primary stakeholders. Dr. Sudarshan emphasized the importance of HIN project were continuous updating of technical information was made available to the practicing doctors. He opined, wherever the latest information could be shared with the community it was necessary to do so. Project HIN which was experimenting the community participatory model in Kanakapura had made the right beginning by taking the experts to interact not only with paramedics and line staff from other departments, but also community interventions, which he felt was an effective tool. Dr. Sudarshan effectively argued not only "right to information, but also right information" was important. The workshop was Chaired by Dr. Saraswathi Ganapathi, Director, Belaku Trust, an NGO operating in Kanakapura Taluk for more than eight years working for empowerment of women and children through research and action.

Publication of newsletters for e-marginalised group was another important methodology for health information dissemination in the community participatory model of HIN pilot project in the given project area.

Twelve newsletters (six each in English and Kannada) were produced and circulated. Each newsletter was produced with a theme identified by HIN volunteers in Kanakapura project area. Apart from Tuberculosis and Tobacco, these newsletters also carried out information on major health public problems in the project area like - malaria, dengue, HIV/AIDS, and People's Health Charter for common public health issues, roles and responsibilities of panchayat system in health among various other

topics. Topics other than Tuberculosis and Tobacco were identified by HIN volunteers as per the request of the community and grass root level necessities in the given project area which were identified by the CHC-HIN technical team with the help of Kanakapura Taluk Hospital staff, project area's PHC (Doddamaralawadi and Sathanur) staff, local NGOs and HIN volunteers. To make the newsletters informative cartoons were also incorporated.

### **Community Action Programmes**

Two community awareness programmes were organized as part of HIN community participatory activities by the HIN volunteers.

First programme was held on 10<sup>th</sup> July 2003 at Chikkalahalli coming under Sathanur PHC. HIN volunteers with support of local school organized the programme. Topics discussed during the awareness programme were on communicable diseases with greater focus on Tuberculosis. Discussion on Alcoholism was addressed as per the request by the community and identified by HIN volunteers. CHC technical team using audio-visual materials and information handouts carried out this intervention. The community was made aware of the project HIN and how it was to benefit them. The programme was a two way interactive process.

Second programme was held on 17<sup>th</sup> July 2003 at Attikuppe coming under Doddamaralawadi PHC area. HIN volunteers with support of local Gram Panchayat member organized the health awareness programme. Topics discussed were Tuberculosis and Tobacco. Discussion on Alcoholism was also done as per the request by the community. HIN volunteers have indicated the Alcoholism and Tobacco abuse are most commonly found health problems in the project area. CHC technical team using audio-visual materials and information handouts carried out this intervention. Here also community was made aware of the project HIN and how it was to benefit them. The programme was a two way dialogue based process.

The CHC-HIN team initiated the above programmes within the limited time frame with the active support of local PHC doctors and taluk hospital administration contributing to the success of these programmes.

## **2. Others**

### **i. International Women's Day Celebration – 2003 – Bijapur**

CHC in association with Janodaya, Bangalore, facilitated a programme of International Women's Day at Bijapur, Karnataka. 60 women from different communities were present. The programme began with invocation by the participants. Members of Self Help Group (SHG) lit the candle to mark the inauguration of the workshop.

Mr. Bheemaiah, Programme Officer, Janodaya, which has been working in this district for last four years explained empowerment and legal justice were the objectives of Janodaya. Working with women prisoners, rehabilitation of prisoner's children in the main stream of the society were the other areas of intervention. He explained that health is an important aspect hence this network with CHC, Bangalore,

to focus on health issue which would be ongoing programme of Janodaya's intervention in North Karnataka.

Apart from Janodaya, 7 other NGO staff took part in the deliberations of the programme.

BSP and AP represented CHC. BSP explained about the social implications of health and stressed the need for understanding the dynamics of health and allied issues. He underlined the importance of International Women's Health Access day.

AP introduced the topic of total health for women. He picked out important women's health issues identified in Janaarogya Andolana - Karnataka, (People's Health Movement's Karnataka unit) Charter.

In the post lunch session, group discussion revolved around how to take this movement forward. The august body discussed at length the health issues like HIV/AIDS, tobacco and TB and requested for further inputs on these issues so that local women's organizations could take pro-active stand.

## **ii. Kolar**

BSP and RRP represented CHC in a Consultation on Socio-Medical Intervention at KGF on 04-09-2003, organised by SUNANDA. This intervention by participating NGOs has been named as 'KGF AIKYA DWANI'. This consultation was primarily to address the hardships being faced by the mining workers and their families due to the closure of Bharat Gold Mining Limited (BGML) during the last 33 months. This consultations have continued to date and CHC has been actively involved in working out an action plan and the intervention has started.

## **iii. Chitradurga**

### **Socio Economic Political and Cultural analysis on malaria control programme in Chitradurga district.**

Three days were spent on 24<sup>th</sup> and 25<sup>th</sup> April 2003 with the people living in villages in Chithradurga district to understand the problem or malaria from the socio economic political and cultural perspective. There is water stagnant around the villages as the water from a nearby river is used for irrigation. During the visit it has been found that the malarial cases had come down. People reported of problem related to accessibility and affordability of Health services.

A one day workshop on life skill education was conducted for over 30 adolescent girls going through tailing training with Seva Sadan sister in Doddbelavangala Sessions on Problem Solving, Decision making, Managing emotion and Human Sexuality on 2<sup>nd</sup> December. 2003.

iv. Many primary health care oriented meetings were held in rural Karnataka (see section on Janaarogya Andolana).

## 6. OTHERS

1. Madhukar pai's course
2. Sericulture Study – (MAYA)
3. CHESS process

## 7. COMMUNITY HEALTH INTERNSHIPS AND FELLOWSHIPS FOR YOUNG HEALTH PROFESSIONALS IN PUBLIC HEALTH AND COMMUNITY HEALTH

### Background:

- ❖ The Community Health Fellowship Scheme (CHFS) was initiated in CHC in April 2003, building on the earlier teaching and mentoring experience of CHC. As part of this semi-structured learning experience, it was planned to organize a community health workshop bringing together community health practitioners with past and present fellows and interns to discuss issues that were important for community health and development.
- ❖ A formal preparatory discussion was held with the CHC team and selected SOCHARA members on 4<sup>th</sup> April 2003. The role of the entire CHC team to provide a learning environment to fellows / interns was discussed and other suggestions made. An Advisory Group was formed consisting of Dr. C.M. Francis, Dr. Ravi Narayan & Dr. V. Benjamin. The two co-coordinators (TN & PK) are part of the advisory group meetings. Meetings were held to develop the selection criteria, the core curriculum and reading list. Informal smaller meetings took place regarding delineation and sharing of responsibilities, developing the work plan, finalising the notice for publication, etc.
- ❖ Senior mentors within CHC for the fellows are Dr. Ravi Narayan, Dr. Thelma Narayan and Dr. Paresh Kumar. Other technical team members of CHC have been prepared and involved in providing learning inputs. They also involve the fellows / interns in their field programmes eg., life skills education with urban poor adolescents / youth; community health in urban slums; Jan Arogya Andolana; health internetwork project in rural Karnataka, community health training in rural areas; etc.
- ❖ A list of field partner organisations has been drawn up and contacts through correspondence made with many of them. More specific linkages have been made for existing fellows during field placements and field programmes eg., with Sanghamitra, Medak district, Andhra Pradesh and Comprehensive Rural Health Programme, Hanur, Kollegal District, Karnataka. Field mentors have been identified in these projects.

After meetings of the Advisory Committee the following papers were prepared:

- a) A Note for Mentors (see Annexure 2)
- b) Draft Curriculum Development (see Annexure 3)
- c) A Reading List (see Annexure 4). This is given to all interns / fellows.

## **Training**

- ❖ A three week community health orientation programme was organized in June 2003. This was attended by the 2 fellows and a few other persons on informal placement with CHC.
- ❖ Group training sessions are held and are structured around a particular reading or reflection after a field activity or field observation visit. Fellows / interns undertake responsibility for certain field programmes with support from the seniors in, planning and where required in partnership with CHC team members.
- ❖ One month orientation for fellows was organized from 15.3.2004 to 16.4.2004. This was attended by the 4 fellows. The areas covered were : understanding community health, primary health care and the social paradigm; exploring community health & development; community dynamics – understanding SEPC dimensions of a community; understanding community dynamics in an urban slum community; Health situation in India & global – an overview; Health situation in India – socio epidemiologic analysis; understanding marginalized groups : situation and challenges; Primary health care in India; Community development / panchayatraj in India; etc.

Fellows / interns write reports and reflections based on their field activities, involvements and responsibilities.

### **The fellows / interns selected during the year:**

1. Dr. Mathew Abraham (2003 batch)
2. Dr. Abraham Mathew (2003 batch)
3. Mr. Naveen Thomas (2003 batch)
4. Mr. Amen Xavier Kaushal (2003/04 batch)
5. Ms. Shalini (2003/04 batch)
6. Dr. Sandhya Y.A. (2003/04 batch)
7. Mr. Ameer Khan (2003/04 batch)

### ***Short term Fellows / Interns***

During this 6 month period, we have also had a few other young people based with CHC for varying periods of time, who for various reasons could not be part of the Scheme. They include :

- a) Ms. Bina Vasanthram, an NRI Biology graduate student from the USA, who was planning to study medicine later. She was with us from 30-6-2003 to 6-8-2003. We hear that on going back, she has now decided to do public health.
- b) Ms. Smitha, a Biochemistry post-graduate spent 6 weeks with us. She has subsequently got admission to a post-graduate course in Health Promotion in the UK.
- c) Mr. Sanjay Tirkey

- d) Mr. Petrus (2 young college students)  
Both (c) and (d) were associated with CHC from 9-6-2003 till 26-11-2003. After the initial 1 month community health orientation in CHC, Petrus was placed for 5 months with PRAYAS in Chittorgarh district, Rajasthan and Sanjay was with the CEHAT project in Bhadwani district in Madhya Pradesh. They undertook health surveys, health training and participated in Jan Swasthya Abhiyan activities at grass root level in about 25 villages each which included a health survey, Jana Sunawais and street campaigns on Health as a right. CHC was in touch with them during the period and a feedback session was organized together with the 3 fellows / interns in November 2003 in CHC.
- e) Mr. Xavier another young college student spent 6 months with CHC and participated actively in life skills education programme for the urban poor and assisted in a 3 week community health training. He also opted to live in an urban slum and worked with a group of children and youth.

(A detailed report on the Scheme and all the Fellows is available on request)

## **8. LIBRARY AND INFORMATION CENTRE**

- ❖ The Library and Information Centre is important and provides critical support to all CHC activities and to other users. The library regularly updates its range of materials. As of March 2004, CHC Library and Information Centre has a rich collection of books (8351), journals, newsletters, brochures, health education materials (Slides 53; Posters 790; Video Cassettes 141), resource files, CDs (texts and workshop reports), email information, paper clippings etc. The collection of library materials has come through CHC funds / donation.
- ❖ The library also opens for outsiders. They are eligible to borrow the books, journals and other reading materials for a limited period. We welcome any donations of reading materials to our library.
- ❖ We have bibliography / annotated bibliography on specific subject of CHC collection which was made by CHC staff. The list of bibliographies is available in CHC Publication List. The CHC Publications are available in the library. The list has been updated till March 2004.

## **9. CHC PUBLICATIONS AND REPORTS**

1. Environment and Health – A people’s campaign. Health Action, Vol. 16, No. 4, April, 2003. P37 – 39. (CHC).
2. HIN Newsletter, Vol.1, December 2002 – May 2003.
3. Setting Hospital Standards and Accreditation. Health Action, Vol. 16, No. 6, June, 2003. P6 – 9. (CMF).
4. HIN Newsletter, Vol. 1, No.2, June-July 2003.

5. Remembering Alma Ata – The 25<sup>th</sup> anniversary of the Alma Ata gives us an opportunity to ponder over the realities and the options available to us. CMJI, Vol. 18, No. 3, July – Sep. 2003. P19 – 22 (RN)
6. HIN Newsletter, Issue No.3, August-September, 2003.
7. The Peoples Health Movement: A People’s Campaign for Health for All – Now!. Health Action International News, No. 126, July – Sep. 2003. P1 – 7 (RN).
8. HIN Newsletter in Kannada on HIN, Vol. 1, No.1, August 2003.
9. HIN Newsletter in Kannada on TB, Vol. 1, No.2, September 2003.
10. HIN Newsletter, Issue No.4, September – October 2003.
11. The Task of the force (An overview of the Karnataka Task Force, which identified corruption as the most important concern in Health) Humanscape, Vol. 10, No. 9, Sep. 2003. P12 - 13 (RN & TN)
12. HIN Newsletter in Kannada on People’s Charter for Health (Indian version), Vol. 1, No.3, September-October 2003.
13. HIN Newsletter in Kannada on Dengue control, Vol. 1, No.4, October 2003.
14. Enticing to Kill. Health Action, Vol. 16, No. 10, October 2003. P16 – 17, 19. (SJC).
15. HIN Newsletter, Issue No.5, October-November, 2003.
16. Voluntary Organisations Financial Management – as practiced in CHC, November 2003, p 26, SOCHARA.
17. Making a Difference – Are you a floor mopper or tap turner – off?. CMJI, Vol. 18, No. 4, Oct. – Dec. 2003. P20 – 21 (RN)
18. HIN Newsletter, Vol. 1, Issue No.6, December 03 – February 2004.
19. The Mumbai Declaration from The III International Forum for the Defense of the People’s Health, Mumbai, 14 - 15 Jan. 2004 (A Forum held before the World Social Forum, 16 - 21st Jan. 2004. (6) (PHM / CHC).
20. HIN Newsletter in Kannada, Vol.1, No.5, January 2004.
21. Is India’s Health Shining? What will be your vote? CMJI, Vol. 18, No. 4, Jan. – March 2004. P27 – 28 (RN).
22. Community Health Approach to Tackle Alcohol Related Problems (CHATA) - A Documentation. P1-31 (S. Sowbagya in consultation with CHC team).

## **12. CHC SOLIDARITY**

CHC's support and participation in a wide range of organizational governance and initiatives in solidarity continued during the year and included:

1. INSA Governing Body (VB, TN);
2. CEHAT – Social Accountability Group (RN – Convenor);
3. HAFA Trust, Health Action Editorial Board (TN);
4. CMAI, CMJI Health Advocate Column (RN);
5. CEHAT – National Abortion Assessment Study (TN – TAC member);
6. Manipal Hospital Ethics Committee (CMF);
7. Regional Occupational Health Centre, NIOH, (RN – Scientific Advisory Group and Ethics Committee);
8. National Tuberculosis Institute (TN – Ethics Committee)
9. Samraksha (TN – Institutional Ethics Committee)
10. National Institute of Advanced Studies, Bangalore (RN – Senior Associate).
11. Election Watch (SSP ?????)

## **12. CHC ORGANISATIONAL STRENGTHENING**

### **a. Staff Development**

### **b. Financial Management**

### **c. CHC Archives**

As part of the Twentieth Year Milestone a Consolidation and Archival process was started to bring together all the CHC generated reports, papers, policy documents, educational materials, handouts, media reports, project reports and other documents of archival significance. Though the process is ongoing, about eight volumes of key administrative documents were prepared.

### **d. CHC Review**

A participatory interactive review was initiated with Dr. Amar Jesani as the External Review facilitator. The above archival documents were sent to him as background material. Dr. Amar visited CHC twice during the year and had a series of discussions and individual interviews with a host of team members, associates, fellows, Society members and partners of CHC. In addition, Dr. Mohan Isaac, President, SOCHARA, sent a letter to over 100 persons associated with CHC in the last twenty years seeking their feedback on what the CHC had meant to them. The CHC team look forward to the Review Report by Dr. Amar which would help us to explore and build the framework of the next phase.

## **13. IN CONCLUSION**



**a. Community Health Orientation**

- A three-day orientation programme on Community Health was organized for CRI brothers. SD.Rajendran, S.J.Chander and Dr. Rajan Patil participated at the panel discussion held on alcohol and tobacco abuse.