

**ANNUAL REPORT 2004 -2005**

**Community Health Cell, Bangalore**

**The Society for Community Health Awareness,  
Research and Action (SOCHARA)**

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## **Obituary**

The late Dr. Varghese Benjamin, retired Professor of Community Health, Christian Medical College, Vellore, a source of inspiration to generations of community health practitioners and activists, was associated with the Community Health Cell since its inception.

He was actively involved in CHC in several capacities over the years. He was a senior consultant providing guidance and support to the training team, and undertaking evaluations. He was on the advisory committee of the study on social relevance and community orientation of medical education and later of the community health fellowship scheme. He was an Executive Committee member of the Society for Community Health Awareness, Research and Action (SOCHARA), and the President of SOCHARA from August 1998 to 2003.

He was president of the Drug Action Forum, Karnataka and guided several community health and development organisations in Bangalore and elsewhere.

Dr. Benjamin, known as Dasan to his friends, passed away peacefully on 18th December 2004. He was actively involved in community health work till the end. His concern for people, availability to everyone and cheerfulness endeared him to all. He will be greatly missed.

The CHC team, SOCHARA members and CHC associates deeply mourn the passing on of Dr. Benjamin and extend their sympathies and prayers to the family.

## INTRODUCTION

The Community Health Cell (CHC) entered the twenty-first year of its existence in 2004–5. The Society for Community Health Awareness, Research and Action (SOCHARA), of which CHC is now the functional unit, entered its fourteenth year since registration. Promoting community health based on the social paradigm, through policy action, training, mainstreaming, networking and the people's health movement continued to be our core thrust during this year. We recognise that peoples' health is deeply influenced by determinants that are deeply embedded in the social, political, economic, cultural and ecological fabric of life. Synergies of global and local action are necessary to influence these in a positive direction. This understanding led us to a substantial involvement in the People's Health Movement from local to global level during the past seven years.

### THE SOCIAL PARADIGM OF COMMUNITY HEALTH AND PUBLIC HEALTH

#### To move community health action from ...

- *the bio-medical model to the socio-community model.*
- *individual to community focus.*
- *people as patients or beneficiaries to persons as equal participants.*
- *providing to enabling and empowering.*

## 1. CHC OBJECTIVES

The objectives of the Society provide a framework for CHC activities. These are:

- To create an awareness regarding the principles and practice of community health among all people involved and interested in health and related sectors.
- To promote and support community health action through voluntary as well as governmental initiatives.

- To undertake research in community health policy issues, particularly:
  - community health care strategies;
  - health personnel training strategies;
  - integration of medical and health systems.
- To evolve educational strategies that will enhance the knowledge, skill and attitudes of persons involved in community health and development.
- To dialogue and participate with health planners, decision makers and implementers to enable the formulation and implementation of community oriented health policies.
- To establish a library, documentation and interactive information centre in community health.

## **2. THE CHC TEAM –those who make things happen**

- Each CHC team member played an important role in achieving all that has been done. The spirit of voluntarism was evident in the extra hours of work put in. As we promote community health and support the health movement, we work towards increasing a sense of community, equality, democracy and of challenge to each other as professionals working within a team. Though sometimes difficult it continues to be a part of the ongoing ‘action-reflection experiment’.
- Dr. C.M. Francis (CMF); Dr. Thelma Narayan (TN); Dr. Ravi Narayan (RN); Mr. S.D. Rajendran (SDR); Mr. S.J. Chander (SJC); Ms. Noreen Hoskins; Ms. Deepu Shailaja; Mr. S.B. Anil Kumar; Mr. C. James; Mr. H.R. Mahadeva Swamy; Mr. Joseph Anthoniappa; Mr. V.N. Nagaraja Rao; Smt. Kamamma and Sri. Hari Prasad continued working with CHC.
- Chander is Field Training Co-ordinator from November 2004.
- Rajendran, who worked in the disaster affected areas of Tamil Nadu since December 26, 2004 when the tsunami hit the coast, continues in a new CHC initiative with affected communities in Chennai.

- Dr. B.S. Paresh Kumar, Fellow-Training, Networking & Community Mobilization left CHC in August 2004.
- Mr. Victor Fernandes joined as Administrative Officer in June 2004.
- Mr. Naveen Thomas who was a Fellow, under the Community Health Fellowship Scheme, joined as Health Policy Fellow from October 2004.
- Dr. Abraham Thomas, also an alumnus joined as Research cum Training Assistant from November 2004.
- Mr. Ameer Khan, an alumnus joined as Training cum Research Assistant from February 2005. He is working with tsunami affected people in Pazhaverkadu, Thiruvallur district, Tamil Nadu.
- Apart from the above, CHC had fellows, interns, volunteers and students on placements during the year.

### **3. DISASTER RESPONSE**

#### **4.1 Tsunami Relief and Rehabilitation**

CHC trained over 100 volunteers to respond to the disaster caused by the tsunami. The volunteers contributed their services in the following areas - medical relief, psychosocial support, community organization, and networking with NGOs and government in Cuddalaore, Nagapattinam, Chennai, Chidambaram and Kanayakumari districts for nearly two months.

Mr. S.D. Rajendran, who was in Chennai when the tsunami struck, began work from December 26 itself, in collaboration with the Action Aid team. He was based in Sirkazhi in Nagapattinam district. The first team of ten volunteers including CHC fellows, social workers, doctors and medical students left Bangalore on December 30, 2004 after an orientation at CHC. They worked in Sirkazhi taluk, Nagapattinam district along with Rajendran. They worked in a total of 17 villages, providing psycho-social support, medical care, and facilitating community involvement and public health initiatives wherever required.

The first team was replaced by another team of nine volunteers, including five doctors in Sirkazhi on January 6, 2005. They continued the work of the first team and consolidating the work done there. The team included Dr. Sr. Aquinas, a SOCHARA member and Dr. Elsa, a community health fellow. The lodging boarding and even local transportation needs of these teams were met by a local Jain Association in Sirkazhi. They worked intensively in three coastal villages of Kottaimedu, Maduwaimedu and Keelamoorkarai with an estimated population. Action Aid India provided support and solidarity.

Another team of sixteen volunteers from K. L. E. Society's Hospital and J. N. Medical College, Belgaum, accompanied by Mr.S.J.Chander, left for Cuddalore after an orientation at CHC on January 3, 2005. They supported five medical relief centres being run by Tamil Nadu Science Forum (TNSF) and Association for India's Development (AID). Chander trained 15 local volunteer of TNSF regarding psychological dimension. To help in water purification, CHC bought one lakh soluble chlorine tablets which were sent to the tsunami affected with the different volunteer teams.

Dr. Mathew, a community health fellow from the first batch, facilitated two teams of volunteers to work in the affected areas. CHC provided orientation inputs. One team with seven members worked in Nagapattinam district while the second team of fourteen members including Dr. Mathew worked in Kanyakumari district. Mr. Prasanna was actively involved with the Bangalore Citizens' initiatives and with the AID – India (Association for India's Development) groups in Tamil Nadu. Mr. Prasanna and Dr. Abraham did an orientation in Tamil for 40 members from St. Antony's Friary on January 2, 2005. Another orientation was conducted for CRI Institute students in Vidyadeep, Bangalore by CHC.

OXFAM-GB requested CHC to support its work in Kanyakumari district. Mr. Naveen worked as a volunteer in January helping coordinate the OXFAM team in Nagercoil.

Thelma coordinated and kept in touch with all the volunteer teams from Bangalore. The entire CHC team provided organizational support to the relief and rehabilitation efforts.

CHC helped in organising the post-tsunami dialogue of the global People's Health Movement (PHM) held in Chennai from April 8-9, 2005. The workshop titled "**From providing humanitarian aid to community empowerment**" reflected on post-tsunami disaster strategies.

Being involved in the tsunami relief and rehabilitation from the first day onwards, the CHC team was requested to continue working with some affected communities by local and other groups. Several NGOs and volunteers who had gone during the initial relief phase had begun leaving, even though the situation was still not normal. The media focus on the situation had also shifted. Though the hype over the tsunami was dying down, the affected people's lives were far from normal. In fact their struggles were only beginning, as they began rebuilding their lives and homes.

After a lot of discussion and thought, CHC decided to continue its work in the tsunami affected region, especially focussing on the neglected areas and communities. Based on the visits and feedback of a field assessment team, an area North of Chennai in Thiruvallur district, called Pazhaverkadu was chosen for long term work, in addition to Kannaginagar, Kargilnagar, and Srinivasapuram slums in and around Chennai city.

#### **4. CAMPAIGNING FOR SOCIAL CHANGE**

##### **5.1 Tobacco Free Initiatives**

###### **5.1.1 Campaign Activities**

The tobacco campaign this year has been the busiest of all years, covering more places and people. The issue was also kept alive by working with the media throughout the year. The campaign was launched at NIMHANS on April 7<sup>th</sup>, which is People's Health Day. A few members of the Consortium For Tobacco Free Karnataka actively joined in the campaign. The theme of World No Tobacco Day for the year was "**Tobacco and Poverty**". About 300 street children participated at the programme launch. A magic show on the ill effects of tobacco use captured their attention. There was also a video



presentation. Dr. Mohan Isaac Professor of Psychiatry and the President of SOCHARA was the chief guest. Ms. Padmasini Asuri the Treasurer of SOCHARA also participated at the programme. At the end of the programme the boys who had chewed tobacco sachets with them came forward and threw them in the dustbin, with a resolve not to touch them again.

The second programme was organized for employees of the Motors Industries Company (MICO) at Naganathapura. Over 2000 employees of MICO visited the exhibition and signed the memorandum to be submitted to the government. MICO had earlier declared their campus tobacco free. During the inauguration MICO gave a cheque for Rs. 6250 towards the campaign for the year. The cultural team of MICO performed street plays on ill effects of tobacco on World No Tobacco Day in front of Vidhana Soudha (Assembly Hall), the main bus station and railway station.

The third programme was held at the main waiting hall of Bangalore City Railway station. Thousands of people visited the exhibitions and sought more information on the ill effects of tobacco. Over 2000 people signed the memorandum.

A similar programme was organized at the Mysore City Railway station. The Bharat Scout team supported by the Railways helped organize the exhibition. They also went around the platform and got into the train creating awareness on the ill effects of tobacco use. They also got the signature of over 2000 people on the memorandum. The Divisional Manager for South Western Railways Smt. Usha Mathur inaugurated the programme.

Another programme was organized at the Karnataka State Road Transport Corporation (KSRTC) bus station. Thousands of people visited the exhibition. Dr. Vijayalakshmi, interventional cardiologist at the state government run Jayadeva Institute of Cardiology addressed the gathering during the inauguration. Mr. Nagaraj the station manager offered his support in organizing the exhibition. He helped in putting up two large banners-conveying messages on the ill effects of tobacco use at the exit and entrance.

Ms. Dorothy Rose and Dr. Sahu of NIMHANS went to the Times of India office for a debate on implementing the Act on banning of smoking in public places. Chander of CHC was interviewed by FM radio regarding World No Tobacco Day.

Over 500 people participated at a rally on 31st May in front of Vidhana Soudha (legislative assembly building). During the rally a hearse carrying a coffin containing two huge dummy cigarettes passed through different parts of the city. Banners on the vehicle carried messages "cremate tobacco companies not human being" and "cremate tobacco not human beings." About 200 people participated in a seminar organized after the rally at the Association of Physicians in India building.

An exhibition was organised on World Heart Day at the Basava Bhavan. School children participated in painting posters on the ill effects of tobacco. Many school children and members of the public visited the exhibition.

On 14<sup>th</sup> August in view of Independence Day we helped college students organise a rally on tobacco. Over ten colleges took part in the rally, with over 2000 students. Thelma Narayan, Dr. Vijayalakshmi, and Dr. Ramesh Bilimagga, radiation oncologist at Bangalore Institute

of Oncology spoke during the programme. They are also members of the Consortium for Tobacco-Free Karnataka.

### **5.1.2 Awareness Programme for Schools on Tobacco**

Over 500 students both boys and girls from four schools participated in these sessions. The girls were motivated to become change-agents to create awareness in their community and to motivate their family members who use tobacco products to quit the habit. School boys, some very young use tobacco products both smoked and chewed. They were given the phone number of the tobacco cessation clinic at NIMHANS. Over 100 people including staff and students of the Seva Sadan Industrial Institute participated in life-skills sessions conducted by CHC. Many adolescent boys and youth addicted to tobacco struggle to quit.

### **5.1.3 Awareness Programme for Street Kids on Tobacco**

Three programmes were conducted for street kids through the Association for Promoting Social Action (APSA) and Rag picker Education and Development Society (REDS). These sessions were held at the public bus station and the graveyard where the children spend most of the time. The girls and boys stay together and some of them do indulge in sexual activities. This time the approach adopted was a little provocative with the objective to make them think, in order to discover the meaning and purpose of life. Over the years the street children organizations are trying hard to rehabilitate them from a life style which is harmful in many ways. It is found that unless they find a meaning and purpose for their life they would not change. Discussion focussed on tobacco and other specifics of life. At the end of the programme in the graveyard the children removed all the tobacco products from their pockets and burnt them.

### **5.1.4 Community Awareness Programme on Tobacco**

Six community awareness programmes were conducted in four different urban poor areas. In one place it was for the gypsy community where the children were sent to beg on the posh streets of the city and the parents use the money the children bring for drinking alcohol and using tobacco products. Most of the men smoke and the women chew tobacco. They were shocked to see the pictures of oral

cancers, gangrene of feet and the picture of the smokers' body. They asked at the end what to do quit smoking and chewing, they were give some tips to mange the four minutes craving that they were likely to have after they have made the decision to quit. They were assured of the support of the de addiction centre if they fail to quit with the help of the tips given. In another place one women who was chewing tobacco immediately went and washed her mouth, she resolved not to use tobacco again. In another place about five women came forward for help in quitting. One woman was carrying a tiny little baby; she said that she was keen to quit but told us about her past unsuccessful efforts. These instances are cited to indicate the need for intervention at community level to back-up policy level initiatives.

### **5.1.5 Health Educational Material on Tobacco**

In the past we felt the need for educational material the local languages for various groups who asked for them. Audio visual aids were used in all the awareness programme but there was nothing to leave behind. It was our desire to have a fact sheet on tobacco, with the help of the Ministry of Health and the WHO country office we were able to print a multi colour fact sheet both in Kannada and English. We were also able to produce a booklet containing technical papers by medical experts on various ill effects of tobacco use and cultivation. We also felt the need to produce a set of slides appropriate for non-literates and the less educated. SJC wrote three articles in three different issues for Health Action during the year on various aspects of tobacco use.

### **5.2 People's Struggle for Basic Amenities (Kolar Gold Fields)**

CHC undertook a study entitled "Death of a mine and Death of the People" - regarding Kolar Gold Field (KGF).

The Kolar Gold Field (KGF) has functioned from the past 120 years, with one time workforce of 36000 workers and then had been reduced to just 4000 workers. It has so far produced 850 tons of gold. For this 4600 workers died in mining accidents alone, 6000 workers were disabled, 11000 workers suffered from silicosis. The mine has an 80 km reef of which only 8 km has been operated (mined) so far. The Bharat Gold Mines Limited (BGML) declared its closure in April 2000 despite several studies and reports claiming that the mine can

operate for another 40 years. The government wants to hand it over to a private company, companies from Australia, Canada and USA. The entire KGF Township with its population of three lakhs, and not just the employees, depended on BGML for survival. SDR went to KGF, interacted with the residents / people and found some realities: (1) starvation deaths have accrued (2) each family has a mountain of debts (3) suicide rates are a very high (4) mental ill health and chess related problems are increasing (5) anemia among women is common. The closure of the mines has affected every aspect of life and even the physical environment of the township. The 70,000 workers ex-workers and their families live in small asbestos sheet roofed homes. The company has withdrawn electricity, water and sanitation.

CHC took this seriously and had several meetings regarding Human Rights violation at KGF and organised many meetings, meeting with municipal director of KGF, etc.

## **5. TRAININGS IN COMMUNITY HEALTH AND PUBLIC HEALTH**

### **6.1 Community Health Fellowship Scheme**

**6.1.1 Introduction:** The period April 2004 – March 2005 marked the second year of the three-year phase of the Community Health Fellowship Scheme (CHFS), supported by the Sir Ratan Tata Trust (SRTT). The basic procedures<sup>1</sup> and formats<sup>2</sup> which had been finalised in the first year were used successfully and some new formats<sup>3</sup> were included in the second year. Mechanisms of organisational functioning had also been set in place. In addition to the Community Health Fellowship Scheme, the informal placement scheme for candidates outside of the Fellowship Scheme also continued.

The spirit of the community health fellowship scheme continued to grow in the second year, with more young professionals applying to CHC to learn about community health and its various options by involving themselves in a person-centred, semi-structured training

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<sup>1</sup> Selection procedure, learning schedules, partner organisations, field mentors, etc.

<sup>2</sup> Selection criteria, note for mentors, reading list, curriculum, etc.

<sup>3</sup> Orientation notes for Administration and Accounts; User guidelines for CHC Library and Information Centre; Keep-in-Touch format for Community Health Fellows who have completed their fellowship.

programme. Sixty one applications have been received until now for the community health fellowship scheme.

**6.1.2 Objectives:** The objectives of the fellowship scheme provided the framework for work undertaken during the current year.

***Objective 1: To promote life options in community health by offering a semi-structured, placement opportunity in CHC, in partnership with selected community health projects.***

In addition to Mr Ameer Khan who joined on 23<sup>rd</sup> March 2005 as part of the year two group, five new community health interns/ fellows were selected during this year to complete the planned intake of six per year. They are Dr. Neeta S. Rao, Mr. Mathew Sunil George, Dr. Jyothi Gupta, Dr. Vinay Vishwanatha and Dr. (Sr.) Elsa Thomas.

The internship/ fellowship programme for the three who joined for year one on 15<sup>th</sup> March 2004 was also completed during this year. There have been some financial savings made and after discussion with our team and the SRTT we will see if we can take a few extra persons during year three. Field placements were made in new community health/public health projects and initiatives in different parts of the country, helping to further strengthen the links with these partners and friends. Field partners are listed later.

***Objective 2: To strengthen motivation, interest and commitment of persons for community health.***

It is heartening to note that all the ten interns/ fellows who have completed their community health internship/ fellowship have continued to work in areas related to community health.

- Dr. Abraham Thomas is working as the Communication Officer for the People's Health Movement (PHM) and is based in the PHM global secretariat, at CHC.
- Dr. Mathew P. Abraham is currently working in Jharkand during his vacation period with the Catholic Health Association of Bihar and Jharkand. He along with colleagues had taken a large batch of 21 volunteers for tsunami relief work in Kanya Kumari district. He motivates and supports several people interested in community health.

- Mr. Naveen I. Thomas is currently working with Community Health Cell as a Health Policy Fellow. Along with Dr. Thelma Narayan, he is responsible for managing the Community Health Fellowship Scheme.
- Dr. Sandhya Y. A. is teaching Community Dentistry in a Dental College in Bangalore.
- Mr. Ameer Khan K., who worked with an HIV/ AIDS programme in Tamil Nadu for a short while, is currently working in a community health and development intervention by Community Health Cell in tsunami affected areas of Tamil Nadu. Along with his other responsibilities, Ameer is independently responsible for community health interventions in Pazhverkad, Thiruvallur district of Tamil Nadu.
- Ms. Shalini continued her work in Chhattisgarh by assisting in a health education / IEC study. With other organisations she conducted a state level meeting in April 2005 on women's issues, and is participating in the preparatory work in Chhattisgarh and Lucknow for the international women's health conference to be held in September 2005 in Delhi. She is active in the Jan Swasthya Abhiyan.
- Mr. Amen Xavier Kaushal, has joined the Foundation for Community Health Research (FRCH) in their new community health action research project supported by the ICMR in Ralegan Siddhi, Maharashtra. He is working with a pre-fellow Dr. Rakhal Gaitonde.
- Mr. Mathew Sunil George who worked with people living with HIV/ AIDS and related issues during his internship period, continued to work on HIV/ AIDS in Kenya. He will rejoin his studies in India, and is committed to work on HIV/AIDS on a long term basis.
- Dr. Jyothi Gupta who visited the State Health Research Centre (SHRC) in Raipur, Chattisgarh during her internship, has gone back to SHRC to work on the Human Development Index for panchayats along with the SHRC team.
- Dr. Neeta S. Rao continues to work on community health financing issues and is currently studying the 'Yeshaswini health insurance scheme', introduced by the Government of Karnataka.

***Objective 3: To sharpen analytical skills and to deepen the understanding of the societal paradigm of community health.***

The skills and capacities of participants completing their community health internship/ fellowship scheme is beginning to be noticed in the voluntary sector. CHC has been getting increasing queries regarding the Fellowship Scheme along with job offers from NGOs and other voluntary organisations. Most organisations visited by the Fellows during the fellowship period have continued to be in touch with the fellows or have offered placement options to them.

Two events in the last year which truly showcased the initiative and skills of the interns/ fellows were the 'Right to Healthcare' campaign of the *Jan Swasthya Abhiyan* (JSA) and the tsunami relief efforts following the massive destruction which took place in the southern coasts of the country during late December 2004.

Community health fellows/ interns were active in many states in organising and collecting cases of denial of health care, and in conducting the public hearing at different regions. Shalini contributed greatly to the work in Chhattisgarh; Abraham took responsibility in Andhra; Ameer in Karnataka; Amen in Orissa; and Neeta, Sunil and Naveen in the southern region public hearing.

During the tsunami relief phase, Vinay motivated his friends from Bangalore Medical College to form a team and work with CHC in Nagapattinam district, Mathew and his friends worked in Kanyakumari, Elsa in Nagapattinam and Naveen in Kanyakumari. They played leadership roles within their respective teams and also took coordination responsibilities

### **6.1.3 Organisational Issues**

Dr. Thelma Narayan continued to be the coordinator of the fellowship scheme.

Dr. Paresh Kumar, who was the fellowship co-coordinator, left CHC in August 2004. Mr. Naveen Thomas now shares in the organisational responsibilities for the scheme.

Dr. Thelma and Mr. Naveen are also a part of the Advisory Group with Naveen representing the fellows. The other members are Dr. Ravi Narayan and Dr. C. M. Francis.

Dr. Thelma, Dr. Ravi and Dr. Francis were the mentors for the interns/ fellows during this period. All the technical team members of CHC were involved in providing learning inputs. They also involve the interns/ fellows in their field programmes like life skills education with urban poor, adolescents / youth; community health in urban slums; *Janaarogya Andolana* – Karnataka (people’s health movement in Karnataka); community health training in rural areas; etc. The administrative, library, accounts and office staff of CHC continued to provide administrative and logistical support to the interns/ fellows and to the fellowship scheme as a whole. The interns/ fellows had access to CHC Library & Information Centre (CLIC). They utilised the existing infrastructure, including computers and office space during the fellowship period.

#### **6.1.4 Partner Organisations**

The field mentors and partner organisations who were involved in the fellowship scheme by way of hosting interns/ fellows, during the current year were: (i) Fr. John Vattamattom, **Sanghamitra**, Medak district, Andhra Pradesh; (ii) Dr. Johny Oomen, **Mitra Programme**, Community Health Department, Christian Hospital, Bissam-cuttack, Rayagada District, Orissa; (iii) Fr. Anthony, **Snehadaan**, Carmelaram Post, Bangalore, Karnataka; (iv) Mr. Deepak, **Society for People’s Action for Development (SPAD)**, Bangalore, Karnataka; (v) Dr. B.Ekbal, National Convenor, Jan Swasthya Abhiyan and local groups in Kerala; (vi) Dr. Sr.Aquinas, **Comprehensive Rural Health Project (CRHP)**, Hannur, Karnataka; (vii) Dr. Balasubramaniam, **Swami Vivekananda Youth Movement**, H.D.Kote Taluk, Mysore District, Karnataka; (viii) Dr. Shyla, **Action for Community Organization Rehabilitation and Development (ACCORD)**, Gudalur, Nilgiris, Tamil Nadu; (ix) Dr. Narendra Gupta, **PRAYAS**, Chittorgarh, Rajasthan; (x) Sri Manas Jena, **Development Initiatives & OMAPAN (Orissa Mining Affected Peoples Action Network)**, Bhubaneswar, Orissa; (xi) Dr. T. Sundararaman, **State Health Resource Centre (SHRC)**, Raipur, Chhattisgarh; (xii) Sr. Prabha, **Catholic Health Association of Bihar and Jharkand (CHABIJ)**, Ranchi, Jharkhand; (xiii) Dr. Ulhas Jajoo, **Mahatma Gandhi Institute of Medical Sciences**, Sevagram, Wardha, Maharashtra; and (xiv) Drs. Abhay and Rani Bang, **Society for Education and Research in Community Health (SEARCH)** Shodh Gram, Gadchiroli, Maharashtra.



The teams of all these organisations provided invaluable support and insights regarding the complexities and joys of working with people through health interventions. The partnership process is also helping to strengthen the bonds and inter – institutional links between community health projects and CHC.

Details of the fellowship scheme, expectations of mentors and discussion on potential work and exposure for the interns/ fellows were discussed with each agency. While the feedback from interns fellows on the field mentorship process was on the whole positive, there is need to strengthen this critical aspect further by increased discussions with interns/ fellows regarding their expectations and roles, and by maintaining a closer contact with field partners.

## **6.1.5 Activities**

### **a) Community Health Workshop**

A residential Community Health Workshop was held at the Indian Social Institute in Bangalore from April 14 – 16, 2004. The workshop was planned and formulated in a unique manner, with the participants being asked to send in their questions to the CHC before the workshop began. The whole workshop revolved around these questions. This also gave a chance for the panellists to tailor their presentations based on the questions. The interns/fellows played a major role in running the workshop. The proceedings of the workshop have been brought out in a book form.

### **b) Mentor's Meeting**

During the small group sessions of the community health workshop, the mentors met separately to discuss the process of mentoring and their experience so far. Mentors present included: Dr. Ulhas Jajoo of MGIMS, Sevagram, Wardha; Dr. Narendra Gupta of PRAYAS, Rajasthan; Dr. Sunil Kaul of ANT, Bongaigaon, Assam; Fr. John Vattamattom of Sanghamitra, Medak district, AP, Dr. (Sr) Aquinas from Comprehensive Rural Health Project, Hanur, Kollegal district, Karnataka and the CHC mentors. The detailed schedule of the workshop and mentors meeting is included in **Annexure 3**.

### **c) Selection of interns/ fellows**

Notes / advertisement regarding the fellowship scheme were sent to several organizations working in health and development. One advertisement appeared in NMJI (National Medical Journal of India), Vol. 17, No.3, May-June 2004. Call for applications were also put up on the CHC website ([www.sochara.org](http://www.sochara.org)). During this period, we received many applications, out of which five candidates were selected, viz – Dr. Neeta Rao (fellow for eight and a half months); Dr. Sr. Elsa Thomas (fellow for 6 months), Dr. Jyothi Gupta (intern for 6 months); Mr. Sunil George (intern for 6 months) and Dr. Vinay Vishwantha (intern for one year).

### **d) Training**

- An orientation programme for Amen, Sandhya, Shalini and Ameer Khan who joined in March 2004 was held from March 15 to April 16 2004.
- The orientation programme for Sunil, Jyothi and Neeta who joined in June 2004 was held from June 14 to July 2, 2004.
- A final two-week group learning session was held from August 30 to September 13, 2004 for the batch of four who joined in March 2004. The programme was evolved through an interactive process with interns/ fellows and the CHC team. It was combined with a mid-term reflection for the batch of three who joined in June 2004. Naveen from the first batch who is now with CHC also participated and helped in the organization and facilitation of some of the sessions.
- A three-day debriefing and group learning session was conducted from December 8 -10, 2004 for Community Health fellows.
- CHC mentors have been selected for the fellows / interns according to a match between the interests and skills on both sides. A note for mentors is distributed once the mentor is identified. Individual mentors have long meetings with the fellows / interns at a minimum of twice a week while based in CHC. Work done is reviewed, one-to-one teaching / sharing of community health insights is done and future work is planned. Fairly soon after joining, following discussions and reflections, the fellows / interns write out their general aims and specific objectives for the placement period.

#### **e) Interaction between Fellows**

An e-group ([chfellows@yahoogroups.com](mailto:chfellows@yahoogroups.com)) has been set up by the fellows to interact with each other. Two newsletters were produced during this period – one in September 2004 and the other in January 2005. This was sent to all the community health interns/ fellows and mentors. They have also been uploaded on the CHC and SRTT websites.

#### **f) Advisory Committee Meetings**

Two advisory committee meetings were held during this period. They were held on June 7, 2004 and January 21, 2005 respectively.

#### **g) Monitoring and Review**

Dr. Rajini Ved a public health physician from Delhi has been appointed by the Sir Ratan Tata Trust, Mumbai, as a Consultant to concurrently independently review the project implementation and provide inputs, right from the project initiation phase. She visited CHC for a mid-term evaluation on January 20 - 21, 2005 along with Mr. Sudipto Saha from SRTT. On 20<sup>th</sup>, Dr. Ved held discussions with the CHC team and community health fellows (past and present). On January 21, 2005, they attended the Advisory Committee meeting. Dr. Ved has been sent all the reports and other CHFS related documents.

#### **6.1.6 Profiles of newly Community Health Interns/ Fellows**

1. Dr. Neeta Rao is an Ayurvedic graduate from Mumbai with a Masters in Health Administration from the Tata Institute of Social Sciences (TISS), Mumbai and a short working experience with a private insurance company. She gave that up and an admission to the TAA at IIM, Ahmedabad to join the fellowship scheme as she was going through a deeper search for meaning in her professional life. She has an interest in community health insurance in the broader context of community health. During the fellowship period she studied health insurance schemes in the voluntary sector and in government. She initially studied the Jawar health insurance scheme at Mahatma Gandhi Institute of Medical Sciences (MGIMS), Sevagram, Wardha and has written a paper jointly authored with Dr. Ulhas Jajoo. She spent a month at SHRC, Raipur understanding a state level health intervention, and supported SHRC by studying the Rogi Kalyan Samiti Scheme in Chhattisgarh. She spent a week at ACCORD, Gudalur to understand adivasi life and the dynamics of running a community health and development programme within which a health insurance programme functions. She has applied herself to understanding the Peoples Charter on Health and the various advocacy, action research and community based campaigns of the Jan Swasthya Abhiyan and Peoples Health Movement by participating in the Western and Southern Region Public Hearings on the Right to Health Care jointly organised by the National Human Rights Commission and JSA. Her report is well written and thorough. After completing her six month fellowship she rejoined in February 2005 for 21/2 months to study the Yeshaswini Health Insurance Scheme for members of cooperatives and self

help groups (SHGs) in Karnataka. She has made presentations to the CHC team and others on her work and has taken sessions for fellows on health financing and primary health care.

2. Dr. Jyoti Gupta, is an allopathic medical graduate from Kanpur, who completed 8 months of the Masters in Community Health from the Centre for Social Medicine, Jawahar Lal Nehru University (JNU), New Delhi, and then decided to opt for something she considered more practical. Jyoti was interested to study health systems in the government and voluntary sector more deeply and to clarify the roles of doctors and other health workers. She spent part of her field placement at SHRC, Raipur understanding a state level intervention to strengthen and reform the public health system, with greater community involvement through the training of 60,000 mitanins (community health workers). She helped in the data entry for an internal outcome evaluation of the mitanin programme. The State Health Resource Centre (SHRC) is an innovative institutional mechanisms established through a memorandum of understanding between the Govt. of Chhattisgarh and Action Aid India. It provides additional technical capacity to the state government. Several interns and fellows from CHC have been there.

Jyoti also spent time at PRAYAS, Rajasthan looking at primary health care systems from a community perspective. She participated in investigation of hunger deaths; in a workshop on declining sex ratio; in health camps; bal melas, and in a Peoples Tribunal on Family Planning and population policies. She also spent three days in an organisation called *Samavesh* in Madhya Pradesh, an offshoot of *Eklavya*. Samavesh has expanded their work based on their own experiences and learning, starting from education, moving to rural development and now to health. Jyoti like many others has been through an intense period of questioning and search.

3. Mr. Sunil George Mathew, B.Sc., in Physics, and NIIT course from Chennai, currently studying in the Redemptorist Seminary has completed Philosophy. His interest is in understanding different aspects of the HIV/AIDS issue and working with youth which will be his area of work in future. Sunil spent a few weeks working with the Society for People's Action for Development (SPAD),

Bangalore on prevention and awareness building with truck drivers, hamalis and sex workers at the truck yard, drop-in room, and the health care centre. Through this work he was “*exposed to the harsh reality of life as experienced by marginalised groups*” and “*to the stigma discrimination and pain in the lives of persons*” infected and affected by HIV/AIDS. Later after living and working for two weeks in providing personal care to people living with AIDS and while they were dying, he wrote “*I had experienced suffering and death like never before in my life.....the most important learning that occurred to me was that I was cured of my own fears about HIA/AIDS”...” I encountered the silver lining of commitment and dedication of the staff*”. He followed this up with a study of stigma and discrimination against children who were HIV positive in Kerala. He was involved with the southern regional public hearing on the right to health care where he helped in preparation of a case study on mental health with Basic Needs, a Bangalore based NGO. He also participated in a conference on religion and HIV/AIDS in Pune and a regional meeting of APACHA (Asian People’s Alliance for Combating HIV/AIDS) in Delhi. He is committed to working in the long term on HIV/AIDS, in the context of understanding the deeper structural issues underlying the pandemic.

4. Dr. Vinay Vishwanatha is a medical graduate from Bangalore Medical College having completed his internship in 2004. He was the best outgoing student and was president of the students association. As a medical student he was actively involved in organising health education exhibition/ mela’s and sessions with children and their parents. He has joined the community health internship scheme soon after his internship. After a brief initial period when he was involved in urban health and child health initiatives in the CHC, he spent two weeks with Swami Vivekananda Youth Movement, HD Kote studying all aspects of their work with adivasis and rural poor in the community and in a referral hospital. He then spent a month at SEARCH, Godchiroli studying their malaria control initiatives and community health workers training in the context their philosophy and overall work including research. He then prepared for an involvement as research assistant to an external evaluation coordinated by CHC of the Mitandin programme and SHRC in Chhattisgarh.

5. Dr. (Sr.) Elsa Thomas is a medical graduate from St. John's Medical College, Bangalore and a postgraduate diplomate in Obstetrics and Gynaecology from Belgaum Medical College. Before her medical studies she had worked in a women's empowerment initiative in Anekal, Karnataka. After graduate and postgraduate medical studies she was responsible for running a hospital in a remote rural area in Srikakulam district of Andhra Pradesh, serving an adivasi community. She wants to expand the scope of her work beyond the walls of the institution. As a fellow she worked from 6<sup>th</sup> January to 15<sup>th</sup> February 2005 with tsunami affected communities in Northern Nagapattinam district and then coordinated a CHAI (Catholic Health Association of India) team in Southern Nagapattinam district. She then participated in meetings in Bangalore focussing on women's health. She has studied CHC's work in this regard and made presentations at a southern regional women's health conference and at a Peoples Health Day meeting on women's health. She has strong commitments and capacities and works within a framework of justice and peace.

## **6.2 OTHER TRAININGS**

### **6.2.1 Life Skills Education Programme**

CHC has been conducting Life Skill Education (LSE) for various groups since the past five years. People in Kolar Gold Fields have been going through tough time ever since the mines was closed down which was the major source of their livelihood. They have been deprived the basic amenities. In this context Sunanda Mythri Sagar a KGF based organization has been working for addressing problems of people in KGF from a human rights perspective. Sunanda requested CHC to conduct a three-day programme on life skills for the youth. About 25 boys and girls from D Block in Champion of Reefs of KGF participated at the programme. The youth had earlier attended a programme of life skills. They said they thought it would be like the previous programme, boring us with lectures. It was so different with many games and participatory methods, we enjoyed the programme thoroughly, it would be better if you continue for two more days.

The second programme on Life Skill Education was conducted for the Human Rights Forum For Dalit Liberation (HRFDL) 25 people from 10 district were expected to participate but when the programme

started only 20 people from 5 districts participated. Since their comprehension skill was slow we had to be slow in teaching, many examples, illustration and games were used. They showed keen in interest in understanding the structure and function of Primary Health Centre. The coordinator gave us the feedback that there is need to further simplify the programme.

### **6.2.2 Training Programme on Women's Health Empowerment**

CHC conducted a training programme on Health and Nutrition for 30 members of the self help groups in Sudhamanagar and Anand Nagar from 28<sup>th</sup> – 29<sup>th</sup> September 2004. CHC has been working in this area towards tackling the problem of alcoholism through Community Health approach. The Youth and children have been organized to engage in constructive activities such as games learning vocational skills. We also have conducted sessions on ill effects on alcoholism and few of the alcoholics have been referred to NIMHANS for de addiction. The households from this area have been benefited in getting individual toilets with the support of rotary club. CHC has facilitated this process. The sessions were facilitated by four people from CHC and the medical officer of the local government health centre. Ms. Padmasini Asuri took a session on Nutrition; she explained to them the nutritive value of food that people normally cook at home. She shared with them how the nutrition requirement for our body can be obtained from low cost locally available food. SJC took the session on emotion management. He explained to them it is important how to identify stress and what causes it. He gave them simple tips like, taking a walk, talking to a friend and listening to music for managing stress. He emphasised the emotional problems that women go through due to gender discrimination that women face from childhood to old age. The women said it is difficult to change the stereotype thinking of their male counterpart and they would not agree to treat them equally. The medical officer, know for his corruption came to the session with much reluctance. He explained to the participants the services that the health centre provides. The women formed a health committee at the end of the programme to address the local health need and to avail the health services from the government health centre without paying bribes.



CHC conducted a similar programme for the self help group members of Madivala slums organized by REDS from 7 to 8<sup>th</sup> December 2004. The programme was held at St. Antony Friary Church Community Hall, Checkpost, Koramangala, and Bangalore. Fifty-three women registered for the programme. Sessions on concept of health and disease, gender, self-esteem were conducted. When asked them about the expectations many did not express, a few said they wanted to learn about water and sanitation.

During the workshop many women shared their troubles that they were going through with their alcoholic husbands and wanted to know how to handle. Some had strong misconception about alcohol consumption and the misconceptions were clarified. The session on nutrition was facilitated through group exercise; they learnt the nutritive value of food from their regular dietary intake and malnutrition through interactive session.

The second day, first session was on Access to Government services. Dr. Rama, Medical Officer and Mr. Umesh health visitor of BMP dispensary of Madiwala were invited to share with the participants facilities available with the government Health centre. Mr. Umesh shared about the TB treatment provided free of cost by the health centre and Dr. Rama explained about treatment for all common ailments and encouraged the people to make avail these services. The participants gave the feed back to Dr. Rama that their staffs are being ill treated and money is demanded for the services from the patients. She assured the participants that she would take action against the staff who are ill treating the patient and demanding money. The women said they enjoyed the session and asked for more such programmes in future. First time the women were coming out, forgetting concerning discussing about their problems and learning many things from each other and through the session. S J Chander conducted sessions on gender and women's Health issues for about 50 women self help group members of REDS in Madivala and Koramangala slums. The issues related patriarchy anaemia and white discharge were discussed.

## **6. PEOPLE'S HEALTH POLICY ACTION INITIATIVE**

### **7.1 Global Public Private Initiatives (GPPIs)**

The past few years have seen a rapid rise in the number of Global Public Private Initiatives (GPPIs) in the health sector. This policy phenomenon has grown dramatically in order to reportedly address major public health problems particularly in the so-called developing world or the South countries. GPPIs have been characterized by WHO as a means to bring together a set of actors for the common goal of improving the health of populations based on mutually agreed roles and principles. This sounds quite harmless, but may be simplistic and misleading. Some consultative process between major actors have taken place in the GPPIs studied. However consultations have been fairly restricted to a small circle of international players, that include WHO, multinational companies, other multilateral agencies, major foundations, and some representatives of government. All this has occurred for the sake of the public good. However, participation of the public and public health professionals and implementers has been remarkably low or absent. There is an inadequate evidence-base to suggest that this new policy-approach being applied on such a large scale results in positive or intended impacts. There was a need to know the effects of this policy-approach on the public health problems that are being addressed; on the health systems through which they function; and on the health rights of people particularly the poor. An inter-country collaborative study was initiated by WEMOS to fill in this gap. CHC participated in this study along with WEMOS and seven other organisations from Tanzania, Kenya, Uganda, Zambia, South Africa, and West Bengal and Tamil Nadu from India. Dr. Thelma participated in the GPPI workshop held in Kenya from April 19 to 23, 2004 where the details of the study was worked out.

CHC studied the Global Alliance to Eliminate Lymphatic Filariasis (GAELF) as a case-study of GPPIs in health. In the study it was found that the programme violated several rights including the Right to Life, Right to Know, Right to Informed Consent and the Right to Health Care. It was also found that the denial of these rights affected decision-making at all levels. In addition, the programme also has an impact on the local drug industry and functioning of the public health system. Some of the other problems identified by the study questioned the very nature of the partnership.

## **7.2 Gender Policy**

Dr. Thelma participated in Cordaid's gender strategy building workshop for partners from several countries in The Hague, Netherlands on May 10 and 11, 2004. Her contribution focussed on gender and health and the peoples health movement perspectives.

### **7.3 HIV/ AIDS**

CHC contributed to developing of the People's Charter on HIV/ AIDS, which was formally released in Bangkok on July 16, 2005. Dr. Thelma made a presentation of the Charter in Nairobi and Dr. Ravi presented it during his visit to the United Kingdom where they had gone for other meetings. CHC also participated actively in a workshop in Bangalore organised by Action Aid and others on October 5, 2004, where Dr. Thelma presented the People's Charter on HIV/ AIDS. CHC was also actively represented at the International Conference on HIV/ AIDS, where Dr. Thelma participated in the meeting along with other members of People's Health Movement, and raised issues concerning access to drugs.

Dr. Thelma made a statement on behalf of People's Health Movement (PHM) in the symposium organised by the NGO Forum for Health and HIV/ AIDS Department of WHO at the 57<sup>th</sup> World Health Assembly in Geneva. The statement titled 'Making the difference – 3/5 initiative and civil society's response' was prepared with inputs from several PHM members and is available on the SOCHARA website.

### **7.4 Health Policy Development**

#### **Asia**

Dr. Thelma was invited by the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) for an inter-country workshop on Promotion of Health and Development in Bangkok from July 5 to 7, 2004. Subsequently she participated in developing the UNESCAP strategy for promoting Health and Development in the Asia Pacific region, as a member of the UNESCAP Expert Group.

#### **India**

CHC was also invited to attend the Tenth Plan Mid-Term review meeting of the Planning Commission, chaired by Dr. Sayeeda Hameid, Member, Planning Commission. Dr. Thelma attended the meeting and gave her inputs.

### **7.5 Ethics**

As a member of the Ethics Committee of National Tuberculosis Institute (NTI), Dr. Thelma attended several meetings in NTI.

### **7.6 Community Health Workers**

CHC was approached by the State Health Resource Centre (SHRC) and Action Aid, Chhattisgarh to evaluate the SHRC and the Mitandin programme – through which 60,000 were community health workers have been trained. Discussions which began in February end 2004, culminated in CHC taking up the task of evaluating the programme. Dr. Thelma Narayan, co-ordinated a team of reviewers including Dr. Shyam Ashtekar, Dr. Sashikant Ahankari, Dr. Sunil Kaul, Dr. Rakhil Gaitonde, Dr. Rajani Ved, Mr. Amulya Nidhi and Dr. Deepti Chirumalay. Mr. Naveen Thomas and Dr. Vinay from CHC were the research assistants.

Three broad objectives of the evaluation were as follows: 1) Evaluate and take stock of the Mitandin (Community Health Worker) programme as of March / April 2005. 2) Evaluate the role of the SHRC in strengthening key aspects of the public health system in Chhattisgarh. 3) Evaluate SHRC as an institution and make recommendations for its future. A qualitative aim quantitative methodology with a participatory approach is being adopted.

### **7.7 National Rural Health Mission**

CHC participated actively in discussion regarding the National Rural Health Mission (NRHM), initiated by the Government of India. NRHM was initiated as a programme to fulfil the United Progressive Alliance Government's commitment to meet people's aspirations for better health and access to health care. Its ambitious goals include the training of about 500,000 women volunteers designated as Accredited Social Health Activists (ASHAs) over the next three years across 18 states with weak rural health infrastructure.

CHC took part in three task groups of NRHM, namely: 1) Goals and Strategies 2) ASHA and 3) Developing Indian Public Health Standards for Community Health Centres. Dr. Between September 2004 and March 2005, Dr. Thelma participated in the task group meetings and the launch of NRHM by the Prime Minister which took place in early April 2004.

Prior to these meetings, several letters were sent to the Ministry of Health and Family Welfare and the Prime Minister's Office expressing reservations about various aspects of the programme. CHC participated in the meetings and discussions organised by *Jan Swasthya Abhiyan* (JSA) and Foundation for Research in Community health (FRCH). It was after these letters and discussions that civil society was included in the planning and conceptualisation of the programme.

### **7.8 Campaign against Indian Patents Act**

CHC supported the campaign against the patent amendment bill by carrying out a signature campaign and by participating and mobilizing people for a public rally and a protest demonstration organized by Lawyers Collective. The mass media was used to generate under social awareness. Mr. Prasanna went to the studios of All Indian Radio (AIR), Udaya TV, ETV and Muktha – a widely popular Kannada TV serial, for a debate on the issue. He also addressed the students of Bangalore and Mangalore University for creating awareness.

On February 26, 2005, a “Global Call for Action” was given against the Patents Amendment which was brought out by the Indian Government through a Presidential Ordinance (decree). There was a tremendous global response and solidarity for the call. A series of events followed the global call for action. Many of the actions were initiated by different movements and groups working on similar issues.

At the Global Level, the International Humanitarian Organisation Médecins Sans Frontières (Doctors without Borders) sent out a letter to the President of India, the Prime Minister of India and the leader of the ruling coalition, Ms. Sonia Gandhi opposing the Amendments. They also released it to the Indian Media. At Geneva, the NGO Forum for Health sent a letter to the Indian Government through the Ambassador of India at the UN opposing the Amendments. In Germany, BUKO Pharma Campaign sent out protest letters to the various ministers and the Indian Embassy in Germany. The German network against AIDS (all major

NGOs in Germany are part of it) also sent a fax to the Indian Embassy in Germany. The Moroccan Coalition for the Right to Care and Access to Medication in Marrakech, Morocco, issued a press release condemning the Amendments and also sent an open letter from an HIV/AIDS patient to the Indian Ambassador to Morocco. There was a rally taken out in Ouagadougou, Burkina Faso by people with AIDS who use Triomune a lot and some of the slogans were "Génériques toujours! Inde: sauveur hier, criminel aujourd'hui" (Generics forever! = India: saviour yesterday, criminal today). In the United States of America (USA), the Association for India's Development, Insaaf, Global AIDS Alliance and other organizations organized a rally in front of the Indian Embassy in Washington. Some of the individual chapters of these organizations also sent out press notes to the Indian media. In France, Act-up Paris, ATTAC and Solidarite Sida organized a protest Rally in front of the Indian Embassy in Paris. The Treatment Action Campaign in South Africa picketed against the Patents Amendment and submitted a memorandum addressed to the President and Prime Minister of India. A group in South Korea called the People's Health Coalition for Equitable Society and Human Right Advocacy Group submitted a memorandum to the Indian Ambassador in response to the Global Call. UNAIDS, a Geneva based Joint UN Program against HIV / AIDS, also wrote a letter to the Commerce Minister urging him to make use of the flexibilities offered within TRIPS and modify the Bill accordingly.

In India, public meetings were held in various places. A Patents Convention was held in Chennai on 21 January 2005. A workshop was held in Mumbai on the Indian Patents Amendment with trade unions by AMTC (Affordable Medicines Treatment Campaign) India on February 9, 2005. Hyderabad too had a city meeting against the Indian Patents Amendment on February 12, 2005. At a Mumbai meeting of the Western Regional Organisations, supported by AID India, the Indian Patents Amendment issue was taken up for debate on February 13, 2005. A Workshop was held in Kolkata against the Patents Amendment on February 15, 2005. A Patents Convention was held in Pune on February 19, 2005. A Patents Convention was held by FMRAI in Mumbai on February 20, 2005. A workshop with the Health Care workers was held in Bangalore and as follow up, a workshop was going to be held separately at St. John's Medical College and NIMHANS. On February 21, 2005, Dr. Gopal Dabade and others from Drug Action Forum –Karnataka met two Members of Parliament (MP) from Dharwad and informed them about the issue and the MPs promised to look into the issue and raise questions

on what the Health Ministry has replied to the letter from WHO. The group in Dharwad also decided to form a Study-Circle on the issue with many legal people also joining in to give legal opinion and offering to redraft the legislation, and submit it to the Government. A follow up meeting was held on March 13, 2005. In Bangalore, on the same day, the MP from Bangalore North, Shri. H. T. Sangliana was contacted and the information on the issue was handed over to him. After reading the materials given to him, the MP called for a second meeting to understand what questions could be raised on the issue. Two days later, Shri Ananth Kumar, MP from Bangalore South was also briefed on the issue. A day before the Global Call for Action, a Protest Convention was held in Pune.

On February 26, 2005 – on the day of Global Call for Action against Indian Patents Amendment Act, a huge protest Rally took place on the streets of Delhi and there was a lot of media coverage of the event. People as far as Kerala and Karnataka travelled to Delhi to participate in the event. A Dharna was organized at Azad Maidan in Mumbai. As a follow-up to the protest, a coordination committee was evolved to chalk out future strategies.

A Dharna was held at the MG Statue on MG Road in Bangalore. It was followed by memorandum submission to the Governor. A 20-minute program was recorded and aired on 26<sup>th</sup> Feb 2005 by the All India Radio, Bangalore. Prasanna talked about the issue and spoke about the Global Day of Action. A Memorandum was again submitted to the Governor on February 28, 2005 by the Human Rights Forum for Dalit Liberation (HRFDL). The Governor gave a patient hearing to the plea by the group and also informed that he was a member of the **Second People's Commission** to look into the Amendment and he was with us in this struggle and promised to forward the memorandum to the Government, but expressed his constitutional inability to do anything more. A Radio debate on the issue was held again on All India Radio, Bangalore station on March 5, 2005.

The Global Call for Action against Indian Patents Amendment Act, also saw action in other places in India. In Kolkata, a Press Conference was organized by SAATHI and other groups in support of the Call. A protest march was held in Chennai to coincide with the Global Day of Action. A Protest Rally was organized at Indira Park Entrance near Secretariat in Hyderabad and a memorandum was sent to Shri Kamal Nath, Union Minister. A protest Rally was organised in Dharwad

under the Leadership of Drug Action Forum – Karnataka and a signed memorandum was submitted to the Deputy Commissioner. In Panaji a protest rally was organised, followed by a memorandum to the Governor. A protest Rally was also organized in Tirupati, Andhra Pradesh. A massive mobilization in Kerala resulted in a huge turn-out in Kerala, with some of them travelling to Delhi to support the campaign.

## **7.9 Urban health**

CHC helped Jan Sahyog an urban resource group in carrying out water analysis and reporting on samples collected from 14 slums. 12 out of 14 samples, for which results were available, showed a most probable number of Bacteria (MPN) count of 180 per 100 ml of water. It was found that more than 85% of the samples (14 samples), for which results were available, showed an MPN of 180 per 100 ml of water. The presence of such microbial density in more than four-fifths of the samples is a cause for concern and shows the extent of microbial contamination across drinking water samples from various slums in Bangalore. Another area of concern is that most of the samples were from ground water sources. Water from bore wells and other ground-water sources are often perceived to be safer, and are used by communities without any purification or treatment. This belief and practices are capable of causing an adverse impact on public health.

## **7. PROMOTING URBAN AND RURAL PRIMARY HEALTH CARE**

### ***Janaarogya Andolana* - Karnataka (JAA-K) – PHM IN KARNATAKA**

The state Chapter of the People's Health Movement has undergone change with new working group members as part of a democratic changes process. The working group has been meeting regularly to discuss the health issues of concern to the state. The national convenor of Jan Swasthya Abhiyan, Dr. Ekbal was invited to one of the meetings. Dr. Ekbal shared his views on the Right to Health Care campaign. The working group has constantly been exploring ways of spreading the movement to the districts. Two of the working group members went to two districts to introduce the movement. The



working group also thought of coming out with news letter though which more people could be reached. Two news letters have been brought out in Kannada, one focussed on the right to health care camping and the other focussed on the state health policy and the new state health programme' integrated health nutrition and family welfare services project. S.J.Chander the team member of CHC is one of the joint convenors of JAA has contributed articles to both the issues of the news letter. CHC has brought out a kalajatha book for JAA in Kannada. The book contains many health songs and plays. CHC also printed and distributed Indian Peoples Health Charter and the HIV/AIDS charter in Kannada.

Janaaogroya Andolana Bangalore Urban (JABU) is network of organization working with the urban poor in Bangalore City, in which CHC is partner organized a public hearing on Right to Health Care on 19<sup>th</sup> of August 2004. This was done as part of the campaign on Right to Health Care launched by the Janswasthya Abhiyan in collaboration with the National Human Right's Commission (NHRC) to establish health as a fundamental right. The partners of JABU documented 12 cases studies of various types of denial of health care to the urban poor both by the public sector and private sector health care service providers. Former Chairman of NHRC was invited as chief guest to the public hearing. Dr. Sorojamma the medical superintendent of south zone of Bangalore Mahanagara Palika was also invited to listen to the testimonies and give their responses. Unfortunately the senior health officials of the BMP did not turn up for the public hearing for reason unknown. Five of the twelve case studies presented were selected to present their testimonies at the southern zone public hearing organised by the JSA and NHRC on 29 of August 2004. As result of the campaign urban health emerged as one of the key areas of focus during the national public hearing held on 19<sup>th</sup> December 2004. Over 15,000 rupees needed for conducting the public hearing was raised by the networking members. Health Action published an article on the process of conducting the public hearing.

## **8. PEOPLE'S HEALTH MOVEMENT IN ACTION**

### ***JAN SWASTHAYA ABHIYAN (PHM INDIA)***

A nationwide campaign was conducted by Jan Swasthya Abhiyan (JSA) to establish Right to Health Care as a basic human right for every citizen in India. The campaign which was launched in 2003, on the occasion of the 25<sup>th</sup> Anniversary of the Alma Ata declaration of 'Health for All' made a headway in 2004, with the partnership of National Human Rights Commission (NHRC). JSA and NHRC jointly organised Public Hearings on Health and Human Rights in five regions of the country from mid-2004 onwards. These regional hearings were followed by a national public hearing in Delhi where senior health officials from 22 states were present, along with the Union Health Minister and senior health officials of the Centre. In these public hearings, case studies of denial of health care were presented before the panel comprising of NHRC members and officials, JSA members. Senior health officials of the states, from which the cases arose, were made as respondents in the public hearing. It was an opportunity for people who were denied healthcare to ask for effective action by state health authorities and investigation by the NHRC. At the national hearing, issues arising from the regional hearings were discussed, and recommendations were release by the NHRC.

CHC played an active role in the regional and national public hearings. CHC was the nodal office for the Southern Region Public Hearing. A JSA Southern Region Planning Meeting for the Southern Regional Public Hearing was held in Community CHC on 5 June, 2004. The Bangalore urban unit of JSA subsequently met in CHC on 29 June, 2004 to plan the action at the local level. A meeting in the Koramangala Slum took place on July 2, 2004 as a part of the efforts to spread the message about JSA and to encourage people to share their experience of denial of healthcare with the NHRC. A Public Hearing was held in Koramangala Slum on August 19, 2004. Visits to Bangalore Mahanagara Palike (BMP) run Maternity Hospitals with members of the Board of Visitors was organised. Interaction with the patients, staff and the community provided valuable insights and feedback into the functioning of the hospitals. Dr. Paresh and Chander conducted training for NGO staff on conducting case studies. Meetings were held in Hospet and Bellary districts on July 19 and 20, 2004 respectively.

The Southern Regional Public Hearing, co-ordinated by CHC for JSA and NHRC was held on August 29, 2004 at St. Thomas International

Centre, St. Thomas mount, Chennai. The inaugural session commenced with a welcome address by Dr. G.K. Pandian, JSA, Tamil Nadu. He highlighted the objectives of the Public Hearing on the Right to Health Care of Healthcare, which were to:

1. Strengthen the public health system.
2. Removal of structural deficiencies in provision of health care.
3. Improving the quality of public health care.
4. Creating awareness among the public about their right to quality health care.

Dr. B. Ekbal, the National Convener of JSA, in his introductory remarks, expressed his happiness in welcoming all the participants. He said that this public hearing was unique in that a Government body was co-organising the Hearing with an activist group and people's movement. He expressed his happiness at the fact that three important groups i.e., the NHRC, senior government health officials and the JSA had come together to make the public hearing possible.

He recalled the genesis of JSA, which was formed as an outcome of people's groups from across the country meeting in Calcutta for the first national Jan Swasthya Sabha during 2001, prior to the global People's Health Assembly held at Dhaka. The people's health charter was discussed and adopted. JSA has been functioning since the last four years. The aim of the movement was to make health and areas to health care a basic human right for of all people. He reminded the gathering that Public Hearings would be held in five regions of the country which would culminate in a National Conference at New Delhi in December 2004.

Justice Y. Bhaskar Rao in his inaugural address spoke about the different aspects of health and its implication on the well-being of the society. He also spoke about the legal obligation of the state to safeguard the health needs of its populace. He called for a collaborative effort between the government and the non-government organisations to bring about a change in the existing situation. He made some key recommendations, including:

- The Public Health System should guarantee health services to all as a right.

- Drugs should be made affordable for the common people.
- Drug price control policy should be more sound and any violation of it should be tackled strictly.
- Social Responsibility of the private sector - It should be mandated that private hospitals, as part of their social responsibility, should reserve 20% of their beds for poor patients.
- While referring patients, transportation facilities must be ensured.
- Visits of Mobile Hospitals to the difficult areas, at least twice a month should be ensured.
- Health check-up should be done in all schools twice a year, and the report should be submitted to the District Health Officer.
- Dieticians should be consulted and involved in preparing a proper diet chart for various areas, and that should be published and circulated widely and should be given to all *panchayats*.
- Patients with disabilities should be reported immediately so that they can be treated and rehabilitated. Information regarding signs and symptoms of disabilities, especially in children, should be displayed in all maternity homes and other places. Many a times, the cases become more critical due to lack of knowledge in parents.
- *Gram Panchayats* have to monitor the health services of the village. A committee for monitoring the same should be formed, which can then prepare quarterly reports about staff presence, availability of facilities in rural health centers and the report must be sent to the District Collector and District Health Officer for action.
- Health Secretaries, Health Directorates and NGOs should form a monitoring body at state level to take actions based on reports from the *Panchayats*. The Secretary to Government (Health) may be the chairperson of the monitoring committee, and the report of the committee can be periodically presented to the legislature.

Justice Bhaskar Rao concluded his address by saying that the Public Hearing had been organised to look at cases of denial and to recommend future actions. He congratulated all the organisations who were involved in organising the hearing and those who were participating in this process. For the benefit of the local people the inaugural address by Justice Y. Bhaskar Rao was translated into Tamil by Ms. Kalpana.

After a brief introduction about the Kannada book *Arogya Kalajatha* (a book of health songs and material), the second edition of the book was released by Justice Y. Bhaskar Rao and the first copy was handed

over to Smt. Lakshidevamma, a grass root level health worker from Doddaballapur taluk, Bangalore Rural district.

A serious, and often neglected issue which cut across all the states in the Southern region, and the country as a whole was that of mental health. Mr. Naidu of Basic Needs, an organization working on mental health in different parts of the country made a presentation on mental health issues. He highlighted the various issues related to mental health including:

- a) Shortage of psychiatrists and mental health professionals and centralisation of services.
- b) Lack of trained human resources
- c) Short duration of mental health posting for doctors during their training period,
- d) No alternatives in mental health
- e) Non availability of drugs
- f) Physical and sexual abuse of the mental health patients
- g) Corruption in mental health facilities and
- h) Stigma attached to mental illness, etc.

He proposed that the right to mental health care should encompass:

- Availability of essential drugs at the primary health center (PHC) level for the treatment of mental health problems.
- Primary health doctors must be trained in mental health issues.
- District level facilities to assess, diagnose and treat people with mental illness.

The Public Hearing was held in two parallel sessions to accommodate the large number of people who had come from the five states (Andhra Pradesh, Karnataka, Kerala, Pondicherry and Tamil Nadu) of the Southern Region to present their testimonies on denial of healthcare. The parallel sessions were held in two separate halls and each session was chaired by an NHRC representative and co-chaired by a JSA representative. The other members on the panel included government health officials of the states from which the testimonies were being presented. Parallel Session–I was held in Anandi bai Hall in which cases from Andhra Pradesh and Karnataka were presented. Justice Y. Bhaskar Rao, Member, NHRC chaired the sessions while Dr. Thelma Narayan from JSA was the Co-chair. Parallel Session–II was held in

Justice Tarkunde Hall where cases from Kerala, Tamil Nadu and Pondicherry were presented. The sessions were chaired by Smt. S. Jalaja, Joint Secretary, NHRC and co-chaired by Dr. Sundararaman of JSA. The other members on the panel included Dr. B. Ekbal, JSA, Shri. Y.S.R. murthy, NHRC and senior state health officials.

The Concluding Plenary was held in Justice Tarkunde Hall. Justice Y. Bhaskar Rao, Member, NHRC shared his views about the public hearing. Having attended the first regional hearing in Bhopal too, Justice Rao commented on the various kinds of denial that came from different states and different regions of the country. He said that there was a need to deal with these issues immediately. He appreciated the people who had suffered denial of healthcare, for their courage and willingness to share their experiences in a public forum, with an expectation that things would improve. Justice Rao said that their expectations had to be fulfilled and that NHRC would take all steps within its powers to see that the Public Hearings had a positive impact on people's right to healthcare. Dr. Thelma Narayan presented some key issues that came up in the Public Hearing and recommendations to address the same. The meeting concluded with a Vote-of-Thanks by Naveen Thomas of JSA.

## **10. PEOPLE'S HEALTH MOVEMENT (PHM)**

### **PHM GLOBAL SECRETARIAT**

#### **Background**

The People's Health Watch Unit continued to host the PHM Global Secretariat on behalf of PHM India region for the second / third year. (This process of hosting started in January 2003 soon after the Asia Social Forum). The main activities of the year were as follows:

#### **PHM Movement Mobilization**

#### **Country Circles**

PHM Secretariat team continued to actively support the formation of country circles or energize existing ones all over the world. These included:

**Australia:** A PHM team including Prem John, representing the PHM Secretariat visited Australia in April 2004 for the World Congress, of International Union of Health Promotion and Education, followed by a series of workshops in Sydney and other cities.

**Pakistan:** Ravi Narayan, Coordinator of the Secretariat and B. Ekbal, PHM India Convenor, did a week's tour of Islamabad, Karachi and Lahore in June 2004 to launch the People's Health Movement process in Pakistan.

**Mauritius:** A PHM team participated actively in the International Health Forum, organized by PHM-Mauritius, in July 2004.

**Germany:** A PHM team participated actively in the Conference on Poverty and Health, Berlin, Germany, in December 2004.

**Lebanon:** Lanny Smith of USA represented the Secretariat in a health conference organized by the American University of Beirut and participated in local circle meetings thereafter.

### **Issue Circles**

***The circle on Macro Economics and Health*** wrote a critique of WHO report of the Commission on Macro Economics and Health (CMH), and presented at CMH consultation with civil society in Sri Lanka, in April 2004. The team consisted of Bala and Vinya from Sri Lanka and Qasem and Zafrullah from Bangladesh.

***The Research Circle*** participated in the Equinet Conference in June 2004, in Durban, South Africa; and actively participated in the preparation for the Forum 8 of the Global Forum for Health Research (GFHR) and the Inter-Ministerial Summit on Health Research organized by WHO and GFHR. The circle wrote a commentary on WHO Health Systems Task Force in a special Lancet bulletin and also presented various papers at the Forum / Summit. David and Ravi were also members of the WHO special Task Force on Health Systems Research.

**PHM resource center** in Savar continues to be PHM's publication center and printed the Newsbrief No. 12 (April 2004) – on International Health Forum, and Mumbai Declaration; Newsbrief No. 13 (November 2004) on Second People's Health Assembly and PHM Evaluation; and Newsbrief No. 14 (February 2005) – on PHM Tsunami response and PHM

participation in the Mexico Health Summit. All three Newsbriefs were put together by the Secretariat team.

### **World Health Assembly, Geneva - May 2004**

A 30 member delegation from 16 countries attended the WHA meeting in Geneva in May 2004 and coordinated its advocacy with a series of other network CI, HAI, INFACT, IBFAN, WCC, NGO Forum for Health, SCF-UK, etc. Significantly, around 29 out of 30 participants supported themselves.

**A Global Health Equity Watch** initiative was launched in March 2004 and continued its activity right through the year. This initiative primarily involves collection of evidence from all over the world for PHM's first Alternative World Health Report. The project which is PHM collaboration with Medact, UK and Global Equity Guage Alliance (GEGA) Wemos (Netherlands), lead to the final manuscript being submitted to the publishers by March 2005. This will now be released at the second People's Health Assembly.

The People's Charter for HIV / AIDS was an another campaign to enhance / amplify the voices of the people affected, infected and living with or suffering from HIV/AIDS and all those who work closely with them and for them. A Charter was evolving through e-group discussion and small workshops with participants from all these groups and was presented at the International AIDS Conference in Bangkok in July 2004 as a countervailing strategy and policy view point to existing policy initiatives which are market economy oriented and corporate driven. Most of the support for this initiative was organized in collaboration with Action Aid (India/ Asia/ UK).

**The Second People's health Assembly** has also now been announced for July 2005 at Cuenca Ecuador. The process of mobilization and planning started in May 2004 at the World Health Assembly and has continued right through the year. The PHM evolved a International Organizing Committee for PHA 2, which held its first meeting in September 2004 at Cuenca, Ecuador and had smaller meetings thereafter.



## **PHM Evaluation**

The evaluation report of the People's Health Movement 2000-2004 entitled "Keeping the Promise; people's response Health for All" was released during this year on the PHM website and exchange.

## **PHM Campaigns**

The Secretariat continued its support to the Million Signature for Health for All campaign and the No War – No WTO – Health Care for All campaign during the year. The Secretariat endorsed and supported the campaign on women's health issues by the Women's Global Network of Reproductive Rights, which is launched in May every year. The Secretariat team actively participated in the Global Campaign Against India's Patent Act (GCAIPA) from September 2004. The Secretariat participated in the launch of the Save UNICEF campaign. All these campaigns have developed their own websites.

## **PHM's response to Tsunami disaster**

PHM members in India, Sri Lanka and Thailand responded locally to the Tsunami disaster but in addition, PHM Global Secretariat supported evolution of a PHM statement on Tsunami Challenges and Opportunities released at the World Social Forum, January 2004; evolution of a Tsunami Watch to highlight People's concerns and initiatives in post-Tsunami relief and rehabilitation. Preparation for an international PHM consultation entitled "From Humanitarian aid to Community Empowerment" scheduled for April 2005 at Chennai.

## **Participation in Regional and International Fora**

PHM team members participated actively in various regional and international fora presenting the concerns and the calls for action from the People's Health Charter. These included:

- Planning meeting for WHO Commission on Social Determinants on Health, London, June 2004.
- European Social Forum, London, October 2004.
- International Conference of Society for International Health, October 2004.
- International Health Forum in Defense of People's Health, Porto Allegre, January 2005.

- Health Civil Society planning meeting in Lusaka, Africa, February 2005.
- World Social Forum, Porto Allegre, January 2005.

Apart from these events and initiatives all the other communication / publication / website / advocacy and support services from the Secretariat to various requests and initiatives by members all over the world continued.

## **Preparing for the transition**

The PHM Global Secretariat team in CHC has been preparing for the transition of the Secretariat from South Asia to Latin America which will take place at the Second People's Health Assembly, in July 2005 and will spread over three months thereafter. This has included the preparation for the Global Steering Group meeting, April 2005; the PHM / PHA 2 Planning Meeting at World Health Assembly in Geneva, May 2005; organization of an advance team from the PHM secretariat to Cuenca to support PHA 2 Secretariat from June 2005; pro-active fund raising efforts for both PHM and PHA 2 needs; exploration of a new regional host for the PHM website and other related preparatory activities for a smooth transition.

In conclusion, the experience for CHC of hosting the PHM Global Secretariat (which is now coming to an end in 2005) has been a very rich experience of networking, advocacy, engagement with international health policy dialogue and multi-regional & multi-country challenges of community health around the world. This experience will now be collated into interesting training modules that will help the alternative learning center a great deal to add a global / international movement context to its future training and teaching activities.

## **11.ACCESSIBLE HEALTH INFORMATION**

### **CHC LIBRARY AND INFORMATION CENTRE**

CHC Library and Information Centre (CLIC) forms one of the key areas of CHC's functioning. One of the specific objectives with which SOCHARA started out was to establish a library, documentation and interactive information centre in Community Health. Today CLIC has 8864 books, 164 health education materials (video cassettes / CDs, 54 sets of slides, 810 posters and 425 health resource files on specialised health related topics. CLIC also receives 3 newspapers, 61 journals and 92 newsletters on a regular basis. This implies a six percent increase in books and health education materials (including audio-visual materials and posters) over last year.

#### **Users**

CLIC has been central to all of CHC's activities. Other than the CHC team, CLIC is also used by people working in the voluntary sector, students from medical and social science colleges and social activists. During this year, a wide variety of people made use of CLIC. They include users from Christ College, Bangalore Medical College, St. John's Medical College, V. S. Dental College and Hospital, and M. S. Ramaiah Medical College. These were some from outside the state, including users from Indian Institute of Management, Ahmedabad and Tata Institute of Social Sciences, Mumbai. NGO staff and activists from within the state, as well as outside made use of CLIC facilities.

## **CLIC Administration**

The day-to-day operations of CLIC are managed by Mr. H. R. Mahadeva Swamy, the Librarian. He is assisted by the CLIC committee as and when necessary.

The CLIC committee comprising of CHC team and other users meet regularly to discuss issues relating to CLIC and to brain-storm about improving the functioning and usage of CLIC. The CLIC committee is also involved in the selection of books and journals. Three meetings of the CLIC committee were held during the year. The current members of CLIC committee are Dr. Thelma Narayan, Mr. H. R. Mahadeva Swamy, Dr. Ravi Narayan, Mr. Naveen I. Thomas and Dr. Vinay Vishwanatha

## **Website**

The computerisation of library records is underway. All the new arrivals of books, journals and other materials from 2002??? onwards have been entered into the CLIC database. Information about latest CHC publications and new arrivals in CLIC have also been updated on the CHC website ([www.sochara.org](http://www.sochara.org)). The CLIC section in the website has got a new face-lift with a visual representation of CLIC on the homepage.

## **Library Software**

Discussions about choosing a CLIC software have been underway with different software developers. Janastu, an organisation which works with the motto of “Let it be people!” was one of the developers who approached CHC with their software. The mission of Janastu is to sustainably enable the social development sector to pro-actively manage community-based knowledge. Their product called PANTOTO communities software took four years to develop and was developed through over three hundred person-hours of work.

The second software which is being tested out at CLIC is e-granthalaya. This product has been developed for libraries by National informatics Centre (NIC), a Government of India body. NIC was set up with the objective of promoting economic, social, scientific and technological activities of the Government, through the applications of IT. Today, it also helps the voluntary sector by providing them software to suit their needs.

A final decision about choosing a suitable software will be taken up in the coming year.

### **Networking**

Mr. H. R. Mahadeva Swamy, attended the Documentation Centres' Meet (DCM) – X from December 10<sup>th</sup> to 14<sup>th</sup> in Vistaar. He made a presentation about CLIC and participated in discussions on networking between NGOs with documentation centre, archiving and digitisation technologies, interconnect of webpages, collaborative access, copyright issues, technical formats and crisis facing documentation centres.

Mr. H. R. Mahadeva Swamy and Mr. Naveen I. Thomas visited CED (Centre for Education and Documentation) in Domlur and held discussions with Mr. John D'Souza and Mr. Vinod on digitisation technologies and interconnect of webpages. Mr. Dinesh from Janastu, was also invited to be a part of the discussions. He demonstrated the use of Pantoto Communities Project.

### **New Initiatives**

In an attempt to provide latest and most relevant health information from journals and newspapers to the users, a new initiative was started by the CLIC team. Titled, '*Health Roundup*', the initiative enters the details of articles, such as subject, title, keywords and publication details in a readily useable database. Users looking for a particular article can search for it on the computer the 'search' option instead of going through different publications manually.

In an effort to acquaint the users to latest CHC publications and new arrivals in the library, the books and journals are being displayed in the common training room once a week, on every Wednesday.

### **Contributions**

As a special gesture, Dr. Benjamin's family put his book collection at the disposal of CHC. 33 books were taken for CLIC, from his collection. They contain some old and valuable books, in addition to some of the latest books on social development and health.

The others who donated books to CLIC during the current year include Dr. Paresh kumar, Dr. Thelma Narayan, Mr. S. J. Chander, Dr. C. M.

Francis, Dr. Ravi Narayan, Mr. Amen Xavier Kaushal and Mr. Naveen I. Thomas.

### **CHC Publications and Reports**

1. Annual Report April 2003 – March 2004 of the Community Health Cell (CHC). Functional unit of the SOCHARA by the Community Health Cell Team. pp1-33
2. Final Report of the Pilot Project on a Community Participatory Model for the Health Inter Network Project in Kanakapura Taluk, Bangalore Rural District, Karnataka Nov. 2002 – Oct. 2003 by Community Health Cell, Bangalore. Pp306. this was a WHO – SEARO project
3. Medicine to Community Health – A journey of Discovery by Dr. Mathew Abraham Puthenchirayil, Community Health Fellow at Community Health Cell. Pp101.
4. AIDS – In search of a Social solution. Published by Third World Network and peoples' Health Movement. Pp153.
5. Miles to go..... – A Report of the Community Health Fellowship Experience by Naveen I. Thomas. Pp117
6. *Proceedings of the Community Health Workshop* between 14 and 16<sup>th</sup> April 2004 held at Indian Social Institute, Bangalore. pp1-26.
7. *Double Peril – Tobacco imperils users as well impoverishes farmers* by S J Chander. Health Action, May 2004. pp33 – 34.
8. *Why research in health and diseases?* By Dr. C M Francis. Health Action, June 2004. pp4 – 6.
9. *Tobacco consumption in India – An overview* by S J Chander. Health Action, June 2004. pp20 – 21.
10. *Bharat has spoken. 'Is India Listening'?* by Dr. Ravi Narayan. Christian Medical Journal of India, April – June, 2004. pp38 – 39.
11. *Pushing the international health research agenda towards equity, and effectiveness* by David McCoy, David Sanders, Fran Baum,

Thelma Narayan and David Legge. Lancet, Vol. 364, Oct. 30, 2004. pp1630 – 1631.

12. *Making the difference – 3/5 initiatives and civil society response*”. Paper presented by Dr. Thelma Narayan at the 57<sup>th</sup> World health Assembl. May 2004.
13. *The Right to Health Care – Bangalore slum dwellers’ experience (A Public Hearing)* by S J Chander, S D Rajendran and Ameer Khan. Health Action, Dec. 2004. pp29 – 32.
14. *Saga of suffering of Gold Mine workers at Kolar Gold Fields* by S D Rajendran.
15. Health Roundup – bibliography of books and journals CLIC team received in Oct. 2004 in the Library and Information Centre, Community Health Cell.
16. Understanding Global Public Private Initiatives based on a case study of the Global Alliance To Eliminate Lymphatic Filariasis in Karnataka State , India by Dr. Thelma Narayan and Mr. Naveen I. Thomas. Pp57
17. Whither Health – A study conducted in the state of Chhattisgarh to explore various strategies to establish right to Health Care as a Basic Human Right as part of Community Health Fellowship in Community Health Cell by Shalini. Pp96.
18. *The People’s Health Movement: A peoples campaign for Health for All Now* by Ravi Narayan and Claudio Schuftan. Perspectives on Global Development and Technology, Vol. 3, No. 1-2, 2004. *Special Issue: Globalisation and Health* edited by Richard Harris and Melinda Seid. Brill Publications.
19. *Informed choices for attaining the MDG’s: Towards an international cooperative agenda for Health Systems Research* (WHO Task Force on Health Systems Research). Dr. Ravi Narayan was a member of the Task Force. The Lancet, Vol. 364, No. pp997 – 1003.
20. What evidence? Whose evidence? Who decides? – Challenges in health research to achieve the MDGs and respond to the 10/90 Gap.



Dr. Ravi Narayan. Book of Abstracts Global Forum for Health Research – Forum 8, Mexico City 16 – 20 Nov. 2004.

21. Report of the Community Health Fellowship Scheme from June 04 – Dec. 04 by Dr. Neeta S. Rao. Pp1-199.
22. Arogya Kalajatha – reprinted by CHC for Jana Arogya Andolana – Karnataka. A book in Kannada of songs, street theatre plays, and people’s charter for HIV / AIDS.
23. HIN newsletter in Kannada,
23. JAA - K Newsletters in Kannada,

## **12. IN SOLIDARITY**

### **CHC Support to Other Organisations**

- a. CEHAT – Convenor, Social Accountability Group (RN)
- b. National Institute of Advanced Studies - Senior Associate (RN)
- c. Manipal Hospital Ethics Committee (CMF)
- d. Regional Occupational Health Centre, Bangalore (NIOH) – Scientific Advisory Group and Ethics Committee (RN)
- e. National Tuberculosis Institute – International Ethics Committee (TN)
- f. Jan Arogya Andolana (PHM – Karnataka) – Joint Convenor (SJC)
- g. Jana Swasthya Abhiyan (PHM –India) –Joint Convenor: South (TN)
- h. Jan Sahyaog – Collaboration in Urban Health (SJC/ AT)
- i. TVS – Nutritional Assessment (SJC)

## **13. CHC – ORGANISATIONAL STRENGTHENING**

Weekly staff meetings were held on Wednesday mornings, while technical team meetings were held regularly. All work and non-work issues, including those relating to personnel issues were discussed in the staff meetings.

Mr. Anil Kumar attended a 12-day course over two months, on ‘Improving Communication Skills’ organised by Parivarthan. Mr. Victor Fernandes attended a programme on Enhancing Effectiveness

of Voluntary Organisations' from February 17 – 19, 2005, organised by Xavier Institute of Management Entrepreneurship (XIME), Bangalore.

All financial records including maintenance of registers and monthly variance statements, submission of financial returns and documents to concerned offices under the Societies Act was carried out in time, by the Accounts and Administration team under the over-all supervision of the Co-ordinator. The financial aspects of project preparation, implementation and reporting were also carried out by the team in collaboration with technical team members.

Computer and information system management was done in-house by the Deepu, Magesh, Prasanna, and others. PAC-Soft, a reputed company dealing with computer hardware held the Annual Maintenance Contract for our computer systems during the year.

Other administration and office management systems were maintained by Mr. Victor Fernandes, the Administrative Officer, supported by the administration team. A new addition during the year was the installation of an EPBAX system for telephones.

#### **14.SOCHARA – MANAGEMENT OF AFFAIRS**

Regular Executive Committee (EC) meetings were conducted during the year. The meetings were held on July 27, 2004; September 29, 2004; February 3, 2005 and June 29, 2005. The SOCHARA Annual General Body meeting was held in CHC on September 22, 2004. Dr. Thelma Narayan, was in regular communication with the SOCHARA members and other CHC associates.

#### **15.CHC REVIEW**

A team selected by the Executive Committee – comprising of Dr. Mohan Isaac, Dr. C.M. Francis, Ms. Valli Seshan, Dr. Ravi Narayan and the CHC co-ordinator held discussions with the external reviewer Dr. Amar Jesani to brief him about the activities of CHC and to discuss the review. Dr. Jesani subsequently met SOCHARA members, CHC team members (past and present), CHC associates and contacts during the course of the review. Dr. Jesani presented an interim report which was

discussed in the SOCHARA Executive Committee (EC) and in the subsequent Annual General Body Meeting in September 2004. The response of the EC, the GB and the CHC team to the interim report was presented to the reviewer. He is in the process of finalising the CHC Review Report. The internal review report based on a series of workshops in the team was finalised and circulated to all SOCHARA members. Responses to a mailed questionnaire sent by Dr. Mohan Isaac, President of SOCHARA, have been compiled and circulated.

## **16.FUTURE DIRECTIONS**

The work done by CHC over the past twenty years have included primarily (a) the development of an alternative philosophy, methodology (pedagogy) and process for community health training (b) building and supporting large networks of advocacy for health focussing on the determinants of health (c) working on health policy analysis and action wherein community voice and needs are central to engagement with the state. This rich experience will now be used to develop further into a Centre for Community Health that supports a new generation of community health professionals and activists to build on the rich community health and public health experience in the and participate in the challenging and urgent task of improving health and quality of life.

Thanks

To SOCHARA members, EC member

To donor partners

For the

***“When you dream alone,  
it remains but a dream.  
But when you dream together,  
It is the beginning of reality.”***

- Dom Helder Camara

\* \* \*

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