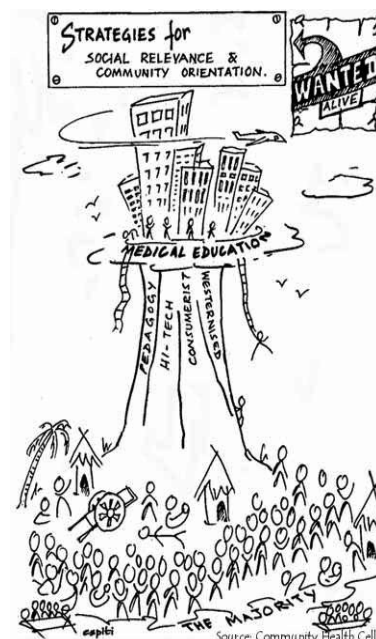
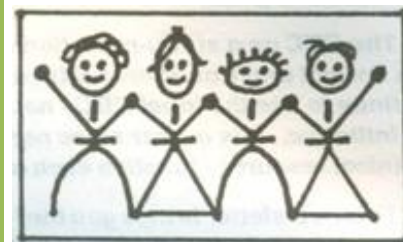


ANNUAL ACTIVITY REPORT

2010 to 2011



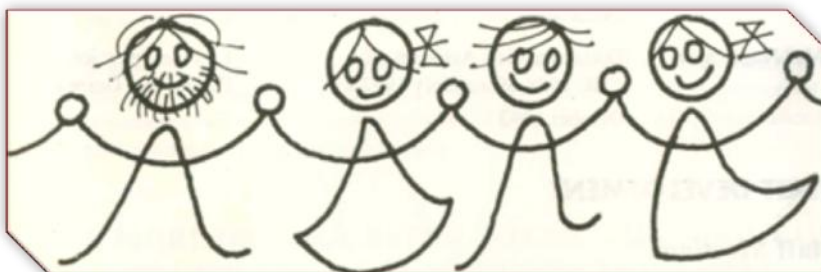


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SOCHARA OBJECTIVES



To create an awareness regarding the principles and practice of community health.

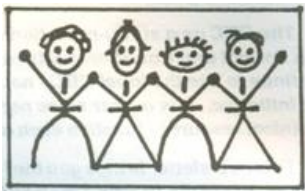
To promote and support community health action.

To undertake research on community health and development.

To evolve educational strategies in community health.

To dialogue with health planners, policy makers and implementers.

To establish a library, documentation and information centre in community health.



ADMINISTRATIVE EVENTS

SOCHARA ANNUAL GENERAL BODY MEETING - 2010

The 19th SOCHARA Annual General Body Meeting was held on 5th August 2010 at CHC Office Madiwala, Bangalore.



EXECUTIVE COMMITTEE MEETINGS 2010-11

Date	Time	Venue
May 19, 2010	10.30am	Sochara Annexe Koramangala, Bangalore
August 05, 2010	09.30am	CHC Office, Madiwala, Bangalore
June 10, 2010	09.30am	Sochara Annexe Koramangala, Bangalore
30 th Oct 2010	11.00am	CPHE Office, Koramangala, Bangalore
4 th March 2011	10.00am	CPHE Office, Koramangala, Bangalore

SOCHARA Accounts and Administration



FINANCE AND MANAGEMENT COMMITTEE MEETING 2010-11

Date	Time	Venue
November 04, 2010	02.00pm	CPHE Office, Koramangala, Bangalore
March 03, 2011	10.30am	CPHE Office, Koramangala, Bangalore

OUR INTERNAL AUDITORS

Mr. Reny Philip of M/s Philips and Cherian and Associates

OUR EXTERNAL AUDITOR

Mr. G.S. Ravi Kumar of M/s Ravi and Iyer Associates, Bangalore

SRTT GRANT AUDIT

Mr. P.M. Bavishi and Company, Mumbai

Brief sharing about the report submitted by the SRTT grant auditor Mr. P.M. Bavishi

Our Donors

Sir Dorabji Tata Trust, India
Sir Ratan Tata Trust, India
*State Health Society, Dept of
Health and Family Welfare*, Govt
of Tamil Nadu, India
Ford Foundation, USA
Misereor International, Germany
Sarathy Foundation, USA



SOCHARA Members 2010-11

Executive Committee Members

Dr. Vasundhra	Sr. Dr. Aquinas
Mr. Gopinathan	Dr. Thelma Narayan
Dr. Ravi D'Souza	Dr. Sunil Kaul
Mr. Eddie Premdas	

General Body Members

Ms. Padmasini Asuri	Dr. Pankaj Mehta
Mr. As Mohammad	Dr. B.S. Paresh Kumar
Dr. Ravi Narayan	Fr. Claude D'Souza
Dr. Mohan Isaac	Dr. Shirdi Prasad Tekur
Dr. Denis Xavier	Ms. Valli Seshan
Dr. N. Devadasan	Dr. K. Ravi Kumar
Dr. Madhukar Pai	Dr. Mani Kalliath
Dr. H. Sudarshan	Dr. Neela Patel.

Honorary Members

Fr. John Vattamattam	Dr. D.K. Srinvasa
Mr. A. Arumugham	

Friends (Former SOCHARA Members)

Dr. A.V. Ramani	Dr. Vatsala Nagarajan
Dr. Roopa Devadasan	Dr. M.J. Thomas.

We pay our respectful homage to Prof. Dr. S.V.Rama Rao a SOCHARA member from its initiation, who passed away during this year.



SOCHARA Team

CHC Bangalore

Premdas
Pralahad
Mahadevasamy
Pushpa James
Viiava

Joyce
Maria

CHC Extension Unit, Chennai

Rakhal Ameer
Khan Suresh
Francis Irudaya

Sukanya, team member
currently on study leave

SOCHARA Accounts and Admin

Victor, Naveen and Hari

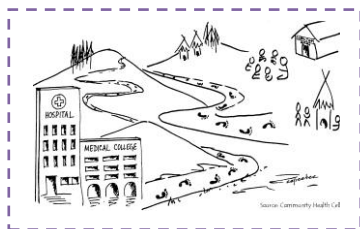
CPHE Bangalore

Ravi Narayan
Thelma Narayan
Mathew Shilpa
Lavanya
Venkateshan Joseph

CPHE Bhopal

Prasanna Kumar
Juned
Bhagwan
Gincy Archana
Shashidhar Prakash

Deepak currently perusing
MSc, Epidemiology at CMC
Vellore



COMMUNITY HEALTH CELL, BANGALORE

The Community Health Cell is the functional unit of Society for Community Health Awareness, Research and Action (SOCHARA) and is a national resource centre for various organisations working on health and non-health issues. 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 areas. We recognize that people's health is 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 years.

SOCHARA Objectives

- To create 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 in
 - 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.

Community Health Learning Program

Community Health Learning Programme (CHLP)

The Community Health Fellowship Program with its two phases – the Community Health Internship cum Fellowship Scheme (CHFS)

The objectives of CHLP

- To facilitate the development of a 'community health perspective' by offering a semi-structured placement opportunity in CHC in partnership with selected community health projects and initiatives in the country
- To provide short-term placements to young professionals to facilitate community health learning and to strengthen motivation, interest and commitment of persons for community health.
- To sharpen analytical skills and to deepen the understanding of social paradigm of community health.

(2003-06-07) and the Community Health Learning Program (CHLP) (2008-2010) is a significant training program in the voluntary health sector in India to build capacity of young professionals and activists in community health. In the first phase 40 persons went through the program, 23 were paid through the grant and 17 were volunteers who joined the teaching and field placements through self funding.

Based on the needs and experience of volunteers the concept of flexi fellows and interns developed. There were others who did not join the teaching sessions and are a continuation of the open ended catalyst role of CHC.

During the second phase (2008-2010) 44 persons completed the community health internship supported by the grant. This includes 24 persons who did the full time internship for 9 months, and 20 persons who did flexible internships of varying periods (1.5 months to 6 months).

The CHLP interns had a five week of orientation beginning in March and ending in April. 2010. The mentor's meeting was organized during the orientation programme. In the nine months the interns were placed with different organizations, and at the end of six months had a three month field project work which was done individually. Interns also attended a padayatra linked to the

displacement of people during the 2009 floods who had still not received any compensation of land. They were taken on an exploratory visit to Chennai to understand private public partnership in a 'model PHC' as well as RUHSEH A center and hospital begun by dalit women, The Annual Alumni workshop was held for two days and interns and alumni had the space to share and swap experiences. With a special focus on the marginalized communities two transgender and one dalit gave their stories. A session was also given on understanding and addressing urban health .Interns had a total of four collective learning sessions which provided them new inputs on vital community health and public health topics as well as the platform to share experiences and learn from each other.

Full-time Interns

Anand Kumar (January to December 2010): He did his masters in Clinical Research from Cranfield University. He worked in a pharmaceutical company for one year as Clinical Research Associate. He calls himself a political activist with an experience of three and half years with the socialist group –New Socialist Alternative (Indian section of the Committee for Workers International). He is also on the editorial board of the group's bi-monthly newspaper- Dudiyoora Hoorata (Worker's Struggle). He has participated in

the 'Anti-Walmart' campaign, 'Stop the Sri Lanka War' campaign, 'Anti – POSCO' campaign in Orissa, Solidarity campaign for the 10th year hunger fast of Sharmila Irom and was recently involved in anti- SEZ padayatra in Orissa.

Dr. Rohini Devakrupanidhi is a dentist from Bidar. She worked as a Dental Surgeon for seven years before joining CHLP. She was selected last year but discontinued due to unavoidable personal reasons. She was able to complete her internship with positive support by CHC.

H. Hanumanthappa is from Davangere, Karnataka and has done his B.Com. He is associated with the Karnataka chapter of the People's Health Movement, the Jan Arogya Andolana Karnataka. He has been working on issues of Disability, Right to Information Act, HIV / AIDS and TB, NREGA. He is currently working on Disability in partnership with the Association for the Physically Disabled in Davangere.

Shivamma A. comes from Bellary, Karnataka and she has done her M.A. and B.Ed. She was working with an organization called Sakhi where she was involved in conducting surveys of PHCs and understanding health problems of women especially women from the unorganized sector. She conducted a study on factors which contribute to stress in

ASHAs. She is currently pursuing her PHD.

M. Madhappan is from Dharmapuri, Tamil Nadu and has done his M.Sc. in Zoology and B.Ed. He has gained a lot of expertise in the RTI and has written a booklet.

Manjula is from Raichur, Karnataka and has done her Masters in Sociology. She worked in the Child Labour School, SEVA, Raichur as a teacher. When she was working with Nava Jeevana Mahila Okkoota as a community organizer she helped women to start one of the first Dalit womens Co-operative Society. She was involved in advocacy at grass roots, district and state level on the issues of – Right to Food (RFC), Right to Health and Right to Employment. She also helped in developing a cadre of local karyakartas to take up the issues of ‘Violence on women’. This involved creating awareness and taking steps to stop devadasi system, child marriages, child labour and domestic violence.

P. Shobha is from Nagercoil, Tamil Nadu. She has done her MSW (Community Development). She worked with Shanthi Nilayam, Nagercoil, Community Health Development Project, Nagercoil, Nala Oli, Voluntary Health Association of Kanyakumari (VHAK), Adventist Development and Relief Agency (ADRA India), Nagercoil and the Indian Red Cross Society, Nagercoil.

Mr. Mallikarjuna K. is from Bellary, Karnataka. He has done his masters in

Psychology. He worked as community facilitator in KHPT SANKALPA.

Flexi Interns

Lavanya Devdas is from Bangalore and has a Masters in English Literature. She was a coordinate and active member of the Association of India’s Development (AID) for over six years, involved in grassroots efforts expanding from rural-urban development, child health, and women’s empowerment to areas of communication, management and public relations. She has over 10 years of work experience in reputed technology companies as Senior Technical Communicator, managing and implemented projects from both the US and India. She has proactively participated in Corporate Social Responsibility through the 10 years of her IT profession. She also worked as a Lecturer in English (graduate level) in a college that pioneers in Women’s Education. Through the fellowship program, she wanted to gather a comprehensive understanding of health pedagogy and paradigm; policy interventions and child health with regard to nutrition status of the country.

Table 1. Field practice work for the months of September to November 2011

S.No.	Intern	Field practice work
1.	Shobha	Developing a module on water and sanitation at the village level and Training of VHSC members and animators of the Community Action for Health project on water and sanitation at the village level of Agastheeswaram block, Kanyakumari district. She also facilitated training of school children and an exhibition by these children on water and sanitation. This was attended by children from 6 schools.
2.	Madhappan	Developing a module on Nutrition schemes at the village level and Training of VHSC members and animators of the Community Action for Health project on the nutrition schemes at the village level of Nallampalli block, Dharmapuri district.
3.	Shivamma	<ul style="list-style-type: none"> • Documenting life-histories of Dalit women and their organisation • Conducted a study of the challenges of women workers –ASHA, Anganwadi workers, self help group members and women labourers. • Participated in the study of the nutritional status of rural households in Kotha village, Lingusur taluk, Raichur.
4.	Hanumanthappa	<ul style="list-style-type: none"> • Organizing Right to Health training to NGO staff & field workers in Molakalmur taluk, Chitradurga district. • Participated in the study of the nutritional status of rural households in Kotha village, Lingusur taluk, Raichur.
5.	Mallikarjuna	<ul style="list-style-type: none"> • Strengthening the right to health network (JAAK) in Belgaum district • Organising right to health workshops in 2 talukas – Khanapura and Chikkodi (Belgaum dist) • Participated in the study of the nutritional status of rural households in Kotha village, Lingusur taluk, Raichur.
6.	Manjula	<ul style="list-style-type: none"> • Training to Dalit women on gender & health • Study on the nutritional status of rural households – planning, preparation and coordinating the study of the nutritional status of rural households in Kotha village, Lingusur taluk, Raichur.
8.	Sejal	<ul style="list-style-type: none"> • Worked with the Jan Jagaran Shakti Sangathan in 10 Panchayats

	<p>of Araria and Katihar districts on awareness generation of delayed payment and unemployment allowances in the MG NREGA scheme.</p> <ul style="list-style-type: none"> • Preparation and printing of booklet containing short version of the final resolutions, collectively passed during National Convention of Right to Food & Work in Rourkela, Orissa.
9. Ganesh	Developed modules on Panchayati raj, health system and herbal medicines at the village level and Training of Federation of VHSC members in Thirumannur block, Perambalur district.
10. Anand	<ul style="list-style-type: none"> • Was associated with ROHC in organizing the agarbathi workers in Ullalu I • Conducted health awareness camps for the agarbathi workers to understand their occupational health problems.

Batch of 2010: Ten fulltime interns were inducted into the CHLP and were given intense trainings involving both knowledge and skills in the field of community health. Sessions included classroom sessions which are collective teaching learning sessions, exposure visits, specialized workshops as well as field placements. Interns were also given guided supervision from specially picked mentors to enable them to work towards the objectives they set for themselves. The interns come from different educational backgrounds with a common interest in seeking to understand the field of community health better.

List of various formal Capacity Building Interventions

List of Collective Learning sessions

- Orientation
- Midterm
- Six monthly
- Final

Specialised Workshops

- Disaster Preparedness and Response
- Workshop on how to conduct trainings
- Workshop on PRA Participatory Rural Appraisal
- Workshop on Research Methodology

National Workshop on Community Health & Public Health Learning Programs.

The Workshop held in Bhopal from the 26th October to the 27th October 2010 was preceded by intense planning

Participants: included fellowship program managers' academics, representatives of funding agencies, few interns, public health researcher activists and governing body members of some of the programs.

The fellowship Programmes represented:

1. Community Health Learning Program by Community Health Cell (CHC), Bangalore
2. Community Health Fellowship by Public Health Resource Network (PHRN).
3. Madhya Pradesh Community Health Fellow Program by Centre for Public Health and Equity (CPHE), Bhopal.
4. Community Nutrition Fellowship by State Health Resource Centre (SHRC), Chhattisgarh and ICICI Centre for Child Health and Nutrition (ICCHN).
5. Community Mental Health Fellowship Programme by Basic Needs India.
6. Leadership Identification and Nurturing for AYUSH and Public Health through a fellowship program.

Objectives

1. To share learnings regarding the Community Health Fellowship Programmes .
2. To enable cross learning of processes and innovations of the different programmes.

3. To explore possibilities of networking in community health training and work towards a SOCHARA civil society school of public health.

Alumni Workshop

The Alumni workshop was held at Vishranthi Nilayam, Bangalore on the 26th and 27th November 2010.

This two day workshop provided a platform for alumni and the current batch of CHLP interns to come together to learn and share experiences. Alumni shared their experiences post fellowship.

Three key people from marginalized groups were invited to share their experiences. Two were from the Sexual minority community and one was from the Scheduled Caste. Their stories were heart rending and touched the hearts of all the participants They narrated incidents of lawkeepers being law breakers, of fear of safety of their lives and homes, of exploitation and powerlessness.

There was an Academic session on Current Challenges in Realizing Health for All. Presented by Dr Sushil Mathew John, the coordinator of low cost effective care unit in Christian Medical College (CMC), Vellore. Sharing efforts made to provide health services to the poor.

Exposure visit to hospital started by dalit women and to PHC under PPP

An exposure visit to a model PHC in Chennai was arranged to help interns understand PPP on the 4th Oct 2010 morning for interns and nine activists from the JAAK

Objectives:

- To understand PPP by visiting and appreciating the functioning of an ideal PHC as showcased by the Thelma Narayan Government

Exposure visit to RUWSEC, Chennai

Objectives:

- To understand the history and evolution of RUWSEC- a Dalit women group working on woman's right, empowerment and health for over 30 years.

Participants: Nine Activists from the JAAK and the CHLP interns were taken to a field visit to Chennai on the 4th October noon and 5th October.

RUWSEC was started in the year 1981 by a team of women, Mrs. Sundari Ravidaran who was the initiator provided support to the remaining dalit women from the local villages to work in their own villages as 'animators'/Community Health Workers (CHWs). The focus was on enabling women to gain greater control over their bodies and their lives and achieving wellbeing, through promotion of gender equality and sexual and

reproductive rights. Since its inception, RUWSEC was a grassroots organization with community-based workers drawn from the local villages.. RUWSEC is an organization which is managed by women for the women and the related issues.

Padayatra

A padayatra was arranged by the Neri Sanstrastra Samanvaya Samithi , There were 13 NGOS and movements which collectively came together along with other NGOS on the following dates- August 10th to the 14th 2010. A total of 13 villages were selected.

Participants walked to all the villages and raised public awareness regarding the difficulties and challenges faced by the affected villagers and the government apathy towards their problems.

Following this a session on project proposal writing and report writing was held at Potnal

Organizational Issues and Staff Development:

Team Retreat: A team retreat was held on the 4th and 6th August, 2010 for staff from all the units of SOCHARA based in Bangalore, Bhopal and Chennai. The philosophy of SOCHARA, the work of SOCHARA members and the different

activities undertaken by various SOCHARA units were shared. Mr. K. Gopinathan (treasurer) and Dr. Ravi Narayan facilitated session on the understanding of the basics of accounts and finance.

Sharing by the Team at the SOCHARA AGM:

The team members of CHC and CPHE presented the activities of CHC and CPHE at the Annual General Body Meeting of SOCHARA on the 5th of August, 2010 at CHC. The session on sharing was attended by the SOCHARA members, friends & associates of SOCHARA besides the CHC and CPHE team members.

Tribute to community health legend, the late Prof. S.V. Rama Rao

Prof. S.V. Rama Rao, a veteran and a legend in community health in India, passed away on 14th June 2010 an age of 90. He was an active member of the Society for Community Health Awareness, Research and Action (SOCHARA) from its inception till 2008 and was a great inspiration to many persons who initiated the idea of community health cell (CHC) in 1984.

As a tribute to Prof. Rama Rao, a memorial was held at CHC at Madiwala (Bangalore) by SOCHARA on 18th June, 2010. It was attended by SOCHARA members, interns of the CHLP (CHC), staff of CHC and CPHE (unit of SOCHARA) and by Dr. Swathi, granddaughter of

Prof. Rama Rao. Dr. Thelma Narayan, who was student of Prof. Rama Rao at St. John's Medical College remembered him as a "fantastic teacher who brought life to teaching". She also read out a note on his life and achievements.

Dr. Ravi Narayan, Mr. As Mohammed, Fr. Claude participated in the condolence meeting and shared their experiences of working with him and remembered his contribution to SOCHARA as a member.

Sharing by the Team at the SOCHARA AGM:

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Staff updates

Ms Joyce Premila joined as a Training and Research Associate in the month of July 2010

Dr.Sukanya has resigned her work on a part time basis as she has found it difficult with her young daughter in the month of February 2011.

No Cost Extension Period

While the major aims and objectives of the CHLP were met, a saving from the allocated three year budget remained as of 31st

December 2010 This was due to low cost expenditure on items such as accommodation and travel, along with the need to complete a few components such as the printing of the final report.

This balance amount from the grant approved in January 2008 is being used for consolidation and preparation for the next phase working within existing budget lines, but with a reallocation across lines. The NCE will be for eight months from January to end August 2011 during which period the entire grant will be used. The proposal was accepted by SRTT and is now underway in the current reporting period.

SOCHARA is committed to continuing its efforts on human resource development for community health and public health with a focus on the voluntary or civil society sector in order that the goals of better health with equity may be realized. Therefore during the NCE phase the focus has been on consolidation with team/ faculty development, including further systemization and streamlining the administration and accounts sections. It is a phase of institutional strengthening and preparing for the next phase for which a proposal has being developed. During this period regular staff development in house meetings have been organized.

Staff Development

A staff and faculty development process is underway since the last SOCHARA AGBM in August 2010. A three day full team retreat was held in August 2010. Subsequently the full team worked for the national workshop in Bhopal on community health learning programs in October 2010.

The No-Cost Extension Period has been planned to aggressively and actively address staff development as SOCHARA views itself as a 'University with wall' and constantly seeks to unite academic excellence and practical field expertise to all its engagements.

Team Retreat: 24th to 28th January

In this reporting period A five day full team retreat of members from all units in Bangalore, Chennai and Bhopal was held from 24th to 28th January 2011 (from other sources of funds). A PHIN (public health in India) score was developed to assess the knowledge of professional team members. A series of meetings are being held in each unit to discuss each component of work in a deeper way, to discuss new developments and strategies, and also to strengthen administrative and accounting systems and procedures.

Capacity building on administration and accounting systems and protocols

The NCE has also been used to build staff capacity on administration and accounting system and protocols. During the six month period sessions were held on developing work plans and operational plans, administrative principals and procedures and accounting systems and protocols

The internal audit system is also being strengthened based on the recommendations of the grant utilisation audit. This has already been initiated and requires additional payments.

This is being done on a periodic basis with intense discussions with staff and SOCHARA Executive committee treasurer. Mr Gopi

Planning for specialised Workshop on Teaching Learning Methods, Mentoring and Assessment Tools

A specialised Workshop on Teaching Learning Methods, Mentoring and Assessment Tools has been fixed for the 26th to 28th July. Technical Staff from all the SOCHARA teams will be participating. Facilitators will be Dr Ravi Narayan and SOCHARA members who are involved in Teaching learning principles and processes as Teaching learning methods and processes, mentoring and assessment are critical elements or topics for the conduct of community health and public health fellowship/ learning programs. They will be

taken up for further in depth discussion and faculty training during The specialised workshop.

In-house Staff meetings to provide platform for staff to share new learnings

These have been conducted on community health and public health topics for the Bangalore based team regularly. Flexi interns have also been provided a platform during these meetings to present their learnings and the work they were involved with.

Topics of current importance to SOCHARA and relevant to the field of community and public health have been thoughtfully selected and presented for discussions. These covered a broad spectrum of important topics and also facilitated staff to conduct more research, read and present their learnings.

Topics of the principles of community health helped staff to understand the existing health framework.

Topics also included relevant issues like the 'Politics Of Health' which are of current interest as well as include discussions of current government policies with regard to health. , Issues of the growing private lobby in health care. Issues related to urban health in the

context of SOCHARA's history and the urban health initiatives of SOCHARA.

JMS presentation Presentations were done on The Jagruthi Mahila Sangha a partner field organisation linked with SOCHARA its history and the work they are involved.for the CHC & CPHE staff. The presentation was facilitated by Premdas. It included the initiation & growth, objectives, various initiatives, the process of leadership building and the challenges faced by JMS were shared. The discussion was part of the capacity building of the CHC faculty in the perspectives of community mobilization and to understand the marginalised.

Inputs on understanding MarginalisationAn in-house discussion for staff was held for half a day was held at CHC for the CHC and CPHE staff on understanding society.

Topics covered

- Presentation and discussion on the Social, Economic, Political and Cultural systems.
- The power and hegemony over resources and domination.
- The divide: the resource holders and the resource poor.

Various processes where discrimination and marginalization is experienced.

The Pourakarmikara Issue that CHC spearheads in seeking justice and health for the marginalised group was sensitively taken by Mr

Oblesh. Alongside, understanding the marginalisation society and social paradigms of community health forms the warp and woof of many of the health related factors and social determinants of health was facilitated .

Inputs were also given on existing health facilities by Dr Krishna Murthy from KHPT (The Karnataka Health Promotion Trust) and Ms Anaka from CBPS (Centre for Budget and Policy Studies).

Documentaries helped to understand the impact of environment for health especially in the light of the Endosulfan tragedy the documentary was done by a CHC Intern and helped get public sympathy for these important issues.

Next Phase Proposal planning meetings

A series of meetings with intense discussions among technical staff have been taking place to prepare for the next phase implementation working through all the key areas such as core curriculum, management of field placements, working with field mentors, ensuring quality across all components and the next phase proposal

BBC Workshop on media and advocacy

In order to better improve advocacy skills Mr I M Prahlad attended a BBC five day workshop

on Media and advocacy from the 11th Oct 2010 to 15th Oct 2010.

The topics covered were on **Press Releases and Press Release Writing**: public health interviewing techniques. Writing press releases field visit, tobacco control programs. How to organize/run a press conference hypothetical situational ethics –NGO and journalist groups using social networking websites.

EPHP Workshop

Ms Joyce Premila and Mr Prahlad attended a two day national conference on the 10th and 11th December on *"Bringing Evidence into Public Health Policy: five years of National Rural Health Mission"* This highlighted the absence of regulation of the private healthcare sector and lack of human resources and inefficient distribution of funds in community and primary health centers.

The two- day deliberation was organised by the Institute of Public Health and the Antwerp-based Institute of Tropical Medicine, and highlighted the underinvestment in health as well as gaps in government schemes, improper implementation. It was however felt that on the whole there was improvement with the implementation of NRHM in the last five years.

Community Advocacy Action

CHC – SOCHARA has been involved in the process of public health action and policy research as one of the key strategies and objectives of the organization towards reaching Health for All. SOCHARA members have also contributed to the process of NRHM framework. CHC has based its community advocacy work on the following direction as embodied in the NRHM framework of implementation towards strengthening the public health system.

Strategies to bring about change at the policy level and engaging with Government officials

Advocacy to Educate People's Representatives on Health Rights.

Demand for Universal and Comprehensive Primary Health Care - Media mobilization at the World Health Day (06.04.2010)

April 7, 2010 is observed as the World Health Day and People's Health Movement has been observing it as People's Health Day. CHC along with the friends of JAAK addressed the Press Conference at this occasion with a call for comprehensive and universal health care.

The reports on the status of the implementation of NRHM and the availability of health services to people. It included the status of 30 Primary Health Centres and four Community Health Centres with regard to the availability of the government schemes such as JSY, functioning of VHSCs in the three districts of Karnataka. The documentation included the case-studies of people who had suffered due to the neglect and negligence in the health system. The press conference also coincided with the call by Jan Swasthya Abhiyan for the enactment of the National Health Act at the national level.

The call through the press demanded to strengthen the health system ensuring universal access to healthcare, to reinforce the centrality of the Public Health System and Regulation of the Private Sector. It also demanded the enactment of the National Health Act for achieving these objectives. The message was covered by the leading Kannada and English newspapers of Karnataka.

People's Health Manifesto for the Gram Panchayat elections to reiterate the issue of primary health care and determinants of health:

Gram Panchayats are basic units of Indian Electoral Democracy and have been constitutionally empowered with the 73rd Amendment to the Constitution. As regards

health is concerned the GPs have to play a pivotal role in ensuring the social determinants of health such as water, sanitation, housing, drainages, waste management, monitoring Primary Health Centres and Subcentres, overseeing Public Distribution System, ICDS centres etc. The standing committee on social justice, education and health is the constitutionally empowered committee in the Gram Panchayats. Even in ensuring effective implementation of the NRHM programme and related schemes such as JSY, utilisation of untied funds, functioning of the Village Health and Sanitation Committees (VHSC), the Gram Panchat members individually and GP as an institution have to play a critical role.

Elections were held for the 5476 Gram Panchayats in Karnataka in two phases - viz. May 8 and 12, 2010. Keeping this in mind CHC drafted the people's health manifesto on the community entitlements on three aspects - viz. Health, Food (Nutrition) and Employment.

Contents: The people's health manifesto has two parts: The first part is addressed to the communities with issues that are important to them regarding the three determinants of health - viz. Healthcare (primary health care services and people's entitlements), Food (Nutrition) and Employment. The pamphlet urges the people of Karnataka to be aware of the importance of these issues and to dialogue

with the contesting candidates on their responsibilities in the Gram Panchayat. Second part of the people's manifesto asks seven questions to the contesting candidates if they will take effective steps to work towards people getting their entitlements of healthcare, food and rural employment, if they get elected. The candidates were to endorse this with their signature.

The issue was discussed in the state level meeting of health activists held on 25th April, 2010 at CYCD, Bangalore. It was attended by representatives from 12 districts. The volunteers from 10 districts took responsibility to campaign for health in their respective districts. A total number of 48,200 families in 72 Gram Panchayat jurisdictions in 35 talukas of 10 districts were covered. About 6000 (@ an average of five candidates per ward) contesting candidates of 1193 electoral constituencies were personally met with to discuss on health.

The response of the households and the contesting candidates was very positive. Many of them expressed that it was the first time that they had been made aware of the importance of health and the factors linked to health.

Dialogue with legislators of the Karnataka Legislature to strengthen the health system

The monsoon session of Karnataka State Legislature was to be held in July, 2010. CHC compiled report cards of case studies on primary health centres and sub-centres done in three districts of Davangere, Bellary, Haveri, Bagalkote and Belgaum. Thirty legislators from various parties were approached and were apprised of the status of NRHM in the rural parts of Karnataka.

The reports of these districts were consolidated and were sent to 40 legislators with a request to take up the issue for discussion in the state assembly legislature. The document described district wise situation of selected Primary Health Centres in eight districts. Some of the issues mentioned in the brief including that of the shortage of staff and that regarding the recruitment of Auxiliary Nurse Midwife (ANM) were raised in the assembly in the monsoon session in June 2010.

Participating in workshops influencing policy making

Participation in the Regional Conference on Delivering Social Protection to Unorganised workers

A regional conference was held in Bangalore on the 18-19th November, 2010 organized by The Government of Karnataka and the GTZ (wing of German Government). Mr. Premdas represented CHC.

The aim of the conference was to provide a platform for information exchange on demand generation cum service delivery mechanisms of social protection which is successful in enhancing effective demand, in setting standards for quality social protection services, in reducing the barriers to access existing social protection programmes, and thus contributing to a sustainable social protection system.

Participants were policy makers and researchers, particularly representatives from central and various state governments of India and from other Asian countries, BMZ (German Federal Ministry for Economic Cooperation and Development), BMAS (German Federal Ministry of Labor and Social Affairs), NGOs and other civil society organizations working with the unorganized sector, multilateral organizations, academic institutions, foundations, etc. The issue of health care in the unorganized sector was highlighted by CHC in the group discussions and in the general discussions.

Village Health and Sanitation Committees: Premdas from CHC is a member of the State Mentoring Committee formed by the Government of Karnataka for the VHSW committee strengthening programme. He participated in the meeting called by the Govt of Karnataka and gave suggestions for the improvement. In the visits to the districts he has also been interacting with VHSW members

Engagement with the Local Public Health System

Promoting and Supporting People's Advocacy at the District Level:

CHC has been intensifying its efforts for advocacy through supporting the network of JAAK in eight districts. The group of CHC trained persons in the districts of Tumkur, Chitradurga, Davangere, Bellary, Haveri, Belgaum, Bagalkote and Raichur. These persons have been able to do the following:

- Visit various PHCs, Sub-centres, CHCs and district hospitals to understand, assess and document on the status of the infrastructure, availability of staff & services, the quality of services.
- They have held frequent meetings with the NRHM authorities and the District Health Officers in the respective districts.
- The members of right to health activists have taken notice of the press –reports on death and denials and have taken action on pressing authorities to action.

Activists in Bellary, Davangere, Haveri and Belgum districts were trained in the aspects of communitisation of Health in the framework of NRHM. They were also introduced to Indian Public Health Standards (IPHS – NRHM, Govt of

India) to know the Services available at the Sub center and Primary Health Centers.

Post public hearings

Meetings with the District Officials:

Following the Public Health Dialogues (Year 2010) in Davanagere, Bellary and Bagalkote districts, a series and consistent meetings were held with the Chief Executive Officers of Davanagere Zilla Panchayat and Hospet Taluka Health Officer of Bellary was arranged. This has led to an improvement in the stock of medicines and supplies as well as standards of hygiene.

Using Right to Information Act-2005: Right to Information (RTI) was used as a tool to get information and also to bring about change in the local conditions for increasing community's access to healthcare services. In Davanagere district the Right to Information Act, 2005 was used to collect information regarding the budget allocated to PHCs, usage of untied funds in the Primary Health Centers, and number of institutional deliveries, disbursement of Janani Suraksha Yojana (Maternal protection) incentives, availability of medicines etc.

At the state level RTI was used to get information on the funds allocated to NRHM from 2005 onwards, the usage of funds and also the quantum of unutilized amounts.

Engaging with the Lokayukta of Karnataka for the Health Rights of the Communities:

The Lokayukta (Ombudsman for administrative reforms and curbing corruption) in Karnataka has been a statutory institution which has been very proactive in exposing and taking action on administrative mal-functioning, negligence of duty and corruption. CHC in partnership with JAAK has engaged with Lokayukta since the year 2007. In the year 2010, the formal mechanisms were used address the grievances of community and also formal complaint mechanisms when grievous instances of deaths occurred.

- Introducing Toll-free no: The toll-free no. 08022257013 has been introduced in 13 districts. Communities have been using it to register complaints when they could not get access to the health care institutions.

Engagement with the State Human Rights Commission to promote the issue of Health as a Human Right:

The State Human Rights Commission has taken up the issue of Health as a Human right following advocacy by the JAAK.

Discussions on the draft of The Karnataka Promotion of Public Health And Prevention Of Diseases Bill, 2010:

The demand for the public health act in Karnataka has been a long standing one. CHC, having got the information on the drafting of the bill called for a consultation meeting which was held on the 1st of October at CHC Madivala, A total of 10 participants representing PHFI, FRHS, JAAK. CHC IPH attended the consultation. The objective was to understand the contents and structure of KPPHPD 2010 critically. Participants came prepared with critique for different chapters and this was shared in the group. Premdas, Asha and Akhila took up the responsibility to put the comments together.

This was followed by a discussion organized by Government of Karnataka – Karnataka Health System Development and Reform Project (KHSDRP) KHSDRP and was held at the Executive Training Centre of J.S.S. Institutions, K. R. Circle, Bangalore, on the 3rd December 2010 to dialogue on how to take the bill further. It was decided to hold at least two regional consultations Karnataka where teams are formed to review each section and to provide suggestions.

On 9th Dec., 2010 Premdas, Prashant and Asha handed over the review document to Mr. Selva Kumar IAS, Mission Director NRHM, Dept of Health and Family Welfare, Government of Karnataka stressing for some changes. The

main issues that were asked to be changed were:

- Over-emphasis on the disease control, isolation centres etc. to focus on public health and public health system and the determinants of health such as water, sanitation etc.
- From the over-emphasis on Private Public Partnerships and Privatisation as the strategy CHC has argued to re-look at the evidence for PPPs and to delete clauses endorsing privatization
- The issues of vulnerable communities such as Dalits, sexual minorities, people with disability, women are not addressed. CHC has argued for addressing the barriers to health of these communities in the bill.
- CHC, on behalf of the communities has argued for wider consultation across the state on such an important bill as this.

Facilitating wider discussion on the draft bill: CHC has translated the summary of the draft bill to Kannada and has made it available for discussion in local language at different districts. The summary has also been published in the news-letter of JAAK.

Meeting with the Member of Parliament, Ms Jayashree

The members of the coalition of People's Health Movement (PHM) were approached by Jayashree, the newly elected M.P. (Rajyasabha

member – the Upper House in the Parliament) who asked for support and guidance to work on health. Mr K.B. Obalesh and Ms. Akhila met her and it was decided that she would to take up one PHC in her constituency (Gubbi, Tumkur district) and make it a model PHC by strengthening Primary Health Care.

Community Advocacy: Research as a strategy for advocacy

Study of the health status of the Pourakarmikas of Chitradurga (Karnataka)

A study was done regarding the health status of the Pourakarmikas of Chitradurga. The aim of the study was to understand the work of the pourakarmikas and their associated health problems. According to the government records there are no manual scavengers in Karnataka, but this is far from the actual truth.

Chitradurga is a town, situated 200km north of Bangalore and houses the famous Chitradurga fort. It is both district and taluk headquarters and has a District Hospital and a private Medical College and Hospital. The town of Chitradurga like many other places in Karnataka does not have good drainage and sewer facilities and hence each locality is served by open drains called “charandi”. The Municipality oversees the sanitation and hygiene by employing permanent and contractual workers in cleaning the open drains, collecting and disposing waste and sweeping the roads. The workers live in the government recognized slums in Chitradurga town and cater to the urban population of the town.

Main findings:

1. Workers reported multiple illnesses that are severe, long term and had taken inadequate care or didn't access health care at all.
2. There was a deep sense of hopelessness about their situation and their work and most of them did not want their children to continue in the same job.

Community Health/Public Health Training and Capacity Building on Sanitation

CHC has been linked to the communities affected floods in north Karnataka. In Bagalkote district, as people are still living in the shifted villages, the biggest need that was expressed was that of sanitation.

Hence CHC facilitated hands-on training on sanitation and demonstrated the process of building orientation training.

The objective was to improve the sanitation and hygiene situation (Determinant of Health) of Dalit families in the Budihala and Erguppa Village of Badami taluk, Bagalkot district. In the conducted on sanitation at these villages on 04.06.2010, 25 people from the community of

Budihalla Village and 12 from the Erguppa village participated. In As a follow up activity of Training a demonstration of Individual House Hold Latrine (IHHL) was held at the Erguppa Village. About 20 families from Budihala and 25 families from the Erguppa village got motivated and came forward for the construction of Individual House Hold Latrines.

To take the process forward, on 13.06.2010 and 14.06.2010 masonry training along with the demonstration of IHHL process were organized. The linkages were done with the Zilla Panchayat for resources.

Out Come: Over 20 families from Budihalla and 19 beneficiaries from the Erguppa village Constructed Individual House Hold Latrines.

VHSW committee and SHG Kota village

A second training programme was conducted on sanitation. From the 10th Nov to the 13th Nov in Lingasuguru Taluk of Raichur District. There were 30 Participants. The objective was to bring about positive hygiene behavior changes and improve the health situation of the Community.

The participants were trained on the link between Health and Sanitation, Technical aspects of Constructing Individual house Hold Latrines, As a result about 25 SHG Members Came forward for the

Construction of toilet and the Deputy Secretary of the Zilla Panchayat has agreed to release the amount for the Construction of Individual House old Latrine at the Kota Village.

- One day Workshop Budihala Village : Community Health Cell, Bangalore and Head streams Bagalkot with the objective to improve the sanitation and hygiene situation (Determinant of Health) of Dalit families and Flood affected families of Budihala village, Badami Taluk, Bagalkot District held a one day workshop on sanitation.

Perspective Building on Health as a Human Right

Capacity Building of Health Activists on Maternal Audit and IPHS: CHC organized the second two day training for the health activists at CHC Bangalore on 16th and 17th September, 2010. It was facilitated by CHC staff and Asha Killaru (Public Health), core team member of the JAAK (People's Health Movement, Karnataka). The objective of the training were

- To build the capacity of the health activists from various organizations to understand issues of health rights advocacy.
- To understand some tools of monitoring health indicators and communitisation components of NRHM.

15 field workers of various NGOs from the following eight Districts in Karnataka participated in the training. The participants represented the following districts and organizations:

Training for Trainers - Health and Human Rights Training:

26th to 28th August, 2010

The 4th Health and Human Rights Training by CHC was organised at the Oil-Seed Growers Cooperative Training Centre at Haveri from 26th to 28th August, 2010. Participants from eight districts and representing 22 organisations participated in the workshop. The resource persons were Prahlad and Premdas (CHC), Swarna Bhat and Dr. Akhila (JAAK) and Naveen Thomas (Headstreams) and Dr. Gopal Dabade (AIDAN)

- The focus of the training was the following:
Review of the processes of campaign in the districts: This whole day exercise was to do a district-wise review of the processes. It outlined the strengths and challenges of each district.
- Globalisation and Health: Dr. Akhila Vasan facilitated this session for participants to understand various aspects of privatisation and liberalization which affect the public health.

- Patent and the Impact on Health: This was facilitated by Mr. Naveen Thomas who has been involved with the issues of drugs and medicines. The session aimed at making the activists understand how patents affect health.

- NRHM and Public health Standards: This was facilitated by Community Health Cell team members. The session covered the Indian Public Health Standards (IPHS) of various health institutions as described by the NRHM. Rational Drugs and Campaign for Essential Medicines: Dr. Gopal Dabade facilitated this session towards making the participants understand rational, irrational and essential medicines.

Health and Human Rights Trainings (HHR)

Core topics on Concept of Health, Right to Health and Social Determinants of Health (Team Activity); what is health? What are the rights to health? Determinants of Health, Public Hearing and Impacts of Public Hearing
Public Hearings conducted at the eight Districts, Preparatory of the Public Hearing at the District level, Impact of Public Hearing and the Follow up Activities of the Public Hearing were the highlights of the training program.

National Rural Health Mission

“National Rural Health Mission”, Goals of the Mission, strategies adapted for achieving the goals etc.

Village Health and Sanitation Committee

The Constitution of the Village health and Sanitation Committee, Responsibility of VHSC, Necessity of VHSC, untied funds released to the VHSC by the government, Usage of the untied funds Roles and Responsibility of ANM and Gram Panchayat President.

ASHA

The Introduction of the ASHA (Accredited Social Health Activists), Criteria for selecting ASHA , Responsibility of ASHA's, Guidelines to be followed by the ASHA's, the Major Problem Faced by the ASHA in the Community and with the PHC's and also spoke some of the Case Study of ASHA's.

Public Health Structure and IPHS

Introduction on Public Health Structure in Karnataka, A brief introduction about the Indian Public Health Standards, IPHS for Sub center and Primary Health Center, Constitution of Sub Center, PHC's, CHC, Taluk Hospital and District Hospital according to the Population. Conducting PHC Survey and Denial Case Study Sub Center, Primary Health Center and Denial Cases Survey Format among others.

HHR Training to Health Activists at Chitradurga

Two day training on the 13th and 14th December was given to Health Activists.

The objective was to build the capacity of District Level Health Activists of Chitradurga District who were involved in the Community Health/ Health rights Activities. Promote networking with NGOs and provide inputs on NRHM, Providing Inputs on NRHM, Health Rights, Components of NRHM and Social Determinants of Health.

Participants:

Day One: 34 Participants from 6 Organizations and 4 Mahila Okkutas.

Day Two: 62 Participants from seven Organizations and four Mahila Okkutas.

Outputs: A Plan of Action was developed in which participants undertook to do a survey of 25 sub centers, 17 primary health centers, 16 VHSC and record of 30 denial cases.

Tumkur Health and Human Rights Training

A Two day Health and Human Rights Training was organized by Community Health Cell, Bangalore from 24.02.2011 & 25.02.2011 at Devarayanadurga, Inspection Bunglow. This Training was organized to build the Capacity of 41 Health Activist from the Various Organizations of Pavgada, Madugiri, Tumkur and Kortagere Taluk of Tumkur District. The

Activists were from Grameena Kooli Karmikara Sangatane (GCKS), VHSC member, ASHA and Activists from other Organization and Disabled networks Organizations who were involved in the JAAK and Working on “Right to Health” were participated in the Health and Human Rights Training.

In addition to the core topics an introduction to Mental Health and integrating mental health in broader health concept was taken by Dr.Ajay kumar, psychiatrist, committed to his passion for working with the community and bringing them close to realities related to mental health, The routine struggles of people with mental illnesses and the near and dear ones associated with them were discussed. Re-integration of such people into society by providing moral, social and economic support is essential. The various signs and symptoms that could easily go unnoticed were discussed by Dr.Ajay. The usual stigma and discrimination towards people with mental illness were highlighted. And the need for a behavioral change, which is more desirable to medication, boycott or abuse towards persons who are mentally ill, was highlighted.

The need of the hour is to be aware that more than 75% of the population experiences some form of mental illness at some point in time in life. Thus awareness and acceptance is the key to a better quality life for the mentally ill as well as for people associated closely with them.

A session on Environmental Sanitation was facilitated by Mr Prahlad gave a brief introduction about the Health and Sanitation, Problems faced by the Women due to non availability of Individual House Hold Latrines, Impact on Health due to Open defecation etc.

Workshop on Right to Health: Kukkeri village, Khanapura Taluk of Belagavi district.

A One day workshop on Right to Health- A Human Right was conducted to 20 SHG members of Kakkeri village in Jeevana Jyothi Organisation. In this workshop the objectives of National Rural Health Mission such as mother mortality, infant mortality, Village Health Sanitation Committee’s role, ASHA workers activities, monitoring committee’s responsibility was introduced to the participants.

A brief discussion on the Janarogya Andolana- Karnataka’s history and the present work in different district and Lokayukta actions and process were discussed. Finally, an action plan was prepared to combat denial of health right in Khanapura Taluk of a letter campaign and complaint to the Lokayukta.

Workshop on Right to Health-Chkkodi Taluk of Belagavi district.

A One day workshop on Right to Health was organized on 28-10-2010. About 48 Belgavi Committee members of Janarogya Andolana-

Karnataka, President-Federation of Vimukthi Samaja, volunteers, Rural Development Committee President, ASHA workers and others Participated in this workshop.. The objective of workshop was to achieve quality, free and accessible health service to everyone and to involve participants in this campaign.

In the workshop issues on Public Health System, sub-standard Health Service, corruption, unnecessary death, promotion of private medical service were discussed and it was decided that the community must intervene to bring back the system in place.

Summary: A total of 205 participants have undergone the training on Health Rights and Community Health in four districts.

Orientation on Health

Orientation meeting for SHG groups. Mr Karibassappa arranged the meetings. Inputs given on: Sub centers, PHC Functioning and Roles and Responsibilities. NRHM Components specially ASHA, VHSC, Untied Funds, JSY, Madilu Prasuthi. A total of 140 participants were trained.

Orientation Program was held in:
Kottor :24th December
Davangere: 25th December
Havanur: 18th October
Khanapur: 2nd November

Orientation for college students: A one day orientation training at Molkalmur Taluk, Chitradurga arranged by Hanumanthappa, fellow. 2010 batch was given for 40 BSW students 10 other organizations members participated. Community Mental Health Trainings (addressing Health as right-needs of the mentally challenged)

Mental Health Workshop

A mental health workshop was held on the 2nd February at Hospet by Punyakoti Foundation which is the registered charitable trusts mental Health, Mental retardation, Alcohol deaddiction and women counseling. About 42 Participants from 32 Janarogya Andolana Karnataka Network Organizations from Northern Karnataka Districts were represented in this workshop.

Topics were Introduction to Mental Health, Mental Illness and Identification of Mental Illness in the Community, Alcohol de-addiction, Mental Health Naturopathy and Yoga.

Inputs to Other Field Organizations on Health:

Occupational Health Trainings

Introduction: FEDINA (Foundation for Educational Innovations in Asia). a Secular Non-Government Organization based in

Bangalore is involved in organizing unorganized sector workers. This organization started in the year 1983 began with being involved in welfare schemes for elderly citizens. (who were formerly unorganized sector workers) while this is ongoing, it was felt increasingly by them later the importance of organizing welfare schemes had minimal impact for the elderly and interventions needed to be addressed earlier to the unorganized sector.

FEDINA (Foundation for Educational Innovations in Asia) FEDINA works towards the empowerment of the marginalized groups of our society: tribals, Dalits, poor women, small farmers, landless labourers and informal sector workers and slum-dwellers in the South Indian states Karnataka, Tamil Nadu, Kerala, Andhra Pradesh and Pondicherry. It is active in organizing beedi workers, sanitation workers, agricultural laborers, gem cutters, street vendors as well as addressing other non union issues such as domestic violence, caste discriminations, land struggles etc.

As per the Request from the FEDINA and Karnataka Garment Workers Union Community Health Cell Bangalore agreed to conduct periodic Training Programmes to build the capacity of staff and activists on occupational health, accessing health services and related topics.

Three workshops were conducted for activists from FEDINA working amongst garment

workers, agarbhatti workers, domestic workers and construction workers on occupation health and related topics.

Capacity Building of Field NGO Staff on Health Rights and Advocacy

CHC facilitated two trainings to build the capacity of the field workers of various organisations in eight districts of Karnataka who are engaged in understanding issues of Community Health, NRHM, Food security and others.

Inputs on HIV/AIDS to members of Sadhane, an organization working with Commercial Sex Workers: Aditya and Ms Joyce from CHC provided inputs to the members of Sadhane, an organization working for the rights of Commercial Sex Workers (CSW). All the 50 participants were commercial sex workers and were people living with HIV. Participants had the knowledge of their infection. The topics and sessions facilitated were on self esteem, stigma and discrimination, the importance and strength of unity in a group and common health problems with HIV/AIDS. Participants expressed that these sessions were very interactive and helped them to participate and feel valued.

Right to Health and Law at Indian Social Institute 12th August, 2010: Premdas and

Prahlad from CHC provided inputs on health rights and law to 15 participants in the 'Legal Rights and Social Empowerment' to activists, a course organized by the Human Rights Unit of Indian Social Institute, Bangalore. ISI is a centre for training and advocacy for South India on the issues linked to the marginalized communities. The participants were drawn from Andhra Pradesh, Tamilnadu, Kerala and Karnataka and were experienced activist in various fields such as land rights, women's rights, advocates (law), HIV/AIDS etc.

CHC provided inputs with reading materials on health rights, health advocacy and National Rural Health Mission. The discussion with the participants raised questions on the current status the public health system and the importance of people's groups taking proactive action to revitalise the entire public health system keeping the interests of the marginalised communities in mind. Participatory methods of discussion were used and the sessions were interactive

Inputs to nurses from North East

Mr Premdas gave inputs to the participants on the concept and issues on Right to Health. This was held at S.O.S village Maithreya centre, Bangalore. Participants were 35 nuns belonging to the various congregations who were working as dedicated nurses in 8 North Eastern states of India. The objective of the session was to build the perspectives on the social determinants of

health and on the issues and perspectives on right to health.

CHC's partnership with Streisand Community College:

The Striesand Community College provides a three months training for under privileged youth, unemployed youth and school drop-outs between the ages of 18 to 25years.

The main focus of the college is towards working for under privileged youth to eradicate poverty by providing them with short term vocational training. Employment opportunities are provided following the training in reputed companies so that they can be self supportive.

After the training, these young men and women are placed in jobs which would fetch them a decent salary in reputed companies.

CHC's partnership

Provide capacity building on a regular basis—once a month for the children on health, health and human rights and on sanitation and environment.

Four sessions (13th November, 14th December 4th February, 14th January) were given to two batches of students on Adolescent Health, Self Esteem, Sex and Sexuality and HIV/AIDS at Streisand Foundation which a non charitable organization is running a community college for children who are unable to complete their education due to financial constrains.

In the first session, Participants were given a brief orientation on Adolescence, physical, mental social, cognitive changes which take place during adolescence and sex and sexuality in relation to adolescent changes. This was related to self esteem and self awareness

In the second sessions participants were given awareness on HIV/AIDS, the socio economic impact of HIV/AIDS and prevention of the spread of HIV/AIDS through proactive measures.

CHC partnership with SPAD

Staff and SPAD staff had two dialogues to discuss networking on urban health systems with CHC providing capacity building on the same to SPAD.

CHC would collect and provide inputs on NUHM CHC would give capacity building on health and health and human rights in a staggered manner for the next year—two days in a year, for organizations working in urban health.

CHC help SPAD with questionnaire to get information with regard to health services available for slum dwellers.

Solidarity with the people affected by flood – participation in the march of the flood victims demanding rehabilitation:

A padayatra was organized by NGOs in Raichur from the 11th to 15th August, 2010 to draw the attention of the government and public to the plight of those who had been victim of floods

along the Tungabhadra River in October 2009. CHC staff and interns actively participated in this four day walkathon (padayatra) through the villages where the temporary shelters were built for people.

The issues faced by women, the aged, people with disability, and the issues linked to the Primary Health Care such as water, sanitation, nutrition, vaccination etc were looked at by the CHC interns.

They interviewed and recorded statements by the villagers who were affected. On the final day a solidarity gathering was held in Raichur where memorandum was submitted to the government representatives demanding speedy and adequate rehabilitation Support to State chapters in Karnataka.

IAAK State Level meeting of persons involved in the Right to Health Campaign in Bangalore – April 26-27, 2010.

A state level meeting of organisations and persons involved in right to health campaign as part of People's Health Movement was organized for two days – April 26-27, 2010 at Centre for Youth and Cultural Development (CYCD), Bangalore. There were 32 representatives from 12 districts who deliberated on many issues concerning health rights. The main issue was to build on the

current campaign and to consolidate it. The main issues that emerged were:

- To address the issue of unavailability of medicines and essential medicines at the Primary Health centres.
- To campaign intensively for the enactment of National Health Act and State Public Health Act at the centre and state levels.
- Visit to State Human Rights Commission chairperson and Lokayukta regarding the violation of the right to services in health centres.
- To demand a toll-free number for health grievances recording.
- It was decided to continue strengthening the district people's health committees by forming the taluka level committees to address the issue of health rights.
- The participants requested for more technical trainings in the coming year (2010-11) on issues concerning health.

The participants shared on various issues concerning NRHM, the difficulties faced by people in accessing health services, the shortage of health staff and medicines at the PHCs were shared. There was a strong recommendation that drugs and medicines should be taken up as a strong issue in the state. The suggestion was also to take this up in the 10th year of People's Health Movement.

State Core Group Meeting (Working Group)

This was held on the 22nd Feb 2011 meeting was held at CHC, Bangalore. A total of 16 Participants from different networks participated. Participants shared on the on-going activities and work in the districts in view of strengthening JAAK. The sharing included the changes and follow up after the public hearings on health in 8 districts, follow up with Lokayukta on important matters such as the drugs which were thrown away on the road in Haveri, deaths of 23 people in Bellary district in one PHC, deaths of 3 infants in Davangere district and the responses received from State Human Rights Commission, special committee formed by Lokayukta to investigate matters of throwing away of drugs in Haveri. The importance of community mental health was touched upon. There was a discussion on PANS –Participatory Assessment for Network Strengthening. Premdas briefed about the process of review and evaluation of PHM that is **being** initiated at the international and national level in the context of the 10 years of PHM. The documents on the note of PANS prepared by the JSA committee and the questionnaire and report of Maharashtra JAA was shared with all. Dr. Thelma, later reinforced the fact that JAAK needed to see itself as part of the global and national movement and that PANS was such a process of learning from our experiences of the last 10 years. The group was briefed about the current

issue of Endorsing 'Novartis Drop the Case' Campaign, Right to Water Campaign statement and the Locost Drugs – experiment of Chittorgarh, Rajasthan: Gopal briefed on the positive experience and changes brought about in the cost and availability of drugs in Chittorgarh district of Rajasthan, through the involvement of a Deputy Commissioner. The Government Order was shared with all. Discussion took place if JAAK could take initiative to facilitate a similar process in Karnataka. He also reiterated the fact that 77% if the medical treatment cost for any patient was on drugs and availability of lo-cost drugs would be very essential to realize right to health.

Issues of Scavenger community: CHC initiated a fact finding mission on the plight of the scavengers belonging to the Bhangi community, in Savanur, Haveri district. The Bhangi community has 14 families at Savanur, who have been scavengers for generations. They have not been officially recognized as municipal workers yet. The government had been trying to displace them from their present location. Chicken shops were allowed in front of their homes with chicken waste thrown into their huts. The water supply was shut off and their demand for housing and a permanent location had fallen on deaf ears. As they have not been heard so far even after their repeated attempts for years together, in frustration they

finally made a desperate attempt to draw attention to their problems by throwing human dung over themselves.

The team facilitated by CHC comprised of Mr.K.B.Obalesh (DHRO/JAAK), Mr. S.Baligar, (VRDS, Ranibennur), Mr.Karibasappa (Nirman/JAAK), Mr. Chandrasekhar (Dalit Foundation, New Deli), Mr. Manjunath (People, Davanagere), Mr. Laksman (Jathi Vinasha Vedike Bangalore). The fact finding team met the community of Bhangis and mobilized grains from other organizations. The report on their plight has been submitted to the State Human Rights Commission and to the office of the Chief Minister of Karnataka.

Support to Organisations:

- **Support to JMS:** Mr Premdas gave inputs on re-organising their activities on the determinants of health – viz. food-security, work and wages, education and meeting the challenges of social exclusion and discrimination on the basis of caste. Mr Joyce Premila, Mr Prahlad, and Ms Shilpa.

Capacity Building for Activists in Potnal

CHC will be provided capacity building on health for activists in Potnal. This would be used as a resource cum learning center for field visits by CHC interns.

Needs assessment and Capacity building on Health for activists in Potnal.

Jagrutha Mahila Sangathan (JMS) is a collective of Dalit women agricultural labourers and has been working on issues of basic human rights and women's empowerment. JMS has strived towards addressing women's health in various ways- by understanding health as a basic right, advocacy with the government health services for access and quality of care, community health work with traditional medicine and taking up campaigns on violence against women and issues of water and sanitation.

CHC staff (Prahlad, Premdas, Joyce and Shilpa) visited Potnal to conduct a training needs assessment and discuss how CHC could provide training inputs on health to JMS activists on a regular basis. CHC also provided basic inputs on health and sanitation.

13 JMS activists participated in the trainings and dialogues.

In addition staff visited a few villages and met 6 women sanghas, a PHC and a PDS center.

Training was held on the 18th and 19th February. A short session on health was taken catering to the felt needs of participants.

Dr.Ajay Kumar with Dr.Bhagya and Mr.Mallikarjuna from the Punyakoti foundation took a session mental health. Visits were made to Anganwadi, PHC, and Government Primary School at Potnal. Dr.Ajay conducted a brief

screening of children to check for signs of mental illnesses and prevalence of any mental retardation among the school going kids, (andganwadi- kids below 6 yrs of age and primary school >6 yrs of age). Dr.Ajay spoke about how mental illness could affect even children. At anganwadi he identified few classic cases of hyperactivity, mental retardation, bet wetting cases and slow learners. Two kids were identified to have low IQ (intelligence quotient) and 1 hyperactive kid.

Support to Tribal Health Initiative (THI), Sittilingi, Tamilnadu: Dr. R. Sukanya, team member of CHC, supports THI as a trustee and supports THI's programmes linking resources in Bangalore with the work in Sittilingi.

Support to RUWSEC, Tamilnadu: Rakhal continues to be on the Medical Advisory Committee of the Reproductive Health Clinic of RUWSEC.

Apart from this Rakhal is also taking part in a number of meetings aimed at the overall functioning.

Participation in the workshop: Politics of Health - Taking the Health Movement Forward

CHC team members (Prahlad, Rakhal, Ameer Khan and Premdas) along with K. B. Obalesha, a health rights activist, participated in a

workshop on 'Politics of Health - taking the Health movement forward' on 16-17 April, 2010 at Pune. It was organized at Indian Institute of Education, Karve Road, Kothrud. This was convened by SATHI, an organization in the health rights movement.

Publications:

Janarogya Andholana – Karnataka
Newsletter, August 2010. p1-26.
Community Health Cell, Bangalore.

Published 16 report of interns of
Community Health Learning Program.

Gaitonde, Rakhal. Questions on Governance
and Accountability. Medico Friend Circle
Bulletin, February – March 2010. p30 – 31

Community Health Library, Information and Documentation to Support Health Advocacy

CLIC (Community Health Library and Information Centre) continued its support to CHC Staff in all 4 units (namely CHC, CPHE Bangalore, CPHE Bhopal, CHC Extension Unit Chennai), NGOs, Civil Societies, Medical Colleges, Activists, Professionals and others. CLIC collects information from books, journals, newsletters, periodicals and also CLIC has health education materials (Videos, Slides and posters).

CLIC has enriched its materials till March 2010 as below:

Sl. No.	Items	Numbers
1	Books	12358
2	Journals and newsletters	135 (both)
3	CDs	458
4	Posters	1119
5	Resource files	541

The Librarian took a session on orientation to CLIC for CHLP interns on 11th March 2010 and also involved in session "Health District Profile" along with DK. CLIC helped in collecting the background materials for CHLP interns and distributed to interns.

CLIC has produced six issues of Health Round-up and sent it to all its users and SOCHARA Staff, CHLP interns and uploaded on the SOCHARA website.

CLIC has continued the paper clippings of four news papers (one English and three regional language "Kannada") on health, environmental, marginalized communities issues etc. and planned to organize it on subject wise.

CLIC has renewed few journals for CEU – CLIC in September.

Some important decision made in CLIC Committee Meeting which was held on 20th Sep. 2010 – Ms. Joyce Premila has become a member in the CLIC Committee; Thelma Narayanand RS will look at existing CLIC policy to increase the utilization of library; conduct Stock Checking of books in library in October and November month.

Dr. Vasundra, Dr. D K Srinivas and Joyce Premila offered to donate their collection of reading materials to CLIC. Dr. Suknaya and Ms. Sathysree Goswamy had donated books and journals to CLIC.

HRM is in-charge of the CHC CLIC and CPHE – Bangalore CLIC; Francis is in-charge of the CEU CLIC and Ms. Archana Shashidhar is in-charge of the CPHE – Bhopal CLIC.



CENTRE FOR PUBLIC HEALTH AND EQUITY, BANGALORE

As a unit of SOCHARA, the Centre for Public Health and Equity (CPHE), Bangalore, promotes a new public health paradigm focused on equity, rights, gender and the underlying social determinants of health. CPHE continues to innovate community health educational initiatives and health policy research and action at multiple levels. It has a sustained focus on building community capacity for health, strengthening the public health system from below, health policy research and advocacy and improving public health educational initiatives in the country.

Since its inception, and building on the work of past years, the agenda of CPHE in 2009 -2010, included:

- Strengthening commitment to Health for All (HFA) with a Comprehensive Primary Health Care approach at all levels.
- Strengthening social and community dimensions in public health education.
- Initiating and supporting a resource centre in public health and a community health fellowship programme with a health system/National Rural Health Mission (NRHM) orientation.
- Promoting a community paradigm in public health research, including engagement with civil society
- Supporting the Peoples Health Movement (PHM) at global and national levels and catalysing a Public Health Alliance of professionals from multidisciplinary backgrounds that is supportive of the PHM.
- Mentorship/fellowship support to young professionals joining the “Health for ALL” movement.
- Promoting community health learning materials, including e-learning materials as a post jubilee Community Health Learning Centre commitment.

- Solidarity and linkages with partner institutions.
- Team and infrastructure development.
- Publications

Key Focus Areas

The key focus areas that CPHE Bangalore has been involved in are:

- Policy Engagement: India
- Policy Engagement: International
- Research: India
- Research: International
- Training: India
- Training: International
- Peer Support to next generation
- Initiatives towards the SOCHARA School of Public Health (SOPH)
- Solidarity
- Miscellaneous

Policy Engagement: INDIA

National Rural Health Mission

SOCHARA continued to support the National Rural Health Mission at different levels through the involvement many team

members and CH Fellows in MP. Thelma Narayan was actively involved as a member of the following Committees and meetings

- Advisory Group for Community Action (AGCA), a Standing Committee of the NRHM with quarterly meetings and other interactions.
- National ASHA mentoring group (NAMG) in July and December 2010
- National Dissemination workshop of Community Monitoring pilots in New Delhi (June 2010)
- NRHM National Mission Directors – Review Meeting in Bhopal , MP (July 2010)
- Participation in Common Review Mission of the NRHM focused on Tamil Nadu (December 2010)
- State ASHA Mentoring Group meeting for Rajasthan, in Jaipur

Karnataka Knowledge Commission

SOCHARA participated in the deliberations of the subgroup of the Karnataka Knowledge Commission on Health and Allied Human Resources for Karnataka state (Ravi Narayan was a member).

Three important recommendations of the subgroup, now accepted by the state government and being followed up are

- ❖ Creating a Public Health Cadre in the state
- ❖ Exploring the possibility of a State School of Public Health.
- ❖ Promoting a more comprehensive Health Promotion campaign through the KLHPT

AYUSH and Public Health

Ministry of Health and Family Welfare, New Delhi

SOCHARA continued on AYUSH and Public Health advisory committee through the involvement of Ravi Narayan as a member of the AYUSH Department grant in aid scheme for AYUSH and Public health and he appraised, reviewed and approved projects submitted to the department in Feb 2010

Other initiatives: Following the AYUSH and Public Health – stakeholders meeting facilitated by SOCHARA in collaboration with FRLHT in 2009, SOCHARA has got more deeply involved with policy and other initiatives towards integrating AYUSH with the Public Health Systems in the country.

The key initiatives included:

- ✓ A policy presentation on AYUSH and Public Health at the World Ayurveda Conference in December 2010.
- ✓ Ravi Narayan was invited to be a member of the Advisory Committee of the Centre for Excellence in AYUSH and Public Health hosted by the Maharashtra Association of Anthropological Sciences (MAAS) in Pune and attended the first meeting of the committee in May 2010.

Population Stabilization and Women's Health

Thelma Narayan attended the round table conference on Population stabilization and women's health at India Habitat Centre, New Delhi, which was organized in May 2010 and was a speaker at the conference on **Population Health and Development** organized by the Ranbaxy Science Foundation in July 2010

Thelma Narayan attended policy research dialogues at various other centers on policies for reducing maternal mortality in the state organized by the Centre for Public Policy at IIMB (She is also a member

of the Technical advisory Group of an IIM-B initiative on Knowledge Implementation Linkages for Health Policy

Report on Health to the People

Ravi Narayan participated in the process of evolving a white paper by the Ministry of Health and family Welfare which later developed into the Report on Health to the People of India presented to Parliament later in the year. The SOCHARA contribution was primarily to the chapter on Health Human Resource Development

Policy Engagement: GLOBAL

Millennium Development Goals

Thelma Narayan was invited to participate in the United Nations Development Program (UNDP) NGO conference on Millennium Development Goals in Melbourne in August 2010 and participated in the panel discussion at the plenary session. She also participated in other small groups. Meetings were held with the PHM Australia group in Melbourne, which also organized a stall which was very popular. She spoke at a

meeting organized at the University of Melbourne with others on the PHM activities in India. She also participated in a small PHM meeting in Canberra.

Health, Development and Faith Leadership Consultation

Ravi Narayan was invited to be a member of a 20 member Global expert group for the for Global Initiative for Faith, Health and Development, USA which began a dialogue to evolve a report with recommendations for Global Initiatives aimed at involving the Faith Based NGO's in health and development action to enhance the achievements of the MDG's. The processes were facilitated by the Centre for Interfaith Action for Poverty and Development in Washington. Ravi Narayan participated in five major activities related to this initiative.

- E-dialogue and participation in Survey on the theme.
- A preliminary dialogue of the Expert group with all UN organizations and their FBO Desks, held in New York, at the UN in October 2010.
- A consultation at the Washington Cathedral in November 2010.

- A dialogue with the Health and Development team of the white house in November 2010.
- A public panel discussion organized by the Global Health of the Global Health Council in Washington in November 2010.
- The report has now been published and distributed extensively.

Social Participation in Health- Dialogue with PAHO and PHM USA

Ravi Narayan and Thelma Narayan visited Pan American Health Organization (PAHO) Washington in October and November 2010 respective to facilitate policy seminar as visiting policy consultants. Ravi Narayan covered the areas of Globalization of Health Solidarity from below; Peoples Health Movement and Community Participation; and Traditional systems of Medicine (AYUSH) and Public Health. Thelma Narayan covered the areas of Communitization in the National Rural Mission and the involvement of Civil Society in Health System Research. The visit by Ravi Narayan was featured in the PAHO newsletter and Thelma Narayan's seminar was broadcast on the internet and there was an interactive participation by participants from many public health training centers in the world.

PAHO also facilitated a discussion with PHM USA resource persons to evolve PAHO PHM Americas cooperation. This was also a preliminary dialogue process before the next global Peoples Health Assembly.

The dialogue resulted in plans for PAHO-PHM cooperation at WHA Geneva, UN-NCD summit and the Rio Conference on Social Determinants of Health. Apart from collaboration at various regional and national meetings in the region.

Research and Evaluation: INDIA

A project on “**Social Justice and Health**” was negotiated in April 2010 with Ford Foundation, Delhi to provide researchers to undertake qualitative research including participant observant studies on various social movements and campaigns on health rights and health care issues facilitated by PHM in Karnataka (Jana Arogya Andolana, Karnataka) and Tamilnadu (Makkal Nalavazhu Iyyakam) and also to collect evidence on social movements and commissions in health in general. A three member research team with Shilpa a dentist with MPH training,

Venkatesan (Sociologist completing his doctoral studies from JNU) and Lavanya (a CHC fellow with background in technical writing, IT and Literature) joined CPHE as part of the Ford Foundation sponsored study. The Research Associate post was not yet filled up due to non availability of candidate with suitable experience. Pending this appointment Ravi Narayan provided short term support to this project.

- ❖ Ravi Narayan facilitated the evolution of a research review framework for a participatory assessment of Network strengthening (PANS process) which was initiated as a social audit /learning review of PHM processes /campaigns in India, as a preparatory process to the third People's Health Assembly to be hosted in South Africa in July 2012. A five members National PAN's committee was also formed with specific review processes.
- ❖ Thelma Narayan participated in the planning and review meeting of the TISS-LSE Health project supported by SDT trust in Mumbai in February 2011. She interviewed faculty and students who participated in this collaborative project.
- ❖ Ravi Narayan was invited to chair the Research Advisory Committee of the newly inaugurated Institute of Ayurveda and Integrated Medicine (I-AIM) which was

earlier the Foundation for Revitalization of Local Health Traditions (FRLHT). The first meeting of the committee was in Feb 2011)

- ❖ Rakhal Gaitonde of the Chennai cluster participated in the preparatory research review for the Universal Access to Health Care –expert group on a Term of Reference which was focused on partnership with community, civil society, and the private sector.
- ❖ Prasanna Saligram of the Bhopal cluster was involved in mapping of the private sector in health care in a research project of the PHFI – Delhi team lead by Dr. Kabir Shekih.

Research and Evaluation: INTERNATIONAL

Global Forum for Health Research and COHRED

Ravi Narayan attended the Foundation council meeting of the Global Forum for Health Research in Geneva in which the Global Forum was merged with the Council for Health Research and Development to evolve a new integrated Global Health Research Council which will address both national and global research

priority and research capacity issues. Ravi Narayan has been invited to be a member of the core advisory group that will facilitate this process and plan the April 2012 event in South Africa where this new integrated organization will be launched.

Global Health system research: Symposium

- ❖ Ravi Narayan was a member of the International organizing and advisory committee of the first WHO Health Systems Research which held several meeting through teleconferences and e-dialogue. He contributed to the programme development and more specifically to enhancing the involvement/participant of the Southern researchers including civil society from the Global south and particularly in enhancing the presence of young voices in Research through various initiatives. The Montreux symposium saw the largest gathering of young health system researchers at an international conference and they provided a welcome intensity of enthusiasm and energy apart from being an optimistic symbol of a growing constituency.
- ❖ SOCHARA linked team members and fellows including Thelma Narayan, Prasanna, Vinay, and Lalit attended

the first WHO Global Health Systems Research Symposium in Montreux, Switzerland in November 2010. Thelma Narayan participated in the session on Comprehensive Primary Health Care. Vinay facilitated a session on Community Monitoring (as a team member presently of the Open Society Initiative in New York).

- ❖ Prasanna participated in a session on Public Private Partnership and Lalit was a member of Young Voices in Research team selected by the ITM Antwerp research essay competition and spoke at the final plenary of the WHO-HSR symposium as a representative of the Young Voices in Research group. All of them participated in the PHM related activities and dialogue organized around the WHO – HSR event which brought together over 20 PHM resource persons from 12 countries.
- ❖ Ravi Narayan and Thelma Narayan attended the alumni gathering of the London School of Hygiene and Tropical Medicine organized in Montreux.

Comprehensive Primary Health Care

SOCHARA continued to coordinate the Asia Hub of the Comprehensive Primary Health Care Research Project of the Global PHM facilitated in collaboration with the University of Western Cape (South Africa) with Thelma Narayan as the coordinator.

Asian Research project by young health researchers in India, Bangladesh, Pakistan, and Iran were provided technical peer support. Thelma Narayan attended the research training meeting in Colombo, Sri Lanka for the CPHC network in Jan 2011

Training: INDIA

CPHE team (Thelma Narayan and Ravi Narayan) participated in the CHLP programme facilitated by CHC in Bangalore and took various sessions for the CHLP fellows. Ravi Narayan facilitated the group labs and the sessions on community health and Thelma Narayan on Globalization and health and NRHM.

- a. Thelma Narayan visited Bhopal for Planning and organizing various aspects of the ongoing MPCHF programme in May, June and July and August 2010 and also facilitated the Indore cluster programme in April 2010.
- b. Ravi Narayan visited Jabalpur in June 2010 to facilitate sessions in the collective training programme of Madhya Pradesh CHF.
- c. He also was a visiting faculty at National Institute of Epidemiology, Chennai and facilitated the special module of

National and International Health Policy and System reviews in April 2010 and August 2010.

- d. He facilitated a staff training retreat for the faculty of the Indian Institute of Public Health Gandhinagar apart from participating as the chief guest to distribute certificates who completed the PG Diploma's in Public Health Management (PGDPHM).
- e. He facilitated a special training session at the Ballabagarh Rural Health Training Centre for postgraduate residents in Community Medicine of the All India Institute of Medical Sciences, New Delhi.

Training: INTERNATIONAL

- ❖ Ravi Narayan facilitated an interactive strategic discussion on Globalisation of Health Solidarity from Below and Global Health Governance organized by WCC in Geneva, Switzerland in April 2010.
- ❖ He facilitated teaching seminars at the Health System Unit of John's Hopkins

School of Public Health in October 2010 and a dialogue with South Asian Students on evolving challenges and prospects for Public Health System development and policy in South East Asia. The latter session was hosted by a South Asian student group at JHSPH.

- ❖ He facilitated a session on Community Monitoring and Civil Society in Health at the Open Society Institute in New York in October 2010 and a special dialogue on Globalization of Health Solidarity from Below (the PHM process) for post graduate students at the Albert Einstein Social Medicine department hosted by the PHM group in New York.
- ❖ Thelma Narayan and Ravi Narayan facilitated a teaching seminar at the School of Hygiene and Tropical Medicine, London in March 2011. Ravi Narayan spoke on the new paradigm of Public Health and the NRHM and Thelma Narayanspoke on the communitization and Health policy innovations in NRHM in India.

PEER SUPPORT TO NEXT GENERATION OF PUBLIC HEALTH

PROFESSIONALS AND HEALTH ACTIVISTS.

As a special initiative from Jan 2010, SOCHARA has been focusing on a large number of facilitating initiatives to provide peer support. Creative opportunity for dialogue and engagement and networking. Thelma Narayan and Ravi Narayan now appointed as a special Community Health Advisor to facilitate this new objective are the main mentors. These initiatives have included

- a. Regular input sessions and dialogue with Fellowships/ interns on CHLP and CHFS programmes.
- b. Dialogue on Public Health challenges and opportunities
 - PGS from – MS Ramaiah Medical College , Bangalore.
 - AS Medical College, Mangalore.
 - CME and Pre exam orientation for PGS of RGUHS organized by St. John's Medical College, Bangalore.
 - Students of Institute for Health Management Research in Bangalore
 - Doctoral students and transdisciplinary researchers at Institute of Ayurveda and Integrated medicine.

- Students at National Institute of Epidemiology, Chennai.
- PHFI future faculty attending various courses in UK, (in London, in March 2010 and 2011).
- South Asian Public Health students at John's Hopkins School of Public Health, Baltimore (Oct 2010).
- Students at Indian Institute of Public Health – Gandhinagar.
- Residents at Ballabgarh Rural Training Centre, AIIMS, New Delhi.

The project to evolve the conceptual framework of an Integrated Public Health Managers manual was taken to completion with several rounds of discussion and e-dialogue with the four associates Deepak Kumaraswamy (CPHE); Prashanth (IPH Bangalore) and Giridhar Babu and Satyanarayan (IIPH Hyderabad). There were several rounds of dialogue with the WHO-SEARO team and finally the whole document before submission was peer reviewed by two senior public health consultants – Prof. L.M Nath (Ex AIIMS) and Dr. Thelma Narayan (SOCHARA)

Towards an Indian gap minder: An interesting session was organized around

the WHO SEARO regional Epidemiology conference when a group of young budding epidemiologist and public health professionals met Prof. Hans Rosling the founder of Gapminder – a popular training tool for Health inequalities to discuss the importance of disintegrated health information system and the prospect of an Indian gap minder focusing on interstate and interregional inequities.

Dialogue through personal meetings, email and peer support of perspective for several ex fellows of SOCHARA CHFS and CHLP and CHFP programmes; IPHU alumini; young future faculty/researcher of various schools of public health in India and a large number of young professionals was a continuous feature of this new initiative and over a 100 young professionals are in constant touch.

Initiatives towards the Civil Society School of Public Health

At the Annual General Body Meeting of SOCHARA in August 2010, the Society endorsed the gradual metamorphosis of SOCHARA's training, research and policy advocacy activities through its three clusters of public health/community health professionals in Bangalore, Chennai and Bhopal into a new SOCHARA School of Public Health. The framework of this venture would be a strong link with civil society and commitment to equity, rights and social determinants of health.

As a preparation for this significant change many activities have begun.

- The Community Health Learning Programme in Bangalore has been externally reviewed by Prof. Abraham Joseph, Community Health Consultant, of Christian Medical College, Vellore.
- The concurrent mid course Evaluation and Learning review of the MP Community Health Fellowship Scheme was conducted by Dr. Shantidani Minz, (Professor

Community Health at Christian Medical College, Vellore) and Dr. Sunil Kaul, (Director of ANT Trust and SOCHARA member and Health Activist in Bongaigoan, Assam).

- A series of workshops and meetings have been held with all the staff and especially the technical team from the three clusters in Bangalore, Chennai, and Bhopal.
 - Revisiting and increasing commitment to SOCHARA vision, Mission and Goals.
 - Bonding exercise to enhance communication and shared learning between the clusters.
 - Strengthen common perspectives in Community Health and related concerns.

These have been supported by the creation of check list and assessment sheets for SOCHARA team members to enhance self learning.

- A CHLP mentor meeting and dialogue was facilitated at CHC Bangalore in April 2010 to explore the challenges of mentoring and build strategies to enhance the field mentoring systems in our fellowship programme.

SOLIDARITY

Thelma Narayan continued as a governing body member of the National Health Systems Resource Centre, New Delhi a national centre to support state level health systems development to strengthen NRHM in India.

She continued as chairperson of the Governing body of Basic Needs India and attended several meetings of the board and other initiatives/events related to BNI during the year. She has also been invited to be a member of the National Expert Group to evolve the National Mental Health Policy for India.

Ravi Narayan continued as a governing body member of the Public Health Foundation of India and as a special invitee of the Academic Management Committee initiated to develop and standardize Academic, Research and human resource development issues in the PHFI network.

He continued as a member of the Scientific Advisory Group of the ICMR Regional Occupational Health Centre Bangalore of the National Institute of Occupational

Health, Ahmedabad. Thelma Narayan has been invited to be a member of the Institutes Ethics Committee. During the year ICMR also established a special research institute in Bhopal to consolidate and follow up the extensive research and monitoring of the health of the Bhopal gas disaster victims.

Thelma Narayan and Ravi Narayan have been invited by ICMR to be part of an Expert group to comprehensively review all the research undertaken in Bhopal and suggest tasks for the future.

Miscellaneous

Ravi Narayan was awarded on honorary fellowship by the Indian Public Health Association at their Annual Conference in Belguam in Jan 2011, to recognize his contribution to the discipline and policy of Public Health in India

Thelma Narayan was invited to give the late K.N. Rao Oration at the same annual conference and the theme of her oration was **Capacity Building for Public Health**

in the New Millennium: Challenges in the Asian Region, India and Karnataka

In April –May 2010, she was requested by SOCHARA to resume the coordinator/Secretary role including both CHC and CPHE to handle various emerging challenges in administration including increasing complexities of financial management spread over three clusters and several projects

K. Gopinathan was requested to provide substantial support for these new challenges and development. A regular visit by him for a few days each month including supervisory visits to Chennai and Bhopal was introduced.

K. Gopinathan, SOCHARA treasurer, Thelma Narayan (Secretary) and Ravi Narayan (Community Health Advisor) held several meetings during the year to explore strategies to strengthen financial management in the SOCHARA clusters in Bangalore, Chennai and Bhopal and strengthen other system as we begin to move towards the SOCHARA –SOPH.

Social Justice in Health: Research, Advocacy, Training and Action on Realizing Health Rights, is an initiative that builds on the history of the Community Health Cell from 1984 and of SOCHARA from 1991. It aspires to strengthen efforts towards realizing the global social goal of **Health for All** first articulated in the Alma Ata Conference of 1978. The goal of freedom, development and health was intrinsic to the Freedom Struggle of India and other movements and efforts. Hence a historical and contextual approach will be adopted in this initiative which has a strong research, documentation and communication/ dissemination dimension. The Social Justice in Health will be in focus from November 2010 to October 2013.

This initiative joins with the teaching, training, advocacy and community health action work of SOCHARA and its units the Community Health Cell and the Centre for Public Health and Equity. The initiative work with all units and the entire Sochara team.

GOALS of the Initiative

To strengthen and expand the 'Health for All movement' working towards social justice in health and health care in India through:

- Documentation, relevant research enquiries, and dissemination
- Training, capacity building and networking at different levels, especially of mentors, trainers and resource persons.
- Support to community mobilization and action for health through community health fellows and other partners/ stakeholders.

- Advocacy and participation in policy processes.

There will be a special focus on creating and sustaining a critical mass of committed persons in Karnataka, Tamil Nadu and Madhya Pradesh, who also participate at national and global level in PHM and public health initiatives. This will build upon and add to ongoing work done by SOCHARA and its units.

To develop the existing community health learning/fellowship training programs into a civil society centre for public health and equity for scholar activists, by strengthening the evidence/research base and through advocacy at various levels. It will thus contribute to a closer engagement of the People's Health Movement (PHM)- India (*Jan Swasthya Abhiyan-JSA*) and its state units with a critical mass of academics, public health workers/practitioners (evolving into a

nascent public health movement in support of health rights) and other allied social movements addressing important health determinants such as the Right to Food.

Objectives

Strengthen documentation, research, and advocacy into the rights based work of social mobilization, campaigns and critical engagement with the public health system, that has been undertaken in the past decades by social movements and organizations, and study processes of community participation including pathways, barriers, outcomes and possible impacts of these initiatives.

Training, capacity building and networking at different levels

- Strengthen and expand the network of community health practitioners and activists **in Madhya Pradesh** by **organizing workshops/meetings** for mentors and members of partner NGOs, resource persons from educational institutions, and other key stakeholders – in order to address the underlying determinants of health (hunger, gender, social exclusion), and to increase community empowerment, voice, agency and participation in the public health system and its programs and in other related departments.

- Input from this project into the training of Community Health Fellows in the ongoing Community Health Fellowship and Learning Programs
- **Increase community participation and action for health and its social determinants**, particularly by vulnerable communities, utilizing the 'communitisation' components of the National Rural Health Mission (NRHM) in the districts where the community health interns / fellows are placed – in Madhya Pradesh, Karnataka, and Tamil Nadu.
- **Develop communication and advocacy strategies** through the teams
- **Strengthen the Community Health Library and Information Centre (CLIC)** to support the research, training and advocacy of this project.

The Team

The team comprises of Thelma, Rakhal, Lavanya, Shilpa; Rakhal and Venkatesan workout of CHC Chennai.

The program kick-started with the coming together of the SOCHARA team for a team retreat.

HIGHLIGHTS OF THE RETREAT

Importance of Narratives in Individual Journeys

The four units of SOCHARA from Bangalore, Chennai and Bhopal came together for a week long retreat from the 24 to 28th January 2011. It was an occasion for the newly team members to join the group to know the group in spending time with the group spend five days together during the next week as part of the team retreat.

The five days retreat marked an important period for all the staff members of SOCHARA. They shared the reflections of their work and involvements with community health. This exercise helped each one of the members to contextualize the work each individual does. Great emphasis is given to individual journeys and innate passion. The commitment of staff members influences SOCHARA as a whole, through the many circles of influence.

SOCHARA has shared strong camaraderie with likeminded groups and movements, in promoting comprehensive primary health care, in addressing the underlying determinants of health, and in reducing health disparities, both historically and currently.

Creation of Civil Society School of Public Health for Scholar Activists

The five days retreat helped the SOCHARA units to develop a road map that is build at different levels: On the community health

learning and fellowship programs; the research work that SOCHARA is engaged in; support rendered to the JSA-PHM and its state and other units and a movement towards the civil society school of public health for scholar activists.

Best Accounting Practices

SOCHARA follows best practices in its administrative and accounting practices. There is much to be desired in making the system work efficiently and maintain the high standards of professionalism. The problems and situations faced by the admin team were highlighted and discussed. It was observed that certain non-negotiable aspects in admin and accounting procedures must be followed by every member of the SOCHARA family and each individual must take the onus of one's accounting responsibility. It was reiterated that every team members - admin, accounts and professional have roles and responsibilities in maintaining a high quality system.

Professional Development of Technical Team Members

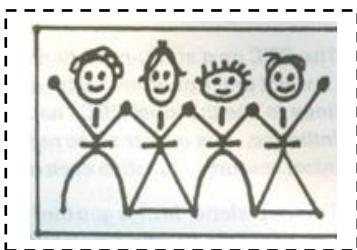
The professional development of the technical team members is an ongoing process. This needs specific attention, time and planning during the year. The professional development of every individual is important as SOCHARA is

accountable to the community that we work in, out interns and fellows.

Perspectives, Ideologies and Public Health Approaches

Through the five days the team discussed perspectives on development, equity, gender, ideologies, community health and public health approaches. Debates on the several political occurrences in the

country was discussed, that began with the discussion on Binayak Sen. These debates offered greater clarity and coherence in the context of our personal identities and our organizational identity.



COMMUNITY HEALTH CELL EXTENSION UNIT, CHENNAI

The Chennai Extension Unit of SOCHARA focuses its work on the objectives of SOCHARA.

Presented here is the work achieved through the six objectives:

- *Promoting and supporting community health action.*
- *Undertaking research on community health and development*
- *Evolving educational strategies in community health*
- *Dialogue with health planners, policy makers and implementers*
- *Establishing a library, documentation and information center in community health*

Promoting and Supporting Community Health Action

Under the overall work of supporting Community Health Action, the CEU was involved in four broad activities. These include:

- i. Community Action for Health (CAH) project implemented in 446 Panchayat in

14 blocks spread over 6 districts of Tamilnadu.

- ii. Supporting the Makkal Nalavazhvu Iyakkam.
- iii. Supporting the Rural Women's Social Education Center (RUWSEC).
- iv. Helping evolve community based mental health program to tackle the problem of suicide in Tirupur district.

COMMUNITY ACTION FOR HEALTH PROJECT

The Community Action for Health project is a continuation of the pilot phase of Community Based Monitoring and Planning project under the National Rural Health Mission. In this phase CEU is playing the role of the State Nodal NGO for the project. The project began from March 2010 and extends for a period of one year. However the project has now been extended to May 2011.

Some of the activities completed under during the period are:

- A Memorandum of Understanding between the Government of Tamilnadu's (GoTN) State Health Society and SOCHARA was signed on March 17th, 2010.
- A state launching workshop at which a detailed Vision, Mission and Outcome Indicators of the project was evolved was held between the 17th and 19th of March 2010 in Chennai.
- An initial round of Focus group discussions on people's perceptions on the dimensions of the health system that need to be monitored was held in the 14 blocks during the months of April and May 2010.
- Based on the inputs from the field and a brain storming workshop on the overall concept of community monitoring and planning held on March 16th 2010, the tool development process took place from May 2010 till August 2010. It included multiple workshops, multiple rounds of iteration as well as inputs from civil society, academics and government personnel (Including a few Deputy Directors of the districts we work in).



Figure 1 CAH LAUNCHING WORKSHOP

- All the districts completed the process of expansion of the 5 member Village Health Water and Sanitation Committees (VHWSC) formed under the earlier Government Order by the Go -TN, as per the norms of the NRHM by June 2010. This process included holding at least one introductory meeting in each of nearly 3700 hamlet village and then holding one more meeting at the Panchayat level to introduce the members of the expanded VHWSC committee to the village.
- The process of orientation of the VHWSC committee was completed in the months of July and August 2010.
- On the 26th, 27th and 28th of August 2010

we had a state level training on the evolved tools at Kanniyakumari. During this training we assessed the readiness for the various committees to undertake the monitoring exercise. It was felt that another round of orientation training was necessary to get the VHWSC committee members ready for the process.

- This was conducted between September 2010 and October 2010.
- The first round of monitoring at the Districts was launched in November 2010 with district and block level trainings and trainings of VHWSC committees. The first round of monitoring actually started in the mid of December 2010. The monitoring in all the 446 panchayats including monitoring of the health services, monitoring of the facilities (we covered 48 PHCs and about 283 sub centers), the conduct of exit polls was completed by March 2011.
- A state level workshop on the planning process was completed on March 18th and 19th. At Hogenakkal in Dharmapuri district.
- Preparatory activities for the planning process we done following the workshop. It is estimated that the planning in the 446 panchayats will be completed by May 30th, 2011.

Important administrative activities were also handled.

- There were a total of four State Mentoring Committee meetings during this period. These were held on March 6th, July 19th, October 30th 2010 and January 20th 2011. The meeting in October was in response to the continuing delays and gaps in the implementation of the project on the part of the District Nodal NGO of Thiruvallur. A detailed note on the issue and the suggested action to be taken is being prepared as part a review undertaken by Mr. K. Gopinathan, Treasurer and Mr. Victor Fernandes, Administrative Officer.
- Two governing body meetings of the project were held in Chennai on the 21st of July, 2010 and the 21st of January, 2011.
- Due to various delays and a number of unforeseen/unavoidable circumstances the Governing body has resolved to extend the project for a period of three months till May 30th 2011.
- The Governing body as well as the State Health Society has in principle agreed to continue the project next year. The next phase will begin on 1st June 2011. It is proposed that the project will continue in the same 446 panchayats in an intensive manner and the process will be expanded across the whole of Tamilnadu in a modified and less intensive manner.

Overall achievements of the project:

- Overall 446 VHSC committees were expanded, and oriented. These committees have been ratified in Village meetings, through Gram Sabha resolutions as well as notes from the respective PHC medical officers.
- 446 village health report cards developed. This was done by meeting / interviewing over 1,70,000 people across the 6 districts in which the project is being implemented.
- A total of 48 PHCs and 283 Health sub centers have been covered.
- Good rapport developed with the Panchayat presidents, ward members, councillors in these 446 panchayats.
- Good rapport developed with the District and PHC health authorities of the Government of Tamilnadu.

The project also managed to pilot/develops a model for at least three important aspects of the process that may be seen as firsts for the country:

- ❖ Development of an in-equity index which enables a disaggregated assessment of the services based on caste.
- ❖ Development of a protocol for developing a Village Health Action plan.
- ❖ Development of a system for

transmission of the data from monitoring directly into a database through send SMS using cell phones. (Further use of the data and making them more accessible and usable by local communities is being worked on.)

SUPPORTING THE RURAL WOMEN'S SOCIAL EDUCATION CENTER

The Reproductive Health Clinic of the Rural Women's Social Education Center (RUWSEC) serves a population from nearly 50 panchayats in Thirukazhukundram and Madurantakam Blocks of Kancheepuram district. As part of their ongoing activities RUWSEC has been developing a "Review Committee" that is planned along the lines of a Rogi Kalyan Samiti. RUWSEC requested CEU's help in the evolution and the training and orientation of the committee thus formed. As part of this Ameer and Rakhal are involved in the training and orientation activities of the review committee members.

Overall 5 training sessions for the review committee members were held during the reporting period.

The interim experiences of this process were presented by RUWSEC at the National Bioethics Conference held between 14th to

16th of November, 2010. In this conference a joint workshop was arranged by RUWSEC and CEU-SOCHARA titled, ““Experiences with community monitoring at different levels in Tamilnadu”.

HELPING EVOLVE INITIATIVE ON COMMUNITY MENTAL HEALTH IN TIRUPUR DISTRICT

Mr. Senthil Babu an activist working with the organized left approached Dr. Ravi Narayan for support on evolving a community based mental health initiative in Tirupur which was reporting a very high suicide rate. Tirupur, with its huge and booming garment industry is the center of the globalization process in Tamilnadu. Of late the issue of suicide among the workers is being reported. Local journalists as well as a special issue of the Frontline on this topic have brought the issue to the forefront. Based on the request, the CEU team has been involved in supporting the formation of a larger facilitating/technical team to support the local group. At present the team includes RUWSEC, CMC Vellore, Advocate Vaigai and few others involved and interested in mental health. The actual responsibility of working will be with Mr. Senthil Babu and the local unions/organizations, CEU will be merely providing facilitatory advice and in time it is

planned that the larger group mentioned will take on this role too.

MAKKAL NALAVAZHVU IYAKKAM

There were two meetings of the MNI during the year. One was a meeting held on April 30th 2010. At this meeting MNI members discussed the focus of future campaigns and decided to focus on “3i”; Institutional deliveries, Immunization and the Insurance scheme of the Government of Tamilnadu. At this meeting two publications of SOCHARA – which were tamil translations of the five charters of the People's Health Movement and a document titled “25 questions on Health and Human Rights” were published under the People's Books on Health series.



The institutional vaccination policy. The GoTN had implemented a policy of immunization only at the PHC level after the

death of 4 infants after measles vaccination about 2 years ago. After an initial campaign the MNI decided to do a study supported by CMC Vellore to actually document the issues in the field. This study was done in 11 districts and the report was finalized and released a few days after the GoTN announced that it would consider revoking the policy in a few villages. This was probably under pressure of the findings of a study by National Institute of Epidemiology which also showed a dip in immunization rates as well as pressure from the Common Review Mission (of which Dr. Thelma was a part). The MNI welcomed the move but based on the findings of the study urged for a complete revoking of the order and making field level vaccination safer. The study got wide coverage and in a very significant move the GoTN responded saying that it was willing to reconsider further and was planning to institute another study of its own.

The vaccine institute closure campaign.

MNI was part of a nationwide campaign to reverse the closure of the three premier vaccine institutes. This campaign was instrumental in forcing the government to commit to restarting the institutes. However despite this positive move it has come to our notice that full support to the institutes in terms of restarting production and up-gradation is not being given. This has led to

instances like the one recently when batches produced by a particular institute have been rejected. The MNI is part of an ongoing campaign to monitor that full support is given to upgrade these institutes. As a part of this campaign on 28th February a public demonstration was held in Chennai, in which CEU staff took part.

Creating Awareness on the Principles and Practice of Community Health

CEU team members have been present at a number of major conferences and seminars where our work and our emphasis on the community health approach were emphasized. These include:

- i. National dissemination workshop of the CMP pilot phase held in IIC at New Delhi on June 16th, 2010.
- ii. Workshops and presentations at the National Bioethics Conference 14th to 16th, November 2010.
- iii. National conference of institutionalizing social accountability practices: Methods, tools, Issues and Challenges. UNNATI. [dates]
- iv. Meeting on Sex ratio and Sex selective abortion – Southern regional

workshop. September 7th, 2010.

- v. First World Conference on Social Security.
- vi. Conference regarding the declining sex ratio in Tamilnadu.

The National Bioethics conference

During the National Bioethics Conference held between the 14th to the 16th of November 2010, one of the CEU team members took part in two workshops. In one workshop CEU-SOCHARA along with RUWSEC arranged a workshop on “Experiences with community monitoring at different levels in Tamilnadu”. In this workshop there were presentations on the Community Monitoring and Planning process CEU is involved in as well as the Review committee process as well as the Women's Voices process (where women discuss and comment on policy matters) of RUWSEC.

In another workshop sponsored by the Ministry of Health on the learning and issues arising out of the Community Monitoring experience of the NRHM – a CEU team member made a presentation based on the experiences of Tamilnadu.

National conference of institutionalising social accountability practices: Methods, tools, Issues and Challenges

The conference was organized by UNNATI a group working in social accountability mechanisms which is based in Ahmedabad. One of the CEU team members presented the experience of community monitoring and planning processes as a tool to bring accountability in health systems. Various form of tools, methodologies were also presented by various groups from a wide variety of sectors from across the country.

South India Consultation on Harmonizing Women's Right to Abortion and Prevention of Sex Selection / Sex Selective Abortion

This workshop was held on 7th October, 2010. The CEU team after discussion with Thelma came up with a detailed position paper on the subject. This was keeping in mind the overall community health approach and Comprehensiveness of health care. The note is appended. The position paper was circulated during the consultation.

First world conference on Universal Social Security

National Health Council of Brazil with the support of Brazil government had organized first world conference on Universal Social Security. The conference organizing committee invited representatives of trade unions, civil society movements, ethnic groups, many other social groups and

Governments across the world to discuss and plan strategies for achieving universal social security. One of the team members participated in this conference and shared views in the sector meetings.

CANG meeting

Campaign Against Negligence of Girl child (CANG) organized a state level workshop on declining sex ratio in Tamilnadu and invited one of the CEU team members as resource person. This was held in Erode, Tamilnadu in which team member presented views and strategies to reduce the difference in sex ratio.

Apart from the attending of conferences/seminars the team is in regular contact with journalists from the English and the vernacular media. Regular conversations with them regarding various issues related to health from the community health perspective have taken place. Over the last year quotes and interviews with various team members of CEU have appeared in about 15 separate media reports in the English media.

Undertaking Research on Community Health and Development

During the year the team was involved in three major research initiatives.

- i. The CINI study on Utilization of Untied Funds under the NRHM in Tamilnadu.
- ii. The immunization study.
- iii. The Cochrane review on corruption in the health care sector.

The CINI study on Utilization of Untied Funds under the NRHM in Tamilnadu.

The CEU team supported a researcher from CINI (Ms. Sapna, who is incidentally a former fellow of the CHLP program), in performing a study on the use of untied funds under the NRHM in Tamilnadu. We facilitated the identification of field workers, translation of the tools into tamil, training of the field workers and commenting on the final report when it was ready. This study took place in July – August 2010. The study included field work in two districts Krishnagiri and Vellore. In each district interviews and records were studied at all levels from the village level, the sub-center level, the PHC level and the district

level. At each level the government functionaries were interviewed as well as some of the members of the Village Health Water and Sanitation committees at the village level. At all level the various records of fund utilization was also scrutinized. The researcher also met with state level officials and civil society members to get an idea of the overall policy and actual working of the untied funds in the state. The final report is yet to be released officially by CINI.

Study on Immunization study

In this study nearly 4000 mothers were interviewed over 11 districts. The methodology used was the WHO designed 30X7 cluster sampling. The randomization and sampling were done centrally by the CEU team to ensure complete quality. The questionnaire was evolved based on feedback from the field. The data entry and analysis was done free of cost by the Department of Community Medicine of CMC Vellore. Some of the highlights of the finding are in the appended press note. The study report was released on 20th January 2010.

The main findings of the study were as follows:

The study has two important dimensions, one is the **coverage of vaccines** and another one

is **sociological implications of the changes**. The study was conducted by using **Cluster method (World Health Organisation's approved method for vaccination coverage)**. Major findings of the study is given below.

- More than 4000 mothers in 11 districts of Tamilnadu were reached through the study.
- **Fully immunized children (BCG,DPT 1+2+3 & Measles) – 87.39 %, which is almost similar to the Government owned District Level House hold Survey(DLHS) 3 of 2007-2008.**
- Coverage of BCG 99.7%, DPT 1 is 99.4%, DPT 2 is 98.3% and DPT 3 coverage is 94.7% which is almost similar to the DLHS 3 survey.
- **Coverage of measles vaccine among children 12 -17 months is 87.1%which appears to be much lower than Government owned surveys like DLHS which is 97.6% and National Family Health Survey 3 (12-23months) which is 92.5% .**
- **67.2% of mothers want their children to be immunized at the village.**
- **As average of all vaccines more than 5 percent people are getting immunization from private sector. More people are receiving DPT 3 and Measles vaccines from private sector.**

This is great concern for MNI.

- **High inequity among the districts – Lowest Coverage of Measles vaccines in Coimbatore district which is 74.3% and the highest coverage in Theni district which is 99%.**
- **Average out of pocket and indirect expenditure per child per vaccination is Rs. 168, which is huge amount since a child has to visit minimum of six times to the hospital to receive all vaccines.**



Study Training Session at Theni and Session at Krishnagiri

Systematic Review of Interventions to reduce corruption in the health care sector.

One of the CEU team members is involved in a systematic review to study the effectiveness of various interventions against corruption. The team includes members from Norway, the US and Mozambique and India. The team evolved a definition of corruption as part of evolving its inclusion and exclusion criteria, this definition builds upon the various earlier definitions as well as the specific nature of corruption in the health sector. The definition is as follows: “The abuse or complicity in abuse, of public or private position, power or authority to benefit oneself, a group, an organization or others close to oneself; where the benefits may be financial, material or non-material; and where the abuse violates the rights of other individuals or groups”

Any systematic review goes through multiple peer review stages – these include stages of registration of the title, publishing the protocol and finally the search and the analysis..

This study is reaching the final stages and the first drafts of the final review are being written. It is planned that this project will be over by May 2011. One of the CEU team

members is the principal investigator on this project.

Evolving Educational Strategies in Community Health

The CEU team members have been part of a number of teaching / learning initiatives.

- Between 31st May 2010 and 8th April 2010, one of the CEU team members and a team member from the Bangalore team facilitated a module on Environmental Health for the MPH program of CMC, Vellore. The team focused on community initiatives in environmental health. The team facilitated a field trip in and around Chennai for the MPH students as well as a guest lecture by Dr. Padmini Swaminathan of MIDS.
- On July 7th, one of the team members taught a session on Governance in the Health system for a combined MPH and MAE (masters in applied Epidemiology) of the National Institute of Epidemiology.
- On the 16th, 17th and 18th of August two team members supported Dr. Ravi Narayans inputs on Health systems to the MPH students of National Institute of Epidemiology. The team members presented case studies about the immunization campaign and the Community Action for Health program.

- CEU has supported two student groups referred to it by Dr. Ramakrishnan (Additional Director NIE, Chennai) in a short term research project on community health. Both these groups were from the United States of America. They were multi-disciplinary groups. One of the CEU team members interacted with them and evolved processes that gave them some understanding of the social determinants of health as well as exposure to the community perspective.
- Team members also supported the following requests for inputs on health and health movements.
- Mathieu Quet a French researcher who was researching the alternative science movements and was studying the medico friend circle as an exemplar spent half a day with one of the team members.
- Sarah Hiddleton a reporter with Frontline spent time with one of the team members understanding the involvement and evolution of the struggle in Kodaikanal by the workers of the thermometer factory.
- Three students from the Asian College of Journalism were supported in choosing, understanding and working on their assignments for their course.

Interaction with Journalists

At present journalists from three leading English and a few Tamil papers are regularly in touch with CEU team members for a number of issues. The CEU team members see this interaction which is on a varied range of issues from Community involvement, vector borne diseases, information systems and health systems, immunization, health system etc. as an important process of sensitizing these journalists to the broader issues of community health and the social determinants of health.

An example of this type of interaction is when one paper ran an article on the state of a particular government hospital – the CEU team suggested doing a more systematic report based on IPHS standards and doing it across all districts. The journalist has evinced interest and the CEU team has forwarded her the relevant IPHS standards and will help evolve the overall report.

Over the year thanks to this regular interaction nearly 15 articles and reports have appeared in the English and Tamil print media quoting CEU team members, covering a range of issues in health.

Dialogue with health planners, policy makers and implementers

The CEU team is involved in a number of such activities. These include:

- **Support to the Government of Tamilnadu**

Members of the CEU team are supporting and interacting with the GoThelma Narayanin a number of ways. One of the members is a member of the State ASHA mentoring group. He has been helping the GoThelma Narayanevolve the role of the ASHAs in Tamilnadu especially with the evolution of an ASHA support structure. As part of the ASHA process he arranged for two field visits of theThelma Narayanofficials to Chattisgarh to study the programs there. On June 24th and 25th the CEU team was involved as resource persons for the state level TOT for ASHA trainers in the state. This was held in the Institute of Public Health, Poonamallee.

One of the members of the CEU team is on theThelma NarayanState Health Societies' "NGO committee". This committee advises the SHS on policy to involve NGOs and also on reviewing various NGO proposals received by the SHS. The team member is in the process

of evolution of an overall policy of involvement of NGOs of the SHS.

The CEU team has been involved in the last three years with supporting theThelma Narayangovernment in the evolution of the community involvement sections of the Project Implementation Plan.

- **Support and interaction with the High Level Expert Group on Universal Health Care of the Planning Commission.**

One of the team members is on the support group for a subgroup of the HLEG on Universal health care. As part of this he evolved two background papers for the subgroup as well as the final recommendations of the subgroup. Mr. Prasanna Saligram of the Bhopal team was also a member in this group. The two papers are appended.

- **Interaction with the Member Secretary of the Planning Commission on Community monitoring and planning**

One of the team members was part of a civil society delegation which met the member secretary of the Planning Commission to push for the universalization of the concept of community monitoring in all social sector areas. In this interaction the CEU team member presented the experiences of

Tamilnadu and highlighted the positive interaction with the public sector.

- **Involvement in Roundtable on Public Private Partnerships initiated by IIT-M and GoTN.**

The CEU team has been invited to the ongoing Roundtable discussions on PPPs in Tamilnadu. This is a process initiated by IIT-M and is supported by the GoTN. The first roundtable was held 20th September and the next is scheduled for March 5th 2011.

- **Convenorship of medico friend circle.**

Three members of CHC-SOCHARA are the present co-convenors of the medico friend circle. They took over the convenorship from the team from Jan Swasthya Sahayog, Bilaspur at the Annual meeting of the MFC held in Bongaigaon, Assam in 2009. During the convenorship the MFC undertook two major initiatives. One was the campaign in support of Dr. Binayak Sen and the other was the two year process on establishing a model for Universal Access Health Care in India.

This initiative on UAHC spread over two annual meetings. In the first meeting the present scenario in India was discussed and the gaps in the various aspects of the health system in reaching the goal of Universal Access were discussed. In the second meeting

held in Nagpur in January 2011, the broad contours of an actual model were unveiled. Towards this there were two special issues of the mfc bulletin and concept papers evolved.

The second meeting in Nagpur saw the attendance of a record number of participants in recent times as well as the participation of the members of the Planning Commissions High Level Expert Group on Universal Health Care.

The next annual meeting which coincides with the completion of 7 years of the NRHM will focus on discussing the actual experience of the NRHM and the way forward in the context of NRHM in reaching Universal Access Health System.

Establishing a Library, Documentation and Information Center In Community Health

At present the centre receives 18 journals on a weekly/monthly basis.

We received a complete set of documents on Panchayati Raj from Gandhigram this includes an updated book on the PRI act of Tamilnadu and a series of best practices that have been documented by management students of PRIs work all over Tamilnadu. We also received a complete set of documentation developed by the Gandhigram institute on Globalization and Panchayati Raj.

Similarly our library has received a complete set of background papers from the UNNATI conference as well as from Brazil on Social Security.

In our plan for the next few quarter, we plan to upgrade our library by purchasing one more closed book cupboard and an open rack.



Others

Staff skill development

- Mr. Ameerkhan completed successfully a distance learning program on “International perspectives of Participatory Monitoring and Evaluation” by PRIA and the University of Victoria.
- Mr. Francis S. J. completed a refresher course on Information Technology for Accounts as part of the CA course (IPCC) he is pursuing.

Administrative review

A comprehensive administrative review of the CEU team was performed by Mr. K Gopinathan, Treasurer and Mr. Victor Fernandez, Administrative Officer between the 22nd and 26th of February, 2011. Steps were taken to set right the various issues highlighted in the report. This review and the subsequent action will streamline the various processes and systems in CEUs administration and will go a long way in strengthening it.

New team members

Mr. Venkatesan joined the team from January 24th 2011. He is part of the Ford Foundation project titled “Social Justice in Health”.

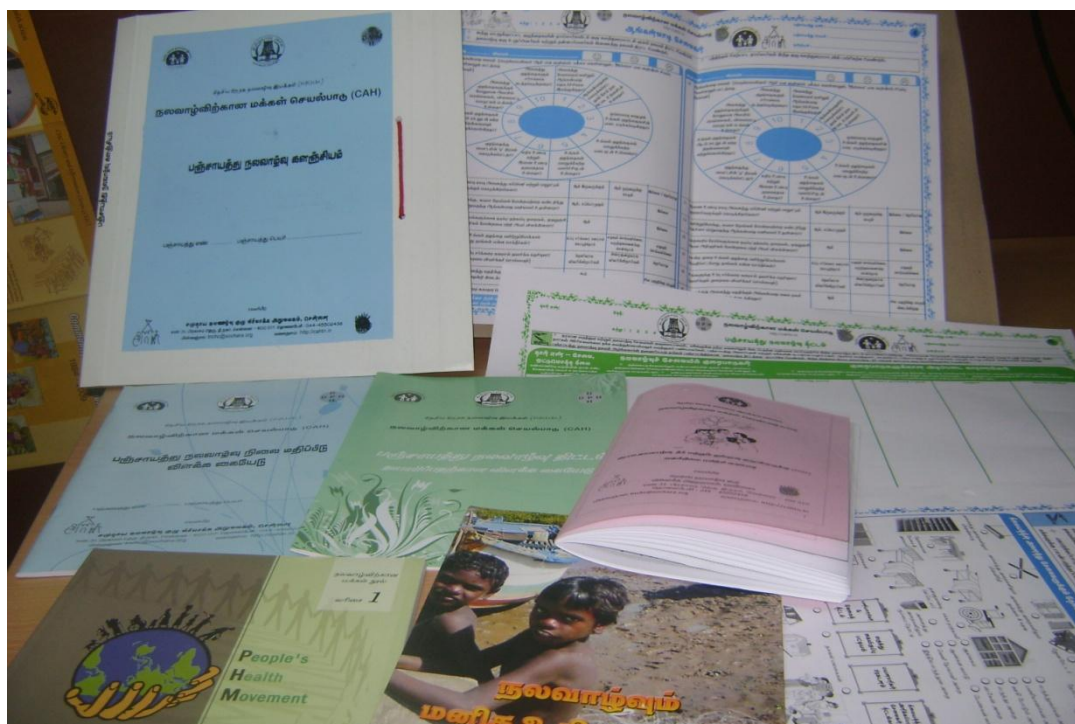
A quick look of the CHC Unit, Chennai, 2010 – 2011

S.No.	Dimension	Activities / Outputs	Comments
1	Projects completed	<ul style="list-style-type: none"> “Community Action for Health” spread over 450 panchayats and 6 districts of Tamilnadu. (Extended till May 2011) 	Funded by GoTN under the PIP 2009-2010
		<ul style="list-style-type: none"> Utilization of United funds under NRHM. (with CINI) 	Funded by USAID – through CINI
		<ul style="list-style-type: none"> Immunization coverage rate in Tamilnadu after the change in place of immunization (MNI and CMC Vellore). 	Partly funded by Misereor – in earlier phase.
		<ul style="list-style-type: none"> Consultancy for sub-group supporting the High Level Expert Group on Universal Health Care of the Planning Commission. 	Consultancy with Public Health Foundation of India.
2	Publications - Printed	<ul style="list-style-type: none"> Vision and Mission statement of the CAH as well as outcome indicators. [English / Tamil 8 pgs] 	As part of the CAH project.
		<ul style="list-style-type: none"> Manual for VHSC orientation training. [Tamil 39 pgs] 	As part of the CAH project.
		<ul style="list-style-type: none"> i. Monitoring manual for animators and VHSC members. [Tamil 35 pgs] 	As part of the CAH project.
		<ul style="list-style-type: none"> iv. Manual for Village health planning for Animators and VHSC members. [Tamil 18 pgs] 	As part of the CAH project.
		<ul style="list-style-type: none"> ii. Monitoring tools for VHSC members. [Tamil, 16 pages] 	As part of the CAH project.
		<ul style="list-style-type: none"> i. People's Books for Health Series. Volume 1.(5 People's Health charters) [Tamil 56 pgs] 	Released on April 30 th 2010.
		<ul style="list-style-type: none"> v. People's Books for Health Series Volume 2. (25 questions on Health and human rights) [Tamil 48 pgs] 	Released on April 30 th 2010.
		<ul style="list-style-type: none"> i. People's Books for Health Series Volume 3. (Executive summary of “Blind optimism” a report by OXFAM; Global Health Watch I – Chapter 1; Global Health Watch II – Chapter 1) [Tamil] 	Translation and review completed.
		<ul style="list-style-type: none"> i. People's Books for Health Series Volume 4. (Health Action article on the Journey of Community Health by Ravi Narayan) [Tamil] 	Translation and review completed
		<ul style="list-style-type: none"> i. Interventions to reduce corruption in 	<u>CITATION:</u>
3	Publications – in		

Journals.	<p>the health sector. Protocol. Published in The Cochrane Library 2010, Issue 11.</p> <p>vii. The life imprisonment of Dr. Binayak Sen. Editorial in the BMJ 2011</p>	<p>Gaitonde R, Bjørndal A, Oxman AD, Okebukola PO, Ongolo-Zogo P . Interventions to reduce corruption in the health sector. Cochrane Database of Systematic Reviews 2010, Issue 11. Art. No.: CD008856. DOI: 10.1002/14651858.CD008856.</p> <p>CITATION: P Zachariah, Ravi Narayan, Rakhal Gaitonde, Sara Bhattacharji, Anand Zachariah, Thelma Narayan. BMJ 2011; 342:d262</p>
	<p>i. Towards Universal Access to Health Care in India. Concept note for MFC annual meet 2011. MFC bulletin Vol 342-344.</p>	<p><u>Citation:</u> Shukla Abhay, Phadke Anant, Gaitonde Rakhal. Towards Universal Access to Health Care in India. Mfc Bulletin. Vol 342-344, August 2010 – January 2011.</p>
	<p>Binayak Sen what he means. Building Blocks. Jan 2011 issue.</p>	<p><u>Citation:</u> Rakhal Gaitonde and Thelma Narayan. Binayak Sen and what he means to us. Building Blocks. January 2011.</p>
4	<p>Publications – Working papers / monographs etc.</p> <p>1. Sex Ratio and Sex selective abortion. A position paper. Rakhal Gaitonde and Ameerkhan</p> <p>2. Community Participation in</p>	<p>Submitted to the Southern Regional Conference “South India Consultation on Harmonizing Women’s Right to Abortion and Prevention of Sex Selection / Sex Selective Abortion “.</p> <p>Submitted as part of</p>

		Health: A global literature review.	the consultancy to the Sub group supporting the HLEG on Universal Health Care.
		3. Community Participation in Health: A national landscape.	Submitted as part of the consultancy to the Sub group supporting the HLEG on Universal Health Care.
5	Presentations at Conferences / Seminars.	1. Using data generated during Community Monitoring and Planning process for community empowerment and system strengthening. <i>Experiences from Tamil Nadu.</i> Rakhal Gaitonde	Presented at the National Level Dissemination meeting of the Community Monitoring and Planning pilot process, held in New Delhi on 16 th June, 2010.
		2. Community Monitoring in Health. (Ameerkhan)	National conference of Institutionalising social accountability practices : Methods, tools, Issues and Challenges, Ahmedabad
		3. Community Based Monitoring – Institutionalizing public accountability. (Ameerkhan)	Presentation at the National Bio-ethics conference. Workshop “Experiences with community monitoring at different levels in Tamilnadu.”
		4. Building accountability in the health system. Experiences from Tamilnadu. (Ameerkhan)	Presentation at the National Bio-ethics conference. Workshop “Experiences of Community monitoring in India.”
		5. Experiences of Community Monitoring in Tamilnadu. (Rakhal Gaitonde).	Presentation to the Member Secretary, Planning Commission. On December 24 th 2010.
6	Conferences attended.	1. First world conference on Universal Social Security, Brazil.	Held in Brasilia, December 1 st to 5 th ,

		(Ameerkhan)	2010
		2. Universal Access to Health Care. (Rakhal Gaitonde)	Medico friend Circle annual meet January 2011, Nagpur.
		3. National policy on Children. Consultation. (Ameerkhan)	
7	Responsibilities in other professional bodies / committees.	1. Co-convenor of the medico friend circle. (Rakhal Gaitonde)	(2009 - 2012)
		2. Member. Project Review Committee. SATHI. (Rakhal Gaitonde)	
		3. Member. Medical Advisory Committee. Rural Womens Social Education Center (RUWSEC). (Rakhal Gaitonde).	
		4. Member. NGO Committee. State Health Society. Government of Tamil Nadu. (Rakhal Gaitonde)	
		5. Member. State ASHA mentoring group. Tamilnadu. (Rakhal Gaitonde)	
		6. Member. Executive Committee. Tamilnadu Health Development Forum. (Ameerkhan).	



TEAM MEMBERS

S.No.	Name (in alphabetical order)	Designation
1	Ameer khan K	Network cum Training Officer.
2	Francis Irudayaraj S J	Office cum Accounts Manager.
3	Rakhal Gaitonde	Training and Research Associate.
4	Suresh D	Communication Officer.
5	Venkatesan R	Research Assistant.



CENTER FOR PUBLIC HEALTH AND EQUITY, MADHYA PRADESH

The Center for Public Health and Equity works in the areas of public health education and policy advocacy. It promotes a new public health paradigm focused on health equity; social justice; underlying social determinants of health including gender; inclusive and responsive health systems; and health policy development.

Creating Awareness Regarding Principles and Practices of Community Health

National Workshop on Community Health Fellowship Programs in India

A National Workshop on Community Health Fellowship Programs was held in Bhopal on 26th and 27th October 2010 hosted by SOCHARA but organized jointly by SOCHARA and Public Health Research Network (PHRN), Delhi. The objectives of the workshop were:

- To share learnings regarding the Community Health Fellowship Programmes being run by various organizations in the country.

- To enable cross learning of processes and innovations of the different programmes.
- To explore possibilities of networking in community health training and work towards a SOCHARA civil society school of public health.

Five different types of Community



Participants of National Workshop celebrating a cultural evening (Fellows with Dr. Vandana Prasad)

health fellowship programmes participated in the workshop. They were

1. Community Health Learning Program (CHLP) run by Community Health Cell Bangalore.
2. Community Health fellowship run by Public Health Resource Network, Delhi.
3. Madhya Pradesh Community Health Fellowship program run by Center for Public Health and Equity, Bhopal.
4. The Community Nutrition fellowship runs by the State Health Resource Centre, Chhattisgarh state.
5. Community Mental Health Fellowship by Basic Needs India, Bangalore.

The Curriculum contents, Profiles of the fellows, successes and challenges of each of the program were shared. A reflection presentation by the fellows of each of the program followed these presentations. In addition to the above, a fellowship proposed for creating leadership on AYUSH was presented by Dr. Narendra Mehrotra from Lucknow.

On second day there was a plenary discussion on the reasons and factors necessitating such fellowship programs.

This was followed by a detailed discussion on defining a fellow and what characterizes a fellow and the differences between a fellow and a student of a college. Later on, the participants were divided into groups and parallel sessions were held on issues of assessment, mentoring, curriculum content and sustainability. These were the topics that had emerged from the participants as the most important topics which needed further discussions during the first day's sharing. All the groups then presented the discussions in a plenary. There was a session where the way forward was discussed in which the civil society school of public health idea was floated and discussed. Other actions for working together of all the programs were also floated. Overall the participants felt that it was a good opportunity for cross learning and collaboration.

The national workshop was a good occasion for cross learning as also the challenges faced by each of the fellowship programs. The participants also showed the eagerness to look for how the others are doing it differently. Space was provided for discussion on the first day from which emerged some

of the themes for in-depth discussion in various groups for the second day. The rich discussion pertaining to the concept of fellowship was the highlight of the workshop. The discussion provided for the characterization of the fellow as a leader with an equity and community focus, as one who would develop a critical consciousness and self-confidence and as a person who is capable of exercising one's agency. Another important highlight of the workshop was the parallel session on assessment of fellows as this was the felt need of all the organizations running fellowships. Since the fellowship is not a studentship in the strict sense assessment of the fellows in a more qualitative manner becomes very important and the ideas that came about for assessment was also very productive. The workshop also posed challenges. Some of the challenges were the last minute cancellation of the main speaker of one of the organizations and somebody had to depute for that person. The challenge of Hindi/English language again cropped up with some of the fellows of the programs not able to understand and appreciate the richness of the discussion. Translation could not be possible because of the time constraints. The discussion around a

civil society school of public health could not be given adequate time. Also the way forward of all the fellowship programs identifying means for collaborating with each other did not come out with doable concrete action items which could have been followed through.

**Participants of National workshop
on Community health organized by
SOCHARA in Bhopal**



Helping Promote and Support Community Health Action

Visit to the Institutional partners in Madhya Pradesh

LEPRA - Bhopal

On 12th May 2010, Dr. Thelma Narayan, Mr. Prasanna Saligram and Ms. Sudeepa Das visited the Lepira office in Bhopal with the objectives of exploring further collaborations with Lepira and also to smoothen the mentoring process of the fellow Ms. Arti Pawar placed with Lepira in Indore in addition to evolving a Terms of Reference for the whole mentoring process. Mr. Rajkumar Rai Program Co-ordinator of the Advocacy, Communication and Social Mobilisation (ACSM) wing of Lepira met with the CPHE team. He detailed out the various initiatives of Lepira in which Arogya Project and ACSM are the two major initiatives in addition to a service provision initiative for the HIV positive people in Indore. Further clarity was also evolved regarding the mentoring process of Ms. Aarti during the meeting with Ms. Kavita, program coordinator of the Arogya project in a meeting on the

same day evening. This was further crystallised by the visit of Mr. Shivkumar Shreshta and the whole team of Lepira to CPHE on 21st May 2010.

SAMAVESH - Bhopal

Samavesh is one of the Institutional partners of CPHE fellowship programme visited by the CPHE team (Dr. Thelma Narayan, Mr. Prasanna, Ms. Sudeepa, and Mr. Juned Kamal) on 22nd May. Ms. Sapna Kanera one of the CPHE fellow is placed with Samavesh in Khirkiya block of Harda district. The agenda of the meeting was to know about Samavesh and also to discuss about the mentorship process of Sapna by the organization to Community Health fellow placed at Khirkiya field area.

Samavesh is working in Harda since 2003 and focusing on Education, Local Self Governance, Women Empowerment, Youth Development, Livelihood and Natural Resource Management, areas in Harda and Dewas district:

In Bhopal Urban Samavesh is going to start a School education programme through monitoring and support of 20 Govt. Schools and 10 Madarsas. At Field level Mr. V.N. Tripathi will mentor

Sapana on the communitisation process like VHSC and ASHA of NRHM.

JEEVAN JYOTI MISSION HOSPITAL,

Block Meghnagar, District Jhabua

From 24th to 27th May 2010 Mr. Bhagvan Verma, visited Jeevan Jyoti Mission Hospital Meghnagar Jhabua. The purpose of the visit was to provide technical support to fellow Mr. Dheerandra Arya, and also to facilitate the process of mentorship in order to enhance learning of the fellow placed with the organization. Mr. Dheerandra Arya is involved in the process of assessment of malnutrition in certain villages of Meghnagar Block. Mr. Bhagvan Verma also facilitated the meeting on nutrition and health with the team member working on malnutrition in those particular villages.

In order to ensure the involvement of Community health fellow with the public health system he met with the CMHO and district program manager of the Jhabua district discussed about the letter issued by the Madhya Pradesh health department to support the community health fellow in their respective districts.

LAKHNADON CHRISTIAN HOSPITAL

Lakhnadon Block Seoni District

On 29th May 2010, Mr. Prasanna Saligram visited the Lakhnadon Christian Hospital. This organization is one of the partner organisations where a fellow Mr. Mohan Barman is placed. This was one of the few organisations which were not visited before the fellowship started. They are part of the Emmanuel Hospital Association and had come to the partners' meeting in October 2009 and also for the mentors' meeting held in January 2010. So the objectives of the visit were also to understand the organization as well as facilitate the mentoring process of the fellow Mohan.

Lakhnadon is a block in Seoni district about 80 kms from Jabalpur. This is on the Jabalpur- Nagpur highway. Spandana is the community health project of the Lakhnadon Christian Hospital. The major initiatives of Spandana project are microcredit initiatives, spreading awareness of health in the communities, support the public health system on the RCH components, they also have the Targeted Intervention project on HIV of the MP State AIDS control society (MPSACS).

They have also recently been allotted an ICTC center for HIV. In addition to these, they also have community based initiatives on Malaria which includes awareness spreading about Malaria, drainage cleaning, distribution of larvivorous fish, treatment of bednets etc.

The mentoring process of Mohan was discussed in detail. Feedback about Mohan was obtained from Mr. Rajendra Singh, the field mentor of Mohan. Accordingly the facilitation process of Mohan's placement was fine tuned. It was agreed that Mr. Rajendra Singh will give 1 hour's time to Mohan every week to follow up on the action plan of Mohan, support Mohan on his Malaria work, arrange sessions by Mohan to the Spandana team members periodically, to provide computer and internet support to Mohan from the organization. On the part of Mohan, he has to report to Mr. Rajendra Singh every week on the work done by him during the week, take sessions to the team members, get guidance from Mr. Rajendra Singh on Malaria.

MUSKAN – Bhopal

Muskan is one of the institutional partners of Community Health Fellowship programme. On 10th June

2010 one of CPHE staff members Juned visited Muskan office as well as in the field area of Anna Nagar and Goutam Nagar. He met with the USHA workers and discussed about their work and health status of the slums in their working area. Some of the USHA workers are community health workers of Muskan. Muskan was also involved in the selection and training process of USHA. The main work of the USHA is to carry out the health activities in these slums and to refer the patients to a nearest and appropriate health care provider. The objective of the networking with MUSKAN is to explore the opportunity to initiate community processes in urban slum as well as broader understanding on health with selected community health worker called Urban Social and Health Activists.

SAHMET – Kesla Block, Hoshangabad District

On 15th July 2010 Team CPHE visited SAHMET organization in KESLA block. Ms. Preeti Verma (CPHE fellows) is placed with Sehmat. During the visit as a public health resource center CPHE gave inputs on communitization components (VHSC & ASHA) of National Rural Health Mission to cluster coordinators and Field Supervisors (staff members) of

Sehmat. Meanwhile Ms. Lorry Benjamin along with the field staff shared their experience and the journey of the organization. Sahmet is working in KESALA block of Hoshangabad district since 1989.

They started their activities with the awareness generation of organic farming. In time they got involved with school education programme. Right now SAHMET is working in 60 villages of Kesala and Sivni Malwa blocks. From September 2010 onwards 30 new villages will be included in the field area of Kesla. SAHMET is working basically on health and education. Meanwhile an organic farming activities and Hostels facility for girl's tribal students is being provided by the organization.



Juned taking a session on Communitization components of NRHM to the staff and field workers of SAHMET SAMBHAVANA TRUST, BHOPAL

On 5th July 2010, Dr. Aditya from CPHE Bangalore interested in environmental aspects of health and Ms. Sudeepa Das of CPHE Bhopal visited Sambhavana Trust with the objectives of an exposure visit to Dr. Aditya on the gas victims and also on an update of the mentoring activities to the fellow Dr. Shabana Khan. There was a lot of information provided to Aditya particularly on the study being done by Sambhavana to establish the effects of groundwater pollution on the health of the gas leak affected community. The protocol of the study was also shared with Dr. Aditya. Dr. Aditya also got a chance to visit the Union Carbide factory, even though from outside and also interact with the communities during his visit. Regarding the mentorship of Shabana there was a general acknowledgement that there is improvement in the processes and there is more interaction between Shabana and the organisation. Involvement of Shabana in the study was also discussed.

Public Health Resource group functions

Lepra organised workshop on Organisational Development and Leadership Training

On 14th May 2010, Mr. Prasanna Saligram was invited as a resource person for the workshop Organisational Development and Leadership training workshop being conducted by Lepira. Mr. Prasanna Saligram was invited to give inputs on the connection between health and development. The organisational partners of Lepira were given an orientation on how to continue health work in a sustained manner. Inputs were also given as to how the partners can get more involved in the Revised National Tuberculosis Program (RNTCP).

The above activities by the Madhya Pradesh Center for Public health and equity are efforts to promote actively community health in Madhya Pradesh through a process of engagement with the civil society partners. The idea is also to add community health in general and communitization part of National Rural Health Mission in particular to the portfolio of organizations which are already involved in some sort of community related activities. The hope is to evolve a network of civil society around health matters. The civil society organizations have been very supportive and recognize health as an important issue at the community level. They have been open to receive inputs

from CPHE and in some places have openly solicited the inputs from CPHE. They have also, whenever possible, given time to both the fellows and the team members' time to discuss issues.

The fellows have also become a link in that direction. But there have been challenges as well. The time and attention span needed by the team for such an engagement and also from organizations, busy with their project related activities, is not yet optimal. The engagement could still improve and become more organic and can move beyond the fellow placed in the organization.

Undertaking Research on Community Health and Development

Research on ASHA functioning in Madhya Pradesh

Durbha Rohini Kumar who was pursuing his Post-Graduate Diploma with Institute of Health Management and Research (IHMR), Bangalore as part of his dissertation has done a study on the functioning of ASHAs in Fanda Block of Bhopal District. The idea of the study was to compare the incentive and non-incentive based functions of ASHA. As part of the study 30 ASHAs in Fanda Block were interviewed based on a questionnaire prepared. The conclusion has been that ASHAs have shown a higher inclination towards incentive based work (85%) even though there have been efforts by ASHAs (68%) to attend non-incentive based functions like Gram Sabha meetings of the Panchayats. During his field work he was supported by fellow Lalita Jain who is placed in Fanda Block

Mapping the Regulatory Architecture for Health Care Provision in LMIC Mixed Health Systems

Prasanna Saligram is part of a study to map the regulatory architecture for health care provision existing in the country. The study was conducted in two states – Delhi and Madhya Pradesh. The study has since been completed and measures are being taken for wider dissemination of the findings.

Universal Health Coverage

Prasanna Saligram as part of his PHFI involvement has been involved in the High Level Expert Group committee's efforts to prepare a blueprint for the rolling out of Universal Health Coverage commissioned by the Planning Commission of India. Prasanna is being part of the Terms of Reference for which pertains to developing guidelines for the constructive participation of communities, local elected bodies, NGOs, the private for-profit and not-for-profit sector in the delivery, accountability and increased convergence of health care and related services. Prasanna is also part of the Medico Friends Circle (MFC) which for the past two years has been evolving a draft policy paper on Universal Health Coverage for India. Prasanna had a poster presentation at the First Symposium on Health Systems Research held under the aegis of World Health Organisation at Montreux,

Switzerland. The theme of the Symposium was “Science to accelerate Universal Health Coverage”.

Being the resource centre for Public health in Madhya Pradesh, engaging oneself with meaningful action research is an important activity and recognizing this start has been made this year and hopefully this will pick up in the coming years.

Evolving Educational Strategies in Community Health and Public Health

Madhya Pradesh Community Health Fellowship Program (MP-CHFP)

The Community Health Fellowship Program of Center for Public Health and Equity was started from November 2009. This was the first year of the two years long Fellowship Programme.

The vision of the alternative Community Health Fellowship Program in Madhya Pradesh is **to develop a critical mass of vibrant, optimistic community health professionals who:**

- are people and person centric.
- are well grounded in the public health realities of MP and India and in the principles and practice of public health & community health through experiential learning.
- engage with and strengthen the public health system,
- Strengthen community processes and capacities, and become community health practitioners.

Fellows enacting a role play during the collective teaching in Bhopal in October 2010



Visit of Fellows to herbal gardens in Jabalpur during the collective teaching program in July 2010

All 20 fellows are placed with institutional partners in 15 districts of Madhya Pradesh and 1 district of Chhattisgarh. Each fellow has chosen 5 to 10 villages as his/her field area to practice the theoretical understanding gained through the various teaching programs organized by CPHE from time to time. The details of these programs are as follows –

Collective Teachings Program – CPHE organizes Collective teaching every three months for two weeks for the fellows to broaden their understanding

on different issues of Community health and Public Health. Till date from April to March 2010



A cluster meeting in Jabalpur

The First Collective teaching of Batch one was organized at Indore from **25th March 2010 to 9th April 2010** with inputs on Community Mental Health, Health system management. Various sessions were conducted by the team members on Union budget and health, conducting ASHA training and sharing experience on ASHA training organized at Khirkiya. In this meeting session on Protection of Women from Domestic Violence act and its interconnection with mental health was handled by Ms. Sudeepa.

Second Collective Teaching - From June 21st to July 3rd 2010, the quarterly residential collective teaching was held at Sneha Sadan, Jabalpur. The collective teaching focused on Malaria, Community Approaches to tackle malnutrition, alternative health system and IMNCI with practical experience

Third Collective Teaching was organized in Bhopal from **October 17th to July 30th 2010**. First week of collective teaching programme was focused on the fellows sharing on PD hearth, Malaria, ASHA functioning, PHC, maternal health and Mental health and research program. Second week of the collective teaching was focused on health communication, HIV/ AIDS introduction and current scenario, Genetic Modified Food and Bio – ethics, Health as Human Rights and Right to food and food security

The Core training of second year of batch one was organized in Bhopal from 7th to 26 February 2010. This was three week core training. This core training was focused on the TB, Leprosy and sociological aspects of health. The last week completely was a reading/writing week. For the first time, we had one full week when the fellows

were given reading material, writing assignments and finally a written examination. This was done to improve the recall rate of the fellows and also to improve their writing skills.

Cluster meetings

CPHE organizes cluster meeting for fellows in four clusters - Bhopal, Indore, Jabalpur and Gwalior/Chhatarpur. The fellows placed around the cluster meet once in a month to share their experiences along with some technical inputs from Team and field mentors as well as resource persons on the specific subjects. Cluster meetings also help fellows to clarify their doubts and to plan their activities further for the next month. These cluster meetings also help to develop networking and alliance

building for health in that particular district or cluster areas.



Since the cluster meetings were taking place very frequently, the feedback from fellows was to hold cluster meeting ones in 45 days so that fellow can spend more time in the field as well as can support the organization they are placed in.

<i>Place</i>	<i>Date</i>	<i>Month</i>	<i>Resource Persons</i>	<i>Topic Covered</i>
<i>Bhopal</i> <i>Indore</i> <i>Jabalpur</i> <i>Chhatarpur</i>	29 th and 30 th	April 2010	Dr. Manju Toppo in Bhopal, Dr. Shalini Cherian in Chattarpur, Dr. Neelam Toppo in Jabalpur and Dr. Priyanka in Indore	Review of Activities, ASHA update (NHSRC), Health Budget Analysis, Maternal Health
<i>Indore</i> <i>Jabalpur</i> <i>Chhatarpur</i> <i>Bhopal</i>	28 th and 29 th 31 st May and 1 st June	May 2010	Dr. Neelam Toppo for Jabapur Cluster, Dr. Satish for Indore Cluster and by Ms. Sudeepa Das for Bhopal cluster Mr. Vinay John for Chattarpur cluster,	Review of Activities, Group Reading on Maternal Health & data analysis, and Sessions on RCH and Planning for Next Month.
<i>Indore</i> <i>Bhopal</i> <i>Chhatarpur</i> <i>Jabalpur</i>	17 th , 18 th and 19 th August 2010 25 th , 26 th and 27 th August 2010	August 2010	Dr. Neelam Toppo for Jabapur Cluster, Unicef Team in Shivpuri cluster, MGM medical College for Indore Cluster and by Dr. Shelendra Patne for Bhopal cluster	Review of Activities, Group reading on Atal Bal Aarogya Mission, Community Approaches of Nutrition (PD Hearth), IMNCI & Immunization
<i>Jabalpur and Indore</i> <i>Bhopal and Chhatarpur</i>	15 th , 16 th and 17 th 13 th , 14 th and 15 th	December 2010	Dr. Neelam Toppo for Jabapur, Dr. Shelendra Patne for Bhopal and Chhatarpur and for Indore Dr. Sanjay Deekshit.	Review of Activities, Revision of preparation of Research statement for Health, Introductory sessions on TB & RNTCP, Group reading and discussion on Child Rights and Planning for Next Month.

Supervisory field visits

The supervisory field visits from the CPHE team members are one of important components of Community Health fellowship programme. Purpose of the Supervisory visit is to provide technical support to fellow and also to facilitate the process of mentorship in order to enhance learning of the fellow placed with the organization.

Supervisory field visits also help the team as well as the fellows to develop linkages with the Govt. system/departments and other civil society organizations. An understanding of the current situations at the field level and the problems being faced by the fellows also gets developed. Mr. Prasanna, Dr. Kumar, Mr. Bhagvan and Mr. Juned visit periodically their respective field areas as well conduct meetings with the fellows and help in their liaison with the department and other civil society organizations.



Bhagwan Verma discussing on Nutrition with the mothers at Aanganwadi Center, Semradangi Village

Intern with CPHE, Bhopal

Dr. Soumitra Narayan Budhouliya, a Postgraduate diploma student in health management (PGDHM) at Indian Institute of Health Management and Research, Jaipur, undertook a short internship with CPHE Bhopal from 27th December 2010 to 01st January 2011.

During the internship he was introduced to the concepts of Social Determinants of Health, Primary Health Care, Community

Health approaches with Positive Deviance Hearth for tackling malnutrition as an example, NRHM and its communitization component and finally Globalization and its effects on health. On the last day of his internship he did a field visit to Semradani village in Sehore district along with CPHE team member Bhagwan and fellow Sanjay Vishwakarma who is placed in Sehore.

Here was a young person with Ayurvedic training, who was at a crossroads to decide which direction to take regarding his career whether to take public health stream or hospital stream and this confusion brought him to CPHE Bhopal. After the eight days of internship with us where he was exposed to various facets of public health/community health he was convinced that he wanted to work for the health of the people and go beyond medicine. He also later on sent in his reflection with the following statement:

“When I came to CPHE there was a lot of confusion in my mind. I was doubtful about my career. I was not able to decide what I should opt either Public Health management or Hospital management, but after came from CPHE I am definitely sure that I should opt Public Health as a career”.

Dialogue with health planners, policy makers and implementers

ASHA Training in Madhya Pradesh (Mr. Juned Kamal, CPHE team member as Master Trainer)

The Health and Family Welfare Department of Madhya Pradesh has taken initiative to roll out the ASHA 5th

Module book in the state. The training of Trainers was started at state level in all Regional Health and Family Welfare Training Centers – Indore, Bhopal, Jabalpur and Gwalior. The first training program was organized at Indore from



Mr. Juned Kamal giving the feedback during ASHA TOT

27th to 30th November 2010, where 29 participants from 5 districts (Khandwa, Katni, Dhar, Barwani and Neemach) took part in the training

program. Mr. Juned Kamal (one of the CPHE team member in MP) is a member of National level team of trainers for 5th Module of ASHA. In MP as a master trainer for ASHA 5th Module book he is playing a key role and supporting all the training programs at RHFUTC. From 20th to 30th December 2010 he conducted ASHA 5th Module TOT at Jabalpur, Indore and Gwalior, where more than 70 participants from 20 districts attended the training program.

Fellows as District level ASHA trainers

Apart from Mr. Juned Kamal, Community Health Fellows of Madhya

Pradesh Community Health Fellowship Programme of CPHE have also been district level trainers from their respective districts like Dhar, Seoni, Chhindwara and Khargon.

Development of Village Health and Sanitation committee training manual

One of the fellows Ms. Nidhi Shukla was given the task of developing some chapters of the Village Health and Sanitation Committee (VHSC) training manual. She requested CPHE to help her with the

development of the manual. CPHE has considerable experience both in Karnataka and Tamil Nadu in developing the same in the respective districts. Accordingly Nidhi was given guidance to utilize Karnataka, Tamil Nadu and Jharkhand experiences in developing the manual for the state of Madhya Pradesh. It is in its draft stage and would be soon finalized by the state mentoring and monitoring group.

This has been a very positive development in the state this year. Madhya Pradesh health department had not given adequate attention to the Communitization activities of NRHM. But this year the department recognizing the importance of this component finally appointed Dr. Ajay Khare as the Dy. Director for the Communitization aspects. This gave a fillip to the Communitization

components and a flurry of activities followed. CPHE as its contribution to the process let Juned as a state level trainer for ASHAs. In



Mr. Sanjay Vishwakarma with the team members during PD hearth process at Aanganwadi Center

addition to this 8 fellows were identified as district level trainers. This was a good opportunity to both CPHE and fellows to make a significant contribution to the Communitization component of NRHM and it was utilized to the full extent. The fellows also got a chance to strengthen their links at the district level. But the fellows lacked the skill to negotiate with the department to strike a balance between the fellowship and ASHA training. Even though the

desire was there to put in a qualitative effort, the sheer scale of operation and the rushed job of having to finish it within the financial year did not allow for an optimal qualitative effort which could lead to the empowerment of ASHAs.

Fellows with CRM Team

Ms. Jwala Yadav in Damoh and Mr. Udeyram in Maheshwar Block of Khargaoan district was associated with the Common Review Mission team of NRHM. As both fellows are working with the VHSC and ASHA, CRM team members with them about the state of VHSC in their areas what kind of efforts can be made to strengthen the process of Commoditization in NRHM.

Establish a library, documentation and information centre in community health

This year special emphasis was given to the development of the library, documentation and information centre in community health at Bhopal unit. Previously the unit had around 200 publications (books, periodicals etc.) in the library. But this year in order to provide a good source of literature to the fellows, concerted efforts were made to improve upon library and documentation. One of the first things done was to prepare a comprehensive list of all the books, articles, periodicals that were collected at the unit. They were then classified subject-wise and a process to provide accession numbers has been set-in in conjunction with the Bangalore unit. Borrowing rules were also framed and accordingly books issued to the users. At present the Bhopal unit library has around 550 publications with addition happening almost on a daily basis. Bhopal unit has also started receiving donations of publications to its library. In February 2011, the Bhopal unit received donation

of 29 books (some in Hindi) from Dr. Vaseer, some of which were in Hindi. Government documents like Government orders, project implementation plans (PIP) and such other documents have been added to the Library.

The establishment and development of library has turned out to be helpful for doing literature review both by the team members and the fellows. Some of the literature is also in Hindi which goes further in helping the local users. But the development of the vernacular literature has been a challenge and the library has still not got much of vernacular literature.

