



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

**ANNUAL REPORT**  
**2013 - 2014**

**23<sup>rd</sup> Milestone in the SOCHARA Journey**

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## INTRODUCTION

The year 2013-14 saw a consolidation of work by SOCHARA and was filled with several activities in all three clusters viz. in Karnataka, Tamil Nadu and Madhya Pradesh. The major focus for the team in Bengaluru, Karnataka was the development of SOPHEA and Phase-3 of the Community Health Learning Programme (CHLP). During the year batches 9, 10 and 11 overlapped, with 40 full time community health fellows participating in the one year fellowship. While Batch - 9 completed their fellowship in December 2013, Batch - 10 complete their fellowship in July 2014. There were short term flexi-interns and students on placement as well. Fieldwork by our fulltime CH fellows took place in all three state clusters allowing for the growth in mentoring skills by all team members. Faculty/ team development also received attention during the year. Managing the CHLP and its three batches was a challenge which helped in learning many lessons. The year also brought opportunities for mainstreaming of the content and methods developed over the years for teaching learning processes in community health. The CHLP experience was shared with the following academic institutions in the country: viz. Rajiv Gandhi University of Health Sciences (RGUHS) and Azim Premji University. There was significant involvement in the curriculum development of the three year MPH (Honor's) program initiated by RGUHS. Evaluative work is also being undertaken with St John's National Academy of Health Sciences (SJNAHS), Bangalore and Tata Institute of Social Sciences (TISS) Mumbai.

The Tamil Nadu cluster, namely the Community Health Cell Extension Unit (CEU) focused on sustaining a Tamil Nadu context specific Community Action for Health (CAH) approach based on in-depth and rich experience of the CAH process gained over the past years in partnership with civil society organizations. Towards this the team had series of meetings with the health minister, bureaucrats and senior public health officials in the state. There was intense work at various levels with a focus on community participation and social accountability for health.

The Madhya Pradesh cluster, which is the MP Centre for Public Health and Equity (MP CPHE) focused on the second year of the second batch of Community Health Fellowship (CHF) conducted in Hindi. The team was busy organizing collective teaching learning, cluster level meeting and field based learning for facilitating the learning for the fellows. Networking around key public health issues such as maternal health and under-nutrition, and providing support to NGOs also continued.

. Environmental Health and Sanitation is evolving into a thematic issue within SOCHARA. The Karnataka cluster was very active in this regard working awareness, action, teaching and research. The Total Sanitation Campaign (Nirmal Bharath Abhiyan) focuses in addressing issues related to water, sanitation, and waste management. Climate change adaptation and vulnerability assessment is carried out in collaboration with Watershed Organisation Trust (WOTR), Pune. The Tamil Nadu cluster had carried out activities related to health and hygiene, child health, community action for health and universal health coverage. The Madhya Pradesh cluster carried out activities related to malnutrition, malaria and mental health.

Research has been given much greater emphasis in the Community Health Learning Programme with inputs on research ethics and values, quantitative, qualitative and mixed methods of research. An evidence based approach to health policy processes is also adopted.

The Karnataka cluster is involved in a reflective evaluation of St. John's National Academy of Health Sciences as part of revitalising the Vision and Mission of the institution and developing a future roadmap. . The cluster also collaborated with Vimochana (a women's group in Bangalore which focuses on domestic violence) to research and document the situation of burns and burns care in Bangalore from a gender and public health perspective. Besides this the cluster was also involved with various smaller research initiatives. The Tamil Nadu cluster was engaged with two research projects viz. 1. A study of 'Women at Workplace' carried out in collaboration with DEEDS and CEU-SOCHARA in Dharmapuri district. The study was carried out to understand issues related to women workers. 2. Strengthening Village Health Committees for Intensified Community Engagement. This study is carried out under the project VOICES in collaboration with the Public Health Foundation of India (PHFI).

All the three clusters also dialogued with health policy planners towards strengthening the public health system, related to the National Rural Health Mission, National Urban Health Mission, AYUSH, and the Mental Health Policy at state and national level. All clusters network with Non Governmental Organizations and others in the respective states to address issues related to health and development.

The entire team has been involved with activities in keeping with our organizational mandate. This Annual Report 2013-14 highlights key activities as per the Objectives of SOCHARA, keeping in mind the changing context within which we work and the need for constant evolution as we work towards the realization of the Health for All goal. The members of the Executive Committee, General Body of SOCHARA and Academic and Research Council have played an active role in supporting and guiding the work of the team. Friends of SOCHARA have also begun to form up as a group to support the organization in diverse ways including providing financial support. Donor partners of SOCHARA have continued to extend their solidarity and support to the work of the organization and the larger social goals. SOCHARA expresses its appreciation and gratitude to each and every person who has been associated with us over the year. We are indeed fellow travelers in the long journey towards Health for All.

## **I. CREATE AWARENESS REGARDING THE PRINCIPLES AND PRACTICE OF COMMUNITY HEALTH**

Awareness creation on the principles and practices of Community Health was one of core objectives of SOCHARA which continued during this year with focus on specific public health challenges carried out by all the functional units of SOCHARA. The Karnataka cluster focused on rural sanitation, environment, tobacco, urban health and privatization in health care. The Tamil Nadu cluster focused on Community Action for Health under NRHM and the Bhopal cluster focused on Maternal Health, Malaria and Malnutrition.

### **In Karnataka**

#### **Awareness on Mental Health**

In the month of February, 2014 SOCHARA organized two day orientation training programme on community mental health, including primary health care and impact of lack on sanitation on mental health. This was undertaken in collaboration with Basic Needs India (BNI) and CBR Forum in Gulbarga District. About 35 participants from various organizations in the district participated.

#### **Video documentation on ‘Community Led Total Sanitation’ and training of Mason’s at Danapura village of Hospet taluk, Bellary district**

SOCHARA in collaboration with SAKHI a voluntary organization in Hospet, Bellary district produced a video documentary on the current situation in sanitation. The main focus in the documentary film is on the existing poor sanitation practices at Danapura village. This was a triggering activity motivating the community towards behavioral change and construction of low cost toilets.

#### **Centre for Public Health and Equity, Bangalore (CPHE)**

**The most important awareness building initiative was the National Workshop in September 2013**

#### **1.Social Justice in Health & Universal Health Coverage Challenges, Possibilities & Pathways’- National workshop at Bangalore on 10 and 11<sup>th</sup> September 2013**

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” (HFA) first articulated in the Alma Ata Conference of 1978.

CEU-SOCHARA team participated in the workshop where reflective discussions, as well as a focus were made on certain specific themes such as urban health, mental health, environmental health and privatization of health care. The multiple approaches and pathways that have been used to address the social determinants of health in different parts of the country were discussed, and provided a framework for initiatives and action at several levels from individuals to families, communities and at a larger policy level. Participants from

health sciences and social sciences background participated at this workshop and said that this was a positive, useful experience, and are keen to work with others in the field towards Health for All.

**Other initiatives in community health awareness building included :**

1. Social Movements in Health for 1st year MBBS student of St John's Medical College in November 2013.
2. Seminar on "Countervailing Power: The Role of Civil Society and Social Movements in promoting Health For All" at Swiss Tropical Institute in Basel, in November 2013
3. Participation in the 3<sup>rd</sup> Health Promotion Forum in Geneva, November 2013 in the session 'From Policy to Practice - Going beyond the Helsinki statement.( Dr. Ravi spoke on the Potential Role of Civil Society in working with Governments and WHO in taking forward the agenda)
4. Community Health Orientation at the Providence Convent for the Franciscan Medical Mission Sisters in March, 2014
5. Dr. Ravi attended the 8<sup>th</sup> Global Conference on Health Promotion Helsinki, Finland, from 10th to 14th June 2013. He was a member of the International Scientific Committee and also facilitated the conference track on social change and health. At the plenary he presented a paper on 'Countervailing Power: the Role of Civil Society & social movements in Catalyzing Health for All. A follow up meeting after the conference was held in Nov, 2013 in WHO, Geneva
6. Dr Adithya conducted a session on SOCHARA's current work in environmental and occupational health postgraduate medical students at St John's Medical College, Bangalore on 30<sup>th</sup> September.
7. Dr Adithya conducted a session on environmental health in India for 1st year medical undergraduate students on 14<sup>th</sup> September, 2013 as part of an initiative by the Health and Humanities division at St John's Medical College, Bangalore.
8. Dr Adithya and Mr Chander attended a presentation on a trial proposal presented by researchers from the Institute of Ayurveda and Integrated Medicine, Bangalore to test effectiveness of copper coils in disinfection of drinking water at community level, on 21<sup>st</sup> September, 2013, where he provided technical inputs.
9. Dr Adithya and Mr Mohammad attended the health futures conference on 15<sup>th</sup> November, 2013 organised by Soukya and the College of Medicine, UK, on community level interventions for holistic care (including ayurveda and homeopathy)
10. Dr Adithya provided inputs and guidance to individuals on a one time basis:
  - a. Ms Samyukta of Biome Solutions writing a report on sewage and waste management in Bangalore on 26<sup>th</sup> November.
  - b. Dr Soumya, fresh MPH graduate on 7<sup>th</sup> October, 2013 on the environmental health sector in India
  - c. Ms. Anusha Purushottam (SOCHARA flexi-fellow) on a public health career
  - d. Discussion on sanitation with three masters' students from New York University, on 8<sup>th</sup> January, 2014 facilitated by Mr. Prahlad and Dr. Adithya.

e. Inputs were given to Ms Grace Kurian, a high school graduate from Switzerland, who visited areas impacted by endosulphan spraying in Kasargod and conducted interviews there in July,2013.

11. Dr Adithya attended a technical session at IPH on 23rd April,2013 where two proposals related to health governance and primary health care were shared by two of their PhD candidates. Feedback was given on the methodology adopted.

12. In the month of February, 2014 a workshop on health, health systems and primary health care was organised along with Sarvodaya, at Aland Taluk, Gulbarga District, Karnataka. Mr S J Chander, Dr Adithya and Mr Venkatesh (fellow) participated as resource persons. This one day workshop was attended by around 40 women from surrounding villages, including few ASHAs and anganwadi workers. Sarvodaya, which is composed of Holy Cross sisters, is planning to work in this area for the next few years, and aims to strengthen the governmental health system locally.

## **In Tamil Nadu**

As part of overall strategies of CEU-SOCHARA's work, it continues supporting civil society organizations and communities' efforts in building health of the people. Various efforts including sessions to social work students, support to NGOs, support to community member and larger level dissemination work were some of the activities done during last one year .The activities are:

### **1. Support to the Rural Workers Development Society in community monitoring**

As part of supporting civil society organizations in Tamil Nadu, CEU actively supporting the Rural Workers Development Society (RWDS) working in Ramnad district, which is one of the back ward districts in Tamil Nadu. RWDS is involved in strengthening the public health system in Ramnad. CEU was approached to strengthen the process. The group aimed to strengthen the communitisation of health components including Village Health Water and Sanitation and Nutrition Committees (VHWSNC), engaging in community based monitoring, village based health planning and dialogue with public health system authorities to create a people centric health system in the district by the people.

CEU members had continuously advised the group on strategies of the campaign, research methodology, collecting people's opinion on services and helping in organizing series of meeting with public and health system officials.

CEU members also took part in the district level consultation meeting held in Ramnad, in which the district level Panchayat President, other civil society organizations in the district and community members participated.

### **2. Consultation on an NGO coalition to promote child health**

UNICEF Tamil Nadu chapter is taking a lead role in implementing strategies listed out in the Call to Action to improve child health. The Call to Action was developed at a national level

consultation in Chennai organised by the Union Government of India. UNICEF invited SOCHARA to be part of the coalition, . CEU members attended two meetings to share their views on components that need to be taken up for intervention and study.

### **3. Support to EKAM foundation**

EKAM foundation is a trust working for child health and the training of Accredited Social Health Activists (ASHA) in pockets of Tamil Nadu. EKAM works with the Tamil Nadu public health system and is planning to initiate community level programs including strengthening of VHWSCs. As the EKAM foundation requested, CEU-SOCHARA oriented them to incorporate community health principles in their training and to improve community participation in their program.

### **4. Support to World Vision**

World Vision, an NGO organised training program for its national coordinators on communitization of Health on 3<sup>rd</sup> April 2013. Two team members of CEU-SOCHARA took a training session for 20 coordinators on governance, accountability and monitoring of health services. World Vision has adopted CAH project's community monitoring tool in their ongoing program on Nutrition Security throughout the country.

### **5. Building awareness and support to the MSW students**

CEU-SOCHARA arranged a Rural Practicum for social work students from the Tata Institute of Social Sciences (TISS). During the first two weeks of April, 2013 eight students from TISS visited and stayed in villages of Kanyakumari to understand the rural reality, public health system and ways to strengthening the system. CEU-SOCHARA team organized the visit and mentored the students.

### **6. Health and Hygiene Awareness camp in Pondhavakkam Panchayat**

The MSW students of SDNB Vaishnav College for women, Chrompet, Chennai along with Development Perspective group organized an awareness campaign health and hygiene in Poondhavakkam Village in Gummidipundi block of Tiruvallur district. CEU-SOCHARA team member took sessions on health and hygiene for community and VHWSC members on 29<sup>th</sup> August 2013. In the training, people were sensitized to community participation and were oriented about VHWSNC and CAH initiatives that were effectively carried out in the panchayat during the CAH project phase.

### **7. Developing of awareness materials**

As part of the training and campaign initiatives, CEU developed awareness materials on the issues of Universal Health Care & Clinical Establishment Act. These materials include a five page handout on Universal Health Care (UHC) and two page handout on the Clinical Establishment Act. These materials are prepared in Tamil and English to strengthen the understanding of the civil society members on the issues.

### **8. Orientation on CAH in various forums**

Many civil society groups conduct social audit on the government's promises. DHVANI, a long time partner of CEU-SOCHARA had conducted a review meeting on commitments of



11<sup>th</sup> five year plan of India along with the group ‘Wada –Na – Thodo’ in Dharmapuri. A CEU team member was a panelist in the meeting and spoke about the importance of community participation.

### **9. TedX – talk on CAH at Chengalput.**

One of our team members was invited to give a talk about CAH on TedX. The TEDx Program is designed to help communities, organizations and individuals to spark conversation and connection through local TED-like experiences. The talk is part of the dissemination strategy CEU-SOCHARA developed to disseminate the CAH process.

### **10. Strengthening of selected VHWSNCs**

On one hand CEU-SOCHARA collaborated with the Tamil Nadu public health system to develop a Tamil Nadu specific model of CAH, on the other hand it continued the activities of strengthening the communitisation of health concept at various levels including supporting the active VHWSNCs and presidents of the committees.

During the reporting period the CEU team continuously supported the project districts (Vellore, Kanyakumari, Dharmapuri, Ariyalur, Perambalur and Thiruvallur) with the objective of strengthening community processes by revitalizing the Village Health Water Sanitation and Nutrition Committees by encouraging panchayat presidents, VHWSNC members and health system staff towards the communitization process through motivating them with the successful learning gained during the project phase. The district and block nodal organizations in six project districts have continuously extended their support to the process of strengthening the CAH by extending their own resources. The team member visited Bhramapuram Panchayat in Katpadi Block which is non-CAH, to observe the functioning of the VHWSNC in Vellore district. The visit provided an opportunity to observe the situation of VHWSNC by interacting with community people and provide awareness about the CAH approach to the people.

### **Outcomes of the CAH initiative**

1. Dharmapuri, Ariyalur, Dharmapuri and Vellore district partners are motivated to explore possibilities to strengthen the CAH process through their available resources.
2. The CEU-SOCHARA team makes continuous efforts to sensitize the health system staff by interaction regarding the purpose of CAH initiatives and to create an understanding to view CAH as a tool to strengthen the public health system with the involvement of the community.
3. The field visits helped the team to assess the people’s wish and importance on the requirement of CAH
4. Case studies were documented during the visits and a detailed report was prepared by the team members for each visits.

5. District level consultation meeting on health issues in Ramnad district was initiated. Makkal Nalavazhvu Iyakkam has identified potential partner in Ramnad district.
6. The UNICEF coalition members agreed to incorporate community centered strategies including strengthening Village Health, Water, Sanitation and Nutrition committees and building accountability mechanisms in their interventions
7. World Vision has adopted CAH project's community monitoring tool in their ongoing program of Nutrition security throughout their intervention
8. The awareness materials prepared by the CEU-team helped to reach out to the multi level staff in the NGO sector on this national issue.

### **Developing Tamil Nadu specific Community Action for Health (CAH) model**

Based on in-depth and rich experience on CAH process by civil society organizations and Tamil Nadu public health system, series of discussions and attempts were made to develop Tamil Nadu specific model for CAH. These attempts were helpful to both the stake holders to enrich the understanding of the type of model required in Tamil Nadu.

As part of this dialogue CAH implementing team met the then health minister of Tamil Nadu Mr.Veeramani on 30<sup>th</sup> May, 2013 to brief him about the importance of community oriented health policies and building accountability mechanisms in a sustainable manner. The team oriented him on CAH activities and its outcomes and explained the process of project expansion which is planned. Series of meetings and Discussions held between State Health Society Project Director, DPH and its officials and with civil society organizations for the Expansion phase

### **Developing standard protocol for selecting civil society organizations for implementing the CAH project**

The complex process such as CAH needs to be implemented with objectivity, transparency and commitment. Hence selection of implementing NGO is crucial which need to be done with objectively developed criteria and in a transparent way. Hence CEU-SOCHARA took effort to develop the standard protocol for:

- 1.Preparation of NGO profile that suits to CAH project
- 2.NGO scrutinisation and selection criteria

### **Cross learning visits**

Karnataka State Health System Resource Center (KSHSRC) had requested SOCHARA for a cross-learning visit and the CEU-SOCHARA team along with the Vellore district nodal team, Dr.ArulSelvi Community Based Rehabilitation (DAS-CBR) had organized the cross learning visit. The consultant of the community processes from KSHSRC visited the Vellore district on 28<sup>th</sup> and 29<sup>th</sup> of June 2013 with the objective to see the functioning of VHWSNC and to understand the supportive role in its functions by PHC, PRI and NGOs.

Dr. Abhay Sukhla, Coordinator of SATHI-CEHAT, Maharashtra which is the nodal NGO for community based monitoring and planning process in Maharashtra, visited CEU on 31<sup>st</sup> May 2013. He shared the experience of community process in Maharashtra with the team. The

CEU team shared the current position of the project and explained the preparations for the next phase that the team currently been involved.

### **In Madhya Pradesh**

The resource center of Madhya Pradesh has been active in creating awareness regarding the principles and practice of Community Health. To this end the team has been involved in giving inputs to various processes.

The team members Dr. Ravi D'Souza, Mr. Dharendra Arya conducted the second training programme at Sidhi from 22<sup>nd</sup> to 25<sup>th</sup> April 2013, to orient health workers of Gram Sudhar Samiti, Sidhi on Malaria and Malnutrition. This was in continuation to the earlier involvement of the team to initiate action on malaria and malnutrition in Sidhi.

The tools to get community feedback were also discussed. As members of the State Mentoring Group for Community Action (MGCA), Mr. Juned Kamal was part of the ASHA Sahyogini Selection process held on 30<sup>th</sup> May 2013, and participated in the Bhopal district MGCA meeting held on 05<sup>th</sup> June 2013 and also at the second state MGCA meeting held on. Dr. Abhay Shukla, Dr. Narendra Gupta and Dr. Abhay Bang also participated in the meeting. There was discussion on the 6-7 module training process update; strengthening of district as well as block MGCAs in the state; the criteria for selection and removal of MGCA members, grievance redressal mechanism and taking up of community monitoring process in 5 districts, through the MGCA members. There was also a discussion to encourage supportive supervision for ASHAs through ASHA SAHYOGINI.

On maternal health, Mr. Juned Kamal was involved in the training of Bundelkhand region partner organizations on the process of community feedback on maternal health schemes on 27<sup>th</sup> and 28<sup>th</sup> April 2013. Similar training was conducted for the Bhopal Regional partner organizations on 27<sup>th</sup> and 28<sup>th</sup> May 2013. At the district learning forum held in Jhabua with NGO partners on 10<sup>th</sup> June 2013, the process of maternal health rights was introduced and the organizations agreed to work on the maternal health rights process. On 22<sup>nd</sup> June 2013 in Bhopal, Mr. Juned Kamal had a discussion with voluntary organizations on data collection processes concerning maternal health entitlements.

On the mental health front, during the months of April, May and June 2013 a process was initiated to organize a voluntary group to work on mental health issues. Finally it succeeded by successfully bringing together people in Madhya Pradesh / Bhopal who were interested to work on mental health. Two formal meetings were held on 12<sup>th</sup> June 2013 and 19<sup>th</sup> June 2013 at the CPHE-SOCHARA Bhopal office. The primary objectives of the group were to develop capacities on mental health as well as to work on treatment and care aspects.

## **II. PROMOTE AND SUPPORT COMMUNITY HEALTH ACTION**

Promoting and supporting community action for health is also another key area of focus of SOCHARA. SOCHARA in all its work with communities promoted and supported action by the community. Action for environment and sanitation has been one of the key activities that SOCHARA supported in Karnataka. Community Action for Health (CAH) has been one of

the key activities which were carried out in Tamil Nadu with the Government. This year the team focussed on documenting the procedures for implementing the model during the anticipated expansion phase. Addressing the issues related to malnutrition was the focus in Madhya Pradesh. Highlight of action promoted and supported by all the three state units are given below.

## **In Karnataka**

### **Towards strengthening of Nirmal Bharath Abhiyan**

The Total Sanitation Campaign (Nirmal Bharath Abhiyan) focuses on addressing issues related to water, sanitation, and waste management. Towards strengthening the campaign SOCHARA in collaboration with a few field based organizations and carried out a training of trainers (TOT) programme for initiating action at community level. The objective was to facilitate positive hygiene behavioural changes and improve the health of the community through a Community Led Total Sanitation approach (CLTS), an approach with success in reducing prevalence of open defecation. Regular field visits and meetings with district officials and network partners were conducted as a follow up on sanitation awareness and toilet usage. During the months of April- June 2014 SOCHARA conducted training programmes for its NGO partners in Bangalore Urban, Bellary, Chithradurga, Kolar and Ramanagaram districts. Through the training programme at the field level 108 community level health functionaries were trained on Community Led Total Sanitation method, waste management etc.

### **Climate Change and Vulnerability Assessment**

The project on climate change adaptation and vulnerability assessment is in collaboration with Watershed Organisation Trust (WOTR), Pune from the period November 2012 to March 2014. SOCHARA has provided health expertise to their Climate Change Adaptation project which is being carried out in over 50 villages in dry land areas of Maharashtra, Madhya Pradesh and Andhra Pradesh. Dr Adithya is a lead resource person on this project.

Based on the previously designed Co-DriVE Manual of WOTR (Community Driven Vulnerability Evaluation), a health vulnerability assessment tool was created and five case studies were also conducted in rural areas of Ahmednagar District of Maharashtra. A draft manual has been submitted to WOTR for their feedback in March, 2014. This tool will be released by WOTR in the near future. It is intended that this tool will be used at grassroots levels to throw light on the realities of vulnerability as perceived by communities.

A draft manual on disaster risk reduction for communities from a health perspective was also prepared. This has been shared with WOTR for their feedback in March, 2014.

### **Solid waste management**

Dr Adithya provided technical expertise in the preparation of a document on deaths that have occurred in the villages surrounding Bangalore's municipal waste landfill at Mavallipura. He visited the Environment Support Group office on the 16<sup>th</sup> of December, 2013 for a discussion. A report was prepared and submitted to ESG for their perusal.

## **Industrial pollution**

Dr Adithya led a fact-finding visit to Rammoorthynagar village in Mettur town of Salem district, Tamil Nadu on the 5<sup>th</sup> of August, 2013. The visit was planned based on a request from local farmers groups in Mettur (Gonur West Agriculturists), Speak Out Salem, and Corporate Accountability Desk, Chennai-to assess exposure to hazards due to plant operations at MALCO, an erstwhile alumina smelter and currently engaging in thermal power production. This site is adjacent to the village, and hence there were concerns about increased heat exposure and air pollution, among other things. The report of this visit has been submitted to the requesting parties – this will be submitted to the National Green Tribunal of the Supreme Court of India for further action.

## **Support to NGO partners**

Various NGOs and health initiatives by missions were in touch with SOCHARA to explore community health initiatives and extensions. These included:

Sr. Mary Napathanukalam, head of the Health Apostolate of Medical Mission Sisters visited SOCHARA in September 2013 to explore community health orientation of their work and partnership with CHLP as well.

Dr. Sr. Lucian and Dr. Seshadari facilitated a visit in March 2014 by Dr. Ravi, Dr. Thelma and Dr. Rahul to St. Mary's Hospital in Malur Taluk to explore Community Health extension work from that hospital which also receives young doctors from the rural placement scheme of St. John's and student nurses.

## **In Tamil Nadu**

During the year the CEU-SOCHARA was involved in various preparatory activities for expanding the Community Action for Health (CAH) process in seven Health Unit Districts of Tamil Nadu. The preparatory activities are reported under the following headings:

### **1. Developing a Project Implementation Plan**

Based on discussions with State Health Society's (SHS) senior officials including its Director and with officials from the Department of Public Health during the period December 2012 to July 2013. all the stake holders agreed in principle to expand the CAH program from 446 Panchayats to 1955 Panchayats. Based on the project proposal which was modified according to the context SHS and CEU-SOCHARA started developing a Memorandum of Understanding in the month of June 2013 to expand the program. While the MOU was getting finalised the CEU-SOCHARA team developed a detailed Project Implementation Plan which include the components of:

- a. Developing a District Health profile for two districts (Tiruvallur and Vellore districts)
- b. Preparation of the Project Manual
- c. Detailed timeline in the form of GANTT chart for the implementation of the project
- d. Geographical re-distribution of project area
- e. Roles and responsibilities of staff.

## **2. Preparation for project manual**

A Project Manual for the expanded CAH program was prepared for the purpose of enabling the implementers and readers to understand the concept and activities of the CAH process and to make the manual a reference document during the implementation of the CAH process. The manual has five chapters with few sub sections in each chapter. For each of the chapters eight sub sections were developed, including: 1. Back ground, 2. Principles, 3.Roles and responsibilities, 4.Required preparatory steps, 5.Learnings, 6.Systems requirement, 7.Case studies and 8. Questions to be reflected.

## **3. Time line for the first year activities**

Based on the activities proposed in the revised project proposal of CAH project, CEU-SOCHARA developed an annual time line for its activities. The plan was based on the previous year's experience, the current staff strength and field realities. For each level different activities need to be carried out by different organizations, hence a detailed plan for each of the institutions is required.

## **4. Geographical redistribution of project area**

The expanded phase will cover 1955 Panchayats which covers more than 10,000 village hamlets and is spread across 61 blocks in 7 Health unit districts. The process is planned to be implemented with limited human resources. In order to ensure effective implementation of the process, a feasible working area needs to be allotted to each of the NGOs involved in the process. Therefore the 7 Health unit districts areas were divided into 17 clusters as the working area of the expanded CAH project area.

Successful implementation of the CAH process depends on effective involvement of multiple stake holders of the project. Hence it is very important to have clear roles and responsibilities for each of the stake holders. As part of the preparatory process CEU-SOCHARA developed draft roles and responsibilities for each institution and each category of staff involved.

## **5. Developing standard protocol for selecting civil society organizations for implementing the project.**

A complex process such as CAH needs to be implemented with transparency and commitment. Hence selection of implementing NGO is crucial which needs to be done with objectivity, with criteria developed in a transparent manner. Hence CEU-SOCHARA made efforts to develop standard protocols for (a.) NGO profile that suits the CAH project and (b.) NGO scrutinisation and selection.

## **6. Preparation of NGO profile**

Based on NRHM guidelines for selection of Community Based Organisations (CBO) for community processes the CEU-SOCHARA with the help of the district nodal organizations had identified various community based organizations and formations working in health and development sector and had prepared a list for each districts for the NGO selection processes. The primary aim of collecting the list is to know the NGOs working in the field of health and to broadly explore suitable partners suited for the CAH process. (The NGO list of six districts is available with CEU-SOCHARA).



## **7. NGO scrutinisation criteria**

The profile of the NGOs, who expressed willingness to be partner with the process was scrutinized, based on the eligibility criteria. The criteria were developed based on the national guidelines drafted by NRHM and AGCA for community processes and also based on the previous experience of CAH process in Tamil Nadu.

## **8. NGO Selection criteria**

The final selection criteria was developed based on the principles and spirit of CAH and also aligned with the national level guidelines for community processes. Some of the criteria include experience of NGOs in health and development field, their capacity, their approach so far, number of years experience etc., From the initial list of NGOs, with the help of eligibility criteria CEU-SOCHARA and district nodal organisation of CAH process in each district, ranked the organizations separately and final rank list of NGOs were made. As per the plan, visit to each of the NGO's office need to be made by the joint team to select the suitable cluster level organizations, however since the approval of the expanded phase is under discussion with the health system, visit to organizations are not yet taken place.

## **9. Developing Tamil Nadu specific CAH model**

Based on in-depth and rich experience on CAH process by civil society organizations and Tamil Nadu public health system, series of discussions and attempts were made to develop Tamil Nadu specific model for CAH. These attempts were helpful to both the stake holders to enrich the understanding of the type of model required in Tamil Nadu.

As part of this dialogue CAH implementing team met the then health minister of Tamil Nadu Mr.Veeramani on 30<sup>th</sup> May 2013 to brief him about the importance of community oriented health policies and building accountability mechanisms in a sustainable manner. The team oriented him on CAH activities and its outcomes and explained the process of project expansion which is planned.

After submitting the modified proposal in the month of December 2012 based on request from the health system continuous interactions held to finalize the model. In this report major interactions held between April 2013 and March 2014 is highlighted.

On 10<sup>th</sup> April 2013, CEU-SOCHARA team had discussion with the then NRHM MD Mr. Pankaj Kumar Bansal, IAS in which he asked few queries on the budget heads and written clarifications were given by CEU-SOCHARA on 23<sup>rd</sup> April 2013. CEU-SOCHARA made a comparative statement of salary structure of staff in various project in Tamil Nadu which is run by Government and also compared with the staff of CAH and other related projects in other states of India with the current CAH staff salary proposed.

During the month of June and July 2013, the CEU-SOCHARA team met the NRHM MD who has reviewed the budget, proposal and approved the project to be implemented in 1955 rural Panchayats of 8 Health Unit Districts. Based on the approval by SHS, CEU-SOCHARA submitted a draft tripartite Memorandum of Understanding (MOU) on 31<sup>st</sup> July 2013, which

MOU to be signed by NRHM MD, Director of Public Health Tamil Nadu (DPH) and CEU-SOCHARA on behalf of the implementing NGOs.

Since August 2013 CEU-SOCHARA team continuously approached Dr. KolandaSwamy, DPH Tamil Nadu for approval of the MOU. Based on his request, on 3<sup>rd</sup> September 2013 CEU-SOCHARA convened a multi stake holder meeting headed by DPH with the representation from VHWSCs, elected members, Governing body members of CAH project and implementing NGOs.

During September the DPH asked CEU-SOCHARA to revise the proposal with certain indicators and the same was submitted on 18<sup>th</sup> September 2013 by CEU-SOCHARA. After multiple rounds of discussions, reviews held on the MOU between CEU-SOCHARA, SHS and DPH the final draft MOU was submitted by CEU-SOCHARA on 28<sup>th</sup> September 2013.

On 29<sup>th</sup> October 2013 NRHM MD had convened a joint meeting between DPH officials and implementing NGOs. In the meeting DPH asked CEU-SOCHARA to submit few documents such as training plan, implementation plan, human resource plan, coordination plan etc.,

On 05<sup>th</sup> November 2013 CEU-SOCHARA submitted all the documents and made presentation to DPH and SHS officials. Based on the feedback from the officials, documents were modified and submitted to SHS.

Between 16<sup>th</sup> December 2013 and first week of January 2014 CEU-SOCHARA team had a series of meetings with DPH, and further modified the proposals. Based on modifications carried through his suggestions DPH had asked SOCHARA to submit the signed MOU in legal bond paper to SHS. On 13<sup>th</sup> January 2014 CEU-SOCHARA representatives had signed the MOU on bond paper with all annexure and submitted to SHS.

## **In Madhya Pradesh**

### **Fellows Collective Meetings**

Subsequent to the first meeting held by the Fellows to evolve as a “Fellows collective” in January 2014, the second meeting of “Fellows collective” was held over 2 days in Bhopal on 11<sup>th</sup> and 12<sup>th</sup> March 2014. The meeting was attended by the 1<sup>st</sup> and 2<sup>nd</sup> batches of the MPCHFP and CHLP Bangalore batch fellows, Advisory Committee members, CPHE team members and guests. Fellows decided to work on nutrition in some rural and urban slum area of M.P. different districts. The meeting was facilitated by Prasanna. The fellows did literature review for evidence on community based activities or approaches for tackling malnutrition. The fellows developed a Logical Framework for working on malnutrition in 15 districts and 2 urban areas of Bhopal and Indore. The following day the fellows presented their idea to the advisory committee members and solicited their feedback.

The third meeting of Fellows collective was held over 2 days in Bhopal on March 29<sup>th</sup> and 30<sup>th</sup> March 2014. During this time they analysed secondary data, reviewed research studies, decided that they need technical inputs from SOCHARA for developing a formal proposal for undertaking initiatives as “Fellows Collective”. Rahul from SOCHARA facilitated the



process along with Dr. Shiv Chandra Mathur. Dr. Mathur gave his inputs on approaches to tackle malnutrition.

The issues that needed to be further discussed were the budget, roles and responsibilities of staff, certain aspects of the strategy once it has been written, and also the need for piloting various aspects of the intervention, recognition of malnutrition as a problem by communities in different districts of the state and acceptance of PD hearth as an intervention.

### **III. UNDERTAKE RESEARCH IN COMMUNITY HEALTH POLICY ISSUES, INCLUDING STRATEGIES IN COMMUNITY HEALTH CARE, HEALTH PERSONNEL TRAINING, INTEGRATION OF MEDICAL AND HEALTH SYSTEM.**

Research on health care, health policy, health human resource and integration of other systems of medicines has been the focus of research carried out by SOCHARA. The research work during the past year focused on the following areas: Environment Health, Community Action for Health, Privatization of Health Care including Medical Tourism and Social Justice in Health.

#### **In Karnataka**

##### **Medical Tourism and Equity**

The round table conference on Medical Tourism and Equity was held in Bangalore, as part of the partnership with Simon Fraser University, Canada on this theme as a research project. Dr. Ron Labonte, and Ms. Valorie, resource persons from Canada and Ms. Rupa, Ms. Ayona and Mr. Prasanna collaborators in India participated in the conference at SOCHARA in April, 2013. This study has unfortunately been discontinued due to inadequate progress in the conduct of interviews. This experience is a major learning experience for the organization and team member involved.

##### **Governance Hub**

Dr. Kabir Sheikh, leading the Governance Hub of PHFI visited SOCHARA and had discussions with Dr. Thelma on various issues related to SOCHARA – PHFI linkages. He also visited St. Johns' Research Institute with her to have a discussion with Dr. Mario Vaz in July 2013

Dr. Thelma and Mr. Prasanna attended the consultation on the research project - 'Strengthening Village Health Committees for Intensified Community Engagement at Scale in Two States of India (VOICES)' in Sept 2013. Two young researchers from SOCHARA – Mr. Juned Kamal team member from CPHE Bhopal and Ms. Sharanya, flexi fellow from CEU, Chennai have joined this project as field researchers in Rajasthan and Tamil Nadu respectively and they also attended the consultation. Juned has gone on deputation with a lien on the job. This is seen as part of staff development.

##### **Alcohol Tax Policy Study**

SOCHARA is collaborating with PHFI in the Alcohol Tax Policy study entitled 'enforcement (compliance and violations) of the provisions of the State Alcohol Control Legislation (State Excise Act and other Alcohol Control Laws) in India in November 2013.

The Centre of Excellence in Alcohol Control of the Public Health Foundation of India envisioned creating a national coalition of various state level NGOs engaged in alcohol control issues in India to address the issues related to alcohol abuse. Accordingly a network was formed in 10 states. A short study with the following objectives was planned and carried out.

1. To undertake the broad activities in consultation with PHFI, as per the training provided and in the format of the monitoring tool and in accordance with protocol made available
2. Collection of State Excise Act Policy violations under the categories as mentioned in the monitoring tool. (Observations, recording and data collection)
3. This exercise will contribute to data analysis and compilation of a 'violation report' which will be submitted to the PHFI.

SOCHARA agreed to join the coalition in three states viz; Karnataka, Chennai and Madhya Pradesh where it has its presence. SOCHARA also carried out the study in the three states.

### **St. John's National Academy of Health Sciences Vision Mission Evaluation Roadmap**

1. As a part of the Golden Jubilee of St. John's Medical College Dr. Thelma was invited by the Director SJNAHS and Governing Board to Chair a Committee to undertake a reflective evaluation of the 50 years; re-look at the Vision and Mission of the St. John's National Academy of Health Sciences and develop a roadmap. During the year a historical review has been initiated; over 60 indepth interviews have been conducted with many stakeholders including governing body members, faculty, and others; feedback obtained from Sister Doctor Alumni; several meetings of the Core Committee and extended vision mission group were held; and a Vision Mission Roadmap Workshop organized in March 2014. Dr Ravi was invited to make an input on the Community Health orientation and work of the institution from 1974 to 1983.
2. Dr. Ravi and Thelma participated a workshop on Medical Education in St. John's in October 2013, speaking and anchoring a panel discussion respectively.

### **Tata Institute of Social Science**

Dr. Thelma was invited to be a member of the Academic Review Committee of the Tata Institute of Social Sciences, in Mumbai. In this connection she attended the following meetings:

1. Attended the TISS Academic and Review Committee meeting in Mumbai in November 2013
2. Attend the TISS Academic and Review Committee meeting and visited their rural campus in Tuljapur, Maharashtra in Dec 2013
3. Attended the TISS Academic and Review Committee meeting in Mumbai in Jan 2014

### **Violence against Women - Burns as a gender and public health issue**

SOCHARA and VIMOCHANA (a women's group in Bangalore which focuses on domestic violence) collaborated to research and document the situation of burns and burns care situation in Bangalore from a gender and public health perspective. Vimochana activists have been supporting the burns ward in Victoria Hospital since 1997 through counseling female victims who are admitted there. For the purpose of the project, a literature review, interviews

with key informants, and quantitative data analysis of secondary data based on cases that were admitted in Victoria Hospital was done. Dr Adithya is the lead researcher on this project. The report was compiled by February, 2014 and an initial dissemination workshop was held at Vimochana office on February 26<sup>th</sup> 2014. This report will be presented to the Management of Bangalore Medical College and the Ministry for Health and Family Welfare after the elections in April, 2014. Based on their approval, wider dissemination and advocacy will be conducted.

### **Coal and health**

This project was partially supported by Greenpeace, and included:

- a. A review of literature on the health impacts of coal mining and thermal power production. A draft report of this has been prepared by February, 2014. A basic print edition of this document will be circulated later this year to groups working on coal mining and thermal power related issues.
- b. Policy analysis of the Environmental Impact Assessment Notification of 2006. A health evaluation was conducted using a standardised framework. Two EIA reports were also evaluated as case studies. The findings were put together in the form of a report. A journal article will also be written for wider circulation.

### **Other research related initiatives**

1. Dr. Thelma and Dr. Adithya participated in a skype meeting with Dr. Fahad Razak, from the USA in December, 2013. Dr. Razak followed it up with a visit to the centre to explore partnership in the project in 'solar lighting trail' and 'chronic energy deficiency' in February, 2014
2. Dr. Thelma attended the consultation at the Drug Control Department where Dr. Kathleen Holloway, (WHO SEARO consultant) presented her rapid assessment of the essential drug distribution system in Karnataka in July, 2013
3. As a member of the Consortium Advisory Group (CAG) of the PRIME project – Program for Improving Mental Health Care, Dr. Thelma participated in six monthly teleconferences in May and November, 2013
4. The 5<sup>th</sup> National Bio Ethics conference will be hosted in December, 2014 by St. John's Medical College in collaboration with SOCHARA and Forum for Medical Ethics Society, Mumbai. Dr. Thelma is one of the organizing secretaries. The Core Group meeting of the organization committee was held in St. John's in March 2014. The Organising Committee members included Dr. George Thomas from Chennai and Dr. Amar Jesani from Mumbai.
5. An exposure visit was made to SJMCH on 19<sup>th</sup> April, 2013 to meet with Dr Sweta, the coordinator of SJMC-NCBS basic research initiative. It is a collaboration bringing together basic science researchers and the medical hospital – the advantage being access to clinical material for basic science researchers, and for medical persons to highlight gaps in understanding in various pathological processes.
6. Stem cell research and patient care: Dr Thelma, Dr. Adithya and Mr Prasanna assisted in the organising and facilitation of a deliberative workshop conceptualised and proposed by delegates from the Centre for Bionetworking, University of Sussex. The workshop was

for doctors, researchers, ethicists and patients on Stem Cell Research and Patient Care, and was organised on October 5<sup>th</sup>, 2013 at St John's Medical College.

## **In Tamil Nadu**

Each year the team had involved in research activities by directly involving into research or by extending the support to the research activities to other institutions or researchers. In this reporting year, CEU supported research activities in a significant way. Few of the activities were given in this section:

- 1.Study on Women at work place
- 2.VOICES implementation research
- 3.Research paper on Ethical issues in community accountability
- 4.Study on status of implementation of excise policy in Tamil Nadu.
- 5.Case study on Tamil Nadu model of community action for health initiative
- 6.Expert interview on CAH on the special issue of "Annual review of critical medicine and health sciences "in German journal.
- 7.Support to Tamil Nadu Government to frame questions for 104 Helpline
- 8.Support to Sterlite struggle
- 9.Research support to interns

## **Women at workplace**

Many of the CAH areas including Dharmapuri have a large un- organized women workforce. In order to understand the women workers issues from a socio- political, economic and cultural angle and to develop road map for long term intervention on the issue a study was conducted by one of the CEU-SOCHARA partners DEEPS in Dharmapuri district. CEU-SOCHARA helped them to conduct the study. The focus of the study was to understand the health issues of unorganized women workers working in Spinning mill, Textile, Cashew nut Processing unit, Silver anklet manufacturing Industry, Fireworks and Small Scale Industries which are spread across in districts Dharmapuri, Krishnagiri, Erode, Salem, Namakkal, Karur, Trichy Pudukottai, Theni, Dindugal and Virudhunagar . The study had reached around 1000 women, their families, like minded groups and individuals to develop understanding on the issue of women workers in Tamil Nadu.

CEU played a vital role in technically supporting the study including designing and bringing the report. The findings of the study will be shared with VHWSCs in CAH project area.

## **VOICES project**

During this reporting period CEU - SOCHARA started supporting a two years implementation research project titled "Strengthening Village Health Committees for Intensified Community Engagement at Scale in Two States of India (VOICES)". Based on more than five years' experience in communitisation components of health SOCHARA has joined hands with Public Health Foundation of India (PHFI) and National Health System Resource Centre. Along with them the government health system in Tamil Nadu and Rajasthan, civil society organisations and John Hopkins University is also part of the supportive team for this process.

SOCHARA plays key role in this process by taking part in research and implementation activities through its two staff members from CEU. The process started with three days

workshop with multi stake holder participation in the month of October 2013. In Tamil Nadu the process is being implemented in 17 Panchayats in which 3 Panchayats has been selected for in-depth observation. During this period CEU had contributed to development of research protocol of the process, development of guideline for different research methodologies, implementation protocol, development of implementation plan and negotiation with the Tamil Nadu Public Health System for smooth running of the process.

The process has collected basic data from the intervention area, expanded 17 VHWSC committees and one round of Training of the Trainer has been conducted.

### **Ethics paper on community accountability**

Community accountability and governance is growing theme and recognized all over the world as an important approach to strengthen the public health system. As part of this growing interest practitioners of community action for health had initiated a learning network called 'COPASAH'. The network had initiated research paper on ethical issues in community monitoring. The purpose of the study was to identify the ethical issues as they emerged within the context of CAH in India with the hope that this study can be a basis of discussion amongst the Community of Practitioners of community action for health. The CEU-SOCHARA team was interviewed by the research team and shared issues emerging from the specific context of Tamil Nadu CAH work, pertaining to accountability of civil society organizations, partnerships with communities, state - civil society – community relationships. The study concludes that practice of community monitoring should result in enhancement of distributive justice. The most vulnerable should find their voice and become active agents. Health systems should become responsive to people's needs. There are no perfect solutions – need for action even with the dilemmas. The Community of Practitioners needs to build a reflexivity, engaging with the moral and ethical dilemmas as they balance on the tight rope of relationships, not giving in to cynicism, hoping for change but not blind to the points of ethical vulnerabilities of various players in the process – including of those representing the health system.

### **Support to Alcohol study**

During discussions with community and health committee members the issue of alcoholism was repeatedly raised by various section of the society. Having learnt about the magnitude of alcohol issues in the community, the CEU team supported Public Health Foundation of India (PHFI), New Delhi to do study on the issue of excise policy implementation in Tamil Nadu. The purpose of this joint effort is to strengthen research, capacity building, advocacy and policies around alcohol control in India. Since alcohol use is on an alarming rise, it is important to develop a comprehensive and effective policy to prevent and control alcohol misuse and ensure the implementation of the existing state legislation.

As part of this initiative CEU-SOCHARA interviewed and monitored the retail outlets of TASMAL in four districts viz., in Chennai, Dharmapuri, Thiruchirappalli and Ariyalur in the month of November 2013 to understand the policy implementation. The purpose of VHWSC is to address the social determinants of health such as alcohol apart from health care issues, hence understanding the issues of alcohol by the community health practitioners become important. This study is an important intervention in order to change policy in the state where 20% of state's income is generated through sale of alcohol.

### **Support to community monitoring case study**

At national level, the Advisory Group on Community Action of NRHM had taken initiative to document case studies on different approaches of community monitoring and accountability initiatives across five states of India. As part of the study the researcher approached and interviewed CEU team on their experiences and views on community monitoring initiatives in Tamil Nadu. The team also arranged and accompanied to field to understand the views of VHWSC members, health system staff, people's representatives and other community level workers.

### **Expert Interview for a study by University of Heidelberg, Germany**

The University of Heidelberg did a study to understand CAH process in different countries. As part of this study one of the CEU team members had given his opinion about the concept of community participation, monitoring, planning and community led action for health.

### **Support to Sterlite struggle**

CEU is helping the environmental group in Tamil Nadu for long time as part of CHES process. One of such groups (CAD) approached CEU to help them in do study on impact of Sulfur dioxide (SO<sub>2</sub>) produced by Sterlite industry in Tuticorin of Tamil Nadu. One of the team members helped them in designing and methodology to assess the impact of pollution around Tuticorin.

### **Research support to interns**

The team involved in conceptualizing and supporting the following interns: Ms.Preethi, Ms.Lakshmi Priya, and Dr.Kanishka to carry out their research activities.

1. Ms.Preethi was involved in a study about the 'Knowledge and Attitude of care taker on Childhood Disability'.
2. Ms.Lakshmi Priya is studying 'ICDS in various caste areas' and Kanishka did her study in Mobile Medical Unit (MMU) in Vellore District.
3. Ms.Sharanya, the previous year intern completed the study on "Perception of health system and community on a multi-faceted health system strengthening intervention in Tamil Nadu and 'Social justice for women's health among malayali tribal community'
4. Mr. Devasenathypathy the previous year intern is also submitted research study on 'Nutritional status of Children among ICDS children in Minjur block'

### **In Madhya Pradesh**

The Madhya Pradesh team has been involved in the data collection process for a study on Alcohol Control Legislation by the Public Health Foundation of India (PHFI). The team conducted surveys of the shops supplying alcohol in the various districts of Madhya Pradesh. It also studied the adherence or the lack of it to the rules and policies framed by the government regarding the running of the shops. The survey in Madhya Pradesh was led by Bhagwan Verma along with the fellow Shakthi Rathi.



## **IV. EVOLVE EDUCATIONAL STRATEGIES IN COMMUNITY HEALTH**

SOCHARA since its inception promoted building capacities of various cadres in health care. Towards this appropriate training strategies have been evolved from time to time depending on the need of various situations. Since 2003 Community Health Learning Program supported by the SRTT in Bangalore and Community Health Fellowship supported by the SDTT in Bhopal have emerged as a major focus in educational strategies. In addition to the major training programs, SOCHARA is also involved in supporting other training initiatives by both Government and Non Governmental organizations. The Educational strategies have been classified as below for the reporting from all the three states:

### **In Karnataka**

#### **a. Community Health Learning Program (CHLP) Bangalore**

##### **CHLP –Phase- III- an introduction**

The CHLP was started in 2003, and SOCHARA is currently hosting the 11th batch of fellows in 2014 at Bangalore. The programme has evolved over the last 10 years with constant feedback from the fellows, field placement organisations and society members. The current version of the programme is for duration of 1 year, with six months of theoretical input and six months of field placement. The programme has been run in Bangalore since 2003. The programme is multilingual, with a focus on community health practice. Admission criteria are in favour of applicants from marginalised communities in an effort to strengthen health in communities that need the most support.

##### **1. Goal**

To establish a civil society School of Public Health and Equity through clusters of professionals based in Bangalore, Chennai and Bhopal, facilitating the development of a critical mass of scholar activists in Community Health towards achieving ‘Health For All’.

##### **2. Objectives**

1. To build the capacity of sixty professionals in community and public health in India (intake of 20 per year over a three year period) for the Health For All goal and movement.
2. To conduct a post graduate level teaching program of a one year duration in public health and community health with learning modules, resource materials, web based learning strategies, and field placements for experiential learning through community action.
3. To foster and develop the core competencies for community health and public health among the faculty team of learning facilitators, and the interns/fellows, through theoretical and experiential learning.
4. To build a Community Health Resource Network of practitioner scholar activists (a community of learning and practice) committed to an alternative Public Health paradigm based on a community health approach that has equity, rights, social determinants, and ‘communitization’ of the health system at the core.

5.To strengthen the community health learning and information centre (CLIC) which links and draws upon the rich resources of the community action, training, research, and policy advocacy facilitated by the alternative sector of community health and public health practitioners committed to Health For All.

### **3. Selection process and candidates background**

A call for applications for 10<sup>th</sup> batch of 10 fellows was announced in SOCHARA website, DEVNET, to network groups, friends of SOCHARA and other organizations in the beginning of April 2013. A total of 31 applications were received and 13 candidates were short listed after checking with the referees. The interviews were conducted by a three member panel through skype, phone call, and personal interviews. Three of them are males and seven of them are females. One of them is from dental sciences and public health background and others are social sciences, environmental sciences and social works background. Four of the seven female candidates came from Meghalaya, two of them came from Kerala, and three came from Karnataka and one from Tamil Nadu.

For the selection of batch-11 with 20 fellows, a similar selection process was undertaken. A total of 62 applications were received by December 2013. A three member interview panel was constituted and conducted the interviews for the 32 shortlisted candidates in January 2014. Ten of them are male and ten are female. One of them came from dental sciences and public health background and another came from diploma in engineering. All the others came from Social sciences and social work. They came from eight different states in India; seven of them came from Madhya Pradesh, three each from Karnataka and Meghalaya, two each from Rajasthan and Uttar Pradesh and one each from Chhattisgarh, Kerala and Tamil Nadu.

### **4.Planning**

The CHLP team at the beginning of the year updated reading list, competencies, outlines of pedagogy and evaluation methods for the 10 batch. All team members have actively contributed for preparation of the reading list. The team also developed the curriculum with overall themes and sequencing and prepared schedules for collective teaching and learning programmes and field learning programme that happened through network partners across the county. During the year the team had to manage the collective teaching learning programmes and field programme for all the three batches at different months. The overlap between 9<sup>th</sup> and 10<sup>th</sup> batch happened for six months and the overlap between 10<sup>th</sup> and 11<sup>th</sup> batch happened for three months. The table below give the calendar of events that each of the batches went through. The time for collective teaching learning and field work was divided equally. The team also planned mentoring workshop, alumni workshop and specialized workshop for the fellow.



<b>BATCHES</b>	<b>APR-2013</b>	<b>MAY</b>	<b>JUN</b>	<b>JUL</b>	<b>AUG</b>	<b>SEP</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>	<b>JAN-2014</b>	<b>FEB</b>	<b>MAR</b>
<b>Batch-9 ( 10<sup>th</sup> Dec-2012-Dec-2013)</b>	1 <sup>st</sup> Collective	2 <sup>nd</sup> Field Work	2 <sup>nd</sup> Field Work	2 <sup>nd</sup> Collective	3 <sup>rd</sup> Field Work	3 <sup>rd</sup> Field Work	Final Collective	Final Collective				
<b>Batch-10 ( 3<sup>rd</sup> Jun-2013- Jun-2014)</b>			Orientation	Orientation	1st Field Work	1st Field Work	1st Collective	2nd Field Work	2nd Field Work	2 <sup>nd</sup> Collective	3 <sup>rd</sup> Field Work	3 <sup>rd</sup> Field Work
<b>Batch-11( 17 Jan-2014- 16<sup>th</sup> Jan-2015)</b>										Orientation	Orientation	1st Field work

## **5. Collective teaching learning**

### **Orientation**

The batches underwent two months of orientation during the beginning of the fellowship. During the year the orientation programme was conducted for batch-10 and batch-11. The first orientation of two months was conducted for the 10<sup>th</sup> Batch for months from July to July and for the 11 batch from mid January to mid March 2014. During this time field visits are also arranged to understand better certain programmes and government health system. The 10 batch fellows visited an anganwadi center and visited a bird hunting community called (hakki pikki). The orientation programme began with history and evolution process of the organization. Followed by this the team members shared their life journeys. Before the sessions began the fellows were encouraged to share about themselves. The sessions conducted during the orientation are: building blocks (learning together). Understanding community, society, development and health, situation of analysis if health and health care in India, social determinants of health and social action, globalization and health, research (measurement in health using indicators) Preparation for first field work. They also participated at the inaugural function of the National Urban Health Mission and they went to Green Foundation in Kanakapura taluk for understanding organic farming and seed banking. During this collective the 11<sup>th</sup> batch participated at a memorial event of Mr. Hasan Mansoor a

well known human rights activist. They also went to participate at Mahila Mela organized by Head Streams a Bangalore based NGO working for livelihood issues.

### **First Collective teaching learning**

The first collective teaching learning of one month after the first field work was done for both 9<sup>th</sup> and 10<sup>th</sup> batches. For the 9<sup>th</sup> batch it was done in April and for the 10<sup>th</sup> batch it was done in October. During this time the fellows shared their experience on community immersion (understanding, social, economic, political, cultural and ecological aspect of the communities) that they spent for two months. The session covered during the first collective are; understanding nutrition and food security, woman and child health, communicable diseases, vector borne diseases, basic epidemiology, non communicable diseases. During the last part of this period they spent in preparing for the second field work. The teaching learning sessions were conducted by the SOCHARA-SOPHEA team members using participation, and experiential learning methods. A field visit to Dommsandra PHC was organized. They also visited Senhadahn (institutional care for people living with HIV/AIDS). During this collective teaching learning sessions the fellows had an opportunity meet a Pakistani delegates to understand secularism and the situation in Pakistan. The fellows also went to St. Johns National Academy of Health Sciences to participate at a session on civic rights presented by Ms. Kathiyani Chamraj of CIVIC

### **Second collective teaching learning**

The second collective teaching and learning of one month was done for 9<sup>th</sup> and 10<sup>th</sup> batches. For the 9<sup>th</sup> batch it was done in July and for the 10<sup>th</sup> batch in Jan-14. The sessions began with fellows sharing of their second field work experience. The sessions conducted during the second collectives were; understanding rational drug policy, immunization policy and challenges, promotion of community mental health and intervention, social exclusion and marginalization, disability, qualitative research methods, social-economical- political and cultural analysis of health challenges, action on social determinants including community action. A field visit to Association of People with Disabilities was organized. The 10<sup>th</sup> batch visited the Basic Needs India (BNI) for orientation on mental health. They also participated at talk by Ms. Teesta Satlvad at Indian Social Institute, Bangalore on secularism. The 10<sup>th</sup> batch participated at 40<sup>th</sup> year annual meeting of the medico friend circle ( mfc) on social exclusion and marginalization. The fellows also participated at a workshop on geriatrics by St Johns National Academy of Health Sciences.

### **Final collective teaching learning**

The third and final collective teaching learning of two months was done for the 9<sup>th</sup> batch during October-November. The session started with third field works sharing by the fellows. The sessions conducted during the final collectives were; Primary Health Care and Health For All, Rural, Urban and Tribal Health care, National Health Mission, Health and Social movement and Social Change, community action including monitoring, health watches, peoples tribunal, community campaigns, understanding systems management and principles, managing health at community and district level and participatory research action and

knowledge translation. During this time the fellows spend time in completing their final report. During this collective teaching learning session the fellow made a field visit to Bangalore Cancer Hospice ( Karunashraya) for an orientation. The fellows also went to Mugalur Primary Health Center run by St. Johns National Academy of Health Sciences.

## **6.Field learning programme**

### **First field work**

The first field work for the batches-10 and 11 was done in August-September 2013 and March-April 2014.

The fellows focused on the following issues during the field work; health promotion, mother and child health, elderly, sanitation, environment, mental health, nutrition, adolescent health and health of pourakarmikas (sanitary workers of the city corporation).

For field learning on these issues the fellows went to the following field partner organizations; 1. Bangalore Baptist Hospital, Bangalore; 2. Fedina, Bangalore; 3.Vimochna, Bangalore; 4. Basic Needs India, Bangalore; 5. District Mental Health Programme (DMHP) Trivandrum, 6.DAS-CBR,Tirupattur, Tamil Nadu; 7.Swamy Vivekananda Youth Movement SYVM), Mysore; 8.ACCORD, Gudalur, Tamil Nadu, 9. Catholic Health Association-Tamil Nadu (CHAT) 10. Community Health Cell- Extension Unit (CEU) Chennai, Tamil Nadu and 11. RUSWEC, Chingelpet, Tamil Nadu.

### **Second field work**

The second field work for batches 9 and 10 was done in June- July and November-December 2013. The fellows focused on the following issues during the field work; environment, nutrition, ASHA workers, transgender, elderly, mental health, child right, women's health, health promotion and disability. For field learning on these issues the fellows went to the following field partner organizations: 1.Lepra, Bhopal; 2.Synergy, Bhopal; 3.WOTR, Pune; 4.BNI, Bangalore; 5.Association for Promotion of Social Action (APSA),6. Vimochara,7. Bethany Trust-Meghalaya, 8. District Mental Health Programme (DMHP) Trivandrum and 9. Fedina, Bangalore

### **Third field work**

The third field work for batches 9 and 10 was done in August-September, 2013 and February-March,2014. The fellows focused on the following issues during the field work; environment, nutrition, ASHA workers, transgender, elderly, mental health, child right, women's health and, tribal health. For field learning on these issues the fellows went to the following field partner organizations: 1.Lepra-Bhopal, 2.Synergy-Bhopal, 3.WOTR-Pune, 4.BNI-Bangalore, 5.Association for Promotion of Social Action-Bangalore (APSA), 6. Vimochana-Bangalore, 7. Bethany Trust-Meghalaya, 8. District Mental Health Programme (DMHP) Trivandrum, 9. Fedina- Bangalore, 10. Swasthya Swaraj-Orissa, 11. Little Sister of the Poor-Bangalore and 12. Karunalaya-Bangalore.

## **7. Participation in workshops, Seminar and other training session**

- **Kargericon at St Johns**

Batches 9 and 10 participated at three day workshop on identifying solutions to challenges in geriatrics conducted by St. Johns National Academy of Health Sciences (SJNAHC). The fellows learnt the challenges and solution concerning the problems of the elderly.

- **Medico Friend Circle**

The 10<sup>th</sup> batch fellows participated at the 40<sup>th</sup> annual meet of the medico friend circle (mfc) in New Delhi from 12-15 February, 2014. The theme of the meeting was 'Social Exclusion and Marginalization.

- **Taps at RGUHS**

Batches 9 and 10 participated at state level consultation meeting on 'Ban on Tobacco Advertisement, Promotion and Sponsorship' on July 5, 2013. The consultation was organized by SOCHARA, Rajiv Gandhi University of Health Sciences, Karnataka and the State anti-tobacco cell, Karnataka.

- **Social Justice National Seminar**

Batches 9 and 10 participated the Social Justice National Seminar organized by SOCHARA at St. Johns National Academy of Health Sciences (SJNAHC), Bangalore

- **Basic counseling skills**

A few of the 10<sup>th</sup> batch fellows participated at a one day workshop on basic skills in counseling conducted by Basic Needs India, Bangalore.

## **8. Mentoring**

Fellows are mentored through course of the learning programme. Fellows are assigned team mentors who mentor the fellows during their collective sessions and are also assigned field mentors for mentoring during field placements. The team and field mentors are in contact with each other for enhancing the mentoring process.

### **CHLP Mentor's Workshop 2013**

Fellows and team members attended workshops, conference reflection sessions and also went to field visits in the month of October, November and December.

'Mentors' workshop' 2013 was conducted on the 20<sup>th</sup> and 21<sup>st</sup> of November 2013 at I-AIM (Institute for Ayurveda and Integrated Medicine) Yelahanka, Bangalore. This was a residential workshop where all the participants had accommodation in the same campus. Participants were from different voluntary organizations from various geographical locations of India. The Themes of this workshop were as follows;

- Mentoring process for community health in SOCHARA-SOPHEA
- Discussion on the role of field mentors and the relationship between the team and Field mentors

- Communitization process for Health

There were lots of interactions at every session on learning about the mentorship.

## **9. Team Development**

An advertisement for the position of Project Manager, Training Facilitator and Research Assistant placed SOCHARA website, DEVNET, to network groups, friends of SOCHARA and other organizations. Applications received were shortlisted, shortlisted applicant's referees were communicated and interviews were conducted.

### **Selection of Junior Programme Officer**

Mrs. Shani MSc. (Community Health Nursing) was selected as Junior Program Officer out of 31 applicants and she joined the CHLP team on 3rd June 2013. She was an ex-flexi fellow of CHLP.

### **Selection of Training Facilitator**

Mr. Kumar was selected as 'Training Facilitator' out of 12 applicants. He joined the CHLP team on 3<sup>rd</sup> June, 2013

### **Selection of Research Officer**

Mr. Sabu Joseph was selected as Research Officer, out of 15 applicants and he joined the CHLP team on 18<sup>th</sup> June, 2013

### **Selection of Training Facilitator**

A S G R Rahul was selected as 'Training Facilitator'. He joined the CHLP team on 20<sup>th</sup> January, 2014

- Two days workshop on 'Learning facilitation' was organized for the team members, SOCHARA and facilitated by Dr. Ravi Narayan. The focus was on further developing the understanding of Teaching Learning Facilitation for team members and thinking about Curriculum Development and how this translates into teaching learning schedules and the actual teaching learning process. This staff development workshop got a positive feedback from all team members.

Annual Team Retreat: The Annual Team Retreat was conceptualized to bring team members from the different SOCHARA units/sub-units together to share experiences and to grow in community. Team members from Bangalore, Chennai and Bhopal attended the three events mentioned below.

- 1) Two days 'Research Workshop' was organized on September 9th and 11th for team members with an objective of sharing the past research work done in SOCHARA and to initiate team members to start thinking on their research interest.
- 2) A two day national workshop was organized by SOCHARA on September 10th and 11th at St Johns National Academy of Health sciences campus titled "Social Justice in health" to help gain further insights regarding processes and pathways when

addressing core issues concerning 'Health For All' and 'Universal Health Coverage'

The profile of fellows is different and it was found that some need more facilitation than others. There is also a plan to use the evening one hour in July (mentioned above) to enable them understand the gist of each themes.

### **b. Community Health Fellowship Program (CHFP) – Bhopal**

1. As a part of MPCHFP evaluation process Dr. Shyam Ashtekar and was contacted and held meeting through telephone with Dr. Thelma. Dr. Shyam and Dr. Ratna also visited SOCHARA in May 2013.
2. As part of partners engagement Dr. Thelma had a meeting with Ms. Rukmani Datta of SDTT Mumbai May 2013
3. Dr Thelma facilitated a meeting about the evaluation process for the Madhya Pradesh Resource centre and the Community Health Fellowship Program in Bhopal (Sept 2013)
4. Dr. Thelma undertook a field visit to Bhopal and including Sehore and Harda. She attended the mentors meeting in Sept 2013. She also visited later during the year to attend MP advisory committee meeting and the convocation for the 2<sup>nd</sup> batch MP fellows in March 2014

### **c. Rajiv Gandhi Institute of Public Health and Centre for Disease Control**

In July 2013 the Rajiv Gandhi University of Health Sciences (RGUHS) established the new Rajiv Gandhi Institute of Public Health and Centre for Disease Control (RGIPH-CDC) committed to Right to Health Care and Action on Social Determinants of Health.

SOCHARA has been invited to be associated with this new centre as a key resource group.

1. Dr. Thelma and SOCHARA team attended the inauguration of the RGIPH-CDC at RGUHS in July 2013.
2. SOCHARA Director, staff and fellows participated in a one day symposium at RGUHS on the theme - State level ban on Tobacco products in July 2013
3. Dr. Thelma was invited as a resource person for the curriculum development workshop for the evolving MPH (Hons) course in October 2013.
4. Dr. Ravi and Dr. Rahul were invited as members of the curriculum planning committee for the MPH (Hons) course and have been attending all the meeting regularly since Nov 2013. The committee also includes Prof. D.K. Srinivasa and Dr. S.B. Pruthuvish, both of whom are also SOCHARA members.

The MPH (Hons) Course is mainstreaming many ideas from the CHLP program of SOCHARA and will include special modules on values in public health, social and community competency, health pluralism, ecological sensitivity, leadership and decentralization and universal health policy in which SOCHARA is involved in evolving the syllabus framework and guidelines. Apart from these themes, all other components of public health courses are also included. The course which will commence in June/July 2014 includes a period of internship; a full semester for data gathering as part of a research project and thesis; and field visits to public health resource centres and government systems at all levels.

## **d. Public Health Foundation of India**

### **1. New Delhi**

Dr Ravi attended the annual governing body meeting of the PHFI in New Delhi in October 2013. He also attended the meeting of Academic Advisory Committee as a special invitee. This was his last meeting after two terms which end in this academic year.

Dr. Ravi also participated in the following PHFI research projects as a key informant:

1. Identifying priority policy and program strategies for governing a comprehensive public health response to the diabetes burden in India using the Delphi method
2. Identifying operational pathways for accommodating and integrating national disease control programs within the framework for Universal Health Coverage. ( Qualitative study)
3. Helping devise a pricing and patient access policy framework to help increase access to affordable medicines in India. ( facilitated by IMS institute for health care informatics and Planning Commission (GoI).

### **2. Bangalore Campus**

1. Resource person in the PG Diploma Course in Public Health Management (PGDPHM) for government sponsored doctors conducted at PHFI Bangalore campus in Sept 2013
2. Also resource person for additional batch of AYUSH doctors on History of Health Policy in India on Feb 2014. (See also links with PHFI in Research section)

## **e. Support to other institutions**

### **1. Tata Institute of Social Science (TISS,) Mumbai**

Dr. Thelma was an Examiner for a Ph.D viva in May 2013 at Tata Institute of Social Science (TISS) Mumbai.

### **2. Jawaharlal Nehru University (JNU), New Delhi**

Dr. Thelma visited the Centre for Social Medicine and Community Health as an Examiner for an MPhil. candidate in May 2013 at Jawaharlal Nehru University (JNU), New Delhi

### **3. Azim Premji University (APU), Bangalore**

APU runs a MA in Rural Development with a special track on Health, Nutrition and Development. The faculty of this course involved SOCHARA members in several sessions.

- Dr. Thelma presided over a session on UHC and access to Health Care in May 2013
- Dr. Thelma attended a discussion on Universal Health Coverage organized in APU in Aug 2013
- Dr. Ravi facilitated a session for the students on the theme: ‘Discovering the social paradigm in health’ in Jan 2014

### **4. M.S. Ramaiah Medical College, Bangalore**

Dr. Ravi and Mr. Chander facilitated a session for the 3rd term medical students in December 2013 on the topic of Right to Health and action on social determinants

### **5. AJ Institute of Medical Sciences(AJIMS)- Mangalore**

A special Continuing Medical Education program on Health and Social Policy medical colleges was organized in Mangalore in December 2013, which was facilitated by AJIMS for all the Post graduates of Preventive and Social Medicine and Public Health in these colleges.



Dr. Ravi and Dr. Thelma were the key resource persons and covered the following areas: Social Paradigm of Public Health, Social Determinants of Health, Health in All Policies, Mental Health Policy in India, Human resources under NRHM/NUHM and challenges and processes towards health and social policy in India.

#### **f. Input session into other educational programmes**

1. A session on “Epidemiology and toxicology in the context of Environmental Health in India” was conducted by Dr Adithya at Institute for Social and Economic Change (ISEC) in Bangalore for masters’ students from Nordic countries – arranged by Nordic Council of India on 29<sup>th</sup> July 2013.
2. A 90 minute video lecture on “Basics of Epidemiology and Statistics” delivered by Dr Adithya was recorded for Soukya Foundation (at the SAHAYA centre) on 7<sup>th</sup> August, 2013. This video will be circulated to the distance learning students of the Research Methodology course organised by them, for which SOCHARA is one of the resource organisations. The participants belong to Ayurveda and Homeopathy clinical disciplines.
3. Dr Adithya participated as a resource person for a session on occupational health of manual scavengers organised for approximately 25 resource persons from various community based organisations from Karnataka, Tamilnadu, Maharashtra and Gujarat, working with manual scavengers, by Janvikas Organisation on 24<sup>th</sup> October, 2013 at ISI Bangalore.
4. As a part of field visit along with fellows, staff members including Adithya, Prahlad and Karthik visited a field practice area of Green Foundation on 3<sup>rd</sup> April 2013 to learn about community seed banking and biodiversity conservation. The staff members of Green Foundation additionally shared about the history of this initiative, the main actors, and their sustainability model. They also discussed about organic farming and its benefits.
5. A learning facilitation workshop was conducted on 19<sup>th</sup> and 20<sup>th</sup> August, 2013 at SOCHARA by Dr Ravi Narayan for all staff member involved in the Community Health Learning Programme. This was also attended by Dr Adithya, Mr Prahlad, and others.
6. To improve skills in assessing impact of air pollution, Dr Adithya underwent some skill development in spirometric techniques at St John’s Medical College by Dr George D’Souza between 4<sup>th</sup> and 9<sup>th</sup> of November, 2013.
7. Dr Adithya assisted with documentation of a workshop on the role and current impact of medical education on primary healthcare, organised by Dept of Medical Education, of St John’s Medical College, Bangalore on 28<sup>th</sup> October 2013.
8. Ms. Valarie Kaur (Groundswell.org, USA) and Mr. Sharat Raju shared their experience with the fellows and the team on 27<sup>th</sup> August, 2013. Ms Valarie Kaur is actively involved in community legal work for minority groups in the US, and is one of the founders of groundswell.org, an online platform for social change. She shared about “Strategic story telling” as a tool/approach for policy change. Mr. Sharat has experience with documentary making in the health sector, and he shared about his experience of making a movie on HIV in India. Fellows were able to relate to case studies shared by Valarie of minority/marginalized communities in the US, and reflected on the key message that each of them should become strategic story tellers for the communities they work with.

## **In Tamil Nadu**

The reporting year CEU had evolved educational strategies to enhance the knowledge and skill and attitude of Public health Professionals, interns, international partners and to the institution involved in Community health practices.

CEU-SOCHARA has its broad objective of creating critical mass for community health and believes that multidisciplinary professional cadres are needed for building community health and to engage in its interventions. The activities are

### **1. Mentoring of MPH students**

Ms. Sharanya and Dr. Devasenapathy, Masters of Public Health interns from SRM University are placed with CEU for 5 months. They completed their internship in the month of May 2013. Two of the team members of CEU mentored the interns to do their research, helped develop their skills in community interaction and their understanding of the Tamil Nadu public health system. Ms. Sharanya and Dr. Devasenapathy conducted research studies on women's health and nutrition respectively along with research on Community Action for Health.

Like last year, this year 2014 (from Jan to May) also we accommodated Masters of Public Health students from SRM University for their internship, Dr. Lakshmi Priya and Ms. Preeti Reddy were placed with CEU for 5 months. Two CEU team members mentored the interns in their research and field activities, community interaction and understanding the Tamil Nadu public health system. The interns planned to study Disability and ICDS along with CAH learning.

The MPH PGs also spent short periods in Bangalore participating in the CHLP sessions.

### **2. Mentoring Community Health Fellows from the CHLP**

The CEU-SOCHARA team mentored CHLP, fellows Ms. Banri, Ms. Sabeena, Dr. Kanishka, Mr. Suresh and Mr. Ganesh who were placed with CEU-SOCHARA to understand the communitization process for health in Tamilnadu. Ms. Banri, and Ms. Sabeena were placed in Perambalur district and Dr. Kanishka and Mr. Ganesh were placed in Vellore districts with the block nodal NGO to meet their learning objectives to understand community processes for health. The fellows studied the functions of VHWSNC along with CAH initiatives, role of Panchayat Raj Institutions, Maternity benefit Schemes, role of Civil Society in the communitization process, Mobile Medical Unit etc. They actively visited Village Panchayats and were involved in strengthening the VHWSNC by motivating the panchayat presidents, voluntary organization members and health system staff. Throughout the process the fellows were mentored by the team members who visited the field to guide Fellows regarding the CAH process. Mr. Suresh was interested in mental health issues and he was introduced to the concept of CAH and oriented to integrate mental health issues in the CAH areas.

CEU-SOCHARA also organized an orientation for eight interns who were doing Community Health Learning Programme in SOCHARA, Bangalore on 16<sup>th</sup> September 2013 in Chennai. CEU team members oriented the group about the concept of communitization in NRHM and the process of CAH initiatives in Tamil Nadu. A power point presentation on the outcomes and challenges of the initiatives were given by sharing experiences from the field. Prior to this orientation the interns had visited to Kandhili block, one of the CAH project area to gain first-hand experience of the process. The team collected the feedback from interns who had

made their field visits to the Kandhili block in Vellore. They reported that the visit provided a holistic experience for better understanding of the communitization process through its initiatives. They were greatly inspired to see community participation in action and the facilitating role of implementing NGOs at block level. The interns also suggested expanding the monitoring tool by including mental health, geriatric care etc., in future.

### **3. Training sessions for Medical students**

CEU-SOCHARA is supporting a group of students from Madras Medical College (MMC) to understand the socio political issues in health in the country. An orientation session was organized on “Adherence on ART” for the students on 08<sup>th</sup> April 2013.

The CEU team members took a lecture session on CAH at the Institute of Public Health, Madras Medical College in the month of August, 2013.

Members from SOCHARA have for many years been involved in taking classes for the MPH course in Applied Epidemiology at the National Institute of Epidemiology, Chennai. During this reporting year also one of our team members took a session on “Governance in the health system” in July 2013.

In the month of August 2013, a symposium on ‘Health System Strengthening’ 2013 was organized by Chengalpet Government Medical College. Two CEU-SOCHARA members were invited as Jury members and participants to debate on different public health themes. Team members shared their views on the topic based on experience and an understanding of the public health system in Tamil Nadu and in CAH process.

### **4. Training for Tamil Nadu Traditional Healers**

Foundation for Revitalizing Local Health Traditions (FRLHT), Bangalore on 14<sup>th</sup> to 17<sup>th</sup> November, 2013 conducted an orientation and training program for folk health practitioners of Tamil Nadu. One of our team members was invited to take a training session on primary health care and Tamil Nadu Public Health system. In the training session NRHM and its components like CAH, were also oriented to the participant.

### **5. Training for civil society organizations**

Tamil Nadu Voluntary Health Association (TNVHA) in the month of February 14<sup>th</sup> and 15<sup>th</sup> conducted a training workshop at Potheri on ‘Health and Health Rights’ for its member organizations of Thiruvallur and Kancheepuram districts. CEU-SOCHARA was invited for the meeting and two team members conducted a training session for the community leaders and organizational staffs. Through interactive session with the participants, various topics including health and its determinants and the role of the community workers in addressing the social determinants of health was discussed. The communitization of health process done in Thiruvallur district through CAH program was presented along with case studies.

### **6. Support to National Institute of Research in Tuberculosis (NIRT)**

As part of SOCHARA’s catalyst role one of the CEU team members was the chair person of the Community Advisory Board (CAB) of NIRT. This year the CAB started reviewing of all the research projects of NIRT.

## **7. Support to Community Accountability processes in health with international partners**

During this reporting period SOCHARA on request provided Technical Assistance to the design and implementation of Community Monitoring, Advocacy and Action for Health projects of the National Tax Payers Association (NTA) and Health Rights Advocacy Forum (HERAF), Kenya through Foundation for Open Society Initiative (FOSI).

The project was aimed at increasing the capacity of NTA and HERAF to enhance the implementation of their projects and develop capacity to learn and innovate and evolve processes that are relevant to the particular context of Kenya. As part of this process from 18<sup>th</sup> November to 22<sup>nd</sup> November 2013 one of the team members had visited the field area, interacted on a one to one basis with partners and made field visits to design and implement community monitoring efforts of the partners.

During the visit input sessions on rights based community mobilization processes, participatory community engagement processes, design and implementation of community monitoring process, documentation and importance of public health system's role in strengthening accountability process were discussed.

Apart from the visit regular support through phone calls, Skype meetings and document reviews were done to support the initiative.

## **10. Training to IJM coordinators on the process of health policy development**

On 19<sup>th</sup> December 2013 one of the team members of CEU took a training session on health system governance for senior coordinators of the International Justice Mission (IJM) in Chennai. The session is part of the larger advocacy training for IJM coordinators.

## **8. Training to national coordinators of World Vision**

World Vision an NGO, organised training program for its national coordinators on communitization of Health on 3<sup>rd</sup> April 2013. Two of the team members of CEU-SOCHARA took a training session for 20 coordinators on governance, accountability and monitoring of health services. World vision has committed to adopt CAH project's community monitoring tool in their ongoing program of nutrition security all over the country.

## **9. Orientation cum training program for folk health practitioners of Tamil Nadu on CAH and primary health care**

CEU-SOCHARA team member with Bangalore team members and a Flexi- Fellow took a training session on primary health care, Tamil Nadu Public Health system, NRHM and CAH for selected folk health practitioners from Tamil Nadu and Karnataka. This was jointly organised by SOCHARA and Foundation for Revitalizing Local Health Traditions (FRLHT), Bangalore on 16<sup>th</sup> November 2013.

## **10. Training program on 'Health and Health rights and CAH to senior level community health professionals**

CEU-SOCHARA conducted a training session on 15<sup>th</sup> February 2013 for the senior level

community health professionals affiliated with the Tamil Nadu Voluntary Health Association (TNVHA) which was the Tiruvallur district nodal organisation for CAH project during 2011 to 2012. Through interactive sessions with the participants, various topics including health and its determinants and the role of the community workers in addressing the social determinants of health was discussed. The communitization of health process in Thiruvallur district through the CAH program was presented along with case studies.

## **11. Training on Community health process for EKAM Foundation**

EKAM foundation is a trust working for child health and train Accredited Social Health Activists (ASHA) in pockets of Tamil Nadu. EKAM is working with the Tamil Nadu public health system and it was planning to initiate community level program including strengthening of VHWSNC. As per EKAM foundation's request, CEU-SOCHARA oriented them to incorporate community health principles in their training and to improve the community participation in their program.

### **In Madhya Pradesh**

The second batch of the Madhya Pradesh Fellows continued their second year of fellowship. A series of cluster and collective sessions were held during the year.

#### **1. Fourth Cluster Meeting in April 2013**

The 4<sup>th</sup> Cluster meetings were held in April 2013 at Bhopal, Khandwa and Gwalior.

9 <sup>th</sup> to 11 <sup>th</sup> April	Bhopal Venue- CPHE Office, Bhopal
9 <sup>th</sup> to 11 <sup>th</sup> April	Khandwa Venue – Hotel Ranjeet, Khandwa
11 <sup>th</sup> to 13 <sup>th</sup> April	Gwalior Venue – Khandelwal Guest House, Gwalior

The main objectives of the cluster meetings were:

- To facilitate sharing of the previous month's field work by fellows
- To facilitate understanding on community mental health
- To arrange for field visits in the respective clusters
- To devise the action plan of the fellows for the month of May 2013.



The main resource persons on mental health were Mr. Vikram Gupta (From SRTT) at Bhopal; Dr

Ravi D'Souza and Mr. Udeyram at Khandwa; Mr. Ravikant Adalatwale (Psychology lecturer from MLB College Gwalior) from and Dr. Vijaya Satpal (psychiatrist from District Hospital Barwani) at Gwalior. The fellows shared their work done since the last collective

#### **2. Fourth Collective Teaching for Batch Two, 2012-2014 from 13<sup>th</sup> to 25<sup>th</sup> May 2013**

The Fourth Collective Teaching for the second batch was held from 13<sup>th</sup> to 25<sup>th</sup> May, 2013 at Samarthan Training center, Bhopal. The main themes covered during the collective teaching were disability, Disaster management, life skill approaches, substance and drug abuse, health communication and non-communicable diseases. The Fellows made a presentation of their 3



month field work along with their reflections. The overall objectives set for the collective teaching were

- a. To reflect on the activities of fellows through their presentations and sharing
- b. To understand the concepts of disability , and the community based rehabilitation approaches
- c. To develop a common understanding about disaster management focusing on natural disaster.
- d. To provide conceptual knowledge, community based approaches/experiences and to explore the role of community health practitioners/fellows on NCD.
- e. To provide conceptual knowledge on Life skill approaches, substance abuse & health communication



The session on 'Disability and Community Based rehabilitation Approaches' was facilitated by Mr. Santosh Khare from ARUSHI organization, Bhopal. The session on Life Skills approaches; Stress Management; inter-personal skills were facilitated by Mr. S J Chander of SOCHARA. The CPHE team in Bhopal facilitated the session on Community Approaches for Non-Communicable diseases as also a revision of the Basics of Epidemiology theme. Participatory and interactive methods were employed during the sessions.

### **3. Supervisory Field Visit by Bhagwan Verma and Ravi D' Souza to Harda District from 18<sup>th</sup> June to 20<sup>th</sup> June 2013**

A Supervisory Field Visit was undertaken by the team members Bhagwan Verma and Ravi D' Souza to Harda District from 18<sup>th</sup> June to 20<sup>th</sup> June 2013 to support the mentoring of the fellows Vimal and Vishnu who were placed with MPVHA and Lepra respectively. During the visit the team members had a meeting with SYNERGY organization's staff on malnutrition. Ravi D'Souza took a brief session on ORS preparation, breastfeeding and de-worming of children. The team interacted with ASHAs in Timarni Block and had a freewheeling discussion on the work and challenges of ASHAs. The team also visited the Timarni Community health Center. The team members then met with the field mentors - Mr. Rajkumar of Lepra for Vimal and Mr. Balendra of MPVHA for Vishnu – and discussed the issues pertaining to field mentoring and got a feedback about the fellows' performance in the field. Subsequent to this supervisory visit the team then decided to conceptualize an initiative to address malnutrition in Madhya Pradesh.

### **4. Fifth Collective teaching for Batch Two 2012-2014 from 15<sup>th</sup> to 27<sup>th</sup> July 2013**

Fifth Collective teaching for the second Batch 2012-2014 was held from 15<sup>th</sup> to 27<sup>th</sup> July 2013 at Samarthan Resource Center, Bhopal. The themes addressed during the collective teaching were - Urbanization; Environment and Worker's health; Health Planning; Administration and Management; Health Economics, Health Financing, Health budget analysis and health insurance, Preparation of Log Frame Matrix and Report writing. The overall objectives identified for the collective teaching sessions were:

- a. To reflect on the field activities of fellows through their presentations and sharing.
- b. To develop Basic knowledge on Health Economics, Health Financing, Health budget Analysis and Health Insurance.

- c. To understand the Basic concepts of Health Planning including Preparation of Log Frame Matrix, Administration and Management.
- d. To develop a common Understanding about Urbanization & Urban Health, Environment and Worker's Health.
- e. To give Feedback to Fellows about their Field activities and overall progress in their Learning process.
- f. To develop Basic Knowledge on Documentation for Fellows.

The collective teaching started with the fellows' sharing of their field work. Dr. Ruchi Ghosh, Dr. Ravi D'Souza and Dr Ramani gave suggestions and feedback to the fellows on their work. The urbanization session was facilitated by Ms. Shivani and Ms. Seema Deshmukh from MUSKAAN organization, Bhopal. The sessions on Health Economics, Health financing and Log Frame Matrix was facilitated by Dr. Uma Saha from XIDAS Organization Jabalpur. The Environment and Health session was facilitated by Dr. Adithya Pradyumna of SOCHARA. In the end an examination was conducted for the fellows followed by revision of some of the topics taught earlier.

### **5. Third Mentors' Meeting from 25<sup>th</sup> to 27<sup>th</sup> September 2013 in Bhopal.**

The third mentors' meeting was held over 3 days in Bhopal from the 25th to 27th September 2013. The meeting was attended by 19 Fellows (13 from the 2<sup>nd</sup> batch, 5 from the 1<sup>st</sup> batch and 1 from CPHE Bangalore), 8 field mentors, 9 NGO partners, 2 social work students from Social Work Department of Barkatullah University, Bhopal, 2 students from the Tata Institute of Social Sciences (TISS), 2 Evaluators from SDTT (Dr Shyam Ashtekar & Ms Saraswati Padmanabhan), 6 CPHE Team members. The objective of the meeting was to strengthen the relationship between the institutional partners, Fellows and team in addition to the end term evaluation. Dr. Thelma participated in the meeting.

The themes of the meeting were Nutrition and Malnutrition, Communitization process of NRHM and Reflection Exercise of CPHE, Bhopal.

The end term evaluation of the MPCHFP was also conducted during this meeting by Dr. Shyam Ashtekar and Ms. Saraswati Padmanabhan. They interacted with the fellows from both the batches, went for visits to CH Fellows in the field over two days and submitted the report in October 2013. This has been circulated to EC members and presented to the MP CPHE Advisory Committee

### **6. The fifth Cluster Meeting held from 23<sup>rd</sup> to 25<sup>th</sup> Oct 2013**

The 5<sup>th</sup> Cluster meeting was held over 3 days in Shivpuri, Indore & Bhopal on 23rd to 25th October, 2013. The theme of the meeting was Environment Health. Apart from the discussion on the theme, other activities were - sharing of Fellows about their field work, experiential sharing of field mentors (Environment Health, Malnutrition & others). In Bhopal and Shivpuri district field visits were arranged to a stone mining site, neighbouring villages and a community based NRC (all in Shivpuri); to two slums in Bhopal. In Indore a visit was arranged to the organization Centre for Environment Protection Research & Development (CEPRD).

## **7. Sixth Collective Teaching Session held in Bhopal between 9<sup>th</sup> and 21<sup>st</sup> December 2013**

The Sixth Collective teaching session was held from the 9th to 21st December 2013 at Bhopal.

The objectives of the collective teaching were:

- a. To reflect on the field activities of fellows through their presentations and sharing.
- b. To develop basic knowledge on Traditional Health systems.
- c. To understand the basic concepts of Pharmaceutical Policies of India.
- d. To understand the politics and policies of water privatization.
- e. To give feedback to Fellows about their field activities and overall progress in their Learning process.

The topics covered in this collective teaching were Pharmaceutical Policies of India, Essential Drugs and Rational Drug Therapy, Traditional Health Systems, Water Privatization and Displacement. S. Srinivasan of LOCOST Baroda facilitated the sessions on Pharmaceutical policies; essential drugs and rational drug therapy. Mr. Narendra Mehrotra from Jeevaniya Society, Lucknow facilitated the session on traditional health systems including a visit to herbal garden in Bhopal Ayurvedic Campus.

## **8. Sixth Cluster Meeting held on 9<sup>th</sup> and 10<sup>th</sup> Jan 2014 at Bhopal and 10<sup>th</sup> and 11<sup>th</sup> Jan 2014 at Silwani (Raisen district)**

The Sixth Cluster meeting was held over 2 days in Bhopal (9<sup>th</sup> to 10<sup>th</sup> January 2014) & Silwani (Raisen district) (10<sup>th</sup> to 11<sup>th</sup> January, 2014). The purpose of the meeting was to discuss the preparation and status of final reports of fellows and a discussion on future plans of the Fellows. At Silwani the Fellows and CPHE team members were taken to the RDSS field area and observed the work in the crèches. They also visited the various parts of the campus including the school and hostel.

## **9. Final Collective Session from 20<sup>th</sup> to 25<sup>th</sup> January 2014 in Bhopal.**

The Final Collective session was held over 6 days in Bhopal (20<sup>th</sup> to 25<sup>th</sup> January 2014). This session included the final assessment of 2<sup>nd</sup> batch Fellows.

During the first two days, 13 Fellows share their final presentation on these points.

- a. Expectation from the fellowship
- b. Learning from the fellowship
- c. Unique and unusual activities during the fellowship
- d. SWOT of fellowship experience
- e. Future plans and issues to take forward

The fellows of CHLP, Bangalore Fellows from Madhya Pradesh and 1<sup>st</sup> batch MPCHF Fellows shared their experiences as well. A complete list of issues about which fellows were interested was listed and finally all the fellows held a meeting together and decided to form a "Fellows Collective". Of the issues that were listed they decided to take up the issue of tackling malnutrition for collective action to begin with. On the fourth and fifth day viva and written examinations were conducted as part of final assessment. The viva exam was conducted by Mr. As Mohammad (Senior member of SOCHARA) & Dr. Ruchi Ghosh (Professor of Sociology, Department of Social Work, Barkatullah University, Bhopal).



## **10. Advisory Committee meeting**

The Fourth Advisory Committee meeting of MP CPHE was held on 12-03-2014 at Pastoral Centre, Bhopal. Dr. Thelma Narayan, Dr. Parvez Imam, Mr. Sam Joseph, Mr. Gopinathan Nair, Dr. Neelam Toppo, Dr. R.G. Dastidar, Mr. Umesh Vashisht were present. Team members who joined were Dr. Ravi D'Souza, Mr. Prasanna Saligram, Mr. Dharendra Arya, Mr. Bhagwan Verma. The journey of MPCHFP was shared with the members. Dharendra summarized the findings and recommendations from the end evaluation by Dr. Shyam Ashtekar undertaken in September 2013. The members also discussed about the next phase of the fellowship that is planned to be started and the direction it needs to take. Discussions were held regarding the competencies expected of the fellows; the intake of the fellows; the duration of the next phase of fellowship; affiliation and certification. A major shift is the duration which will reduce from 2 to one year and the reduction in the intake from 20 to 10-15 per year. Attention will also be paid to the teaching learning methods as well as quality of mentoring as suggested by the evaluation.

## **11. Convocation and certificate distribution for the second batch fellows of 2012 -14**

The Convocation for the Second Batch of MP CHFP was held on 13<sup>th</sup> March, 2014 at the Pastoral Centre, Bhopal. The Chief Guest of the meeting was Dr. M. Geeta (Mission Director MP NRHM) and our Advisory Committee members. The programme started with lighting the lamp and welcome song by fellows, after which Dr Thelma gave the welcome speech. Mr. Gopinathan Nair the Treasurer of SOCHARA shared about the journey of SOCHARA and its work.

The Mission Director Dr. Geeta also addressed the gathering at length giving her best wishes. She also offered to work together with SOCHARA for the better health of the Community in MP. She distributed Momento's and Certificates to the Fellows. On this occasion some of 1<sup>st</sup> batch MP CHFP and CHLP Bangalore fellows were also present.

## **12. Support to student placement**

Three Masters in Social Work (MSW) students Ms. Kirti Sharma, Mr. Mukty Tirkey and Ms. Sunita Dangi from Barkatullah University, Bhopal were posted with the Madhya Pradesh CPHE during September and November, 2013. The objective of their posting was to learn about the Organization and to undertake field work to understand the urban poor community in Bhopal slums and participate in organizational activities.

Two students from the Tata Institute of Social Sciences (TISS), Mumbai in the second year MA Social Work in Public Health - Mr. Kavi Kumar and Ms. Sharadha Pant - were placed with the Madhya Pradesh CPHE for a period of five weeks in August and September 2013. During this time, Mr. Kavi Kumar did a study reviewing the functioning of the crèches run for children under the age of five years with SPANDAN Organization in Khandwa and Ms. Shradha Pant did a study on the functioning of Nutritional Rehabilitation centers (NRC) at Jeevan Jyothi Health Service Society in Jhabua.

## V. DIALOGUE WITH HEALTH PLANNERS, POLICY MAKERS AND IMPLEMENTERS

### At National level

#### **1. National Rural Health Mission (NRHM)**

Dr. Thelma continued as NRHM consultant and resource person and attended the following meetings: Advisory Group for Community Action (AGCA) in Delhi in April and May 2013 - State ASHA Mentoring Group meeting in Bangalore (April & May & Aug 2013) and a meeting of the MP Mentoring Group on Community Action

#### **2. National Mental Health Policy Group**

As a member of National Mental Health Policy Group, Dr. Thelma attended the meeting in Delhi in September 2013. Work on the policy document was done via e-mail.

#### **3. National Urban Health Mission (NUHM)**

- a. A meeting on NUHM held in the Department of Health and Family Welfare, GOK was attended by Dr. Thelma and team with several NGOs, CBOs and movement groups in Oct 2013. SOCHARA facilitated the meeting.
- b. along with Dr. Narayana, the Deputy Director i/c of National Urban Health Mission and Dr. Radha Reddy, Consultant, NUHM in Karnataka facilitated a session with discussion on NUHM at SOCHARA a few days before the national launch of the NUHM. CH Fellows were present.
- c. Dr. Thelma, SOCHARA team members and CH fellows attended the national launch of the National Urban Health Mission at Freedom park, Bangalore in Jan 2014

#### **4. Universal Health Coverage (UHC)**

- a. Dr. Thelma attended the following workshops linked to Universal Health Coverage. Workshop organized by PHFI on the theme – ‘UHC - From ‘recommendations to operationalization’ on 4th March 2014 in New Delhi
- b. Workshop on “Essential Primary Health Package for India” organized by PHFI on 5<sup>th</sup> March 2014 in New Delhi.
- c. Meeting with the Planning Commission of the newly emerging Christian coalition of health care, to explore the involvement of mission hospitals in UHC, NRHM and NUHM.
- d. Dr. Thelma and Mr. Ameer Khan attended the National Roundtable on “Civil Society role in UHC” organized by PHFI in the month of November 2013.

### In Karnataka

#### **1. Expert group on integration of local healers, Karnataka**

Dr. Ravi was invited to be a member of the expert committee on folk healers in Karnataka which was constituted to review existing policies of central and state governments and recommend measures to enable folk health practitioners of Karnataka to practice and provide health care services and to use their services for AYUSH department as rural AYUSH health

workers. The committee was chaired by Dr. H Sudarshan of Karuna Trust and included Dr. Balasubramaniam (SYVM) and Dr. T.N. Sathyanarayan (IIPH) and Mr. G. Hariram Murthy (IAIM- FRLHT) all of whom are also SOCHARA associates. Several meetings of this committee were held during the year and Dr. Ravi along with Dr. Satya also planned and facilitated an independent assessment of the Shimoga experiment by a flexi fellow – Dr. Sarin Shashikumar from TISS-MPH, They also facilitated a policy scan on this theme. The expert committee completed its task during the year and submitted the report to Government of Karnataka for further action.

## **2. Adhoc Task Force (ATF) – Results Framework Document (RFD) – Karnataka**

Dr. Ravi Narayan continued to be a member of the ATF which is chaired by Sri. Abhijit Sengupta, former Health Secretary and also a SOCHARA member and attended various meetings of the ATF. This task force setup on the request of the Planning Commission and MoHFW, Delhi, dialogues with the Health Secretary and team in Karnataka to assess and evaluate the achievements and challenges in public health every six months. This task force covers the work of both the health and medical education departments.

## **3. Karnataka Human Development Report 2014**

- a. Dr. Ravi has been invited to be a resource person for the chapter on Demography, Health and Nutrition of the Karnataka Human Development Report (KHDR) 2014 and attended the workshop organized by the Planning, Monitoring and Statistics Department of Karnataka at the Institute of Social and Economic Change in March 2014
- b. Dr Adithya attended (on invitation) the first meeting of Pesticide Action Network India held in Bangalore on 13th and 14th of May 2013. Discussions were held on objectives of PAN India, the main strategies used and the governance mechanisms. Dr Adithya has agreed to be on their steering committee.
- c. Dr Adithya attended state level consultations on Karnataka Action Plan on Climate Change held on 7th December 2013 at Ashirwad Bangalore. He was able to contribute and network with local activists and researchers.

## **In Tamil Nadu**

### **1. Support to National Health System**

#### **a. National level Community monitoring tools development process**

The Advisory Group on Community Action (AGCA) has taken initiative to consolidate the community monitoring tools practiced in various part of the country by various group and to attempt to bring a national level guideline for the tools. As part of that CEU team member had become part of the sub group to develop the national level tool. Through a four day workshop the draft of the national level community monitoring tools on different health services has been developed.

Population Foundation of India which hosts the secretariat for AGCA has organised a training program for senior bureaucrats and health department officials in order to expand the CAH activities in other states of India. As part of this objective PFI organised a two day national training in the month of September 2013. Based on the CAH in Tamil Nadu the CEU team contributed to this training program by sharing their knowledge and experience.

### **b. Member of the national ASHA mentoring group**

One of the team members of CEU has been invited to be part of national ASHA (Accredited Social Health Activist) mentoring group. He had attended one meeting during this period and focused on developing the ASHA program in Tamil Nadu.

### **c. Subcommittee in National Urban Health Mission (NUHM)**

One of the team members of CEU had been taken part in one of the subcommittee meetings of NUHM to share the experience of community participation in health from Tamil Nadu experience.

## **2. Meetings with Tamil Nadu health officials**

CEU-SOCHARA based on invitation from the Director of Municipal Administration, Chennai Corporation Shri. Chandrakant B. Kamble, I.A.S made a presentation on CAH. The purpose of the visit was to enhance community participation in health in Urban Chennai.

Attempts have been made to expand the CAH process to the ICDS, so discussion with ICDS directorate staff Ms.Mary Vargese and Dr. Shanthi were held in Chennai. Two team members participated in the meeting and gave suggestions from CAH experience from TamilNadu.

CEU-SOCHARA is a member of the NGO committee formed by State Health Society Tamil Nadu. The committee whose membership includes the state level senior bureaucrats of the Tamil Nadu public health system, civil society members review the proposals for NGO led interventions in Tamil Nadu. For this year on 25<sup>th</sup> April, 2013 the committee met to review the NGO proposals in which CEU member took part.

## **3. National level seminar on strengthening the public health system**

As part of MNI initiatives CEU collaborated with the Tamil Nadu Health Development Association (TNHDA), in which one of the team members is a member of the Executive Committee to organize a national level seminar on strengthening the Public Health System on 18<sup>th</sup> May, 2013. The seminar was attended by a Member of Parliament, a senior economist of the country and large number of activists.

Universal Health Care (UHC) was the major agenda of the seminar. CEU wrote an article on UHC and drafted a resolution on UHC which was adopted by the seminar delegates. The team member attended the Executive Committee meeting of TNHDA on 6<sup>th</sup> April to plan the conference.

## **4. Involvement in AYUSH department**

One of the team members of CEU is the Secretary of Indian Naturopathy & Yoga graduates association, Tamil Nadu Chapter. He was involved in the process of talking with Naturopathy Doctors community to dialogue with Tamil Nadu government and officials to start clinics for life style diseases at the district level.

## **5. Support to the Tamil Nadu public health system**

CEU-SOCHARA believes that health and health care services that are equitable, accessible and affordable can be provided only by the Government to the entire section of population. And for that which requires a strong public health system to cater to the health needs and demands of its people. SOCHARA commits itself to work with the public health system by giving its support not only as and when it is requested from the system but also involving in

issues that needs greater cooperation from civil society to build a strong health system in the state. Based on collaboration and experience of working together with government through CAH initiatives the state team continuously supports the system in creating a strong communitization process in the state. Activities undertaken with the collaboration of the public health system and for the interest of the public and the public health system are briefly described here,

#### **a. Questions preparation for 104 helpline training**

The Tamil Nadu government had started general helpline (Dial 104) to help the public get information on health care, hospitals and for redressed mechanism. The CEU team took initiative to collect probable questions that people may ask from this helpline. The team contacted civil society organizations and community workers to prepare a document on the probable questions addressed to the 104 helpline. This exercise was carried out with the intention to help the Directorate of Public Health on its request for training purposes.

#### **b. CAH presentation to the Director of Municipal Administration, Chennai Corporation**

Based on the invitation from, Shri.Chandrakant B. Kamble, I.A.S, Director of Municipal Administration, Corporation of Chennai CEU-SOCHARA made a presentation on CAH. The purpose of the visit was to enhance community participation in urban health of Chennai.

#### **6. NGO-committee meeting**

CEU-SOCHARA is a member of the NGO committee formed by State Health Society Tamil Nadu. The committee whose membership includes the state level senior bureaucrats of the Tamil Nadu public health system, civil society members review the proposals for NGO led interventions in Tamil Nadu. For this year on 25<sup>th</sup> April, 2013 the committee met to review the NGO proposals in which CEU member took part.

#### **7. Discussion on Clinical Establishment Act (CEA) and Private Sector Regulation**

In order to regulate and standardize health care provider institutions in India, Parliament passed the Clinical Establishment Act in 2010. Some Indian states including Rajasthan adopted the Central Act as it is; other states including Maharashtra are drafting a state specific Act. The Tamil Nadu government also initiated discussion with various stake holders to adopt the Act in Tamil Nadu. The 12<sup>th</sup> five year plan has committed to introduce Universal Health Care (UHC) in the country subsequent to discussions over a few years and the HLEG report. The Planning Commission has made a commitment to implement UHC -on a pilot basis in one district in each state of the country.

In order to provide inputs to the state government and to the people on the CEA Act and on UHC, CEU-SOCHARA organised two meetings - one exclusive civil society meeting and one round table with the Tamil Nadu Public Health System staff. On 6<sup>th</sup> September, 2013 a meeting was organised with civil society in Trichy to get their opinion on the Clinical Establishment Act 2010 and on the draft UHC plan prepared by planning commission of India. The civil society members felt that the Central Act needs to be adapted to the Tamil Nadu specific context , with greater powers given to government agencies to regulate the private health care providers whose larger interest is in profits and further commercialization of health care. Hence the civil society members felt that the Tamil Nadu public health system needs to be supported on this effort in order to draft an effective Tamil Nadu specific act.

## **8. Round table on implementing Universal Health Care pilot in Tamil Nadu and to identify civil society role in implementation**

The Tamil Nadu Public Health system has chosen Pudukkottai district of Tamil Nadu as the pilot district to implement UHC in Tamil Nadu. Based on discussions with Director of Public Health (DPH) Tamil Nadu and State Health Society (SHS) officials including State Program Manager, CEU-SOCHARA along with DPH, SHS and the Public Health Foundation of India organised two days round table in which the first day of the event held with diverse participants including academicians, civil society organizations, private health care institutions, Panchayats presidents and senior public health professionals..

The workshop was organised on 30<sup>th</sup> and 31<sup>st</sup> of January 2014. The first day discussions focused on three major areas viz,

- a. Expectations of and from UHC in Tamil Nadu
- b. Based on the experience of the group, what can be the role of different stake holders/civil society organizations/communities in UHC in Tamil Nadu. In what ways can we participate?
- c. What are the enabling macro level conditions required for such implementation and participation?

Participant responses were collected through case studies and presentations, experts opinion and group discussion and those responses were collated under different broad categories and submitted to the DPH on the second day of the consultation.

## **9. Dialogue between Tamil Nadu Health system and Civil Society**

On 31<sup>st</sup> January 2014, State Health Society organised a joint meeting with health department and civil society. The Directorate of Public Health of Tamil Nadu facilitated the meeting and civil society members from diverse fields participated in the meeting to suggest the components and principles required in Tamil Nadu to implement program such as Universal Health Care. Director of Public Health and Pudukkottai district collector where UHC will be piloted were present during the meeting along with other senior officers from Health department.

Discussion focused on what was the National Health System Resource Centre's (NHSRC) model, salient findings of the study on health care accessibility in Villupuram district, done by IIT Madras, overarching Principles in implementing UHC in Tamil Nadu and the components to be included in UHC implementation were in focus of the meeting.

## **In Madhya Pradesh**

On 12<sup>th</sup> March 2014, Dr. Thelma Narayan, Dr. Ravi D'Souza and Mr. Prasanna Saligram met the Mission Director, NRHM Madhya Pradesh for a discussion on possibilities of collaboration between CPHE, fellows and the public health system.



## **VI. ESTABLISH A LIBRARY, DOCUMENTATION AND INFORMATION CENTRE IN COMMUNITY HEALTH**

### **In Karnataka**

As a part of continuous development of Community Health Library and Information Centre (CLIC) a committee was revitalized and regular monthly meetings are held to plan, review and monitor the working of the library, documentation and information centre.

The CLIC is utilized by SOCHARA staff, NGOs, civil society members, medical colleges, nursing colleges; social work colleges etc. CLIC supports the Community Health Learning Programme in a large way. The Tamil Nadu and Madhya Pradesh clusters too have CLIC collections. CLIC was rearranged in SOPHEA when it was shifted from the earlier location. All books and resource material was organized with the support for the team. The CLIC has developed a new brochure with detailed information for creating awareness. CLIC has started archiving the SOCHARA photographs of activities undertaken. CLIC has received donations of books, journals, notes, and slides from Dr. M K Vasundhra. Ms. Shani John Sequiera has donated over 100 books and some journals on nursing.

The details of publication of SOCHARA-SOPHEA have been furnished under publication section. Two key publications of CLIC are 'Health Round-Up' and 'Health Digest'. During the year 11 issues of Health Round-Up and 8 issues of Health Digest were published. Circulation occurs through email among 616 registered users. The functions of CLIC are given below.

- The Librarian provided assistance to CHLP interns during their internship for the months of October to November providing specific inputs to each interns with reference to their area of personal learning. CLIC helped in collecting required background materials for CHLP interns.
- The CLIC has continued the paper clippings from 3 news papers; one in English and the other two in regional languages.
- Mr. H R Mahadeva Swamy is overall in-charge of the CLIC with Karnataka cluster, Mr. Suresh is in-charge of CLIC in the Tamil Nadu cluster and Ms. Archana Shashidhar is in-charge of CLIC in the Madhya Pradesh cluster.
- The CLIC Committee meets every month to review and plan. The members are Mr. As Mohammad, Mr. S J Chander, Mr. Prasanna P S and Mahadeva Swamy H R

### **SOCHARA on the Web**

A sub group was formed comprising of Mr. Magesh, Mr. Suresh, Dr. Adithya, and others for the sustained development of the SOCHARA website and help to make it not only an archival site of all SOCHARA events and publications but also increasingly an alternative learning centre for all those all exploring community oriented public health.

The process to improve the SOCHARA website is underway. Until the arrival of a full time web manager, a blog is being maintained, with relevant information and occasional updates.

These are being carried out by Mr. Suresh, Dr.Ravi and Dr.Adithya. Some changes were made in the structure of the weblog in April 2013.

### **CLIC-SOPHEA -Collection**

- 13039 books on 50 main categories under 276 sub-themes
- 54 Journals, Newsletters and periodicals.
- 564 resource folders on various themes
- 486 videos and documentaries
- 1221 posters on various themes
- 54 Slide sets
- Public health and health training materials for distribution and sale. (Publications in English, Tamil, Kannada)
- Official reports, news releases, research papers, presentations, media and

### **CEU- Tamil Nadu**

During this year CEU strengthened the organization of its collection into a full-fledged Library and Information Centre in which many magazines, journals and books were categorised and placed in position for easy access. This had been regularly used by the staff members, interns, fellows and a few outsiders. This year the library unit witnessed an increase in numbers of those who access the centre by the outside members.

SNo	Users	Number
1	Team members	4
2	Fellows	4
3	Interns	4
4	Friends & Associates	4
	<b>TOTAL</b>	<b>16</b>

448 books and 2 magazines were added in to the library. 20 new posters on SOCHARA cartoons were designed and used many workshops and meetings along with communitisation posters. Many resource/reference papers were filed by thematic wise.

S.NO	Category	No of existing items	No. of items added this year	Total Available
1	Books	638	448	1077
2	Journals, Newsletters & Periodicals	16	2	18
3	Resource Folder on various themes	20	0	20
4	Audio Visual Documents	38	0	38
5	Posters	10	20	30
6	News Daily's	4	(-2)	02

The team member is part of the team involved in rejuvenating SOCHARA website. More than 25 structural pages were created and designed for the web. The visitors' traffic had



increased a well of average crossing. He is also assisting the team in designing and conceptualizing the new website.

### **Documentation**

As part of strengthening communication and information SOCHARA keeps working on and formalizing the internal documentationsystem. This year CEU re-categorized the document files and structured for accessing including the contents. Almost 100 files were placed and contents were sorted with the indexing list.

### **Madhya Pradesh**

The Resource Centre in Public Health at Bhopal has also initiated a process to develop its library and information unit focusing on health and health system issues relevant to central India. The evolving library and information unit is a part of overall Community Health Library and Information unit in Bangalore. The library at the resource centre has a total of 1024 books which have been indexed as per the library catalogue. There is an additional emphasis on the development of literature in vernacular language (Hindi). The language allocations of the Publications are in English (550, 54%) and Hindi, (474, 46%). The collected books cover issues related to Agriculture, child health, community health, de-addiction, decentralization and governance, demography, development, disability, disaster, drug, economics, globalization, Management, Nutrition, Political Science, Public Health, policy, reports, Rights, sociology, Women's health, women's rights etc.

The books are coded and index numbers are provided centrally through the Community Health and Library and Information Centre based in Bangalore, which has developed classification and subject codes for the purpose. This ensures indexing on a common ground for libraries across the different units. Apart from this the library and information centre has accumulated journal issues of Health Action, Reproductive Health Matters, Yojana, Kurukshetra & Aajkal, 49 visual aids; 62 posters. The Library also keeps media information on health issues through the year through paper clippings related to health, healthcare issues.

## **VII. NETWORKING TO STRENGTHEN THE PUBLIC HEALTH SYSTEM AND COMMUNITY HEALTH**

Networking with other organizations, networks and individuals towards strengthening the public health system has been one of the key focus activities of SOCHARA over the years. Ever since the Peoples' Health Movement (PHM) emerged, much of the SOCHARA's efforts are going into building and strengthening the PHM. Besides supporting the PHM, SOCHARA also have been working with organization and individual on certain specific issues of mutual concern.

### **In Karnataka**

#### **a. Network to strengthen public health system and for lobby activities**

In June a team member of SOCHARA participated in a meeting organized by Arghyam foundation focusing on Implementation of "Community Led Total Sanitation" method in Karnataka. Dr.Kamal Kar and Mr.Deepak Sanan shared their experience on implementation of Community Led Total Sanitation in various states of India. Dr.Kamal Kar pioneered in

Community Led Total Sanitation in Bangladesh in 1999 and thereafter he introduced CLTS method in 55 countries across the globe, where 18 countries incorporated the CLTS method as their national strategy of which 14 countries were from Africa and the rest were in Asia. Mr. Deepak Sanan is an IAS officer in the State of Himachal Pradesh. He has experience in working with Departments of Public Finance, Water and Sanitation, Rural Development etc. He has undertaken a number of assignments with World Bank, was also an India country team leader in water and sanitation programme (South Asia). They both shared from their experiences on how to implement the Community Led Total Sanitation campaign.

#### **b. Collaboration with Community Health Department of Baptist Hospital in Bangalore**

In August 2013, SOCHARA team members interacted with Dr. Gift Norman, Head, Community Health Department for exploring promotion of rural sanitation. It was agreed to work in one village and develop it as a model for promotion in other villages. A visit to Kannamangala gram panchayat which is one of the working areas of Baptist hospital was made and a detailed plan on sanitation work was prepared. A discussion took place on how to take up waste management and sanitation work further. A meeting with 8 gram panchayat members took place. During the meeting the issue of effective low cost waste management system was discussed and gram panchayat members requested SOCHARA and Baptist to work with them for effective implementation of waste management project at the Kannamangala gram panchayat. This initiative was subsequently developed.

#### **c. Participation at NGO Mela of Christ University**

In August, the department of social work from Christ University organised a NGO mela in its campus. The objective of the mela was to help students to gain awareness about the various NGO's functioning in Bangalore, to strengthen the network between NGO's and Christ University, and to sensitize the students about the existing internship and job opportunity in NGO sector. Participants from various NGO's, students from Christ University (department of social work and department of management) and others participated in the mela. SOCHARA participated in the mela and shared about the fellowship program.

#### **d. Participation in general body meeting of Janaarogya Andolana Karnataka ( JAAK)**

In December 2013 JAAK organized its 'Annual General Body' meeting in Dharwad for two days. Thirteen nine representatives from various district JAAK forums attended the meeting. The issues discussed in the meeting were on Campaigns on user fee and contract work, Free essential medicine campaign, Preparing fact finding report on health denials, privatization of health sector study, campaign against female feticide and Environmental Sanitation activities in Karnataka. Organizations from district shared about their activities on Supporting Right to Health activity and their work on Sanitation and challenges faced during implementation of sanitation work at the field level.

#### **d. Basic Needs India**

1. Dr Thelma attended the BNI meeting on Gender and Mental Health and also attended the BNI Trustee's meeting in April 2013. This year she gave up the responsibility of being the Chair of BNI, but continues as a friend of BNI.
2. Dr. Ravi facilitated a session on Communitization and mental health for BNI Partners.

#### **e. Karnataka Association of Community Health (KACH)**

KACH organized its annual conference in Bangalore Medical College in December 2013, which was well attended by Community Health Practitioners and Researchers in the state.

Dr. Thelma, Dr. Ravi and Mr. Mohammad were felicitated for their contribution in the field of community health and public health as senior resource persons.

**e. Catholic Health Association of India**

Dr. Ravi and Dr. Thelma attended the annual meeting of the CHAI which was held in Bangalore and its special workshop on National Rural Health Mission. Dr. Ravi spoke on AYUSH and Public Health convergence and Dr. Thelma spoke on the Community Action for Health through NRHM and NUHM. Ravi and Thelma have also supported planning processes in CHAI as they work towards their 75<sup>th</sup> Jubilee..

The CHAI chapter of Karnataka had its annual meeting at Indian Social Institute, (ISI) Bangalore which was attended by Thelma as a special invitee.

**f. Institute of Ayurveda and Integrated Medicine – I-AIM/ FRLHT**

1. Dr. Ravi attended the Scientific Committee meeting of I-AIMS in April 2013
2. Training for local healers from Tamil Nadu in Nov 2013 in which SOCHARA team members gave an input session on first aid, primary health care and code of conduct.

**g. Jan Swasthya Abhiyan: (PHM India)**

1. SOCHARA continued as an active member of the National Coordination Committee and working group and participated in the following meetings:
2. National Consultation in Nagpur in February 2014 which was attended by Mr.Prasanna representing SOCHARA and Mr. Ameer Khan representing MNI
3. National Convention meeting in Delhi on 30<sup>th</sup>-31<sup>st</sup> March 2014, to discuss the manifesto on Health released by various political parties for the forthcoming parliamentary elections. This was attended by Dr. Thelma. We also participated in developing the Manifesto.

## **In Tamil Nadu**

CEU-SOCHARA along with Makkal Nalzhavazhyu Iyyakam (MNI or PHM Tamilnadu) and other civil society organizations engaged in the following activities and campaigns which have state and national level importance in the field of health.

**1. Universal Health Care and regulation of private health sector**

For last few years CEU-SOCHARA continuously engaged in the issue of Universal Health Care and regulation of private health care providers. As continuation of this engagement, this year also CEU organised an important workshop with civil society and with senior health system officials. It also organised a workshop for MNI members on this issue and took part in the national workshop organised by JSA.

**2. Clinical Establishing Act 2010 (CEA) meeting**

On behalf of Makkal NalaVazhvuIyakkam (MNI), on 01<sup>st</sup> August CEU-SOCHARA organised a meeting with a few private medical practitioners and MNI steering committee members. In the meeting the members discussed the issues related to CEA, pro & cons of CEA and strategies to initiate campaign on CEA in Tamil Nadu.

### **3. Workshop on Private sector regulation**

SAATHI, a Jan SwasthyaAbhiyan member (Indian chapter of people's health movement) organization had organised a regional level workshop on private sector regulation in Bangalore on 16 & 17<sup>th</sup> August'13. Two CEU team members attended and CEU-SOCHARA mobilized 7 other MNI members to attend the meeting. The purpose is to build a campaign on CEA 2010 and private sector regulation in Tamil Nadu.

### **4. MNI Workshop on UHC and CEA**

On 6<sup>th</sup> September a meeting was organised with civil society groups in Trichy to get their opinion on the Clinical Establishment Act 2010 as described earlier

### **5. Support to National workshop on maternal health**

Organisations working on maternal health issues in India organised a maternal health workshop in Delhi on 12, 13 & 14<sup>th</sup> of August, 2013. CEU-SOCHARA helped the group to invite few Parliamentarians of India to attend the meeting and provide technical support to the group. However Parliamentarians did not participate in the meetings.

### **6. Community level discussions & People's opinions concerning Health**

CEU-SOCHARA along with district level partners of CAH project and with other civil society organizations has facilitated village community meetings and civil society meetings to collect opinions and demands regarding health and health care services which will be helpful to design the CAH project according to people's need. The team travelled to 17 districts of the state and met nearly 1300 people to collect their opinions and demands through multiple meetings with people, village level health committee members, elected representatives, health staffs, civil society members and academicians. The team members also shared about the communitization process in Tamil Nadu that happened through CAH initiatives. Various case studies from the CAH process were presented to encourage and motivate people in these districts for community participation to strengthen health and health care services in the state. The following are their general opinions and demands to strengthen public health system in the state.

1. Ensuring the availability of doctors round the clock in PHC and one among them should be a lady doctor. The government should provide all the amenities and facilities for the health staff to stay in and around PHCs in order to avail services from the doctor and take necessary steps to retain them in their villages.
2. Emergency care should be available round the clock in all the government hospitals (including treatment facility for snake bite in PHCs) and the patients should be attended by Doctors.
3. Ensuring the functioning of evening OPD in Primary Health Centers. People urged the health department authorities to take strict measures to ensure the evening OPDs in Tamil Nadu.
4. Ensuring the functioning of the health sub centers. People felt that Government measures to run the health sub centers are not at all adequate hence they are compelled to access PHCs or untrained local health care personals for their health care need which results in out of pocket expenses and put their life at risk.
5. People have urged the government to give enough attention to improve the quality of the post natal care services in Tamil Nadu.
6. People suggested a multi-disciplinary team at PHC level to give adequate attention in a comprehensive way to the issues of mental health, Geriatric care, and person with

disability, migrants, occupational related health care services and Non communicable diseases.

7. Corruption and bribe especially in secondary and tertiary health care institutions is persistent and emerged as an important issue. People informed that the demand of bribe ranges from services provided by frontline medical personnel, asking patient to buy syringes and medicines from outside of the hospital, a percentage from monetary benefit schemes, money to tell sex of the new born baby etc.
8. People demanded to stop all types of privatization in Tamil Nadu immediately.
9. People demanded strict regulation of private health sector, with great amount of transparency in regulation of charges collected for services, public display of charges and procedures followed in each hospital.
10. Ensuring adequate Community Participation at all levels of health system functioning. They demanded Patient Welfare Society functions should be made transparent with adequate participation of elected representatives and ensure it to address people's need effectively.
11. All over Tamil Nadu the people opined that in the government hospital the Patients should be treated as an equal stake holder of the system and they should be treated with dignity and human touch.
12. People also felt that the government should focus on health determinants such as providing rations in PDS throughout the month, public toilets in all villages with proper facilities and maintenance, adequate transport to rural hamlets to reach hospitals, exclusive ambulances to tribal areas and requirement of huge improvement in ICDS centers in order to provide holistic development to the children enrolled in the centre should be adequately addressed.
13. The people demanded to consider Alcoholism as Public health emergency and Government providing and promoting TASMACH should be banned immediately.

## **7. Support to various institutions to strengthen the understanding of CAH process and health system accountability**

On one hand CEU-SOCHARA collaborated with the Tamil Nadu public health system to develop a Tamil Nadu specific model of CAH and on the other hand it continued the activities of strengthening the Communitisation of health concept at various level including community, state and national level. With the limited resources of human power CEU-SOCHARA mobilized resources from outside to support the other activities. Major activities held during last one year could be classified into:

1. Support to community and Strengthening VHWSNCs
2. Support to National level initiatives related to CAH processes and
3. Support to Tamil Nadu public health system to strengthen the understanding of communitisation process.

## **8. Building larger alliance to CAH process**

Health is a broader issue which development depends on inter and multi sectoral responses. CEU-SOCHARA had taken efforts to build understanding on CAH among the civil society, researchers and students in Tamil Nadu in order to build larger alliance to CAH process. Ranges of efforts including dissemination meetings, orientation and training sessions to civil society and students, Technical support to international initiatives on CAH process, research

guidance and support on communitisation process to students from various stream has been taken to broadening the alliance. Few such important initiatives are mentioned in this section.

## **9. Technical support to innovative initiatives**

### **1. Advocacy through MNI**

- a. MNI in order to strengthening the Public health system, raised its voice in media against the attempts from vested interest groups to transfer the state Health Society's project director whose work was broadly recognized towards strengthening the public health system
- b. MNI released "People health manifesto" in Chennai, the key issues in the Public health was highlighted in the newspapers

## **In Madhya Pradesh**

### **a.State Jansamvad on Maternal Health and Health Rights - Maternal Health Rights Campaign – Madhya Pradesh**

A state level public dialogue on Maternal Health and Health Rights in Madhya Pradesh was organised at Gandhi Bhawan, Bhopal on February 19, 2014 by the Maternal Health Rights Campaign, which is a coalition of civil society organisations working at the community level in different part of Madhya Pradesh in 18 districts.

In an effort to strengthen people's access to health services, civil society organisations in 13 districts of Madhya Pradesh, undertook a community monitoring process on maternal health services. This data was collected from 112 villages through interviews conducted with 212 women on Janani Suraksha Yojana (JSY) and 224 women for Janani Shishu Suraksha Karyakram (JSSK), and interview with 92 respondents on the status of services being provided under Village Health and Nutrition Day (VHND). This data was compiled and analysed and report cards were formed. The monitoring process was facilitated through a two-day orientation on the maternal health situation to the field workers of 12 organisations from 13 districts.

A two day 'Madhya Pradesh State Health Community Enquiry Data Sharing and Advocacy Planning Meeting' was conducted on that day at All India Catholic University Federation (AICUF) Ashram, Bhopal, by Centre for Health and Social Justice (CHSJ) and SATHI (Support for Advocacy and Training in Health Initiatives) with support from Society for Community Health Awareness Research and Action (SOCHARA). The meeting was aimed at data sharing and developing plans to ensure public accountability on maternal health rights. A state coordination committee was also formed to take forward the "Maternal Health Right Campaign (MHRC)".

### **b.Meeting with NGOs and Field Visits**

Visit to Gautam Nagar slum with the staff of MUSKAAN organization. Team members Bhagwan, Dharendra, Ravi D'Souza and fellow Jitendra visited the slum and spoke with the



community. They also visited a Balwadi of Muskaan organization and spoke with the care taker. Later, they held meetings with the Muskaan and Sathiya organizations to know more about their working issues, area, staffing and future plans. Discussions were held about the placement of the Bangalore Fellows from Madhya Pradesh for 2 months.

### **VIII. CATALYZING THE METAMORPHOSIS OF SOCHARA SCHOOL OF PUBLIC HEALTH, EQUITY AND ACTION (SOPHEA)**

1. The **Academic and Research Council** meeting were held this year for two days which was well attended by its members and discussed various issues in April and Sept 2013
2. Dr. Thelma facilitated the **SOCHARA Finance and Management Committee** meeting where in various financial matters and other matters related to finance were discussed.( Dec and Jan )
3. Dr. Thelma facilitated a meeting with the **Statutory and Internal auditors** of the society to review the SDTT evaluation report and get their feedback to strengthen the SOCHARA accounting systems. ( August )
4. Dr. Thelma initiated the new SOCHARA **Institutional Scientific and Ethics Committee** ( ISEC) where in a guideline and Standard Operating Procedure was developed for the committee to work.( Aug)
5. Dr. Thelma facilitated regular skype meeting with Chennai team members and Bhopal team members to support the technical and administration issues (every month)
6. Dr. Thelma initiated a meeting with the entire team in connection with planning of shifting of CHC office from Holy Cross Convent campus Madiwala to Koramangala and the shift was operationalized very smoothly in May 2013
7. Dr. Ravi facilitated a a annual team retreat on 9<sup>th</sup> and 12<sup>th</sup> September 2013 to explore the research experience, agenda and paradigm of research in SOCHARA.

### **IX. EXPLORING AND PROMOTING NEW PARTNERSHIP**

#### **Visitors to SOCHARA**

The following visited SOCHARA during the year to known about our work and explore collaboration. There were several others too.

1. Dr. Harikiran of RGUHS curriculum development consultant of Rajiv Gandhi Institute of Public Health
2. Dr. Nanjesh Kumar of AJ Institute of Medical Sciences, Mangalore
3. Dr. Dharendra Kumar, Director and Dr. Usha Manjunath, faculty of Institute of Health and Management Research (IHMR), Bangalore
4. Dr. Ravi Ram from African Medical Research and Environment Foundation, Kenya visited in May 2013
5. Dr. Sriram Shyamsundar visited SOCHARA in May 2013



6. Mr. Ranganath and 3 professors from Bangalore Medical College visited in July 2013
7. Dr. Elizabeth and Mathias Steiger from Basel, Switzerland visited in Aug 2013
8. Ms. Sudhamani Venkatesan of Retina India in Sept 2013
9. Mr. Uttam Muttappa Primary Health Care development project in Coorg in Sept 2013
10. Ms. Aneka Paul from Sir Ratan Tata Trust, Mumbai
11. Dr. Rebecca Chacko and Dr. Laila Chandy, batchmates of Dr. Ravi and alumni of St. John's Medical College visited in Oct 2013
12. Ms. Carrie Heitneyer of the University of Sussex in Oct 2013
13. Dr. Jean Lebel, President, of International Development Research Council, ( IDRC) Canada and Dr. Anindya Chatterjee of IDRC- Asia region visited in Dec 2013
14. Dr. Anil Seal from Cambridge Science Foundation UK and a PHFI governing body member visited SOCHARA in Dec 2013
15. Mr. Anup Akihal and team of Logistimo, visited in December 2013
16. The Vice Chancellor of Martin Luther Christian University, Meghalaya – Mr. Bob Lyngdoh, and Mr. Glen Christo in January 2014 to explore the collaboration between MLCU and SOCHARA.
17. Ms. Padma Balasubramaniam, endocrinologist from the Brigham and Womens Division of Endocrinology in Boston, who had contributed for mfc bulletins, visited in Jan 2014
18. Ms. Pratibha a 2<sup>nd</sup> year M.Sc Nursing((psychiatric)) student along with her student friends of AIIMS Delhi visited us to understand the philosophy, vision, mission, objectives, organizational set up of Sochara. in Jan 2014
19. Dr. Nina Urwantazoff & Ms. Beatric from Misereor, Aachan, Germany visited in February, 2014.
20. Dr. Olinda Timms from Health and Humanities department of St. John's Research Institute visited in Feb 2014
21. Ms Margaret Cohen visited SOCHARA in Feb 2014 to conduct interview with Dr. Ravi on the possibility of enhancing communication between doctors and patients/relatives, and other steps to improve the infrastructure the health system.
22. Fr. George Mutholil, Director Indian Social Institute, Bangalore visited in March 2014

## **X. GOVERNANCE AND MANAGEMENT**

### **Annual General Body Meeting**

a. Annual General Body meeting of SOCHARA was held on 30th September 2013 at SOCHARA Annex Training hall.

### **1. Executive Committee Meeting**

a. Three Executive Committee meeting were also held on 3rd August 2013, 12th September and 2013 3rd January 2014

### **2. Skype meetings between centers**

Regular skype meetings were held between clusters and between partners for sharing information, guidance and support.

### **3. Strengthening financial and administrative capacities**

As part of strengthening of the financial and administrative team, daily admin meeting are held at 9.30 am and the minutes of the same are shared among the admin team and the senior member of SOCHARA.

Project Management Unit (PMU) meetings were held regularly along with the Director and the Coordinator of CHC, the minutes of the same was shared including with the treasurer. This helps in review and monitoring of various projects, programmes and activities.

Meeting with the Treasurer are held whenever necessary and when he visited Bangalore to review the financial status and system of the organization.

#### **4.Academic Research Council (ARC)**

During the year two ARC meeting were held. The first one was held from 15<sup>th</sup> -16<sup>th</sup> April and 9<sup>th</sup> September 2013. The key discussions that took place in these meetings were related to curriculum development, university affiliation, institutional ethics committee and other issues related to teaching learning and research initiatives of SOCHARA>

#### **5.Team Position**

##### **In Karnataka**

<b>SI No</b>	<b>Name of the Person</b>	<b>Designation</b>
1	Dr. Thelma Narayan	Director
2	Dr. Yuvaraj.B.Y	Training Coordinator ( till Jan 2014)
3	Mr. S. J. Chander	Research and Training Associate
4	Dr. Adithya P.	Research and Training Assistant
5	Mr. Pralhad I. M.	Training and Research Assistant
6	Mr. Prasanna Saligram	Research Coordinator ( shared with PHFI)
7	Dr. Rakhal Gaitonde	Training Associate ( till Oct 2013)
8	Mr. Karthik Kandaswamy	Jr. Program Officer ( till Dec 2013)
9	Mr. Kumar K. J.	Training Facilitator ( From June 2013)
10	Mr. Sabu K. U.	Research Officer ( From Jun e2013)
11	Ms. Shani John Sequira	Jr. Program Officer ( From Jun e2013)
12	Dr. Rahul ASGR	Training Assistant ( From Jan 2014)
13	Mr.Victor Fernandes	Administrative Officer
14	Mr. Mahadevaswamy	Librarian
15	Mr. Naveen R. Pinto	Accountant
16	Mr. Mathew Alex	Office Supervisor-CPHE
17	Ms. Maria D. Stella	Office Supervisor-SOPHEA
18	Ms. Pushpalata	Secretarial Assistant ( Till Feb 2014 )
19	Mr. Hariprasad Ojha	Office Assistant – SOCHARA Annex
20	Mr. Tulsi Chetri	Office Assistant – CPHE
21	Mr. Joseph M. S.	Office Assistant – SOPHEA

## **In Chennai**

<b>SI No</b>	<b>Name of the Person</b>	<b>Designation</b>
22	Mr. Ameer Khan	Coordinator – CEU unit
23	Dr. Naresh Kumar	Research and Training Assistant
24	Mr. D. Suresh	Communication Officer
25	Mr. J. S. Santosh	Research and Training Assistant
26	Ms. Pratibha Ramakrishnan	Accounts cum Office Manager ( Till Oct 2013)

## **In Madhya Pradesh**

<b>SI No</b>	<b>Name of the Person</b>	<b>Designation</b>
27	Dr. Ravi D'Souza	Coordinator – Bhopal Unit
28	Mr. Juned Kamal	Training and Research Assistant (On deputation)
29	Mr. Bhagwan Singh Verma	Training Assistant
30	Mr. Dharendra Arya	Field Training Officer
31	Ms. Archana Shashidhar	Accounts Manager
32	Mr. Bimal Tirky	Office Assistant

**There are support team members as well: 1) Smt. Kamallamma 2) Smt Vijaya 3) Smt Sangeetha 4) Sri Bhagirath**

## **XI STAFF DEVELOPMENT**

### **In Karnataka**

As part of staff development in admin team Mr. Naveen Pinto, Accountant attended the Professional Training Program for Religious, Charitable and Educational institutions held on 14.06.2014, conducted by STARTT (St. Thomas Academy for Research Training and Transformation).

### **CEU –Chennai**

In the reporting year CEU staffs attended many workshops/seminars and meetings and developed knowledge in wide aspects of public health. A few of the key workshops/seminars and meetings are listed below:

#### **COPASAH, South Asian region workshop on Social Accountability & Community Monitoring in Health, Delhi**

Community of Practitioners in Accountability and Social Action in Health (COPASAH) organized ‘South Asian region workshop on Social Accountability & Community Monitoring in Health, at Delhi from 21<sup>st</sup> to 25<sup>th</sup> September 2013. One of the CEU-SOCHARA team members selected for the workshop that was being attended by group of practitioners in the south Asian region involved in community monitoring. The workshop sought to bring together the learning from varied fields, skills, knowledge and perspectives and was designed on the praxis of learning methodology which predominantly based on practice built on field learning experiences.

### **1. Learning facilitation workshop at Bangalore**

Two of our team members attended the learning facilitation workshop on 19<sup>th</sup> and 20<sup>th</sup> AUGUST 2013 at SOCHARA, Bangalore. The workshop was facilitated by Dr. Ravi Narayan, senior community health advisor to SOCHARA and by the SOCHARA Team. The team members felt that the workshop was helpful in understanding and exploring the foundational philosophy of learning facilitation and community health learning. Team members also reflected on terminologies used in learning facilitation practice related to process, content, skills, and capacities and also on concepts in curriculum development and the steps involved in planning and developing learning programs. The workshop has also helped the team members to identify and understand core learning principles and methods along with core approaches to assessment and evaluation.

The methodology of the workshop was interactive, participatory, reflective, and promote collectivity and community with full team sessions, group discussions, exercises, self assessment and Q &A sessions.

### **2. 'CAH process- case studies presentation' in CHLP Mentors workshop, Bangalore**

SOCHARA organized a community health mentors Workshop on 20<sup>th</sup> and 21<sup>st</sup> November at FRLHT, in Bangalore. SOCHARA believe, practice and facilitate contextual learning process. Hence communitization process of Health was taken as one of its themes and CEU-SOCHARA team members were invited to present the CAH process in Tamil Nadu through case studies. The team made technical presentation to disseminate the CAH initiatives and presented few case studies that were gathered during the project. The team also shared about the scope of learning that the CAH program offers to the young students who are interest to learn and understand the communitization process of health.

### **3. COPASAH : The Second Facilitated Peer Learning Visit to Karnataka**

One of the CEU team members attended the Facilitated Peer Learning Visit organized by Community of practitioners on Accountability and Social Action in Health (COPASAH) South Asia, in January 2014 at Tumkur, Karnataka. The theme of the visit is 'Dalit Communities and Challenges of Accountability'. 18 practitioners who are all COPASAH members and imitated in diverse accountability practices met together at THAMATE organisation in Tumkur, Karnataka. The visit provided a platform for our team member to understand the issues prevailing in the SC community specially Madiga community, manual scavenging and Devdasi system, and also in understanding the Special Component Plan (SCP) a policy for development of SC people in Tumkur district of Karnataka. During the visit our team member had shared about the participation of the marginalized communities in the CAH initiatives in Tamil Nadu.

### **4. SOCHARA- Annual Team Retreat**

Each year SOCHARA organizes Annual retreat for the team members, so that it helps the members to reorient and refresh themselves to take forward the objectives of SOCHARA. This year also annual retreat programme for its staff members was held from 9<sup>th</sup> to 12<sup>th</sup> September, 2013 at Bangalore where all the CEU team members attended the program.

### **5. Medico friend circle**

Medico Friend Circle (MFC) is a non funded group of members with various backgrounds from across the country - public health professionals, medical doctors, nurses, health

activists, researchers, students and professors at medical colleges and others. MFC conducted their 40<sup>th</sup> Annual Meet at New Delhi from 13<sup>th</sup> to 15<sup>th</sup> Feb 2014 in which two of the team members participated in the event and reported their experience to the team.

## **In Madhya Pradesh**

Ensuring the quality in the inputs towards the fellows requires a competent team with adequate knowledge, management, & skills, in public health. Enhancing the team's abilities which allows them to achieve measurable and sustainable results is a basic requirement. This will help team to take action in partnership with individuals & groups to empower them, through the mobilization of human and material resources, to promote and protect their health (enabling).

To sustain an enabling environment within the team and with fellows, team retreats happen on an annual basis where in team of different functional units from Chennai, Bhopal and Bangalore meet for a defined period to discuss SOCHARA's role in promoting comprehensive primary health care, addressing the underlying determinants of health, and in reducing health disparities.

This process marks the celebrating of coming together and working towards the different road maps that will help to build upon the fellowship programs; the research work that team members are engaged in; while supporting the JSA-PHM and its state and other units. Through retreats there is also focus on professional development of technical team members and administrative team members and setting bench marks on the processes of planning and time bound action. The team also deliberates on perspectives, ideologies, community health and public health approaches for a greater clarity and coherence in the context of organisational identity as SOCHARA.

Parallel to this two team members Mr. Juned Kamal and Mr. Bhagwan Verma took up certification courses in research management conducted by the Indian Institute of Public Health Gandhinagar which included both quantitative and qualitative research.

## **XII. PUBLICATIONS**

1. Surpur B, Pruthvish S, Pradyumna A, Prahlad I, Thapsey H, Rahul A, et al. A study on the status of health care waste management practices in healthcare settings of Anekal Taluk, Bangalore Urban District. Journal of ISHWM. 2013 Sep 1;12(1):35–44.
2. Pradyumna A. Society for Community Health Awareness Re-search and Action (SOCHARA): Philosophy, work approach and impact. Ann Comm Health. 2013 Dec 1;1(1):41–5.
3. Verma P, Pradyumna A, Prahlad IM. Reasons for practice of open defecation and non-use of constructed toilets in rural Madhya Pradesh. GPHCON 2014, Chennai, India; Feb 2014.
4. SOCHARA Annual Report 2012-2013.

5. Dimensions – A SOCHARA – SOPHEA Newsletter, November 2013. P1-20 and March 2014
6. Community Health Library and Information Centre (CLIC) with units in CEU, Chennai and CPHE, Bhopal, New Brochure.
7. Pradyumna A. Aerosol optical depth measurement has Bangalore cornered. Current Science, 2013 Feb 10;104(3):281.
8. Pradyumna A, Gaithonde R. Research on Bhopal. Economic and Political Weekly. 2013
9. Surpur B, Pruthvish S, Pradyumna A, Prahlad I, Thapsey H, Rahul A, et al. A study on the status of health care waste management practices in healthcare settings of Anekal Taluk, Bangalore Urban District. J ISHWM. 2013 Sep 1;12 (1):35–44.
10. Pradyumna A. Effectiveness of long lasting insecticidal bed nets in reducing domestic sandfly density - A systematic review. Colloquium 2013: Health Systems and Neglected Diseases in Asia. Bangalore, India: Institute of Tropical Medicine, Antwerp; 2013.
11. Verma P, Pradyumna A, Prahlad I. Reasons for the practice of open defecation and non-use of constructed toilets in rural Madhya Pradesh. Chennai: SRM University; 2014.
12. Chander, S J & Mony, Prem. Are you being manipulated? Ban Tobacco Advertising, Promotion and Sponsorship. Published by SOCHARA and State Anti Tobacco Cell (SATC). P1-25. <http://sochara.files.wordpress.com/2013/06/wntd-tobacco-booklet-by-sochara-atc.pdf>
13. Narayan T, Narayan R and the SOCHARA team, Social Justice in Health – Multiple Pathways towards Health for All – A Reflective Report, SOCHARA March 2014, 194 p.

### **XIII. PARTICIPATION IN CONFERENCES, WORKSHOPS, SEMINARS, TRAINING AND CONSULTATIONS**

The team members are encouraged to participate at various conferences, workshops, seminars and training depending on their interest as part of their professional growth process. The list of conferences, workshops, seminars and training are given below.

1. Dr Adithya As Mohammed Dr Yuvraj and Shani Sequeira attended the Global health futures International conference on 13, 14 & 15th November 2013 organised by Soukya Foundation and the College of Medicine, UK, on community level interventions for holistic care (including ayurveda and homeopathy)
2. Dr Adithya participated in the Colloquium on Neglected Tropical Diseases hosted by Institute of Tropical Medicine, Antwerp in Bangalore, where he presented a paper that he had written earlier during his Masters studies.
3. Mr. S J Chander and Mr. Ameerkhan participated at a meeting on ‘Release of the report on “Alcohol Marketing and Regulatory Policy Environment in India’ in New Delhi on 26<sup>th</sup> November 2013 organized by the Public Health Foundation of India.

4. Dr. Rahul participated in Symposium on: “Center for Disease Control – An Overview of roadmap ahead” conducted by the Rajiv Gandhi Institute of Public Health and Center for Disease Control, Rajiv Gandhi University of Health Sciences on January 31, 2014.
5. Dr. Rahul attended Seminar on ‘Improving Nursing Services & Nursing Education in underserved areas organized by Rajiv Gandhi University of Health Sciences February 7, 2014.
6. Team members Mr. Juned Kamal, Mr. Bhagwan Verma, Mr. Dhirendra Arya, Dr. Razi Hyder and Dr. Ravi D’Souza along with the fellows Jitendra, Smiriti, Uma & Shakti rathi attended the Mid-Annual meeting of the Medico-friends Circle (MFC) held on 3<sup>rd</sup> and 4<sup>th</sup> Aug 2013 in Delhi. The theme of the meeting was ‘Social Discrimination in Health’.
7. Mr Sabu Joseph, Dr. Rahul and CH fellows of Batch 10 participated in the 40<sup>th</sup> Year Annual MFC meeting in Delhi on Social Exclusion and Discrimination in Health. Other alumni were also present.
8. Mr. Sabu Joseph has made a presentation at a Conference in Coimbatore on Social Exclusion. He was also invited as a resource person on Qualitative Research in a training programme in south India.
7. Dhirendra Arya and Juned Kamal participated in the Regional Convention on People’s Expectations from the New Union Government on Budgetary Priorities which was held in Bhopal on 4<sup>th</sup> Oct 2013. The convention was organized as part of an ongoing dialogue and discussion with the government with the objective to build a charter of demands by consolidating stakeholder’s views, people’s expectations and suggestions on different developmental issues/themes and socio-economic sectors and its submission to government to be given thought during budget preparation phase.
8. Mr. Dhirendra Arya and Mr. Juned Kamal participated in the deliberations on the People’s Manifesto for Madhya Pradesh on 5th Oct 2013 in Bhopal. The team shared their experiences about election manifesto with civil society organizations participating in the deliberations. Discussion was held on how to frame the recommendations and share the people’s manifesto with political leaders and representatives
9. A National Consultation on Campaigns against Privatisation and Reforms in Water Sector was organized by Jan Pehal supported by Manthan Adhyayan Kendra and National platform against water privatization on 11<sup>th</sup> and 12<sup>th</sup> Dec 2013 at Bhopal. Team members Mr. Bhagwan Verma, Mr. Dhirendra Arya and Dr. Ravi D’Souza participated in the consultation along with fellows Mr. Uma Sharma, Ms. Chandralekha, Ms. Shakti rathi, Ms. Upkar kaur, Mr. Sufal Nand, Mr. Jitendra Prajapati & Ms. Neeta Singh
10. Bhagwan Verma attended the Capacity Building Workshop on Ethics & Regulation of Clinical Trials in India conducted by SAMA in Bhopal on 18th December 2013. The objectives of the workshop were to help the participants understand about essential drugs, essential drug list and related policies and issues, explore the policies and issues related to rational and irrational drugs, understand the strategies of pharmaceutical marketing, understand clinical trials and conflicts of interest. The session was facilitated by Mr. S. Srinivasan from LOCOST Baroda.



11. Mr. Bhagwan Verma attended the special Gram Sabha Meeting at Village Mundla in Sehore District on 26<sup>th</sup> January 2014, the first gram sabha for the year. In addition to the various agenda items that were tabled Bhagwan gave inputs on health; National Rural Health Mission; role of ASHAs and the role of Village Health and Sanitation Committees. In addition , he highlighted the benefits of proper conduct of the Village Health and Nutrition Day. The Panchayat President requested Mr. Bhagwan Verma to come again to give more health related inputs.

#### **XIV. MEMBERSHIP TO VARIOUS COMMITTEES & GOVERNANCE BODIES OF OTHER GROUPS**

1. Mr. S J Chander is a member of the Institutional Ethics Committee of the Institute of Public Health, Bangalore
2. Dr. Thelma Narayan, is a member of the following bodies:
  - a. Advisory Group for Community Action (AGCA) a Standing Committee of the National Rural Health Mission (NRHM), GOI, New Delhi
  - b. Policy Group on Mental Health, MoHFW, GOI, New Delhi
  - c. Joint Convenor, Jan Swasthya Abhiyan (JSA) – People’s Health Movement India
  - d. Research Ethics Committee of the National Tuberculosis Institute (NTI), GOI, Bangalore
  - e. Research Ethics Committee of Regional Occupational Health Centre (ROHC), ICMR, Bangalore.
  - f. State Mentoring Group, Accredited Social Health Activist (ASHA) and Community Processes for Health for Karnataka and Madhya Pradesh.
  - g. International advisory group member of the Programme for Improving Mental Health Care (PRIME) study on Mental Health
  - h. Chairperson, Golden Jubilee Evaluation, Vision - Mission and Roadmap Committee of the St. John’s National Academy of Health Sciences (SJNAHS), Bangalore
  - i. Academic Review Committee, Tata Institute of Social Sciences, Mumbai
  - j. General Body of INSA, India in Bangalore
3. Ravi Narayan is a member of following bodies :
  - a. Adhoc Task Force Member for Results Framework Document (ATF-RFD) on Health and Medical Education , Government of Karnataka
  - b. Advisory Committee, Curriculum development, Rajiv Gandhi Institute of Public Health and Centre for Disease Control – RGUHS, Bangalore
  - c. Advisory Committee, Health Research, Rajiv Gandhi University of Health Sciences, Bangalore.
  - d. Scientific Advisory Committee of National Institute of Occupational Health,(ROHC) Bangalore
  - e. Governing body and Academic Council Member of Institute for Health Management Research, Bangalore ( IHMR)
  - f. Governing Council of National Institute of Ayurveda and Integrated Medicine (I-AIM), Bangalore.
  - g. International Advisory Committee member, Global People’s Health Movement

4. Dr Adithya is the Treasurer of the St John's Medical College Alumni Association, and also a Steering Committee member of the Pesticide Action Network, India.
  5. Mr. Ameer Khan is a member of the the following:
    - a. National Coordination Committee of the JSA
    - b. Executive committee member of the TNHDA.
    - c. General Body of Rural Women Social Education Centre (RUWSEC).
  6. Dr. Naresh is the secretary of the Indian Naturopathy and Yoga Graduates Association Tamil Nadu (INYGMA-TN)
9. CEU-SOCHARA is a member of the State NGO committee of State Health Society, Tamil Nadu.

## **XV. PARTNERS OF SOCHARA**

The Donor Partners of SOCHARA supporting its different activities during the year 2012-13 were as follows:

1. Sir Ratan Tata Trust ( SRTT), Mumbai, India
2. Sir Dorabji Tata Trust ( SDTT), Mumbai, India
3. SHS-Govt Of Tamil Nadu-Community Action For Health (CAH)), Chennai, India
4. Public Health Foundation of India (PHFI), Delhi, India
5. Misereor – KZE, Germany
6. International Development Research Centre (IDRC), Canada
7. Ford Foundation, India
8. Simon Frazer University, Canada
9. Sarathy Foundation, USA
10. Foundation Open Society Institute( FOSI), USA
11. Friends Of SOCHARA ( Dr. Mathias)
12. Asia Monitoring Research Centre (AMRC)
13. Global Green Grant Fund (GGF), USA
14. Mavis Tree Grant, Australia

**We thank all of them for their support and continued solidarity with our work**

**AUDIT STATEMENTS**

***SOCIETY FOR COMMUNITY  
HEALTH AWARENESS,  
RESEARCH AND ACTION***

***AUDITED STATEMENT OF ACCOUNTS  
FOR THE YEAR ENDING  
31<sup>ST</sup> MARCH 2014***

Audited by  
***G. S. RAVI KUMAR***  
*Chartered Accountant,*  
#14/1, Sevakshetra Building, 1<sup>st</sup> Main, VI Cross, Gandhinagar,  
Bangalore – 560 027.

No. 326, V Main, I Block, Koramangala, Bangalore – 560 034.



*AUDITED STATEMENT OF  
ACCOUNTS*

*CONSOLIDATION*

**G. S. RAVIKUMAR.**  
CHARTERED ACCOUNTANT

No. 14/1, Sevashetra Building,  
1<sup>st</sup> Main, VI Cross, Gandhinagar,  
Bangalore – 560 009.  
Tel: 2226 7579 / 2226 1938

### AUDITOR'S REPORT

To  
The Managing Committee,  
Society for Community Health Awareness, Research and Action,  
No. 326, V Main, I Block, Koramangala,  
Bangalore – 560 034.

1. We have audited the attached Statement of Affairs of M/s. SOCIETY FOR COMMUNITY HEALTH AWARENESS, RESEARCH AND ACTION, BANGALORE, as at 31<sup>st</sup> March 2014 and the Income and Expenditure Account for the year ended on that date. These financial statements are the responsibility of the Society's management. Our responsibility is to express an opinion on these financial statements based on our audit.
2. We conducted our audit in accordance with auditing standards generally accepted in India. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.
3. We further report that :-
  - a. We have obtained all the information and explanations, which to the best of our Knowledge and belief were necessary for the purpose of our audit;
  - b. The Statement of Affairs & Income & Expenditure Account dealt with the report are in agreement with the books of accounts;
  - c. In our opinion proper books of account as required by law have been kept by the Society so far as appears from our examination of those books;
  - d. In our opinion and to the best of our information and according to the explanations given to us, the said accounts give the information as required and give a true and fair view in Conformity with the accounting principles generally accepted in India;
    - i. In case of the Statement of Affairs, of the state of affairs of the Society as at 31<sup>st</sup> March 2014 and;
    - ii. In the case of the Income & Expenditure Account of the Excess of Expenditure over Income of the Society for the period ended on that date.

Place: Bangalore  
Date: 17.06.2014

for G. S. RAVIKUMAR,  
CHARTERED ACCOUNTANT



(G. S. RAVIKUMAR)  
PROPRIETOR





**SOCIETY FOR COMMUNITY HEALTH AWARENESS RESEARCH AND ACTION, BANGALORE**  
**BALANCE SHEET AS AT 31ST MARCH 2014**  
**CONSOLIDATED ACCOUNT**

LIABILITIES	SCHE- DULE	AMOUNT Rs.	AMOUNT Rs.	ASSETS	SCHE- DULE	AMOUNT Rs.	AMOUNT Rs.
<b>CORPUS FUND</b>				<b>FIXED ASSETS:</b>			
Per last Balance Sheet		516,152.56		As per Fixed Assets Schedule	9		884,200.89
Add Receipt during the year	35	46,460.00	562,612.56				
<b>FUNDS CARRIED OVER</b>				<b>SUNDRY DEBTORS:</b>			
As per last Balance Sheet		14,282,240.57		Programme Advances	25	44,288.00	
Less: GGF grant shown separately		(74,092.00)		Loans & Advances- staff	25	5,000.00	49,288.00
Less: Transferred from I & E A/c:		(2,409,529.39)					
Community Health Environment Skill( GGF)			11,798,619.18				
			70,336.00				
<b>PROVISIONS:</b>				<b>DEPOSITS:</b>			
Gratuity	40		1,168,662.50	Rental Deposit - Bhopal office (CPHE)	39	54,000.00	
Audit & Legal Fees	38		45,000.00	Rental Deposit - CHC-ANNEXE	39	10,000.00	
Internal Audit Fees	37		35,000.00	Electricity Deposit-Sochara Annexe- CHC	39	880.00	
				Telephone Deposit - CHC	39	2,280.00	
				Rental Deposit - CPHE(CHC)	39	125,000.00	
				Rental Deposit - SOCHARA Annexe(CHC)	39	320,000.00	
				Rental Deposit - SOCHARA Annexe(CPHE)	39	110,000.00	622,160.00
				<b>CASH AND BANK BALANCES</b>			
				Cash on Hand	27	24,697.30	
				Cash at Bank	29	573,731.05	598,428.35
				Fixed Deposit - Corpus Fund	31	506,150.00	
				Fixed Deposits Funds - Local	31	2,478,000.00	
				Fixed Deposits Fund - SRTT	31	2,500,000.00	
				Fixed Deposits Funds - CAH project	31	1,500,000.00	
				Fixed Deposits Funds - Gratuity	31	1,002,600.00	
				Fixed Deposits Funds - Foreign	31	3,539,403.00	11,526,153.00
<b>TOTAL</b>			13,680,230.24	<b>TOTAL</b>			13,680,230.24

PLACE : BANGALORE  
DATE : 17.06.2014

*(Signature)*  
**President**

*(Signature)*  
**Secretary**

**for Society for Community Health  
Awareness, Research and Action**



**EXAMINED AND FOUND CORRECT**  
Subject to my report of even date

**G. S. RAVI KUMAR**  
**CHARTERED ACCOUNTANT**

**SOCIETY FOR COMMUNITY HEALTH AWARENESS RESEARCH AND ACTION, BANGALORE**  
**INCOME AND EXPENDITURE ACCOUNT FOR THE PERIOD FROM 01.04.2013 TO 31.03.2014**  
**CONSOLIDATED ACCOUNT.**

EXPENDITURE		SCHE- DULE	AMOUNT Rs.	INCOME		SCHE- DULE	AMOUNT Rs.	AMOUNT Rs.
By	<b>PROJECT EXPENSES-</b>			To	<b>CONTRIBUTION TO PROJECT</b>			
"	Program Expenses	1	965,572.00	To	Community Action and Policy Advocacy	2		75,000.00
By	Community Action and Policy Advocacy	10	3,750.00	"	Anti Tobacco Meeting - HIRDAY			1,024,536.00
"	Community Health Environment Skill Share ( AMRC)	12	195,768.40	"	Community Health Initiatives -Miseror-321-900-1450	13		194,903.00
"	Community Health Initiatives -KZE-321-900-1280ZG	13	1,024,536.00	"	Friends of SOCHARA, Switzerland - (MBS)	23		6,487,373.09
"	Community Health Initiatives -Miseror-321-900-1450	11	138,545.50	"	Community Health Learning Programme ( IDRC)	22		1,967,720.40
"	Advocacy for the Health Rights of the poor	14	1,417,454.75	"	Community Health Initiatives-KZE-321-900-1508ZG	14		165,000.00
"	(Mavis Tree Grant)	21	1,161,214.00	"	C. H Rights Course Support -	17		3,756.00
"	Community Health Initiatives-KZE-321-900-1508ZG	17	165,000.00	"	Miseror-321-600-1027	16		593,562.75
"	Accountability and Monitoring in Health Initiative (Foundation Open	16	3,756.00	"	Community Health Environment Skill( GGF)	7	773,000.00	991,000.00
"	Society Institute - FOSI)	4	1,327,564.50	To	<b>Community Health Teaching Program</b>	7		5,100,000.00
"	C. H Rights Course Support - Miseror-321-600-1027	5	7,129.00	"	Community Health Fellowship Program( SDTT)	8		
"	Community Health Environment Skill( GGF)	2	75,000.00	"	Less: Balance funds returned to SDTT/JTT			
"	Community Action for Health( CAH) - CEU,Chennai	3	4,127,329.50	"	C. H. Fellowship Program( SDTT) - Interim Project	3		
"	CEU Chennai General	7	777,143.25	"	Community Health Learning Programme( SRTT)			
By	Anti Tobacco Meeting - HIRDAY	8	858,284.25	To	<b>Community Health Research</b>	6		94,500.00
"	Community Health Learning Programme( SRTT)	22	3,962,451.50	"	Alcohol Tax Policy Study ( PHFI)	24		103,420.50
"	Community Health Fellowship Program( SDTT)	18	1,917,136.50	"	Universal Health Coverage ( PHFI)			
"	C. H. Fellowship Program( SDTT) - Interim Project	19	1,808,176.50	To	<b>GENERAL CONTRIBUTIONS</b>			
"	Community Health Learning Programme ( IDRC)	6	32,526.00	"	Mentoring Fees	34		71,500.00
By	Social Justice in Health Research, Advocacy, Training & Action on	24	103,420.50	"	Sochara Annexe	34		194,300.00
"	realising Health Rights -(Ford Foundation)	15	601,329.60	"	Other Contributions	34		1,399,650.50
"	Social Justice in Health Research, Advocacy, Training & Action on	23	59,875.00	"	Chennai Local	34		10,720.00
"	Medical Tourism & Equity (SFU)	1	38,429.09	To	<b>BANK INTEREST:</b>	36		1,250.00
"	Alcohol Tax Policy Study ( PHFI)	40	262,670.50	"	Bank interest on SB A/c's	32		106,905.00
"	Universal Health Coverage ( PHFI)	9	250,214.29	"	Bank interest on Fixed Deposits	33		727,850.00
By	Community Health Initiatives	37	35,000.00	To	Excess of expenditure over Income			2,409,529.39
"	Promoting Public/Community Health in India (Sarathy Foundation)				<b>Total:</b>			21,722,476.63
"	Friends of SOCHARA, Switzerland - (MBS)							21,722,476.63
By	Old Programme advances written off							
"	PROVISIONS							
"	Gratuity							
"	Depreciation							
"	Internal Audit Fees							



EXAMINED AND FOUND CORRECT  
 Subject to My Report of Even date

*G. S. Ravi Kumar*  
 Chartered Accountant

**for Society for Community Health  
 Awareness, Research and Action**

*T. Narayan*  
 Secretary

*[Signature]*  
 Treasurer

*[Signature]*  
 President

PLACE: BANGALORE  
 DATE: 17.06.2014



**SOCIETY FOR COMMUNITY HEALTH AWARENESS RESEARCH AND ACTION, BANGALORE**  
**RECEIPTS AND PAYMENTS ACCOUNT FOR THE PERIOD FROM 01.04.2013 TO 31.03.2014**  
**CONSOLIDATED ACCOUNT**

RECEIPTS	SCHE DULE	AMOUNT Rs.	AMOUNT RS	PAYMENTS	SCHE DULE	AMOUNT Rs.	AMOUNT Rs.
To OPENING BALANCE:				By Program Expenses	1	1,055,522.00	1,055,522.00
* Cash on Hand	26	31,586.80		By PROJECT EXPENSES			
* Cash at Bank - SBM	28	1,031,851.06		Anti Tobacco Meeting - HIRDAY	2	75,000.00	
* Fixed Deposits - Corpus Fund	30	506,150.00		Community Health Environment Skill Share ( AMRC)	10	3,750.00	
* Fixed Deposits - Gratuity Fund	30	1,002,600.00		Advocacy for the Health Rights of the poor (Mavis Tree Grant)	11	138,545.50	
* Fixed Deposits	30	11,917,403.00		Community Health Initiatives -KZE-321-900-1280ZG	12	185,768.40	
* Corpus Fund received during the year	35	46,460.00		Community Health Initiatives-Misereor-321-900-1450	13	1,024,536.00	
To INTEREST FROM BANK				Community Health Initiatives-KZE-321-900-1508ZG	14	1,378,420.75	
* Fixed Deposits	33	727,850.00		C.H Rights Course Support - Misereor-321-600-1027	17	165,000.00	
* Saving Bank Account	32	105,905.00		Community Action for Health( CAH) - CEU Chennai	4	1,327,564.50	
To GENERAL CONTRIBUTION				Chemical Local General	5	7,129.00	
* Contribution - Mentoring Fees	34	71,500.00		Accountability and Monitoring in Health Initiative (Foundation Open			
* Contribution - Sochara Annexe	34	194,300.00		Society Institute - FOSI)	21	1,161,214.00	
* Contribution - Chennai Local	34	10,720.00		By Community Health Research	16	3,756.00	5,470,684.15
* Contribution - Others	34	1,399,650.50		Social Justice in Health Research, Advocacy, Training & Action on			
* Membership Fees	36	1,250.00		realising Health Rights -(Ford Foundation)	18	1,917,136.50	
To CONTRIBUTION TO PROJECTS				Social Justice in Health Research, Advocacy, Training & Action on	19	1,808,176.50	
Community Health Rights Course Support - Misereor-				realising Health Rights -(Ford Foundation) - NCE	20	473,200.00	
321-600-1027	17	165,000.00		Medical Tourism & Equity (SFU)	24	103,420.50	
* Community Health Initiatives - Misereor-				Universal Health Coverage ( PHFI)			
321-900-1450	13	1,024,536.00		Alcohol Tax Policy Study ( PHFI)	6	32,526.00	4,334,459.50
* Anti Tobacco Meeting - HIRDAY	2	1,967,720.40		By Community Health Teaching Program			
To Community Health Teaching Program				Community Health Learning Programme( SRTT)	3	4,147,329.50	
* Community Health Learning Programme( SRTT)				Community Health Fellowship Programme ( SDTT/JTT)	7	777,143.25	
* Community Health Fellowship Programme( SDTT)				Community Health Fellowship Programme-NCE ( SOTT)	8	856,284.25	
* Community Health Fellowship Programme( SDTT) -				Community Health Learning Programme ( IDRC)	22	4,262,451.50	10,045,208.50
Interim Period				Promoting Public/Community Health in India (Sarathy Foundation)	15	601,329.60	
* Community Health Learning Programme ( IDRC)				Friends of SOCHARA,Switzerland - (MBS)	23	59,875.00	661,204.60
* Community Health Learning Programme( SDTT)				Unutilised balance of CHLP returned to SOTT/JTT	7		179,437.25
* Community Health Learning Programme( SDTT) -				Unutilised balance returned to UHC - PHFI	24		99,079.50
* Community Health Research				By ADVANCES:-	9		271,599.00
* Alcohol Tax Policy Study ( PHFI)				Program advances paid - local	25	19,500.00	
* Universal Health Coverage - (PHFI)				Program & staff advances paid - foreign	25	29,788.00	48,288.00
To Community Health Initiatives				By CLOSING BALANCE:			
* Friends of SOCHARA, Switzerland - (MBS)				Cash on hand	27	24,697.30	
* Program & staff advances received - local				Cash at Bank	29	573,731.05	
* Program & staff advances received - foreign				Fixed Deposits - Corpus Fund	31		598,428.35
TOTAL			34,291,062.85	TOTAL	31		1,002,600.00
					31		10,017,403.00
							34,291,062.85

Examined & Found Correct  
 Subject to my report of even date

G. S. RAVI KUMAR  
 CHARTERED ACCOUNTANT

M. No. 18524  
 CHARTERED ACCOUNTANT

for Society for Community Health  
 Awareness, Research and Action

Secretary

President

Measurer

PLACE: BANGALORE  
 DATE : 17.06.2014