SOCIETY FOR COMMUNITY HEALTH AWARENESS, RESEARCH AND ACTION (SOCHARA)

A Journey of a Thousand Lives: Building Community Health Through Fellowships

Objectives of SOCHARA

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

SOCIETY FOR COMMUNITY HEALTH AWARENESS, RESEARCH AND ACTION (SOCHARA)

The Community Health Cell, Bangalore

with support from

The Sir Ratan Tata Trust, Mumbai

Presents

The story of

The Community Health Learning Programme (CHLP) Phase II 2008-2011

September 2011

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"As the river gives itself to the ocean
What is inside me moves inside you."

-- Kabir, 15th Century Poet

FOREWORD

SOCHARA has dreamt and worked on the centrality of building community and community health with social justice since its inception. This is its contribution to the larger process of collective progress towards the global social goal of "Health for ALL." It has also actively participated in the evolution of the People's Health Movement which is in the forefront of revitalising comprehensive primary health care since 2000. The 1991 Memorandum of Association mandates us to *"evolve educational strategies that will enhance the knowledge, skills and attitudes of persons involved in community health and development."* This objective provided the framework for several innovative training and educational initiatives over the years.

Community Health was defined *"as a process of enabling people to exercise collectively their responsibility to their own health and to demand health as a right"* (CHC 1986-87). This definition was developed in 1983 by many of us and laid the foundation for the CHC experiment. SOCHARA took the approach further. The community health approach *"involves the increasing of individual, family and community autonomy over health and over the organisations, the*

means, the opportunities, the knowledge and the supportive structures that make health possible." (ibid)

Creative and innovative learning approaches experimented with by CHC over several years, were formalised through an internship and fellowship programme in community health from 2003 to 2007. This caught the imagination of people and the experiment grew with younger teams taking greater responsibility; with Indian language teaching in Kannada, Tamil and Hindi; and with the growth of several other community health and public health related fellowship programmes in the civil society sector.

The past decade has seen public health initiatives in India with a complete redesign: including spaces for communitisation; flexible funding; governance systems including community monitoring; standard setting with the Indian Public Health Standards; increased role for AYUSH in public health; increased research and an increase in public health education and health human resource development. SOCHARA has participated in many of these initiatives. At the same time, as the contribution of the health sector to the economy has been recognised, market forces are also strongly at play and not always in the public interest. The impact of monetisation and marketisation of the health sector which comes face to face with pain and suffering raises several ethical questions. Disparities in health and development are rising, as is public discontent.

It is in this context that the Community Health Learning Programme has continued its role of providing a mentored space for an alternative learning about community health in contact with raw reality, along with critical thinking. This document captures the experience of this phase and invites continued partnerships as the next phase evolves. The SOCHARA civil society 'School of Public Health' is work in progress and is evolving based on the experience of the past decade. Participants at a National Workshop on Community Health Learning Programmes organised in Bhopal in October 2010 described it as "an idea whose time had come". Critical reflection of the work so far, workshops on teaching learning processes and brainstorming sessions are being held to light the way forward. It is bound to be an exciting journey and one more collective step towards Health for ALL.

Dr. Thelma Narayan
Secretary
SOCHARA

EXECUTIVE SUMMARY

CHC-SOCHARA, Bangalore, conducted the Community Health Learning Programme (CHLP) - Phase two, over a three year period, from January 2008 till December 2010, with new team members being inducted and mentored, and with continued support from the Sir Ratan Tata Trust (SRTT). An institutional collaboration between SRTT and CHC-SOCHARA had commenced in 2003 with the first phase called the Community Health Internship and Fellowship Scheme (CHFS) for young professionals, with external, concurrent and end evaluations.

Phase two built on this experience and on the evaluations. This evolved from a rich tradition of engagement with teaching-learning processes for community health at different levels by SOCHARA since its inception. The objectives of the CHLP were in three broad areas: Training, Documentation, and Dissemination.

The aim was to build leaders in community health through full time and flexi internship options; to extend continued support to alumni; to create and disseminate written material on community health in regional languages; and to disseminate the learning's from the teaching programme so as to facilitate a networking of community health trainers, and stimulate the growth of new programmes.

Over three years the CHLP had 44 community health interns, with 24 full time participants for nine months and 20 flexi interns. Women participants (30) were more than twice the number of men (14). Most interns were from South India with the majority being postgraduates with a social science background. During an 8 month no cost extension period from January 2011, ten additional short term and flexi-interns participated in the programme. There was a challenge in managing the learning curves of a mixed group of persons, such as those with community experience (some of who were graduates) alongside others with a post-graduate degree but no community experience. This mix enhanced the richness of learning and also limited it. Diverse educational backgrounds, language abilities and computer literacy provided a challenge to a small facilitating team.

The highlights and uniqueness of the training in community health have been the use of person centric and grounded community based experiential learning approaches, with flexible learning objectives developed by interns and guided by mentors. Participatory, interactive methods of teaching helped to reiterate the concept of reflective learning. Field visits and field placements provided a hands-on real life experience of engaging with communities, the public health system, and the underlying social determinants of health. The team worked hard to manage the diversity in language ability of the interns, in order to facilitate their learning.

There was an iterative process between theories and conceptual learning conducted through residential collective teaching sessions, and community based contextual learning. After an orientation in CHC, the fellows were placed in various organisations for their field work and practical learning, where they were mentored by a field mentor. The field organisations were predominantly working on community health, development or on the basic health and development rights of communities. The last three months of field practice helped the interns to gain skills in organising and mobilising people for campaigns; training a wide range of people in the community on health and the right to health and health care; and to formulate and conduct research studies.

Specialised workshops on personality development, teaching methods, writing skills, introduction to research, participatory rural appraisal techniques and health communication including– alternative media were conducted for skill development.

Annual alumni workshops discussed current challenges in health, and helped sharing and networking among alumni. The alumni and CHC team kept in touch to share notes, provide guidance and feedback on the Fellowship Programme. Some alumni facilitated sessions during the training and were also involved in supporting interns during field visits.

In 2009 the Interns had the opportunity to join an IPHU (International People's Health University) Training Programme co-organised by SOCHARA with PRAYAS, *Jan Swasthya Abhiyan* and the global Peoples' Health Movement (see www.phmovement.org). Participants from Nepal, Pakistan, Kenya, Germany, Netherlands and other countries shared their work and were also enriched by the participation of the interns.

Resource material were translated and adapted in two regional languages. Tamil and Kannada booklets were printed on health and its determinants, health rights, and inequity in health. The SOCHARA website was updated with articles on community health and public health. A CD with a repository of articles was prepared in 2008.

Meetings with field mentors were organised in 2009 and 2010. The CHC team shared perspectives and experiences on mentoring, and there was discussion on challenges of mentoring during field placement. The note on 'Role of Mentors' was further modified based on these discussions.

Two national workshops were held in April 2008 and October 2010 to share the learning's and challenges of 'Community Health and Public Health Learning Programmes'. The first workshop facilitated the collective evolution of the vision, mission and broad course content of a two year community health fellowship programme in Madhya Pradesh, central India which was established by the Centre for Public Health and Equity, SOCHARA in 2009. This initiative drew upon the experience with the CHFS since 2003. The two year programme is in Hindi with a focus on building community capacity for health and strengthening the public health system from below utilising the 'communitisation' component of the National Rural Health Mission.

In 2010, the Bhopal based workshop was an occasion to share and learn from several fellowship programmes. This included the SOCHARA's community health fellowship programmes in Bangalore and Bhopal, the programmes of the Public Health Resource Network in four states of India, the community leadership fellowship of Basic Needs India and potential fellowships for AYUSH and public health. Challenges faced in use of appropriate teaching methods, mentoring and assessment methods across the fellowship programmes were discussed. The proposed SOCHARA civil society school of public health for scholar activists was discussed and described as 'an idea whose time had come'.

There was an ongoing review of the CHLP processes through Advisory Committee meetings and through feedback from interns and alumni. An internal review was undertaken in the second year by the team and Advisory Committee members. An external end review of the CHLP was

undertaken by Dr. Abraham Joseph, a senior community health expert. Two audits of the accounting component of the grant were conducted by P. M. Bavishi & Co. Chartered Accountants, Mumbai in 2009 and 2011.

The younger CHC SOCHARA team members, some of whom are alumni from the first phase, gained considerable experience in mentoring fellow travellers in community health, in managing a fellowship programme and in financial management over the second phase. They brought in fresh energy and ideas and a lot of commitment to equity in health and development. The interactions with the SRTT health team have been supportive and encouraging and in a spirit of partnership towards a common cause.

Empowering Communities - Training people on santiation in Tumkur and North Karnataka, 2010-11

CHLP: AN INTRODUCTION

Existing teaching programmes in community health and public health in the mainstream academia largely focus on building capacities with a biomedical orientation to health, using primarily classroom based didactic teaching methods, with field 'projects' that are programme or disease control driven. In most of these programmes, community based teaching is limited, and there is little interaction with civil society initiatives in public health education.

Health human resource training and management policies and programmes fail to adequately acknowledge and address the underlying social-economic-political-cultural-environmental determinants of health. This invariably leads to a deep gap between the health system's responses to community needs. CHC SOCHARA has, along with many other organisations and individuals, an alternative vision of a health system embedded in a paradigm of health and development, based on equity and justice, with widespread participation to address the health determinants. Human resources are a crucial part of creating and owning this alternative vision. In order to further actualise the Health for All goal health care providers, policy makers, programme implementers and communities who are oriented to the social paradigm of health and to the fundamental human right to health

need to work more closely together in mission and movement mode.

One of the foremost tasks is to bridge the link between people and the health systems by leaders who could work in building community capacities in health, integrating people's rights with community health action. Since its inception in 1984, Community Health Cell (CHC), a functional unit of Society for Community Health Awareness Research and Action (SOCHARA) has been supporting young professionals in their exploration and understanding of the social paradigm of health and community health perspectives through their placement with CHC and various community based health programmes. The linkages have been flexible and responsive to individual search, and supportive of paradigm shifts in personal careers from being institutional based, and moving towards community action within an analytic, societal context. This has also encouraged many young people to pursue life vocations and careers in public health and community health.

But most courses in community medicine offered through medical colleges and the few public health courses in India have been predominantly rooted in a technology oriented, biomedical model of public health teaching. In the last decade, there have been significant changes in the public health education scenario in India. In 2004, there was a national consultation called by the Ministry of Health to address the gaps and strengthen public health education in India. This led to political commitment to improve institutional capacity for public health education with a specific commitment to partnerships with relevant private players and civil society organisations. The Government recognised the role of civil society initiatives in public health, as did the WHO-SEARO, and this resonated with the global recognition of public health reform with inputs from various players.

Public Health and Community Health Educational Initiatives

There has been a rise in the establishment of Schools of Public Health and new educational initiatives in public health related fields in India over the past decade. Several of these initiatives are commercially driven and market oriented. The Public Health Foundation of India (PHFI) that started in 2006 is a high profile public private foundation mandated by the Government of India. PHFI has set up new Institutes of Public Health and is involved in research, policy support and training programmes towards improving public health.

The National Rural Health Mission (NRHM) – launched in 2005 to strengthen the public health system, has facilitated one of the largest systemic initiatives globally for strengthening

community health. Over these years, the communitisation components of the NRHM – namely 'community monitoring and planning or action for health' has been strengthened by civil society organizations through training, building monitoring tools and facilitating dialogue between the public health system and communities. The National Health System Resource Centre (NHSRC) established by the Government of India to build resources in public health has initiated a Community Health Fellowship Programme through partnership with the Public Health Resource Network (PHRN), a civil society organization. This programme trains a cadre of community health fellows who will support the Accredited Social Health Activist (ASHA) and other community level processes by linking with the district programme under the NRHM in selected states of Bihar, Jharkhand, Orissa and Rajasthan.

SOCHARA has been actively engaged in working with the public health system to support both the PHFI and the NRHM. Team members are actively involved in the national ASHA Mentoring Group, the Advisory Group on Community Action for Health, which is a Standing Committee of the NRHM, the governing bodies of PHFI and the NHSRC. They have also contributed to several Task Groups of the NRHM and together with other civil society members ensured the community perspective in shaping the design and strategies of the NRHM.

SOCHARA's Role in Community Health Education

The space, support, guidance and facilitation of self-study and short term linkages provided by CHC had evolved into a formal Fellowship Programme in 2003. The Community Health Fellowship Programme with its two phases – the Community Health Internship cum Fellowship Scheme (CHFS) (2003- 07) and the Community Health Learning Programme (CHLP) (2008-2011) has evolved as a significant training programme by civil society in strengthening the capacity of young graduates, post-graduates and activists in community health and public health.

The aim of the CHLP is to orient participants to the community health perspective and strengthen their motivation towards working with communities with a deeper understanding of the social paradigm of health, health rights and a community health approach. The CHLP specifically focuses on capacity building of persons based in the health movement or community based organizations to develop more leaders in community health.

The Community Health Fellowship Programme by SOCHARA in Madhya Pradesh since 2009 also aims to train young professionals in community capacity building for health; in critically engaging with and strengthening the public health system from below and in

functioning as an inter-phase between the community and the health system. Madhya Pradesh has some of the worst health indicators in the country, which was a reason among others for SOCHARA to build on experience in areas of greater need.

Need for Analytical Review of the Teaching Programmes

It is crucial to analyse the different courses in public health and community health and understand in what way they are different from each other. It becomes imperative to understand if the fellowship programmes could provide answers for the following questions:

- 'Will there be a qualitative change and redefinition in the discipline itself?
- Are there differences in selection, content, methods of teaching and processes of learning that would enable participants to contribute effectively and sensitively to complex public health needs?
- While students and perhaps staff are from multidisciplinary backgrounds, will this ensure a shift in the biomedical framework?
- Will the 'products' be servicing policies and programmes that are still vertical and disease centered or will they be able to think and act differently, independently, in a socially relevant manner, responding to 'community need' that is layered by a variety of hierarchies?
- How will these different programmes address health disparities and work towards the 'HEALTH FOR ALL' goal?

These questions are difficult. The answers have to emerge from social processes and from discussions and debates within and across the Fellowship Programmes. One such attempt was the National Workshop conducted by SOCHARA in October 2010. The Fellowship programmes also pose challenges in:

- Engaging with the state, society and communities.
- The challenge of realizing health rights of communities vis-à-vis competing corporate interests for the commons.
- Challenges of confronting the marginalization of the poor, tribals, dalits, women, children and migrants
- The challenges of confronting corruption and lack of accountability.

The Fellowship Programmes in SOCHARA are situated in the above societal context. This report traces the framework, the activities, processes and outputs of the Community Health Learning Programme and attempts to document the learning's and challenges in implementing the phase II of the Community Health Fellowship Programme.

CHLP: AN EXPLORATION THROUGH LIFES JOURNEY

The Community Health Learning Programme (CHLP) started in 2008 with support from the Sir Ratan Tata Trust for three years (2008–2010) as Phase II of the Community Health Fellowship Scheme (CHFS-Phase I). The CHLP was designed from the experience of the first phase of the Fellowship Programme and the extensive inputs given by the mid-term and end term evaluations of the CHFS, feedback from the alumni and the team members.

The three broad inter-connected goals or components of the CHLP are illustrated below.

TRAINING

- Community health learning
- Alumni extension learning
- Development of resource centre

DOCUMENTATION

- Developing training material
- Update website with resource material on community health and public health

DISSEMINATION and ADVOCACY

- National workshops to disseminate the learning's

Full time and flexible internships to pursue the learning and internalisation of community health was the most important component of the CHLP with three objectives:

1) **To facilitate development of a 'community health perspective' through semi-structured placement opportunity in CHC in partnership with selected community health projects.**
2) **To strengthen the motivation, interest and commitment of persons for community health.**
3) **To sharpen analytical skills and deepen an understanding of the societal paradigm of community health and public health.**

Full-time Programme for Community Health Learning

A broad design of the learning plan of the full time programme is given in tabular format below. The first six months involved the orientation and field placement with mentoring of interns. In the last three months, the interns were engaged in praxis to gain skills in training, research and organizing campaigns on health issues.

Table 1. Design of the full time CHC Community Health Learning Programme

Phase	Objective	Duration	Venue
Orientation at CHC	To orient the interns to the various aspects of community health.	6 weeks	CHC and Field visits
Guided field visits and exposure tours.	To prepare the interns for field work and to ground the learning during orientation with first hand exposure to field realities.		
Field Mentored Learning	To expose the interns to various community health initiatives, while gaining a hands on learning experience in community health.	16-18 weeks	CHC and other field based organisa-tions

Phase	Objective	Duration	Venue
Group learning sessions	To bring the interns during their field placement at the end of three months and six months to share and discuss about their field level experiences and learnings, to reflect about it in light of community health principles and to learn new topics/skills based on needs expressed.	1 week at the end of 3 months	CHC
Debriefing and report writing	To share and reflect about their learnings about self, community and community health through the fellowship period and to put it down in writing.	2 weeks	CHC
Community Health Practice	At the completion of the sixth month phase, interns were supported for a brief period to work on their own on some community health related issues for a period of 2-3 months, to enable them to establish their work and linkages in the field on specific issues linked to community health.	10 weeks	CHC and other field based organis-ations
	Final debriefing, discussion and report submission session	2 week	CHC
Total		**36 weeks**	

Selection of Interns

Most of the applicants were referred to the programme by alumni and through announcements in our website or health journals. The programme took in graduates with at least three years of work experience in the areas of health and development and postgraduates from health and allied sciences and social sciences. As the focus was on building community health leaders based in the health movement or in community based organizations, graduates with experience of working on health and development issues were included.

Each applicant was required to submit a note explaining why they would like to join this programme along with their resume. The applicants who fulfilled the eligibility criteria were shortlisted and interviewed by two panels of resource persons in community health and development. The detailed interview enabled them to express their interests, as most of them do not belong to a health background. The scoring is based on a set of 10 indicators that include aspects of work experience and commitment to working with communities. An important selection criterion was the interest and commitment of applicants to working with communities.

Profile of Full-time Interns

Table 2 provides details about the full-time community health interns (2008-2010), and Table 3 covers flexi interns (2008-10), with additional analysis of the interns in the full time and flexi time internships respectively. There were more women interns than male interns. There were more postgraduates than graduates (ratio of 3:1). A larger proportion came from social science educational backgrounds, compared to medical sciences. Most of the interns represented the southern states and some were from the North and the North East India.

Table 2. Details of full-time community health interns (2008-2010)

Persons selected for full time Internship	28	Gender	
Persons who completed Internship (batch 1 & 2)	14	Male	9
Number of dropouts	1	Female	15
Persons who switched to flexi internship	3		----
Number of interns in batch 3	10		**24**
		Total Full Time Interns completing 9 months	**24**

Educational Background		States	
Graduate Postgraduate:	6	TamilNadu	5
Social Sciences	12	Karnataka	13
Medical Sciences	1	Maharashtra	1
Professional - Medical	3	Assam	2
Engineering	2	Manipur	1
	----	Uttar Pradesh	1
	24	New Delhi	1

			24

Flexible Programme for Community Health Learning

There are a number of individuals from across India and abroad who approach CHC for flexible and individual-centred learning and perspective building opportunities in community health. This component of the CHLP includes a short-term programme of variable duration for a maximum of six individuals or the equivalent of 18 fellowship months in a year. This is focused on their individual learning and orientation to the concepts of the 'social determinants of health.' However since the demand on SOCHARA is very high and many good candidates including some NRIs apply, the flexi-component accommodates more than the planned number, with many undertaking the flexi internship without financial support from the programme.

The flexible component of the CHLP allows young students the space to explore, question and strengthen their motivation, interest and commitment towards community health. During Phase II, twenty participants had completed 64 months of flexi-internship between 2008 -2010. Most of them were in the process of pursuing public health courses or other courses at the time of joining and this short placement facilitated an orientation to community health and to the social paradigm.

Table 3. Details of flexi interns (2008-10)

Quantitative profile		**Gender**	
No. of flexi interns	20	Male	5
No. of months of internship	63.5	Female	15
(2 Flexi interns continued as full time are counted in table 3 and table 2.)			
Educational Background		**International**	2
Graduate	5	**Indian States**	
Postgraduate - Social Sciences	4	Tamil Nadu	3
Medical Sciences	4	Karnataka	12
Professional (medical/health)	7	Madhya Pradesh	1
		Maharashtra	1
		Punjab	1

Advisory Committee

The Advisory Committee met annually to review the implementation of the programme, understand the challenges as reflected upon by the team and offer suggestions for improvement. The Advisory Committee members were Dr. M. K. Vasundhra, Dr. Thelma Narayan, Dr. Mani Kalliath, and Mr. E. Premdas, SOCHARA members, Ms. Renu Khanna, and Dr. Sara Bhattacharjee- senior resource persons in community health and Ms. Sathyasree Goswami, an alumnus of the Fellowship Scheme (1st phase).

The Advisory Committee members brought rich experience in teaching and practising community health, public health, community mental health, community development, social action and health activism. They were actively involved in anchoring the CHLP programme, facilitating sessions, mentoring interns and supporting field placements in their organisations. Members were active in the National Workshops and in mentors meetings held over the three-year period.

They have been supportive of the processes of the CHLP sharing valuable inputs and advice. The members facilitated an internal review of the CHLP along with the CHC team.

Community Health Teaching

The teaching – learning programme is structured into a six week orientation phase: and a subsequent field placement phase for community based learning and practice; with residential collective

teaching sharing sessions at intervals of three months.

The six week orientation is very intense allowing participants to learn and unlearn concepts concerning health, social structures, people's rights and marginalization. The sessions encompass definitions of health, community health, public health; functioning of the public health system; understanding public health approaches to control of diseases; community health approaches to public health problems; understanding society and social structures and their impact on health of communities, health inequalities and social determinants of health (See Appendix 2, Consolidated List of Themes of Sessions (2008-2010). This facilitates a broadening of vision, a conceptualization of the social paradigm of health[1] and perspective development.

The interns are then introduced to the national policies and programmes, meaning and scope of comprehensive primary health care, the influence of macroeconomic policies on health of communities and nations, and the role of the People's Health Movement and its response to globalization and its challenges. The interns are also introduced to community health approaches in mental health, disability and disaster situations, environmental and occupational health.

The methods used include reading resources, participatory methods of pedagogy (simulation exercises, role-play with discussion), case studies, lecture-discussions, written assignments, video documentaries and exposure visits to organizations and their fieldwork.

Participatory learning methods were most appreciated as these were experiential and allowed scope for reflection. The Monsoon Game[2] helped all interns to introspect on the social

Social Paradigm of community health and public health.

To move community health action from ...

- The bio-medical model to the socio-community model.
- Individual to community focus.
- People as patients or beneficiaries to persons as equal participants.
- Providing to enabling and empowering. Drugs and technology to educational and social processes.
- Professional control to demystification, and social control.

1 Community Health Cell, 1987; Community health: the search for an alternative process, Centre for Non-Formal and Continuing Education.

2 Monsoon: A Simulation Game, SEARCH, Bangalore, 1981

Dr. Ravi Narayan debriefing with the interns following the simulation game-Monsoon

Interns interacting with the Community Coordinator *(Sanchalaki)* at JMS, Potnal

determinants of health and the deeply entrenched hegemonic powers of social structures while participating in the simulation game. The case studies on access on health care break the participants' myths and biases on societal values on health.

Special focus is given to processes of marginalization and health issues of marginalized communities through the visit to the Jagrutha Mahila Sangathan – a Dalit women's collective at Potnal, Raichur district and interacting with the women members and witnessing the functioning of the primary health care system, the Anganwadi centre and the Public Distribution System at the village level. The interns gain experiential understanding of the social determinants of health and health care and the importance of collectivisation to fight for communities' rights.

Every day began with a recap of the previous day's sessions by the interns. They share the group's collective learning and the areas where they would like more inputs. The orientation programme helps the interns to internalise the huge canvas of the complex nature of health and health care including access. It also makes them confused, upset and worried about their role in the complex system. The sessions on inward learning and the focus on community health principles and the positive stories shared by alumni, CHC team, SOCHARA members and other organisations orient them to the social paradigm of health.

The interns appreciated the orientation programme as it helped them to deepen their understanding and start making the paradigm shift. The intern's feedback was that the fellowship programme was:

- Helpful to realize the socio-political scenario.
- Useful in understanding that health cannot be isolated from any other issue and it is intrinsically linked to all issues in society.
- Insightful in understanding how the health system works from the top to the grass root level.
- Helpful in exploring self- one's own ideas and feelings.

- Built a community and group identity as interns sat around a table and discussed important issues.

Field placement

While CHC drew on its existing linkages with community health and public health projects and professionals across the country, many new linkages were formed and existing one's strengthened during the course of the three years.

The interns were placed in one or more organizations depending on their learning needs. They were briefed on the field organizations and about the do's and don'ts during field placement. The interns valued the learning inputs through field based experience and for many interns, being witness and participating in the routine activities of the organization gave immense insights. These organizations could impart the perspectives of a social paradigm of health, community health and health rights. The interns gained new knowledge, perspectives and skills in their field of interest.

Field placement offers the intern ample hands-on experience. The interns regarded field placements useful for the following reasons:

- Made the intern independent and showed how things really are.
- Helped the intern gather new skills and new learning that would aid in the future work.
- Interns got good experience of working with communities and also helped in building networks.
- Understand community health and challenges in engaging with community.

Participatory methods used to explore Gender dimensions of health, Ms. Sathyasree, alumnus & advisory committee member facilitating the session.

Collective teaching sessions

The interns come back every three months to CHC for one to two weeks of residential teaching sessions. This is timed at the end of the first three months and six months of the field placement. The interns share their field experiences, their learning's and challenges during field placement. As each intern brings in a lot of diverse experiences from their respective placement, there is a lot of learning from each other through this collective sharing. SOCHARA members attend the collective sharing of the interns. Also, the interns work on writing their reports.

During this time, sessions are taken on topics requested by the interns or on topics that were not covered during the orientation.

Field Practice

Based on the feedback of the end review of the first phase of the CHFS, field project work of three months was introduced in the CHLP so that interns gain skills in community health. The field practice was intended to facilitate some grounding in perspectives of community health approach and values needed while working with communities (community mobilization and organization, training, socio economic political cultural analysis in guiding community health action). The interns developed their field project plan along with their mentor and submitted a plan of action and a budget for the same. The interns planned and organized a campaign or training or conducted a research study.

Intern Madappan facilitating a cultural yatra on NRHM in a village in Dharmapuri district

Interns interacting with the people of Arabgere village near Hannur, discussing the importance of the water shed development projects in their village.

Some of the activities included training members of the Village Health and Sanitation Committee on the National Rural Health Mission, especially on community action for health; studies to understand the challenges of ASHAs; study on the health status of *pourakarmikas* (conservancy workers); women's access to and control of reproductive health rights; status of malnutrition of a rural village facing agricultural failure and migration; organising, facilitating campaigns and solidarity action of communities fighting for their rights to health care, wages and livelihoods, healthy environment and safe workplace.

Thus, the CHLP was able to motivate the interns to develop an understanding of community health and the social determinants of health, enhance their skills in mobilising the community for health action. This orientation/ perspective building/conscientization process was through experiential

learning of the context of the social paradigm of health focusing on the determinants of health.

Specialized Workshops

These workshops were organised to impart skills to the interns. The following workshops were held over the three years.

The **workshops on 'Communication'** explored the interns understanding of 'health communication' through methodologies of art, debate, role play, songs, demonstration and group discussion. The main goal was to integrate the idea of the 'spirit of enquiry' in all methodologies of health communication and how communication with communities needs to be simple, culturally acceptable, participatory and respectable. In 2008, Dr. Mohan Deshpande of Aabha, Maharashtra facilitated the workshop. In 2009, this concept was integrated through a special group session in the International People's Health University training (IPHU).

CHLP Workshop Themes

2008	• Health communication • Culture and community health • Media in health
2009	• Communication for health • Personality development • Writing workshop
2010	• Participatory Rural Assessment • Personality development • Training skills • Introduction to research Methods

'Culture' is central to all communities and the expression of culture through dance, drama and music symbolizes the diversity and plurality of communities and their affirmation of the 'well-being' of their people. On the occasion of the Silver Jubilee of the Community Health Cell, a special workshop on 'Celebrating communities and community health' through expressions of art was organised in 2008. An exhibition of posters on health was organised by the interns. A cultural programme showcasing messages of health, marginalisation and status of health care using art forms of song, poetry, drama and dance from Tamil Nadu and Karnataka was organised.

Interns presenting in the workshop on Health communication, 2008 using creative methods

Feedback session during orientation programme, 2010

A film festival of short films narrating the larger issues of health, globalization, politics and people's struggles was organised with the help of film-makers associated with CHC and the People's Health Movement. Dr. Parvez Imam, Dr. Gopal Dabade, Ms. Sharada Dabade, Mr. M. S. Sathyu and Mr. Krishna facilitated the discussions.

The **workshops on orientation to life skills and understanding self** was facilitated by a professional psychologist Ms. Shobha Managoli from Sukrut Human and Organization Consultants, Bangalore in 2009 and 2010.

The psychologist dwelt on their inner exploration on why they joined the programme; attributes that aid them while working with the communities; attributes they were unaware and espoused by fellow colleagues. The interns identified through the various participatory exercises – importance of self, understanding values necessary for managing situations or conflicts and understanding values required for working with communities. This workshop was highly appreciated by the interns and it had been spaced out during each collective teaching session instead of making it a one-time input during the nine month programme.

The workshop on **Participatory Rural Appraisal (PRA)** was facilitated by Mr. Samuel Joseph in 2010. It was an intense hands on training on understanding of the meanings of participation, PRA, how

Workshop on self development facilitated by Ms. Shobha Managoli for the batch of interns, 2010

Interns facilitating a social mapping exercise in a village in Hannur, Karnataka, 2010

can PRA be strengthened, the tools for PRA, who should be involved, challenges and limitations, applications and benefits to community. The participants were involved in an exercise of making a social map in four different villages of the Holy Cross Comprehensive Rural Health Programme Hannur through community participation in order to come up with a social map as well as an opportunities and services map. They shared their learnings on community participation. The group was also introduced to the concept of systems approach in development work.

A day long workshop on 'How to Conduct Trainings' was facilitated by Dr. Shirdi Prasad Tekur, SOCHARA member. He introduced them to concepts of learning, components and approaches to training and evaluation. The interns had hands on experience in developing a training programme.

Dr. Rakhal facilitated a session on an introduction to research-the framing of research questions, aims of research and the different research methods with examples. The interns were given copies of simple manuals on research methodology that included the SEWA manual on research, and the Research Methodology manual by Elizabeth Guillette.

The Annual Alumni Workshop in September 2009 was integrated with a nine day course on 'Health and Equity' held as part of the IPHU in Bangalore. There were over 50 participants with 14 from countries including Canada, Germany, Georgia, Kenya, Nepal, Netherlands, Pakistan, Philippines, Sri Lanka and Indians from different states.

Appendix 2, Consolidated List of Themes of Sessions (2008 – 2010) and Appendix 3, Consolidated List of Reference Books and Reading Materials, list out the main themes of the teaching learning sessions covered during the CHLP, and the Reading Materials distributed to participants. These lists provide an overview of the content and perspectives of the CHLP.

COMMUNITY HEALTH TEACHING: LEARNINGS' AND CHALLENGES

The interns expand their understanding of ill health[3], community health , the social determinants of health and learn about the larger vision of attainment of 'Health For All'[4] through a primary health care approach and strategies that help reduce poverty, that help to organize the underprivileged communities and that builds community based models.

The interns understand that health is intrinsic to all issues that plague society and the community health approach[5] is necessary and a holistic approach

3 Community Health is a process of enabling people to exercise collectively their responsibility to their own health and to demand health as their right.

4 Health for All by 2000 was the goal of the Alma Ata declaration, 1978 that stated "the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life.

5 The community health approach involves the increasing of the individual, family and community autonomy over health and over the organization, the means, the opportunities, the knowledge and the supportive structures that make health possible. (Points 3,4, 6 are from the book, Community health: the search for an alternative process, Centre for Non-Formal and Continuing Education 1987).

towards 'health for all'. There was a challenge in finding a balance between the extent of theoretical grounding in community health, the guided exposure visits and the time for reflection. The interns appreciated the use of participatory methods like role-play, skits, simulation exercises that helped them to internalise the concepts very well as it also allowed time for reflection.

The challenge has been in facilitating teaching-learning processes among interns with diverse language backgrounds and varied levels in their grasp of English. This has meant longer time spent for sessions due to translations done in different languages.

The diverse language abilities of the interns also required for person centric methods of learning with mentors proficient in vernacular languages. The team should be able to develop learning tools and resources keeping in mind the diverse levels of knowledge, skill and comfort in using English among the interns. This was a constraint as to whether enough topics were discussed and whether the diversity was hampering the teaching.

Feedback from interns emphasized that the rich grounded experiences, and sharing of this diverse group was useful. Discussions drawing from the group's experiences and perspectives were also emphasized as an important learning method. The interns initially found it difficult to articulate their viewpoints, but gradually the group created an atmosphere wherein each individual could express their thoughts and feelings, as well as relate to their past experiences, and share in a more meaningful way.

It was also observed that interns more fluent with English took on a leadership and mentoring role to help the others.

The educational system in schools and colleges do not generally inculcate the practice of reading and writing, and therefore self-reading and writing has been a difficult starting point for many. This is compounded by the fact that most reading resources in community health and public health are in English. Interns have varying capacities and skills in reading and speaking in English.

The field trips during the orientation were very well received, as the interns bonded during the residential stay and it is common lived experience of understanding and sharing the realities of health of communities. The extent of learning that takes place during a field trip is immense if planned well.

Challenges and Learning during Field Placements

The interns were oriented on how to work with and make use of learning opportunities within a field organization and not be expected to be spoon fed. The need for discipline during field

placement was as crucial as the space to pursue each individual's objectives.

Often interns felt limited by the lack of mentoring during field placement. A visit by CHC mentors to the field organization during the intern's placement and a triangular discussion with the field mentor and intern, facilitated better learning for the intern. Regular interaction with the field mentor by the CHC mentor also helped in drawing out learning opportunities during the intern's placement.

The need for a formal system of feedback and assessment during the field placement has been felt and requires careful thought in the context of the diverse learning curves of the interns.

Sometimes when the interns learning objectives were distant from what they were experiencing in the field organization, they felt disillusioned. Communication between the intern and the CHC mentor, and the CHC mentor and field mentor was crucial to tide over such difficult situations and helped the intern learn further.

Some interns had broad learning objectives and visited many organizations during the field placement instead of spending a significant period of time in one place. It was a challenge for the team to guide the interns based on their learning capacity and to help them to retain their focus on community health.

As communication during the field placement was important, the mentors and interns used all methods like telephone, email, internet and personal meetings. In addition, interns who came back to CHC in between could interact with the team and share and learn more, as compared to the interns who rarely visited.

There are practical difficulties while doing field work that range from living accommodation, mobility in a new area, accessibility to the community, social support mechanisms during illness to name a few. These are profound, especially for women interns. The interns and previous reviews have suggested that they should be placed in pairs, as they would support each other negotiate the practical difficulties while in field organisation and enhance their learning through sharing and reflection.

Challenges and Learning's during Field Work

The interns and mentors had to discuss and plan the fieldwork well in advance, so that the three months were used productively in implementing activities and learning.

Experience in drawing up a plan of action with a budget was an important skill that many developed.

Some interns encountered practical problems in contacting and developing

rapport in the area where they had to initiate field practice work.

The important highlights of the 'alternative' teaching learning processes that have evolved in the organisation over time, include the use of a person-centric approach; encouragement and flexibility to examine, explore and learn about the wide range of underlying issues related to health also called the distal determinants of health; perspective development through reflective learning; non-hierarchical, mutually respectful relationships in the teaching process; and the use of participatory, interactive and innovative teaching methodology that enhances the self confidence of participants and attempts to enhance their spirit of enquiry.

Person-Centric Approach

The CHLP focuses on individuals to develop their own learning objectives and frame a plan of action based on the inputs from the mentor and the CHC team. The learning curve of the intern is based on their individual pace of learning. This enables them to develop self–directed learning abilities and helps to focus their course of action. This requires sincere efforts and a deep involvement of their mentors and the partner organizations where they are placed. These range from enabling interns to discuss the interns learning needs, develop learning objectives, plan a course of action, review their work periodically, facilitate reflection to gain new learning, and guide to enhance knowledge and practice based on each individual.

It is a challenge for mentors to balance proactive guidance and allow the intern to chart her/his own course. The flexibility allowed to the intern to pursue their interests in the context of a community health pose some challenges to the interns. Many are not used to such self directed learning and seek guidance to the extent of being spoon fed. At the same time too much of directed learning would hinder the natural evolution of the intern. Mentoring by the CHC team member and the field mentor is crucial in keeping the spirit of the person centric learning. The extent of mentoring was dependent on the relationship of the mentor and mentee with quite a number of challenges.

The other challenge is that intern's gain insights in one particular issue without learning the basic minimum of

"There was freedom within the programme to explore to our own capacity and interests with great support and guidance from mentors and experience that CHC as an organization has and also the networks facilitates exploration all over the country with relative ease and is of great quality." – Adithya P.

community health. The team was able to categorize perspective development into three broad approaches: community health, rights based and development oriented, and ensuring that all of the interns do a community health field placement.

Inward Learning

The interns are also facilitated through an exploration of understanding self, attitudes of working together and how to reinforce the positive aspects of the self through a group exercise by Dr. Ravi Narayan during the orientation and follow up during the end of six months. This helped the interns to explore and understand dimensions of their self and how the self could facilitate an enabling atmosphere of learning and imbibe values necessary for engaging with communities.

They also had a workshop on orientation to life skills and understanding self by a professional psychologist during the internship. The interns identified through the various participatory exercises–importance of self, understanding values necessary for managing situations or conflicts and understanding values required for working with communities.

Person centeredness' demands an intense and committed investment of both the interns and mentors and their organizations towards the intern's

"Feeling comfortable with negative emotions and using them to bring change by 'engaging' with the system and working towards "what we can do" rather than 'confrontation' was a revelation for me."

-Deeksha Sharma

teaching and learning. The CHLP has been appreciated by all interns for the space in exploring their learning needs. The challenge has been to a balance the individual learning objectives within the framework of community health. For example, an intern who is exploring to understand the right to food security and right to food needs to understand practically issues of nutrition at the household and the means and opportunities at the community's level.

Perspective Development

Interactive lecture discussions, documen-taries, exposure visits, discussions within groups and structured feedback sessions within the programme and individually with mentors facilitated the gaining of new perspectives through reflection. Reflective thinking is the expansion of an understanding from a point of view held by a person to a newer dimension on learning a new fact. This is contrary to theoretical teaching in academic schools where there is no attempt to make students understand

"The CHLP is all about perspectives. You begin with one but leave transformed to think practically and importantly, realistically. If you feel disillusioned about ways in which you may help, the leap from blind knowledge to purposeful action through the CHLP would be the best option you could ever choose." – Malavika Thirukode

how a new fact is relevant to their body of knowledge.

Reflective thinking is useful way of learning only if the individual allows oneself to open up and is therefore an emotionally intense process. Sometimes, the reflection has been only group reflection. At the end of the internship, the interns gain some level of reflective thinking as they link their learning objectives, their experiential learning to plan and execute their field practice work.

Field placement was useful for the realistic experience that helped shape perspective and mould skills for community health work. There have been limitations in field mentors guide reflective thinking and the role of CHC mentor during field placement is crucial to help the interns continue their learning.

The **non-hierarchical nature** of the CHC team facilitated an openness to unlearn and learn. The interns felt that the CHC team behaved like a community which was inspiring to their learning. Learning from the group's experiences and perspectives was also emphasized as an important learning method. The interns felt difficult to air their viewpoints, the group created an atmosphere where each individual could express their thoughts and relate to their past experiences and share in a more meaningful way. Thus, the interns were also resource persons and mentors for their colleagues.

The orientation to the newer concepts and the new paradigm of thinking have been very intense and for some overwhelming. The mentoring from the CHC team and peer support of co-interns have helped them to manage this paradigm shift.

Assessments

This training programme focuses on behavioural change in 'deepening the

"There was flexibility and freedom to learn and express views. The five-week orientation broke many past myths about community and health. The sharing from each fellow at different points of the programme was enriching." -Jeyapaul

understanding of social paradigm of health', which in turn could facilitate 'sharpening of the analytical skills' of each participant. The interns had developed a broader understanding of the social determinants of health evident from their presentations and reports. Capacity building would range from understanding socio political analysis to skills of being a community leader.

While attitudinal change is fairly explicit and is uniformly expressed by all interns, knowledge and skill based changes and gains are more heterogeneous that do not conform to a uniform measuring tool.

The advisory committee and the CHC team had discussions on the need for assessment and the challenges in assessment of a programme that is person centric and therefore flexible to individual intern's needs. Each intern had to be assessed from where they started and what has been their learning curve. The challenge is to capture the individual and personal journeys, and to assess attitudinal change, and also make the assessments more objective and quantitative.

There were a few frameworks that were suggested. In one method, the team discussed about developing indicators with an ordinal score for each of the indicators. The indicators could represent the various components in knowledge, skills and values in community health, for example, right to health care is a component. Similar to this is the spider web tool that maps the components as different dimensions. These above tools would map the interns' progress over time. They have the advantage of being used by the intern for self-assessment and by the mentor to assess the intern's learning.

The framework of 'outcome mapping' is described by the International Development Research Centre, Canada (IDRC)[6]. This framework focuses on measuring outcomes as behaviour change. This is a tool for evaluation that takes cognizance that change is complex, interlinked to multiple factors and actors, continuous and therefore not limited to the project timelines. Outcome mapping also helps in understanding the role of boundary partners (mentors, field organisations, resource persons, fellow colleagues) in the behaviour change within the intern. Such change is measured through a set of progress markers – set of statements that traces the behavioural change. This framework helps in assessing the intangible output of attitudinal change and gaining skills in community health and therefore how and in what manner interns are able to improve communities' health.

6 Earl S, Carden F, Smutylo T. The Challenges of assessing developmental impacts. Brochure on Outcome mapping: developing learning and reflection into developmental programmes.IDRC, 2001.

Fellows Manjula, Shivamma and Prahalad interacting with the women of Kota village in Richur on the importance of sanitation, which is important for a life of helath and dignity.

The learning's from the CHLP have speared CHC into refining the process of training. There have been significant inputs on the role of mentors in such a training process. The inputs from senior public health professionals, interns and alumni have given the CHC team an impetus to develop more experiential learning opportunities within the framework of the internship structure.

MENTORING: CHALLENGES AND LEARNINGS

Mentoring is a process for the informal transmission of knowledge, social capital, and the psychosocial support perceived by the recipient as relevant to work, career, or professional development; mentoring entails informal communication, usually face-to-face and during a sustained period of time, between a person who is perceived to have greater relevant knowledge, wisdom, or experience (the mentor) and a person who is perceived to have less (the protégé) (Bozeman, Feeney, 2007).

The CHC team mentored all the interns (flexi and full time). The interns were allocated between the CHC team on the basis of their learning needs, their field of interest and geographical location. The interns interacted with their CHC mentor to frame their learning objectives and plan of action, review their learning and seek direction and guidance in their training needs.

Many SOCHARA society members, associates and extended team members also participated in the training sessions and provided technical support to the mentoring process **(See Appendix One, SOCHARA CHLP Alumni).** In the field organisation, they were expected to interact with the field mentor (usually a senior person in the field organisation) and with the CHC mentor to plan their

activities and reflect on their experiences. The discussions between the mentor and intern ranged from guiding their plan of action, explaining concepts, drawing out a plan for reading resources, discussions on field experiences, sorting out confusions related to field placement, updates on intern's activities, reviewing their presentations and reports and facilitating reflective learning.

A note on mentoring prepared during the first phase of the Fellowship was useful for the CHC team to get oriented to the concept and ethos of mentoring.

The strengths and opportunities that the fellowship programme presented were many – each making a distinct impact on each Fellow. The study-reflection-action helped each of the fellows to chalk out their mission, objectives and growth path to be achieved through the fellowship programme and beyond.

The SOCHARA fellowship programme facilitated by CHC builds and nurtures the next generation of community health catalysts, facilitators and leaders. Reaching a multidisciplinary group, the fellowship harnesses youthful energy to nurture scholar activists. Today it continues to promote social activism where each one becomes change agents. Today, many Fellows are strengthening grassroots linkages and movements working in the areas of dalit empowerment, disability and mental health, child rights, right to food, and environment. The fellowship enriches both the lives of the fellows and empowers them to help communities in the quest for equitable and just societies.

Mentors have been the backbone, the anchor and the board of reflection – where ideas, thoughts and sometimes confusions and doubts have been brought to a rest – through the bonding and camaraderie built through the year and beyond.

Today, SOCHARA Alumni have spearheaded movements, research, and community development. Through their rich experience, they take on the mantle of mentorship sharing the experience, knowledge, personal journey along with fellows.

There were challenges in metoring experienced by the mentores and the interns. The core element of SOCHARA mentorship is to facilitate the search for a deeper meaning that young persons are seeking through community health. A supportive, encouraging environment, with gentle direction is provided by the mentor, where the ethos of reflective action is integral to the life's journey. The technical component supplements equally through the progamme through the bonding of humane relationship that facilitates the growth of the young person in unique ways and direction - which often is special to each one. Mentor is a friend, philosopher and guide.

There is a need to pay attention to the finer nuances of reciprocity that is built

on mutually respectful relationship. Sometimes fellows have to work on the pathways to overcome communication and cultural barriers that may arise due to the nature of the field organization's work, the organization's mandate of development, and the availability for mentoring by the field mentor who are often busy in their organizations programmes. This has often enabled fellows to work on the spaces of social interaction to counter such challenges through the process of guided learning.

The experience of the CHLP fellowship bears witness to the fact that the field placement is mutually beneficial to the intern and the field organizations. Interns have contributed positively to the running programmes of the organisations. In some cases, the interns have help design the programme in field organisations.

Feedback from the interns of the first phase and the current phase reiterated the need for strengthening field mentoring. The advisory committee strongly recommended that a meeting with the field mentors be organised at the end of the orientation programme every year so that field mentors come to CHC to understand the programme, the interns backgrounds and interests and their role as a mentor in the field much better.

The field mentors were invited in 2009 and 2010 during the orientation programme to discuss the field placement, mentoring and other aspects of the CHLP. The meeting with the Mentors has been an opportunity to share expectations, get suggestions from the field, create awareness regarding concepts and skills of mentoring based on the experience of the CHC team and others.

The experience of mentoring gave raise to new insights that was shared through the learing programmes:

> The CHC team mentors felt that proactive contact by the mentor would help ease the physical and emotional distances and facilitate sharing. Also, interns who came back to meet the CHC mentor in between their field placement could interact with the team and share more. Communication between intern and both CHC and field mentors and between the CHC and field mentor is crucial for a smooth field placement.
>
> Efforts are made to create an encouraging atmosphere for self reflection and inner learning by the interns and facilitating team members. The gains from this process depends on the extent to which there is an openess to explore, share and communicate between the group of interns and between interns and mentors.
>
> The field mentors were busy and could not spend enough time

with the intern. They desired to understand the concept and expectations related to mentoring.

The first meeting enabled the CHC team to revise the note on the concept of mentoring and the role of mentoring in the learning process. The interactions helped the team to understand the expectations of and from the field mentors and evolve further the principles and framework on mentoring in the CHLP.

Meeting with the field mentors in 2009 to share about CHLP and discuss on the role of mentoring

Important suggestions that evolved from the meeting include:

Mentoring should be a mutual learning process involving the mentor and mentee and grounded in the values and skills of community health.

Mid-level team members from the partner institutions can be involved in a day-to-day support of the intern. The idea of two mentors in each organization was also mooted. The interns could relate more to young faculty/members in that organization who could help in day-to-day supervision. The senior members of the organization could share on the larger context and discuss issues.

Discussion between the CHC, field mentor and intern would enable communication and facilitate the intern's learning process.

The entire team and the communities with whom partner organizations work are an integral part of the rich learning environment for the interns.

In the second meeting in 2010, the team was able to further discuss on assessment tools of mentoring and how to systematize mentoring.

Some practical ways of ensuring mentoring by field organizations were explored as the nature of work of each organization was different.

The internal review of the CHLP also brought out important points on mentoring and systematizing the process. The members emphasised the need for formalizing the relationship with the field organization; specifying a framework of mentoring and build within it assessment of interns.

ALUMNI EXTENSION LEARNING

One of the important processes envisaged in the Community Health Learning Programme was to provide continued support to the alumni of the first phase and second phase of the learning programme, by helping them in the initial parts of their community health careers, and to enhance networking and collective initiatives among them.

The main **objectives** were:

- **To support the interns in their public or community health careers.**
- **To enhance networking and collective initiatives among the interns.**
- **To hold annual workshops to facilitate continued learning of the fellows and to discuss important themes in community health**

The processes through which these objectives have been fulfilled are briefly discussed.

Alumni Workshop

One of the spaces created for an ongoing linkage and providing support

to the alumni is the Annual Alumni Workshop. The Alumni workshop is a space and opportunity for sharing the experiences of the fellows and to learn through collective reflection. The Alumni workshops of the CHLP facilitate the continued learning of the fellows through intense discussions on important themes in community health. The workshops aim to provide support to the young individuals in their community health and public health work and enhance networking and collective initiatives among the past and current participants.

2008... The CHC's Silver Jubilee brought together alumni from various batches of the Fellowship Scheme along with the associates of Community Health Cell, to share their 'Community Health Journeys'. It was an occasion to enhance learning through collective reflections, nurturing collectivism and broadening the perspectives on how the 'social paradigm' has shaped community health action from each individual's experiences and insights.

The first day was devoted to understanding the 'social paradigm' in health from experiences of SOCHARA members. Professor Abdul Aziz, formerly with the Indian Institute for Social and Economic Change (ISEC) explained the macro reality of ***'What is happening to community health in today's globalized world?'*** Naveen Thomas, alumnus and former staff member of CHC narrated the challenges of Drug Policy in India in the context of globalization and the trade policies using the example of Campaign against Novartis. Mr. Ameer Khan spoke on the issues of the recent closure of government vaccine production issues in India and its implications on health care access.

Interns and alumni in a small group discussion during the Alumni workshop, 2008

There were four presentations in the session on ***'Community health in today's identity politics'.*** Ms. Jennifer Liang from the Action North East Trust (ANT), Assam shared about the challenges of health care access and the health status of communities in ethnic conflict situations or other situations of forced displacement.

The issues of gender and caste in community health work were shared by Ms. Maheswari, a dalit woman activist from Rural Women's Social Education Centre (RUWSEC) in Tamil Nadu and Ms. Manjusha, alumnus and presently working as an Animator in Development Programmes in Ahmednagar, Maharashtra. Lastly, Ms. Sathyasree, alumnus and Advisory Committee Member of CHLP shared about the issues relating to the right to health of sexual minorities based on her work with SANGAMA, a Bangalore based organization advocating for the rights of sexual minorities.

In the session on the challenges of community health work and the role of civil society, Dr. Thelma traced the history of the health system in India and the role of the alternative sector (like the NGOs and the health movements) and explained the potential of the NRHM in strengthening the public health system and the role of the communitisation components of the NRHM. Dr. Regi and Dr. Lalitha from Tribal Health Initiative, Sittilingi, and Tamil Nadu shared the community health and development initiatives (tribal craft and farming initiatives) among the tribal villages. They explained the role of community health workers to increase awareness about health among tribal communities, improving maternal and child nutrition and decreasing maternal mortality. Dr. Lalitha shared on the development initiatives – the farming and craft programmes that support people's livelihoods and also help in reviving traditional tribal skills and sustainable practices.

Dr. Chandra, a retired Professor of Paediatrics shared the learning's from the Community Monitoring of NRHM in Tamil Nadu. Similarly Mr. Juned, alumnus and team member at Madhya Pradesh explained the challenges of community monitoring in the tribal villages in Madhya Pradesh. Ms. Jennifer Liang shared the role of ASHA in NRHM in Lower Assam. Ms. Varsha, CHLP intern shared her learning about people's increased level of awareness and greater visibility of the need for health systems strengthening among State officials following the Public Hearings as part of Community Monitoring in Maharashtra.

2009... The Annual Alumni workshop was integrated into the nine day course on 'Health and Equity' held as part of the International People's Health University (IPHU). It was co-organized by SOCHARA, PRAYAS, the global People's Health Movement (PHM), *Jan Swasthya Abhiyan*

Participants in the IPHU training workshop of 'Health and Equity', 2009

(JSA-PHM India), between 1 to 9th September 2009. It was an occasion for the CHLP interns and alumni to interact with various public health experts from India and abroad to learn about public health. The alumni and the interns took lead in sharing their experiences and presenting the various campaigns and activities they were involved in. The special alumni get-together was held on one of the evenings during the IPHU course. Few of the alumni were also participating in the course, so interaction between the present batch of interns and the alumni was happening on a regular basis on all the nine days of the course.

2010... The objective of the workshop was to bring alumni together - to celebrate their linkages with CHC, to share their stories and experiences, the challenges they face, the perspectives they want to understand and debate and so on.

A session on urban health care by Dr. Sushil John of the Low Cost Effective Care Unit, Christian Medical College, Vellore revealed the challenges of access to health care for urban poor. He explained the activities of the LCECU unit to reach to the marginalized people in urban Vellore. He shared on the various community groups–women's groups, people with disability.

Talks by activists of marginalized communities – Ms. Revathi and Ms. Chandni of the Transgender community and Mr. Venkatesh, a dalit activist helped to broaden our understanding of the discrimination they face and their struggles to achieve justice for their communities.

Participants of the Alumni workshop with SOCHARA members, 2010

The Alumni workshop enabled a better understanding of the communities' struggles of resistance and resilience for their right to health through these examples.

Alumni Support Cell

The Fellowship programme has had more than 80 participants from different parts of India who are linked with CHC-SOCHARA even after the internship. Over these years, CHC-SOCHARA has cherished every little interaction with our interns and alumni. Sharing of their experiences and learnings with us has always been inspiring.The alumni were supported by the CHC team members, SOCHARA members, CHC Associates and other field partners. Depending on the individual's needs, the interns sought guidance when they felt the need for continued mentoring during their community health work and in their practice of the community health perspectives. They sought guidance regarding future careers and future professional educational opportunities.

The profile of alumni has been updated with information on their current area of work/current placement and their contact addresses and emails. This database is being updated regularly and also posted on the SOCHARA website (www.sochara.org).

The existing network of the Community Health interns is part of the CHC email group. Through email, we have been able to continue to interact with the alumni updating them on the events at SOCHARA, disseminating information on public health issues, discuss and reflect on issues in the field and to update on courses available for building skills in community health and public health.

The alumni of SOCHARA are involved in various people's movements, public health campaigns and wider national movements such as the People's Health Movemnet (PHM) and medico friend circle (mfc).

Some of the alumni have been involved in the state chapters of the *Jan Swasthya Abhiyan,* taking leadership roles in networking and campaigns on health issues, and in participating in larger debates and discussions.

CHLP Publications: BUILDING BLOCKS DECEMBER 2010

SOCHARA, Community Health Cell, Newsletter of the interns called 'Building Blocks' was collated with inputs from the interns and printed every year. It gives a glimpse of the experience and aptitudes of the interns during their nine months period in the learning programme.

The alumni also contributed to the newsletter and shared their journeys, perspectives and learning's. The articles reflected their learning's from the field, sharing on current issues and campaigns and analytical perspectives on health and development topics.

Alumni linkages with the training programme

Alumni have shared their experiences, and taken sessions during the orientation programme and collective teaching sessions. Some were involved during field placements and field work.

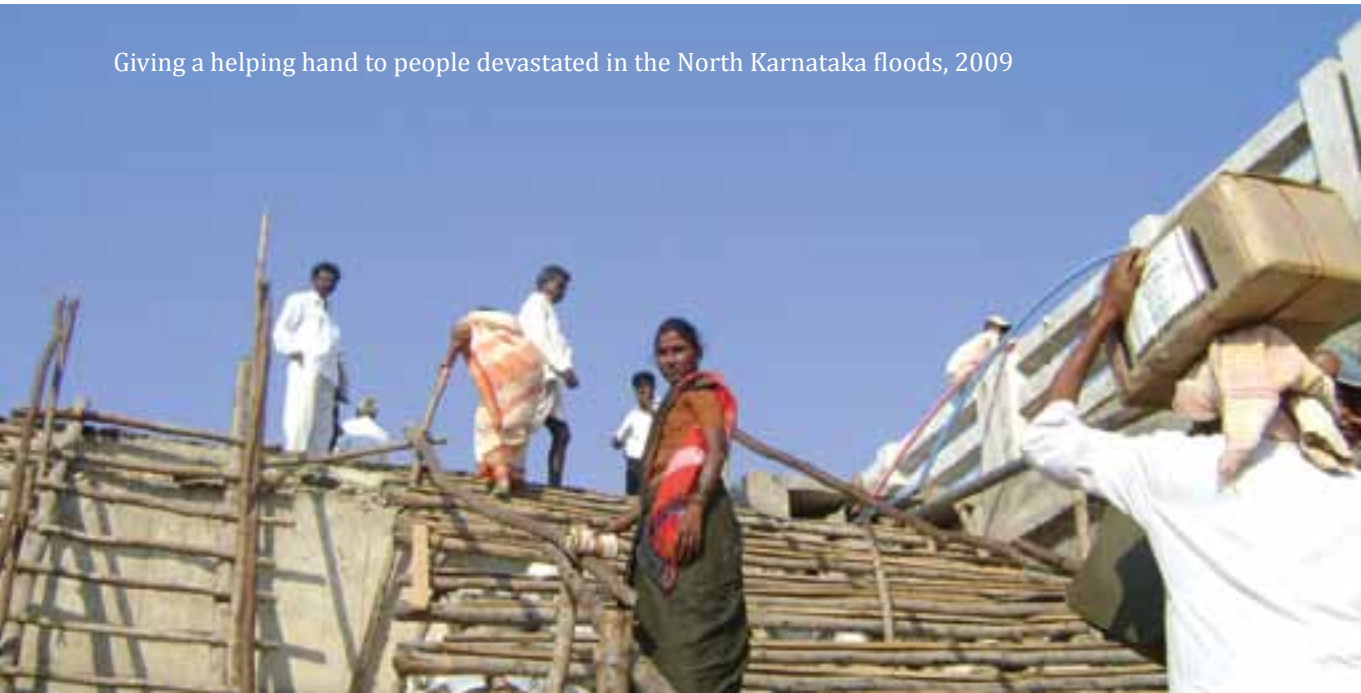
Mr. Eddie Premdas and Mr. Ameer Khan, alumni of the first phase of the Fellowship Programme have been staff members and actively involved in the CHLP.

Ms. Sathyashree offered rich insights as an alumnus and as Advisory Committee member in the Advisory Committee meetings. She has worked in the development sector in Assam for a long time and has a rich experience of challenges in community based work. She spent considerable amount of time in interacting with the interns from the North East in 2009. She guided them to understand their learning's in comparison to the situation in the rest of India and the conflict situation in the North East. She facilitated a session on evolving learning objectives during the orientation in 2009 and also a session on gender in 2010.

Mr. Sunil Mathew George shared his experiences on the issue of discrimination of people living with HIV-AIDS and explained how the Fellowship helped him make the paradigm shift to a social approach to health.

The Basic Needs India team facilitated the session on community approaches to mental health problems. Dr. Sapna, alumnus was part of the team.

Giving a helping hand to people devastated in the North Karnataka floods, 2009



Dr. Anant Bhan gave a talk on medical ethics.

Mr. Naveen Thomas, CHFS batch one alumnus, who has started an organization called Headstreams, facilitated a session on the commercialization of healthcare in 2009. He was also a panellist in a discussion on Community Health Response to Disasters in 2009. Dr. Pretesh Kiran, Asst. Professor in Community Health and the convener of Disaster Relief Unit, St. John's National Academy of Health Sciences, Bangalore, and Mr. Ameer Khan, CHLP alumni and CHC team member were the other panellists.

In 2010, Community Health Cell and the Headstreams organized a four-day workshop on **disaster preparedness and response.** The workshop was attended by the CHLP interns and post graduate students with disaster management as their elective from Tata Institute of Social Sciences.

In 2009, during the North Karnataka floods, Head streams, CHC, *Jana Arogya Andolana* -Karnataka and Association for India's Development (AID) joined hands in collecting relief material and initiating interventions at the community level. Some of the interns were also involved in the relief activities.

Dr. Adithya facilitated a session on environmental and occupational health for the batch of 2010 during the orientation programme.

The evolving resource network

While we have enumerated the more formal concepts of the alumni support, networking and extension learning, what is difficult to capture and record in the report is the constant interaction between the alumni and SOCHARA society and team members. Through the post-fellowship community health journeys of the fellows through emails, calls, chance and planned meetings and linkages, we are in touch with both the technical and personal aspects of these evolving community health journeys. The alumni are therefore rapidly becoming the richest resource in the Community, Health, Action, Research, Policy advocacy and community engagement surrounding and making SOCHARA with new enthusiasm and commitment.

In the evolving fabric, this will be the most sustainable resource for SOCHARAs contribution to Health for All.

DOCUMENTATION AND ADVOCACY

There was a special focus to develop the resources in community health and public health during the three years.

The objectives of the CHC team were:

- **To provide resource support for organizations/institutions that are planning to develop similar Community Health Fellowship programmes.**
- **To develop / update resources both printed and audio/visual on community health.**
- **To develop material in local languages of Kannada and Tamil through translation, development, and collecting the relevant material.**
- **To develop some sections of the website of the Centre into a learning resource for community health sector.**

The team refined and modified the curriculum and developed a note on core knowledge and skills to focus the teaching in community health. The components of this process include:

Translation, Adaptation and Printing in Kannada and Tamil Reference materials were translated and adapted in Kannada and Tamil as resource material for the CHLP.

The documents printed are:

Kannada
The rights approach to health and health care-A compiled review
The political economy of the assault on health
Equity and Inequity today- some contributing social factors
25 Questions on Health and Human Rights

Tamil
Charters in Health released by the People's Health Movement
25 Questions on Health and Human rights (WHO publication)

The documents translated and adapted into Tamil are:

Introduction to the Global Health Watch and PART A - Health and globalisation – the first chapter in Global Health Watch 1.

PART A. "An alternative paradigm for development" – the first chapter in Global Health Watch 2.

Community Health: Search for a New Paradigm by Dr. Ravi Narayan, published in Health Action Special Issue: Vol 12, No. 11, Nov 1999 (Special Issue).

Blind optimism- Challenging the myths about private health care in poor countries (Oxfam publication).

Web-based learning resource

The resources of CHC, namely papers on community health and public health were collated in a CD on the occasion of CHC's Silver Jubilee and also uploaded in our website. This compilation is one of the efforts to make available to the alumni and others the rich experience of SOCHARA on community health.

The development of community health working papers by Lalith, Deepak and Prasanna have been valuable.

Pamphlets A brochure was developed to disseminate the idea about community health fellowship programme and has been distributed widely since 2008.

Advocacy of the CHLP

To hold national level workshops to disseminate the concept of the fellowship programme and to explore the idea of a network of community health worker trainers.

CHC had gathered sufficient experience of the Fellowship programme and desired to disseminate the idea and learning's of such a teaching learning programme to enable other groups in other parts of India to explore the possibility of holding such programmes, as well as exploring the possibility of initiating a network of community health trainers in India.

National Workshop on Community Health and Public Health Learning Programmes

2008...CHC had gathered rich experience from the first phase of the Community Health Internship cum Fellowship Scheme (2003-06-07). In the second phase of the CHLP, CHC had planned to conduct national workshops in the spirit of disseminating the concept of the CHLP to enable groups in other parts of India to conduct such programmes and to explore the possibility of initiating a network of community health trainers in India.

Participants discussing the Mission and Vision of the Community Health Fellowship Programme, National Workshop 2008

SOCHARA as part of the silver jubilee of CHC (April 2008 - March 2009) had established the CPHE. The CPHE, with core competencies in public health policy, public health education and movement building for the peoples' health movement, proposed to work in Madhya Pradesh to strengthen the public

health system and build community capacity for health through a process of training fellows in community health. The first National Workshop held in April 2008 was organized to share about the current Community Health Learning Programme, and the newer significant initiative in Madhya Pradesh, with key resource persons in community health in India.

The participants of the National Workshop were trainers in Community health and some of them represented potential organizations that were keen to implement a training programme in their own state. The two-day discussions opened up with the CHC team sharing their learning's of the CHFS, the future plan of the CHLP and the proposed initiative in MP Further, there were group discussions to evolve the vision, mission, objectives, perspectives, principles, key components of the curriculum and structure of the two year fellowship in MP The workshop ended with sharing of ideas on networking and collaboration of alternative efforts such as the CHLP or the MP initiative and efforts to mainstream alternative sector inputs into public health training and education.

A report of the National workshop titled *'Learning programmes in Community Health and Public Health'* is available.

2010... In the last year of the CHLP, a National workshop to disseminate the concept and learnings of the CHLP was planned and it was also a follow up of the National workshop held in April 2008. In order to take forward the shared objective of cross learning and networking based on years of experience, SOCHARA organized this workshop in association with the Public Health Resource Network (PHRN).

Many in SOCHARA, PHRN and other groups have been active in the *Jan Swasthya Abhiyan* (PHM India) for several years are part of an active process of engagement with the public health system and creating spaces for community action for health, and actively working with community-based groups to populate and constructively and analytically utilize these spaces. This context has been reflected in the community health learning/fellowship programmes in different ways.

This workshop was an occasion to share, exchange, learn and work together to improve and enhance the respective programmes in the future. The overall objectives of the national workshop were to:

1. To share learning's regarding the Community Health Fellowship Programmes.
2. To enable cross learning of processes and innovations of the different programmes.
3. To explore possibilities of networking in community health

training and work towards a SOCHARA civil society school of public health.

The workshop in Bhopal spread over two days was attended by a diverse group including the programme managers of nearly seven fellowships from all over India, academics, representatives of funding agencies, some of the interns themselves and public health researcher activists and governing body members of some of the programmes. This led to a very rich and diverse sharing and learning through the two days. The fellowship Programmes include:

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

On day one there were detailed presentations on each of the fellowship programmes that were identified and invited to be a part of the workshop. The first presentation was by the CHC team of the Community Health Learning Programme, this programme is the second phase of the process started in 2003. The next presentation was by the PHRN team which talked of their programme which started in 2009. This was followed by a presentation by the MP-CPHE team which talked of the MP based fellowships of the CPHE. This was followed by a presentation on the Chattisgarh based nutrition fellowships that were a further evolution of the Mitanin programme of Chattisgarh. In each of these presentations after an overview by staff and programme managers of the programme there were presentations of reflections and experiences by former interns/interns of that particular programme. This was followed by a presentation on the very recently started programme for leadership development by the group Basic Needs India and the day was rounded off by a presentation of a proposal for a fellowship programme in AYUSH by Narendra Mehrotra. In the evening, there was the screening of a few short films by Parvez Imam on a number of health related issues.

The second day began with discussion on clarification of the terms "Community Health" and the meaning of the word "Fellowship". Groups sought to clarify the particular niche these programmes were filling as well as the value framework

from within which each of them had evolved. After this the group broke into four and each of the smaller groups discussed one of the following four topics - Curriculum and Methodology; Mentorship; Assessment; Sustainability of the programme. The groups then got together and presented their discussions at a plenary session. The implications of the groups' discussions were brainstormed in the large groups. The final session focused on the overall learning's from this workshop and a possible way forward.

Copies of the final reports by all the interns are kept in CLIC in the CHC, CPHE and CEU offices. They are used for reference by interns and other researchers/ users of the library.

Alumni from phase one and two have come back to SOCHARA in all the units – eg. Naveen and Premdas in CHC; Ameer Khan in CEU; Juned in CPHE Bhopal; Vinay, Deepak, Adithya and Lavanya in CPHE Bangalore. Naveen went on to establish an NGO 'Headstreams' and there is a lot of collaborative work between the teams after the north Karnataka floods in 2009 and in JAAK. After a period of working with CPHE, and the Dept. Of Health, GoI, Vinay Vishwanatha joined the Open Society Institute (OSI) promoting community monitoring of health services and involving several JSA members including SOCHARA. The alumni have brought in new energy and ideas, together with commitment and creativity.

Working together. Building communities. Manjula interacting with women on the nutrition status in families. North Karnataka, 2010.

CHLP: TOWARDS CHANGE

The aim of the CHLP is to orient participants to the community health perspective and strengthen their motivation towards working with communities with a deeper understanding of the social paradigm of health, health rights and a community health approach.

The CHLP specifically focuses on capacity building of persons based in the health movement or community based organizations to develop more leaders in community health.

An evaluation of a training programme would measure the inputs, activities and outputs of the programme and whether the objectives of the programme have been fulfilled and what impact the training had on the actual performance of the participant in their future activities. The processes that helped ongoing review and reflection on the training programme.

These activities facilitated ongoing monitoring of the programme (formative evaluation and process evaluation) and provided suggestions for modifying the training programme, adding some activities and keeping track of the progress.

Advisory Committee Meetings

The meetings were held every year before the selection process. In each meeting the learnings from the implementation and the progress of the programme were discussed.

The profile of the applicants was also shared with the members. The members gave important suggestions and inputs that helped shape and strengthen the programme.

ADVISORY COMMITTEE strengthened the CHLP
Selection of applicants from diverse educational backgrounds and experience in the development and health sector, including non South applicants
Systems to manage applicants based with organisations and retain their commitment to the programme.
CHC team was able to balance the flexible nature of learning programme to meet the intern's need and retain the focus on community health
Meetings with the field mentors and sharing on role of mentors and the process of mentoring strengthened the process.
Inputs on follow up with interns, managing the challenges in field placement and importance of core skills in community health

Internal review of the CHLP

The internal review of the Community Health Learning Programme has been facilitated by CHC team supported by the Advisory committee members and was conducted in a participatory manner in the third year of the programme. The review period is from January 2008 to February 2010 and focussed on the following objectives:

1. Critically reviewing the processes and methods undertaken to meet the objectives of the CHLP, and
2. Critically reviewing how such processes have contributed to the learning of the interns, and their understanding of social paradigm of community health.

There are two aspects of the review:

1. The components of the programme: content, methodology, and activities.
2. The processes that is unique to the Fellowship Scheme –Selection criteria, Reflective learning, Mentoring.

This review has been reflective on the inputs, process and outputs of the programme. Most of the challenges and learning's of the CHLP have been described in the previous chapters.

The Community Health Learning Programme initiated by CHC is different in its dimensions of the process of training. It is a major challenge for a programme based on person centric learning approaches to ground the interns in community health, social determinants of health and health rights in the context of today's techno-centric academic courses.

It is noteworthy that many of the interns linked to community-based organsiations continue to work with communities and building their capacities.

The Advisory Committee members have given specific suggestions based on the experience and learning's from the current phase of the CHLP. The following recommendations will be useful to frame the next phase of training.

Expert comments from the Advisory Committee

- There is a need to formalize the programme and structure it much better to aid better learning among interns. The flexibility offered currently to interns to choose their own learning objectives and matching their field placements accordingly could be balanced by retaining 50% of own objectives and 50% grounding in community health. The advantage in implementing a formal course would be in training more numbers and with certain specified objectives who could reach out at many levels.
- The flexible component of internship of shorter durations has to be retained as many interns have also benefited from the experience, the reflective learning and continuing support received.
- Selection of participants with good working knowledge of English is necessary. One idea is to alternate training for participants fluent in local languages and those with English fluency every alternate year.
- It may be beneficial to critically review the progress/ current placement of alumni to search for strengths and weaknesses of the selection process. Keeping in mind that CHC is working already towards building resources in Karnataka and Tamil Nadu, it may be useful to select and train persons who can work at the district level.
- Some topics like ethical issues in health, research methodology and first aid could be added to the course content.
- Mentoring is a unique component of the training and there has been a lot of discussion on how to strengthen it. Field mentoring could be strengthened

through tripartite meetings with intern, CHC and field mentors. A module of standard operating procedure for field mentoring should be developed.

- Assessment of the interns could be done in multiple ways. Assessment during the training process by mentors (both CHC and field mentors) and by interns could be attempted. This could be enhanced by peer assessments of aspects of the programme.
- Innovative ways of capturing the intern's learnings should be explored. These include photo exhibition or album, articles in the newsletter and video film of the oral presentation of the interns.
- The scope of strengthening the gains of CHLP can be explored by offering Refresher Training Programmes to alumni, thereby ensuring the sustainability of CHLP.

Feedback from Interns and Alumni

The interns gave feedback as a group on all aspects of the programme at every milestone of the programme: end of orientation, end of six months and end of the internship. This dialogue with the interns has been useful for the team to understand their concerns and the progress of the training programme. The interns also give written feedback individually when they complete the internship.

The unique processes of the programme have been appreciated by the interns.

Mapping of Outputs of the CHLP

The CHLP had three components of training, documentation and dissemination with six objectives.

A brief overview of the activities encapsulates the varied inputs and processes of the CHLP in the first table and the activities and definite outputs of the Programme have been highlighted in the Table 4. Activity Chart

Selection process	Emphasis on individual learning needs
Reflective learning	Mentoring
Field oriented learning	Perspective development
Emphasis on personality development and understanding self	Orientation programme – especially the field exposure visits
Specialised workshops	Structured collective sessions every 3 months

Table 4. Activity Chart

Month	2008	2009	2010
January	*Start of the Programme* Announcement of the CHLP	Announcement of the CHLP	
February		External Audit review First batch completes internship	Second batch completes Advisory Committee meeting Internal review commenced Selection of interns
March		Advisory Committee meeting Selection of interns Meeting with mentors	Orientation programme for the interns
April	Advisory Committee meeting National Workshop		Field placement commences Tamil Books printed
May	Selection of interns	Orientation programme for the interns Meeting with mentors	Published the CHLP Newsletter, Building Blocks 2009
June	Orientation programme for interns	Field placement commences	Mid review, Special workshop
July	Field placement commences		Internal review – Advisory committee meeting
August		Mid review of the CHLP programme	Special Workshop conducted for the interns
September	Mid review, Special Workshop	Alumni Workshop– IPHU	End of six months review Field practice started

October			Internal review completed National Workshop
November	Updated the Website	End of six months review Special workshops Announcement of next batch Field practice started	External reviewer–visit to CHC Alumni Workshop Third batch completes internship
December	End of six months review Alumni Workshop		Tamil resources – Translation completed Published the CHLP Newsletter, Building Blocks 2010
	Building Blocks 2008 CHLP brochure printed Resources in Kannada printed Field practice started		Jan 2011 – External Audit review

Table 5. At a Glance: Outputs of the CHLP (2008-2010)

COMPONENT	ACTIVITIES	OUTPUTS
Structured full time teaching	• Selection of interns • Orientation • Field Placing • Mid Term meet • End term meet • Skill development • Short term project support	• A total of 24 fellows complete training • The fellows presented their fellowship reports (24 in all) • 24 fellows undergoing special skill workshops • 24 short term projects undertaken • Qualitative feedback of interns is described in individual chapters

COMPONENT	ACTIVITIES	OUTPUTS
Flexible internship	• Selection of interns • Orientation • Planning the placement • End term review	• 62.5 fellowship months of support provided (55 months of paid support and 7.5 months of unpaid support) • 18 individuals completed flexible fellowship support • Three interns did the flexible internship without monetary support
Continued education	• Responding to queries from alumni • Regular fellowship news letter	• Responses to queries, updating profile of the alumni • Alumni involved in teaching process • The interns published three newsletters • Feedback from alumni taken during the internal review.
Resource support	• Training for organizations interested in similar fellowship programme.	• Two meetings were arranged with the Mentors in 2009 and 2010 to share on the CHLP and specifically on mentoring.
Modularization of content into English and adaptation, development and translation into Tamil and Kannada	• Preparation of modules • Translation of material into Tamil and Kannada	• Resource pack for the orientation programme updated • Reading lists updated, Reading list in Kannada available • four books in Kannada produced • two books in Tamil produced • four books in Tamil translated
Process review	• Advisory Committee Meetings	• Reflection of the process for each year completed and discussed with Advisory committee

COMPONENT	ACTIVITIES	OUTPUTS
	• Preparation of process report	• Meetings held every year and also separately for the internal review • Internal review is the process report
Upgrading the Website	• Website development into a resource center • Updating website	• Learning resources in community health and public health available in website in English • Website www.sochara.org regularly updated
Pamphlet	• Development of Brochure	• A brochure on CHLP developed
Annual Alumni workshop	• Annual workshops arranged. • Documentation	• three annual workshops held • Relevant contemporary issues discussed: Community health in the context of globalisation; CH in the context of caste, class and gender identity; CH and the role of civil society; Health and Equity-a training workshop; Urban health-challenges in realising health for all; Daring to bring about change-the stories from marginalised communities) • three workshop reports produced
National Workshops	• Two national workshops • Setting agenda • Contacting participants	• Two National workshops held where 25 organizations attended the workshops • The first workshop report is printed. The 2nd workshop report is being produced • Long term strategy being discussed in team meetings

COMPONENT	ACTIVITIES	OUTPUTS
Dissemination at other workshops	• Resource persons • Logistics • Documentation • Follow up • Presentation of learnings	• Participation in MFC meetings and sharing of the community health learning program.

A systematic approach to review the outcomes and impact of the Fellowship programme was not envisaged in the timeline of the programme, but the team would like to document some aspects that would explain the outcomes of the interns and impact of the programme.

A measurement of the outcomes of CHLP would necessitate an understanding how much the training has facilitated change in performance of the intern. In the CHLP, the first outcome would be the understanding of the social paradigm of health and being involved in action oriented to community health.

Measuring outcomes is complex as it involves the dynamics, relationships of the various people (mentors, fellow interns, and communities), organizations (field organizations, CHC, health system) and the experiences and also what influences the evaluation process. Outcome assessment also depends on the timing of the evaluation and whether such a process clarifies the values and context of the programme.

In CHLP, the challenge in assessment was to factor in the person centred learning based on the intern's objectives. Though there was no formal system of assessment of the intern's work and skills gained, the mentors discussed with the interns on their learnings. Also feedback was taken from the interns at the end of the internship and from the alumni as part of the internal review of how the CHLP had changed them or in what way CHLP has contributed to their development of self, the kind of skills gained and their perspective on community health.

During the three years, as part of their learning experience, the interns have produced many definite outputs. These can be broadly classified as:

Action: Involvement in community health action.

Study: Studies of community health issues

Trainings: They conducted training sessions, where they shared their learning's and experiences with others.

Participation: Involvement in health and development related events at the local, state and national levels.

As the internship is through learning by praxis, there have been many opportunities for both the flexi and full time interns to be involved in community health activities.

- **Meetings:** Interns arranged or helped arrange village, taluk, and district level meetings on raising awareness on the NRHM; community monitoring of the National Rural Health Mission (NRHM); on issues of water, sanitation and nutrition; networking of organisations on urban health issues and the status of the urban health system
- **Community Health Action:** There were several instances and types of specific community health action initiated or facilitated by the interns. These included facilitating and organising public hearings on the concerns of health care delivery at the Primary Health Centre level in Raichur district, Karnataka; running the national secretariat and e-group of the Right to Food Campaign; awareness generation on the National Rural Employment Guarantee Act (NREGA) in villages of Karnataka, UP and Bihar; organizing people living with HIV/AIDS; mobilizing children to hold exhibitions on water and sanitation; working with rural children to write a Children's Newsletter; dental health education for school children; awareness regarding the services offered by the NRHM and the role of community monitoring in six districts of Karnataka and three districts of Tamil Nadu; organizing agarbathi workers following a study of their occupational health related issues; and facilitating health awareness camps.
- **Action Research and research projects:** There were action and research projects completed - a fact finding mission of the pollution in Eloor Industrial area in Kerala; the functioning of the Endosulfan rehabilitation and remediation cell in Kasargod, Study of the status of the ESI dispensaries, study on the nutritional status of a family in rural Karnataka and studies on understanding challenges of ASHAs and linking the community with the ASHAs.
- **Materials developed:** Interns translated resource materials on health into Assamese (2), Tamil (3) and in Hindi (1). A video on Nutrition was prepared in Tamil.
- **Training Programmes:** The fellows between themselves completed training programmes for groups including schoolchildren (water and sanitation, dental hygiene), students (environment and health, dental hygiene), health activists (right to health, NRHM, community monitoring) and community members (environment and health,

health and health rights, NRHM, community monitoring).

The last three months of field practice work facilitated the full time interns to engage in activities based on their learning needs and their field of interest.

FIELD PRACTICE WORK

RESEARCH STUDIES

- Study of health problems of the Pourakarmikas (conservancy workers) in Chitradurga town, Karnataka.
- Study to understand concerns of women in fertility control in an urban area in Bangalore.
- Study to understand the mental health status of communities affected by mining in Bellary district.
- Study of the nutritional status of rural households in Kotha village, Lingusur taluk, Raichur, Karnataka.
- Study of the challenges of women workers –ASHA, Anganwadi workers, self help group members and women labourers.
- Study of the functions and challenges at work of the ASHAs in 2 areas of Chirang district, Assam.

COMMUNITY ACTION FOR HEALTH

- Support the Sangtin Mazdoor Kisan Sanghatan in organizing a Campaign on the NREGA in Sitapur district in UP.
- Increase the awareness on NRHM services and people's entitlements in 2 PHC areas in Raichur district and facilitated 2 public hearings at the PHC involving the people and the health system staff to share people's concerns on health care services and the possible solutions.
- Organizing the agarbathi workers in Ullalu, Bangalore and conducted health awareness camps for the agarbathi workers to understand their occupational health problems.
- Worked with the Jan Jagaran Shakti Sangathan in 10 Panchayats of Araria and Katihar districts on awareness generation of delayed payment and unemployment allowances in the MG NREGA scheme.

COMMUNITY MOBILIZATION

- Strengthen district level network of Manipur Positive Women Network in Thoubal and Churanchanpur district in Manipur.
- Strengthen state level network of the Maharashtra Positive Women.

TRAININGS CONDUCTED

- Training of development and health activists on Right to health and community monitoring of NRHM in Bellary, Belagum and Raichur districts.
- Training to Dalit women on gender and health in Raichur district.
- Right to Health training to NGO staff and field workers in Molakalmur taluk, Chitradurga district and Chikkodi and Khanapur taluks in Belagaum.
- Training of VHSC members and animators of the Community Action for Health project on the nutrition schemes at the village level of Nallampalli block, Dharmapuri district.
- Training of Federation of VHSC members on Panchayat Raj and NRHM in Thirumannur block, Perambalur district.

NEW INITIATIVES

- Setting up of a community based organization in Haveri district, Karnataka.
- Setting up of a Community Centre for Children living with HIV-AIDS in Nammakkal district, Tamilnadu.
- Leading a secondary level care hospital in Chickmagalur to identify the challenges in implementing community based health programmes.
- As a counsellor in a Community Care Centre, Government Hospital, Nagpur to identify and address the gaps in accessing health services for people, especially women and children living with HIV-AIDS.

MATERIALS DEVELOPED

- Translation of training manuals on anemia and right to health into Assamese.
- A manual on water and sanitation at the village level in Tamil.
- A manual on Nutrition schemes at the village level in Tamil.
- A manual on the basic features of the Panchayati Raj system in Tamil.
- Preparation and printing of booklet in Hindi of the final resolutions of the Right to Food collectively passed during National Convention of Right to Food & Work in Rourkela, Orissa.

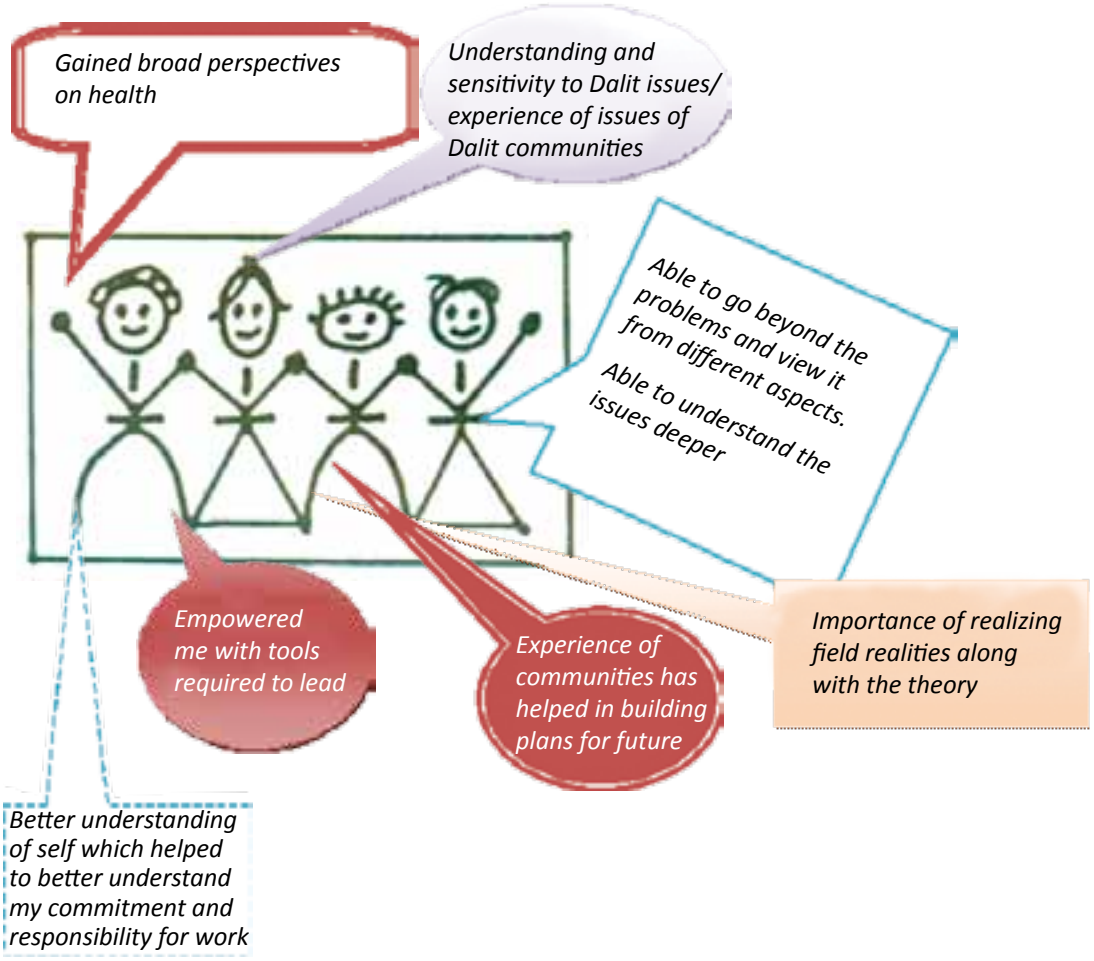
Towards Change

As change is a continuous process, and since there are many players in the CHLP who contributed to change, it is difficult to develop a single test or indicator to measure outcome.

The framework of outcome mapping helps us understand the interconnectedness of the learning process. The change in persective attributed to the CHLP is difficult to capture. Longe term changes in individuals are seen as they gain skills in research, training and action for community health, which is continuous and goes beyond the training programme. It is also difficult to measure behavioural change quantitatively. How and in what manner the interns have contributed to improving the communities' health could perhaps be documented through the process of evaluation in future programme.

The Journey of a thousand lives flows constantly- each individual is a tributary of the mighty ocean of the human spirit that strives for social change. Seen here are one time fellows, now allumini and some staff members of SOCHARA. All on a collective journey who are active agents of change.

The interns of the batch of 2010 speak about "How the CHLP has made a difference?"



During the internal review, some alumni gave the CHC team written feedback on the impact of the Fellowship Programme on their work careers.

Dr. Vinay H.R. is a Senior Resident in the Dept of Psychiatry, Adichunchanagiri Institute of Medical Sciences in Mandya District, Karnataka. He was a flexi intern in 2008 and studied the social aspects of mental health.

How has the CHLP made a difference in you?

"I could enhance my communication skills, analytical ability and responsibility handling through mentoring. "

"Convincing evidence that mental health does not exist in isolation, but has various dimensions closely linked to it such as cultural, social, financial, vocational, political, legal dimensions etc. There is a need for legal, political and financial stabilization if mental ill health is to be prevented and treated on a large scale"

"I became a better person and a better health professional."

Dr. Abraham Thomas, a fellow of the first phase in 2003-2004 wrote to CHC on how the experience made a difference to him.

"The Fellowship helped me build a world view on health affairs - this certainly means the perceptions on health at local level, at community level, and upwards to the level of the Babu's and the politicians.

The internship certainly moulded my thoughts, my own perceptions of the need for greater participation from the level of the Government and lesser interference from the private sector in the areas of health care provisioning. The internship also alarmed me about the lack of will, the extreme apathy and the lack of creativity in the public health sector, which has created a vacuum of sorts. Most alarming is the lack of life saving drugs, regular supplies, absenteeism in the ranks, and loss of the Vital TRUST between the service providers and the people.

While the internship gave me a good look at the flip and flop sides, I must say the private sector is no better. Fleecing patients on treatment and diagnostic fronts, the private sector is also draining the major govt stake in health by having unfettered access to health funds, subsidies, and health insurance provisions. What makes it a greater evil, is that it envisions access to "fewer and richer" while all other versions are mere rubbish.

Today there is a greater need for responsible public health consultants, community health pundits, interns, fellows and interested citizens, and for them to differentiate between the lesser evil and greater good. CHC is capable of providing a platform for young individuals to find their heart in health policy, health activism, health care reform, and community based health care. CHC has helped me to become a responsible dentist, it has made me to go back to my town with greater enthusiasm and strength, providing me with the right inputs for a life time so that I change my town and surroundings villages, starting now.

Mary Julie with her husband and alumnus Jeyapaul of the batch of 2008 have started a Community Development Centre (NALLAM–meaning well being in Tamil) for children in a village in Tiruchengode taluk, Nammakkal district in TamilNadu. The Centre focuses on Health and Educational needs of orphans and vulnerable children in the community.

Earlier both of them were involved with the Positive Women's Network and had gained experience working on the issues of People living with HIV-AIDS from a rights perspective at various levels.

Mary Julie shares that her understanding of community health evolved with the CHLP and she has gone back to the people where she started to work. She has gained perspectives on community health and a much broader understanding of the issues of children with HIV/AIDS from their view point and therefore how children's rights has to be addressed.

CONCLUSION

The Community Health Learning Programme (CHLP) Phase Two has been one more step forward in the evolution of socially relevant educational initiatives in community health. It has been a rich learning experience for the interns, the field mentors, the CHC team, the advisory committee, SOCHARA and the larger community health network within India. Communities have been part of the learning environment and have both given and gained.

The nuances of the CHLP 'impact' can be discerned from the paths taken by the alumni in their life journeys. Most are currently working with community initiatives, adding value to teams with their understanding of health and social solidarity. The CHLP experience has helped each one grow and develop abilities to work with communities for health. It has deepened their knowledge of the socio-economic, political and cultural determinants of health and policy processes that are crucial in the movement towards Health for ALL.

Each day was a new life for those on the CHLP journey! New discoveries made by intersecting and joining with many other life stories and journeys experienced and

narrated from different lenses brought in rich contextual learning. Through this fascinating journey of a thousand lives, the nuances, dynamics and mysteries of community health emerge. This new understanding linked by the learning facilitators with the principles of public health and the processes of public policy, embedded in the complex societal fabric of today is part of the CHLP journey.

What has resulted from the learning period of intense presentations, discussions, community engagement and research enquiries? Broadly, the alumni are involved in strengthening communities' capacities to realise the Right to Health.

The pathways towards realising the communities' aspirations and rights to health and health care are manifold. Most of the alumni work in community based organisations supporting processes that strengthen community health, namely training, managing field programmes, and linking with state run health programmes. Some alumni are pursuing careers in public health related fields. Perspectives, knowledge and skills gained through the CHLP will shape their outlook and involvement in community health action and policies that influence marginalised communities. Some alumni are mobilising and organising people towards understanding their rights, supporting them in their struggles for health and better health care.

The teaching of the socio economic political and cultural perspective on health and health care and development of community health skills, through a person centred approach with intense field level experience and experiential, participatory pedagogical methods comprise the widely acknowledged uniqueness and strength of the CHLP.

The national workshop on community health learning programmes held in Bhopal in October 2010, and the internal review of the CHLP offered insights into the strengths and challenges of training programme's in the alternative sector. The two national workshops (Bangalore 2008, Bhopal 2010) set the tone for sharing, cross learning and working together of community health trainers in India.

Important contributions have been made to the body of literature on health with the translation and printing of resource material in Kannada and Tamil. The CHLP also reached out to a wider audience through the newsletter 'Building Blocks' showcasing ongoing discussions.

The Community Health Fellowship Programme supported by the Sir Ratan Tata Trust (2003-2010) has emerged as a significant teaching learning programme offered by civil society in India. The Fellowship Programme has been an important opportunity for the SOCHARA to work towards its mandate and commitment to develop educational

initiatives for health human resources of quality in the community health sector in the country. SOCHARA has taken the next step and evolved a two-year community health fellowship programme with 20 participants in Hindi for central India. This is the only Hindi course with a focus on Madhya Pradesh. All 20 in the first batch have continued and are nearing the end of the course. Their enthusiasm is leading to a 'community health action initiative network (CHAIN)' through which they plan to stay connected and work together.

Most interns undergo changes in their thought processes and their attitudes during the CHLP. The interns take a plunge into the new world of community health, development and community building, often anxious about the "unknown" world of complex social dynamics. This does not deter them once they have made the plunge – as it opens up a new world of ideas and thoughts, where often passively received given world-views, were open to challenge through reflection and debate. Diffidence transforms into self-confidence and comfort in choosing alternative paths. The questions articulated are poignant, often insightful and reflective. The movement towards gathering a deeper understanding of issues that engulf our world is seen in the way interns are transformed to becoming change agents, innovators, community builders. Some even realize that they need to pursue higher studies to build on the foundation laid through the reflective-learning process of the internship. It is a proud moment for SOCHARA to see many alumni at the forefront of change. Some have moved to becoming scholar activists, others have chosen to work in diverse areas of disability, community mental health, food security, human rights, globalization, environment, to name a few, while many have gone back to their communities to mobilize and empower disadvantaged communities to greater self determination.

SOCHARA is also moving ahead with the civil society school of public health to increase the number of dedicated community health professionals who will work with communities, initiating community health action towards Health for ALL. The network of partnerships is being strengthened in an ALL for HEALTH effort.



APPENDIX ONE: SOCHARA CHLP ALUMNI & FIELD MENTORS

Batch of 2008

Ms. Varsha H. Gaikwad, is the President of the Positive Women's Network, Maharashtra. She is working as Counsellor at the ART Centre in IGGMC, a government hospital in Nagpur. She is currently pursuing her M.Phil. in Social Work. She has linked with the People's Health Movement and has taken the learning from various Community Health initiatives in Maharashtra to build the Positve Women's Network (PWN) in Maharashtra. She strives to build the capacity of the Positive Women's Network, Maharashtra in addressing issues of people living with HIV-AIDS. She is instrumental in expanding the PWN to five district level networks in Maharashtra.

Sr. Ria Emmanuel, a nursing professional, is working with the hospital of the Holy Cross Congregation in Chickmagulur as the Administrator. She is responsible for ensuring that the health services reach out to the needy and coordinates all the community outreach work. She is responsible to implement the government national health programmes and the hospital conducts mobile clinics in 10 villages under the National Rural Health Mission.

Ms. Sudha Nagavarapu is an electronics engineer and her work in a medical device factory exposed her to the larger politics of health care. She has been involved with Association for India's Development (AID), US and in environmental and political issues in Minnesota, US which taught her about community initiatives and social implications of government policy. She has conducted workshops on Politics of Development for the AID chapters and coordinated a mega-workshop at the AID 2009 Conference alongwith her partner. She was associated with an organization called SKMS (Sangtin Kisan Mazdoor Sangathan), in Sitapur, Uttar Pradesh.

Ms. Savitri L.P. had been with the Vimukti Social Cell and Jagrutha Mahila Sangatana, Potnal (Raichur district, Karnataka) as a volunteer. During the CHLP, she worked in Raichur district to enhance capacities of communities and Village Health and Sanitation Committees on aspects of community monitoring of public health services as part of the NRHM. After her internship, she was working with the Jagrutha Mahila Sangatana, a Dalit women's organization, for two months. She then worked with Agricultural Development Training Society (ADTS), Baggepalli, Chikkabalapur district (Karnataka), as an extension worker to facilitate livelihoods of the villagers. She joined Seva Trust for the Blind in Ranibennur, Haveri District (Karnataka) for six months. She is presently the Project Director for a government project addressing and seeking interventions on issues of trafficking in women and children.

Dr. Adithya P. has completed his MBBS at St. John's Medical College, Bangalore. He had focused on understanding the various dimensions and linkages of environment, development and health during the internship. His internship reflected his engagement with pollution affected and marginalized communities as well as his ability to perform meaningful research. He worked as a Research Assistant in the Regional Occupational Health Centre, Indian Council of Medical Research, Bangalore. He contributed to data collection, analysis and report writing of various projects, specifically working on issues of landfills and occupational health of unorganized workers in rural areas. He later joined Centre for Public Health and Equity (CPHE), a unit of SOCHARA, as Research and Training Assistant. He has taken up projects in the field of environment, agriculture and health. He is also assisting workers groups who have occupational health related issues. He also facilitated sessions on Environment and Occupational Health in the CHLP, Bangalore and Community Health Fellowship Programme in Bhopal. He has just completed the Masters in Environmental Health & Public Health course at the London School for Health and Tropical Medicine (LSHTM).

Mr. Jeyapaul Sunder Singh S. has a post-graduate degree in NGO Management from Madurai Kamaraj University. He is associated with the Positive Women's Network (PWN+) in Chennai. He is passionate about improving the lives of orphans and vulnerable children (OVC) affected by HIV and AIDS in a rural community of Namakkal District. Along with his wife, Ms. Mary Julie (CHLP alumnus of 2nd batch), they have established a centre for child development focussing on Health and Educational needs of orphans and vulnerable children in the community. The Centre is named "NALAM (which means well-being) Child Development Centre in Tiruchengode taluk of Namakkal District (Tamil Nadu).

Mr. K. Karibasappa completed his MA in Sociology. He worked in Davangere as Teacher in the Child Labourer's Bridge School Programme and Community organizer/activist for the past seven years on issues of Right to Food, Right to Education and Right to Work with communities. He was a resource person for communities to use Right to Information (RTI). After the CHLP, he has integrated the issues of Right to Health at the community level. He is associated with the Jana Arogya Andolana Karnataka (People's Health Movement in Karnataka) to enhance capacity of communities in community monitoring of health services, in understanding their rights and entitlements under the NRHM, Public Distribution System and NREGA schemes. He is a resource person in training district level cadre on issues of right to health and has facilitated public hearing on 'Right to health' in the districts of Davangere and Raichur. He actively promotes the right to information (RTI) as a tool for communities to integrate into health action. He is based at Byadagi (Haveri district, Karnataka) where he runs an organization named 'Nirmana' and is the co-convenor of JAAK for North Karnataka region.

Ms. Lakshmi Prasad completed her six months of internship and went on to complete MPH from the Johns Hopkins School of Public Health. Since then she held a position as a researcher at the Centre for Health and Social Justice in New Delhi working on issues of Health Rights and Marginalized Communities. Currently she is engaged with the Public Health Foundation of India as a Research Fellow in a project that seeks to explore the current environment for the Regulation and Monitoring of Public and Private Health Services in Delhi and Gujarat.

Ms. Catherine Pagett is from Canada. She assisted some of the literature review on Comprehensive Primary Health Care for the project on "Revitalizing Health for All". She also broadened her understanding of community health and perspectives of 'equity' as an important determinant of 'health for all', by her visits to various community based programmes during her internship from September 2007 to February 2008. She

is pursuing a postgraduate programme in Public Health in South Africa.

Dr. Vinay H.R. is a medical graduate who took up the flexible programme at CHC to understand the social aspects of mental health. He then completed his Diploma in Psychiatry at the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore. He is currently Senior resident in the Department of Psychiatry, Adichunchanagiri Institute of Medical Sciences, Mandya district in Karnataka.

Dr. Keerthi Sundar is a medical graduate who took up the flexible programme at CHC to understand the various dimensions of mental health. He then completed his Diploma in Psychiatry at the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore. He will be joining as Psychiatrist in the Karnataka Institute of Dermatology, Bangalore.

Dr. Deepak Kumaraswamy is an Ayurvedic graduate who had completed a study of CHC's initiatives on "Integration of Medical and Health Systems". He worked Centre for Public Health and Equity, a functional unit of SOCHARA, based in Bhopal and Bangalore as Research and Training Assistant. He has focused on evolving the SOCHARA archives and publishing a compact disc with technical papers of the CHC team. He assisted with the compilation of the District Public Health Manager's Manual. He helped with few of the sessions in CHLP. He is currently involved in the Community Health Fellowship Initiative in Madhya Pradesh assisting in the teaching sessions. Deepak is presently pursuing postgraduate studies in epidemiology at the Christian Medical College, Vellore.

Mr. Sabyasachi Das has completed his MSc. Biomedical Genetics at VIT University, Vellore. His joined the programme to understand how relevant models of technology can be appropriately used to bring a change in rural health care systems. He worked on similar issues with Rural Innovations Network (RIN), Chennai. He is presently associated with the ICICI Social sector initiatives and works in Thanjavur, Tamilnadu.

Ms. Lakshmi Premkumar has done her MSW in Chennai. She is presently working at TISS, Mumbai. She is associated with a collective Corporate Accountability Desk (CAD), Chennai and was involved in campaigns for justice on environmental issues. Her work involved providing support to a grass roots organization in Mettur (Gonur West Agriculturists Development Association) in their struggle for justice against the pollution caused by the chemical factories in Mettur. She was involved in documentation and research related to chemical pollution and its impact on the local communities. She coordinated the research on the impact of globalization on the leather industry for the Consumer Action Group.

Dr. Sapna Surender has done her Master's in Public Health from Columbia University, USA. She is also a dentist by training. She worked with Basic Needs India (BNI), Bangalore as Programme officer-Research, Documentation and Advocacy. BNI supports mentally ill people based on the philosophy of building inclusive communities, where mentally ill people through mental health and development realise their own rights. Sapna is currently working with the Child in Need Institute, Ranchi on generating research, evaluation activities and identify key Maternal, Child Health and Nutrition issues and translate research into policy.

Batch of 2009

Mr. Shivakumar has a Masters in Social Work in Medical and Psychiatry. Through the Fellowship programme, he understood the challenges of health care access for the mentally ill through the internship. He is planning to start an organization in his hometown Sagar, Shimoga district (Karnataka) to address the mental health needs of the people. He volunteered in 'My Home India' in Bangalore is working for northeast Indian people. He is presently working in the Western Ghats Development Project Government of Karnataka as an income operation coordinator.

Ms. Tanuja Sharmi is associated with the Manipur Positive Women's Network for the last five years. During the internship, she has gained an understanding of the women's movements in India and has been able to network with many groups working on issues like violence against women and women's health. She is keen to raise awareness of the reproductive health issues of women in Manipur.

Ms. Snehalatha D. completed her BSW in Dharwad, Karnataka and is pursuing MSW. She hails from the family of a well-known dalit activist and poet in Karnataka. She worked in Koppal and Raichur Districts prior to her joining the CHLP. She was one of the district resource persons for the pilot programme on Community Monitoring under the NRHM in Raichur district during 2008-09. During CHLP, she was with the Swami Vivekananda Youth Movement to understand the community health programme for reproductive health. She undertook field visits in Raichur and Bagalkote districts to understand the health issues of communities affected by the floods. She is currently working as the convenor for an organization called Citizens for Social Justice in Bangalore.

Ms. Shelley Dhar hails from Guwahati, Assam. She has a Masters in Political Science. She began her fellowship with the interest in exploring different strategies of communities in advocacy for health and the role of the state and civil society in this process. She is working with the Action North East Trust, Bongaigaon district, Assam as a coordinator of an initiative called IDeA. IDeA works as a training institute for other NGO's in the North East.

Ms. Jaya Rajbongshi is a graduate of Arts. Her experience range from being a National Service Volunteer, field researcher, working with Self Help Groups, research assistant, counselling and women's empowerment in Assam. She has worked with the Action Northeast Trust (the ANT), in organizing the women of the internally displaced communities at Deosri, Assam and identifying their concerns. As part of the internship, she has learnt about the challenges of community health work and about the services of the NRHM and challenges in providing health care. After the internship, she is associated with the ANT as Health Training coordinator.

Ms. Mary Julie is associated with the Positive Women's Network in Tamil Nadu providing training in life skills education, developing modules and event management for children affected by HIV/AIDS. She gained perspectives on community health and also a much broader understanding of the issues of children with HIV/AIDS from their view point and therefore how children's rights has to be addressed. She and her husband Jeyapaul (CHLP alumnus of 1st batch) have started a centre for child development focusing on Health and Educational needs of orphans and vulnerable children in the community. The Centre is named "NALAM (which means well-being) Child Development Centre in Tiruchengode Taluk of Namakkal district (Tamil Nadu).

Ms. Bhavya Reddy has a Bachelor of Arts in Development Studies. She was an intern at the Public Health and Communication and Development (PHCD), Addis Ababa. She also worked with the Dwarkanath Reddy Ramanarpanam Trust (DRRT) and Association for Voluntary Action and Service (AVAS) where she worked with the urban poor. She keenly pursued her exploration about population policies and reproductive rights of women during her internship. She currently works as a research associate in a project looking at Health Policy, Gender Equity and Maternal Health issues at the Centre for Policy Studies, Indian Institute for Management, Bangalore.

Ms. Tejaswini Santosh Tathe has a MSW (Community Development) and worked as counsellor in AIDS Awareness programmes in Maharashtra. She was trainer and community organizer in the Drought prone Area Project of Hind Swaraj Trust in Ralegan Siddhi district, Maharashtra. She had gained a deeper understanding of malnutrition in a community and the challenges in addressing it through her internship.

Dr. Deeksha Sharma has a PhD on Breastfeeding practices and mother and child health and nutritional status. She worked in the maternal and child health unit for the Solution-Exchange project of the UN. During internship, she was able to map out the gaps in the policies and programmes that could potentially tackle malnutrition and understand the links of food sovereignty, security with malnutrition. She was associated as Project Coordinator, Community based Bio-diversity Management (CBM) project in Green Foundation, Bangalore.

Dr. Divya Persai is a graduate in dentistry and currently pursuing her master's in Public Health from Birla Institute of Technology and Science (BITS), Pilani. She has authored a book on community dentistry. She conducted a study to understand the status of the ESI dispensaries in providing primary health care to organized workers in Bangalore. She

has completed her MPH at BITS,Pilani. She is working as District Programme officer in the Integrated Surveillance Project, Udaipur,Rajasthan.

Ms. Prabha. N, a member of the All India Democratic Women's Association (AIDWA), and a rights activist for over 15 years was the state coordinator for the Community Monitoring Project, Karnataka. She took up the internship to broaden her understanding of health and to be able to strengthen the People's Health.

Ms. Malavika Thirukode was working with the Belaku Trust facilitating the livelihood programmes. She was able to gain a broader understanding of processes of marginalization of communities, the challenges in accessing health care services and role of the People's Health Movement during her internship. She will be completing her Masters course in control of Infectious diseases at the London School of Health and Tropical Medicine this September. She has been the Secretary of the Student Representative Council and also been involved in the revival of the Fair Trade and Sustainability committee at the LSHTM. She had worked to get the school Fair Trade certified by helping organize a Fair Trade awareness week. She is planning to pursue doctoral studies.

Ms. Sowmya K.R. was associated with Samajika Kriya Samithi, an organization working for the rights of the minority and urban poor communities in Bangalore. She pursued the internship to broaden her understanding of health rights and strategies to integrate health rights with socio-political rights of people. She was involved in documentation, networking and training activities on right to health as part of the Jana Arogya Andolana in Bangalore urban during her internship. Since then she is working as Project officer with Headstreams (organization started by another CHC alumnus Naveen Thomas) to look at livelihood issues of urban poor. She is also associated with the Garment workers union and Street vendors union and conducts women empowerment programmes.

Kristine Dandanell Garn, an MSc Public Health Student from University of Copenhagen, Denmark, Joined CPHE for her MSc thesis, titled, "If men were angels..." Dynamics of accountability in the Community Based Monitoring of Health Services Programme, Tamil Nadu, India. The report describes diverse perspectives on relationships of accountability, and illustrates why the programme works as it does. She was guided and supported by Dr. Thelma Narayan and the staff of CHC Extension Unit, Chennai in this process from February 2009 to May 2009.

Victoria Saint, an IPHU alumni from Australia is placed with CHC Extension Unit and conducted research on Village level structures to do health action.

Batch of 2010

Dr. Rohini Devakrupanidhi worked as a Dental Surgeon for seven years before joining CHLP. She wants to work with communities especially with children and increase their awareness about health services. She works as a Dentist in Bidar, Karnataka.

Mr. Anand Kumar has a Masters degree in Clinical Research. He worked in a pharmaceutical company for one year as a Clinical Research Associate. He calls himself a political activist with an experience of three and half years with the New Socialist Alternative (Indian section of the Committee for Workers International). He is also on the editorial board of the group's bi-monthly newspaper Dudiyoora Hoorata (Worker's Struggle).

During his internship, he gained deep insights into the issues of unorganized worker groups and was associated with the FEDINA, an organization in Bangalore in understanding

collectivization of the women Agarbatti workers. He has joined the Centre for Studies in Ethics and Rights (CSER), Mumbai and is working on sociological research in pharmaceutical policies.

Ms. Sejal Parikh hails from Ahmedabad, Gujarat. She has a bachelor's degree in engineering in Electronics and Communications. She has been a volunteer in the 'Struggle against GM foods', Health related initiatives in some of the slums of Noida, Flood relief activities for Bihar and Orissa. She has also contributed to Zero Waste Management initiatives of Association for India's Development (AID) Bangalore.

During the internship, she was part of the national coordination team of the Right to Food Campaign and visited Bihar and Madhya Pradesh to understand people's struggles for their basic rights. She continues to support the Right to Food Campaign and is working with the Jagrut Adivasi Dalit Sanghatan (JADS) in Barwani district, Madhya Pradesh.

Mr. Hanumanthappa H. hails from Davangere, Karnataka and has done his B.Com. He is associated with the Karnataka chapter of the People's Health Movement, the Jan Arogya Andolana Karnataka. His area of work is on issues of Disability, Right to Information Act, HIV/AIDS and TB, and NREGA among others. The fellowship programme helped him gain in-depth understanding on the issues of migration, right to food, right to livelihoods and right to health during the internship. He continues to work in Davangere to support people's struggles for their rights. He is actively associated with the Jana Arogya Andolana Karnataka.

Ms. Shivamma A. has a Masters Degree in Women's Studies and has a B.Ed. She worked for Sakhi where she was involved in conducting surveys of PHCs and understanding women's' health especially from the unorganized sector.

As part of her internship, she mapped out the challenges of women workers in the health social sector (ASHAs, Anganwadi teachers and self- help group members) at the community. Through the study of malnutrition in a village in North Karnataka, her understanding of the challenges of access to food at the household level was critical to her reflection on community health. She is currently pursuing her PhD.

Mr. Ganesh S. comes from Thanjavur, Tamil Nadu. He has a Masters in Social Work and M.Phil in Social Work. As part of the internship, he was involved in the Community action for health project in Perambalur district, Tamil Nadu. He coordinated the district level meetings and trainings. He also conducted trainings for the Federation members of the Village health and sanitation committee members in Thirumannur block. He developed a module on Panchayati raj for the VHSC members. He is currently preparing to take the Indian Administrative Services exams.

Mr. Madhappan M hails from Dharmapuri, Tamil Nadu and has an M.Sc. in Zoology and B.Ed. During his internship, he was involved in creating awareness through trainings and cultural jatha on the NRHM services in villages of Nallampalli block, Dharmapuri district. He also mapped the nutrition schemes available at the village level and developed a manual explaining the services and redressal mechanisms of all government programmes related to improving nutrition of households. He is exploring options in Dharmapuri district as a community health resource person.

Ms. Manjula is from Raichur, Karnataka and has done her Masters in Sociology. She worked in the Child Labour School, SEVA, Raichur as a teacher. When she worked Nava Jeevana Mahila Okkoota as a community organizer, she helped women to start one of the first Dalit womens Co-operative Society. She helped in developing a cadre of local karyakartas to take up the issues of 'Violence on women'. This involved creating awareness and taking steps to stop devadasi system, child marriages, child labour and domestic violence.

She developed research, analysis and critical thinking skills by coordinating a study to understand the nutritional status of households in a rural village in Raichur district. She is involved in advocacy at grass roots, district and state level on the issues of – Right to Food (RFC), Right to Health and Right to Employment. She is working with the Nava Jeevana Mahila Okkoota,Raichur. She is also working with the JMS team, Pothnal to strengthen their capacities.

Ms. P. Shobha is from Nagercoil, Tamil Nadu. She has done her MSW in Community Development. She worked with Shanthi Nilayam, Nagercoil, Community Health Development Project, Nagercoil, Nala Oli, Voluntary Health Association of Kanyakumari (VHAK), Adventist Development and Relief Agency (ADRA India), Nagercoil and the Indian Red Cross Society, Nagercoil. She was associated with the Community action for health project in Agastheewaram block in Kanyakumari district. She focused on creating awareness on sanitation among children, community members and Village Health and Sanitation Committee members. She is exploring various options as a trainer.

Mr. Mallikarjuna K. is from Bellary, Karnataka. He has done his Masters in Psychology. He worked as community facilitator in KHPT SANKALPA. During his internship, he expanded his knowledge on the National Rural Health Mission (NRHM) and the concept of health and health rights. He coordinated meetings and trainings in Bellary and Belagaum districts as part of the JAAK. He is currently working with Dr.Ajay, Punyakoti Foundation, Hospet to address the rights of persons with mentally illness. He is working for Punyakoti Foundation as Counsellor cum Community Resource person, working on Mental health.

Ms. Deepa Sai has done her Masters in Social Work (Medical & Psychiatric) from Christ University, Bangalore. She worked for three months with UNIDOC - Unites Professionals, Bangalore as Organizing Secretary. Her dissertation was on

'The role of the micro level factors that influence disability in Bangalore slums'. She interned with organizations working in the field of disability, oncology, psychiatry and neurology. She took voluntary trips to different villages in Tamil Nadu, Karnataka, and Madhya Pradesh to explore issues of economic exploitation and health perspectives in those places.

Ms. Lavanya Devdas is from Bangalore. She has a Masters in English Literature and a Post Graduate Diploma in Child Rights and Law from the National Law College of India University, Bangalore. She was a coordinate and continues to be an active member of the Association of India's Development (AID) Bangalore involved in grassroots efforts expanding from rural-urban development, child health, and women's empowerment to areas of communication, management and public relations. She has over 10 years of work experience in reputed technology companies as Senior Technical Communicator, managing and implemented projects from both the US and India. She has proactively participated in Corporate Social Responsibility through the 10 years of her IT profession. She also worked as a Lecturer in English (at the graduate level) in a college that pioneers in Women's Education.

She expanded her understanding of health, health rights and rights of marginalized communities, especially children. She is currently working as Documentation Assistant with the Centre for Public Health Equity (CPHE), Bangalore.

Batch of 2011

Ms. Vidhushi Madaan is currently working as a Research Assistant at Indian Institute of Science and working on medicinal plants- finding out ways to produce an anti-cancer drug. The Flexi-Fellowship offered her an opportunity to understand community health and the social paradigms that demarcates health and wellbeing.

Ms. Samridhi Chaturvedi is presently working at the Division of Clinical Trials, St. Johns Research Institute, Bangalore as a Research Assistant. The Flexi-Fellowship offered her an opportunity to understand the paradigms shifts needed to understand community health.

Short Term and Flexi Interns in the No Cost Extension Phase January to October 2011.

Dr. Jonathan Currie is a junior doctor from the UK with an interest in primary care and public health. While in India on his student elective in 2011, he was taken by the progressive approach Ravi and Thelma Narayan seemed to have adopted in their work and opted to join SOCHARA briefly to learn more of the organisation's work. Whilst at SOCHARA he travelled to nearby Gudalur, in the northern hills of Tamil Nadu to visit the ASHWINI health programme for adivasis. SOCHARA shall always remain a fond memory for Jonny given the inspiring ideas, people and places he was introduced to. Jonny plans to complete his junior medical training with side interests in Public Health and anthropology, before proceeding to a career in community health and development.

Mr. Sanket Ullal recently graduated with a Bachelor of Life Science (Honours) from McMaster University. Through his dual degree in Life Science and Peace Studies, he has developed an interest in the field of Public Health, Medicine and Global Health. He considers himself fortunate to have had the opportunity to come back to India and be part of SOCHARA as an elective student. His field experience with Association

of People with Disability (APD) and the other networks of SOCHARA was an enriching experience. He hopes to become a Public Health Physician and practice in rural Canada and India in the future.

Ms. Sangita Kamath is a recent graduate from the University of Toronto where she completed her Honours Bachelor of Science in Biopsychology. Her experiences in the field of disabilities in urban communities have inspired her to pursue a Master's in Occupational Therapy at McMaster University. She has several years of experience as a Certified Adapted Motor Development Instructor for children with Autism and neurological disorders. Her dream of working with the rural community in India came true when she joined the SOCHARA team, Bangalore as an elective student. Along with gaining insights into access to healthcare in rural parts of Karnataka, she undertook a project with the Association of People with Disability in designing a bridge course on life skills and independent living for adults with disabilities in rural areas. These opportunities have reinforced her deep passion for working with persons with disabilities in rural communities, in the fields of community integration and health promotion. Through the knowledge gained from the fellowship programme with SOCHARA, she aspires to practice in rural regions of Canada in the future.

After spending a year out of education working to gain experience, **Mr. Christopher Boyle** came to India from the UK. Qualified as a Physiotherapist, he aspires to study Medicine."I had only heard a little about Dr Ravi and Thelma Narayan's work in Bangalore through my Uncle (Andy Rutherford) before I left, yet that was enough to spark a flame of enthusiasm. SOCHARA welcomed me and my relatively young insight on Public Health matters with open arms."

Chris spent a week observing NGO's and medical centres focusing on people (especially children) with disabilities and Organisations like APD, Basic Needs India, Mobility India

and St John's Medical College Hospital - Physical medicine and rehabilitation (PMR) department proved to be great learning ground. He spend the majority of his time in the PMR department working with Dr Kurian Zachariah, who helped supervise his own personal project looking at "how the social determinants of health are addressed in a hospital setting". Interwoven within this he attend, seminars, group discussions, events and field visits with members of SOCHARA team.

Chris reflects: "My greatest learning point was that "Social Change" and ultimately "Health for All" will be achieved but it will take time. I feel that the best way to keep those who lose sight of this aim, is to involve them in this aim. Empowering those people is one of the main underlying aims of SOCHARA for which I read about, then learnt about and will now hopefully pass on to others! I ultimately would like to become a Paediatrician, but I would also like to work with NGO's geared towards Child Health and Rights in the UK. Thank you to all the staff at SOCHARA for all their help and guidance. I look forward to working with them in the future!"

Mr. K.B. Oblesh is a Senior Fellow. He has been part of the People's Health Movement since 2003. He represented the Human Rights Forum for Dalith Liberation, supported by NESA. In 2004 through the encouragement of CHC, he participated in the International Health Forum at the occasion of World Social Forum. He is also the JAAK co-convener. Since 2006, he has been playing a proactive role in strengthening the health movement in the state. He has been part of district trainings and capacity building on health and human rights.

Mr. J.S. Santhosh has completed his Masters of Social Work from Loyola College, University of Chennai. He has taken an active role in many community-based programmes prior to joining his internship. He is keen to take up a career in the field of community health.

Dr Sushmit Dias completed his BDS from CMC Ludhiana. He has worked as a medical officer at Christian Medical Society's Christian Hospital, Nowrangpur, Orissa under the Jeypore Evangelical Lutheran Church JELC, Koraput, Orissa.

He has worked as a consultant dentist and a lecturer at various dental colleges. He has a keen passion to work in community health.

Dr Vidya D has done her Bachelor of Naturopathy and Yogic Sciences (Indian Systems of Medicine) from the Rajiv Gandhi University, Bangalore.

She works as an AYUSH consultant. She has done studies in yoga and hydrotherapy. She has actively participated in health camps and takes yoga classes.

Ms. Shireen Sureksha has completed her BSc Nursing studies and is working as a lecturer in a nursing college. She is interested in the field of community health with a focus on mental health and therefore joined the CHLP. She is currently doing her field placement with Basic Needs India, Bangalore.

Mr. Suraj Sarvode a software engineer having completed his BE in Computer Science, has worked as a software engineer in MNCs for over five years. He has a deep desire to work among orphans and vulnerable children in the field of HIV/AIDS. He has been a group leader and served as a volunteer at YRG Care, Chennai, an NGO working amongst people living with HIV/AIDS. He works as an Assistant Programme Manager at Asha Kirana, Mysore, a voluntary not-for profit charitable trust with a hospital engaged in pioneering work in the field of HIV/AIDS in Karnataka.

Note

Some of the interns, as part of their learning and exploration, were mentored by the teams at the Centre for Public Health and Equity (CPHE).

LIST OF FIELD MENTORS AND FIELD PROJECTS

Field Mentor	Field Project (Organisation and place)	Contact No/ Email ID	Type of Organisation
		ASSAM	
Dr. Sunil Kaul, Jenny	The ANT Udangshree Dera Vill Rowmari, PO Khagrabari (via Bongaigaon) District Chirang (BTAD) Assam 783380 INDIA	scowl@satyam.net.in, sunil@theant.org contact@theant.org Ph:+91-3664-294043 / 294212 09435122042	The ANT works at 2 levels - directly with village communities in villages of Chirang district north of Bongaigaon town and indirectly as a resource to organisations in other parts of northeast India. It works directly at the village level in about 50 villages across 5 gaon -panchayats (local elected bodies at village level) on issues of health, women's empowerment, information, livelihoods and sensitising people to press for their entitlements from the government. It has village barefoot doctors and village pharmacists and income generation initiatives.
		CHHATTISGARH	
Dr. Yogesh Jain & Dr. Ravi D'souza.	Jan Swasthya Sahyog, I-4 Parijat Colony, Nehru Nagar, Chhatisgarh, Bilaspur - 495001	jss_ganiyari@rediffmail.com r.d.s.@vsnl.com ravijohn@bigfoot.com Ph : +91-07752-428229 09424143402, 09425302301	A voluntary organisation founded by a group of health professionals committed to developing a low-cost and effective health programme that provides both preventive and curative services in the tribal and rural areas of Bilaspur district of Chhattisgarh state in central India. The different services they run include a village health programme, nutrition programmes in several villages, an outpatient clinic, an inpatient ward, two outreach clinics and research to develop and validate low-cost health care and diagnostic technology.

Field Mentor	Field Project (Organisation and place)	Contact No/ Email ID	Type of Organisation
		DELHI	
Ms. Sarojini & Ms. Deepa & team	SAMA, 2nd Floor, B 45, Shivalik Main, Malviya Nagar, New Delhi-110017 Phone: +9111	65637632, 26692730 (TeleFax) Email: sama.genderhealth@gmail.com / sama.womenshealth@gmail.com Website: www.samawomenshealth.org	SAMA – Resource Group for Women and Health is a women's group working on women and health, and seeks to locate the concerns of women's health and well-being in the larger context of socio-historical, economic and political realities. SAMA considers health a fundamental human right and believes that the provision of quality and affordable health care to every citizen is the responsibility of the state.
		GUJARAT	
Ms. Manjula P. & Mr. Martin Macwan	Navsarjan, 2, Ruchit Apartments, Opp. Dhamidhar Derasar, Suraj Party Plot, Vasna, Ahmedabad – 380007 Gujarat, India	info@navsarjan.com Ph: +91-079-65443745/ 26630872	Navsarjan Trust is a membership-based grassroots organization working in over 2,000 villages of Gujarat, covering 34 talukas in 11 districts. Its historical focus has been Dalit rights; however, in recent years it has expanded its work to cover all poorer communities that have demonstrated their belief in social equality. Navsarjan conducts its activities through 187 full time activists (87 of them are women), who have a local base, have been trained professionally, and have established their credibility with local communities.

Field Mentor	Field Project (Organisation and place)	Contact No/ Email ID	Type of Organisation
		KARNATAKA	
Mr. Gopinath, Nagaraj and Basawaraj	Association for People with Disability (APD) 6th Cross, Hutchins Road (Off Hennur Main Rd), Lingarajapuram, St. Thomas Town Post, Bangalore 560 084 (Karnataka) INDIA	Phone +91 (080) 2547 5861 Email: ablehand@vsnl.com hrd@apd-india.org; apdgopi@gmail.com	The Association for People with Disability (APD) (http://www.apd-india.org/) is a Bangalore based organization working since 1959 for children, youth and adults with various types of disabilities – primarily those with physical disability, cerebral palsy, spinal cord injury, development delay, and speech and multiple disabilities. APD's coverage extends to Tumkur, Kolar, Koppal and Haveri districts with linkages with voluntary organizations across south India and work with poor communities in and around Bangalore. APD has institutionalized the therapeutic potential of horticulture and capitalized on its income generating potential – benefiting for both the institution as well as the individual. The courses include a ten month course with a hands-on internship period, followed by a stipend attached work experience.
Mr. Sabastian	Foundation for Educational Innovations in Asia (FEDINA) No.154, Anjaneya Temple Street, Domlur Village, Bangalore 560071	Tel: 080-25353563, 25353190 Fax:25356765 Email: fedinablr@gmail.com	Foundation for Educational Innovations in Asia (FEDINA) is a secular, non-governmental, non-profit organization established in 1983 with the objective of empowering the marginalised, the oppressed and the poorest of the poor to demand their rights. The headquarters in Bangalore, India, FEDINA currently works in the four South Indian States of Karnataka, Tamil Nadu, Kerala and Andhra Pradesh, and the Union territory of Pondicherry.

Field Mentor	Field Project (Organisation and place)	Contact No/ Email ID	Type of Organisation
			They work with informal sector workers, dalits (traditionally regarded as untouchables, officially identified as Scheduled Castes and Scheduled Tribes), poor women, small farmers, landless labourers and slum-dwellers. The broad objective of Fedina is to empower the marginalized sections of the society. Empowerment is broadly understood in terms of improving the self-confidence of the marginalized people, enabling them resist oppression and negotiate with government authorities, employers, landlords, upper castes etc. They believe that the most effective way to fight oppression is to enable the oppressed to become actors in their own emancipation.
Dr. (Sr.) Aquinas	Holy Cross Comprehensive Rural Health Project (CRHP), Hannur Post–571439 Kollegal Taluk, Chamarajanagar Dist. Karnataka.	hccrhphanur@gmail.com hccrhp@sancharnet.in Ph: +91-08224 – 268838 09449392472	Starting from a hospital in Kamagere, CRHP moved to over 90 villages surrounding the hospital to work on health in a comprehensive manner. Today they are involved in training community health workers, school health programmes, and participatory rural appraisal for development programmes. They also run a bridge school for children who are released from bonded labour in Prakashpalya.
Dr. H. Sudarshan	Vivekananda Girijana Kalyana Kendra (VGKK), B.R. Hills and Karuna Trust #686, 16th Main, 4th T-Block Jayanagar Bangalore-560011 Karnataka	hsudarshan@vsnl.net Ph: +91-80-22447612 09448077487	VGKK is a registered organization that works with the Soliga tribal community in BR Hills with the objective of making “adivasi people realize the dream of a self-reliant, united and progressive adivasi society.” Amongst its various programmes, including health work, sustainable harvesting of Non Timber Forest Products (NTFPs) and

Field Mentor	Field Project (Organisation and place)	Contact No/ Email ID	Type of Organisation
			conservation based enterprises, is a government recognized secondary school for 530 children run in the revenue pocket within the Biligiri Rangaswamy Temple Wildlife Sanctuary (BRT WLS). Most of the students are adivasis from the sanctuary and adjoining areas. Of these, a majority are Soligas.
Dr. Seetharam	Swami Vivekananda Youth Movement (SVYM) Hanchipura Road, Saragur, H.D. Kote Taluk, Mysore District 571121	emmaress@gmail.com Ph: +91-8228-265412 / 265877 / 265413 09686666305	SVYM runs a 10-bed hospital at Kenchanahalli and a 40 bed Multi Speciality Hospital at Saragur. Further outreach services are provided through mobile health units. The Vivekananda Tribal Centre for Learning at Hosahalli, a semi-residential school, provides education to over 400 children. And Community Development Programmes, which aim to create self-sufficiency through pooled resources and education, are held regularly.
Dr. Darshan Shankar	Foundation for Revitalisation of Local Health Traditions (FRLHT) now called I AIM 74/2 Jarakabande Kaval, Post Attur, Via Yelahanka, Bangalore-560 064 Ph no. 9448846278	darshan.shankar@frlht.org.in Ph: +91-080-28568000 09448846278	FRLHT is a registered Public Trust and Charitable Society, which started in March 1993. The Ministry of Environment and Forests has designated FRLHT as a National Centre of Excellence for medicinal plants and traditional knowledge. Its mission is to demonstrate the contemporary relevance of Indian Medical Heritage by designing and implementing innovative programmes related to exposition of the theory and practice of traditional systems of medicine, conservation of the natural resources used by Indian systems of medicine and revitalisation of social processes for transmission of the heritage on a size and scale that will have societal impact.

Field Mentor	Field Project (Organisation and place)	Contact No/ Email ID	Type of Organisation
Dr. Mani Kalliath	Basic Needs India (BNI) 114, 4th Cross, Ombr Layout, Banaswadi, Bangalore–43	manikalliath@gmail.com mani@basicneedsindia.org Ph: +91-080-25453875 09449821451	Basic Needs India Trust is a Bangalore based NGO which helps mentally ill people and their families across seven states of India, to earn livelihood through various product to lead their life with dignity and make them self reliant. Through building the capacity of communities, partner organisations and primary health care workers it helps to curb the stigma surrounding mental illness.
Fr. Anthony Kunnel	SNEHADAAN, Sarjapur Road, Ambedakar Nagar, Carmelaram Post, Bangalore 560035	mperumpil@yahoo.com snehadaan@snehacare.org Ph.:+91-080-28439516/28913425	Snehadaan was formally started on 14th July 1997, and is primarily involved in care for PLHA, palliative care of AIDS patients, and support and training of the family members to care for their loved ones who are sick. It also provides training for Doctors, Nurses, Health Care Workers, Social Workers and Medical Students on medical management and cases of HIV&AIDS. Snehadaan coordinates 09 Community Care Centres and 03 Sub centres across Karnataka to enhance the services for PLHAs. The best service delivery practices that Snehadaan has developed have been replicated in many care and support centres across the country.
KERALA			
Dr. B. Ekbal	Kerala Sastra Sahitya Parishad (KSSP), Kuzhuvalil House, Arpookara East, Kottayam 686008.	ekbalb@gmail.com Ph: +91-0481-2598305 09447060912	KSSP is the People's Science Movement of Kerala, India. Founded in 1962, it works at the science society interface with about 40 members as an organisation of science writers in Malayalam. Over the past four decades it has grown into a mass movement with a membership over 40000, distributed in more than two thousand units spread all over Kerala.

Field Mentor	Field Project (Organisation and place)	Contact No/ Email ID	Type of Organisation
Mr. Jayak-umar C.	THANAL L-19, Jawahar Nagar, Kowdiar Post, Trivandrum, Kerala.	thanal@vsnl.com Ph: +91-0471-2727150	Thanal is a Voluntary Organisation registered as a Public Charitable Trust. From a Natural History learning Centre working on an informal way networking with organisations and individuals with common interests in protecting and nourishing the environment, Thanal has evolved into a public-interest research, campaign and advocacy organisation. In the last five years Thanal has started working on various issues, with Environmental Health and Justice as its foundation. THANAL has spearheaded the Endosulfan campaign in Kerala.
MAHARASHTRA			
Dr. Ullhas Jajoo /Dr.S.P.Kalantri	Dept of Medicine Mahatma Gandhi Institute of Medical Science (MGIMS), Sevagram WARDHA 442102 Maharashtra,	sp_kalantri@ rediffmail.com Ph: +91-0715–284341, 284355, 284333 09421727520	The Mahatma Gandhi Institute of Medical Sciences was established as an experimental rural medical college in the Gandhi Centenary Year of 1969 with an objective of developing a pattern of graduate and post-graduate education best suited to India's predominantly rural population. In addition to the hospital, General OPD and health clinics, MGIMS also runs several health insurance schemes for the poor.
Dr. Abhay Bang /Dr. Rani Bang	Society for Education and Research in Community Health(SEARCH) Shodh Gram, P.O Dist, Godchiroli, Maharashtra 442605	search@satyam.net.in Ph: +91-07138–255407/ 233403	It was founded in 1985 by a doctor couple, Abhay Bang and Rani Bang. Inspired by the life and philosophy of Mahatma Gandhi, trained respectively as a physician and a gynecologist, and after studying at the Johns Hopkins University USA, for their Master of Public Health, Drs. Bang returned to India. Their main activities include Research, Training and Health Policy. Their conduct health

Field Mentor	Field Project (Organisation and place)	Contact No/ Email ID	Type of Organisation
			programmes in the areas of women and children's health, alcohol de-addiction and prevention and hospital services.
Dr. Abhay Shukla and Dr. Anant Phadke	SATHI - CEHAT Sl.No.26, Flat No.3 & 4, Aman Terrace, Dhanukar Colony, Kothrud, Pune 29. With initiatives in Barwani District, Madhya Pradesh	cehatpun@vsnl.com, abhayseema@vsnl.com Ph: +91-020-25451413/2325 09422317515	SATHI CEHAT is involved in Research, Action, Service, and Advocacy on key health issues. The SATHI cell of CEHAT is the unit, which organises the Primary Health Care work of CEHAT. This work started in 1998 in the form of the Arogya Sathi Project. It has a Community Health Worker based project in collaboration with Peoples organizations in multiple remote areas and facilitates and gives technical support to community health worker programmes in four tribal/remote areas of Maharashtra and Madhya Pradesh.
Dr. Nerges Mistry	Foundation for Research in Community Health (FRCH) 3/4 Trimiti B Apts. 85 Anand Park, Aundh, Pune 411 007	frchpun@bsnl.in, fmr@fmrindia.org frchpune@giaspn01.vsnl.net.in Ph : +91-020-4934989/4932876	Dr. Nerges Mistry is the Joint Director and Trustee of the Foundation for Research in Community Health (FRCH) and the Foundation for Medical Research (FMR). FRCH was established in 1975 as a non-profit voluntary organization in the field of health care. It works to evolve, support and promote alternate models of health and medical care that are in keeping with the social, economic and cultural realities. FRCH's larger aim is to create a people's health movement. With staff from backgrounds ranging from medicine, nursing, sciences, social sciences, economics, management, documentation and administration, and a force of primary-educated

Field Mentor	Field Project (Organisation and place)	Contact No/ Email ID	Type of Organisation
			health trainers and health workers, all its projects seek to demystify medicine and emphasize the people's role in their own health care.
MADHYA PRADESH			
Mr. Prasanna Saligram, Mr. Juned Kamal	Centre for Public Health and Equity, (CPHE) SOCHARA, E8/74, Basant Kunj, Arera Colony Bhopal: 462 039	Ph: 0755- 2561511 Email: cphebhopal@sochara.org	The SOCHARA CPHE, Bhopal team works on the principle of the 'politics of engagement', bringing civil society and Health For All movement perspectives into policy dialogue at every level and into mainstream public health education, training and capacity building. The Resource Centre in Public health of CPHE SOCHARA was inaugurated on 29th October 2009. This centre aims to consolidate and build on the experience of supporting public health policy processes and community action for health by SOCHARA over the years. It started its first Master's level, practitioner oriented two-year educational programme in Public Health, which includes conceptual and theoretical inputs along with adequate experiential learning.
ORISSA			
Dr. Johnny Oommen	MITRA Programme, Community Health Department, Christian Hospital, Post & Railway Station, Bissam Cuttack, Rayagada Dt. Orissa 765 019	jamoomen@gmail.com mitra.chb@gmail.com Ph.: +91-06863 – 247505 / 247855® 09437432067	It has a 150 bedded hospital, where over 50,000 patients treated per year. MITRA has 3 units: a) The MITRA project- which is primarily a health scheme covering 48 villages b) The MRSK residential school c) the MRTU - a training unit.

Field Mentor	Field Project (Organisation and place)	Contact No/ Email ID	Type of Organisation
RAJASTHAN			
Dr. Narendra Gupta	PRAYAS, B-8, Bapu Nagar, Senthi, Chittorgarh, Rajasthan 312025	prayasct@ sancharnet.in narendra531@ rediffmail.com Ph: +91-1472–243788/ 250044® 09414110328	PRAYAS is an NGO working in the tribal part of Chittorgarh district, South Rajasthan for 25 years. During this period PRAYAS has worked on a range of issues seeking to ensure the provision of basic services to the extremely deprived adivasi population living in its field area. Ensuring access to quality education and health care has figured high on the development agenda of PRAYAS since the very beginning.
TAMIL NADU			
Dr Rakhal Gaitonde & Mr. Ameer Khan	Community Health Cell, Extension Unit, (CEU) No.31, Prakasam Street, T.Nagar, Chennai–600 017, Tamilnadu	Ph: 044-45502438 Email: tnchc@ sochara.org	The SOCHARA CHC extension unit, Chennai, Tamil Nadu was initiated after the tsunami. The team is involved in the communitization component of the National Rural Health Mission (NRHM) framework in 6 districts. “Communitization of Health services” is one of the core pillars on which the NRHM rests. Communitization is not only seen as a strategy of improving the performance of the public health system, but also as a strategy of reducing inequity, increasing the ownership of the people over the public health system and increasing accountability of the system to the people. The ‘Community Action for Health’ CAH project essentially consists of the formation of committees at various levels. CEUin partnership with NGOs is working through 100 animators on the formation of Village Health, Water and Sanitation Committees, their orientation, training in the use of

Field Mentor	Field Project (Organisation and place)	Contact No/ Email ID	Type of Organisation
			tools, and the use of these tools to monitor the health care services of the villages.
Dr. Shyla and Dr. Nanda-kumar	ACCORD, Action for Community Organisation, Rehabilitation and Development, Camp, Gudalur, Nilgiris, Tamil Nadu-643211 Ph.: 4262 – 2361635/261645	accordgudalur@gmail.com Ph: +91-04262–261506/ 261645	ACCORD started as an activist group in response to the rampant land alienation of the adivasis in the Gudalur Valley. Today, it runs many development and livelihood programmes. The health component called ASHWINI covers over 220 adivasi villages through eight health sub-centres and the Gudalur Adivasi Hospital. Its activities are continuously growing.
Dr. Sara Bhattacharji	Low Cost Care Effective Care Unit (LCECU) Schell Eye Hospital Campus Christian Medical College Hospital Vellore	lcecu@cmcvellore.ac.in s_bhattacharji@cmcvellore.ac.in Ph: +91-0416-2232035, 2232103 09486369990	Dr. Sara Bhattacharji is a family and community physician and has been a member of the CMC faculty since the early 1980's. She served for many years with Vellore's Community Health and Development (CHAD) programme, developing primary health networks among poor villagers in rural areas. She runs the Low Cost Effective Care Unit (LCECU) that is an annex of the main hospital. The mission of the LCECU is to provide outpatient and inpatient care to those with no means. Comprehensive primary care is provided.
Dr. Regi & Dr. Lalitha	Tribal Health Initiative (THI) Sittilingi PO Dharmapuri District, Tamil Nadu	regilalitha@gmail.com regilalitha@sancharnet.in Ph: +91-4346 – 258611/299025	Tribal Health Initiative is a registered charitable trust established in the small village of Sittilingi in Dharmpuri District, Tamil Nadu. Drs. Regi and Lalitha established Tribal Health Initiative in 1993. It started with a small Out Patients' unit in a thatched hut. Today, it runs a full-fledged 24 bed primary care hospital and has extended its services to conduct education programmes and outreach

Field Mentor	Field Project (Organisation and place)	Contact No/ Email ID	Type of Organisation
			clinics in the 21 villages situated in the area.
JHARKHAND			
Sr. Prabha (community health)	Catholic Health Association of Bihar and Jharkand – CHABIJ C/o Catholic Co-operative Bank, Purulia Road, Ranchi, Jharkhand 834001	rch_chabi2a@ sancharnet.in chabij09@gmail.com Ph : +91-0651-2201409 09431591774	The Catholic Health Association of India celebrates it 62 years of service. The organization has grown in terms of its membership, services and expanded the scope for encompassing and achieving the mission for which it was established in 1943. The organization has been shaped and nurtured by the visionaries who directed it and by the impact of national and international happenings. There have been paradigm shifts to meet the needs and to fulfil the vision and mission of reaching the poor and marginalized. The Catholic Hospital Association was founded on 29th July 1943, by Sr. Dr. Mary Glowrey, JMJ, in association with 16 religious sisters, July, 1943. It was founded with the motto of improvement in standard of health education and promotion of catholic values and option for poor, in various states.
Dr. Suranjeen Prasad	Child in Need Institute (CINI), Panchwati, 357-A, Road no. 5, Ashok Nagar, Raachi 834002	cinijhk@gmail.com surasjeen@gamil.com Ph: +91- 0651-2245831, 2245370 09835348721	
WEST BENGAL			
Mr. Poddar	West Bengal Voluntary Health Association (WBVHA)	wbvha@giasclo1@ vsnl.net.in Ph: +91-033-22460163	WBVHA, established in 1974 is a state level health promoting lead agency to provide support service for the promotion and implementation

Field Mentor	Field Project (Organisation and place)	Contact No/ Email ID	Type of Organisation
	Executive Director, 19/A, Dr. Sundari Mohan Avenue, Ist Floor, Kolkata–700 014		of primary health/ community health throughout the state of West Bengal as well as in neighbouring states. WBVHA is associated with more than 250 NGOs engaged in health care, has 18 districts Resource Centres, supports and monitors the work of NGOs on community health and reproductive health. They also work on School Health Promotion.
Dr. Indrani (community child health)	Child in Need Institute (CINI) Po 16742, Daulatpur Village, Poilanvia, Joka, PO. 24 Parganas, Kolkata-700 027	Ph: +91-033-25452853	Child In Need Institute (CINI), a leading Non Government Organization (NGO) with its head office in Kolkata, India was founded in 1974. CINI reaches out to over five million people both directly and indirectly in the states of West Bengal, Jharkhand, Chattisgarh and Madhya Pradesh. CINI has been working over the last three decades to achieve sustainable development in nutrition, health, education and protection among poor communities. Natural disasters are commonly seen in India and receive prompt response from the disaster relief team at CINI during such emergencies.

APPENDIX TWO

CONSOLIDATED LIST OF THEMES OF SESSIONS (2008-2010)

Thematic List of Topics

Orientation and Introduction to the Programme

1. Getting to know each other (CHC team and interns) and Participant's expectations
2. Overview of the Learning methods of CHLP (Core components of CHLP)
3. Introduction to SOCHARA, CHC, CPHE, CLIC, and formation of participants into committees and study circles
4. Principles of learning, mentoring
5. How do you evolve your learning needs?
6. Approaches to Training
7. Writing Sessions and Feedback
8. Introduction to CHLP Administrative matters

Inside Learning

9. Group Lab – I (Decision to Join, Sharing Anxieties, Understanding and building a community of learning, Learning opportunities, Inside and outside learning, Individual and collective learning).
10. Group Lab – II (Sharing / Feedback, Listening, Working together, Leadership Styles, Agreeing to disagree and Who am I?)
11. Group Lab – III Basic TA/Relationships, Conflict Resolution, Counselling

Health and Development (General)

12. Health and Development
13. Understanding the concept of Health (Definition of Health, Community Health)
14. Understanding the concept of Health (social determinants of health and health as a human right)
15. Web of causation
16. Monsoon Game and Debriefing

Community Health

12. The alternative paradigm in community health - a CHC perspective
13. Skills and values needed for community health - What they are? How to cultivate them?
14. Axioms of Community Health

Primary Health Care

20. The Story of Health and Health care in India – A birds eye over view

from Bhore committee to NRHM : Challenges, crises, and responses

21. What is Primary Health Care?, How do PHC components get translated to practice?, Critique of selective approach
22. Whatever happened to Health for All by 2000 AD? The story from Alma Ata to the present time
23. Challenges in Primary Health Work - role of community health worker in PHC approach, challenges in community participation

Understanding Social Structures/ Marginalisation

24. Understanding society
25. Caste, class, gender as determinants of health- case study
26. Understanding Marginalization and movements of marginalized people (especially women)
27. Health issues of marginalized groups (Seminar)
28. Gender and health

Socio-epidemiology

29. Community health approaches to public health problems and communicable diseases - tuberculosis; HIV/ AIDS vector borne diseases
30. Community health approaches to non-communicable diseases
31. Tobacco and alcohol control – community based responses and initiatives

Health as a Right

30. Understanding the right to health of communities

Health Situation in India

31. Understanding the health situation in India.
32. Data sources and health indicators

Public Health Challenges

33. Public health approach to control of diseases - role of the health system.
34. Approaches to communicable disease control – (Immunization policy and challenges, disease surveillance)
35. Overview of some national programmes – vector borne diseases
36. Environment and occupational health
37. Community approaches to mental health problems
38. Women's health issues
39. Issues of health and development: mining, issues of child labour
40. Maternal health
41. The realities of the Public Health System in India (systems and sectors, cross cutting themes and policy imperatives)

Health Policy Challenges

42. Rational Therapeutics and Essential Drugs
43. Confronting commercialization of health care

Globalisation and Health

44. Globalization and People's Health
45. Documentary on Globalisation

People's Health Movement

46. Understanding movements of marginalized people (especially women) and understanding movement's in the context of health
47. The People's Health Movement response to globalization
48. Understanding People's Charter for Health (global) and Indian People's Health Charter

National Rural Health Mission

49. Introduction to public health system, structure and its function and role of the health system
50. National Rural Health Mission : A nation's effort to strengthening of health systems
51. Sharing of Community Monitoring experiences of Tamil Nadu and Karnataka

Disaster

52. Overview on disasters
53. Disasters: An Institutional Response
54. Documentary and Discussion: Goodwill is not enough
55. Learning's from CHC's experience in responding to disasters
56. First aid and transport of the injured
57. Psychosocial aspects of disasters
58. Civil Defence and Demonstration of using Fire Extinguishers
59. Visit to Karnataka State Natural Disaster Monitoring Centre (KSNDMC)

Alternative systems

60. Questioning the dominant paradigm
61. Understanding alternative system
62. Acupressure and Herbal Medicine

Field Placement-preparation and mentorship

63. Mentor's meeting. Mentors interaction with interns
64. Orientation to field placements
65. Completion of reports and meeting with mentors
66. Preparing for presentations on learning objectives and plan of ation
67. Presentation by interns-Learning Objectives and Plan of Action
68. Group discussion on roles and responsibilities of interns and mentors; Assessment of mentoring process and progress of intern

Field Visits

69. Public Hearing–right to health approach and open learning session - public hearing at Haveri
70. Introduction to group assignment - District Health Profile and Referencing
71. Interaction with JMS team and knowing their work
72. Interaction with children of Chilipili Child Labour School and interaction

with CHWs/Herbal Medicine Unit, interaction with Terracotta and Neem Unit, Visit to Sanghas in the villages

73. Visit to Panchayats, PHC's, PDS Stores and ICDS centres and flood-affected villages. Debriefing of the morning visit
74. Meeting the NJMO team and other local organizations in Raichur. Sharing of experiences of community monitoring
75. Visit to Holy Cross Comprehensive Rural Health Project, Hannur - PHC visit HCCRHP activities
76. Visit to PHCs/herbal medicines clinic
77. Interaction with Workers of unorganized workers
78. Visit to urban slums
79. Visit to NGOs working with marginalized groups – street children, people's with disability, people's with mental health, sexual minorities, PLWHA's etc

Additional Sessions

80. Reading time
81. Attending CHC Team Meetings
82. Open Learning Sessions
83. Celebrating Special Days (Women's Day, Environment etc)
84. Sharing of SOCHARA work (from different clusters)
85. Meeting visiting SOCHARA members and briefing on their work/project

APPENDIX THREE

CONSOLIDATED LIST OF REFERENCE BOOKS AND READING MATERIALS

Background Reference Books

1. Health for All Now! - The People's Health Source Book (JSA) 2004. Jan Swasthya Abhiyan - People's Health Movement in India
2. Health for All Now: Revive Alma Ata. A PHM Compilation for the Alma Ata Anniversary, 2003 (Ravi Narayan and Unnikrishnan P V)
3. Rakku's Story: Structures of Ill Health and the Source of Change. Sheila Zurbrigg, Centre for Social Action, India

Background Reference Papers

Community Health Fellowships

4. Community Health Learning Programme, CHLP – Orientation programme tentative schedule
5. Guidelines for Community Health Cell Interns – Administration, CHC, SOCHARA
6. Orientation Note for Community Health Interns – CHC Library and Information Centre (CLIC)
7. Community Health Learning Programme Feedback Form

Health (General)

8. Health Promotion Glossary- World Health Organisation, Geneva

Community Health

9. Community Health: Search for a New Paradigm- Dr. Ravi Narayan, Health Action Vol. 12, No.11, November 1999 p 5-31.

Primary Health Care

10. Declaration of Alma Ata, Health For All Now, Revive Alma Ata. p 57-58
11. Public Health and Primary Health Care. Chapter 5, Karnataka: Towards Equity, Quality and Integrity in Health, Final Report of the Task Force on Health and Family Welfare, GoK, April 2001. Page 52-57
12. Why Renew Primary Health Care? Renewing Primary Health Care in the Americas, A Position Paper of the Pan American Health Organisation/ World Health Organisation (PAHO/ WHO), March 2007. Page 2-4

Social Determinants and Structures

13. Social Structures: Patricarchy, Caste, Class, Towards Understanding Indian Society. Gabriele Dietrich

and Bas Wielenga, Centre for Social Analysis, Madurai, (1997). p 31-49

14. Organising Societal Life, Towards Understanding Indian Society. Gabriele Dietrich and Bas Wielenga, Centre for Social Analysis, Madurai, (1997). p 49-58

15. Final form of the Commission on Social Determinants of Health framework

Socio-epidemiology

16. Educational approaches in Tuberculosis control: Building on the Social Paradigm, Tuberculosis: An interdisciplinary perspective, Thelma Narayan and Ravi Narayan, Editors: John D. H. Porter and John M. Grange, Imperial College Press, London, 1999. P 489-509

17. The Community Health Paradigm in Diarrhoeal Diseases Control by Dr. Ravi Narayan. Chapter selected from the book 'Diarrhoeal Diseases: Current Status, Research Trends and Field Studies. Edited by D. Raghunath and R Nayak. The Third Sir Dorabji Tata Symposium, Bangalore. P299-304

18. Agriculture Malaria and Canal Irrigation: Some Observations from Early Studies in South India by V.R. Muraleedharan. Medico Friend Circle Bulletin No. 246-247, September-October 1997. p1-4

Health as a Right

19. A Guided Tour through Key Principles and Issues of the Human Rights-Based Framework as Applied to Health, Claudio Schuftan, Editorial, Social Medicine, Vol.2, No.2, April 2007. p 68-78

Community Health Worker

20. The Village Health Worker- Lackey or Liberator, David Werner, California, USA, 1977. p 1-14

21. Compulsions behind Community Health Worker (CHW) Programmes, CHW paradigms, concepts and origin. External evaluative study of the State Health Resource Centre and Mitanin Programme, Final Report, CHC, December 2005. p 17-19

22. Literature review regarding Community Health Worker (CHW) programmes. Chapter selected from the report 'An external evaluative study of the State Health Resource Centre and Mitanin Programme. CHC, Bangalore. Dec. 2005. p50-59

Health Situation in India

23. National Fact Sheet India (Provisional Data). National Family Health Survey 2005-2006 (NFHS-3).

24. Rural Health Care System in India. p1-13 (mohfw.nic.in/Rural%20Health%20Care%20System%20in%20India.pdf)

25. India. Chapter selected from the book '11 health questions about the 11 SEAR countries. Published by WHO-SEARO, New Delhi in 2007. p80-109

Globalisation and Health

26. The Globalization of Health: Risks, Responses and Alternatives by Richard L Harris, and Melinda J. Seid. Article selected from the Journal 'Perspectives on Global Development and Technology', Volume 3, No. 1-2 (2004)

People's Health Movement

27. The Peoples Health Movement: A People's Campaign for Health for All - Now!, Narayan, R. and Schuftan, C. in K. Heggenhougen and S. Quah, Eds., International Encyclopaedia of Public Health, Vol.5, San Diego Academic Press, 2008.
28. Public Mobilization and Lobbying Strategies in the South: The People's Health
29. Movement in India, by Thelma Narayan presented at the conference on "What to Do? Critical Campaign Work in Times of Globalization" Organized by Medico International, Germany, Bad Boll, 23rd – 24th Nov 2006. p1-11
30. Introduction by Ghanshyam Shah. Chapter selected from the book "Social Movements and the State" Edited by Ghanshyam Shah. Published by Sage Publications in 2002. P 13-54.

National Rural Health Mission

31. Mission Document- I, National Rural Health Mission (2005 – 2012) - Ministry of Health and Family Welfare, Government of India, 2006
32. A Promise of Better Healthcare Service for the Poor- NRHM, A summary of Community Entitlements and Mechanisms for Community Participation and Ownership for Community Leaders by Community Monitoring of NRHM, First Phase, 2007
33. National Rural Health Mission- A Promise of Better Healthcare Service for the Poor: A summary of Community Entitlements and Mechanisms for Community Participation and Ownership for Community Leaders. Ministry of Health and Family Welfare, Government of India, 2006. p1-24

Health challenges of the future

34. Health is Still Social: Contemporary Examples in the Age of the Genome- PLoS Medicine, Volume 3, Issue 10, October 2006. p 1663-1666
35. Evolving Models of Human Health Toward an Ecosystem Context by Vanleeuwen J A et al. Ecosystem Health, Vol. 5, No.3, September 1999. p204-219

Kannada Reading Materials

1. *Arogyakke Hanakaasu Needikeya Kurita Diksuchi Prabhandha* (Perspective Paper on Health Financing by Ravi Duggal, Medico Friend Circle, February – March 2010. p11-14)
2. *Sarvarigu Kaigetukuva Arogya*

Paalanaa Vyavstheyede Saaguvudu: Prastuta Arogya Vyavastheyallina Nyunathe mattu Adetadegalu (Moving towards Universal Access to Health Care: Gaps and Barriers in Existing Health System by Anant Phadke, Rakhal Gaitonde, Abhay Shukla, Medico friend circle, October 2009 – January 2010. p1-6

3. *Samudaaya Arogya– Hosa Madariyondara Hudukaata* (Community Health: Search for a New Paradigm – Dr. Ravi Narayan, Health Action, Vol. 12, No. 11, November 1999. p5-31)
4. *Jaagathikaranadinda Janarogyakkenadeethu? Janarogya Sabhe Pusthaka Malike* 1. Published by Bharath Gyan Vigyan Samithi, Bangalore. P 1-54
5. *Kri. Sha 2000da Velege Ellarigu Arogya– Nirdharavenayithu. Janarogya Sabhe Pusthaka Malike* 2. Published by Bharath Gyan Vigyan Samithi, Bangalore. P 1-68
6. *Badukalu Yogyavada Badukigagi. Janarogya Sabhe Pusthaka Malike* 3. Published by Bharath Gyan Vigyan Samithi, Bangalore. P 1-65
7. *Namma Asthithwavu Pramukhavaguva Jagatthu. Janarogya Sabhe Pusthaka Malike* 4. Published by Bharath Gyan Vigyan Samithi, Bangalore. P 1-66
8. *Arogyapalayana Vyaparikaranavannu Edurisuvudu. Janarogya Sabhe Pusthaka Malike* 5. Published by Bharath Gyan Vigyan Samithi, Bangalore. P 1-95
9. *Arogya mattu Manava Hakkugalu* (Kannada). Translated and Published by Community Health Cell. December 2008. P 39
10. *Arogya Vyavastheya mele Rajakeeya Prerita Arthika Hodeta* (Kannada). Translated and Published by Community Health Cell. December 2008. P 17
11. *Arogyada Hakku– Hakkugalaadhaarita Arogya mattu Arogya Palaneya Drustikoona– ondu sankalita paramarshe* (Kannada). Translated and Published by Community Health Cell. December 2008. P 62
12. *Samathe mattu Asamathe – Arogyada Saamaajika Nirdharakagala kuritu Vishleshane mattu Tippani* (Kannada). Translated and Published by Community Health Cell. December 2008. P 12

Additional Reference Materials in Indian languages

Kannada

13. *Health Inter-Network (HIN) - Community Participatory Approach Suddhi Pathra,* Samputa 1, Sanchike 1, August 2003.
14. *HIN Suddhi Pathra,* Samputa 1, Sanchike 2, September 2003. *Khshayada Viruddha Hoorata.* P1,

Mahila Arogya– Karnataka Arogya Karyapadeya Shiparassugalu. P2, *Mahileyara Arogya mattu Sashaktate.* P 3 and 4

15. *HIN Suddhi Pathra,* Samputa 1, Sanchike 3, September – Oct. 2003, Janarogya Sannadu (Bharateeya Akruti). P 1-3
16. *HIN Suddhi Pathra,* Samputa 1, Sanchike 4, October 2003, *Dengue Jvara Niyanthrana.* P 1-2
17. *Alma Ata Ghoshane.* P 3-4
18. *HIN Suddhi Pathra,* Samputa 1, Sanchike 5, January 2004. Jana Swasthya Abhiyana (Janatha Arogya Chaluvali). P 1-4, *Neeti Rachane Sankshitpa Varadi– Sarvajanika Arogya Rakshisi.* P 5-9, *Mumbai Prakatane (Ghoshane)* January 2004. p 9-12
19. *Janarogya Andolana– Karnataka, Samputa.* 1, Sanchike. 6, December 2008. *Arogyada Hakku Moolabhoota Hakkemba Kanasintta.* P 1, *Janarogya Andholana – Karnataka Karyakramagalu.* P 2-4 *Sarvajanika Argoya Vyavastheya Kaavalu.* P 6-7, *Angavikalate Iruvavarige Igiruva Sarvajanika Arogya Vyavastheyalli, Sulabhalabhyavaagi Kaigetukuva Reetiyalli Sukta Arogya Sevegalannu Odagisuvudu Hege?* P 7-8

Tamil

1. *Nalavazhvu Sasanagal, Piraada-nankal-* (Health Charters and Declarations) translation of PHM charters and declarations- 64 pages - Published by MNI
2. *Nalavazhvum Manitha Urimaigalum - 25 Khelvigal* (Health and Human Rights-25 questions)- 48 pages- Published by MNI

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Batch of 2008

Batch of 2009
with their mentors Sukanya,
Ameer and Rakhal

Batch of 2010 with their mentors
Premdas, Rakhal, Dr. Ravi, Ruth and others

Batch of 2011. Staff and interns of the
No Cost Extention Programme.

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