

## Community Health and Environmental Survey Skill-share

A facilitated reflection of the experience so far (2001 – 2015)

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### BACKGROUND

Fifteen years have been completed since the first Community Health and Environmental Survey Skill-share (CHESS) workshop, which was conducted in 2001 in Bangalore. A total of 5 workshops have been conducted over this period, and four of these were held in Bangalore.

A diverse group of actors have been involved in this process, and the groups that have taken lead are Corporate Accountability Desk (CAD), Chennai and the Society for Community Health Awareness Research and Action (SOCHARA), Bangalore. The third CHESS workshop was held in Hyderabad by Mines, Minerals and People on the topic of mining and health, and CAD and SOCHARA only participated as resource persons (not involved in organising the event) (Pradyumna and Narayan, 2012).

It was felt that a reflection on the CHESS process might help in understanding the kind of impact it may have had, and may also give pointers on the aspects that are useful and relevant and aspects that could be improved.

### METHOD

The overall reflection process was structured in this way:

- To understand the philosophy of CHESS – this was facilitated through discussion among CHESS workshop organisers.
- This was followed by documenting the process undertaken to operationalise the philosophy – through interview with organisers and review of workshop reports.
- The third step was to understand the impact on participants, which was performed through interviewing the participants.
- The final step was to understand the impact on communities – which was not done during this exercise because it was felt that looking for impact at community level at this stage may not be technically feasible, and that insights provided by workshop participants can provide insights on whether and how community level impact can be documented.

A qualitative study design was used. Sources of information included the organisers and participants of workshops, previous workshop reports, and journal articles. Semi-structured interviews were conducted with five organisers and four participants, either face-to-face, over the phone, or through email. The five organisers were selected purposively to include those from health sector and those from environmental sector, to ensure gender balance. The four participants for interviews were also

selected purposively to include those who attended either CHES workshop 2 or 4 (as these had good documentation), and also to ensure representation from NGOs, workers unions, and community based organisations.

## FINDINGS

### 1. Reflections on CHES – from the organisers

#### *What was the need for CHES?*

At one level it was felt that Science and the effort of research were to ultimately benefit all the people. At the practical level, it was seen that courts were beginning to throw out cases based on lack of 'scientific' evidence of health impact due to pollution. Companies had started asking for proof that the alleged health impacts were indeed due to pollutants from their companies. There was a need to understand the environmental and occupational health impacts on communities due to pollution and strengthen the evidence base.

This was also seen as an opportunity to fulfil the desire of bringing in a more scientific approach to the local campaigns and the larger environmental movement – a more systematic and reflexive approach. This could be done through a demystification of epidemiological knowledge and skills.

There was also a lack of sympathetic medical practitioners to help local communities with their campaigns to safeguard health or help establish cause-effect relationship to pollution. Support from health professionals with strong ethical foundation and care for the community was needed by activists. But it was also felt that demands made of health professionals from activists were unrealistic, and so it was thought that one off events such as a skill-share may help to exchange experiences.

#### *What led to CHES?*

It was initiated in 2001. The idea came about by the coming together of environmental groups who were working with communities impacted by toxic pollution, and SOCHARA. SOCHARA had public health and medical experts (and a reputation from having working with communities affected by the Bhopal Gas Tragedy), and believed in a community approach to health. Some of the individuals involved include Nityanand (then Greenpeace), members from Thanal, Ravi Narayan, Madhu, Manu Gopal, Sunil Kaul and others.

#### *What is CHES?*

CHES is a process to facilitate sharing of knowledge and skills of environmental and occupational health with pollution impacted communities to help their struggle for justice. It is a two way process – teaching the scientist about the community, and teaching the community about science. It was in the creative tension between these two groups that the essence of CHES was born. It is also a unique aspect of health and environment coming together and a demystification of relevant information. It can be seen as an innovation, as a technical effort and also an empowerment tool.

It is a space for capacity building among activists to understand health, environment, health impacts and environmental impacts of various developmental activities, and about affordable and community-friendly tools to measure or predict impacts. Another important learning is to understand the limitations of science. It is also an opportunity for professionals to understand the realities of community life in environmentally degraded areas, and the needs of communities from such areas. It also provides a space for people to meet and form relationships. It is also a platform for sharing stories, and to re-energise oneself by taking inspiration from other's experiences and efforts.

*Is CHESS a platform or a process?*

CHESS has been seen as "more than just a platform" and even an "idea", but for all practical purposes it is represented by the workshops. However, there is a process towards organising each workshop. It requires participant organisations and individuals to work without ego or a desire for their brand names to be projected. It requires them to practise full democracy, raise money through creative means, inspire participants to participate at their own costs, and put together a program that serves the needs of participants. It has also been felt to be a process on ongoing demystification of environmental and occupational health, through whatever means the community expects support for their respective struggles.

Thought the goal of pollution reduction was the primary objective of one of the organising groups, such impacts cannot be listed as a direct outcome of the CHESS workshops as they were not planned that way.

*Who owns this platform?*

CHESS is owned by everybody who organises and participates in each of the workshops. No person or group owns it – it is collectively owned. A workshop could be organised by any group, as long as the core issues and values with which CHESS was started are integral to the event. All individuals and groups: activists, people's groups, community based organisations, public health professionals and others who felt a need to understand 'health impacts' due to environmental hazards were the real drivers. It is crowd-supported – either monetarily or through providing time and expertise. It is not an annual event or commitment that has to be conducted. It is about need, and is only conducted when the need arises. Participants usually finance their own travel, programs are developed collectively.

Since there is no single driver, it has been episodic, which is a strength as it happens only when there is a "real" need as compared to an institutional need.

*Have the various CHESS workshops been in line with the original idea with which CHESS was started? If not, how have they been different? Any differences in the way the workshops have been conducted?*

CHESS workshops, though they have evolved, have been in line with the original idea with which the first workshop was conducted. It has been about bringing groups together, sharing stories and skills. Even the one conducted at Hyderabad was based on the same principles.

While CHESS workshop 1 was a small group, the size has become bigger in subsequent workshops. CHESS 2 was mainly about sharing and solidarity, with just one training workshop. CHESS 4 had a balance of sharing, solidarity and training, with two days allotted to the latter.

The most recent CHESS workshop – on impacts of coal mining and thermal power – was centralised with one group in charge. All other CHESS events have been more decentralised and democratic.

*Did each workshop have its own set of objectives? Who decided the objectives?*

The overall objectives regarding imparting skills and facilitating relationships remained the same, but there were specific objectives for each of the workshops, related to the theme and the group of attendees. In each case, the agenda would be decided by the organising members and a group of advisors. While the earlier CHESS workshops had a broader canvas, the more recent ones have one specific issue, which may be preferable. While the participants did not contribute to the agenda directly, they felt the need for such a workshop.

*What was expected as the outcome of the CHESS workshops?*

It was hoped that participants would be made aware of information, tools and skills to monitor pollution, gather health evidence, and use it to mobilise local support. It was also hoped that more health professionals will be identified to support local groups, after having been sensitised to community realities.

*Have the expectations been met?*

It was felt that the expectations were met, at least to some extent. Keeping larger objectives in mind, one organiser felt that it was unrealistic to expect that objectives can be met through just the workshops, without sustained efforts. But the workshops themselves may have met the objectives they were planned with.

*What has happened beyond the national workshops? Is that also considered as part of CHESS according to you?*

Here there was divided opinion between the organisers from the health side and the environmental side. Those from the health side did feel that all the interactions, events and support provided to participating groups was a part of the CHESS process, but those from the environmental side felt that all those activities were a "follow up" to the CHESS workshops. The follow up is a good, but not compulsory outcome of the workshops. Though this does not have much bearing on the work itself, it has some implications in the way CHESS is conceptualised.

*What was the conceptualised role of the health professionals? Is that how it has turned out?*

The role of professionals was to demystify knowledge and skills on health and monitoring, and share it with people. Efforts towards lay epidemiology have been made. It is important to see whether the community has used it, and whether it has helped. A larger role expected of health professionals was to devote time to environmental issues, study it, engage with it, and offer advice to environmental justice groups and be available for communities to contact. This objective has only been realised to a very limited extent, and the number of such persons is very limited.

*What was the conceptualised role of the members of affected communities? How has it turned out? Is that what community members expected while they attended CHESS?*

There was a firm belief that involving people will contribute in the following ways:

- Help professionals understand the context, issues and problems better to design research and develop relevant tools to capture health effects
- To challenge the dominant views of the 'experts' and hopefully enable a more critical engagement with science itself.

Individual attendees may have had varied expectations. Many of their expectations were fulfilled in the following ways:

- They left with a better understanding of issues
- They left having made new contacts and initiated new relationships
- Most people left feeling energized about their campaigns and their causes
- Some left having learnt new skills, for instance, conducting basic health or environmental assessments.

*Who were the other intended stakeholders? What is your reflection on their involvements in CHESS?*

Besides medical, public health and environmental professionals, and activists and community members, lawyers have also been occasionally invited to understand complex issues about use of evidence in court of law. Representatives from national institutes have also been invited in some workshops.

*What challenges have been faced as part of CHESS?*

One of the challenges was the question of leadership: who will lead the next step? Would it be the impacted communities, the NGO or the health professionals?

Another challenge was that many collaborative efforts came to a stop at some level: either at level of sharing/training, but after that few proceeded to conduct survey, and after that no further tangible action. So from the perspective of the larger objective of furthering environmental justice, it is unclear what the impact has been. Follow up has been difficult due to lack of health resource persons. This has been addressed to some extent following the CHESS 5 workshop where active efforts to network with local public health institutions has been made, and has been successful to some extent.

A third challenge is on identifying and drawing upon good scientific resource persons who are in tune with the CHESS philosophies.

A fourth challenge has been that participants have to take almost 10 days off from work to attend, especially if they are travelling from the North East. This is a problem as they are daily wage earners.

*Has the CHESS process/workshops led to new developments that were unexpected?*

Nothing much can be said about this. While there has been a strengthening of networks between sensitive health professionals and environmental activists, such things may have been expected.

Efforts in lay epidemiology have supported, possibly in a small way, in movement building around "health" – such as through community environmental monitoring in Cuddalore, and efforts that were tried in Mettur and Chitradurga. For some of the health professionals who participated, CHESS was a point of inspiration to pay further attention to environmental health and develop it as a core area of work.

*Have other groups (which were not involved in the conceptualising and organising CHESS) adopted the CHESS platform/process? How?*

From the knowledge that is present among this group of CHESS organisers, it does not appear to be the case.

*What is the future of CHESS?*

While some respondents were not sure about the future of CHESS, others felt that CHESS will sustain and gain momentum with more efforts. It was also felt that there is possibility for regional CHESS workshops rather than national workshops (this may have its own advantages and disadvantages though). In addition, some concrete points were suggested: creation and dissemination of factsheets (as has been done by PANAP), maintain an internet portal for such information, create an "incident/injury reporting" section in the portal which will help identify health issues in various parts of India continue engagement at a one-on-one level with interested groups.

## 2. Reflections on CHESS – from the participants

*Perceived objectives:*

The objectives of CHESS were perceived as a platform for communities fighting local battles on environmental degradation to share their experiences, and an opportunity to learn from and motivate each other and for technical support following the workshop. Empowerment of communities, scientific documentation, and bridging the gap between experts and communities were felt as important objectives.

*Expectations from the workshop/s:*

While some attendees did not have any specific expectations and attended the workshop primarily out of solidarity, most participants were keen on networking and learning more about health and campaign experiences from other groups.

*Conduct of the workshop:*

The workshops were perceived to be participatory, and the presence of individuals from multiple backgrounds and regions was noted by participants. The efforts put into communicating (and translating) the information was appreciated by the participants.

*Learning during the workshop:*

It was also felt that "lots of information" and ideas were shared between groups. Some specific things that were remembered were sessions conducted by resource persons who have conducted innovative community-oriented research on neglected environmental health topics, such as "Dr Elizabeth Guillette's session on impact of pesticides on children's health" from CHES 2. Participants reported an improved understanding of basic health terminologies (such as acute and chronic, exposure, hazard etc). Simple screening tests such as the "candle blowing exercise" for respiratory function were also remembered. One participant reflected that the "skill" that was taken away was "training skills".

*Role during the workshop:*

It was felt by all participants that they were active participants rather than passive recipients during the workshops. This was perceived due to the space provided for sharing, and some of them were directly involved in planning the workshop too.

*Meeting of expectations:*

All participants agreed that their expectations were met at least to a large extent. It was felt that the information shared was found to be relevant. Some expressed interest in knowing more on initiating public health campaigns. The participants were satisfied with the issues discussed, knowledge gained and networking. For instance, the CHES 2 workshop helped Thanal network with ROHC-Southern in the context of endosulfan tragedy.

*Utilisation of workshop information and skills:*

The participants stated that recollecting about specific instances of use of the knowledge and skills gained from CHES workshops was "difficult", though they reported a general increase in the awareness of health as an important issue in the context of environment and occupation. The exposure during the workshop has resulted in diversifying existing projects (such as those on pesticide, toxic waste and industrial pollution) to include health. Some groups made plans to monitor pollution and also to monitor health through various approaches during the workshop, and were able to follow this up to some extent.

The information provided was used in training new volunteers in community based organisations. Such efforts, for example have been made in training self help group members in waste management in Chennai.

One participant mentioned that "handloom work that was done by me was shaped by the learning here". One group used tools shared during CHES to conduct a survey in the industrially polluted area of Eloor, Kerala, and the "results of that survey were used in legal process and advocacy". Those working with labourers were able to identify clusters of cases such as hearing loss in mobile phone manufacturing companies.

*Other outcomes:*

One participant mentioned that "hope was built". It also helped groups move beyond immediate demands such as wage for workers, to also consider health as an important priority. Greater attention has been paid to health since the workshop.

Following the workshops, some groups have networked with local medical practitioners to conduct checkups and conduct training in occupational safety. CHESS increased the confidence to engage local health professionals in surveys and camps.

*Continued communication with health professionals from CHESS workshops:*

Some participants have kept in touch with CHESS health resource persons to take forward work on the health theme, whereas others haven't. The contact with health resource persons has been maintained for several reasons. One was to relate medical issues that emerge at community level. Consultations were held over phone, both for medical purposes and for research purposes. Some have kept in touch to clarify concepts of health and research. Some groups only kept in touch for a short period of time (immediately after the CHESS workshop) to conduct workshops at local level, and to support research and rehabilitation plans for local areas. For instance, one respondent mentioned "experts from XYZ institute helped us to organise workshops for the Zilla Panchayat to develop a rehabilitation plan for PQR affected communities". Such processes reportedly also helped improve understanding about toxicity in local communities and activists. One participant stated that "Dr. ABC came to DEF and conducted activities and explained to local people about hazards and health impacts".

*Utilisation of the term "CHESS":*

Following the workshops, the term "CHESS" has been used primarily to remember some aspect of the workshop, or while sharing experiences of the workshop with colleagues or others. In effect, it has been used rarely. One participant felt that the "term itself does not evoke anything related to health".

*CHESS over the years:*

Those participants who have attended multiple workshops reflected that each of the CHESS workshops were different in terms of the content, the depth to which each issue would be discussed (based on the theme), expertise available, and participation. While the pattern of the workshop was similar, each was conducted as per the specific objectives of the workshop.

*Suggestions for CHESS:*

In the context of increasing environmental degradation, the revival and sustenance of the CHESS effort was mentioned as important and having a "critical role", and also be used to encourage youth to participate. The idea of skill sharing was felt to be "a great idea". One participant felt that despite some small progress (such as in pesticide management policy) in the larger scheme of things, overall the situation of environment and health has "gone backwards" in the recent past due to changes in global economic policy.

One participant also felt that formal courses should be offered by CHESS network to administrators, medical students and social work students to mainstream this idea. Such a process will receive support from grassroots organisations and activists, it was opined. It was also felt that evidence of impact of environmental degradation exists for several situations, and people should come together to advocate for change.



Some suggestions were given, such as to ensure translation facilities are available for the benefit of various participants, and making reading materials available in regional languages. The format of the workshops was reflected as appropriate for the purpose. While regional workshops were encouraged, cross sharing of reports from regional workshops was also suggested.

## DISCUSSION

CHESS was reflected to be a democratic space for learning and sharing in the field of environmental health. It is a need-driven and crowd-sourced event and platform. Participants, whose motivations for attending the workshop were varied (interest in learning, and solidarity) have stated that it was a beneficial exercise.

It was felt that each of the workshops met the objectives set for the workshop. However, the involvement of health professionals with communities following the workshops has not happened to the extent that was hoped. Identification of such medical and health professionals was a challenge. In addition, even those health professionals who have attended one of the workshops have potentially not seen this as a "process", and it is also likely that the communities did not see them as resource persons to engage with.

Some differences in the understanding about "CHESS" were found between organisers themselves and also with participants, but these differences may not actually be of much significance in the planning or conduct of workshops because the larger goals were common.

Of the communities who have been represented at CHESS meetings, some of them have continued to be in touch with health resource persons, but many have not taken forward potential partnerships.

The impacts of CHESS process at community level needs to be studied further. While community based workers have reported a cross-cutting influence of the learning of the workshop in the work (such as a better understanding about health, and making health a priority), there were relatively few concrete accounts of participants using the knowledge and skills gained from CHESS workshops (such as conducting health surveys).

A survey among participants may give a better picture about the utilisation of knowledge and skills from the workshop. We have mainly interviewed persons from more accessible areas, and it would be useful to hear from community volunteers who participated from more remote areas. While the solidarity felt, and the general principles of health may itself be reward enough, it is worthwhile studying further to what extent the skill-sharing was relevant.

There may be scope for a process and outcome evaluation in conjugation with the next CHESS workshop that is planned. Inputs from participants will need to be taken in a more timely manner, which may also help organisers understand about the relevance and application of the skills and knowledge at community level. There is also a need to better understand the challenges of organising CHESS workshops, and see how those could be addressed, or instance, long travel and loss of pay for some participants, and lack of motivated medical and health professionals. It should be kept in mind that medical and health professionals have not received any formal training in lay epidemiology, and so there may be scope to have workshops on this topic just for health

professionals to create a cohort of trained and sensitised persons. There may also be a need, as suggested, for conducting workshops in various regions to reduce travel time for participants.

## CONCLUSION

CHESS was found to be a useful experience for all stakeholders, and there is a suggestion for continuing and rejuvenating it. The absence of a single point leader may have affected the "institutional" growth of CHESS, but it has also been the reason for the open and community oriented approach fostered in the CHESS workshops. But there may be value in looking for opportunities to mainstream the skills and learnings from CHESS, in an effort to encourage more health professionals to get involved, and also to alert impacted communities about such options.

CHESS, in a way, has also been reactionary – responding to a situation of pollution. In what way can this platform be proactive and preventive? While some environmental groups are actively involving in monitoring, engaging with and critiquing environmental impact assessment processes, health professionals only seem to be getting involved during the implementation stage. With the growing public health cadre in the country, there is scope for building skill and enthusiasm in this field.

## APPENDIX

### Findings from the workshop reports

| Aspect        | CHESS 1                                    | CHESS 2  | CHESS 3                    | CHESS 4   | CHESS 5   |
|---------------|--|--|----------------------------|---|---|
| Co-organisers | SOCHARA, Greenpeace, Thanal, and CorpWatch | SOCHARA along with other groups  | Mines, Minerals and People | SOCHARA and Corporate Accountability Desk (CAD)   | Healthy Energy Initiative (associated with CAD) |
| Theme         | Environmental Pollution and Health         | Lay Epidemiology was the overall theme, but sub-themes included <ul style="list-style-type: none"> <li>- pesticides and health</li> <li>- mining and health</li> <li>- industrial pollution and workers</li> </ul> | Mining and health          | Occupational health, and this time focussed on sharing stories and resources and building up a longer term strategy for the OHS movement in India | Coal mining and thermal power                   |
| Venue         | UTC, Bangalore                             | Visthar, Bangalore   | Hyderabad                  | Vishranthi Nilayam, Bangalore   | Fireflies, Bangalore                            |
| Total         | ?  | 100 individuals  | ?                          | Over 80 individuals   | Over 50   |

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| attendance                          |   | Representing 26 institutions   |                 |  | individuals   |
| Number of days                      | 3 days (13-15 August, 2001)   | 3 days (26-28 July, 2002)  | 2004            | 4 (28 <sup>th</sup> and 31 <sup>st</sup> August 2008)  | 3 (19-21 Feb, 2015)   |
| Health professionals who attended   | SOCHARA, Regional Occupational Health Centre and St John's Medical College          | SOCHARA (Ravi and Rajan), NIMH (Dave), NIOH (Sayeed), SCTI, CEHAT (Abhay Shukla), ANT, Elizabeth Guillette, Dr Sukanya (SCI) | SOCHARA (Rajan) | SOCHARA (Rakhal, Sukanya), PTRC (Jagdish Patel), AMRC  | Prof Peter Orris, Rakhal, Raghunath Manvar, Adithya (SOCHARA), Rohit Bagel (SHRC, Chhattisgarh)   |
| Other professionals                 | Greenpeace, Toxic Link,   | Several groups including Mr Mohan (Law)  | ?               | -  | Shripad, Ritwick Dutta, Sudha Bharadwaj, Arul Selvam  |
| Activists                           | 15 campaigners from various groups including Nityanand and Jayakumar (see appendix) | Several (see appendix)   | ?               | Several including Madhumita Dutta, Nirmana (Karibasappa) Sakhi (Hospet) Jeeva GATWU Concern for working children, Bangalore Karnataka Domestic Workers Union | Representatives from communities in Himachal, Chhattisgarh, MP, Andhra, Tamil Nadu, Karnataka, Jharkhand, West Bengal and Punjab; and also South Africa |
| Others (Community members, lawyers) | -   | Lawyer – Mohan, Chennai Community representatives, listed elsewhere  | ?               | [almost 30 groups] Silk saree weavers, TN Womens Dalit Movt, Arakkoram Unorganised workers, Kanchipuram  | Shripad (Manthan), Ritwick Dutta (LIFE), Sudha Bharadwaj (Chhattisgarh), Tyler  |

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|                     |  |  |   | Chennai metro unorganised workers union<br>Jharkhand mahila sanghatana<br>District labour union, Bellary<br>Hazard Centre, Delhi   | (US)  |
| Objectives          | <ul style="list-style-type: none"> <li>• Equipping community campaigners to perform community health surveys</li> <li>• Using study results to empower themselves and assert their 'right to know', and force polluters to pay for damages and clean up</li> </ul> | <ul style="list-style-type: none"> <li>- Sharing from various communities impacted by environmental degradation</li> <li>- Capacity building in lay epidemiology</li> <li>- Coming up with action plans in clusters</li> </ul>                     | ? | <ul style="list-style-type: none"> <li>- Sharing of OHS knowledge and concerns by workers representatives and by professionals and activists.</li> <li>- Training on OHS</li> </ul>  | Not explicitly mentioned  |
| Activities (Agenda) | Communities struggling against toxic pollution shared their experiences with the researchers. Researchers helped identify main health concerns, and steps and challenges in the planning   | <ul style="list-style-type: none"> <li>- Sharing by communities on local situation and health impacts</li> <li>- Sharing by some health experts on environmental health and research methods</li> <li>- Sharing by legal experts on how</li> </ul> | ? | <p>Group work in 5 groups:</p> <ul style="list-style-type: none"> <li>• Agricultural workers.</li> <li>• Construction workers.</li> <li>• Mine workers.</li> <li>• Unorganized workers of different areas.</li> <li>• Policy / activist / Union</li> </ul> | Sharing on energy situation in India, sharing on land acquisition related legislations, sharing on environment and health, sharing on lay epidemiology, sharing |

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|           | and conduct of health studies were discussed | communities can demand change in situation<br>- Thematic small group discussions to plan annual action plan |   | leaders.<br>Discussed changes in work situation in past 15 years, and common OH issues noticed<br>Challenges facing the OHS movement – open discussion<br>Learning from history<br>Identifying priorities and strategies<br>Training in OHS | from communities on their situations, reflection coal and development through art, sharing on legal experience on issue of thermal power |
| Knowledge | Health impacts, basics of health research    | Health impacts<br>Use of health research<br>Basics of research  | ? | OHS<br>Impact of Hazards (Body Mapping)<br>Handling toxics at workplace<br>Workmans Compensation Act 2003<br>ESI Act  | Environmental health, land acquisition regulations, lay epidemiology   |
| Attitude  | ?  | Understood the importance of health argument, and working in partnerships                                   | ? | Importance of OHS   | Health as an approach to local campaigns   |
| Skills    | ?  | Basic research skills – conducting survey in a community  | ? | Hazard Mapping<br>Root of the hazard<br>Body Mapping  | Identifying the resources needed for document health<br>Community environmental monitoring (is this only knowledge, or also skill?)      |

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|  |   |  |   |   | Using maps<br>Getting data<br>for legal<br>cases                         |
| Feedback   | ? | <ul style="list-style-type: none"> <li>- More groups from north and west</li> <li>- Need to stay in touch</li> <li>- Exposure not enough</li> <li>- More time needed for smaller meetings</li> <li>- Need for clear plan of action and continuity into CHES 3</li> <li>- Many felt inspired</li> <li>- Community health was felt as an effective approach</li> </ul> | ? | <ul style="list-style-type: none"> <li>- Learnt about ESI and toxics</li> <li>- Inadequate information about panchayat and public hearings</li> </ul> | Not available  |
| Any community research relationships built with researchers/health professionals during workshop | ? | Not clear from the report, but some health resource persons participated in action plan creation   | ? | Not clear from report   | Some efforts have been initiated in Tamilnadu and Chattisgarh and Punjab |
| Any other outputs at the workshop or expected after the workshop                                 | ? | Sukanya (with Ananthapadmanabhan) involved in Pesticides action plan, specifically on health impacts on children, suicides, and  | ? | <ol style="list-style-type: none"> <li>1. Work on strengthening of ESI – especially for unorganised workers.</li> <li>2. Revitalise</li> </ol>        |  |

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|                                    |   | <p>impacts on women (with Usha)<br/>Usha on status report and hotspot map<br/>Narasimha reddy for exposure studies</p> <p>SK Dave to prepare lay manual on health impacts of mineral exposures</p> <p>Mahalakshmi parthasarathy and thangamma Monnappa volunteered to prepare lay manuals on health rights especially on mining law</p> |   | <p>the dust related diseases campaign</p> <ol style="list-style-type: none"> <li>3. Plan on a people's status report on occupational health.</li> <li>4. Work on a surveillance system for these health problems</li> <li>5. Organising the unorganised</li> <li>6. Rural distress needs to be addressed.</li> </ol> <p>A sum up of all action plans were given by Madhumita Dutta, which included the statement "CHESS can support to hold trainings for workers."</p> |  |
| Individual level action plans made | ? | <p>Those interested in conducting health survey in their areas:<br/>Upendra Hosbet and Gururaj Budhya (Mangalore)<br/>Mohan (School of social work,</p>   | ? | <p><i>Khedut Majdoor Chataha Sangath:</i></p> <ul style="list-style-type: none"> <li>- Household surveys of affected villages and families who are affected.</li> <li>- Provide Support in preparing medical record like</li> </ul>   |  |

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|  |  | <p>Roshni Nilaya,<br/>Mangalore)<br/>Sisir Tripathy,<br/>Bhakto Mohanty –<br/>Mining, Orissa<br/>Rajendra Kumar,<br/>Stone crushing,<br/>Andhra<br/>Damodar,<br/>Warangal,<br/>pesticide<br/>poisoning<br/>Gangi Reddy,<br/>Nellore, Mica<br/>mining<br/>Gemma Mendez,<br/>Coal Jharkhand<br/>Ashalatha,<br/>Hyderabad<br/>pesticide<br/>Ajitha Susan<br/>George, Jadugoda<br/>Uranium<br/>Purushan Eloor<br/>Srinivasan, Vellore<br/>Tanneries<br/>Narasimha Reddy,<br/>Patancheru, Ind<br/>pollu<br/>Dayananda<br/>Gowda,<br/>doddaballapur,<br/>ind pol<br/>Nizam, Cuddalore<br/>rep</p> | <p>X Rays. Encourage<br/>check up of<br/>patients in<br/>Government<br/>Hospitals.<br/>- Documentation<br/>of occupational<br/>history of patients.<br/>Preparing gram<br/>sabha certificates.<br/><i>Pourakarmikas<br/>Group</i></p> <ol style="list-style-type: none"> <li>1. Street<br/>plays in<br/>urban and<br/>rural areas</li> <li>2. Programs<br/>to inform<br/>workers<br/>about<br/>occupation<br/>al health<br/>hazards.</li> <li>3. Study<br/>health<br/>hazards.</li> <li>4. Health<br/>workshops<br/>and<br/>trainings</li> <li>5. Health<br/>checkup<br/>camps.</li> <li>6. Apply ESI<br/>and WC<br/>Act.</li> </ol> <p><i>Chennai Metro<br/>Union</i></p> <ul style="list-style-type: none"> <li>• Organise<br/>sculpture<br/>workers at<br/>Mamalapur<br/>am. Into<br/>small units.</li> <li>• Training for</li> </ul> |  |
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|  |  |  |  | <p>frontline cadres, unit level cadres.</p> <ul style="list-style-type: none"> <li>• Compile a medical record towards Occupational Health Hazards.</li> </ul> <p><b>Bidi Workers – Davangere, Karnataka (Karibasappa)</b></p> <ul style="list-style-type: none"> <li>▪ Organise bidi workers.</li> <li>▪ Initiate process of issuing ID cards for workers.</li> <li>▪ Scholarships for children's education.</li> <li>▪ Negotiate on wages.</li> <li>▪ Health awareness among workers, especially the women.</li> </ul> <p><b>GATWU</b><br/>Raise awareness on the hazards of working in this industry among workers, especially on dust related</p> |  |
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|  |  |  |  | problems and<br>chemical hazards.<br><b>Bidar Construction<br/>workers</b><br>Survey the health<br>hazards. |  |
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