



COMMUNITY ACTION FOR HEALTH

Annual Report 2013 - 2014

Submitted to

STATE HEALTH SOCIETY
Tamilnadu

By

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

Community Health Cell Extension unit, Chennai

(CEU-SOCHARA)



sochara
building community health

CONTENT

☀ Summary

☀ CHAPTER 1: Building Tamilnadu specific model of Community Action for Health

- Developing Project Implementation Plan
- Developing Standard Protocol
- Multiple Levels (Rounds)of Discussions

☀ CHAPTER 2: Support to various institutions to strengthen the understanding of CAH process and health system accountability

- Strengthening of selected VHWSNC
- Support To Public Health System at National level
- Support To Tamilnadu Public Health System

☀ CHAPTER 3 : Building larger alliance to CAH process

- Dissemination Meetings, Trainings And Workshops
- Technical Support To Innovative Initiatives
- Guidance to Research And Study
- Cross Learning Visits

☀ CHAPTER 4 : Capacity building for CEU-SOCHARA staff members

☀ Annexures



SUMMARY

Community Action for Health (CAH) process which is centered in promoting community participation and action in order to achieve broader goal of “Health for All”, has been initiated in Tamilnadu during the year 2007 in 225 hamlets and expanded to 446 Panchayats during the period March 2010 to July 2012. The process has motivated many community members, Panchayat raj members, civil society organizations and health staff to take part actively in communitisation of health activities and to promote health of the people. The success of the expanded phase has convinced both the Tamilnadu public health system and the civil society organizations to expand the process to 1955 Panchayats as a first step and expand to whole state in future. During the reporting period (April 2013 to March 2014) the *Director of Public Health* (DPH), Tamilnadu and its officials, *State Health Society* (SHS) and its officials and civil society organisations had worked together to develop Tamilnadu specific CAH model.

The discussion process has strengthened the understanding of all the stake holders on the type of model required to promote community participation and to identify the gap in field. Discussions between the parties are continuing. Meanwhile *Community Health Cell Extension Unit, Chennai* (CEU-SOCHARA) had developed various documents to help in implementation of the expanding phase includes analysis of the previous rounds community

led monitoring data, Panchayat health plans, district health profile and protocols for selecting civil society organisations to lead the process in 7 Health unit districts of Tamilnadu.

In the same period across the nation various government institutions through multiple ways had attempted to expand the community participation and accountability process in health. The latest National Health Mission (NHM) framework also reiterate “the necessity of empowering the community to make them active participants in the process of attainment of highest possible level of health of the people” in its six core values. In order to give life to the policy, the national level health policy makers including *Advisory Group on Community Action* (AGCA) to *National Rural health Mission* (NRHM) took effective measures to motivate various state health officials to promote community empowerment activities in their state. During the reporting period CEU-SOCHARA has been invited to various national level Government meetings as resource group to share their experience gained in Tamilnadu, it also become part of AGCA’s subcommittee which developed national level community monitoring tool.

In order to sustain the interest and motivation of the selected *Village Health Water Sanitation and Nutrition Committees* (VHWSNCs) and the trained human resource of the civil society organizations, the district nodal organizations of CAH project and CEU-SOCHARA took continuous efforts with the help of locally mobilised resources. Ranges of activities were carried to sustain the interest at the field level. The major activities are including regular meeting with VHWSNC members, Panchayat presidents, convening village level meetings, motivating the health system staff to continue their effort to promote CAH process, motivating committee members to support the health system to reach the services to the needy and collecting peoples expectation and demands from the health system are the major strategies followed to sustain the spirit and interest of the people towards CAH process.

The core principle of true community participation is to create space and enabling environment for the people to take part and contribute at all levels of decision making structures. During this period CEU-SOCHARA motivated few Panchayats presidents to take part in the state level meetings and consultations to share their views on health issues. Starting from designing the CAH model in Tamilnadu, universal health care model for the state and in preparing the document on state level people’s health need, selected Panchayat Presidents took part in the meetings along with Health system higher officials and civil society members.

Communitisation of health is a social process which requires support from various sectors and sections of the society. Since it is time driven process community and health system need continuous support and motivation to sustain their interest in the process. Hence CEU-SOCHARA reached many civil society organizations, educational institutes to disseminate the importance of the process, train their senior level staff members and support their accountability building initiatives in the field of health. The civil society organizations including groups working with Dalit, organizations engaged in service provision, organizations attempting of similar initiatives in ICDS functions and in child health were trained by CEU-SOCHARA on health system accountability, people's governance and transparency mechanisms.

The importance of communitisation of health has been realized and interests to practice those principles are growing all over the world. Apart from India many country's health systems are incorporating community participation principles into their health program, into their national health Act such as in Kenya in order to deliver the better health services to the people who need most. During the reporting period CEU-SOCHARA had supported two civil society organizations in Kenya to establish accountability mechanisms in health sector. Based on the experience gained in Tamilnadu CEU-SOCHARA supported this initiative in Kenya.

The principles of Community Action for Health is not restricted to health sector alone and the community need to adopt these principles to various sectors which are impact their life including employment, social issues such as alcohol, nutrition etc., CEU-SOCHARA during this period took various initiatives to expand the scope of CAH to the field of social determinants of health which sectors are crucial for achieving health for all as envisaged in Alma Ata declaration.

Since 2007 the CAH process has learnt many things from the people and according to the views and needs of the people, feedback from various quarters, based on findings of external studies and on its own reflection the CAH concept is developed and the current model of the program is arrived. On one hand implementing the project components were given due focus and on other side learning through external reviews is also given equal importance. During last year CEU-SOCHARA tied up with National Health System Resource Centre (NHSRC), Public Health Foundation of India (PHFI) and John Hopkins University to develop a structured learning loop through implementation research program in CAH process. The

implementation research will provide new insights to design better communitisation programs in health sector.

Creating critical mass is crucial to achieve broad health goals, CEU- SOCHARA and the district nodal organizations of CAH process supported few students and individuals to learn the CAH process, to conduct short term studies and to gain field experience. The studies were designed around the CAH themes to get external views of the process and to know the community's need better. Various studies including different stake holders perception on communitisation of health, role of VHWSNC in nutritional security, Panchayat presidents role in developing VHWSNC and VHWSNC's role in developing ICDS system were undertaken in the CAH process area.

During this year CEU-SOCHARA team members were also undergone rigorous training programs to equip themselves to implement the CAH process better. The training includes in house training program and external exchange learning visits.

The gap in field activities during one year period gave CEU-SOCHARA and health system to develop Tamilnadu specific communitisation health model, helped to reach out to various civil society groups, developing support institutions to expand the CAH process and to create structured learning loops through research.

Sustainability of all these efforts required long term commitment and locally mobilized resources. CEU-SOCHARA actively mobilized resources from other sources than CAH for most of the activities mentioned in this report. This outside support includes SOCHARA's support to its senior team member's salary in CEU from its own funding sources.



CHAPTER 1

BUILDING TAMILNADU SPECIFIC MODEL OF COMMUNITY ACTION FOR HEALTH

During the period April'13 to March'14, CEU-SOCHARA involved in various preparatory activities for expanding the CAH process in seven Health Unit Districts (HUD) of Tamilnadu. The preparatory activities can be classified into three sessions viz.

1. **Development of Project implementation plan** including preparation of district health plan, project manual along with time line for the entire year activities, Training plan, human resource plan and output indicators.
2. **Developing standard protocol** for choosing civil society organizations for implementing the project.
3. **Multiple levels and rounds of discussions** between Tamilnadu health system and CAH state and district nodal partners to get inputs and suggestions for CAH expansion to build context specific CAH process.

I. DEVELOPING PROJECT IMPLEMENTATION PLAN

Based on discussion with State Health Society's (SHS) higher officials including its director and with Public health department officials during the period December 2012 to July 2013, all the stake holders agreed in principle to expand the CAH program from 446 Panchayats to 1955 Panchayats. Based on the project proposal, which was modified according to the context SHS and CEU-SOHARA started developing, Memorandum of Understanding (MoU) in the month of June 2013 to expand the program. While the MoU was getting finalised CEU-SOCHARA team has developed detailed Project Implementation Plan (PIP) which include the components of,

- a. **Preparation of the Project Manual**
- b. **Detailed Timeline** in the form of GANTT chart for the implementation of the project
- c. **Geographical Re-distribution of Project Area**

Preparation for project manual

Project manual for the expanded CAH program was prepared for the purpose of enabling the implementers and readers to understand the concept and activities of the CAH process and to make the manual as a reference document during the implementation of CAH process. The manual has five chapters with few sub section in each chapter. A brief description of each chapter and sub section is given below.

Chapter I – This is an introductory chapter of the manual which gives an overall introduction to the process, including a brief history of the process. This chapter will also provide clear idea on the logic of the process and the achievement of CAH process in Tamilnadu from previous year's involvement.

Chapter II – This chapter explains the structure of the manual along with brief introduction to all the section of the manual which will help to understand the different dimensions of the process. In addition to those points overall logic of the process and manual is also explained in this chapter.

Chapter III– This will explain the overall structure of the project to give an idea of the various structures at each level in the project and the relationship between the structures. The chapter will also indicate the structures that the government will have to facilitate in order for the project to be implemented holistically.

Chapter IV – Processes of the project is the main chapter with separate sections for each of the processes in the project. In each of these sections there are a standard set of 9 sub-sections describing various aspects and dimensions of the process. The logical explanation is given for each section. This will help the entire stake holder to gain comprehensive understanding of the specific processes and their relationship to the overall processes.

Chapter V– The purpose of this chapter is to equip the implementers of the project with basic problem solving skills / directions. Since the CAH process is complex the strategies need to undergo from minor to major variations according to local context in order to preserve the spirit of the CAH process. This chapter will help to understand the basic rules and norms which help to preserve the spirit of the process. For each of the chapters the following sub sections are developed. The sub sections will cover the following dimensions.

1. *Background*: This sub section will help to understand this particular step / specific process fits into the overall process along with the logic of this particular step.
2. *Principles*: In order to develop context base models which are crucial to CAH process the implementers need to understand the real spirit of the process for which the principles listed out in this section will help. *Roles and Responsibilities*: This sub-section deals with the roles and responsibilities of each of the various stakeholders in the process at each level. Since the success of the CAH process is embedded with the coordinated action between public health systems, other departments at the village level, the Panchayat Raj system, civil society and the community. This section is important for each of the stake holders to understand their roles and responsibilities in order to encourage other partners to contribute.
3. *Preparatory steps*: This sub-section sets out the basic preparatory steps that need to be completed before the actual implementation of the specific step described in the section. Reading this sub-section will help the implementing group to assess their readiness to begin the particular step. *The Process*: This sub-section describes the actual steps of the process in detail.
4. *What we have learnt*: This sub-section presents the major lessons with regards to the

implementation learnt over the last few years of implementing the project. This section will provide the implementer / facilitator a set of key learning to be kept in mind while implementing particular steps.

5. *Systems to be developed:* In this sub-section presented a few critical tips on the various supportive structures / systems that will be helpful to think through to ensure the easy and quality implementation of the step in the process.
6. *Case studies:* In this sub-section case studies are presented from the experience that highlights the process being successfully implemented. This is mainly to enliven the description of the process and enable the implementer / facilitator to get an idea of how the implementation of the step will 'look'.
7. *Questions to be reflected on:* In this sub-section a set of questions that can be reflected upon as a team both during and after the process were presented. The questions cover quality aspects of the particular step and the answers to these questions will point to whether the process has been completed satisfactorily, if this has not happened for any reason the questions also guide the discussion into planning alternatives so that the process is completed.

Time line for the first year activities

Based on the activities proposed in the revised project proposal of CAH project, CEU-SOCHARA developed time line for the whole year activities. Based on previous years' experience and on the current staff strength and field realities the full year plan was developed. For each level different activities need to be carried by different organizations hence detailed plan for each of the institution is required.

Geographical redistribution of project area

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

II. DEVELOPING STANDARD PROTOCOL FOR SELECTING CIVIL SOCIETY ORGANIZATIONS FOR IMPLEMENTING THE PROJECT.

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

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

Preparation of NGO profile:

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

NGO scrutinisation criteria:

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

NGO Selection criteria:

The final selection criterion was developed based on the principles and spirit of CAH and also in alignment with the National level guidelines for community processes. Some of the

criteria includes experience of NGOs in health and development field, their capacity, their approach so far, number of years' experience etc.,

From the initial list of NGOs collected from various sources like Government websites, partners etc., With the help of eligibility criteria, CEU-SOCHARA and CAH district nodal organisations in each district, ranked the organizations separately and final rank list of NGOs were prepared.. As per the plan, the process will be completed after visiting each of the NGO's office and do assessment on hand. However the approval of the expanded phase project is under discussion with the health system, visit to organizations are not yet taken place.

III.DEVELOPING TAMILNADU SPECIFIC CAH MODEL

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

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

Series of meetings and Discussions held between State Health Society Project Director, DPH and its officials and with Civil society organizations for the Expansion phase , few important meetings are mentioned in this section in brief.,

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

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

During the month of June and July 2013, the CEU-SOCHARA team met the NRHM PD who has reviewed the budget, proposal and approved the project to be implemented in 1955 rural Panchayats of 8 Health Unit Districts. Based on the approval by SHS, CEU-SOCHARA submitted a draft tripartite Memorandum of Understanding (MOU) on 31st July 2013, which MOU to be signed by NRHM PD, Director of Public Health Tamilnadu (DPH) and CEU-SOCHARA on behalf of implementing NGOs.

Since August 2013 CEU-SOCHARA team continuously was approaching Dr. K. Kolandasamy, DPH, TamilNadu for approval of the MOU. Based on his request, on 03rd September 2013 CEU-SOCHARA convened a multi stake holder meeting headed by DPH with the representation from VHWSCs, elected members, Governing body members of CAH project and implementing NGOs.

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

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

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

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



CHAPTER 2

SUPPORT TO VARIOUS INSTITUTIONS TO STRENGTHEN THE UNDERSTANDING OF CAH PROCESS AND HEALTH SYSTEM ACCOUNTABILITY

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

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

I. STRENGTHENING OF SELECTED VHWSNCS

During the reporting period CEU team continuously supported the project districts (Vellore, Kanniyakumari, Dharmapuri, Ariyalur, Perambalur and Tiruvallur) with the objective to strengthen the community process by revitalizing the Village health Water Sanitation and Nutrition Committees (VHWSNC) by encouraging Panchayat presidents, VHWSNC members and health system staffs towards the communitisation process through motivating them with the successful learning gained during the project phase. The district and block nodal organizations in six project districts have continuously extended their support to the process of strengthening the CAH by extending their own resources.

The outcomes of these initiatives are

- *The state team encouraged the district and block nodal organizations to explore possibilities to strengthen the CAH process through their available resources.*
- *The CEU-SOCHARA team visited block and additional PHCs in the project area and met the BMOs, MOs and other health staffs to get opinion about the CAH initiatives and motivated them towards communitization process of NRHM. The CEU-SOCHARA team taken continuous effort to sensitize the health system staff by continuous interaction on the purpose of CAH initiatives and to make them understand to view CAH is a tool to strengthening the public health system with the involvement of community.*
- *During the visits, the team observed that the VHWSNC members across the project districts were wearied off due to delay for the expansion of the CAH activities. They were of the opinion that during the project phase, the VHWSNC along with the nodal organizations were able to bring changes to their villages through the CAH initiatives and now due to its lack of activities, the problems slowly tends to reoccur in the villages. The PRI and committee members feel that a continuous handholding of the non-governmental organization along with the health system is required in the initial phases to make the communitization process a successful one.*

- *Case studies were documented during the visits and a detailed report was prepared by the team members for each visits.*
- *In Ariyalur and Perambalur districts VHWSNC members are actively participating in the TB control program along with health system staffs. Similarly VHWSNC members are helping the Village Health Nurses and Integrated Child Development Scheme (ICDS) teachers in referral services and in other program activities like mobilizing people for immunization etc. The reports are available with CEU-SOCHARA.*

Discussion on People’s opinions and demands on Health at community level

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



Team members during their interaction with community on health demands

1. Ensuring the availability of doctors round the clock in PHC and one among them should be a lady doctor. The government should provide all the amenities and facilities for the health staff to stay in and around PHCs in order to avail services from the doctor and take necessary steps to retain them in their villages.
2. Emergency care should be available round the clock in all the government hospitals (including treatment facility for snake bite in PHCs) and the patients should be attended by Doctors.
3. Ensuring the functioning of evening Out Patient Dispensary (OPD) in Primary Health Centers. People urged the health department authorities to take strict measures to ensure the evening OPDs in Tamilnadu.
4. Ensuring the functioning of the health sub centers. People felt that Government measures to run the health sub centers are not at all adequate hence they are compelled to access PHCs or untrained local health care personals for their health care need which results in out of pocket expenses and put their life at risk.
5. People have urged the government to give enough attention to improve the quality of the post natal care services in Tamilnadu.
6. People suggested a multi-disciplinary team at PHC level to give adequate attention in a comprehensive way to the issues of mental health, Geriatric care, and person with disability, migrants, occupational related health care services and Non communicable diseases.
7. Corruption and bribe especially in secondary and tertiary health care institutions is persistent and emerged as an important issue. People informed that the demand of bribe ranges from services provided by frontline medical personnel, asking patient to buy syringes and medicines from outside of the hospital, a percentage from monetary benefit schemes, money to tell sex of the new born baby etc.
8. People demanded to stop all types of privatization in Tamilnadu immediately.
9. People demanded strict regulation of private health sector, with great amount of transparency in regulation of charges collected for services, public display of charges and procedures followed in each hospital.
10. Ensuring adequate Community Participation at all levels of health system functioning. They demanded Patient Welfare Society functions should be made transparent with adequate participation of elected representatives and ensure it to address people's need effectively.

11. All over Tamilnadu the people opined that in the government hospital the Patients should be treated as an equal stake holder of the system and they should be treated with dignity and human touch.
12. People also felt that the government should focus on health determinants such as providing rations in PDS throughout the month, public toilets in all villages with proper facilities and maintenance, adequate transport to rural hamlets to reach hospitals, exclusive ambulances to tribal areas and requirement of huge improvement in ICDS centers in order to provide holistic development to the children enrolled in the center should be adequately addressed.
13. The people demanded to consider Alcoholism as Public health emergency and Government providing and promoting TASMAL should be banned immediately.



Interacting VHWSNC members at Karimanglam Block of Dharmapuri district on their health demands

The outcomes of the meetings:

- a) *The community and VHWSNC voluntary members largely participated in the discussions and reflected upon their present state of health and health care needs of*

their communities. People are motivated for their participation in communitization process for efficient functioning of the public health system.

- b) The meetings helped the civil society organizations to get cognizance of the issues pertaining to the health determinants and to work on it. The meetings created a platform to disseminate the CAH initiatives and people appreciated the efforts of the government and civil society organizations in implementing the programs in six districts.*
- c) Meetings with the youth groups and student groups helped them to understand the dynamics of health care system in the state and also reflected on social determinants of health which should be the focal point of the government to improve people's health.*
- d) The report is released through media for wider reach to Tamilnadu people. The national level demand report submitted to Tamilnadu public health system officials.*

II. SUPPORT TO PUBLIC HEALTH SYSTEM at NATIONAL LEVEL

As part of the culture of supporting the public health system, CEU-SOCHARA had supported some of the state and national health systems initiatives.

National level Community monitoring tools development process

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

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

Support to ASHA mentoring group

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

Support to National Urban Health Mission (NUHM)

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

***Impact:** The focus of national level community monitoring tool was broadened from health care services to include health determinants including water, sanitation and nutrition security.*

III.SUPPORT TO TAMILNADU PUBLIC HEALTH SYSTEM

CEU-SOCHARA believes that the health and health care services that are equitable, accessible and affordable can be provided only by the Government to the entire section of population. And for that which requires a strong public health system to cater to the health needs and demands of its people. SOCHARA commits itself to work with the public health system by giving its support not only as and when it is requested from the system but also involving in issues that needs greater cooperation from the civil society to build a strong health system in the state. Based on collaboration and experience of working together with government through CAH initiatives the state team is continuously supporting the system in creating a strong communitisation process in the state. Few activities which are done with the collaboration of the public health system and at the interest of the public health system are briefly described here,

Questions preparation to 104 helpline training

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

CAH presentation to the Director of Municipal Administration, Chennai Corporation

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

NGO-committee meeting

CEU-SOCHARA is a member of the NGO committee formed by State Health Society Tamilnadu. The committee whose membership includes the state level senior bureaucrats of the Tamilnadu public health system, civil society members review the proposals for NGO led

interventions in Tamilnadu. For this year on 25th April 2013 the committee met to review the NGO proposals in which CEU member took part.

Discussion on Clinical Establishment Act (CEA) and Private Sector Regulation

In order to regulate and standardized the health care providing institutions in India, Parliament had passed the Clinical Establishment Act in 2010. Few of the Indian states including Rajasthan had adapted the Central Act as it is; few states including Maharashtra are drafting the state specific Act. Tamilnadu government also initiated discussion with various stake holders to adopt the act in Tamilnadu. On the other hand 12th five year plan has committed to introduced Universal Health Care (UHC) in country. The planning commission had committed to implement the UHC in pilot basis in one district in each state of the country.



Participants of workshop on UHC & CEA

In order to provide inputs to state government and to the people on the act and on UHC, CEU-SOCHARA had organised two meetings one exclusive civil society meeting and one round table with Tamilnadu public health system. On 6th September 2013 a meeting was organised with civil society in Trichy to get their opinion on the Clinical establishment act 2010 and on the draft UHC plan prepared by planning commission of India. The civil society felt that the central act need to be adopted to Tamilnadu specific context with more power to government agencies to regulate the private health care providers who's larger interest is

commercialization of health care. Hence the civil society felt that the Tamilnadu public health systems need to be supported on this effort in order to draft effective Tamilnadu specific act.

Round table on implementing Universal Health Care pilot in Tamilnadu and to identify civil society role in implementation

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

The workshop was organised on 30th and 31st of January 2014. The first day discussion was focused on three major areas viz,



Participants of CBO across Tamilnadu in roundtable

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

Participants responses was collected through case studies presentation, experts opinion and group discussion and those responses were collated under different broad category and submitted to DPH in the second day consultation.

Dialogue between Tamilnadu Health system and civil society

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



dialogue session with DPH,NRHM officials on UHC

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

Groups discussing various themes at UHC workshop





CHAPTER 3

BUILDING LARGER ALLIANCE TO CAH PROCESS

Health is a broader issue which development depends on inter and multi sectoral responses. CEU-SOCHARA had taken efforts to build understanding on CAH among the civil society, researchers and students in Tamilnadu in order to build larger alliance to CAH process. Ranges of efforts including dissemination meetings, orientation and training sessions to civil society and students, Technical support to international initiatives on CAH process, research guidance and support on communitisation process to students from various stream has been taken to broadening the alliance. Few such important initiatives are mentioned in this section.

I.DISSEMINATION MEETINGS, TRAININGS AND WORKSHOPS

Training to national coordinators of World Vision

World vision an NGO, organised training program for its national coordinators on communitization of Health on 3rd April 2013. Two of the team members of CEU-SOCHARA

took a training session for 20 coordinators on governance, accountability and monitoring of health services. World vision has committed to adopt CAH project's community monitoring tool in their ongoing program of Nutrition security all over the country.

Orientation cum training program for folk health practitioners of Tamilnadu on CAH and primary health care

CEU-SOCHARA team member took a training session on primary health care, Tamilnadu Public Health system, NRHM and CAH to selected folk health practitioners from Tamilnadu and Karnataka. This was jointly organised by SOCHARA and Foundation for Revitalizing Local Health Traditions (FRLHT), Bangalore on 16th November 2014.

Training program on 'Health and Health rights and CAH to senior level community health professionals

CEU-SOCHARA conducted a training session on 15th February 2013 for the senior level community health professionals affiliated with Tamilnadu Voluntary Health Association (TNVHA) which was the Tiruvallur district nodal organisation for CAH project during 2011 to 2012. Through interactive session with the participants, various topics including Health and its determinants and the role of the community workers in addressing the social determinants of health was discussed. The communitization of health process done in Tiruvallur district through CAH program was presented along with case studies.

Training on Community health process to EKAM foundation

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

Health System strengthening symposium

In the month of August 2013, Health system strengthening symposium of 2013 was organized by Chengalpet Government medical College. Two of the CEU-SOCHARA members been invited as jury to debate on different public health themes. Team members shared their views on the topic based on experience and understanding of the public health system in Tamilnadu and in CAH process.

Workshop on ‘Promoting patients’ rights and ensuring social accountability of the private medical sector’

As part of the initiative of strengthening the Clinical Establishment Act (CEA) in Tamilnadu, CEU-SOCHARA team members along with other senior health professionals in the state had attended a workshop on ‘Promoting patients’ rights and ensuring social accountability of the private medical sector’ for Southern states (Karnataka, Tamil Nadu, Kerala, Andhra) on 16-17 August 2013 at Ashirvad, Bangalore. The workshop was organised by SATHI which has wider experience on formulating state and people oriented clinical establishment act in Maharashtra. The workshop focused on Identifying and documenting major problems of the private medical sector, Analyzing current status of regulation in states, charting out direction forward for private sector regulations and also focused on the concerns of smaller and non-profit providers and Context of National CEA and its need for modifications specific to states. The workshop helped the team to organize similar workshops in Tamilnadu.

National convention for strengthening public health system for people,

On 18th of May National convention for strengthening public health system for people, was organized by Tamil Nadu Health Development Association (TNHDA). CEU-SOCHARA was invited to share its views on proposed Universal Health Care model by the planning commission of India and to share people’s opinion on that model. Based on the experience gained from CAH process, CEU-SOCHARA shared its views on strengthening community participation while implementing UHC process. CAH process was disseminated in the convention. CAH process posters were displayed in the meeting hall. An article on Universal

Health Care in Tamil was written by CEU-SOCHARA and distributed to the participants of the conference.

‘CAH process- case studies presentation’ in CHLP Mentors workshop, Bangalore

SOCHARA organized a community health mentors Workshop on 20th and 21st November at FRLHT, in Bangalore.

SOCHARA believe, practice and facilitate contextual learning process. Hence communitization process of Health was taken as one of its themes and CEU-SOCHARA team members were invited to present the CAH process in Tamilnadu through case studies. The team made technical presentation to disseminate the CAH initiatives and presented few case studies that were gathered during the project. The team also shared about the scope of learning that the CAH program offers to the young students who are interest to learn and understand the communitization process of health.

National workshop on “Social Justice in Health & Universal Health Coverage Challenges, Possibilities & Pathways” at Bangalore

‘Social Justice in Health, Research, Advocacy, Training and Action on Realizing Health Rights’ is an initiative that builds on the history of the Community Health Cell from 1984 and of SOCHARA from 1991. It aspires to strengthen efforts towards realizing the global social goal of “Health for All” (HFA) first articulated in the Alma Ata Conference of 1978. SOCHARA as part of its commitment of supporting the health movement has embarked on a process of critical reflection of the movement in an effort to distil from our collective experiences, lessons that may take forward in attaining Health for All goals. National level workshop on “**Social Justice in Health & Universal Health Coverage Challenges, Possibilities & Pathways**” was conducted on 10th and 11th of September, 2013 at St John’s Medical College, Bangalore, as part of the initiative where participants reflected in depth on the collective experience and charted out possible directions for the future.



National workshop participants and resource group

CEU-SOCHARA team participated and facilitated a session on ‘understanding a process on social change towards Health for All- issues and Challenges’ by sharing the experience of designing or changing the health policy in Tamilnadu with specific reference to changes happened in vaccine policy of Tamilnadu in 2008. It also facilitated the session on the process of communitization of health in Tamilnadu. The workshop also focused on themes such as urban health, mental health, environmental health and privatization of health care which were useful to CEU team to incorporate these themes in CAH program. The multiple approaches and pathways that have been used to address the social determinants of health in different parts of the country were also discussed which has direct relevance to strengthening of VHWSCs in Tamilnadu.

‘Health and Hygiene’ Awareness camp at Pondhavakkam Panchayat

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

II. TECHNICAL SUPPORT TO INNOVATIVE INITIATIVES

Support to community monitoring case studies

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

Ethics paper on community accountability

Community accountability and governance is growing theme and recognized all over the world as an important approach to strengthen the public health system. As part of this growing interest practitioners of community action for health had initiated a learning network called "COPASAH". The network had initiated research paper on ethical issues in community monitoring. The purpose of the study was to identify the ethical issues as they emerged within the context of CAH in India with the hope that this study can be a basis of discussion amongst the Community of Practitioners of community action for health. The CEU-SOCHARA team was interviewed by the research team and shared issues emerging from the specific context of Tamilnadu CAH work, pertaining to accountability of civil society organizations, partnerships with communities, state - civil society – community relationships.

The study concludes that practice of community monitoring should result in enhancement of distributive justice. The most vulnerable should find their voice and become active agents. Health systems should become responsive to people's needs. There are no perfect solutions – need for action even with the dilemmas. The Community of Practitioners needs to build a reflexivity, engaging with the moral and ethical dilemmas as they balance on the tight rope of relationships, not giving in to cynicism, hoping for change but not blind to the points of ethical vulnerabilities of various players in the process – including of those representing the health system.

NGO Monitoring Exercise on Alcohol related policies and retail outlets observation in Tamil Nadu

During the project phase issues related to alcoholism was discussed in various community level meetings and in block federations of VHWSNC across seven HUDs of project area. Having learnt about the magnitude of alcohol issues in the community, the CEU team supported Public Health Foundation of India (PHFI), New Delhi to do study on the issue of excise policy implementation in Tamilnadu. The purpose of this joint effort is to strengthen research, capacity building, advocacy and policies around alcohol control in India. Since alcohol use is on an alarming rise, it is important to develop a comprehensive and effective policy to prevent and control alcohol misuse and ensure the implementation of the existing state legislation.



monitoring and data collection at TASMAC outlet by team member

As part of this initiative CEU- SOCHARA interviewed and monitored the retail outlets of TASMAC in four districts viz., in Chennai, Dharmapuri, Thiruchirapalli and Ariyalur in the month of November 2013 to understand the policy implementation. The purpose of VHWSNC is to address the social determinants of health such as alcohol apart from health care issues, hence understanding the issue of alcohol by the CAH practitioners becomes important.

Support to Accountability process in health to International Partners

During this reporting period SOCHARA has agreed to provide Technical Assistance to design and implementation of community monitoring, advocacy and action for health to of National Tax Payers Association (NTA) and Health Rights Advocacy Forum (HERAF), Kenya through Foundation for Open Society Initiative (FOSI).

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

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

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

Impact of the Technical assistance:

- 1. Through this effort shift in partner's perspective from NGO led health action program to Community led health action program was achieved to an extent. .*
- 2. Community centered health monitoring tool was developed*
- 3. Strengthened the partners' knowledge on the components of existing program, need of moving from health care monitoring program to broader health action oriented program including social determinants, equity oriented and beyond the health centers of Kenya. (From institutional monitoring program to community centered health action program) were stressed upon achieved to an extent.*

Understanding issues of unorganized women workers in organised industry

Many of the CAH area including Dharmapuri has un-organized women workforce. In order to understand unorganized women workers issue by the CAH practitioners and to make understand the VHWSCs on women workers health issues a study was conducted by one of the CAH partners in Dharmapuri. CEU-SOCHARA helped them to conduct the study. The focus of the study was to understand the health issues of unorganized women workers working in Spinning mill, Textile, Cashew nut Processing unit, Silver anklet manufacturing Industry, Fireworks and Small Scale Industries which are spread across in districts Dharmapuri, Krishnagiri, Erode, Salem, Namakkal, Karur, Trichy Pudukottai, Theni, Dindugal and Virudhunagar . The study had reached around 1000 women, their families, like minded groups and individuals to develop understanding on the issue of women workers in Tamilnadu.

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

IV.GUIDANCE TO RESEARCH AND STUDY (Creating critical mass for community health interventions via supporting interns and fellow students from various streams)

The CEU-SOCHARA team was engaged in *supporting various research activities* carried out by community based organizations pertaining to communitization process and community health. During the implementation of CAH project, from multiple level meetings with

VHWSNC members, PRI members and health care workers, many issues related to health and its determinants were identified and case studies were documented along with learning experiences from the field visits made by the state team. Those experiences were explored further with theoretical framework. The following are the research support rendered by CEU team.

Mentoring to MPH students

CEU-SOCHARA has its broad objective of creating critical mass for community health and believes that multidisciplinary professional cadres are needed for building community health and to engage in its interventions. During the reporting period, four interns from SRM University pursuing their Masters in Public Health were placed with CEU-SOCHARA for a period of 5 months. The team members of CEU mentored the interns to understand communitization process, to do small studies for their better understanding on the themes, and facilitated community interaction and learning to understanding the Tamilnadu Public health system. The interns did studies on Community Action for Health apart from women's health and nutrition.



MPH students in discussion with Vellore district communities on health issues

On July 9th, one of our team members was invited by at National Institute of Epidemiology to give a guest lecture for MPH students on “Governance in the health system” and similarly on August 7th, he gave a lecture on CAH at community medicine department in Madras Medical College.

Mentoring to Community Health Interns:

CEU-SOCHARA organized an orientation for eight interns who were doing Community health Learning Programme in SOCHARA, Bangalore on 16th Sept 2013 in Chennai. CEU team members oriented the group about the concept of communitization in NRHM and the process of CAH initiatives in Tamilnadu. A power point presentation on the outcomes and challenges of the initiatives were given by sharing experiences from the field. Prior to this orientation the interns had visited to Kandhili block, one of the CAH project areas to gain first-hand experience of the process. The team collected the feedback from interns who had made their field visits to the Kandhili block in Vellore. They reported that the visit provided a holistic experience for better understanding of the communitization process through its initiatives and was greatly inspired to see community participation in the process and the facilitating role of implementing NGOs at block level. They interns also suggested expanding the monitoring tool by including mental health, geriatric care etc., in future.



team member taking session for CHLP interns at Bangalore

The CEU-SOCHARA team mentored group of interns from Community Health Learning Programme (CHLP) at SOCHARA, Bangalore between October and December 2013 to understand the communitization process in Tamilnadu. Subsequently the interns were sent to

Perambalur and Vellore districts and were placed with the block nodal teams to carry-out their learning objectives in understanding the community processes and to help out the community on some issues. The interns studied about the functions of VHWSNC along with CAH initiatives, role of Panchayat Raj Institutions, Maternity benefit Schemes, role of Civil society in the communitization process, Mobil medical unit etc. They actively visited village Panchayat and were involved in strengthening the VHWSNC by motivating the panchayat presidents, voluntary members and health system staffs.

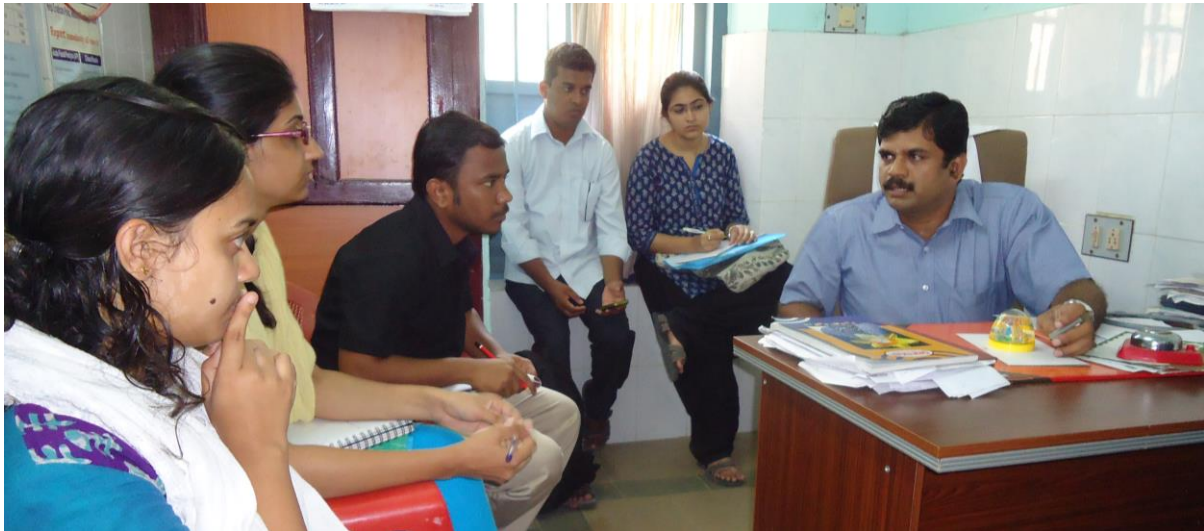
Orientation to PG - Community Medicine and Social Work students:

CEU-SOCHARA has arranged Rural Practicum for the bunch of social work students from Tata Institute of Social Sciences (TISS). During first two weeks of April'13 eight students from TISS visited and stayed in villages of Kanniyakumari to understand the rural reality, public health system and ways to strengthening the system. CEU-SOCHARA team organized the visit and mentored the students.



sharing of CAH experiences with MSW students of TISS at Kanniyakumari

CEU-SOCHARA supported a group of students from Madras Medical College (MMC) to understand the socio political issues in health in the country. As part of that it has organized a orientation session on “Adherence on ART” to the students on 08th April’ 13



TISS students interacting medical officer at PHC about Swamithoppu panchayat’s (Kanniyakumari District) mental health issues

Support to Strengthening of VHWSCs in 17 Panchayats of Tiruppattur Health Unit District.

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

CEU - SOCHARA plays key role in this process by taking part in research and implementation activities through its two staff members. The process started with three days’ workshop with multi stake holder participation in the month of October 2013. In Tamil Nadu

the process is being implemented in 17 Panchayats in which 3 Panchayats has been selected for in-depth observation. During this period CEU had contributed to development of research protocol of the process, development of guideline for different research methodologies, implementation protocol, development of implementation plan and negotiation with the Tamil Nadu Public health system for smooth running of the process.

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

Output:

- 1. Training team consists of members from both civil society and government is formed and first level of training is conducted.*
- 2. Research dimension on Communitisation of health process has strengthened.*

IV. CROSS LEARNING VISITS

Cross-learning visit from Karnataka State Health System Resource Center

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



sharing of CAH activities and learning from Kandhili field by CAH animators with KSHSRC

Impact of the visit:

- 1. The discussion of PHC level federation created a space for reflection for the PHC and the district implementing organization to think in-terms of sustainability of the activities of VHWSNC backed and supported by the PHC level federation committee.*
- 2. The visiting team got the opinion from the VHWSNC members who were concerned about the stability and consistency of the project for its effective implementation and they felt that it lies in the hands of its stakeholders like health system, PRI, civil society and Community.*

Cross-learning visits From SATHI-CEHAT

Dr. Abhay Sukhla, Coordinator of SATHI-CEHAT, Maharashtra which is the nodal NGO for community based monitoring and planning process in Maharashtra, visited CEU on 31st may 2013. He shared the experience of community process in Maharashtra with the team. The CEU team shared the current position of the project and explained the preparations for the next phase that the team currently been involved.



CHAPTER 4

CAPACITY BUILDING FOR CEU-SOCHARA STAFF MEMBERS

During this year CEU-SOCHARA team members were also undergone rigorous training programs to equip themselves to implement the CAH process better. The training includes in house training program and external exchange learning visits.

Learning facilitation workshop at Bangalore

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

COPASAH, South Asian region workshop on ‘Social Accountability & Community Monitoring in Health’ at New Delhi

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

Medico Friends Circle meet at New Delhi

Medico Friend Circle (MFC) is a non-funded group of members from various backgrounds across the country - public health professionals, medical doctors, nurses, health activists, researchers, students and professors at medical colleges and others. MFC conducted their 40th annual meet at New Delhi from 13th to 15th of Feb 2014 in which our team member participated. The meet discussed on Primary Health Care, Universal Health Care, Medicines, Communalism, Social Determinants of Health and Discrimination in Health etc. The gaps in health policies at national level and the impact on the poor were also discussed from various perspectives.

COPASAH: The Second Facilitated Peer Learning Visit to Karnataka

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



ANNEXURES

- A. CAH project note
- B. Community Action for Health – Project Manual
- C. Memorandum of understanding with NRHM & DPH
- D. NGO Selection Process, Scrutinisisation Criteria , Formats
- E. Report of Universal Health Coverage consultation meeting
- F. 104 helpline Guideline Questions



“the necessity of empowering the community to make them active participants in the process of attainment of highest possible level of health of the people”

