

COMMUNITY ACTION FOR HEALTH

NATIONAL RURAL HEALTH MISSION

Report for the period April 2014 to March 2015



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

COMMUNITY HEALTH CELL –
EXTENSION UNIT (CEU),
CHENNAI, TAMILNADU



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building community health





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SUMMARY

The Community Action for Health (CAH) initiatives in Tamil Nadu in collaboration with the public health system, which began through a pilot phase from 2007 -2009 under the National Health Rural Mission (NRHM), through the Advisory Group on Community Action for Health (AGCA), continued during the period April to March 2014-2015. Since 2009, with the support of State Health Society (SHS) and the Directorate of Public Health of the Govt. of Tamil Nadu, the CAH project was implemented in 446 Village Panchayats of 6 Health Unit Districts (HUD). Till July 2012 there was an intensive phase. After that and subsequent to a reduction in funding, the strengthening of Village Health Water Sanitation and Nutrition Committees (VHWSNC) continued in selected Panchayats of 446 Panchayats, along with various activities aimed at strengthening the public health system of Tamil Nadu.

This is a narrative report of activities carried out between April 2014 and March 2015 regarding community processes for health. The activities range from strengthening selected VHWSNCs; training Panchayat Raj Institution (PRI) members; training committee members with new skills; activities related to strengthening public health system at the state level; sharing knowledge and experience gained about CAH at the national and international level; and participation in a collaborative research project on community processes to gain new knowledge from different perspectives regarding the reality of processes on the ground.

SUSTAINING 'CAH' ACTIVITIES AT DISTRICT & SUB-DISTRICT LEVELS

Though the larger funding support from the state was not available to continue activities as was done during the intensive phase till 2012, SOCHARA and the district partners continuously motivated the committee members to be active and facilitate the VHSNC committee functions on a voluntary basis, especially in Dharmapuri, Vellore and Tiruvallur districts. In Dharmapuri district six panchayats were the main focus in which committee members were continuously motivated to strengthen the system through collective participation. Members attempted to improve the services of mobile medical units, and the availability of toilet facilities in the villages as well as in the schools. Selected committee members were trained in the photo voice method to address situations and challenges creatively and constructively in order to improve the situation.

SOCHARA continued its support to VHWSNCs in Pazhaverkadu region of Tiruvallur districts where the committee members made efforts to improve the status of the Government Hospital in Pazhaverkadu. This included facilitating dialogue between the health system and community, opinion collection from various stake holders including community and health service providers, and supporting PRI members to facilitate action. Strengthening selected Village Health Water, Sanitation & Nutrition Committees (VHWSNCs) CEU collaborated with the Tamil Nadu public health system to develop a Tamil Nadu specific model of CAH, and continued activities strengthening the communitisation of health concept at various levels including supporting the active VHWSNCs and PRI members.

During the reporting period SOCHARA team continuously travelled to the project districts (Vellore, 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 these districts extended their support to strengthening CAH.

2.1. STRENGTHENING OF PAZHVERKADU REGION VHWSNCS

In May 2014 SOCHARA-CEU made several visits to Pazhaverkadu area of Minjur block, Tiruvallur district for mobilizing the community towards communitisation of health process.

The team met various groups and village level health committees and discussed the prevailing health issues of the region. In a rich discussion it was learnt that Pazhaverkadu is severely affected due to poor health and health care delivery system and unresponsiveness of Panchayat Raj Institutions towards the health determinants. The outcome of these discussions motivated the community to strive and form a “health action network” to intervene on health related problems.

After series of meeting with community volunteers in June with sustained interest for intervention the “Pazhaverkadu Health Action Network” was formed with representatives from communities including fishermen society group, SHG, youth and motivated VHWSNC members. The broad objective of the health intervention network is to work towards health development in Pazhaverkadu panchayats by strengthening Panchayat Raj and various health Institutions. The network’s specific objectives are as follows

- i. To make Panchayat Raj Institutions responsive towards community needs and demands
- ii. To focus on communitisation for addressing social determinants in health by expanding and part taking in village level committees like VHWSNC, Patient Welfare Societies, Anganwadi Management Committees, and School Management Committees.
- iii. To mobilize critical mass for community level action
- iv. To identify, assess and intervene on problems specifically related to health and health care deliveries.
- v. To protect and preserve the environment in the best interest of the community.

The health network group while considering the pressing need of efficient health care services for its fisherman community felt that the Government Hospital of Pazhaverkadu needs immediate attention since its services is not being satisfactorily experienced by people.

For its intervention the health network sought support from PRI and VHWSNC members to resolve the problem.

2.1.A. Panchayat Raj Institutions and its support for Health

The SOCHARA-CEU played a constant role in facilitating the health network and VHWSNCs of the Pazhaverkadu region. During July in a meeting with PRI members of Pazhaverkadu region (viz., Pazhaverkadu, Light House Kuppam, Kottaikuppam and Thangalperumbulam) and following regular visits motivated the PRI to take initiatives such as expanding VHWSNC to represent people from all hamlets and intervene to make a people centric Pazhaverkadu government hospital.

On August 15th 2014, during Gram Sabha meetings, CEU members visited and participated at all meetings in Pazhaverkadu region to create awareness on VHWSNC and its potential for health development initiatives. During the meetings issues related to health were discussed and following the demand from people, resolutions seeking to expand VHWSNC for community representation and strengthening the functions of Pazhaverkadu GH was passed.

Following the resolutions passed in Gram Sabha, In the month of September PRI members, health network and VHWSNC decided to bring a ‘Status report on Pazhaverkadu Government Hospital’ through collecting people’s opinion about GH by organizing Panchayat level group discussions and finding service gaps through monitoring of GH as per Indian Public Health Standard (IPHS).

2.1.B. Health system and its support for health development

In the month of August 2014 SOCHARA-CEU staff member did multiple visits to Kattur PHC and interacted with the Medical Officer, SHN, VHNs and motivated them towards the “communitization” process. During the meet issues related to health and health care deliveries and its challenges were discussed. It was learnt that Pazhaverkadu region has been recognize as hot spot by the health system for its prevailing poor condition of health and sanitation, and thus requires more commitment and responsibility from panchayat institutions and communities of the region to improve the status of health. The SOCHARA-CEU staff collected information from the PHC staffs to bring out the health profile of Pazhaverkadu region so that it not only helps the system in having a health profile data and also useful to Pazhaverkadu community in understanding the burden of various illness faced by them due to poor health and hygiene and measures can be drawn for prevention. In the month of September 2014 SOCHARA-CEU staff visited the Pazhaverkadu Government hospital and discussed with the Chief Medical Officer

regarding the hospital services and enquired about health condition of the people. The information regarding the disease burden was collected to add to the health profile data.

2.1.C. Community level Group discussions on Health and Health care deliveries

Following the decisions made by PRIs, health network and VHWSNC in Pazhaverkadu Panchayats in September regarding bringing a Status report on Pazhaverkadu Government Hospital for further intervention, SOCHARA-CEU was requested to facilitate a community level group discussion to explore health problems of the region and the role of government hospital vis a vis to its services.



Group discussion on Health Care Services at Vazhthalampedu

SOCHARA-CEU staff with the support gain from PRI and VHWSNC members facilitated group discussion at community level in four Panchayats of Pazhaverkadu with the following objectives

1. To explore community level health problems in Pazhaverkadu.
2. To find out private health care givers that people seek apart from GHs and their experiences with them.
3. To get community's opinion and views regarding their experiences with Pazhaverkadu GH.
4. To understand roles and functions of Pazhaverkadu GH pertaining to services like out-patient services, In-patient services, delivery services, mother and child care services, emergency services etc.
5. To identify people's demand and suggestions to strengthen the functioning of government hospital.

The key findings from the group discussions conducted at Pazhaverkadu, Light house kuppam, Kottaikuppam and Thangalperumbulam Panchayats are tabulated here.,

➤ **IDENTIFIED HEALTH PROBLEMS IN PALAVERKADU**

- a) Acute Diarrheal Disease was commonly observed across the villages but it was highly reported in Kolathumedu, Thangal and Sattankuppam and the cause might be due to poor drinking water as attributed by the participants themselves. In Light House it was said that water purification unit installed in the panchayat has gone for repair could also be a factor of recent diarrheal outbreak.
- b) Kidney related diseases especially kidney stone formation was reported and few 5 cases of deaths was attributed to the disease.
- c) A Tuberculosis death case suggests that GH failed to utilize the human resource that was readily available in the village.
- d) It was noticed in Thangal and Sattankuppam, participants reported that some are suffering from paralysis and seizures.
- e) Among all villages, Kottaikupam participants reported about skin related problems like allergy, thaemal & kai-kaalvedippu (as they termed), including a leptospirosis case. In general it was observed that the villages in Kottaikuppam are poor in sanitation and hygiene and there could be a link between the reported disease and prevailing sanitation and hygiene conditions.
- f) The case of vector born disease, (dengue attack identified this year in Sattankuppam village and malarial fever), and other common illness and seasonal flu including typhoid fevers as observed by the participants could be attributed to the poor water, sanitation and hygiene of the Pazhaverkadu region.

➤ **PEOPLE'S TREATMENT SEEKING CHOICES**

- a) People in Pazhaverkadu first and foremost try to seek GH for their illness and medical emergencies. Depends upon the disease prognosis they go to the Private Health Care providers in and around Pazhaverkadu.
- b) People tend to go to the unqualified health care given in Pazhaverkadu region for minor illness like common fever and cold or they go as referrals from GH to Ponneri and Minjur GHs for any major health conditions.
- c) The poor availability of doctors in GH round the clock, crowded OPD, unavailability of doctors during evening OPD are the added factors forcing patients to go and seek treatments from private health care givers in and around Pazhaverkadu.

➤ **PRIVATE HEALTH CARE**

- a.) People's faith in cure from private health care givers are strongly built upon two factors viz., i. Availability of doctors round the clock ii. Availability of diagnostics services, where diseases are identified and being informed.
- b.) Due to the poor availability of doctors in GH and lack of diagnostic facilities puts people in a situation to get private treatment from Ponneri or Minjur even though it costs them much.
- c.) In Pazhaverkadu the availability of unqualified practitioners in the evening and their ability to cure minor ailments with minimal consulting fees could be a reason for patients in getting treatment from private.

➤ ***PAZHAYERKADU GOVERNMENT HOSPITAL***

- a.) People's perception is that GH is merely a First Aid Center as they could only treat and cure minor ailments and other major ones are being referred to other GHs due to lack of diagnostic facilities and treatment for the diseases.
- b.) The availability of the medical practitioners is very poor and it seems that they are not even continuously available during the duty timings and hence it is affecting the both OPD and IPD services.
- c.) Lack of regular availability of the female medical practitioner has left the women helpless as they feel inhibit to say their medical conditions to a male medical practitioner.
- d.) The quality of care in the hospital is contingent on the availability of health staffs during the services and doctors patience in treating the "patient queue" (500 to 600 OP per day).
- e.) Though medical services including medicines are available at free of cost sometimes it was reported that patients are been asked to buy medicines from outside.

➤ ***EMERGENCY SERVICES- ROLE OF GH***

- a.) Emergencies like bike accidents, accidents during fishing and other medical emergencies were reported and during emergencies people quickly resort to the GH.
- b.) At the maximum, it seems that First Aid is only being given and the cases are referred immediately to the nearby GHs (mostly to Ponneri GH) either due to the lack of facilities or unavailability of doctors at the time of emergency.
- c.) The availability as well as reliability of 108 ambulance service is poor during emergencies.

➤ ***OUT-PATIENT AND IN-PATIENT SERVICES***

- a.) OPD is conducted between 9 am till 12 noon or sometimes till 1 pm depending upon the "patients" queue and people are unaware of evening OPD as the participants perceive that OP happens only during the morning hours with the presence of doctor.
- b.) Though it seems two doctors available during OP, mostly one doctor treats the patient.
- c.) Though 32 bed facilities are all available, the hospital able to cater the in-patient services only to ADD and normal deliveries.
- d.) Depending upon the medical conditions patients stay a while to receive the first aid services.
- e.) People's faith in receiving in-patient services is contingent on the availability of medical staffs especially doctors round the clock.

➤ ***DELIVERY SERVICES***

- a.) People are mostly seeking delivery care from Kattur PHC. The VHN compels ANC mothers to get delivered in the PHC and even have asked them not to go anywhere for delivery including Pazhaverkadu GH. There seems to be non integration between the public health department and medical service department.
- b.) For pregnancy related emergencies they either go to Ponneri GH or Minjur PHC and even sometimes again from there they are been referred to Chennai GHs depends upon the medical conditions.
- c.) In Pazhaverkadu GH, only normal deliveries are happening and even for cesarean they are referred to Ponneri GH or just tell them to get treated somewhere outside. Many reported soon after the delivery when mother recovers from fainted condition, she and the new born is immediately sent home with the companion not even minding if it happens at night time.

And hence not only the quality of care is affected but also post-delivery the denial of services and rights to the mother and new born.

➤ **MOTHER AND CHILD CARE**

- a.) Mostly the ANC and PNC services are available to the mothers from the VHN who normally visits them in villages
- b.) For any medical consultation the mothers are called to the Kattur PHC.
- c.) For minor illness they get consulted in GH itself and get cured or else tend to seek treatments from private health care givers.
- d.) During medical emergencies they first seek GH and then been referred either to Ponneri GH or other GHs.
- e.) Immunization services are mostly available through the VHN in the villages but at 7 times the mother and child are called to the GH by VHN. Villages like Thangal that is remotely located with poor accessibility, people either depend on two wheelers or spend money to hire an auto-rickshaw to reach GH for immunization.
- f.) VHN's tough accessibility to remote villages like Thangal could be a determining factor of quality of ANC and PNC services.

➤ **MOBILE MEDICAL UNIT**

- a.) MMU mostly visits the Panchayat villages near the mainland.
- b.) The village like Thangal, which is far off from mainland and has a poor accessibility to the health services, is not being visited by the MMU.

➤ **DIAGNOSTIC SERVICES**

- a.) In GH, other than simple laboratory tests like blood and urine for all other diagnostic purposes people are referred outside.
- b.) Since diagnostic centers are not available in Pazhaverkadu, people go to private diagnostic centers in Ponneri or Minjur and even sometimes going to Chennai and thus spending huge sums of money.
- c.) During treatment in GH, some participants had sought to a private health care giver due to poor prognosis and have found suffering from fevers like Typhoid, Malaria and leptospirosis etc.
- d.) People's faith with GH is contingent on the availability of the diagnostic facilities as some participants felt that availability of these facilities in Pazhaverkadu GH like other GHs could actually create faith among people for timely diagnosing the disease and treating it.

➤ **PEOPLE'S NEED AND DEMANDS**

- i. Pazhaverkadu Government hospital has to effectively function for 24 hours with doctors available round the clock like other GHs and at least one doctor compulsorily available at night.
- ii. A female medical practitioner is required since women feel inhibited to say about their physical problems to a male medical practitioner.
- iii. Diagnostic and treatment facilities should be available like Ponneri GH
- iv. Participants demanded Ambulance facility exclusively for Pazhaverkadu GH.
- v. Participants demanded availability of medicines at any time.
- vi. Participants in Thangal demanded a Mobile Medical Unit.

In September 2014 SOCHARA team member facilitated the intervention process by conducting community level group discussion in all four panchayats of Pazhaverkadu region and planned for a GH Facility survey and discussion with the GH staffs in month of October by the PRI and VHWSNC members. The PRI members and the community (voluntary team and VHWSNC) decided to disseminate report findings on GH to the people's representatives at taluk and district level, to the district administration and health officials and also determined to convene a regional level meet at Pazhaverkadu inviting them for a discussion to make community centric government hospital .

2.2 STRENGTHENING OF COMMITTEES IN DHARMAPURI DISTRICT

2.2.A. Engagement with NGOs

To explore the possibilities of continuing the CAH process in Dharmapuri, an NGO meeting was organised in DHVANI Office Pennagaram on 10th April 2014 in which around 15 NGO representatives were participated. They all felt that the CAH process should continue in spite of considerable reduction in project support, and identified active and supportive community member who can initiate and continue the process with the help of our team member. The follow-up NGO meeting at the Collectorate complex Dharmapuri decided to work in Bandahalli PHC area for the next one year with support of local NGOs SMD, and DHVANI.

2.2.B. Support to Fluorosis Mitigation Programme

The Fluorosis mitigation project in Dharmapuri district is executed by Tamil Nadu Water Supply and Drainage Board (TWAD), with funding from Japan International Cooperation Agency (JICA) using Tamil Nadu's share of Cauvery river water. As the benefit of the project was far reaching from the community, few VHWSNC committee members and the Dharmapuri Voluntary Agencies Network Initiatives (DHVANI), felt the importance to study and understand the implementation of the scheme more closely in order to benefit the people. SOCHARA-CEU helped DHVANI to prepare a preliminary report to provide a brief outlook of the mitigation process undergoing in the district. The report and findings were disseminated in Dharmapuri in the district level meeting held on 23rd June 2014, in which all the partner NGOs and experts in the field of fluorosis and National Fluorosis mitigation team participated in the dissemination.

2.2.C. Support to PHC strengthening

SOCHARA team motivated Panchayat presidents and health system staff of Bandahalli in Nallampalli block of Dharmapuri district along with CAH implementers of that region in order to identify health issues and to strengthen health services by actively involving the Panchayat and health system in that region. Apart from the regular facilitation of VHWSNC activities SOCHARA conducted specific trainings to support the community.



Interaction with Muruganathapuram Community members for Health care deliveries

2.2.D. Training of PRI members

As part of strengthening process SOCHARA and Dharmapuri Voluntary Agency Network Initiative (DHVANI), the Dharmapuri district Nodal NGO organized a two day block level training for PRI members on 4th & 5th November 2014 at SMD Meeting Hall, Indur. Participants included 12 Presidents, 8 Ward members, and 6 NGO staff. The focus of the training was “Role of PRIs in Health and Health Rights”. The PRI members were from Pennagaram, Nallampalli and Palacode blocks of Dharmapuri district the state mentoring committee members Mr. Shankar and Mr. Ameerkhan, along with CAH state team member Mr. Suresh discussed with the PRIs on health, human rights, health of the Panchayat, health indicators, role of Presidents and people in VHWSNCs and on Community Action to improve the health. Medical Officers Dr. Adiyaman of

Bhandahalli PHC & Dr. Ranipriya of Indur PHC was resource persons for sessions on non-communicable diseases and the role of PRIs in supporting the health system.

2.2.E. Training for various community based committee members

SOCHARA conducted training to various Panchayat Committee (School Management, Village Health Water Sanitation and Nutrition and ICDS committee) members on Accountability, Monitoring and Planning of public services. The training was held on 14th November 2014 at Vinayaga School Meeting Hall, Pennagaram with 55 participants.

2.2.F. Fact finding on neo-natal deaths in Dharmapuri district Medical College hospital

During November 2014 in Dharmapuri Government district hospital 14 neonates admitted in the pediatrics ICU died over a short span of time which was considered unusual. The deaths become an issue that was discussed widely in Tamil Nadu, hence as a health group CAH partners interacted with the community and health system staff on 14th and 15th of December 2014 to understand the possible reasons and explore ways to improve the situation. The team interacted with 12 mothers and visited the district hospital, Harur taluk hospital and Primary Health Centers and found that in most of the cases the basic primary health care delivery was the primary reason behind such incidents. The findings were also shared with the department and with the media for improving the situation. The team included CAH governing body and state mentoring committee members, other civil society organisation representatives and CAH staff.



Infant death fact finding team interacting with mothers

2.3. VHWSNC STRENGTHENING IN ARIYALUR & PERAMBALUR DISTRICTS

A SOCHARA team member made frequent visits and had multiple interactions with community members, health system staff and NGOs to strengthen the community process in Thirumalapadi, Varanavasi and Manathankulam panchayats in Ariyalur district and explored the possibility of strengthening the mental health program in Ariyalur district by interacting with the district mental health team and the officer.

The SOCHARA team, CAH district and block team of Ariyalur district together were involved in strengthening community process in Thirumalapadi, Varanavasi and Manathankulam panchayats in Ariyalur district. As a part of it during the months of April to June 2014 regular interaction were held with PRI members, VHWSNC members and community members to identify issues in health of the people. Based on these interactions a report on problem identified was prepared and was discussed with PHC medical officers in Kelapalur and Thirumanur PHC. It was disseminated to the VHN covering the concerned Panchayats.

The important activities are described in brief in this section;

2.3.A Interaction with NGOs for strengthening community process

On 26th June 2014 The CAH team had an interaction with eight NGOs and its representatives from Ariyalur district who are involved in TB mitigation process in Ariyalur district. Among those eight NGOs three of the NGOs were already involved in CAH process. Orientation on CAH process and prospect of community level work in Ariyalur and Perambalur district was discussed. Mr.Francis, coordinator of CHAT Trichy, Mr.Siva from Udaya trust, Ms. Mukkai from DAWN trust who are the partners of CAH process along with SOCHARA member had a planning meeting for the field visit and continue to work in Tirumanur block.

We also had continuous interaction and supported the animators and field staffs, motivated them to strengthen CAH activities in the field. In the month of June 2014 there were meetings with Mr.Siva coordinator of UDAYA Trust, Mrs. Mitra of DAWN trust Perambalur.

2.3.B. Meeting with VHWSNC committee members

The CAH team made a number of visits to Varnavasi, Thirumalapadi, Kuruvadi panchayat and interacted with the community people and VHWSNC committee members to gather their perception and opinion about the CAH process during the months of April to June 2014.

Committee members were very positive about the CAH process held and eager to know when the project will come again. As committee members the foremost gain was the awareness about the various health issues, about the PHC and schemes, and they try to make other people as well, it gives them satisfaction. They gave hope that if it again starts they will give their full support to the process.

On 5th July 2014 the team visited Ambedkar colony in Thirumanur Panchayat, and interacted with nearly 20 women from the Dalit community including 3 VHWSNC members. Women shared their difficulty without toilets. They had demanded building toilets in a common place for more than 2 years, but some people in the colony refused to give land (occupied).

2.3.C. Interaction with Panchayat presidents

On 15th July 2014 team member had a meeting with Thirumalapadi Panchayat President who was very interested to revive the VHWSNC. He organised a meeting in the SC colony. Three VHWSNC members participated in the meeting, with nearly 20 community people, to sensitize about VHWSNC its importance and functions, and how people's participation can be vital in improving health status. People were quite interested and panchayat president assured support for strengthening the committee by including more active members and in next meeting. Malathangulam Panchayat president was oriented about the village situation and the issues which the team member identified during the visit to the Panchayat, and also oriented about the VHWSNC and strengthening it for improving the health of the people.

2.3.D. TB awareness meetings

A SOCHARA team member visited Kuruvadi panchayat on 16th July 2014, for a TB awareness meeting with village people. The awareness was given to people by the field staffs of AKSHYA process about TB signs and symptoms and the importance of referrals services; Team member

sensitized people about importance of social determinants and nutrition in preventing TB and also the importance of refereeing people without ignoring the symptoms and people also had many queries and got clarifications.

Community meeting in Malathagulam panchayat, which is served by Kelapalur PHC and the HSC was located in Melapalur, with newly appointed VHN. Meetings was organised with the community people to explain about the TB, and about the referral services and the test available for TB in the near center. The meeting was attended by nearly 20 women and 3 of 11 them were VHWSNC members, most of them told that TB is a spreading disease but don't know who it spreads and causes of TB. The awareness level is quite low.

2.3.E. Interaction with the health system

During the reporting year one of the team members had continuous interaction with the health system for discussing the health services in the community. In the month of August we had interaction with Dr.Karthikeswaran District Program Medical Officer, regarding the health programs and functioning's in Ariyalur and also informed about the untied fund being not released for nearly a year, he assured for the immediate action.

Our team member engaged with health system for strengthening the VHWSNC as a part of that he interacted with Dr.Manimegalai, Medical officer Thirumanur PHC, asked about the functioning and programs and the issues in the PHC and oriented about the CAH process and she extended her support to the process and assuring to attend the VHWSNC meeting. Based on these interactions there was discussion in Kelapalur PHC with Dr.Gautam and Dr.Muthamil to exchange ideas, share about issues and possibilities of improving the situation.

2.4 SKILL DEVELOPMENT OF VHWSNC MEMBERS

Dharmapuri and Vellore district CAH partners were involved in strengthening the VHWSNC members in the photo-voice story telling skill. SOCHARA supported the partners in terms of training and practicing the skills. Trained members used photo-voice story as one of the supportive methodologies to disseminate information about the status of the health of their community.

Erupalli Panchayat in Nallmapalli block, Thannerpanthal in Tirupattur block and Vettvanahalli in Pennagaram block VHWSNC members were given hands on training on making photo story on 17 & 18th of March 2015. Based on the training each of the committee members chose an area to strengthen work through photo story which included strengthening of mobile medical units, the Aanganwadi center and sanitation in school.



Dr. Chandra's session during PHOTO VOICE training @ Tirupattur

3

ENGAGEMENT WITH THE HEALTH SYSTEM AND POLICY ISSUES AT STATE & NATIONAL LEVEL.

3.1 Engagement with Tamil Nadu Public Health system for CAH

During the year the SOCHARA-CEU team has constantly engaged with officials from the Directorate of Public Health and with State Health Society regarding the next phase of the Community Action for Health project which the state government had agreed to expand in six districts of the state. The SOCHARA-CEU team prepared and submitted all the required documents to the health system in order to hasten the process. The team along, with state mentoring committee members met the officials of the health department to discuss the proceedings of the project.

AGCA members Dr. Thelma Narayan and Ms. Poonam Muttreja (from Delhi), along with Dr. Chandra, State mentoring committee member, Dr. Shanmuga Velayudham, Governing body member CAH project, the CEU team and few other members met the State NHM Mission Director, Director of Public Health, Tamil Nadu to initiate the continuation of the CAH process in Tamil Nadu. The discussion held on 12th February 2015. A follow up a meeting was convened by Additional Director NHM with SOCHARA-CEU team members to discuss the way forward.

3.2 Consultation on Community Action for Health organised by AGCA, New Delhi

The Advisory Group on Community Action for NRHM organised a National Consultation on CAH in Delhi on 20 & 21st October 2014. A SOCHARA CEU team member was invited to participate and presented the experience and learning from CAH in Tamil Nadu. The consultation was attended by representatives of civil society and government officials from many states together with AGCA members. In the consultation the current status of the CAH project in Tamil

Nadu was discussed and heard by the senior officials of Ministry of Health and Family Welfare (MOHFW) of Govt. of India.

3.3 Global Conference

SOCHARA presented a poster on findings from the CAH data in the third Global Health System Conference held in Cape Town, South Africa from 28th September to 02nd October 2014.

3.4 Meetings on Health Policy

As part of building a people centered health system which is one of the core components of community processes in health SOCHARA along with other district partners of CAH held meetings with civil society organisation's on the draft National Health Policy (NHP) and National Mental Health Policy (NMHP). Opinions and recommendations were submitted to the Ministry of Health and Family Welfare (MOHFW), Govt. of India. National Mental Health Policy SOCHARA along with other civil society organisations jointly organised a meeting to discuss the recently launched National Mental Health Policy, 2014 in Chennai on 23rd October 2014.

The group including CAH partner organisations, governing body and state mentoring committee members of CAH project, academicians in mental health. The group came up with salient points to appreciate and to improve the policy. The recommendations were circulated to various groups at state and national level. The same points were also discussed in community meetings in the state.

Discussion on the National Health Policy

SOCHARA along with other civil society organizations organised a meeting to discuss the draft National Health Policy, 2015. The MOHFW had invited comments on the draft national health policy. Hence the group including CAH partner organisations, governing body and state mentoring committee members of CAH project met and discussed at length on the health policy and come out with recommendation which were submitted to government.

3.5 Dissemination of CAH at State level

SOCHARA organised a two day meeting on the topic “Community processes in health and the status of health in Tamil Nadu – Current Context” on 03rd - 04th February 2015 in Chennai. In total about 170 participants who are connected with the CAH process including VHWSNC members, governing body, state mentoring committee members, CAH partner organisations, animators of CAH process attended. There were SOCHARA team members from Karnataka and Madhya Pradesh also. A range of topics including National and State level policy environment for community process in health; accountability measures built by civil society in key social sectors; corruption in health care and role of civil society and peoples movements in improving the situation were the focus points for discussion.

The first panel discussion was on “Experiences of civil society in building community accountability mechanisms to strengthen people oriented health system in Tamil Nadu” chaired by Mr. Selvaraj, land rights activist. Senior social activists working on environment issues (Ms.Swetha), land rights (Mr. Selvaraj), educational rights (Mr.Prince Gajendra Babu), children’s rights (Dr.ShanmugaVelayudham) and health rights (Dr.Chandra) shared their views and experiences of building people centric accountability mechanisms in each sector.



The second panel discussion was on “Engaging with current situation of health and health system of Tamil Nadu” chaired by Dr. Kurien George, Head of the department, CHAD, CMC Vellore. This session analysed the national policy environment by Dr. Thelma Narayan, current policy environment in Tamil Nadu by Dr. V.R. Muraleedharan, The government measures to tackle the situation by Ms. Girija Vaidyanathan I.A.S, and the alternative perspective was shared by Dr.Rakhal Gaitonde.

The third and final panel discussion was on “The role of civil society and the center towards responding to the current context” was chaired by Prof. A. Marx, writer and human rights activist. Views from Women’s movement (Ms. Suganthi, AIDWA state president), Unorganised labour union (Ms. Sujatha Modi, NTUI), Health system (Dr. Amalorpavanathan) and civil society (Mr.Shankar, DHVANI) shared their views.

Broadly the workshop stressed on, the need for core health system strengthening activities, supporting larger movements other than health sector by the unit, building equitable health status in Tamil Nadu from social justice perspective and broadening the alliances in Tamil Nadu. SOCHARA need to build its future activities in Tamil Nadu based upon those broad suggestions.



4

ALLIANCE BUILDING FOR COMMUNITY PROCESSES IN HEALTH

During this reporting period SOCHARA supported and trained various groups and individuals to strengthen their understanding on the concepts of community health, health system, role and opportunities for civil society to strengthen the system etc.



Asian Health Institute Alumni – at Aarambakkam, Chennai

- a) On 29th April 2014 two SOCHARA-CEU team members were invited by Asian Health Institute Alumni – at Aarambakkam, Chennai for a training session in which the group discussed the health policies in the country. The members were from different civil society organization who works extensively in the field of health in Tamil Nadu.
- b) On 22nd May 2014 two team members were invited for the „ROOTS“ workshop by TNFORCES to take a training session on village health committees for project staff. The team shared experiences with respect to community level voluntary members and their sustainability in the process of community action programmes and engagement with the health systems, PRIs etc.

- c) On 4th - 5th June 2014 two team members were invited by DEEPS to conduct training sessions for women Panchayat Raj members in Palacode block of Dharmapuri on health and its social determinants and the role of Panchayat Raj institutions in addressing health issues.
- d) On 26th August 2014 two team members were invited by Bala Mandir Research Foundation, Chennai during their observance of “Health Day” to conduct a training session for 300 school students on child health and hygiene, nutrition and disease prevention.
- e) One of the CAH partner organisations in Dharmapuri was supported by SOCHARA in advocacy and skill development training for elected women representatives. About 90 members formed a federation called “MUZHAKKAM”, based on Need Based Assessment from Pennagaram, Palacode and Thenkanikottai blocks in Dharmapuri. They were trained to strengthen and monitor local PDS, ICDS, mid-day meals scheme and any other service providing centers in Panchayat. The support is ongoing through a process of capacity and strategy building.
- f) On 04th -05th September 2014 the Centre for Health and Social Justice which is the nodal organisation during the pilot phase of CAH process in 2007-2009 organized a workshop on Accountability in Delhi and SOCHARA presented the Tamil Nadu experience and learning’s of CAH in the workshop. Community accountability practitioners from across the country participated.
- g) On 19th -20th September 2014 Jan Swasthya Abhiyan and COPASAH, practitioners group on accountability organized a joint meeting on community accountability to build a network. A team member from SOCHARA attended the meeting along with other partners and shared the experience of Community Action for Health in Tamil Nadu.

Research on functioning of the VHWSNCs in selected Panchayats of an HUD SOCHARA along with other organisations is involved in a research initiative titled VOICES to understand the functioning of the VHWSNCs in 17 Panchayats of a HUD which is being anonymised. Field activities of the implementation research is being carried out by a partner NGO. As part of that on 13th April 2014, SOCHARA member conducted training for Panchayat presidents and other PRI members on their roles and responsibilities in improving health in their Panchayat. On 21st March, 18th April and on 16th July 2014 training sessions were given to the master trainers (Health system and NGO staff) on concepts of VHWSNC, NRHM, VOICES research, committee formation and training strategies. As part of the study CEU team member conducted an in-depth interview (IDI) a Deputy Director level official, Panchayat presidents, staff members and few members from VHWSNC and community. The learning and findings of the research will be shared with the health system once the entire research cycle is being completed. The learning from CAH experience in Tamil Nadu was shared in academic circles also. Two papers were written by the team members based on the experiences of CAH.

A SOCHARA CEU team member is a co-author in the paper titled “ Strengthening village institutions for improving equitable access to health in Tamil Nadu” presented in the “International Symposium on Global Governance and Health, 2014” held in Delhi on 08th- 09th September 2014 at the Jawaharlal Nehru University. SOCHARA team member is one of the co-authors in the paper titled “Government helper and citizen advocate? A case study on the multiple roles and pressures facing civil society organizations implementing a village health committee support program in Rajasthan and Tamil Nadu, India” presented.

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MENTORSHIP FOR COMMUNITY HEALTH LEARNING

Support to public health and social work students as part of continuous education program, SOCHARA mentored young professionals to increase their learning in the field of community health. During the initial six months of this reporting period, the CEU team mentored Ms. Preethi Reddy, Dr. Lashmi Priya and Dr. Karthick Rao, public health students from SRM University, Chennai and Ms. Elizabeth, social work student from Tata Institute of Social Sciences (TISS), Mumbai were placed in the CAH intervention area to learn the concepts of communitisation of health and the response of the public health system. Through these interns, continuous support to CAH process was also facilitated.



Ms. Preethi Reddy studied the “Knowledge and Attitude of care takers on Childhood Disability”. Ms. Lakshmi Priya studied the “ICDS in various caste areas” in Kandali block of Vellore district. Ms. Elizabeth from TISS was placed at Pazhaverkadu, learning about fishermen community and the role of health system especially the functioning of ICDS centers in that area.



SOCHARA also focus on its own staff development during this period. All the staff members of SOCHARA-CEU attended Community Health Fellowship Mentors workshop organized by SOCHARA on 16th and 17th June at Bangalore. The team members shed lights on mentoring experiences in CAH related work with the other team members. On 18th June and 11th to 13th of August the SOCHARA-CEU team participated in the Staff Retreat Programme held in SOCHARA, Bangalore. The team retreat helped the members to reorient and refresh themselves to take forward the objectives of SOCHARA.

During 11th to 13th December SOCHARA team members attended the Fifth National Bio-ethics Conference (NBC) held in Bangalore in which SOCHARA was a co-organiser. The forum helped the team members to share the knowledge and experience gained in CAH project in Tamil Nadu.



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CONCLUSION

As an overall learning over the past one year we were able to see the interest of the people and staff of the health system by involvement in community processes for health. Sustained efforts will be needed to strengthen the process in the CAH area and also help to expand the CAH process to other districts of Tamil Nadu.