

# Society for Community Health Awareness Research and Action

## Annual Report 1995-1996

# 256, 5<sup>th</sup> main, I block Koramangala  
Bangalore

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### 1. Introduction

The Society was registered under the Karnataka Societies registration Act on 16th April 1991 and hence this was the fifth year of the Society. It was also the twelfth year, since the initiation of the CHC study-reflection-action experiment, (the first seven years 1984-91 of the project being under the auspices of the Centre for Non-formal and Continuing Education).

CHC functions as a resource group promoting, supporting and facilitating 'Community Health' awareness building, research and action. The aims of the Society of which it is the functional unit includes

- the creating of awareness in the principles of Community Health.
- promoting community health action.
- evolving community oriented education strategies.
- undertaking community health research.
- initiating dialogue with planners to promote community health perspectives in planning.
- developing a documentation /library unit to support its information and advisory service.

### 2. Organisation and team

CHC is governed by the Society, whose members take an active part in its functions and through the Executive Committee, direct and supervise it. The Executive Committee for 1995-96 consisted of Dr. C.M.Francis (President), Fr. Claude D"Souza (Vice-President), Mr. A. Arumugam (Treasurer), and Dr. V.Benjamin, Ms Valli Seshan and Dr.H.Sudarshan as members. Dr. Shirdi Prasad Tekur was the Secretary and also the coordinator of the CHC. During the year Ms. Valli Seshan, resigned and was replaced by Dr. Mohan Isac and Mr.A.Arumugam resigned and was replaced by Dr.Ravi Narayan. Dr.Paresh Kumar Joined as an additional member during the year.

*Presented at the annual general body meeting of the society 7.6.96.*

The CHC team underwent some changes during the year. Dr. Thelma Narayan coordinated the Cell for a three month phase October - December 1995 after returning from her UK trip in September 1995. Dr. Ravi Narayan rejoined in January 1996 after his UK trip and from February 1996 he began to co-coordinate the Cell.

Kum. Reena K.Nair, Kum.Anjana Srinivas, Sri. S.J.Chander left CHC in October 1995 and March 1996 respectively. Sri.J.V.Jaimon returned after a long period of sick leave. Sri. M.Kumar joined as a part time Accountz Manager from January 1996. Mr.M.S. Nagarajan (ex-

staff of CHC) returned to CHC for a short spell in March 1996 to support office and administration, Sri. C.Mallu joined as Research Assistant for the TB study from February 1996. Kum. Aparna Chintamani left CHC in November and rejoined in December 1996. Dr. A. R. Sreedhara moved from being the Research Officer to a parttime training resource person. Dr.C.M.Francis and Dr.V.Benjamin continued as Consultants in Management and Training respectively. Smt. Nalini Gururaj rejoined CHC after her maternity leave.

### 3. Activities

The CHC activities for the year were as follows in the context of the aims and objectives listed earlier.

#### A. CREATING AWARENESS IN THE COMMUNITY HEALTH AND ALL ITS DIMENSIONS AND RELATED AREAS

These included

##### i) Community Health

1. On sustainable health care at a workshop on sustainable Health Care at Amsterdam, The Netherlands, Organised by CEBEMO.
2. On Health Economics of the Poor in India at 6th Refresher course in Economics, organized by University of Mysore.
3. On Community Health Approach to participants of a workshop on Cancer Cervix, organized by Kidwai Memorial Institute of Oncology, Bangalore.

##### ii) On Rational Use of Medicine

1. At National Law School, Bangalore on Rational use of Drugs and Banned and Bann able Drugs.
2. On Rational Use of Medicine on World Health Day organized by Drug Action Forum-Karnataka and FRVP.
3. On rational drug policy of DHCA students of St. Johns' medical College Bangalore

##### iii) On Child Health and Family

1. On Monitoring and Evaluation for planning and decision making for trainees of second Contact Programme on Health and Family Welfare Management organised by KIMS and NIHFV at Bangalore.

##### iv) On Alternative Systems of Medicine and Healthcare

1. On Integration of Allopathic Medicines with TSM at a Workshop on Role of Voluntary Organisations in strengthening TSM, organised by VHAK on their AGBM.
2. On Acupressure and Pranic Healing to health workers of CRHSE, Yelagiri.
3. On Acupressure at Trainers Training Programme,organised by CHAI, Secunderabad.
4. On herbal medicine and preventive aspects of health care for community health workers of Anantha Ashrama Tamil Nadu
5. On alternative systems of medicine for primary carephysicians at alumni association continuing medical education programme of St. Johna Medical College Bangalore

#### **v) On Community Health Management**

1. Session on Community Relations at XIME/ CMAI course on Hospital and Health Care Administration.

#### **vi) On Community Oriented Medical Education**

1. Reflection on Community Oriented Medical Education at the Medical Education Symposium Organised by Indian Psychiatry Association at their Annual Conference in IISc, Bangalore.
2. Reflection on Challenges in community orientation of Medical Education for Staff and Students of Pramuksh swami Medical College, Karamsad, Gujarat.

#### **vii) On Disaster Preparedness and Management**

1. Management of Flood and Cyclone disasters at National Seminar on Disaster Planning and Management organised by Indian Society of Administrators, Bangalore.

#### **viii) Other areas**

1. On lessons from Community Health for Community Rehabilitation at CBR Forum meeting at Indian Institute, Bangalore, February 1996.
2. Dr. Francis took a session on Law and the Doctor and moderated a session on Medical Ethics at a CME programme for Primary Health Care Physicians organised by St. John's Medical College Alumni Association, Bangalore.

### **B. Promoting Community Health**

CHC as a catalyst continued its training, monitoring and advisory activities with rural and urban voluntary organizations as before promoting community health perspectives at all levels these include;

1. J.P.Nagar, Bangalore - At Raagiguda slums a process of initiating community health continued with a focus on community organisation. Four health workers were trained in preventive and promotive health care.
2. Street children network - the sessions on health Organised by CHC team members continued. These included
  - a) common health problems, personal hygiene, etc;
  - b) Two special two day workshops were also held in May 1995, and;
  - c) in February 1996. The later was on the Child- to-child' approach.
3. At Manush, Chintamani, where DAIS and Balwadi workers were trained in herbal medicines and common ailments treatment.
4. The major highlight of the process of promoting community health was the increasing and continuing demand for field level training by various voluntary agencies in South India. These trainings of shorter duration mostly in the local language focused on local health workers including dais, anganwadi workers, health volunteers and other local village volunteers and cadres. While the focus was on Community Health as a demystifying process with people being encouraged to take more responsibilities towards their own health and organising action at local levels. The programmes also included exploration of a large diversity of topics, engendered by the participatory evaluation of the training programmes. Appendix-I and 1A lists out the key highlights of these programmes and the areas covered.

### **C EVOLVING EDUCATIONAL STRATEGIES**

1. CHC gave inputs on Alternative Systems of Medicine especially Herbal Medicines and Acupressure at two courses in St. Johns Medical College for Community Health workers.
2. The training in community health and development. for the Jyothisadan scholasticate continued as usual.
3. CHC participated in designing a one year diploma course on Holistic Counselling at Montfort College, Bangalore. A four day training programme was conducted for 18 participants on areas which included Exercise, Rest, Recreation, Time management, Nutrition, School health, Spiritual health and Alternative Systems of Medicine.
4. CHC team gave an orientation to the RUHSA team consisting of students of the Diploma in Community Health Management on Health in the Voluntary Sector - Issues and Perspectives.
5. Dr.Shirdi Prasad Tekur attended a series of meetings at BGVS to discuss the Arogya Jeevana Project and the proposed training component. of Arogya Samgathis in Magadi Taluk of Bangalore Rural district.
6. CHC team took sessions on Alternative Systems of Medicine, Acupressure, Community Organisation and Community Participation, Resources, Planning and Documentation for 17 participants at THREAD, Siddartha Village in Orissa. Practical sessions on Identification of diseases at village school level was also conducted.
7. S.J.Chander demonstrated Training Games on Community Health to health workers of Association of the Physically Handicapped, Bangalore.
8. Dr.Shirdi Prasad Tekur took sessions on Alternative Systems of Medicine for final year medical students of St.John's Medical College, Bangalore.
9. CHC participated in a day orientation course organised by Institute for Youth and Development, Bangalore on 'Methods and Techniques of working with People'. CHC gave three day inputs on Community Organisation and Community Development, Resource Mobilization, Networking, Programme Planning. Implementation and Evaluation.
10. Dr.Thelma Narayan attended the Planning Meeting on a new course entitled Diploma in Community Health Management to be conducted by CHAI, Secunderabad, soon.

#### **D. UNDERTAKING RESEARCH**

The key research project for the year was the operationalisation of the qualitative interactive field project on Public Health Policy Analysis of TB Control in India being undertaken by Dr. Thelma which has been supportive by ODA through the London School of Hygiene and Tropical Medicine. This has involved interviews and data collection at H.D Kote and Yelandur Talukas of Mysore District and interviews at State and Central levels with key TB related policy makers, and service providers. Dr.Thelma and her Research Assistant Sri.C Mallu have received very good cooperation with all respondents at different levels

Apart from this large project some smaller research oriented inputs included

1. S.J. Chander was seconded to a World Bank Project on Social Assessment of Tuberculosis to supervise data collection in some slums of Bangalore.
2. Dr. Ravi Narayan attended a Malaria Research Workshop at Surat., organised by London School of Hygiene and Tropical Medicine. National Malaria Eradication

- Programme and the Malaria Research Centre, New Delhi (February 1996).
3. S J Chandar Joined an urban CBR research programme from March 1996 till December 97 being jointly undertaken by CINI, Calcutta, Ministry of Social Welfare and Institute of Child Health, London.
  4. Dr. Shirdi Prasad Tekur began the planning of an Evaluation of a Child Survival Programme of CMAI involving 27 projects in the country.

## **E. NETWORKING**

1. CH Forum meetings were held with our networking of associates and projects on the following topics ;  
 International Health Policy-Dynamics and Trends (Dr.Gill Walt);  
 Tuberculosis a Global Emergeney (Panel Discussion);  
 Critique of Revised NTP (Dr. D. Banerji and Dr. Mira Shiva);  
 Voluntarism and Voluntary Health Sector (Dr.Gerry Pais);  
 a session for the Network of Educators working with Street Children and so on.
2. Dr. V Benjamin and Dr. Shirdi Prasad Tekur continued to active participants of Drug Action Forum-Karnataka.
3. Three members of CHC team attended the National Consultation on Primary Health Care-organised by CMAI, New Delhi in February 1996.
4. CHC team attended the OXFAM partners meeting at Indian Social Institute, Bangalore in June 1995. During this meeting 5 field partners of OXFAM identified Community Health as a priority need in their work. These were followed up by requests for training which were responded to during the year.
5. CHC supported coordination of the State workshop on health of the urban poor organised by CHAI-Karnataka in May 1995.
6. A CHC team participated in a seminar on Prevention of Female Infanticide, organised by CRHSE at Yelagiri Hills in June 1995.
7. CHC team Members attended World AIDS day programme organised by Bangalore AIDS network and also attended a AIDS debate and Quiz programme organised by INSA Bangalore.
8. Dr. Shirdi Prasad Tekur was a member of VHA – Karnataka executive committee and Dr. Thelma Narayan and Dr. V. Benjamin continued on the governing body of International Nursing Service Association - INSA Bangalore

## **F. DIALOGUE WITH HEALTH PLANNERS**

CHC was actively involved with preparation of a essential Drug list for the Government of Karnataka.

1. Dr. Thelma attended meetings in Delhi to discuss the Revised National TB Programme in India, supported by the World Bank.
  2. CHC organised a GH Forum meeting on RNTP in Bangalore where Government and Non-Governmental Organisation responsibilities got an opportunity to dialogue about their concerns regarding the World Bank supported RNTP. Dr.D. Banerji and Dr. Mira Shiva were resource persons.
- 3.CHC prepared a report on Perspectives in Medical Education making a thorough situation analysis and a review of ongoing experiments and a series of recommendations for the Independent Commission on Health in India facilitated by Voluntary Health Association of India, New Delhi.
4. CHC also attended the dialogue with the Independent Commission during their Bangalore visit.

5. CHC has initiated a Malaria Study-Reflection-Action group to reflect on NMEP and MRC's recent policy statements, report and initiatives on Malaria Control and explore and evolve a complementary framework of action to increase the involvement of the voluntary sector in this National programme. The group which consists of government, voluntary sector and academic sector participants will also evolve action responses to the emerging problem of Malaria in Karnataka state. This includes field level workshops in problem districts of Karnataka.
6. CHC participated as a resource group in the preparation an Essential Drug list for the Health Department of Government of Karnataka,

### **G, OPEN- ENDED CATALYST WORK**

CHC continued to provide support to a large number of individuals seeking information , advise, opportunities for peer review, self study, field study, and so on. In spite of all the other initiatives of CHC this remains a special feature - though it was also rather demanding on the CHC team. One of the ideas emerging out, of the consolidation sabbatical is to explore the possibilities of linking CHC's state and national level resource group contacts (Training, Research and Field Project5) into a Community Health Open University Network to provide this peer support to a larger number of fellow travelers in Community Health,

### **H, LIBRARY DOCUMENTATION AND MEDIA**

- The Library continued to develop during the year. We now have over 3,500 books, 45 journals, about 90 newsletters, 150 resource files on over 27 subjects and a large collection of health education materials pamphlets, booklets, slides, audio-visuals, cassettes for training purpose5. We also are member of CED Doc Post Service and get a regular collection of newspaper clippings,
- A library user survey was conducted during the year to elicit, their areas of interest and utility of the library. The topics of greatest interest were Community Health Rational Drugs and Alternative Systems, Child health Women's Health and Development and Environment .
- A library policy was also evolved during the year with some guidelines on all aspects of library work,
- Some friends of CHC donated books from their personal collection on certain topics, These included Dr, Vanaja Ramprasad (Nutrition books), Dr. Satya Prasad (Geriatrics), Ms, Dolly Narayan (Education),
- CHC continued to receive gratis large number of books, newsletters reports and other material from the wide network of community health action initiators in the country.
- The computerization of CHC library collection continues though at a slower pace because of a setback caused by a viral Problem.
- CHC publishes two occasional news letter during the year-in September 1995 (with a focus on training efforts) and January 1996 (including the consolidation sabbatical report).
- CHC produced a Kannada pamphlet on AIDS using a value oriented approach for Worlds AIDS Day celebrations.
- Acupressure manual produced by CHC in English has been translated into Kannada, Tamil and Malayalam.
- Mr. John compiled a bibliography on Ethics in Health Care as a background for Medico

Friends Circle annual meet at Sevagram, Wardha.

- The library has initiated a process to identify and increase the 'vernacular' educational materials starting with Kannada materials
- A bibliography on Alternate Systems of Medicine and another one on Women and Health are under preparation

#### **I. STAFF DEVELOPMENT**

1. S.J.Chander and J.V.Jaimon attended a 5 day training on Child- to-Child Approach Conducted by Dr. Veda Zachariah at Deena Seva Sangha, Bangalore.
2. Anjana Srinivas attended a course on Nature Cure, organised by Karnataka Pradesh Prakruthi Chikitsa Malleswaram parishad , Bangalore.
3. James attended courses in Nature Cure and Yoga
4. J V Jaimon attended a CHAI course on Management of People's Organisation.

Staff attended seminar/workshops on Medico Legal problems in HIV/AIDS (Samaraksha); Panel discussion on Doctor and Consumer Protection Act organised by CREAT and Rotary Club of Vijayanagar; Meetings of the Anti-Dowry Cell (COD Department, Government. of Karnataka) ; State Convention of Traditional Healers at Sringeri (VHAK); *How to manage stress* (Medico Pastroal Association); Study circle meeting on 'Implications of Relativity Theory and Quantum Mechanics' (Navadharshanam); Green Health Campaign (VHAK - FRLHT) as part of staff development programme.

Regular staff meetings were held for sharing of information and discussing plans for smoother functioning. Various pools (sub-groups within the team) were formed to coordinate office, Library and training activities. Quality Circle concept was also experimented with to solve work related problems.

Staff transformation workshops were held exploring issues such as spiritual health and creativity

#### **J. STAFF WELFARE**

The Revised Salary Policy has now been operationalised with retrospective effect from July 1995, The Staff Welfare Fund has been started, the staff members had their meeting and elect Mr, C.,James as President of the committee to operate fund, Mr,S.J.Chander *and* Mr,X, Anthony have been elected as Secretary and Treasurer. The monthly contributions from staff are now regularly credited to the account, The contributions from our funding partners have also been credited

#### **K, ADMINISTRATION**

1. CHC has added a large meeting/training hall to its existing accommodation, one corner of which is used by the Training team to store our collection of Training materials posters, slides, pamphlets, videos and other materials,
- 2, On the advice of the auditor, the entire accounting system has now been computerized using tally packages
- 3, The accounts system has been strengthened further to increase greater clarity and in

house checks and balances, A mid-year review of accounts helped to identify areas to be strengthened and on the advise of the treasurer, finance committee and auditor suitable action has been taken.

#### **L. CONSOLIDATION PROJECT**

Dr. Ravi Narayan and Dr, Thelma Nayaran returned to CHC after completing their consolidation sabbatical - part of which was spent with academic linkages to the London School of Hygiene and Tropic31 Medicine. Dr ,Thelma Narayan initiated her doctoral programme at the Health Policy Unit and Dr, Ravi Narayan was an Academic Research Visitor at the Tropical Health, Epidemiological Unit at the School, Further details of the project and the key events and initiatives were reported *in* the January 1996 newsletter and also form part of a preliminary report that was submitted to CHC in October 1995 (available separately). Dr.Thelma Narayan rejoined CHC in October 1995 and Dr. Ravi Narayan in January 1996. The work on the monographs including their animation will continue into 1996-97 since the time framework earlier outlined proved to be unrealistic

#### **N. FUIIDIBG PARTIERS and FRIENDS scheme**

1. MISEREOR (Germany) and CEBEMO (The Netherlands) continued to be our main funding partners supporting the overall development of CHC with grants,
2. OXFAM gave us a final grant to support our training and networking activities,
3. The Friends of CHC Scheme was further strengthened by a special Friendship Appeal sent out in both the September 1995 and January 1996 newsletters, We received a larger number of smaller donations from many people including many of our own CHC associates and contacts, While the total receipts were not very much larger than previous years they represented a larger number of friends.
4. ODA through London School of Hygiene and Tropical Medicine supported the field project of Dr,Thelma Narayan's Doctoral Study on Public Policy Analysis of TB control in India,
- 5, CHAI-ICHI provided a small grant for CHC's contributions on Medical Education perspectives for the deliberations of the Independent Commission on Health in India.
6. Fund raising through deputations, Consultancies and training programmes were much better this year

#### **4.Towards Sustainability a review A core theme for the next year**

As CHC reached the end of the fifth year as a registered autonomous Society for Community Health Awareness. Research and Action and its twelfth year as a study - reflection action experiment based in Bangalore - an urgent need has been felt to make a thorough sustainability review of the CHC experiment before the next phase of development is actively pursued. Some of the recent developments that will contribute to this review process are

1. Dr. Ravi Narayan and Dr. Thelma Narayan completed consolidation sabbatical and have returned with learning experiences and critical reflections on the decade 1984-96 which need to be discussed collectively

2. Dr. Shirdi Prasad Tekur and the training team have completed three years of grass roots oriented training responses (many of them in Kannada, Telugu, Malayalam) focusing on grass roots health workers rather than middle level team members of voluntary agencies. With some recent changes in the training team this dimension of our work has been temporarily become low key but a comprehensive training review on needs prioritized and long term implications and requirements has been initiated and will need to be considered by the team

3. Co-ordinatorship of CHC with its multi-dimensional activities health activism, training, networking, research, information and advisory service evolution though very challenging has proved to be demanding on the Core- team with regular burn out because of the 'process orientation' and intense interactions involve

4. The health scenario of the 1990's and the community health needs and priorities of the voluntary sector in the 1990's is very different from the scenario and needs in the 1980's when the initiators of CHC evolved the earlier framework of responses.

Taking all these developments in context, it can be concluded that while 1995-96 remained as earlier years a very challenging, demanding and intensive year for CHC - it has also led to the beginning of a process of review on longer term sustainability of CHC which will become the core issue in the year 1996-97. The Plan of Action for the next year will outline the three components of this sustainability review - vision, administration and funding. CHC therefore enters an important milestone year where the whole experiment (1984-96), the organisational structure, the focus and the content of activities and the response will be reviewed critically in our usual participatory and interactive way to identify a core vision for 1997-2001 A.D.

Appendix - 1, PROGRAMMES FOR GRASS ROOTS HEALTH WORKERS CONDUCTED BY CHC TEAM ( 1995-96)								TRAINING
Sl.No.	Name of the Organisation	Venue Rural/Urban	No of Participants	Facilitators	Type of participants	No of Days/dates	Medium of Instruction	Subjects taken
1	Reorganising of Rural, Economy and Society (RCRES) Srinivasapura	Rural	50	SPT. AS. ARS	Village volunTERS	1 day ( 12 June 1995)	Kannada Telugu	1,6,8,10
2	Institute for Youth and Development (IYD) Bangalore	Urban	46	SPT.ARS. AS. SJC	Community Organisers	3 days ( 25,27, and 28 July 1995	English, Kannada	1,11,13,14,15,16,17
3	Prakruthi Mulbagal	Rural	40	SPT, AS RKN	Community Organisers/ Dais	1 day ( 5 August 1995)	Telugu/ Kannada	9,20
4	FEDINA HILDA, Wynad, Kerala	Rural	20	SPT, RKN	Health workers	4 days ( 16-19) August 1995	Malayalam	1,2,8,9,10,18,20
5	Social Welfare Society N.R. Pura	Rural	30	SPT, AG, RKN	Village volunteers	2 days ( 27 & 28 September 1995)	Kannada	1,12
6	Reorganising of Rural, Economy and Society ( RCRES) Srinivasapura	Rural	72	SPT,RKN, AG, ARG	Village volunTERS	2 days ( 22 and 23 September 1995)	Kannada, Telugu	8,9
7	Centre for Rural Health and Social Education ( CRHSE) Yelagiri, TamilNadu	Rural	22	VB, SPT, AG, RKN	Health workers	2 days ( 2 and 3 October 1995)	Tamil	18,19
8	SAKTI, Bangalore	Urban	15	SPT,RKN, SJC, ARS, AG, JVJ	Community Health Workers	3 days ( 11 to 13 October 1995)	Kannada	1,12

<b>9</b>	Nagarika Seva Trust (NST) Guruvayanakere	Rural	60	ARS, AG	Anganwadi workers, School teachers, formal education, Mahila	3 days ( 11 to 13 October 1995)	Kannada	4,9,10
<b>10</b>	Anantha Ashram, Hosur	Rural	25	AS, VB	Women from different background	1/2 day ( 14 December 1995)	Kannada Telugu	9
<b>11</b>	Nagarika Seva Trust (NST) Guruvayanakere	Rural	25	SPT, AG	Anganwadi workers, School teachers, Community Organisers	2days ( 13 and 14 Feburary 1996)	Kannada	4,9,18,22
<b>12</b>	Jyothi Health Centre, Mundgod	Rural	30	SPT, AG, RKN	Dais	2 days ( 23 and 24 February 1996)	Kannada	1 to 10 12,17,14, 20
<b>13</b>	The Promise Foundation, Bangalore	Rural	120	SJC, JVJ	Contruction workers	1/2 day ( 3 March 1996)	Tamil	6,8
<b>14</b>	Centre for Non- formal and continuing Education (CNFCE) Bangalore	Urban	20	SPT	Health Coordinators	4 days ( 12 to 15 March 1996)	Kannada, English	1 to 5

NB SPT- Dr. Shirdi Prasad Tekur, VB Dr. V. Benjamin, ARS Dr. A.R. Sreedhara, SJC - Mr. S.J. Chander, AS- Ms. Anajana Srinivas, RKN Reena K. Nair, JVJ - J.V. Jaimon

## Appendix:-IA

### Subjects covered in- grass root health workers training

1. Health, Community Health, Community Development, Community Organisation.
2. Family health, Mother and Child Health, Family Planning .
3. Government Health Policy and Programmes .
4. Home Remedies for Common Diseases, Indigenous Medicine,
5. Prevention of Diseases.
6. Religion and Health, Community Mental Health.
7. Common Diseases - Malaria, Diarrhoea, Scabies, TB etc.
8. Personal Hygiene.
9. Nutrition
10. Herbal Remedies.
11. Environment and Sanitation.
12. Resources in the Community for Health.
13. Planning for Community Health.
14. Concept of Development Approaches.
15. People's Participation in the Development Process. 15. Need for Networking with Primary Groups.
16. Programme Planning, Implementation, Monitoring and Evaluation.
17. Guidelines and Group Activity
18. Acupressure.
19. Pranic Healing.
20. Minor Aliments.
21. Health Communication
22. First Aid.