

**Annual Report of The Community Health Cell (CHC),**  
functional unit of the  
**Society for Community Health Awareness, Research and**  
**Action (SOCHARA)**

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**April 2000 to March 2001**

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## 1. INTRODUCTION

The Society entered its tenth year since registration in April 1991. This year we again reinforced our *commitment to improve health and access to health care, of the poor and marginalized*. Three major activities absorbed much of our time and energy. The first was CHC's involvement with the Karnataka Task Force on Health & Family Welfare and the second, our active participation in the Jan Swasthya Sabha Process at Calcutta (national), the Janaarogya Sabhe (state and district level in Karnataka) and the People's Health Assembly (global) at Savar, Bangladesh. The third process that we continue is the evolution of the proposal for the Integrated Health, Nutrition and Family Welfare Services Development Project for Karnataka. There were other initiatives and programmes that kept us busy throughout the year as well. Tobacco control initiatives were established and steps taken to take this to the appropriate institutions for policy change and to people's groups for creating awareness. A convergence was made between the women's health empowerment training process and the Janaarogya Sabhe, and the second phase of the women's empowerment training was also initiated. Promotion of community health, based on the social paradigm, through training, information services and networking continued to be our core thrust;

## 2. THE CHC TEAM

We start this report by focusing on the Team as all the work done in this year and the past arc due to the efforts put in by every member of the team. The spirit of voluntarism was evident in the extra hours of work even at personal cost. Problems and difficulties came our way, but were tided over with a spirit of understanding and give and take. As we promote community health we try and develop a sense of community, equality, democracy and of challenge to each other as adults working within a team. Despite our human frailties, this remains a key aspect of CHC's functioning. It enhances personal and team growth and enables us to take and share responsibility.

Dr. (TM. Francis (CMF); Dr. V. Benjamin (VB); Dr. Thelma Narayan (TN); Dr. Ravi Narayan (RN); Mr. A.Prahalad (AP); and Mr. S.D. Rajendran (SDR); continued their work with CHC. Dr. R.L. Kapur (RLK) had to reduce his involvements later in the period due to health reasons. Dr. Rajan R Patil returned after his study leave and after finishing his Masters in Epidemiology from CMC, Vellore rejoined the CHC mainstream from 12 February 2001. Dr. James Parayil Joseph (JPJ) was with us on a part time basis till March 31 and as an extended team member since then. The office team saw some changes. Mr. Kumar who has been with us for several years was promoted as Administrative Officer, Mrs. Rita Lobo (RL); Mr. HR. Mahadevaswamy (FIRM); Mr. C. James (CJ); Mr. Joseph Anthoniappa (JA) and Smt. Kamalamma continued with us.

Mr. Magesh Kumar who joined us as secretarial assistant on 2 April left in end November for the computer software field, based in an NGO. He was responsible for creating and developing the SOCHARA website and continues to update it regularly as a volunteer.

Six team members joined the CHC team during the year. Dr.Sabu M,George joined as policy Fellow (Nutrition) on the 1<sup>st</sup> of June 2000 for a year and was involved in the HNP project. Dr.Sampath K.Krishnan who took pre-mature retirement from the Armed Forces, joined us in mid July 2000 as Policy Fellow (Public Health) after leaving his last assignment with the WHO Polio Surveillance Programme. He is involved with the HNP Project and community health training and health promotion. Both have known or been involved with CHC for some years. Mr.S.J Chander rejoined us on 1<sup>st</sup> June 2000 as Research cum Training Assistant and is associated particularly with social research on Tuberculosis, with tobacco control issues and health of the urban poor. Mr.Arjun Krishnan rejoined the Library and Information center in November 2000 after having spent two and a half months with us earlier the same year, to continue developing annotated bibliographies, document CHC events and help re-start and edit our newsletter. Mr.Jacintha Benny joined us as a secretarial assistant on 11<sup>th</sup> December 2000 and Mr.Anil Kumar, as accounts assistant from 4<sup>th</sup> January 2001.

Quite apart from the above, CHC had many volunteers and short-term project assistants during the year and their contribution or association with CHC is shown under the relevant sections in the report.

### **3. CHC ACTIVITIES**

CHC activities are outlined in the order of the objectives of SOCHARA. While we followed the plan of Action for the year, we also used our discretion and flexibility to respond to new requests and opportunities that arose.

#### **The Karnataka Task Force on Health and Family Welfare (KTFH), Government of Karnataka**

The Health Task Force was set up by the Chief Minister, through the Government of Karnataka in December 1999, with a mandate to recommend policy measures to improve the public health care system including its management and administration to recommend changes in the education system including both clinical and public health in view of the above; and to achieve population stabilization. Additionally the Task Force is mandated to monitor the implementation of its recommendations.

The Task Force with Dr. H.Sudarshan as its Chairman and Drs. CMF and TN as members, continued its work from last year and submitted an interim report titled '*Karnataka — Towards Equity with Quality in Health with a Focus on Primary health Care & Public Health*' to the Chief Minister of Karnataka Sri. S.M. Krishna on April 24th 2000. This 100 page report was well received, widely circulated for comment and more importantly acted upon by the government. The Task Force had adopted a pro-active, participatory process in its working. Views and perspectives from different sections of society helped in arriving at the recommendations. Drs. CMF, TN and other Task Force members wrote several background papers, attended

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from Vivekananda Girijana Kalyana Kend who is a society member and earlier Treasurer

numerous with various individuals, organizations and associations who numbered more than 160); participated in dialogues with a wide range of people (suggestions were invited from members of Karnataka Legislative Assembly, Karnataka Legislative Council, Health Secretaries of States and Union Territories in India, all the District Health Secretaries of States and Union Territories in India, all the District Health Officers, Taluk Health Officers and District Surgeons and Officers from different sectors). They also joined interactive discussions with health and other government officials on a wide range of health problems and issues. More than 63 persons submitted their comments by post in English and about 86 in Kannada in response to newspaper requests.

The Task Force subsequently commissioned nine studies supported financially by the Karnataka Health System Development project, by various experts of which the ***Review of Externally Aided Projects (RN/SKK)***; ***Review of Training (PM)*** and ***Review of Regional Disparities (ASM)*** were conducted by Society members. The report on ***The Review of Externally Aided Projects in Health — Issues of integration and sustainability*** was submitted by RN and SKK in March 2001. Regular meetings with the researchers were held during the period and study findings were used in the Final Report.

The Task Force on Health had about sixty full meetings and worked through sub-committees with Dr. CMF and TN playing an active role. Dr. CMF led the sub-groups on Equity in Health Care; Quality of Health Care: Primary health Care; Secondary & Tertiary Health Care; Mental Health & Neuro Sciences; Nutrition; Focus on Special groups; Health Promotion and Advocacy for health; Human Resource Development for Health; Research; Rational Drug Management; Law & Ethics; Multi Spectrally and intersectoral coordination and vision 2020.

TN led the sub-group on Public Health; Water Supply & Sanitation; Tuberculosis and prepared the draft Karnataka State Integrated health Policy 2001 which is to be discussed widely before adoption.

RN was invited to write the section on Strengths and Achievements - Issues of Concern and an Agenda for Action. The CHC library as information center provided much support in terms of background documents for various chapters. A partial bibliography of reports/papers submitted to the Task Force by government officials and others was also prepared.

The Task Force Final Report and its recommendations, a voluminous printed report of more than 600 pages, along with two additional volumes with the study reports were submitted to the Chief Minister of Karnataka on 26<sup>th</sup> April 2001. A printed summary document of the Task Force Final Report consisted of three main contributions by the CHC team. These were: Issues of Concern and an Agenda for Action (RN); A Draft Karnataka State integrated Health Policy — 2001 (TN) and Karnataka — Vision 2020 (CMF).

## **Integrated Health, Nutrition and Family Welfare Services Development Project for Karnataka (HNP)**

In mid 2000, the Commissioner, Health and Family Welfare, Government of Karnataka (GOK) requested CHC to help prepare an integrated HNP project proposal to meet the health requirements of the state building on existing strengths, projects and programmes and to operational major task force recommendations that required additional funding. This project was to be put up to the World Bank/ International Development Assistance (IDA) for financial support through the Government of India. Several discussions were held within the team, with the Executive Committee and at the last Annual General Body Meeting to consider various aspects of such an involvement. The pro's and con's were weighed in the context of CHC's philosophy, policies, role and existing work commitments. It was finally decided to take on the responsibility keeping a few cautions in mind. CHC, under the leadership of TN (Project Leader) started the planning/ review process for the project by including Dr.Sampath K.Krishnan and Dr.Sabu M.George as fellows on Public Health and Nutrition respectively. The Project involved interactive discussions with government functionaries at all levels; district level visits; meetings; workshops and data collection.

The team prepared an interim concept paper in dialogue with the Commissioner Health and senior officials from the Directorate of Health and Family Welfare. This was discussed with the World Bank team in New Delhi in July 2000. Giving valuable additional inputs to the Project were Drs. CMF, RLK, RN, PM and PA who comprised, the internal Advisory Group for the project within CRC. The state government also established a Project Preparatory Committee to regularly discuss, modify, develop and endorse the proposal (HS, CNIF and TN are members). The HNP project emphasizes the strengthening of primary health care including referrals and addresses some of the determinants of health such as nutrition, water & sanitation through interdepartmental (intersectoral) collaboration.

The concept paper was further developed into a draft project proposal, which was discussed and submitted. The same was presented to the World Bank team on 15<sup>th</sup> and 16<sup>th</sup> November 2000.

This project proposal had the following components - Health Profile of Karnataka, Financing of Health, Health Sector Analysis, Project Goals and Objectives, Strengthening Institutions and Capacity Building, Improving Service Quality Access and Effectiveness in Primary Health Care System, Improving Health & Nutrition Status in Children, Reduction in Regional Disparities, Communicable - Non Communicable Diseases, Human Resource' Development, Women's Health, Partnerships, Health Promotion, Health Education and Empowerment, HIMS Project Management, Monitoring and Research and Project Cost by components.

The report was well received and CHC was asked to go ahead and prepare the Project Implementation Plan (PIP). A visit to districts of Gulbarga division and other backward

districts on 21 December 2000 was undertaken by TN SKKJSG to assess the situation in the backward region of Northern Karnataka as this project would be concentrating on seven backward districts of the state (Bidar, Bellary, Koppal, Gulbarga, Bijapur, Raichur and Bagalkote)

Workshops were held with the Departments of Women & Child Development (for nutrition and women's and child health) and Education (school health) and discussions held with other related departments like Rural Development & Panchayath Raj - (Water supply and sanitation and the role of related bodies in public health).

A draft PIP of the Karnataka Integrated Health Nutrition and Family Welfare Services Development Project (critical components) was prepared by HNP team taking on board the Task Force recommendations, in May 2001. The process to evolve a final PIP continues.

### **The People's Health Assembly (Jan Swasthya Sabha)**

The goal of the PHA was to re-establish health and equitable development as top priorities in local, national and international policy making, with primary health care being the strategy to achieve these priorities.' The Assembly aimed to draw on and support people's movements in their struggles to build long term and sustainable solutions to health problems. As part of the preparation for the Dhaka meet, a number of pre-conference activities were organized in different countries. In India, a number of networks of NGOs and people's movements came together to highlight the impact of structural adjustment policies on the health of the nation. The India campaign sought to involve people from different walks of life in the dialogue on Health Policy, and to mobilize public opinion to persuade the government, international and local bodies to take Health For All seriously and NOW!

CHC played an active part at the state and national level as members of the National and State Coordinating Committees, and National and State Working Groups. Later it also played a role at the international level during the Dhaka assembly.

The commitment to the PHA began in November 1999, but from April 2000 till March 2001, it was an intense involvement. April 2000 was a busy month for the People's Health Assembly. On 1<sup>st</sup> April 2000, a pre — PHA planning meeting was held in which the Karnataka state committee and the BGVS state groups participated and RN, TN and AP attended.

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\* with SOCHARA a member of the National Coordinating Committee (NCC) take stock of the earlier Hyderabad PHA workshop and work out further details of state activities. This was well attended by the state networking groups. TN/RN/AP represented CHC. AP became an active member of the state working group.

Later that month on the 6 April RN (member of National Working Group\*) attended a national PHA- NCC meeting held at Hyderabad. A national workshop at CIFL — Osmania University, Hyderabad was also held from 7 to 9<sup>th</sup> April and was attended by RN/AP/SDR. Finally on the 28 April a meeting of the Karnataka State Committee took place at CHC to May there were two PHA meetings ( 6<sup>th</sup> and 7<sup>th</sup> ) in Tamil nadu and both were attended by SDR. Another on the 13<sup>th</sup> was held at Trichy in which again SDR participated.

On 7<sup>th</sup> June there was a PHA State Networking Group Meeting at CHC with A.P On 13<sup>th</sup> June, AP had discussions with Fr. Eddie Premdas regarding the PHA Block Level Enquiries and there were discussions held with RN. Dr. Prakash Rao and Mr. Basavuraj of the BGVS. We also facilitated the State level training workshop at Bangalore for over 80 health activists in June 2000.

On the 1<sup>st</sup> of September SDR attended a Tamilnadu District level Meeting at Dindigul.

On the 23<sup>rd</sup> of November there was a PHA urban workshop with AP SJC and RN attending. Later between the 25<sup>th</sup> and 27<sup>th</sup> of November, there was a PHA state level convention at Chennai in which SDR participated. Also on 27<sup>th</sup> November a state level workshop was organized in Davangere, which was well attended. From CHC. AP. TN. Magesh Kumar, Padmasini Asuri and two professionals who volunteered work for PHA - Vani and Sriguru. Participated. CHC also participated in district level PHA meetings at Bangalore urban, Kolar, Mandya and Raichur in Karnataka. and Neyeli. Trichy, Kanyakurnazi and Madurai in Tamilnadu.

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The delegates for the National People's Health Assembly, traveled to Kolkotta by People's Health Trains (four trains from North, South, East and West). All the district and state level meetings culminated in the The Jan Swasthya Sabha (National Health Assembly) which was held at Kolkotta from 30<sup>th</sup> November to the 1<sup>st</sup> of December and was attended by RN/TN/SJC/AP/SG Fr.Meloo and other society members from CHC.

***CHC provided / facilitated the following:***

The Kolkata seminar Sessions:

- Female Feticide (Sabu George)
- Mental Health (Drs. S.R Chandrashekhar & Vivek Benegal from NIMHANS)
- Alternative Systems of Medicine ( Fr. Meloo)
- Child Labour (Campaign Against Child Labour (Br. Joy Maliekal and CACL team /SJ.Chander)
- Communicable Disease Control (Thelma Narayan, Sunil Kaul. Mani Kaliath)
- Laster Response
- Health Human Power Development (Ravi Narayan)

The sub conferences:

- People's Health Dialogue (S.J.Chander)
- Decentralization & Panchayath Raj (A.Prahlad, Devaki Jain)
- National Policy Dialogue (Thelma Narayan, Fr John, Mani)
- People Centered Initiatives (Ravi Narayan, Sunil Kumar)

This whole years interactive participation with a number of networking agencies and organizations finally resulted in the International People's health Assembly meeting from 4<sup>th</sup> to 8<sup>th</sup> December 2000 at Dhaka. Bangladesh. This was attended by more than 1500 people from all walks of life from over 113 countries. RN/TN/SJC traveled from Kolkatta to Bangladesh to attend this International meet.

**CHC team members, associates and society members participated in the following sessions at Dhaka:**

- Mental Health (Mohan Isaac)
- Poverty & Inequality affecting Health around the World (TN — panelist)
- Tuberculosis: The DOTS debate (TN)
- World Bank Faces the People (RN/TN- respondents)
- Health Sector Reform and Control of Tropical & Chronic Diseases (RN, Mani Kalliath)
- Community Orientated Medical Education (TN)
- RN was also the day coordinator for one day of the 'Assembly' on Community Based Initiatives for Basic Health & Related Services"
- ARS presented an evening of Bharatnatyam dancing

CHC supported the HAFA team in bringing out three special issues of Health Action magazine on the PHA.

We contributed to PHA sessions in local and national meetings of a large number of organizations like the National Alliance of People's Movement (NAPM), Voluntary Health Association of India (VHAI), Catholic Health Association of India (CHAT), Christian Medical Association of India (CMAI), Voluntary Health Association of Karnataka (VHAK), Drug Action Forum of Karnataka (DAF-K), and Catholic Health Association of Karnataka (CHAI-KA)

We also contributed with the National Working Group to the evolution of the five booklets (both in English & Kannada) for creating public awareness and mobilization. contributing particularly to the booklets entitled A World Where We Maner and Confronting Commercialization of Health Care.

CHC organized a Health Human power Resource Development Workshop on 1<sup>o</sup> November, 2000 at St. John Medical College and Hospital which was attended by 35



participants from different parts of the country. This was a Policy Dialogue planned as part of the PHA process.

VIMUKTHI, Raichur district, Karnataka - CHC has supported 2 Field Research Assts., Chowramma and Narasappa for 6 months (July 2000 to December 2000) to study child care services in ICDS anganwadis and primary health care services at PHCs in Potnal village. Manvi taluk as part of the PHA process. AP has visited them twice in Raichur for the training and support. Narasappa joined the PHA State Training Workshop and Chowranmia joined the Women's Health Training in March 2001. Both participated in the Jana Arogya Sabhe in Davanagere where Chowranima made a presentation of study findings regarding Anganwadis. Narasappa attended the Jan Swasthya Sabha in Kolkotta.

A report on the PHA process and activities has been included in the Karnataka Task Force final report as a chapter.

Participation in the PHA process was a most encouraging experience. It resulted in networking with working linkages between wide ranges of groups. The science movement and women's movement played a very active part in peoples mobilization, supported by health groups. The use of kalajathas and development of health songs and skits were a very powerful medium. A convergence was achieved with many of our trainers from the Women's Health Empowerment Training Programme taking an active role in the Jana Arogya Sabhe.

### **3.3.1 International Poverty & Health Network (IPHN)**

CHC continues to be part of the core group of the [ We are in touch through email and meet with some members during other conferences.

### **3.3.2 South Asian Poverty and Health Dialogue Initiatives**

- South Asian Dialogue of IPHN — Report compiled and submitted to WHQ-HSD, Geneva on 5 August 2000.
- Website for IPHN commissioned by Healthlink U.K. after participatory e-group discussions.
- Contacts maintained and involved actively in PHA2000 at Dhaka.
- TN presented a special lecture at Medicine Meets Millennium - a World Congress on Medicine and Health at Hanover, Germany on August 14, 2000 (cosponsored by WHO), on the theme "Reaching the Poorest and Disadvantaged Populations"

### **3.3.3 Global Health Watch**

Proceedings of meeting completed and submitted to International NGO Forum-Geneva for inclusion into Global Project Report.

## **Women's Health Empowerment Training Initiative**

CHC continued with the Women's Health Empowerment Training program, which was initiated in 1999—2000 with the objective of capacity building and empowerment of members of existing women's sanghas on women's health issues. Funded by the WHO-SEARO, and facilitated by the Ministry of Health & Family Welfare, GOI, with close involvement of NGO's this program covers existing women's groups in 5 districts each in 15 states of India, with one lead NGO identified in each state. C is the lead agency in Karnataka. For us the entire concept of the project meant seeing women not as beneficiaries or even participants but as partners. In view of this approach, we used participatory methods, learnt from their experience and built on their strength. We also considered issues like violence, gender bias, and women's status in society equally important as immunization or nutrition. The projects main objectives included improving the level of self-sufficiency and self-confidence in women so that they can exercise pressure on the present government to deliver services in a more effective and gender sensitive way. The range of training methods employed, varied. For instance sessions on Yoga and meditation were given equal importance to other issues. Sessions on community organisation and communication skills were introduced. Field visits, role-plays, and games were also very much a pan of the training.

*The program was implemented in two phases spread over two years. All the 5 spells of the Training of Trainers (3 in Phase I and 2 in Phase I were interlinked and continuously adapted according to the feedback received by the participating trainers. As the first phase ended, approximately 750 women had been trained in 125 villages. CHC was responsible for the overall planning and organizing, for training of trainers and grassroots level training in two districts (Bangalore Rural & Chamrajnagar), and Mahila Samakhya responsible for grass root training in 3 districts (Bidar, Bellary and Koppal). We worked through NGO partners in the 2 districts.*

The second phase of this training program consolidated first year efforts by working with the same groups, trainers and sangha leaders. Greater efforts were made to increase Government and NGO collaboration. The first state level workshop in Karnataka on women 's health under this program was conducted on the 15 of February 2001, at the new Conference Hall "Krishna" in the Directorate of Health Sciences, in Bangalore. This workshop brought together government officials from four departments (Health & Family Welfare, Women & Child Development, Education, Rural Development and Panchayat Raj) from the state and the five districts. Women trainers, a few women leaders trained by the trainers, joined them resource persons art external reviewer and partner organizations including Mahila Samkahya, Belaku, Janodaya. Vivekananda Girijana Kalyana Kendra, MAYA, Comprehensive Rural Health Project, Hannur, Jeeva Jala and Sandeep Seva Nilaya.

A plan of action was developed and it included district level meetings between implementing officials from the four government departments, trainers, women leaders and NGOs. There would be one meeting in each of the five districts before the end of

August. Another field activity would be *organizing exhibitions, kalajathas and mela's* on women's health.

The year 2001 being declared as 'International Women's Year', Phase II of the training also included other programmes on the theme through out the year. On March 8<sup>th</sup> Bangalore Rural NGO's and the District Health Action Forum organized a rally and stall on women's health at a women's mela at Malleswaram grounds. Dr. SICK participated earlier in a conference on Women's Empowerment organized by the National Commission on Women.

At Ministry of Health - Government of India's request. NIMBANS organized a training on Women's Mental Health for resource persons from lead agencies in the 15 States AP & Ms Amrutha of Mahila Samakhya were deputed to attend this from Karnataka.

The first spell in the second phase of the Training of Trainers was organized for 4 days at the Institute for Youth Development, Koramangala from 26<sup>th</sup> February to 1<sup>st</sup> March 2001. Thirty participants from nine organizations and six districts (Bangalore Rural, Chamrajnagar, Bidar, Bellary, Koppal and Raichur) and four participants from government health departments of four districts also participated. The program was developed based on a feedback from the trainees. Topics covered were - team building and motivation; leadership and collective decisions; child health dealing with nutrition and illness; women's mental health and counseling skills; water supply and sanitation; natural family planning; ovulation method and breast feeding; participatory rural appraisal in health; simple accounting systems and planning budgets; health problems and treatment; Panchayath Raj institutions and women; women and alcoholism. Issues to be covered in the next spell were identified and included mental health, role of anganwadi workers / ANMs, women's rights, problems of adolescent girls, NW/ADS, home remedies and cancers.

An external evaluation of the women's health training in Karnataka was conducted by Ms. Kameshwari for the Ministry of Health, Government of India. In February 2000 she made field visits to Bellary and Bangalore Rural districts and to Bangalore. Her report documents the gains and the ma: small but important actions that have been initiated by women in their homes and villages. She also highlights the need for the process to continue.

Experience with the programme far has shown that women sangha leaders can become effective agents of change, setting an example for other women. and empowering them to express their needs, roles and rights in the predominantly patriarchal society we live in. However, we also realize that the women leaders need ongoing sustained support from trainers and their organizations and that the process initiated cannot just be a project that begins and ends. While we know that in some areas pressure has been put on the government health system, we cannot say that it has responded.

### **3.5 Public Health Policy Analyses, Action and Advocacy**

#### 3.5.1 Tuberculosis

TN attended several meetings on Tuberculosis Policy and along with other people was effective in bringing TB into focus at the Task Force for it being included on the list of priority health problems that required urgent remedial measures\*.

SJC and TN, initiated a study on 'Patient Perspectives in TB Control which involves interviewing patients mainly in urban slums and gathering relevant data.

TN spoke on 'sociological aspects' at a CME on TB Control on February 2001 for Doctors in Chamarajnagar District organised by Sr. Aquinas (society member) of Comprehensive Rural Health Project. Hannur and the Karnataka State TB Association, with active participation by NTI and State Joint Director of TB. The CME was attended by most of the Government PHC medical officers of the district, besides NGO's and some private practitioners.

Ms. Deepti Tanuku, A student volunteer from the US developed a questionnaire for the study of the role of private practitioners in TB Care under our guidance and interviewed a pilot number of practitioners.

#### 3.5.2 Malaria & Vector Borne Diseases

CHC continued its involvement in the preparation of the guidelines for Roll Back Malaria for WHO-SEARO. WHO appreciated CHC's set of guidelines on 'Community Mobilization. Advocacy and Related Areas' and hence felt that we could put together all the other guidelines prepared by the other three groups. So, on 1<sup>st</sup> and 2 August 2000, RN/SKK/Sunil Kaul Rajaratnam had discussions with Dr. V.P. Sharma and Dr. Omaj Sutisnaputra of WHO-SEARO on the finalization of Guidelines on Roll Back Malaria for Programme Managers.

The guidelines were finalized and the areas were narrowed down to three chapters :-

- Community Participation in Malaria Control
- Building Partnerships in Roll Back Malaria,
- and Strengthening District Health Systems.

These were submitted in September 2000 and WHO-SEARO had 2 workshops with SEARO participation to review the plan by the different countries before finalization. It has now planned to implement the same in ten districts of India, which include Tumkur in Karnataka and the state of Goa.

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\*. In implementing the Interim Report recommendations the State Government organized a refresher training of district trainers for lab technicians, provided microscopes to PHCs, which did not have them and organized a workshop at NTI on TB for medical college teachers. Vacancies in lab. Technician's posts are being filled.

The Mangalore Initiative- CHC's supportive inputs to the Mangalore city civic initiative, in Malaria control (Mangalore Mahanagara Parisarasaktha Okkutta) continued. RN and RRP visited Mangalore and participated as Resource Persons to a Citizens Malaria Action along with Malaria Research Center (MRC). Trials of the School Module on Malaria developed by RRP for UNESCO will be conducted in Mangalore.

RN was invited to be part of ICMR National Committee on Malaria Problem Assessment. Subsequently he has been appointed as a member of the National sub-group on Vector Borne Diseases set up by MOH& EW by the Planning Commission.

CHC and FRLHT initiated the Research Initiatives in Traditional Anti Malarials Project (RITAM) Network (SM/RN/CMF/SKK). Meetings were held with representatives of eight NGOs who were willing to participate in this project, which involved identifying locally available/ used anti malarial herbs etc. and scientifically evaluating their efficacy in controlling Malaria. A meeting of the Scientific Advisory Committee, which included luminaries like Dr. V.P. Sharma, Dr. Chowdhury (National Institute of Immunology), Dr. (Lt. Gen) D.S. Raghunath (Tata Foundation), Dr. Padmanabhan (ex Director Indian Institute of Science) etc. also cleared the project. Eventually the project had to be downscaled due to inadequate finding and will be continued this year with the main emphasis on scientifically documenting the successful use of herbal medicines.

The Bangalore Agenda Task Force (BATF) requested CHC (SKK/SJC/RN/RRP) to participate in the evolution of a Mosquito Control Programme for Bangalore with involvement of MRC and Regional Office of Health & Family Welfare and Bangalore Mahanagara Palike (BMP). BMP to sensitize the health Officers and staff of BMP on Mosquito control organized a workshop. Subsequently sub-meetings were held with Ms. Manjula, IAS- Deputy Commissioner, Health and Education of BMP and other health functionaries. A strategy was drawn up to train BMP insect collectors and anti larval staff by MRC and also a chapter on liquid waste disposal was incorporated in the BATF health education booklet on Solid Waste Management for Sweepers of BMP. Further activities have been delayed due to change in the top rung leadership of the BMP.

RRP field-tested Malaria school module between 18th and 28th April 2000 in the tribal regions of Jharkhand and West Bengal as a part of his thesis for M.Sc. in Epidemiology.

CMAI organized a training session in BIMAROU states/ North East and Dr. Sunil Kaul and Dr. Ravi D Souza (CHC Society members were resource persons showing a new dimension / potential for involvement of Society members.

Socio-epidemiological situation analysis of RBM district (Tumkur) is being planned with MRC and National Anti Malaria Programme.

### 3.5.3 HIV/AIDS

The HIV/AIDS involvement of CRC has been mainly supportive to initiatives of others. JPJ continued to provide professional medical support to two HIV/AIDS hospice/care centers, Snehadan and Asha Kiran in Bangalore (after departure of DPJ).

JPJ with CHAI-KA organized two meetings of the Implementers Forum on HIV/AIDS at CHC and one at St. John's. This was a follow-up to the Southern Indian meeting of partners organized by CFIAI in Bangalore in which CHC participated.

TN attended the Caritas Internationalis AIDS Task Force (CIATF) meeting in Rome from 12-16th April 2000. And also attended another CIATF meeting at Benin — Africa on 26th –30th January 2001. She was nominated as the southern representative of CIATF for the UNGASS (United Nations General Assembly Special Session) on HIV/AIDS to be held in June 2001.

JPJ/CMF/TN attended AIDS Carets Network meeting and AIDS policy meeting of the KTFH. They along with SKK also attended the state level AIDS workshop organized by Karnataka State AIDS Prevention Society (KSAPS) in September 2000.

CMF/JPJ participated in the CHAI-AIDS training in Snehadan.

CHC has been invited to join the AIDS Forum Karnataka (AFK) in early 2001.

### 3.5.4 Tobacco Control

A review of the tobacco situation in the state continued informally (SDR). We continue to build our collection of resource material on this issue. Anti tobacco / smoking education (SDR/SJC/JPI) was undertaken in Christ College Bangalore (4,11,18 October & 8, 15 November 2000) in which more than 600 students participated and Voorchese College-Vellore in SEVHA (Students Educating and Volunteering for Health Awareness) volunteers from University of Michigan USA, was given in over 14 schools in Bangalore. A Training Programme for College Lecturer's of S. India against Tobacco was held at Kristu Jyoti 23 May 2000. (JPJISDR).

The public march organized for World No Tobacco Day on 31st May 2000, was attended by TN/SDRJAP. Tobacco was introduced as an area of concern in the KTFH and has been included as a chapter in the report.

TN attended Tobacco, Public Health and Law session organized by WHO TF and WFIO-SEARO in New Delhi in January 2000. CHC also organised a meeting on the Framework Convention for Tobacco Control (FCTC) on 14th September 2000 at Ashirvad. Chitra Subbranian from the TFI-WHO, Geneva made a presentation. Our collection of posters on Tobacco and Health was displayed. They have been used by other groups as well. TN interacted with state officials and others on policy aspects of tobacco control TN wrote an article entitled "chewing tobacco" (A review of the use of gutkha. pan masala, zarda etc.) for Health Action.

Ms. Belinda, Ph.D. student in the Home Science College working on a tobacco related project volunteers with our team in some training programmes.

CHC facilitated the field visits in February 2001 of 2 WHO staff members to beedi rolling units in Mangalore and Chennapatna and to meet officials.

In May 2000. CHC/SOCHARA made a written submission to the first public hearing on tobacco organized by the WHO Geneva. Dr. H. Sudarshan represented SOCHARA at this hearing and presented the submission.

CHC is also a part of the Global Alliance for the Framework Convention for Tobacco Control (FCTC). This is in support of an international treaty for tobacco control that has been initiated and developed by the Tobacco Free Initiative of WHO, Geneva.

### 3.6 Research Projects

The attention of the policy research and action unit was focussed on the Task Force and HNP project, which have already been, described Besides the TB study there have been two other important components.

#### 3.6.1 Mental Health

- Our Consultant (RLK) was involved in two ongoing studies:
  - A preliminary study of Sanyasis and other Seekers Dr. RLK continued his interviews with sanyasis and seekers in the Himalayas and in the South during this period.
  - Impact of Globalization on Working Women's Mental Health. Dr. RLK is an advisor to the Institute of Social Studies Trust. New Delhi which is coordinating this multi country study.

A Project proposal "An Exploration of Innovative Community Mental Health Programmes in India" was prepared.

Mental Health was also raised as an important issue in the PHA mobilization and at Mental Health workshops held in Davangere (state), Calcutta (national) and Dhaka (global) People's Health Assemblies, through CHC initiative. (Our friends in NTMHANS were resource persons at all the three meetings). Dr. RLK wrote a background paper for the national People's Health Assembly training workshop, which was printed in the fifth booklet. Mental health has been introduced as a theme in the womens health training at national and state level.

#### 3.6.2 Kala-azar

RRP conducted a study on Kala-azar "Epidemiological significance of immune status of communities in Kala-azar Endemic Areas" in Pakur District, Bihar and West Bengal, in

two phases May-July and October-December 2000 as part of this thesis for M.Sc Epidemiology.

### 3.6.3 Other Projects

Dr. Manjunath and Mr. Sunulal from Kerala did a Pilot Survey on Quality of Care in IPP-8 Centres in Bangalore from a Providers and Clients Perspective.

### 3.7 Community Health I Public Health Forum Meetings

This Activity has progressed well. Meetings in CHC have included a wide range of issues.

- \* “Sanyasis & Other Seekeri’-talk session.(RLK) on 27 July 2000.
- \* “Tobacco. Health & Law’- discussion meeting. (Chitra Subramaniam of FCTC, WHO Geneva). if September
- \* Co-organised a meeting in Bangalore with Singanima Sreenivasan Foundation on Karnataka State Population Policy on 19 and 2 October 2000.
- \* Lecture Demo on Herbal Medicines (Fr. SM) on 24 October 2000
- \* “Marketing Practices of German Pharmaceutical Companies” (including TRIPS) & “Poverty in Germany” — discussion meeting. Dr. Christina Fischer-Dosch of Bucopharma Germany. 19 December 2000
- \* “What is Psychotherapy?” (RLK) on 30 January 2001

### 3.8 CHC Training

- \* Alcoholism for Adolescent Girls a training session was conducted by AP 9 April 2000 at Janodaya in which 30 girls participated.
- \* A sixty-hour training course in Life Skills and Health was imparted to 53 boys of Sevasadan Technical Institute from September 2000 through November 2000. The boys were divided into Kannada, Tamil and Hindi speaking groups.
- \* One week intensive training programme on Community Health Awareness was imparted to 10 Brothers of Kripalaya as part of their two week training programme between 20 to 3 November. The second week was on Social Action: Alternative Pastoral Action wherein CHC participated.
- \* Workshop on Life Skills Training Methods was organized and conducted by CHC on 19 February, 2001 with inputs from Dr. Shekhar Seshadri of NIMHANS.
- \* The I Phase of Women & Health Training Workshop for women animators from NGO’s working in Urban Slums of Bangalore was held on 26-27th February 2001 (SDR/RD/Fr. SM/VB/SJC)
- \* 22 Brothers of Jyothisadan were trained in a 1-week training programme between 5 to 10 March. 2001 on Community Health Awareness.
- \* Sessions on health for the brothers of Snehadan were taken during the year. (JPJIRN).
- \* A programme on ‘Health and organising senior citizens group to avail government health programmes available for the elderly and senior citizens rights’ was given for 30



senior citizens, members of Sanghas of the elderly in Bangalore City Slums by Fedina Navachetna, on 3-4 May 2000 (JP/SDR/AP)

\* Women group leaders from 33 villages of Kanai Panchayat Union were provided the Women and Health Training on 30th and 31st August, 2000 after studying the health status of the area. This programme was organised by POWER, Viilupuraxn and facilitated by CHC.

- About 30 Dalit and Adivasi women group leaders attended a session on Women and Child Nutrition in a programme organised on 24th and 25th February 2001 by TRED. Thalavadi. Tarnilnadu being supported by CHC. CHC also helped TRED with formulation of a community health project after a situation assessment.

### ***SOCHARA-BJMAROU Support***

#### ***Madhya Pradesh***

- MP Govt had a policy dialogue on a Community Health Guarantee Scheme at Bhopal (SIC -CHC Soc. Members attended) — May 2000.
- MP Govt initiated a Participatory Rural Survey as preparation to above. (CHC-RN/CMIF/ASM/PM also peer reviewed the survey plan and methodology).
- MP Govt has invited RN to be Advisory Committee Consultant for next Human Development Report (for May 2001).
- JSR scheme

#### ***Bihar***

- RRP's Kala-azar Project was a step in that direction. The director of the project in Bihar subsequently visited CRC.
- Mr. A.M. went as an external monitor for the pulse polio programme to Banka District on a request from Dr. Prabir Chattejee to CHC.

#### ***Other Involvements***

WHO'S Macro Economic Commission on Health - CHC was invited to CMH Hearings in India in Aug 2000 (RN made presentation).

Ethical Guidelines for Social Sciences Research (National Committee) - TN was part of a Committee to draw up Guidelines for Social Sciences Research (organized by CEHAT). Attended 2 meetings of Committee. The guidelines have been published.

Karnataka State Pharmacy Council - RN invited to Committee to evolve Essential Drug List — Jan 2001.

St John's National Academy of Health Sciences - RN invited to chair St. John's Hospital Jubilee Review Initiative — Dec 2000. A participatory process with meetings and questionnaire was conducted and a report submitted and presented.

#### ***Visiting Faculty at Richmond College M.Sc, Psycho Social Rehabilitation - RN Guest Faculty.***

Karnataka Association of Community Health - Keynote Oration on Public Health Challenges — Millenium Conference (RN).

CHAI — Regional Units Review and Annual Conference in Bangalore — Oct. 2000- RN facilitated sessions / panel. TN spoke on Women's Health at the panel. RN/TN/SJC were resource people for small group discussions.

MEMISA's Seventy Fifth Jubilee Meeting / Conference at Rotterdam - RN resource person.

Challenges for Health Apostolate of Church. (Meeting)

Primary health care — lessons and challenges. (Conference)

WHO-Unity for Health Workshop with CAMHAD - RN/CMF Resource person

WHO-Asia Pacific Meeting to Review Draft Report on Violence and Health - TN attended meeting in Delhi; RLK also responded to the report.

National Seminar on Health of Urban Poor in Ahmedabad, Gujarat was attended by AP.

Gujarat Disaster Response Bangalore — Citizens Initiative — since 29 Jan. 2001 - CHC was co-initiator and active participant, focusing on Community Health and Training of voluntary agencies/ volunteers.

***CHC support/participation with groups/centers/networks continue***

National Population Commission (TN)

CEHAT-Social Accountability Group (RN)

CEHAT - Technical Advisory Committee of Abortion Assessment Study in India (TN)

FRCH Advisory Committee (RN)

INSA India Governing Body (VB / TN)

Editorial Board - Health Action (TN)

Drug Action Forum- Karnataka

PITA Network (RN/TN/MK AP'SJC) Now Jan Swasthya Abhiyan at National level and Jana Arogya Andolana at State Level.

Medico friend circle (RN/TN, RRP)

RITAM Network (RN/CMF on Ethics Committee)

**3.9 CHC Information and Advisory Service**

During the entire year C Information and Advisory Service was extremely busy with PHA related activities

New groups who have utilized the service regularly are PHA contacts:

MD-PSM postgraduates from all local medical colleges. NLSUI students, KTFH Members and Researchers.

A new website <http://www.geocities.com/SOCHARA> was created in May 2000 and is regularly updated. A large number of hits have been recorded.

The use of the library and information center has increased over the year.

Open ended response - Following our tradition, the team responds to visitors and to requests through correspondence, email and even through the telephone.

### 3.10 CHC Information Center (Library & Documentation)

- Community Health Cell Library and Information Center continued to support the CHC staff and other professionals activists and non — governmental organizations with data and information on Health, Environment, Women's issues Disaster and so on.

- A stock taking was undertaken in June 2000 and the documentation updated. Annotated Bibliographies on Malaria. Tobacco. Task Force on Health & Family Welfare papers/ documents were completed. The Resource Files were updated and a reference list was compiled for easy accessibility. More than 320 resource files are now available in the library.

- During the year CHC acquired 558 books on various subjects. CHC also collected data for Karnataka Task Force on Health & Family Welfare and HNP Project.

- We have subscribed to the following new Journals

- a. International Journal of Health Services

- b. Health Policy and Planning

- c. Indian Journal of Social Work

- d. BMJ - South Asia Edition

- e. Aspects of Indian Economy

- f. Collective Initiatives

- g. Grassroots

- The following additional resource files were added to the existing collection during the year.

People's Health Assembly 2000- State, National and International articles; Regional consultation – World Report on Violence and Health held on 16/17 November 2000 at New Delhi; Global Health Watch; Tribals and Development Dams; Orissa Cyclone; Gujarat Earthquake; Population Policy – Gender Perspectives, Population Policy – a collection of different states' population policies; Conference on windows without rights: Public Health in India: Crisis and Challenges.

- We received information on various issues and from the e-groups as listed below:

Break the Silence (HIV/AIDS); Mfc e-group (medico friends circle); FCTC Alliance; Environment; Vaccines; Tuberculosis net; Genetically engineered foods; Health News; Community health library - Management sciences for health; Midwifery today; FCA; Health Insurance; HIIV/AIDS; Poverty net; PPVA; PHA (People's Health Assembly - State, National, International); Nutrition - Micro nutrient initiatives; What news at CSE;

Narmada Bachao Andolan; TRISHA; HSG Concept; Malaria (from WHO-SEARO, New Delhi); Development News World Bank; nuclear issues.

- CHC has again applied for a second grant from the “Raja Rammohun Roy Library Foundation” through its regional office.
- Health education materials including Videocassettes, slides, audio cassettes brochure and pines are being used for CUC training programmes and by others.
- New articles published were:

“Reflection on the Health Sector in Karnataka and the role and challenges for voluntary organization” by Dr.Ravi Narayan presented at the Silver Jubilee Celebration of VHAK at Yuvanika, Bangalore on 12th Sep.2000. (7)

“Reaching the Poorest and Disadvantaged Population” by Dr.Thelma Narayan. Paper presented on 14th Aug. 2000 at Medicine Meets Millennium. World Congress on Medicine and Health, Hanover, Germany (10)

“ An Overview of HIV AIDS and the response to the epidemic in India” Dr.Thelma Narayan for the meeting of the Caritas Internationais (CI) Task Force on HIV/ AIDS in Rome, 13-15th April 2000 (5) A follow-up report focusing on Karnataka was prepared for the Benin meeting in Jan/Feb 2001.

A Review Meeting on the Draft National health Policy 1999 Document by CHC.(14)

“Empowering Women for Health” A brief report of Phase one of the Women’s Health Empowerment Training Programme in Karnataka (1998 — 2000)” for the WHT Meeting of Phase II at Bangalore. (6)

“Chewing Tobacco” by Dr. Thelma Narayan for Health Action. Nov. 2000. p37—38.

RN was invited to write a guest editorial for National Medical Journal of India on the PHA - titled “A People’s Charter for Health and Beyond”

### 3.11 CHC Organizational Issues

Some of the key financial and administrative activities during the financial year comprised the following:

The Project Plan Matrix and budget for 2000-2001 were finalized and sent to Miseror and Cordaid on 3’ May 2000. The Global Health Watch Report was finalized and forwarded to NGO Forum for Health along with a statement of accounts and variance statement and a request seeking permission to use the remaining f for follow-up and PHA activity. This was authorized by Dr. Eric Ram. The contribution for 2000-200 1 was received from Cordaid on 27 May 2000. TDS certificates in Form No.36 were issued for the staff from, whom Tax was deducted at source. The annual TDS return statement in Form 24 was filed with Income Tax on 31” May 2000.

The annual audit was conducted from 29 May 2000 to 2 June 2000 and the financial statements were finalized on 16th June 2000. The budget for Kalazar Project and GHW fUnds allocation for the PHA activities were finalized 0 June 2000. An APW for the writing of Guidelines for Roll Back Malaria was signed and sent to WHO\_SEARO on 6

June 2000 and addendum to APW was sent on 8 September 2000. 20% of the grant was transferred to the Bank on 24th June 2000.

A letter acknowledging receipt and shortfall in the amount received was sent to Cordaid on 21st June 2000. Further clarification on funds for 1998-99 was sent to Misereor on 5 July 2000.

Statement of accounts and report of the State Level Training and Translation and Printing of Women's health Manual under the Women & Health Project was sent to WHO-SEARO on 7th July 2001. The Annual returns were filed with the Registrar of Societies on 14 July 2000 for the year ending 31.03.2000. The Annual General Meeting of the SOCIJARA was held in 30 June 2000 and its minutes sent to all members on 17 July. On 5th August 2000, the final document of the concept paper along with the terms of Reference of the HNP Project was submitted to GOK. On 22 September 2000 the settlement for Grassroots Level Training under Women's Health Project was received. On 12th October approval and the first installment of grant for conducting Phase II of WAH training was received from WHO-SEARO. In October, the Annual report and other information for the year ending 31st March 2000 were dispatched to Cordaid on the 15th and to Misereor on 16th October 2000.

In November 2000, Dr. Ulrich Domberg of Misereor (Katholische Zentralstelle) and Ms. Harna Radamaker of Cordaid visited CHC and had discussions.

Appeals for support for PHA were sent to Cordaid, HIVOS, Oxfam and Action Aid in November 2000. On 11th November, CHC received payments from GOK for submission of the HNP Project Concept Paper. A summary report of the HNP project was submitted to the KHSDP toward the end of January 2001. A mid term audit was conducted at CHC from 8 to 10 January 2001 and half yearly audited statements were signed by the auditor. During end February, Ms. Kameshwari visited CHC and CHC's partners in Women's Health Training as an external evaluator of the Women's health Training Programme. On 27 February, the remaining funds of the HNP Project were released by the GOK. On March 22nd Ms. Nina Urwanzoff from Misereor visited CHC and had discussions with TN and the team.

Society related work included 4 Executive Committee meetings. EC members were very supportive and participated as resource persons in several programmes. This year we increased the communications to society members, several of whom have also been involved in joint work collaborations.

#### **4. CONCLUSION**

The year 2000-2001, has been an extremely eventful and hectic one for CHC. For one, the People's Health Assembly brought us one step closer to revitalizing the HFA-2000 goal, even though 2000 has past us. The slogan has been rephrased as Health for All Now! to express a sense of urgency and also to maintain a continuity with commitments made at

Alma Ata, reiterating the principles of Primary Health Care. There was a closer working in the Government of Karnataka especially in two major initiatives - The Karnataka Task Force on Health and the HNP Project. Roll Back Malaria was another area in which the Government and CHC are collaborating. Our networking continues and now spreads to the North East region with Sunil Kaul (and the team at ANT) joining us in working toward the paradigm shift in health and health care. The Women Health Empowerment Programme has been a joint effort with the Government of India with NGO's and through them with women sangha leaders. Several other issues became more focused, especially those of tobacco control. HIV/AIDS awareness programmes, health of the rural and urban poor and tuberculosis. We hope that in the coming year as major changes occur in the macro environment, all of which affect health, we shall continue to strive towards our primary objectives — that of improving health and health care particularly of the impoverished and vulnerable, taking it to the community, and emphasizing and supporting the critical role of the state.

### **Abbreviations**

CMF-Dr.CM.Francis; TN- Dr.Thelma Narayan; RRP- Dr.Rajan R.Patil; AP- Mr.Prahlad A; VB- Dr.V.Benjamin; RN – Dr.Ravi Narayan: SDR — Mr. S.D. Rajendran; RLK — Dr. Ravi Kapur; SPY - Dr. Shirdi Prasad Tekur: JPJ — Dr. James Parayil Joseph; AK – Arjun Krishnan' HRM- Mahadevaswami; PA- Ms Padmasini Asuri; PM – Dr.Pankaj Mehta: MK- M.Kumar, SK-Dr.Sunil Kaul; ARS- Dr.AR.Sreedhara: HS- Dr.H.Sudarshan: SKK- Dr.Sampath K.Krishnan: SG-Dr.Sabu M.George: SJC- Mr.S.J.Chander:ASM-Mr.As Mohammed: RGUHS - Rajeev Gandhi University of Health Sciences: WHO — World Health Organization, Geneva; WHO-SEARO — World Health Organization — South East Asia Regional Office; NCC of PHA — National Coordination Committee of People's Health Assembly; GOK — Government of Karnataka; KTFH — Karnataka State Task Force on Health and Family Welfare; TB — Tuberculosis; CHA Catholic Health Association of India; CMAI — Christian Medical Association of India; NTI — National Tuberculosis Institute:

CHC — Community Health Cell; RBM — Roll Back Malaria: IPP — India Population Project; JSS — Jana Swasthya Sabha; IPHN — International Poverty and Health Network; GHW — Global Health Watch; VHAK — Voluntary Health Association of Karnataka: CHAI-KA — Catholic Health Association of Karnataka: IS — Indian Social Institute: WB — World Bank; HNP — Health, Nutrition & Population Project: MOU — Memorandum of Understanding; CME — Continuing Medical Education: RNTCP — Revised National TB Control Program; NTI — National Tuberculosis Institute: KSTA — Karnataka State TB Association; MRC — Malaria Research Center: ICMR — Indian Council of Medical

Research; C — Community Health CM — Christian Medical Association of India; BIMAROU — Bihar, Madhya Pradesh. Rajasthan. Orissa. Uttar Pradesh; IMAs — Indian Medical Associations: CMC — Christian Medical College: NWG — National Working Group: CNFE — Center for Non-Formal Education: NIMHANS — National Institute for Mental Health & Neuro Sciences: MOHFW — Ministry of Health & Family Welfare: NECHA — North East Catholic Health Association; WHO-I- — WHO Health & Sustainable Development: ADD Action on Disability & Development.

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