

**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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## 1. INTRODUCTION

The Society entered its eleventh 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 (India), the Janaarogya Andolana (Karnataka) and the People's Health Movement (global) at Savar, Bangladesh. The third process which ended in March 2002 and submitted to the Commissioner – Health. 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 Andolana and the second phase of the women's empowerment training also ended successfully. Promotion of community health, based on the social paradigm, through training, information services and networking continued to be our core thrust.

## 2. CHC OBJECTIVES

- ⇒ To create an awareness regarding the principles and practice of Community Health among all people involved and interested in health and related sectors.
- ⇒ To promote and support community health action through voluntary as well as governmental initiatives.
- ⇒ To undertake research in Community Health policy issues, particularly:
  - Community health care strategies.
  - Health personnel training strategies.
  - Integration of medical and health systems.
- ⇒ To evolve educational strategies that will enhance the knowledge, skill and attitudes of persons involved in Community Health and Development.
- ⇒ To dialogue and participate with health planners, decision makers and implementers to enable the formulation and implementation of community oriented health policies.
- ⇒ To establish a library, documentation and interactive information center in Community Health.

## 3. THE CHC TEAM

The CHC team was involved in a number of activities during this financial year. The spirit of voluntarism was evident in the extra hours of work that team members put in 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 professionals 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. V. Benjamin (VB); Dr. C.M. Francis (CMF) ; Dr. Thelma Narayan (TN); Dr. Ravi Narayan (RN); Mr. A Prahalad (AP); and Mr. S.D. Rajendran (SDR); Dr. Rajan R Patil (RRP); continued their work with CHC. Dr. R.L. Kapur (RLK) had to leave due to his involvement with a study focused on Sanyasis in the Himalayas he continuous to be associated with CHC. The office team saw some changes. Mrs. Noreen Hoskins joined us in July, 2001. She has now been appointed as a Office Supervisor. Mr. H.R. Mahadevaswamy (HRM); Mr. C. James (CJ); Mr. Joseph Anthoniappa (JA); Mr. Anikl Kumar (SBA); Ms. Jacintha Benny (JB); and Smt. Kamamma continued with us. Dr. Rajakumar Natarajan also joined us and is involved in a HIV / AIDS project and Mr. V. N. Nagaraja Rao who has been associated with CHC ever since its inception joined as part time documentation officer.

Mr. Kumar who was with us as Administrative Officer left on December 31<sup>st</sup> joined another reputed NGO. Rita Lobo (RL) left in mid June, 2001.

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 - left in October, 2001. Dr. Sampath. K. Krishnan who was actively involved in HNP project left in November end to join the WHO in New Delhi.

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. Dr. Praveen Kumar especially was actively involved in a new CHC initiation on Environment issues.

On 3<sup>rd</sup> and 4<sup>th</sup> of May an internal staff development workshop was held at CHC in which all the CHC Team members participated. The first day was spent exclusively on sharing of each other's varied experiences. This brought about a feeling of camaraderie and willingness to be forthright thus helping in building up trust and faith. It also helped identify what all resources and experiences, specific skills and capacities CHC has within. RN gave a brief history of CHC and its various activities at local, regional, state, national and international levels. CHC's vision statement was also discussed. A SWOT analysis was then carried out wherein the existing strengths and weaknesses were identified. This was compared to the 1998 review and it was found that most of the weaknesses identified then had been done away with. New areas which required attention were identified and it was decided to work upon them.

Regular full team meetings were held for sharing and planning. Smaller office team and technical team meetings were also held frequently.

RRP has successfully completed his Masters in Epidemiology (2 year course) from Christian Medical College, Vellore, Madras University. Our congratulations to him. Since rejoining CHC he has been actively pursuing

vector control in certain areas of Karnataka. In fact, RRP also organised a street play to help create awareness among the rural inhabitants of CK Halli. It was a very interactive period in which the Gram Panchayat leaders and government officials were also participants of the whole mobilizing exercise.

HRM completed his course in May 2001 and received his Bachelors in Library and Information Science from Annamalai University, Chennai in September 2001.

A highlight of this period was a picnic for the CHC team members and their families on 22<sup>nd</sup> September to Sivanasamudra falls and Talakad with its ancient temples on the banks of the Cauvery River. It was very enjoyable. Splashing in the Cauvery river washed away stresses and strains as was evident in the singing that followed.

#### **4. CHC ACTIVITIES**

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

The Karnataka Task Force on Health & Family Welfare submitted its final report to the Chief Minister of Karnataka on 25<sup>th</sup> April 2001. A meeting was organised on 5th April on the draft report at which RN and the Health Commissioner presented their reviews and comments. Dr. CMF, TN supported by the office team spent much time in the first 3 weeks of April on the Report. RN was invited to write the first over view chapter on '*Issues of Concern- An Agenda for Action*'. The report well received and its recommendations were approved for implementation. The Government has now formed an implementation committee with the Additional Chief Secretary as Chairperson. The Task Force also has a monitoring sub-committee, which reviews implementation every month and gets feedback from the field. From CHC- Dr. C.M. Francis and Dr. Thelma Narayan are members of the Task Force and are also on the monitoring sub-committee.

The draft Karnataka Integrated Health Policy written by CHC for the Task Force was circulated prior to a state workshop held on 4<sup>th</sup> October to elicit comments and suggestions before finalization. TN spoke on the KTFH recommendations at two meetings of the Donor Agency Network in Bangalore. Dr. CMF shared recommendations at CHAIKA meeting. KTFH members had discussions with members of the Women's Task Force. KTFH organised a follow up meeting on 6<sup>th</sup> August with the EAP Directors to review the study undertaken by RN for the Task Force on '*Externally Aided Projects in Karnataka: Issues for Integration and Sustainability*'.

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

The Karnataka Integrated Health, Nutrition and Family Welfare Services Development Project. Critical components of a draft Project

Implementation Plan (PIP) with strategies developing on the Task Force recommendations were prepared by May 2001. These were developed into a more detailed PIP. Project preparation committee (PPC) meetings were held regarding vaccine preventable diseases, vector borne diseases and communicable diseases. Internal CHC Advisory Committee meetings were also held. Several interactions with government officials in the DHS were held. This programme was successfully completed and a project proposal and Implementation Plan was submitted to the Commissioner-Health, Government of Karnataka.

In the first month at CHC, RKN provided assistance to Dr Thelma Narayan and Dr Sampath Krishnan by collecting information and data for the HNP project from various Government health Departments.

Dr Thelma Narayan on November 3rd, 2001, presented the final draft of the Karnataka Integrated Health policy. RKN functioned as a rapporteur on this occasion and provided feedback to Dr Thelma on suggestions and comments made by various participants who had come with extensive experience in their respective field.

### **4.3. The Peoples Health Movement - Jan Swasthya Sabha (India)**

#### **People's Health Movement**

RN and AP have been active in the post PHA follow up at different levels – national and state respectively. RN is now also part of the PHA 2001 global group that is advocating the People's Charter at the international level as well.

RN wrote an editorial for the National Medical Journal of India on the PHA. This was to encourage the participation of health professionals in a more significant way in the PHA process.

On April 7<sup>th</sup>, World Health Day was renamed as People's Health Day by the Jan Swasthya Abhiyan. The Janaarogya Andolana - a people's health movement was launched in Bangalore with a public rally near the Corporation offices. CHC mobilized rally participants from slums and also from the training institutes. From CHC - TN, RN, SKK, SJC, SDR, AP, AK, CJ, JA and JB attended. The CHC team prepared a large number of attractive placards. A meeting was organised at SCM House on the theme – "Health as a Human Right". Justice Balakrishna, Dr. Devaki Jain, Dr. Revathi Narayan (Mahila Samakhya) and Dr. H. Sudarshan were the key resource persons.

In June, TN presented the PHA process at the Health Equity Network (HEN) in London, which was attended by about 40 people. An article was also written for publication.

On 27<sup>th</sup> April, RN who was attending a NGO/WHO collaborative pre assembly dialogue in Geneva gave a talk on PHA and presented the People's Health

Charter to all those present. This resulted in the WHO giving time for the PHA in the World Health Assembly. Another outcome was that the WHO set up an initiative to work with the civil society groups.

On 27<sup>th</sup> May TN who was attending the UNGASS was invited to Washington/Maryland to give a talk on PHA at the Association for India's Development (AID) tenth anniversary conference.

AP is the state Coordinator and has been active in-group meetings and in networking and keeping in touch with participant groups. A south zone meeting, comprising the 10 southern Karnataka districts was held in Tumkur on August 23<sup>rd</sup> and 24<sup>th</sup> at which plans were drawn up for the future. A post PHA meeting for Bangalore Urban district was organised by SJC in August.

On 16<sup>th</sup> September, AP and RN attended a National Working Group meet of the PHA in Mumbai which took stock of all the events after JSS Kolkata and PHA Dhaka and planned for the future. On 17<sup>th</sup> September the NWG also discussed the Draft National Health Policy 2001 and a response was prepared to be sent to the Ministry of Health, Government of India, besides being circulated among the PHA groups.

#### **4.3.1 The Peoples Health Movement – Jan Arogya Andolana- Karnataka**

*As a part of People's Health Movement activities involved were*

**People's Health Assembly anniversary celebration cum State level Convention :** To symbolically commemorate People's Health Assembly at Dhaka, in December 2000, anniversary programme was organised State Coordination Committee of Janaarogya Andolana-Karnataka at **Bangalore Medical College , Bangalore on 15<sup>th</sup> December 2001**. 120 participants from different parts of Karnataka took part in the programme and discussed factors affecting People's health. Major objective of the programme was to share about the People's Health Assembly with the groups, which hitherto has been underplaying their role in People's Health Assembly mobilization. Preparation of action plan for forging this programme ahead was another important objective of this programme. Press meet was organised on 14<sup>th</sup> December 2001 as a precursor of this programme Press Club of Bangalore.

#### **Workshop on Access to Essential drugs**

The Janaarogya Andolana (the state chapter of Janswasthya Abhiyan, which is part of the international Peoples Health Movement on 25th March 2002, organized a half-day workshop. The aim of the workshop was to create awareness among people who are interested in the health care of the poor on the impact of Globalization on essential drugs and to initiate appropriate action to combat the situation. Over 70 people participated at this workshop. There were people from the nearby districts too. Drug formulary, Essential drugs, Campaign on affordable medicines and treatment, Pharmaceutical policy 2002 and amendments to blood transfusion policy. The workshop was organized as an activity of Janaarogya Andolana (People's Health Movement) in collaboration with Federation of Medical Representatives Association of India (FMRAI) who is a partner in the network announced that on 7th April on

People's Health day (World Health day) a rally is organized to create awareness on the issue.

**19<sup>th</sup> to 22<sup>nd</sup> December 2001:** attended **All India People's Science Congress at Chennai**. 400 delegates from all over the nation attended the programme discussing the issues related to popularisation of science, importance of rational education, globalisation and ill effects on people's life, health etc was discussed for 4 days. Based on the discussions for these days, an action plan on how to take these issues to the community and popularise the scientific, rational thinking and education in the community was formulized.

**14<sup>th</sup> Feb 2002:** attended the discussion on "**Developing Partnerships for Health as a Human Right**". This programme was organised at **YMCA Hall, Mumbai, by CEHAT, Mumbai and Global Health Council**. 25 participants from all over the country participated in the programme. Objectives of the programme were to develop a network to campaign for "Health as a Human Right". The scope of the meeting discussions included the support to already existing health networks like Jana Swasthya Andolan; a few of the JSA members were also present in the meeting.

#### **First anniversary celebration Peoples Health Movement**

The first anniversary celebration of People Health Movement was held in Bangalore Medical College on 15th December 2001. Objective of the meeting was " Reaching the Unreached" meaning, create awareness among the other health professionals who were not part of the People's Health Movement. Over 100 people from different parts of the state participated in the meeting. Dr. Ravi Narayan shared regarding the development that had taken place at the international level with the movement and Dr Thelma Narayan spoke on Karnataka State Health Policy and Ms. Amrutha of Mahila Samakhya shared about the state level developments. Dr. Shobha Yohan shared with the participants the five booklets brought out by the movement.

#### **4.4. Women's Health Empowerment Programme**

##### **Women's Health Empowerment Programme**

The second round of training women *sangha* leaders kept the training team busy in April and May. The Trainers trained by CHC with some organizational support, as well as training inputs provided by AP/SJC and RRP organized these sessions. This is the second phase of year two of the Woman's Health Empowerment Training. Sustained training with the same groups, with an additional focus on mental health, working with government and Panchayati raj institutions has helped to consolidate the work. This has proved to be useful and necessary. Our experience has been that the women *sangha* leaders bring about small changes towards better health at the household and local community level. However they need regular continuous support for which strategies need to be worked out. This project has been undertaken with support from the Department of Health, Government of India and financial assistance from the WHO-SEARO. In April this year an additional 1000 copies of the Women's Health Training Manual in Kannada were printed for dissemination based on the increased demand for these books. 400 copies of the existing books were purchased by *Mahila Samakhya* and 250 copies of the newly printed books were purchased by



Karnataka State Women's Development Corporation. These were provided to both organizations at a contributory price.

15 workshops were held in 2001-2002 in collaboration with other NGOs.

### **Urban Women's Health Empowerment**

As a parallel initiative with urban poor communities, woman's health training was conducted for animators and members of three NGOS working in urban slums of Bangalore. S.D.Rajendran maintains contact with these groups on a regular basis, also taking sessions on ill effects of tobacco and alcohol use and on HIV/AIDS. The newest idea that has recently emerged from the group is the formation of a men's group.

35 women health trainers participated in a workshop in May/June, 2001 in partnership with three other NGOs.

The third women's health and empowerment training programme for animators working in Bangalore slums was conducted on 9<sup>th</sup> & 10<sup>th</sup> November 2001 in which there were 35 participants. The resource persons comprised of Dr. Thelma Narayan (she gave the inaugural address); Dr. Haffeel and Dr. Sumanna (Home remedies); Mr. Srinivasan (food and nutrition); Ms. Lakshmi (Violence against women); Ms. Joyce (Family planning and solving of husband-wife problems – counseling methods) and Dr. Pandiyani (Alcoholism and women's role in alcohol related problems).

**2nd state level workshop at Bellary Diocese Development Society, Bellary: on 17<sup>th</sup> October 2001.** This one-day programme was intended to, create the linkage between Govt. services and Community and to share about the experience of Women's Health and Empowerment Training programme with Government officials. During this programme action plan on how to converge this programme with already existing programmes (both Govt. and NGO or people's initiatives) was also done. Participants included Govt. officials from State and 7 districts of Karnataka (from the 4 different departments), NGO partners, Women community leaders from these districts (Bangalore®, Chamarajanagar, Raichur, Koppal, Bidar, Gulbarga and Bijapur). Total number of participants was 70.

**Women Community leaders training programme:** at Janodaya, Devanahalli. Programme was held 9<sup>th</sup> November 2001. 25 participants from different villages, belong to Self Help Groups participated in this programme. Major topics covered during training programme were Ill effects of Tobacco and Alcohol, Role of Women on Panchayat Raj system, and Women's Mental Health. These participants of this training programme from initial phase of the programme and are expected to create awareness in their villages regarding the issue in which they were trained.

**Annual conference of Karnataka Association of Community Health:** Participated in conference as a **delegate** along with Dr. S.K.Krishnan another team member from CHC. Presented the paper on **Reproductive and Child Health in comparison Women's Health and Empowerment** training programme. This paper was presented under Reproductive and Child Health sub theme. Conference was held at Gulbarga on **24<sup>th</sup> and 25<sup>th</sup> November 2001.**

**State level convention of women – organized:** From 5<sup>th</sup> 7<sup>th</sup> March, 2002 a State level convention was organized by Mahila Samakhya- Karnataka in which CHC also gave inputs. Besides a Cabinet Minister and Senior Government Officials, 500 empowered women from all over the state attended. 80 participants out of 500 women from different parts of Karnataka took part in deliberations and discussed various factors affecting Women's Health. They shared their experiences citing case studies as background for their narration. They also identified action points to counter these factors affecting the women's health and developed the action plan. The main issues discussed were nutrition, issues of adolescents of girls, elderly women, alcoholism, involvement of men in women activities, Reproductive Child Health (RCH), women's mental health, HIV/AIDS. People's Health Charter was shared. There was a very good response from the government officials who shared their problems. Some of the action points emerged as a result of the activity are:

1. Organising the Taluk and district programme for issues identified in the small group discussions.
2. Meeting with all the Govt. officials, incharge of the activities, which were identified through small group discussions. This will be done collectively through sangha.
3. Awareness programme through sanghas at the community level.
4. Organising meeting of Govt. officials and Community through collectivity.
5. Organising the community for the community development activities.

**Third women's health and empowerment training programme:** for animators working in Bangalore slums was conducted on 9<sup>th</sup> & 10<sup>th</sup> November 2001 in which there were 35 participants. The resource persons comprised of Dr. Thelma Narayan (she gave the inaugural address); Dr. Hafeel and Dr. Sumanna (Home remedies); Mr. Srinivasan (food and nutrition); Ms. Lakshmi (Violence against women); Ms. Joyce (Family planning and solving of husband-wife problems – counseling methods) and Dr. Pandiyan (Alcoholism and women's role in alcohol related problems).

The general feedback of this programme was very good and it was unanimously felt that the sessions had been very helpful. The participants also promised to spread whatever they had learnt during the programme and were sorry that they had not been punctual but would be in future sessions.

### **International Women's Day**

CHC supported in organizing the rally and the public meeting. The rally was organized by Bangalore based women's organizations. Over 5000 people took part in the rally. CHC mobilized over 400 people from 4 slums in Bangalore. The rally and the public meeting focused on the following issues: 1. personal violence, 2. Caste and communal violence, 3. Terrorism and war, 4. Women's vision of peace, 5. Poverty, Displacement and Globalization and New Economic Policy.

## **4.5. PUBLIC HEALTH POLICY ANALYSIS, ACTION AND ADVOCACY**

### **4.5.1. Tuberculosis**

- a. A study 'Patient's Perspectives regarding TB treatment received' was undertaken in urban slums of Bangalore by SJC with support of TN and other senior team members. There has been good collaboration with health personnel in charge of the RNTCP from the Bangalore Mahanagara Palika (City Corporation).
- b. Through the Task Force recommendations, strengthening of general health services and diagnostic services in the state public sector has been initiated. This is being undertaken as a basic requirement to improve TB care and control.

A study on patient's perspective regarding TB treatment was initiated using a qualitative method. The samples were drawn from the Directly Observed Treatment Short Course (DOTS) treatment centres. Initially it was planned to conduct in-depth interview with 100 people who were under treatment and had just completed treatment, later it was decided to stop the interviews with 40 patients as it was felt 40 would be sufficient for fulfilling the study objectives. The study focused on the following areas; knowledge, help seeking behavior, family and community attitude, economic implication, effect on work and employment, distance and time and satisfaction. The information collected is being analyzed and the report will be ready shortly. The data collection, which was started in April, restarted from 13th September and was completed on 29th October. The data collection was carried out along with other commitments.

### **4.5.2. Malaria & Vector Borne Diseases**

#### **The Vector Control Initiative**

This has evolved different innovative approaches with particular attention to community mobilization and new partnerships. The Tumkur initiative is an effort in developing a strategy to involve panchayat raj institutions in the control of malaria and mosquitoes. The basic thrust of vector control will be through bioenvironmental control, which the community can carry out using simple measures. Towards this CHC has met with district authorities and gram panchayat presidents to further this programme.

On June 19<sup>th</sup> the CHC team RRP/ Raghunath Rao met with District Commissioner of Tumkur and RRP highlighted the need of community involvement and participation in malaria control.

On July 4<sup>th</sup>, CHC in association with Malaria Research Center (MRC), National Anti Malaria Programme (NAMP) and Panchayat Raj System of Government of Karnataka facilitated a one-day workshop on bioenvironmental control of malaria at Chikkanayakana- halli. This programme was arranged by the EO of the CK halli taluk of Tumkur district and was attended by 28 gram Panchayat Presidents and Secretaries of CK Taluk. It was decided that CHC on its part will help panchayats in

strengthening the community participation component and also explore the possibility of involvement of the Tumkur Science Forum.

RRP has written a draft paper from his epidemiological study on Kala azar and also a paper on ethics. These have been circulated and discussed and will be sent for publication. The full report has been shared with the support NGO groups in Bihar.

Several interactions took place between RN,RRP, the Malaria Research Centre team, the Regional Office for Health and Family Welfare, Mr. Raghunath Rao and with the Additional Director Communicable Diseases. RN made a presentation – *'Beyond Bio medical Research: The Challenge of Socio-epidemiology'* at a seminar organized by the Sir Dorabjee Tata Institute of Tropical Diseases, Bangalore. RN also gave inputs on Malaria to government doctors at a meeting organised by the district authorities in Mangalore, Dakshin Kannada district. This was a follow up to the work initiated by the *Parisara Sakta Okoota* an environment federation in the past in which CHC and MRC were involved. The planning of the RITAM (Research Initiatives in Traditional anti-malarials initiative with FRLHT continues.

**Surveillance meeting/3nov/-** presented a detailed plan of action about C'MAP in Communicable Diseases Surveillance meeting in Tumkur chaired by the District commissioner and participated by all the district authorities of Tumkur. The meeting gave formal approval to carry out the Kala-Jatha to spread malaria awareness in Mathigatta PHC area of CN halli Taluk.

**DHO- Tumkur/8nov/-** A detailed project Proposal was submitted for C-MAP-Health project for carrying out activities to involve communities in Malaria control in CN hally Taluk of Tumkur district.

**DDPI/WCD-Tumkur visit/22-23nov/-** to meet the directors heading these departments to secure on official duty (OODs) for the 5 teachers and 10 anganwadi who volunteered to participate in month long Kala-Jatha events in Mathigatta PHC area to spread awareness of malaria to the community through the medium of street theater and songs.

**Video Recording/20dec/** – of the Kala-Jatha events in the villages, recorded the performance of both the Kala-Jatha teams.

**Fact Finding Mission** – RRP was part of a 5 member Fact finding team which investigated circumstances which led to death / suicides of farmers in Warangal in Andhra Pradesh.

**Malaria workshop/5feb/** – RRP was invited to a state malaria workshop called by the Director of Health services to advice the state government in strategy formulation to control Malaria.

**Kalajatha rehearsal /preparation programme** at Kuppur Math, Kuppur, C N Halli Taluk. This visit was done on **30<sup>th</sup> November 2001** when 30 artistes were practicing for Kalajatha on Community Mobilization programme for Malaria control in two batches of 15 members each. During the visit proper information on Community responsibility in malaria control was shared with the artists and script writer.

#### 4.5.4. Tobacco Control

Creating community awareness regarding ill effects of tobacco has been taken forward actively by SJC through working with children and youth. Interactive approaches, quiz and slides were found to be effective in engaging the interest of the children/students. St. Joseph's college had a tobacco free week. The posters prepared last year by the Karnataka Chitrakala Parishad students were attractively displayed and caught the attention of senior college students and staff. The college is moving towards a tobacco free campus.

CHC is also a member of the Bangalore Coalition against Tobacco. On May 31, World No Tobacco Day, CHC organized a public rally in Koramangala to spread awareness of the ill effects of tobacco. CHC also printed posters and handbills which were distributed to people during the rally. Sixty large cloth banners with messages were put up in key spots in the city. T-Shirts with tobacco related messages were printed. A donation from DECCANET supported the rally related activities. The rally was well attended and was flagged off by the well known film personality Vishnuvardhan. Other important functionaries also attended. This was one of the five rallies held all over Bangalore city.

#### **Education for a Tobacco Free Life for College Students**

The objective of this activity was to create awareness among the college students regarding the ill effects of tobacco. The student's community around the world has been the target of tobacco companies. This activity was carried out at the request of Christ College Career Guidance and Counseling Department from 3 October to 28 November on all Fridays from 12.00 noon to 1.00 pm. There were 6 sessions, **over 750 students both boys and girls of II year Pre University Degree benefited from this activity.** This subject is planned as part of the value education module. The students were informed with the help of set slides on how smoking and chewing tobacco affects their health.

#### **Exhibition**

Tobacco posters prepared by Chithrakala Parishad fineart students were exhibited in two arts, science, and commerce colleges and a medical college during their cultural fests. **Over 10000 students visited the exhibition.** The first exhibition was held from 8-12 January 2002 at Bangalore Medical College, the second one on 21st January at Christ College and the third one from 24-26 January at Baldwin Methodist College. Handbills on tobacco were placed in the venue for students seeking more information. After the exhibition an attempt was made in bringing the students community to help them plan appropriate strategies to defend themselves from the attack of the tobacco companies. Since they were busy, it was decided that another meeting would be convened during the month of June.

#### **4.5.5. Community based Approach to Alcohol Abuse**

##### **The Alcohol Control in Bangalore Slums Programme**

SDR enlisted the support of National Institute of Mental Health and Neuro Sciences (NIMHANS) and initiated a series of brainstorming sessions along with a few NGOs already working in the slums of Bangalore. The focus was on evolving a new, effective community based approach to tackle the rising alcoholic problem in Bangalore slums. The meetings were interactive with a few experts from NIMHANS also participating. Each meeting came up with different ideas and views and participants were asked to get a feedback from their respective slums. The meetings continued and a specific experimental approach was finalized and implemented. Meanwhile three slums have been identified where awareness programmes in the form of street plays and films were initiated. These slums are: Jairajnagar (Austin Town), Ragigudda (JP Nagar) and Sakthivelnagar (Shantinagar).

An earlier initiative of meetings of an “Action Group for Sobriety” was organised by SDR on 22<sup>nd</sup> April. He also provides support to a few families coping with this problem. Resource files on Alcohol and Health Effects have been developed.

In each and every session of our Women’s Health Empowerment Training programmes and women’s group meetings another initiative that we were involved in, we noted that the problem of alcohol consumption was highlighted. This made us think of doing something and evolve interventions which could tackle this problem in the community. A series of consultative and study meetings were conducted involving different NGOs and a few members of the NIMHANS’ psychiatric department. These focused on how to plan and evolve methods to control alcohol consumption in Bangalore city slums. It was decided to select three slums in Jairajnagar, Ragigudda and Sakthivelnagar areas and try to explore a successful community based method on an experimental basis. It was felt that first of all a general awareness needed to be created among the residents of these slums as a starting step. Street plays were planned and performed with the help of the Government of India’s Song & Drama Division based at Kendriya Sadan Bangalore in these communities. These were held on the following dates:

14<sup>th</sup> October 2001 > Jairajnagar  
20<sup>th</sup> October 2001 > Ragigudda Slums  
28<sup>th</sup> October 2001 > Sakthivelnagar

These street plays were performed by professional theatre artistes while the themes were contributed by CHC. It was seen that this method was a very effective one by way of reaching the message to the residents. Though the men were less in number in the audience, the number of women and children was quite substantial and encouraging. An approximate crowd of about 300 people gathered in each of these venues.

A CMAP-A partners meeting was held at CHC on 15<sup>th</sup> February 2002. This was based on the previous consultative and study meetings and the outcome saw a draft project proposal emerge which focused mainly on alcohol prevention programs. The partners insisted that it should be prepared with a broader community health/public health – health promotion and human development framework rather than the usual vertical bio medically focused one.

The follow up meeting was held on 22<sup>nd</sup> February at CHC with a re-drafted project proposal. The partners appreciated the draft proposal content but they felt that it would have to be discussed in the community and have a dialogue with men and women group members. This was necessary to identify community / public health problems and explore possible solutions in a participatory interactive way with the involvement of all the partners in the programme. According to the decision taken in the meeting, the process of dialogue, interaction, effecting possible solutions and forming of youth and men groups is going on in three Bangalore slums.

## **4.6. RESEARCH PROJECTS**

### **4.6.1. Community Mobilisation and Partnerships for Malaria Control**

**TSF EC Meet/1nov/-** attended the Tumkur Science Forum Executive meeting as a special invitee to spell out detailed plan of action for Community Mobilization and Partnership in Health (C'MAP-Health) in Tumkur

**Surveillance meeting/3nov/-** presented a detailed plan of action about C'MAP in Communicable Diseases Surveillance meeting in Tumkur chaired by the District commissioner and participated by all the district authorities of Tumkur. The meeting gave formal approval to carry out the Kala-Jatha to spread malaria awareness in Mathigatta PHC area of CN halli Taluk.

**HAL-GR Survey-/20nov/** Was part of CHC-MRC team, which surveyed HAL area of Bangalore City along with BMP health officials to identify the various breeding grounds of mosquitoes and suggest remedial measures for vector control.

**DDPI/WCD-Tumkur visit/22-23nov/-** to meet the directors heading these departments to secure on official duty (OODs) for the 5 teachers and 10 anganwadi who volunteered to participate in month long Kala-Jatha events in Mathigatta PHC area to spread awareness of malaria to the community through the medium of street theater and songs.

**CEO meet/17nov/-** Chief Executive officer of Tumkur was met and appraised about the C'MAP project and elicited commitment for making food arrangements for 30 artists of Kala-Jatha team during the 15 days programme.

**Impact assessment/3march/-**an assessment was carried on the impact of Kala-jatha in the community for its effectively in imparting Health education to general community.

**Prerak training/17march/-** Organised training sessions to 204 Preraks and Up preraks of CN hally taluk on malaria and vector control.

**Kalajatha rehearsal /preparation programme** at Kuppur Math, Kuppur, C N\_Halli Taluk. This visit was done on **30<sup>th</sup> November 2001** when 30 artistes were practicing for Kalajatha on Community Mobilization programme for Malaria control in two batches of 15 members each. During the visit proper information on Community responsibility in malaria control was shared with the artists and script writer.

**27<sup>th</sup> December , 2001 : Kalajatha Valedictory function :** Kalajatha valedictory function was organised at Kuppur . This was presided by Dr. G.V. Nagaraj, Director, H and FW services, Govt of Karnataka. 30 artistes performed as a part of the programme, which was witnessed by numerous Govt officials from the District and Taluk level, and the community. Objective of the programme was to formally conclude the Kalajatha awareness programme and creating a link between



community's needs and Govt services. More than 150 community members along with officials participated in this programme.

**14<sup>th</sup> –17<sup>th</sup> March,2002: Preraks and Upa preraks training** on CMAP –Rural programme at CN Halli and Huliyaar. More than 225 participants got trained for these four days in batches of 55-60 every day. The objective of the programme was; to share about the input on Malaria and Community Organization for Malaria control programmes and to develop action points for the issues discussed in the training programme. They were given immediate action points to be followed in the community and send the information to either CHC or MRC.

#### **4.6.2. TB**

**(Chander's study on TB) yet to get**

#### **4.6.3. HIV / AIDS**

On 30th May CHC joined a candlelight procession in Bangalore organized by different groups through AIDS Forum-Karnataka as a mark of global solidarity to address the problem and to remember the 26 million who have already lost their lives to AIDS. The CHC team had in preparation conducted sessions with urban poor communities through NGOs, many of whom participated in the procession.

From 21<sup>st</sup> - 25<sup>th</sup> May TN went to New York to participate in the United Nations General Assembly Special Session (UNGASS) preparatory meeting on HIV/AIDS as a representative of the Caritas International's AIDS Task Force (CIATF). TN also attended the final UNGASS session which took place from 25<sup>th</sup>-27<sup>th</sup> June where the Declaration of Commitment on HIV/AIDS was adopted. Discussions were held with Caritas India regarding a multinational approach of church bodies to HIV in India and with SAHARA an NGO in New Delhi. On 3<sup>rd</sup> and 4<sup>th</sup> August TN attended a two day workshop / national consultation organized by CHAI at Secunderabad with the theme as "Response of Church Bodies in India to HIV/AIDS".

A meeting with the same theme, with focus on Karnataka was held by CHAI-KA on 13<sup>th</sup> September. TN made a presentation and participated in the discussion.

Discussions on the UNGASS declaration were held on 5<sup>th</sup> September at the AIDS CARE FORUM, Bangalore. This received coverage in the Deccan Herald.

CHC continues to support the work of AIDS FORUM Karnataka (AFK), which has stepped up its activities with the appointment of a full time training coordinator identified by us.

A new campaign for access to essential medicines including drugs for HIV/AIDS has been initiated by a network of organizations particularly Lawyers Collective. CHC and AFK support this.

Presently Rajakumar Natarajan is working on a Resource Directory for HIV/AIDS in Karnataka. The aim of the directory was to resource map different types of services in public, voluntary and private sector in a practical, do it-yourself approach in the field of HIV/AIDS in Karnataka.

#### **4.7. COMMUNITY HEALTH / PUBLIC HEALTH FORUM MEETINGS**

#### **4.8. CHC TRAINING**

- ❑ Dr. Sampath K Krishnan is Fellow in charge of Training and Health Promotion providing support and direction to the training team including the Women's Health Programme.
- ❑ The second round of training and life skills education for young men/boys in the Vocational Training Centre at Sevasadan started on 14<sup>th</sup> September 2001. Sixty nine boys go through a programme with two hour sessions every Friday for 12 weeks. They are divided into four language groups Tamil (SDR &SJC); Kannada (AP); Malayalam (JPJ our extended team member) and Hindi (RRP & SKK) to facilitate better small group interactive learning. The previous batch had written a very nice letter of appreciation to the training team for the inputs made in their time.
- ❑ In May 2001 Alex Parimalam of Action for Disability and Development (ADD India) joined the CHC team as an observer of our training programmes for about two weeks (18-30<sup>th</sup> May) as part of the trainers forum initiated by Dr. Vijay Phadke. He presented his views to the CHC team on 20<sup>th</sup> July 2001 highlighting strategies and limitations.
- ❑ On 28<sup>th</sup> June there was an interactive dialogue on challenges in community health training (SDW) at CHC the training team participated.
- ❑ There was a Staff Development follow up Workshop at CHC on 25<sup>th</sup> July. Dr. RN and SPT presented CHC's past development work, background and methodology of training to the training team.
- ❑ Ms. Padmasini and SDR visited TRED an NGO in Kollegal bordering Tami Nadu for a training programme.
- ❑ Dr. Shekar Sheshadri from NIMHANS facilitated a life skill workshop (Chrysalis) at CHC on 30<sup>th</sup> July and 24<sup>th</sup> September 2001 at CHC. The group decided to meet every three months.

- RN participated in a special whole day session on Health and Psychosocial consequences which was part of the NIAS course for IAS officers on Disaster Management on 8<sup>th</sup> August 2001.

RN presented a critical review of the Health component of the Richmond Fellowship College. M.Sc. course in psychosocial Rehabilitation at a special course review workshop organised on 21-22<sup>nd</sup> April 2001. A follow up meeting to finalise the proceedings and revised curriculum was also attended in September 2001.

#### **4.9. COMMUNITY HEALTH INFORMATION AND ADVISORY SERVICE**

##### **Bhopal Remembrance Day: 3<sup>rd</sup> Dec 2001**

The Bhopal Remembrance Day was observed on 3<sup>rd</sup> December 2001. This day brought people from different parts of Karnataka who were victims of hazardous toxic by-products. The essence of the Remembrance Day was to prevent tragedies like Bhopal from happening again.

In Doddaballapur, the dye factories that had popped up close to their village were disposing off chemical rich dye-water into the discarded bore wells. This left a lot of people and cattle sick due to the pollution of the ground water.

##### **Toxics Link Annual Meet: 14<sup>th</sup> to 16<sup>th</sup> Dec 2001**

Dr Praveen and myself attended the Toxics Link annual meet on behalf of CHC at the Jamia Hamdard Convention Centre, New Delhi.

Different groups ranging from environmentalists, human right activists, legislators, miners and our CHC team represented the meeting. The morning sessions were mainly presentations by different groups about the problems confronting them and the afternoons were devoted for group discussions. The final day was dedicated to Toxics Link and how they could provide better support to various groups.

There was also an audio-visual presentation of the Endosulphan affected area of Kasargod, by Mr. Jayan Kumar of Thannal.

This provided me with a good knowledge on various issues from different perspectives and the abuse of the environment. However, it was very interesting to note that there were a very few groups working on the environmental health issues and the networking among various groups were inadequate. As an outcome of this meet, CHC's involvement deepened in two issues; endosulphan-affected area of Kasargod and the Suicide of cotton farmers in Warrangal.

##### **Mines, Minerals and People: 17<sup>th</sup> Dec to 21 Dec 2001**

This annual meet was held in Baba Amte's Anandwan Ashram, Warora.

There was a huge gathering of people, mainly activist working in mines and Adivasis. The problems were pertaining to mining areas where: Communities were suffering from serious health problems, injustice to displaced Adivasis and workers, mine accidents, child labor, depletion of natural resources etc. Speaking to various groups in between or after meetings gave us an overview of the health scenario in these places. We heard stories of how mothers would leave their babies with marijuana under the tongue before going to work. In majority of the places Occupational health and safety was unheard off, silicosis, pneumococcus were treated as T B, water sources were polluted to a big extent, radioactive waste were being dumped, children and women's health are in dire straits, contract labors suffered the maximum.

Dr Praveen and myself gave a brief speech on “ health as a fundamental right” and how CHC could help them as a supportive network and the probabilities of holding another CHESS workshop that would be beneficial to a lot of groups working at the grass-root level.

### **Endosulphan : Kasargod trip 18<sup>th</sup> Jan –25<sup>th</sup> Jan**

Dr Praveen accompanied me in this trip to Perla and Kasargod. Perla is a small village that lies in the border of Karnataka and Kerala. The western -ghats provides an ideal location to grow cashews for the overseas market. The cashew plantations were being aerielly sprayed with a banned pesticide (Endosulphan) of nearly two decades. The Doctors here came across numerous strange illnesses, which was never seen in these parts before.

This gave us an opportunity to meet Dr Romy Quihano, who is considered an expert in the field of pesticides Internationally and Dr Revathy, from Pesticide Action Network, Malaysia. We visited most of the affected villages and a video documentation of some of the cases was also done.

### **Environmental & Occupational Health**

- From 13-17<sup>th</sup> August the CHC team led by RN facilitated and organized an interactive participative Community Health Environmental Health Survey Skill share (CHESS) workshop in Bangalore. This was at the request of Greenpeace in collaboration with different local environmental movements. The aim was to equip communities and campaigners with the basics of conducting health surveys and to understand the role of community health surveys in campaigns against industrial pollution. The participants from different parts of the country comprised of community activists, medical practitioners and people from affected communities, occupational health doctors/activists, community health doctor/activists, toxicologist and lawyers. Individual and small group meetings and a questionnaire preceded this. A young intern Dr. Parveen gave volunteer time to facilitate communication and organization. RRP/SKK/SJC also attended some of the sessions. RRP was one of the rappers and TN made inputs on women's health.
- Dr. Mohan Isaac and Praveen visited Kodaikanal for examination of persons exposed to mercury. There are follow up individual/group

meetings to provide support at the request of the Tamil Nadu Coalition against Mercury.

- ❑ RN had meetings with the Regional Occupational Health Centre (ROHC) team. He is a member of their Technical Advisory Committee and Ethics Committee. Their research studies were reviewed.
- ❑ On 13<sup>th</sup> August, there also was a meeting of the Indo Norwegian Environmental Project in Karnataka where CHC gave inputs on environment and health.
- ❑ RN/SKK/RRP/AK also participated in follow-up meetings regarding the Gujarat Earthquake on 11<sup>th</sup> July 2001 when the follow up action to the responses of the network Bangalore Response to Gujarat earthquake (BRGE) was reviewed.

#### **4.10. COMMUNITY HEALTH INFORMATION AND ADVISORY SERVICE**

##### **CHC SUPPORT TO OTHER ORGANISATIONS (SOLIDARITY)**

During the entire year CHC's Information and Advisory Service was 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/sochara2000/> for SOCHARA was created in May 2000 and is regularly updated.

The uses of library has increased.

- ❑ On 3<sup>rd</sup> April, Dr. Chandra, eminent social paediatrician now retired but active in Tirupattur, Tamil Nadu spoke on issues affecting child health in the current context of globalisation. She has been active in the PHA process.
- ❑ On 7<sup>th</sup> April, Dr. SKK and AK participated in a half day seminar on Mental Health at the Medico Pastoral Association, Bangalore.
- ❑ Dr. Liz Eikerman , Sociologist, from Deakin University, Australia visited CHC for discussions with TN on Violence & Health.
- ❑ Dr. Mohan Isaac represented CHC at a Regional Consultation on Public Health and Human Rights on 10 –11<sup>th</sup> April organised by National Human Rights Commission and WHO-SEARO.

- ❑ RRP attended a meeting on Health Implications of Water Supply and Sanitation (Master Plan) on 12<sup>th</sup> April 2001 organised by Bangalore Water Supply Sanitation Board and facilitated by Dr. Padam Khanna of AUSAID.
- ❑ On 30<sup>th</sup> April, RRP presented his Kala-azar study at a public health forum at CHC.
- ❑ On 25<sup>th</sup> May a meeting initiated by CHC was held regarding the PNDDT Act and its amendment at the Directorate of Health Services (DHS) with concerned officials, SG, Dr.CMF and other NGOs. The DHS has subsequently initiated measures for registration of ultra sound and information.
- ❑ On 7<sup>th</sup> June, TN made a presentation on ‘ Potentials of DHAF’ at the District Health Action Forum (DHAF) Retreat for Bangalore Rural and Chamrajnagar districts organised by CHAI.
- ❑ AP participated in DHAF meetings and activities.
- ❑ RN spoke on the ethical challenges for Health Care and Medical Education at a Guest Lecture organised by Ethics Department of M.S. Ramaiah Medical College on 29<sup>th</sup> June 2001.
- ❑ A CHC team (RN/SKK/AK/LN) visited the Drepung Tibetan Resettlement Colony in Mundgod Uttar Kannada on 30<sup>th</sup> June and 1<sup>st</sup> July to assess the public health system and sanitation facilities there. This was on request of the Secretary of the Loseling Health Care Committee. After visiting the medical facilities, the hostels and the camps and consulting with the Hospital Administrator, the camp administrators and the Abbot, a report with recommendations was submitted to them and a copy sent to the Health Secretary of the Tibetan Government in exile at Dharamsala in Himachal Pradesh.
- ❑ RN and CMF spoke on Teaching of Medical Ethics at the annual meeting of the Karnataka Medical and Dental Teacher’s Association held at Bangalore Medical College on 22<sup>nd</sup> July 2001.
- ❑ On 29<sup>th</sup> July SKK spoke on the “Role of NGOs in Disaster Management” at the Disaster Workshop organised by the Association of Physicians of India Karnataka chapter at Victoria Hospital, Bangalore.
- ❑ On 3<sup>rd</sup> August SKK and AK attended a guest lecture by Mr. Anand Grover of Lawyers Collective on AIDS and TRIPS organised by AIDS Forum Karnataka at NIMHANS.
- ❑ On 8<sup>th</sup> August SKK attended a Forum for Crèche and Child Care Services (FORCES) meeting held at the Karnataka State Council for Child Welfare. This was to finalize the Bangalore chapter of FORCES.

- On 23<sup>rd</sup> August Dr. Ravi Kumar, of the Regional Office of Health & Family Welfare spoke on 'Non-Scalpel Vasectomy'(NSV) as part of male participation in Family Welfare.
- On 19<sup>th</sup> September, as part of the Community Health Forum, Dr. Ambrose Pinto Principal of the St. Joseph's Evening College spoke on the World Conference against Racism with special reference to Dalits in India. This was to deepen our understanding so that health interventions can be more sensitive.
- Dr. VB and TN attended several INSA meetings and programmes being members of the GB.
- SKK attended a SIDA-UNICEF meeting 'Improving Quality of Care of Safe Motherhood through Strengthening Midwife skills in the office of PDRCH (Project Director RCH) on 24<sup>th</sup> August.
- A meeting for discussing Stray Dog Nuisance in Bangalore at BMP was held at the Mayo Hall on 30<sup>th</sup> August. SKK attended.

#### 4.10 CHC INFORMATION CENTRE (LIBRARY & DOCUMENTATION)

**The Library Committee** was revitalized with RN, AK, HRM, RRP and Magesh

**Annotated bibliographies** on *a)* all training books/manuals and *b)* all HIV/AIDS books/manuals in the library were completed by AK. These are now available on request.

**The SOCHARA website** was updated and since then 747 hits have been recorded. The website work is done through the voluntary efforts of Magesh, our extended team member, to whom we are grateful. This is supported by AK

**The CHC newsletter** edited by AK was published and widely distributed. Work on the next issue has begun.

250 **new books** were acquired for the library bringing the total of books in the library to 6965. Several new additions have been received gratis. HRM manages the library and puts up lists of new arrivals etc.

New **Resource Files** have been added to our collection particularly on HIV/AIDS taking the total number of resource files to 335.

The collection of **health education material** particularly posters have been classified by HRM and maintained by him and CJ . These are used by our team and other groups for community health promotional sessions. We have a collection of 330 posters 119 videos and 52 slide sets.

Over 69 research students, doctors and others made use of the Library facilities during this period. The Library users register is incomplete. The actual number of users is more. The CHC team also uses the library extensively. It has provided tremendous support to the Task Force and HNP work.

#### **Publications:**

The following **articles** were written for various publications:

**'Families Caring for the Mentally III'** RLK – Health Action Vol 14 No: 4 April 2001 pp: 15-17

**'Defending Health Rights'** CMF/TN – Health Action Vol 14 No: 5 May 2001 pp: 15-18

**'Exploring Community Mental Health'** RLK – Health Action Vol 14 No: 6 June 2001 pp: 36-37

**'A People's Charter for Health and Beyond'** RN – Editorial NMJI Vol: 14 No: 2 March April

**'Ethical Guidelines for Social Science Research in Health'** by Members ( TN was a member of the group) National Committee for Ethics in Social Science Research in Health (NCESSRH) – CEHAT Mumbai.

**'People's Health Assembly – Popular Response to Health Inequities'** by TN for Health Equity Network. 28<sup>th</sup> August 2001.

**'Health for All –Now!** By RN. One India One People - Vol.4 Issue No 12, July 2001.pp 11



*‘ Introduce Ethics in medical Curricula’* an interview with Dr. CMF, RN and Dr. Prakash Rao discussing the focus of the Task Force report and how it envisages improving the public health care system by going to the root of the problem. Housecalls Volume 3 Issue 4 September-October 2001

Library is one of the CHC’s objectives. It helps not only CHC Team and also other NGOs and Professional and Medical Colleges particularly Community Health Departments. Library is collection the information through books, journals, unpublished papers, paper clippings and health education materials viz., slides, vidios and pamphlets etc., Library team made few bibliographies viz., Update of HIV / AIDS annotated bibliography, Urban Health and Other issues, Training Materials for health Workers and others. Now our book collection upto 7278 (during the last six months we collected 302 books through purchasing, receiving by post and donation and collection from seminars by CHC staff).

#### **4.11. CHC ORGANISATIONAL ISSUES**

##### **ADMINISTRATION AND ACCOUNTS**

- ❑ This provides the backbone and essential support to the professional work of CHC. The accounts and other work increased substantially during the period with the large number of projects and their needs.
- ❑ The annual and mid-annual audit was completed and passed at the AGBM held in August 2001 and submissions made to the FCRA, Registrar of Societies and partner agencies.
- ❑ The Income Tax returns of the Society are in the process of being prepared and submitted.  
Variance statements too have been prepared.
- ❑ Work in relation to running the affairs of the Society for Community Health Awareness, Research and Action (SOCHARA) was also undertaken.
- ❑ Communications & submissions of reports to our various partner agencies dealing with different projects were made as required. These included proposals, progress reports, and budget and expenditure statements. Besides our major donors (Misereor & CORDAID) it included WHO-SEARO for Women’s Health, DFID for the Madhya Pradesh JSR review; KHS DP for the HNP project; CORDAID, OXFAM, Action Aid, HIVOS for PHA related activities. This involved a larger amount of work.
- ❑ Purchases for the office and library were made according to the budget available.

- The Office and Administration team has been providing invaluable organisational and logistic support to the various activities and programmes of CHC.

**Impact of Globalization on Health:** Eight Sessions on Impact of Globalization was conducted for the first year Pre University students of Christ College for one hour from September to 14th December 2002. Over 1000 students participated in the discussion. The discussions were initiated based on the changes that the students observed locally. The students were not able to relate the changes to global policy changes. However there were a few students in every class argued for Globalization and most of them pointed to positive impact on the IT industry. There were discussions on impact of Globalization on Food, Clothe, Tobacco and Health.

**One-day discussion of NGO governance:** A one-day meeting was organized on 27th February 2002 in view of the proposal of the government in bringing out a policy to monitor the transparency and accountability of NGOs in the country. Some of the NGOs in the state and at the centre felt before the government imposes, the NGOs could agree upon the minimum norms that would reflect about their credibility and transparency. Following areas were suggested and discussed; vision and mission statement of the organization, aims and objectives, addresses of board members of the organization, internal and external audit system for accounting, minimum wage policy, circulation of printed annual reports.

**Study on ICDS programme (Integrated Child Development Services):** A study on functioning of Anganwadi centres in Bangalore is initiated by the Karnataka chapter of FORCES (Forum for Crèches and Childcare Services). Forces is a National network committed to work towards improving the childcare services in the country. There are 7 Bangalore based organizations members of the network at the moment. CHC has contributed in developing the study design. On behalf of CHC I had attended the planing meetings on 15th November 2001, 5th January, 15<sup>th</sup> February and 26th March 2002. 30 Anganwadi centres will be looked into by 20 field investigators. CHC also has commitment for training the investigators, conducting the study and using the findings for advocacy.

**Anantha Ashram :** CHC conducted a one-day orientation programme for the Community Health Workers of Anantha Ashram. They had already trained them over two years meeting them once in a month for giving them the training. We understand that their training focused more on simple curative measures. CHC did a preassessment and found out that their knowledge on concepts of Health and Disease was not so good. Therefore they were taken through a session on understanding of the concepts of Health and Disease. SJC and AP took the following sessions: Health promotion, levels of prevention and community organization. The programme concluded with the decision that the participants would identify the local health problems and come for the next session.

**Visit to TVS Company's Community Development area:** TV Sundaram Motors in Hosur, Tamil Nadu is involved in social development activities in five villages. The company had requested Community Health Cell to assess the nutritional status of the

people with whom they are working. AP and SJC made a visit on 20<sup>th</sup> March 2002 to the areas where the company is working. TVS Company has started 3 self-help groups in 3 villages. With the two groups they have initiated income generation programmes. In Kothagondapalli village 20 women are involved in chapathi making. They are supplying chapathis to the TVS Company's canteen. We were told that the women are not able to meet the demand of the company's canteen. The company also runs a tailoring unit for another group of women. The company runs in clinics in both the villages.

ere taken to Belagondapalli village. We went around the village to observe a few things. TVS Company with the government built the drainage system for the community but the system is clogged. We were told that the people do not want to clean them selves, they want the municipality to do the job and there was no response from the municipality for months for reasons unknown. We visited the anganwadi centre; there were about 35 children in the center playing. Most of them belong to the lower caste. The anganwadi teacher told us that there are about 180 children in the village and most of the go to the private schools. There were growth charts in the centre produced by the Tamilnadu government. The teacher said, she was asked not to record the weight of the children, as there was some printing error in the growth chart. She did not know about the details of the nutrition status of the children. We went to the primary school, which is in the same compound where the anganwadi centre is. The teacher told us that the government that the government has introduced a program for assessing the health status of eh children once year, we were told that the doctor comes and writes a few prescriptions and goes off. We observed that the school is maintaining no record. TVS Company has built an excellent toilet for the children and it is maintained well.

Next we went to the community hall where the tailoring unit is run to meet the women. There were about 15 women in the group. We discussed with them about their dietary habit and other details regarding nutrition to assess their knowledge. The women told us that ragi and rice are the two staple food of the community. Most of the mothers said they start supplementary feeding from 9<sup>th</sup> month onwards. Two mothers said they give their children the powder made from different pulses and cereals. They said they were told how to make the powder by the private hospitals when they went. The women said pregnant women are not given eggs because there is a belief among the women that this leads to ear discharge of the child when born. They said they also don't give gingili to the pregnant women. They said the pregnant women are given bland diet for about a month after the delivery. They said that on the first day they are given bread.

During the afternoon we went to Kothakondapalli were a group of 7 women were involved in making thread out of fiber taken out the stem of the banana tree. We discussed with the women their dietary habits, feeding practices of their children and their health problems. We discovered that there are taboos regarding eating of certain food items, for example eating jack fruit leads to wheezing, eating gingili leads to cough and fits and eating eggs to ear discharge. Women complained of tiredness, and gynecological problems like white discharge and excessive bleeding during periods.

The women also said that the girls are married off early due to the social pressure (the people talk about the parents that they do not have the capacity to marry them off) Sex

preference is strong, They told about one of the women in the group that she wept for nearly two months after giving birth to a second girl baby. There is caste differences among the community members, TVS company social worker told us that he was told by the company, it is a sensitive issue and not to address it. He also informed us that there is a pressure from the upper caste group to provide more services for them and not to work with the low caste.

#### Recommendations

- a. Since TVS Company had asked for input on nutrition, it was not possible to assess the nutritional status scientifically. We could assess the knowledge of the sangha mothers. We feel there is a need to improve their knowledge thereby the women in the community can be reached.
- b. There is a need to strengthen the functioning of the anganwadi centre. The teacher can be helped to assess the nutritional status of the children and work towards reducing malnutrition among children.
- c. The women also informed that white discharge is common among women and there was report of excessive bleeding during period. There might be a need to look into to nutritional status of women. Interventional strategies including health education can be thought off.
- d. The dispensaries run by company should move beyond curative services. The infrastructure can be used health prevention and promotional activities. Training of village level health worker may be useful in carrying out these activities.
- e. Finally it may be difficult to sustain activities initiated by the company if providing services approach is followed. There is a need to increase community participation beyond being the beneficiaries. It would be useful if community is innovated in planning every activity and they be given the responsibility of running them, the must own the program.

**Volunteer Support during this period :** Ms. Vaishali Joglekar a Pharmacist from the United States was referred by Sutradhar (a resource center for child development) When she came she said she was interested in supporting Health Education programme conducted by voluntary agencies for the urban poor. After the discussion it was decided that she would visit a few organizations and observe their field programmes for her learning instead supporting health education programmes. This was decided due to her inability in communicating in the local language. CHC made an arrangement was made with the following organizations for her visit: Mamta, Paraspara, SPURD, APSA, FEDINA, Sanjeevini Trust, Association of people with disabilities, TTK Blood Bank, and MAYA. As she spent time in learning she also supported some of them in writing reports and preparing project proposal.

#### SOCHARA

- ☞ Executive Committee meetings were held on 9<sup>th</sup> March 2001 and 10<sup>th</sup> July 2001 and the Annual General Body Meeting on 7<sup>th</sup> August 2001.
- ☞ A salary revision committee consisting of Ms. Padmasini Asuri, Ms. Vatsala Nagarajan and Dr. Mohan Isaac has been constituted by the EC and has begun work.
- ☞ Regular communications with Society members is maintained.

## **POLICY MEETINGS**

- RN was invited to WHO Geneva for a series of meetings –
- April 25<sup>th</sup> - On “World Health from People’s Perspective” at the NGO Forum for health at WCC, Geneva.
- April 26<sup>th</sup> - On “Macro-economics and People’s Health” with the Non Communicable Disease Cluster at a brainstorming workshop on identifying a research policy for WHO cluster on NCD and Health.
- April 26<sup>th</sup> - On Macroeconomics and People’s Health at a lunchtime seminar at WHO under the auspices of the cluster on NCD and Mental health.
- April 27<sup>th</sup> – On the People’s Health Assembly with the Department of Health & Sustainable Development (HSD)
- On 20-21<sup>st</sup> April, TN made a presentation and participated in a National Colloquium on Population issues organised by the *Sungamma Srinivasan Foundation* and Jawaharlal Nehru University.
- On 17<sup>th</sup> and 18<sup>th</sup> July CHC participated in a state level consultation of the Government of Karnataka and UNICEF. At this brainstorming session the next Phase of UNICEF was discussed. TN was chairperson for the discussions on Health.
- RN attended the National Consultation on Health Security in India organized by IHD/NAMR/UNDP at Delhi on 26/27<sup>th</sup> July and presented some reflections on the Institutional framework and governance for Health Security.
- On 9<sup>th</sup> and 10<sup>th</sup> of August SKK participated in a 2-day discussion at Chennai organized by the Indian Council for Human Rights on the Southern India Consultation on the National Commission for Children’s Bill 2001, proposed draft children’s code bill 2000. Discussions included the proposed National Commission for Children and a National Policy for the Child. Participants were from all the southern states.
- On September 26<sup>th</sup>-27<sup>th</sup>, the Independent Commission for Health in India (ICHI) organized a meeting at New Delhi to discuss the Draft National Health Policy 2001. The group including TN gave written comments and had discussions with

the Minister for Health & Family Welfare Dr. Thakur, the Union Health Secretary Mr. Javed Chaudhary and the Director General Health Services.

- On September 8<sup>th</sup> and 9<sup>th</sup>, Indian Council for Research on International Economic Relations ICRIER and the Planning Commission held a meeting in New Delhi. The meeting discussed the report “Changing the Indian Health System – Current Issues, Future Directions” by Rajiv Mishra, Rachel Chaterjee and Sujatha Rao. CHC sent written comments by RN, TN and DR CMF. TN participated in the meeting.
- A meeting with Ms. Shobha Nambisan Secretary WCD was held on 14<sup>th</sup> September regarding HNP Project TN/SKK attended

## **6. REVIEWS**

CHC has initiated a review of the *Jana Swasthya Rakshak* (Community Health Guide) scheme in Madhya Pradesh which is now part of the newly launched Community Health Guarantee Scheme. The review supported by DFID has been planned with the active participation of 5 associates (Dr. Shyam Ashtekar, Dhruv Mankad, Abhay Shukla, Shashikant Ahankari and As Mohammad) who are part of the review team along with RN. The preliminary visit was undertaken in August 2001 and the field review was done in September 2001 with a mid-project process review on 18<sup>th</sup> September 2001 after the pilot fieldwork. The report is being compiled.

## **5. CONCLUSIONS**

The year 2001-2002, 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 to express a sense of urgency and also to maintain a continuity, reiterating the principles of Primary Health Care. There was a closer working with the Government 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 joining us in working toward the paradigm shift in health and health care. The Women’s Health Empowerment Programme has been a joint effort with the Government of India. 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 and taking it to the community, where it is still constitutes a major necessity.

## **6. ABBREVIATIONS**

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CMF - Dr. C.M. Francis; VB – Dr. V. Benjamin TN – Dr. Thelma Narayan; ; RN – Dr. Ravi Narayan; Dr. Rajan R. Patil (RRP); AP – Mr. Prahalada A.; SDR – Mr. S.D. Rajendran; AK - Arjun Krishnan; HRM - Mahadevasawmi; Mr. S.J. Chander; JA – Joseph Anthoniappa; CJ – C.James, Jacintha Benny (JB); S.B. Amnil Kumar (SBA); Noreen Hoskins (NH), Rajakumar Natarajan (RKN), V.N. Nagaraja Rao (VNR),

A Life Skills and Health Training program started from 7<sup>th</sup> September 2001 and continued through October and November of the same year. Each Friday it was conducted from 10:00 am to 12:00 p.m. for a group of 70 boys in four regional languages (Tamil, Kannada, Malayalam and Hindi) besides English. It was an enriching experience for both the boys and our team members and although it was better than previous years, it was felt that we ourselves would be more effective if our own skills were enhanced. This would result in sessions being more effective while we adapted newer and different methods.

### **COMMUNICATION SKILLS TRAINING PROGRAMME FOR COMMUNITY HEALTH WORKERS ON 26<sup>th</sup> AND 27<sup>th</sup> OF MARCH, 2002.**

#### **R E P O R T**

which are as follows:

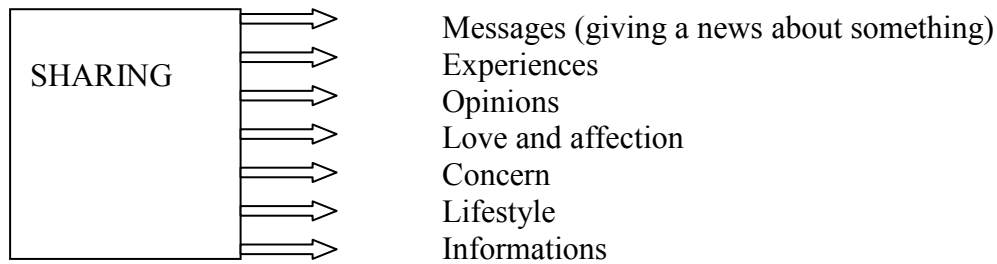
1. Misunderstanding between the NGO and the target group
2. People never care about the meeting.
3. People's Expectations from the NGOs as a philanthropist
4. Difficult to change peoples attitude.
5. No team work and team spirit among grass root level groups and also with NGOs.
6. People and NGOs both are acting as knowledgeable person even they do not know many things.
7. Not coming forward to take responsibility and also irresponsible.
8. No open mind.
9. Rigid, arrogance.
10. Approaching people for the NGOs sake.
11. People are very shy and not listening.
12. Awareness level is very low in the Community

Resource person Mr. Magai responded that we would be the cause of above problems and with effective communication we could overcome the obstacles. He continued the session and the main points of his inputs are as follows:

Communication starts from one's birth and ends in his death. A man's development mainly depends on how he develops his relationship with other fellow members in the community and effective communication only helps a person for having good relationship.

What is communication? It is not only giving and receiving but sharing





Each person has his own world. To understand him better and having good relationship with him we have to enter into his world and see thing as he understands.

There are some blocks in the communication

1. Two persons can't think the same thing at same time. The problem arises because we think that other person also must think as you think.
2. Two person can't select the same thing or matter at the same time. Everybody likes and dislikes differ from other persons.
3. Each persons understanding also different from other persons.

Communication is a circle.

If there is anything wrong in this procedure there would be a problem.

#### Five types of communications

1. One way communication (one way traffic)
2. Inter personal
3. Intra personal
4. Through body language or gesture
5. Brief, short and sweet.

#### Five steps in communication

1. Casual exchange (greeting each other)
2. Sharing messages.
3. Convey his / her opinion or concept
4. Sharing their experiences
5. Reaching the higher level of experience.

In these at base we must try to reach the 7<sup>th</sup> step the 5<sup>th</sup> step is too high a level.

'LISTENING' is an important skill in communication.

How to listen properly?

1. Seating position should be correct.
2. Look at the face of the person.
3. Do not estimate the speaker by the appearance of a person.
4. Listen to his feeling and gestures.
5. Listen without misconception.
6. Listen with patience and interest.
7. Co-operate with speaker.
8. Listen with empathy.
9. First listen and choose and interpret

Barrier to the listening.

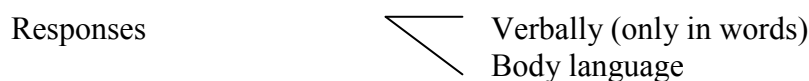
1. Distraction of listening.
2. Pre conceived ideas.
3. Physical tiredness.
4. Mental tiredness.
5. Foster communication

Man should have the ability to select, analyse and understand two words in a minute.

Segments in verbal communication

7% Verbal 38% Sound (voice) 55% Body language
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Response (Feed back)



### Characteristics of Response

1. Convey clearly and in detail
2. Do not impose or force.
3. It should be realistic.
4. It should be always useful and
5. Timely

### Self Awareness

#### Johary Window

I am not right but you are right (Inferiority Complex) (1)	I am right but you are wrong (Superiority complex) (2)
I am right and you also right (Assertive) (3)	I am wrong and you are also wrong (Hopelessness) (4)

1. First is a Blind window.
2. Hiding Window.
3. Open Window.
4. Invisible Window.

### Interpersonal Relationship

### Group guiding skills

1. Giving news.
2. Analyzing matters.
3. Making peace among the group members.
4. Appreciating the participants.
5. Cracking jokes to make the members feel relaxed.
6. Controlling the group.
7. Giving expert views.
8. Doing the watchman work.

Second day afternoon there was role play demonstration. Mr. Krishna took session and there were individual and group demonstrations conducted. Mr. Krishna taught the techniques of role play especially he demonstrated that how many roles we could make by using a towel. Mr. Magimai also was adding the points in role play techniques. Two days workshop ended with summarized notes of Mr. Magimai. Mr. Rajendran asked the participant to fill up the evaluation sheet and he thanked all participant and all the supporters of this workshop. Seven participants conveyed their views of their satisfaction, usefulness and requested to arrange some more workshops in future the programme ended at 6.30 P.M.

### Feed Back

#### 1. Over all opinion about the programme

Useful, excellent, helpful, unanimous response.

- helpful to develop his skill for personal development and effective field work.
- entirely different approach.
- 2 days not enough.
- very good food.
- create the opportunity to overcome the shyness.
- we have talked without fear in two days.
- becoming bold enough.
- assured to practice it in their daily work.
- even it is useful for our family like
- learnt so many unknown things.
- learnt the effectiveness of eye contact and body language.
- we learnt the skills of how effectively communicate in the society.
- taught me to over come my difficulties in communication.
- learned about how to communicate with children.

#### 2. Like most

- classification of different types of person and the comparison with birds and animals.
- develop interpersonal relationship
- very good examples with feeling

- very social with participants
- plenty of V-simple examples even for different matters.
- exercises and role plays
- liked everything
- demonstration with wonderful action
- creativeness of the resource person
- exercise to know yourself
- inter personal relationship
- session on listening
- sharing experiences
- how to come in to the world of others
- means of communications
- how to avoid one way communication
- interpersonal and intrapersonal relationship
- five steps of communication
- use of right method for right information at right time
- mirror role play

3. What you did not like

- urine smell, disturbance of children
- very less time
- the place
- many people did not mingle with other group people
- more explanation needed for one way and individual communication
- participants not punctual
- mixture of two languages
- lot of disturbances

4. How does the workshop help your work?

- follow it up in our field work
- to train others
- practice role play method in our work
- Do helpful work without shyness
- Be helpful to become better change agent
- different C-method for different type of people
- very useful to conduct group meetings
- handling groups
- handling the group with great confidence

5. Suggestions for future programme

- use of single language
- there should be follow up
- everybody should keep the timings
- adding more games and group discussion
- use slides and other materials

- continuously conduct this type of programme and encourage other NGOs to participate
  - should avoid repetition
  - still two programmes needed to develop communication skills
  - changing the venue for next programme
  - it should be conducted in different places
  - welcoming more training like this
  - two days not enough and extend to more days
  - audio visual materials should be used
  - kindly conduct category wise - NGO leaders, middle and grass root level.
  - more reading materials
6. Are you interested in such kind of workshops in future?
- Definitely. All are interested
7. Suggestions of other types of communications skills for future programme
- all kind of communication skills
  - interpersonal communication skills
  - self awareness
  - communication skills for leaders
  - communication skills for counselling
  - public speaking
  - improving body language
  - puppetry and television media
  - group guiding skills
  - street play
  - how to develop educational materials

#### **4.5.3. Life Skills and Health Training Programme**

A Life Skills and Health Training program started from 7<sup>th</sup> September 2001 and continued through October and November of the same year. Each Friday it was conducted from 10:00 am to 12:00 p.m. for a group of 70 boys in four regional languages (Tamil, Kannada, Malayalam and Hindi) besides English. It was an enriching experience for both the boys and our team members and although it was better than previous years, it was felt that we ourselves would be more effective if our own skills were enhanced. This would result in sessions being more effective while we adapted newer and different methods.

A one-day orientation programme on 'Parenting' for animators of 3 NGOs working in Bangalore slums was organized on 16<sup>th</sup> January at CHC. It evolved out of a discussion that took place between the Secretary of Bala Mandir Mrs. Maya Gaitonde and Dr. Thelma Narayan, Coordinator of CHC. CHC is at present involved in the process of initiating a CMAP (Community Mobilization and Awareness Programme)

– A and is exploring an experimental programme to tackle the alcohol abuse problem in a broader community/public health promotion framework rather than as a vertical bio medically focused one. Since alcoholism is a major problem in slums which affects child development as a whole, we felt that ‘parenting skills’ is an important component of the CMAP. Therefore the need for this one-day session was felt and organized. 27 people participated while Ms. Hema Srinivavasan from Chennai was the facilitator. As a follow up of this orientation programme, we are planning to conduct an intensive training programme on this subject for community development workers on 29<sup>th</sup> & 30<sup>th</sup> of April and again on 30<sup>th</sup> & 31<sup>st</sup> of May 2002. First day 25 participants attended and the second day 35 were there.

**Programme on Life Skills:** REDS (Rag pickers Development and Education Society) is conducting a residential programme for adolescent boys run away from their home both from the rural and urban areas. REDS requested CHC to conduct a programme on life skills. Were conducted on 22nd February and 3rd March. The first session focused on group building, warm up, and Imaging. This was basically preparing them mentally for the sessions done through non-conventional methods. SDR started taking these sessions by mid-October and the sessions were basically for adolescent boys in the age group of 14 to 20 years. The topics included: concepts of health, psychosexual development and personality development. The focus was more on health and sex education.

The third course on life skills was conducted for boys undergoing industrial training at Seva Sadan Industrial Training Centre from 7th September to 23rd November 2001. The objective of the programme was to create awareness on the Health and disease so that the boys could take care of their own health, and to introduce them to concept on life skills. The group consisted of 70 boys from economically and socially deprived backgrounds and from four language groups.

Four workshops were conducted over the past one-year. The first two workshop held on 19th February and 30th July focused on understanding the concept the next two workshops held on 24th September and 26th October 2001 focused on television medium and the fourth workshop which focused on play back theatre medium was held on 26th November. A professional theatre group called “SCRIPT” facilitated the play back theatre medium Objective of the workshop was to demonstrate the method for effective communication and learning. 24 participants from 9 organizations participated in this workshop. Two training sessions on 21<sup>st</sup> and 28<sup>th</sup>, September, 2001 at Seva Sadan ITI center. 20 boys participated in the programme, which was held in Kannada language. In these sessions, topics covered were physical and emotional development of adolescents. This was covered as part of larger training programme conducted by CHC as per the request of Seva Sadan ITI center.