

ANNUAL REPORT 2005 -2006

Community Health Cell, Bangalore

**The Society for Community Health Awareness,
Research and Action (SOCHARA)**

CONTENTS

1. INTRODUCTION

2. CHC OBJECTIVES

3. DISASTER RESPONSE & REHABILITATION

3.1 Team members involved in Rehabilitation phase

3.2 Involvement in Chennai

3.3 Involvement in Pazhverkadu

4. CAMPAIGNING FOR SOCIAL CHANGE

4.1 Tobacco and Substance Abuse

5. TRAININGS IN COMMUNITY HEALTH AND PUBLIC HEALTH

5.1 Community Health Fellowship Scheme

5.2 Other Trainings - Community health orientation and input sessions

6. PEOPLE'S HEALTH POLICY ACTION INITIATIVE

7. PROMOTING URBAN AND RURAL PRIMARY HEALTH CARE

7.1 Nutrition Project

7.2 Health of the Urban Poor

7.3 Women's Health

7.4 *Jaanaarogya Andolana* (JAA-K)

7.5 *Jan Swasthya Abhiyan* (JSA)

8. PEOPLE'S HEALTH MOVEMENT IN ACTION

8.1 People's Health Movement – Global Secretariat

8.2 The Second People's Health Assembly (PHA-2)

8.3 International People's Health University (IPHU)

8.4 Global Health Watch 2

8.5 Global Forum for Health Research

8.6 General Programme of Work

8.7 International Women and Health Meeting

8.8 Commission for Social Determinants of Health

8.9 Closing of PHM Global Secretariat in Bangalore

9. ACCESSIBLE HEALTH INFORMATION

9.1 CHC Library and Information Centre (CLIC)

9.2 Articles and reports by CHC in 2005 – 2006

10. IN SOLIDARITY

11. THE CHC TEAM

12. CHC – ORGANISATIONAL STRENGTHENING

13. SOCHARA – MANAGEMENT OF AFFAIRS

14. THANKS

1. INTRODUCTION

The Community Health Cell (CHC) entered the twenty-second year of its existence in 2005–6. The Society for Community Health Awareness, Research and Action (SOCHARA), of which CHC is now the functional unit, entered its fifteenth year since registration. Promoting community health based on the social paradigm, through policy action, training, mainstreaming, networking and the people's health movement continued to be our core thrust during this year. We recognise that peoples' health is influenced by determinants that are deeply embedded in the social, political, economic, cultural and ecological fabric of life. Synergies of global and local action are necessary to influence these in a positive direction. This understanding led us to a substantial involvement in the People's Health Movement from local to global level during the past seven to eight years.

THE SOCIAL PARADIGM OF COMMUNITY HEALTH AND PUBLIC HEALTH

To move community health action from ...

- *the bio-medical model to the socio-community model.*
- *individual to community focus.*
- *people as patients or beneficiaries to persons as equal participants.*
- *providing to enabling and empowering.*
- *drugs and technology to educational and social processes.*
- *professional control to demystification, and social control.*

2. CHC OBJECTIVES

The objectives of the Society provide a framework for CHC activities. These are:

- 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 centre in community health.

3. DISASTER RESPONSE & REHABILITATION

3.1 Team members involved in Rehabilitation phase

Two CHC team members - Mr. S. D. Rajendran and Mr. Ameer Khan were located in Tamil Nadu implementing activities in the field. Two volunteers - Anthony and Christopher who lived for six months in Srinivasapuram, Chennai with the affected community, assisted in all the activities. They conducted women's group meetings, worked with youth groups, took tuition classes for students, assisted in conducting public hearings and in the day-to-day activities of the CHC Tamil Nadu team. Dr. Thelma Narayan coordinated the overall activities. Ms. Asha and Ms. Satya, community health interns, placed in the CHC project areas were involved in training and capacity building at Pazhaverkadu for 6 months. The CHC team in Bangalore also supported the team when required with meetings and field visits and in administrative matters.

3.2 Involvement in Chennai

3.2.1 People's Health Movement (PHM) Dialogue

People's Health Movement (PHM) held a dialogue on the theme of HUMANITARIAN AID TO COMMUNITY EMPOWERMENT on April 8 and 9, 2005 in Chennai. PHM delegates participated from all over the world.

3.2.2 Trainings and Action

Srinivasapuram was one area which was badly affected by the tsunami in Chennai. To address the local issues and as part of the capacity building of the community, CHC team conducted training programs on issues such as child health, women's empowerment, training on using play material to Balawadi volunteers etc. The two volunteers also supported local organisations working there such as People's Action Movement (PAM) and CCRD in their training programmes.

An assessment of health care availability was done in the area to assess the facilities available to the local population to meet their health care needs. A public hearing was conducted on the theme of 'Right to Health care', in which testimonies of access to health care in the area was presented by the people.

Networking

CHC took the initiative of forming Chennai NGO's Coordination Council (CNCC) to tackle various issues in Kargil Nagar and Kannagi Nagar. Through the work and efforts of the Council, around 2200 families in Kargilnagar were provided interim shelters at Ernavoor. Apart from this, the council also took initiative in many other areas like coordinating relief activities at the time of the fire which broke out in the temporary shelters and during the flood which affected the area. They also conducted training programs on SPHERE standards, livelihood etc. Mr. Magimai Pragasam, a former team member of CHC produced a documentary film 'Living on the Edge' on behalf of the Council, which brought to light the plight of the people at Kargilnagar and Kannaginagar. This documentary film was very useful in conducting advocacy on rehabilitation issues in those areas.

3.3 Involvement in Pazhverkadu

3.3.1 Community Organisation

Community organisation is one of the key components in community health approach and efforts were made to build rapport with the community and with different organisations and institutions including the government, traditional *panchayats*, elected *panchayats* and the NGOs in the region.

Networking

In February 2005, there were 22 organisations which were involved in rehabilitation in Pazahverkadu. A need for coordination among these groups was felt, so as to coordinate efforts, avoid duplication and overlapping. CHC facilitated a continuous dialogue process among the NGOs. Pazhaverkadu Action Network (PAN) was formed to meet this need and 18 organisations with long term plans in the area became members of the network. CHC was selected as the convener of the network.

Issue Based Intervention

For an effective implementation of the network objectives, three issued based sub-committees were formed – (i) Livelihood and Shelter (ii) Health and Environment and (iii) Children and Education. Through these committees, the field animators were able to identify the overlapping programs and the gaps in the existing programs.

Based on the need expressed by the community at Sathankuppam, CHC helped to rebuild the roof of the community *Balwadi* centre and replaced the thatched roof with a new tiled roof and added a new kitchen.

Advocacy

PAN identified five major issues and brought it to the notice of the government. The issues were: drinking water, construction of a bridge, resolving the community conflict, locating a suitable place for fishing by Sathankuppam and Koraiuppam communities and strengthening of Pazhaverkadu health care system. Efforts were made to address some of these issues.

Flood Relief camps

The island was affected by flash floods in November 2005. CHC team was involved actively in the flood relief camps organised for the affected people of the island at Ponneri, which was the nearest town. CHC team members along with Community Health Fellows were involved in relief work in the camps and relief materials were distributed. PAN conducted medical camps in the villages along with Loyola College, Chennai for the people affected in the floods.

4. CAMPAIGNING FOR SOCIAL CHANGE

4.1 Tobacco and Substance Abuse

A rally and an awareness programme were conducted with the members of the Consortium For Tobacco Free Karnataka (CFTFK) on May 31, 2005 in view of World No Tobacco Day. About 200 people from various organisations participated in the rally and awareness programme. The theme of the year was 'Health Professionals against Tobacco'. On June 2 2005, Mr. S. J. Chander along with some of the members of CFTFK submitted a memorandum to the Governor of Karnataka, urging him to get the government to implement the Tobacco Act.

Awareness programme on the ill effects of tobacco was organised for about 100 staff members (health) of the Bangalore Mahanagara Palike on June 5, 2005. CHC helped the students of St. Joseph's PU College to organise a poster exhibition on September 2 and 3, 2005. The students later organised a rally on September 24, 2005. Mr. S. J. Chander addressed the students and participated with other CHC team members in the rally and public awareness programme on M. G. Road. During the last week of January 2006, information on ill effects of tobacco was sent to 50 schools and colleges in Bangalore. On March 29, 2006, he participated in the "media awareness workshop on the ill-effects of tobacco" organised by the Press Information Bureau of India. CHC supported the workshop with background material and posters.

Mr. Chander facilitated the sessions on substance abuse on February 10 and 11, 2006 in the workshop organised by the Christian Medical Association of India (CMAI).

5. TRAININGS IN COMMUNITY HEALTH AND PUBLIC HEALTH

5.1 Community Health Fellowship Scheme

5.1.1. Highlights of CHFS Activities during 2005-2006

- **April 2005:** Selection of third year (first batch) interns/fellows.
- **April 26 – 28, 2005:** Annual workshop titled 'CHC – An Alternative Learning Centre: From Idea to Reality' held.

- **May 9, 2005:** One month orientation for third year community health interns/ fellows commences.
- **July 2005:** Dr. Rajani Ved visits Ralegan Siddhi as part of ongoing review, during which she met community health fellows of different periods – Rakhal Gaitonde, pre-fellow of CHC, Amen Kaushal Xavier, who completed his one-year community health fellowship in February 2005 and Manjusha Dhiwar who was then a community health intern.
- **September 2005:** Selection of third year (second batch) interns/fellows.
- **September 15, 2005** One-month orientation programme for third year (second batch) interns/ fellows commences.
- **October 2, 2005:** Two week debriefing for third year (first batch) interns/ fellows commences.
- **November 23 – 25, 2005:** Naveen visits Arun Guptha in the field – Dalit Shakti Kendra (DSK), in Sanand taluk of Ahmedabad district, Gujarat.
- **January 23 – 28, 2006:** Mid-term review and reflection for third year batch of interns and fellows.
- **January 26, 2006:** Interns/ fellows attend All Indian Drug Action Network (AIDAN) meeting in Vellore as part of the mid term meeting.
- **January 27 – 28, 2006:** Interns/ fellows attend Annual workshop of the Medico-Friends Circle (MFC) in Vellore as part of the mid term meeting.
- **January 30 - February 1, 2006:** Dr. Sudeep Singh Gadok responsible for health programmes at SRTT visits CHC for discussions regarding CHFS.
- **February 1, 2006:** CHFS Advisory Committee meeting held. Dr. P. Zachariah, retired Professor from Christian Medical College, Vellore replaces Late Dr. V. Benjamin on the Advisory Committee. Dr. Sudeep Singh Gadok of SRTT also participates.
- **March 2006:** End review of the Community Health Internship cum Fellowship Programme initiated with two external reviewers, Dr. M. K. Vasundhara from Bangalore and Dr. Narendra Gupta from PRAYAS, Chittorgarh, Rajasthan.
- **March 6 – 8, 2006:** Annual Community Health Fellows' Workshop on the theme 'Health as a Human Right in the Era of Globalisation'.
- **March 6 – 15, 2006:** Two week debriefing sessions for third year interns/ fellows.
- **March 31, 2006:** Community Health Fellowship Scheme extended till December 2006 on a no-cost extension basis.

5.1.2 Selection of Interns and Fellows

Dr. Vinay Viswanatha and Dr. Sr. Elsa Thomas from the second year batch continued their fellowship, while eight new fellows were selected during this period. Ms. Manjusha Dhiwar, Ms. Madhumita Biswal and Mr. Shekar Saha joined in April 2005. Mr. Premdas Edward Pinto joined the fellowship programme in June 2005 while Ms. Sathyashree Goswami, Dr. Arun A. Guptha, Ms. Harriet Sathyavati and Ms. Asha joined in September 2005. The number of applications received during the year were twenty four.

5.1.3 CHC Alternative Learning Centre - Planning Workshop

The workshop titled ‘**CHC – An Alternative Learning Centre: From Idea to Reality**’ was held in Community Health Cell (CHC) from April 26 – 28, 2005. It was attended by nineteen members including *Society for Community Health Awareness, Research and Action* (SOCHARA) sub committee, and Executive members, CHC staff, past and present community health fellows and special invitees. The workshop was an exploratory one and a lot of issues were discussed. Many of the discussions were brain-storming sessions to identify the broad canvas on which the alternative learning centre would be built. The discussions began with an internal reflection about the need for CHC/ SOCHARA to run a centre to train people in community health, public health and health policy. The second theme of discussion was regarding the nature of roles that would be played by the learning centre and the expected outcomes. The group also spent some time discussing about ways in which they were going to achieve the outcomes. The transition of CHC centre/ institute for community health was another theme on which the group deliberated. The issue of ‘capacity building’ was discussed, especially in terms of resources – human and other, and on the kind of infrastructure required. The group spent time in doing a SWOT analysis of the proposed centre. They listed out the assumptions, challenges and risks involved. Each of the participants also listed out the roles that they would like to play in the learning centre.

5.1.4 Teaching – Learning Sessions for Community Health Interns/Fellows

An orientation programme for the first batch of interns/ fellows (of the third year of CHFS) was conducted in April 2005. The second orientation programme was conducted for the newly selected fellows in September - October 2005. The batch of fellows who were completing their fellowship were given two weeks time to write their reports in CHC during the first and second weeks of October. This period also included debriefing sessions, group sharing and reflection. The sharing of interns/ fellows’ experiences and learning was scheduled to match with the last week of the orientation programme for the fresh fellows.

The next training for fellows was in January 2006. The third year (second batch) of interns/ fellows met for their mid-term review and reflection sessions in CHC from Jan 23 – 25, 2006. After a week in CHC the interns/ fellows went to Vellore from January 26 – 28, 2006. On 26th they attended the All India Drug Action Network (AIDAN) meeting which discussed analytically the Draft National Pharmaceutical Policy, 2006. From 27 – 28th, they attended the 29th Annual Meet of the Medico Friends Circle (mfc). The theme of the annual meet was ‘Quality and Cost of Health Care in the Context of Universal Access’. They had an opportunity to meet and discuss with health professionals with many years of experience in health initiatives from different parts of the country.

The final training programme was the debriefing sessions for the third year (second batch) of interns/ fellows. It started with the Annual Community Health workshop which was held from March 6 – 8, 2006 in Navaspoorthi Kendra, Bangalore. Sathya, Asha, Sathyashree, Arun and Premdas presented their reports during this period.

5.1.5. Annual Community Health Workshop

The Annual Community Health Workshop was held in Navaspoorthi Kendra, Bangalore from March 6 – 8, 2006. The theme chosen for this year's workshop was 'Health as a Human Right in the Era of Globalisation'. The theme was chosen in light of interns/ fellows facing various issues related to the interface between globalisation, health and human rights in the areas they were working. A need was felt to ground the discussion with shared experiences, thoughts, ideas and discussions. The theme for the national health event of the *Jan Swasthya Abhiyan*, was also on similar lines. To help feed into the process, it was decided to base the theme of the workshop on 'Health as a Human Right in the Era of Globalisation'. 28 participants including pre-fellows and resource persons attended the workshop.

5.1.6. Fellowship Review

A review of the community health fellowship scheme was conducted by Dr. Rajani Ved in July 2005. She visited Ralegan Siddhi as a part of her review, during which she meet community health fellows of different periods. The report of her visit has been submitted to SRTT.

5.1.7 End Review

The end review of the Community Health fellowship Scheme (CHFS) is being conducted by Dr. Narendra Gupta from Rajasthan and Dr. M. K. Vasundhara from Bangalore. The terms of reviews (TOR) for the end review are:

1. To review the processes and methods undertaken by the CHC to meet the objectives of the CHFS.
2. To get a feedback from Community Health Interns and Fellows who have participated in the CHFS regarding their experience.
3. To suggest changes or modifications in the organization and conduct of the scheme in the context of the evolving Centre for Community Health (CCH).

The reviewers are expected to complete their report by mid- June 2006.

5.2 Other Trainings

Community health orientation and input sessions

On January 3, 2006 CHC conducted an orientation programme on Community Health for the field staff of Centre for Social Action (CSA) of Christ College. Twelve staff members along with the coordinator participated in the programme. On February 3, ten team members of the Association for Promoting Social Action (APSA) came to CHC for an orientation on Health and Community Health and to understand the People's Health Movement.

6. PEOPLE'S HEALTH POLICY ACTION INITIATIVE

HIV/ AIDS

An Action Aid HIV-AIDS network meeting was held at SCM House on September 23, 2005. Milana, a family support network of people affected by HIV/ AIDS, invited the *Janaarogya Andolana* Karnataka (JAA-K), the state chapter of the People's Health Movement in India to share PHM perspectives on HIV & AIDS. Milana's concerns were that the issues related to HIV/ AIDS was often being addressed only by organisations and individuals who specifically focussed on it. They wanted to explore how the issue could become an agenda of a wider network of organisations. The People's Charter on HIV/ AIDS was shared with the group.

7. PROMOTING URBAN AND RURAL PRIMARY HEALTH CARE

7.1 Nutrition Project

At the request of the Community Development and Health Department of TVS Motor Company, CHC initiated a nutrition study and intervention programme in 2004. Mr. Chander and Dr. Keerthi, a volunteer from the Bangalore Medical College, with the help of Ms. Padmasini Asuri, SOCHARA member, conducted a study on assessment of nutritional status of under-five children in five villages of the area. The findings of the study were discussed with TVS team members and the government ICDS staff. The TVS Motor Company has begun efforts to address the concerns raised by the study. Two visits were made by Mr. S. J. Chander to support the TVS team in addressing the issues. The community health interns/ fellows also visited the area during their orientation programme to familiarise themselves with a nutrition study and intervention programme.

7.2 Health of the Urban Poor

Mr. S. J. Chander addressed issues such as water and sanitation, dengue fever and women's health in four slums of Bangalore namely, Koramangala, Sudamanagar, Garvebpalaya and Siddhapura. He has also been part of the campaign launched by *Jansahyog* against privatisation of water. He worked with the Koramangala Slum Development Committee in addressing the water and sanitation problem in Koramangala slum. He mobilised the community to put pressure on the officials concerned and met the officials with them, to address the problems at the community level. He is also a member of the Board of Visitors that monitors the functioning of the health system run by the Bangalore City Corporation in East Zone.

7.3 Women's Health

Mr. S. J. Chander was invited to share about the determinants of women's health at Tannery Road slum and Siddhapura slum on March 11 and 21, 2006 respectively, in meetings organised by the Association of People with Disability (APD). About 50 women gathered in each of the meetings.

7.4 Jaanaarogya Andolana (JAA-K)

Janaarogya Andolana-Karnataka (JAA-K) is the state chapter of the *Jan Swasthya Abhiyan* (People's Health Movement in India) consisting of 17 networks. JAA-K has addressed issues such as access to essential drugs, female foeticide, right to food and right to health care, since its launch in the year 2000.

7.4.1 World Health Day

An awareness programme on women's right to health care was organised at Ashirwad on April 7, 2005 in view of the World Health Day in which over 60 people from various voluntary organisations participated. Dr. Thelma Narayan, Dr. Ruth Manorama of Women's Voice, Sr. Elsa Thomas, a Community Health Fellow, Ms. Neerajakshi from VHAK, Ms. Usha and Ms. Cynthia Stephen made presentations on various issues affecting women's health.

7.4.2 Second State Health Assembly (Karnataka)

As a preparation for the global People's Health Movement (PHM)'s second People's Health Assembly (PHA) in Ecuador from July 17-22, 2005, the JAA-K organised the second state People's Health Assembly on July 7, 2005 in Bangalore. Dr. Ravi Narayan, Coordinator, Global Secretariat, People's Health Movement shared the journey of PHM from Savar to Cuenca. Dr. H Sudarshan, Director-Vigilance (Health, Education and Social Welfare), Lok Ayukta, Government of Karnataka who was also the earlier chairperson of JAA-K, chaired the inaugural session. Dr. Sudharshan in his remarks said that the health department had emerged as one of the most corrupt departments in the government. He said the government alone could not check corruption and asked the People's Health Movement to play an active role. Dr. H. C. Ramesh, Deputy Director, Directorate of Health and Family Welfare Services, Government of Karnataka made a presentation on the government health programmes. The Karnataka Health Commissioner, Shri. Mohammed Sanaullah responded to the presentations made during the closing plenary. These presentations were based on the group discussion of the parallel sessions which were held earlier during the day.

7.4.3 JAA-K Launch at Mysore

JAA-K launched a regional initiative for the Mysore region on September 28, 2005. Bharath Charitable Cancer Hospital hosted the programme. 17 organisations working in Mysore, Mandya and Chikmagalur participated in the dialogue for launching the People's Health Movement.

7.4.4 Strengthening Primary Health Care in Tumkur

On March 16, Mr. S. J. Chander and Dr. Prakash Rao facilitated the meeting on strengthening Primary Health Care for voluntary agencies of Tumkur district. Sixteen people from four organisations participated in the discussions.

7.4.5 Strengthening Public Health System in Kolar

On February 17, 2006, Mr. S. J. Chander visited the Grameena Mahila Okkoota in Mulbagal taluk of Kolar district. He had meeting with the staff member of Grameena Mahila Okkoota to encourage them to work towards strengthening of the public health system. On March 23, a one-day orientation on public health care delivery system was held for about 50 women *sangha* members and staff members of Grameena Mahila Okkoota. The staff along with the *sangha* members have already begun demanding for quality service from the public health care delivery system.

7.5 Jan Swasthya Abhiyan (JSA)

Mr. S. J. Chander and Mr. Naveen Thomas participated in the National Coordination Committee meeting of the *Jan Swasthya Abhiyan* on November 28 and 29, 2006 in Mumbai. The meeting included a brief reporting from JSA state units and networks discussion on NHRC National Review meeting, National Rural Health Mission, Peoples Rural Health Watch, JSA initiative for Community monitoring of health services, discussion on conceptual issues related to engagement of JSA with the larger NRHM process (including issues like Public-private partnership, how to engage with actual implementation process of NRHM) and planning for National Health Event 2007.

CHC hosted the JSA Workshop on Campaign Material Preparation for National Health Assembly-II from February 24-25, 2006 in Navaspoorthi Kendra, Bangalore. At the meeting there was a discussion about the need for JSA to link up with global movements; the strengths, weaknesses, flexibility and functions of the present movement and the possible areas of linking with other groups; the need to build upon the strengths and work of the existing JSA movement. The venue for the event was discussed with Bhopal being the likely host. There was a consensus that certain state units had to be revitalised and reoriented to improve functioning and interlinking with the national level.

Mr. Chander along with Dr. Prakash Rao, the Chairperson of JAA-K participated at the meeting on National Human Rights Commission (NHRC) review in New Delhi on March 4, 2006. Mr. Chander made a presentation on JAA-K's comments on Karnataka Government's response to the NHRC recommendations.

8. PEOPLE'S HEALTH MOVEMENT IN ACTION

8.1 People's Health Movement – Global Secretariat

The Global People's Health Movement which evolved in Gonoshashthya Kendra, Savar, Bangladesh, at the 1st People's Health Assembly, in December 2000, moved its Global Secretariat to Bangalore, India in January 2003. The Global Secretariat hosted by the Community Health Cell, Bangalore, on behalf of the People's Health Movement - India Region, has helped to further develop and strengthen the Movement for the last 3 years by strengthening country, regional and international

level collective initiatives of PHM members to strengthen Health For All goals and Primary Health Care systems.

The Global Secretariat has also supported a strong communication strategy which included the PHM News brief, a Global PHM Website and a Global interactive PHM e-group called the “PHM Exchange”. The Global Secretariat team was led by Dr. Ravi Narayan.

At the Second People’s Health Assembly, the Steering Group of the Movement initiated a review of the organization structure and strategies of PHM to make them more relevant and responsive to the challenges of Health and a transition team is working on this new structure and strategy.

8.2 The Second People’s Health Assembly (PHA-2)

8.2.1 Introduction

“PHA-2 is happening at a critical time - Unfair trade agreements, unchecked privatisation, militarisation and violence is blocking health for the majority of the people worldwide.” Dr. Arturo Quizphe (Ecuador), the coordinator of PHA 2.

The second People’s Health Assembly (PHA-2) was held in Cuenca, Ecuador from 17-22 July, 2005. 1492 people from 82 countries gathered for the second assembly. PHA-2, which was organised jointly by the People’s Health Movement and the Frente Nacional por la Salud de los Pueblos de Ecuador (National Front for the People’s Health, Ecuador). Solidarity, synergy and resistance formed the common theme at the assembly that brought together people from Asia, Africa, Europe, Americas and Australia. The assembly called for recognising the right to health by governments all over the world, and exhorted people to oppose the corporate abuse of health.

The assembly saw participation of people from all walks of life and different types of health workers including frontline health workers from rural areas, traditional healers, students, community health workers, trade unionists, researchers, academics, medical professionals and journalists.

8.2.2 Savar to Cuenca

The journey from Savar to Cuenca had been an eventful one and PHA-2 served to highlight the journey and the milestones successfully covered. The presence of youth and children in large numbers, as an integral part of PHA-2 events was a tribute to PHM’s understanding that health and the politics of health was not the fiefdom of ‘adult’ players and ‘experts’, but a meeting ground where every person had an important role to play. The importance given to issues concerning indigenous people was yet another evidence that PHM did not play by the normal rules set by the dominant paradigm, but definitely wished to bring about an alternate consciousness – a paradigm shift.

8.2.3 Issues Discussed

The issues discussed in PHA-2 were in line with the discussions of PHA-1, but the new experiences and understanding of the past five years took the discussions forward. A greater understanding and involvement of health activists in issues relating to trade, public private partnerships, globalization, etc. – normally seen as the preserve of macroeconomic experts, was seen at the PHA-2.

PHA-2 also marked a definite evolution and strategizing on the part of PHM. The classification of issues into nine distinct but complementary tracks was a highlight of this PHA. The nine tracks covered nine different streams of issues like equity and people's healthcare; intercultural encounter on health; trade and health; health and the environment; gender, women and health sector reform; training and communicating for health; the right to health for all in an inclusive society; health in people's hands; and People's Health Movement.

8.2.4 Cultural cauldron – The Melting Pot of Health

PHA -2 exhibited a unique coming together of cultures and health traditions from around the world. Starting with the indigenous people's ceremony, PHA-2 traversed the entire gamut of health traditions from the east to west, and north to south. As a symbolic representation perhaps, the entrance to the PHA-2 site had tents of healers from around the world. The tents of MSF dispensing allopathic medicines and using western medical techniques co-existed peacefully with tents of local healers and healers from various indigenous cultures. Posters, painting, artifacts, cultural symbols and ideas adorned every venue. The meaning of 'health' as being 'wellness' and not 'absence of disease' alone shone through the entire PHA-2.

8.2.5 Cuenca Declaration

The Cuenca declaration, released at the end of PHA-2 captured the essence of the assembly. In its introduction, the declaration states, *“the vision endorsed at PHA2 is for a socially and economically just world in which peace prevails; a world in which all people, whatever their social and economic condition, gender, cultural identity and ability, are respected, are able to claim their right to health and celebrate life, nature, and diversity.”*

8.3 International People's Health University (IPHU)

The International People's Health University (IPHU) course on 'primary health care and the political economy of health' was held in the picturesque town of Cuenca, Ecuador from July 11-15, 2005. This preceded the Second People's Health Assembly (PHA – 2), held in Cuenca from July 17-22, 2005. The aim of IPHU was to contribute to 'health for all' by strengthening people's health movements around the globe, by organising and resourcing learning, sharing and planning opportunities for people's health activists, particularly from Third World countries.

8.4 Global Health Watch 2

The Global Health Watch I (GHW1) secretariat team of Mike Rowsen, Dave McCoy and Patricia Morton worked hard and put in their enthusiasm, professionalism and commitment to collectivity – and brought out the Global Health Watch: An Alternative World Health Report (2005 – 06). It was the joint initiative of PHM, Medact and Global equity Gauge Alliance (GEGA). The Global Health Watch 2 secretariat has shifted and is being hosted by the South African region (David Sanders, Bridget and others). The GHW-1 wind up meeting was held in London in September 2005.

8.5 Global Forum for Health Research

The Global Forum for Health Research organized Forum-9 on Poverty, Equity and Health at Mumbai from September 12 – 16, 2005. PHM delegates included Ravi and Prasanna from the Global Secretariat; Amit and Ravi Duggal from PHM – India; Ron Labonte (PHM Canada); Itai Rusike (PHM Zimbabwe); Kausar Khan (PHM – Pakistan); and some others. A PHM stall was being facilitated in the marketplace by the secretariat.

A small booklet entitled ‘Research for People’s health’ incorporating the English and Spanish summary of the Research Encounter held on July 14-15 at Cuenca, Ecuador and the list of panelists, was released at the Forum 9 of the Global Forum for Health Research.

8.6 General Programme of Work

WHO hosted a planning dialogue along with Govt. of Sweden on the General Programme of Work (GPW) for the period 2006 – 2015. PHM, HAI-AP and ACHAN representatives were invited to the dialogue in Stockholm. during end October. The GPW document was circulated and a PHM critique with suggestions was compiled.

8.7 International Women and Health Meeting

The International Women and Health Meeting (IWHM) was held in New Delhi from September 21-24, 2005. PHM members like Maria (IPHC / PHM – Nicaragua); WGNRR representatives from Netherlands and other region; and many members of PHM India and Bangladesh participated in the various meeting and workshops.

8.8 Commission for Social Determinants of Health

Dr. Fran Baum from PHM Australia was a Commissioner in the Commission for Social Determinants of Health initiative of the World Health Organisation. The WHO – CSDH dialogue and consultation with civil society is evolved with meetings in Geneva (August 2005) and Ahmedabad, India (September 2005). PHM representatives from India, Asia, Africa and Middle East actively participated in the dialogue. The CSDH explored the possibility of signing contracts with PHM representatives in these regions to map civil society and involve them in the CSDH process.

8.9 Closing of PHM Global Secretariat in Bangalore

On the 27th of September about forty people gathered in the PHM Office in Bangalore. This included special invitees, PHM Staff, staff of CHC and others. This was to mark the closing of PHM Global Secretariat office by the end of September. Ravi presented the historic journey of PHM "From Savar to Cuenca" which renewed people's memories of PHM.

This was followed by a presentation of People's Health Assembly II (PHA 2) by Dr. Abraham, through a series of photographs. Naveen Thomas, who had participated in the International people's Health University (IPHU) gave a brief presentation on the IPHU course. Prasanna, the PHM Communications officer showed a video of PHA 2, starting with the Opening Ceremony and including various other events such as Dr. Lee's speech, Dr. Halfdan Mahler's speech, Ravi and Halfdan getting the keys to the city, the drummers and their music etc., Dr. Prem John from ACHAN who attended the event, wrote to the PHM colleagues about the event. He said, "*it was a nostalgic trip down memory lane. It was also an occasion to recollect the challenges, the opportunities, the heartaches and the rejoicings, the worries and the hopes and aspirations. Also, as we looked back, we looked at the future too and to us the silver lining was much brighter than the clouds.*"

Dr. Hani Serag, as the incoming Coordinator designate, visited the Bangalore Secretariat from March 31 to April 7, 2006 to orient himself about the challenges of the new responsibilities. He also visited Chennai and Dhaka for the HAI-AP anniversary meeting.

9. ACCESSIBLE HEALTH INFORMATION

10.1 CHC Library and Information Centre (CLIC)

One of the six objectives of SOCHARA was to establish a library, documentation and interactive information centre in community health. CHC Library and Information Centre (CLIC) was formed to fulfill this purpose, and today has become an important area of CHC's functions. The resource materials in CLIC including books, journals, newsletters, audio-visual resources, health education materials and resource files number over 11,000. CLIC also receives 3 newspapers (2 English and 1 Kannada). The details of materials as of March 31, 2006 are as follows: Books (9329), Journals (65), Newsletters (93), Slides (54), Video Cassettes (215), Posters (850) and Resource File (454). This includes some international journals and new sellers.

Initially started as a small resource centre to cater to CHC's training, research and information needs, CLIC caters to a wide population outside of CHC. Users of the library include some medical colleges and nursing colleges and other institutions in Bangalore like St. Johns's Medical College and Hospital, M. S. Ramaiah Medical College, Bangalore Medical College, Kempegowda Institute of Medical Sciences, NIMHANS, Christ College, Institute for Social and Economic Change, Indian Institute Management – Bangalore, Krupanidhi Nursing College, Sneha College of

Nursing and Redemptorists Theological College. It is also a resource centre for NGOs in the city, such as REDS, Environmental Support Group, Enfold, Prerana (Raichur), Biocon Foundation, Gokuldas, IDPMS, Karuna Trust - Bangalore, IFES India, ARIVU, Snehadan, Fedina and Samraksha. In addition, CLIC caters to a number of individuals from various walks of life.

CLIC has been producing *Health Roundup* and updated list of books (monthly arrivals) to draw users' attention to the new resources in the library. These are also available on CHC's website. A new feature in the library from this year onwards is the display of cover page and summary of the book on the notice board to inform CLIC users about new books.

CLIC is now trying out a software called '*e-granthalaya*' to manage library systems. The software is still being tried out by the users. The CLIC team consists of Mr. H. R. Mahadeva Swamy (Assistant Librarian) and Mr. C. James (Media Assistant). The CLIC committee meets regularly to discuss issues related to the library and information centre.

The members of the committee are Dr. Thelma Narayan, Mr. Naveen I. Thomas, Mr. Eddie Premdas and Mr. H R Mahadeva Swamy. CLIC has its own budget to purchase books, journals and health education materials. Details are included in the statement of accounts. In addition, CLIC receives donations and materials from various meetings and workshops in which CHC team members participate.

This year, we gratefully acknowledge donations of books from Ms. Gill Tremlett, and Mr. Venkatesh. We also acknowledge receiving book donations from Dr. Ravi Narayan, Dr. Thelma Narayan, Mr. Eddie Premdas, Dr. Ravi D'Souza, Dr. Arun Gupta, Mr. Shekar Saha, Dr. Deepak and Mr. Naveen Thomas.

9.2 Articles and reports by CHC in 2005 – 2006

1. *A Letter of Concern from the People's Health Movement Regarding the Appointment of Ms. Ann Veneman as Executive Director of UNICEF, 2005*, Dr. Ravi Narayan, International Journal of Health Services, Vol. 35, No. 4, 2005. pp 817-822.
2. Annual Report of the Community Health Cell 2004-05. Pp1-60.
3. *Bystander or Participant in Health Movement?*, Dr. Ravi Narayan, Christian Medical Journal of India, July - Sep. 2005. Pp12 – 13
4. From Strength to Strength – People's Health Movement, Naveen I. Thomas, Community Health Cell, Banaglore, August 2005. Pp 1-9.
5. *Global health Watch 2005 – 2006: An Alternative World Health Report*, by People's Health Assembly, Bangalore (one of the contributors). pp 1-368.

6. *Humanitarian Aid to Community Empowerment – Challenges and Post-Tsunami Disaster Strategies*. A compilation of background materials by PHM / CHC. Pp1-34.
7. *Medical Negligence*, Dr. C M Francis, Health Action, May 2005. Pp 4 – 7.
8. *Report on the Community Health Fellowship at Community Health Cell from Jan. 2005 – July 2005*, Elsa Thomas, Pp 1-108.
9. *Sir Ratan Tata Fellowship in Community Health: Reflections and Report (Sep-2004 to Nov-2005)*, Vinay Vishwantha., Pp 1-162.
10. *The ‘Aroles’ or the ‘Apollos’ - Who do we listen to?* Dr. Ravi Narayan. Christian Medical Journal of India, April - June 2005. Pp 27 – 29.
11. *The People’s Health Assembly – a Popular Response to Health Inequities*. Dr. Thelma Narayan. Chapter from the book “International Perspectives on Equity and Health – As seen from the UK – Proceedings from the meeting of the Health Equity Network. Pp 4.
12. *The People’s Health Movement: A People’s Campaign for “Health for All – Now”*, Dr. Ravi Narayan and Dr. Claudio Schuftan. Perspectives on Global Development and Technology, Vol. 3, No. 1-2, 2004. Pp 235-244.

10. IN SOLIDARITY

CHC Support to Other Organisations

- a. CEHAT – Convenor, Social Accountability Group (RN)
- b. National Institute of Advanced Studies - Senior Associate (RN)
- c. Manipal Hospital Ethics Committee (CMF)
- d. Regional Occupational Health Centre, Bangalore (NIOH) - Scientific Advisory Group and Ethics Committee (RN)
- e. National Tuberculosis Institute – International Ethics Committee (TN)
- f. Jan Arogya Andolana (PHM – Karnataka) – Joint Convenor (SJC)
- g. Jana Swasthya Abhiyan (PHM –India) – Joint Convenor: South (TN)
- h. Jan Sahyaog – Collaboration in Urban Health (SJC/ AT)
- i. TVS – Nutritional Assessment (SJC)

11. THE CHC TEAM

Each CHC team member played an important role in achieving all that has been done. As we promote community health and support the health movement, we work towards increasing a sense of community, equality, democracy and of challenge to each other as professionals working within a team. Though sometimes difficult, it continues to be a part of the ongoing ‘action-reflection experiment’.

- Dr. Thelma Narayan, Dr. Ravi Narayan, Mr. Victor Fernandes, Mr. Ameer Khan, Mr. S.J. Chander, Mr. Naveen I. Thomas, Mr. S.B. Anil Kumar, Mr. C. James, Mr. H.R. Mahadeva Swamy, Mr. Joseph Anthoniappa, Mr. V.N. Nagaraja Rao, Smt. Kamalamma and Sri. Hari Prasad continued working with CHC.
- Ms. Maria Dorothy Stella Joined as Secretarial Cum Accounts Assistant on October 1, 2005.
- Mr. S. D. Rajendran, who worked in the disaster affected areas of Tamil Nadu since December 26, 2004 when the tsunami hit the coast, left CHC on November 30, 2005. He continues to work in the Tamil Nadu through an organisation called C-DOT.
- Among the administrative staff, Mr. Srinidhi left CHC on July 3, 2005 Ms. Deepu Shailaja on July 31, 2005 and Mrs. Noreen Hoskins on December 25, 2005.
- Apart from the above, CHC had fellows, interns, volunteers and students on placements during the year.
- Christopher Prathap and Anthony Frank, two students of the Redemptorist Seminary worked with the CHC tsunami team from June 13, 2005 to December 13, 2005.

12. CHC – ORGANISATIONAL STRENGTHENING

Team meetings were held on every Wednesday to discuss organisational issues, to share about the work done in the previous week and to plan for the coming week. It was decided that staff development workshops would be held on the last two days of every month, where team members would make presentations on different topics which they had prepared. Dr. Ravi and Dr. Thelma conducted these sessions.

During this year, a in-depth staff development programme was held from October 3-7, 2006 on understanding the five booklets on ‘Health for All, Now’ produced by the People’s Health Movement. The programme was held to orient the team and to prepare ourselves for contributing to the next round of campaign material preparation of JSA.

Mr. S.J.Chander presented two papers on ‘Patients’ perspective regarding TB treatment’ and on the ‘Right to Health Care campaign in India’ at the 4th International Conference on Urban Health held in Toronto, Canada from October 25 – 28, 2006.

CHC team members participated in the Annual meeting of the Medico Friend Circle from January 27 – 28, 2006, prior to which they attended the All India Drug Action

Network (AIDAN) meeting in Vellore. Mr. S.J.Chander conducted two sessions on Problem solving and creative thinking for the staff members.

13. SOCHARA – MANAGEMENT OF AFFAIRS

Regular Executive Committee (EC) meetings were conducted during the year. The meetings were held on June 29, 2005, September 19, 2005, January 2, 2006 and February 28, 2006. The SOCHARA Annual General Body meeting was held in CHC on September 19, 2005. Dr. Thelma Narayan was in regular communication with the SOCHARA members and other CHC associates.

14. THANKS

We are very grateful to all the SOCHARA members who have contributed to the development and functioning of CHC. We especially thank the Executive Committee members of SOCHARA – Dr. Mohan Issac, Fr. Claude D’Souza, Dr. H. Sudarshan, Dr. Ravi D’Souza, Sr. Dr. Aquinas, Fr. John Vattamattom, Dr. Ravi Narayan and Dr. Thelma Narayan for their active participation in the activities of CHC.

We thank our donor partners – Miserior, CORDAID, Sir Ratan Tata Trust and others for their continued support for all our activities. The strength of CHC’s functioning has been the goodwill and support of all partner organisations, who have worked with us to contribute towards improving health and quality of life. We are thankful to all such organisations for their trust and support.

The communities with whom we work have been the motivation and purpose of our work. We are thankful to them for their love and inspiration.

SOCIETY MEMBERS (SOCHARA)

Mr. A. Arumugham

Dr. A. V. Ramani

Sr. Aquinas

Mr. As Mohammed

Dr. B. S. Paresh Kumar

Dr. C. M. Francis

Fr. Claude D'Souza

Dr. D. K. Srinivasa

Dr. Denis Xavier

Mr. E. Premdas

Dr. H. Sudarshan

Fr. John Vattamattom svd

Mr. K. Gopinathan

Dr. K. Ravi Kumar

Dr. M. J. Thomas

Dr. M. K. Vasundhra

Dr. Madhukar Pai

Dr. Mani Kalliath

Dr. Mohan K. Isaac

Dr. N. Devadasan

Dr. Neela Patel

Ms. Padmasini Asuri

Dr. Pankaj Mehta

Dr. R. L. Kapur

Dr. Ravi Narayan

Dr. Ravi D'Souza

Dr. Roopa Devadasan

Dr. S. V. Rama Rao

Dr. Shirdi Prasad Tekur

Dr. Sunil Kaul

Dr. Thelma Narayan

Ms. Valli Seshan

Dr. Vatsala Nagarajan



*"Vaishnav Jan to, Tene Re Kahiye Je
Peed Parayi, Jaane Re;
Par Dukhe Upkaar Kare Toye
Man Abhimaan Na, Maane Re..."*

**"One who can understand the sufferings of others, and extends
selfless help with humility, is a true human being..."**

- A Gujarati Folk Song by Narsinh Mehta

* * *

**Community Health Cell,
Society for Community Health Awareness, Research and Action
359, Srinivasa Nilaya, Jakkasandra 1st Main,
1st Block, Koramangala, Bangalore – 560 034.
Phone: +91 - 80 - 25531518 Telefax: +91 - 80 - 25525372
Email: chc@sochara.org Website: www.sochara.org**