

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

**A JOURNEY TOGETHER**



**TOWARDS HEALTH FOR ALL**

# **ANNUAL REPORT**

*APRIL 2009 - MARCH 2010*

Cover picture: ***Girl at the Threshold.***

Picture taken by Lavanya Devdas, Raichur, March 2010. Raichur witnessed one of its worst natural disasters of flooding in October 2009. People were marooned from their lands to live in temporary shelters. The girl with her little siblings stands at the threshold of their temporary shelter that will be their home for many years to come until the government allocates houses to people who lost their all.

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**“From a health and development perspective, what is of greatest concern is the rapidly widening gap between the rich and the poor, all over the world and the ever-increasing marginalization of certain sections of the population constantly. It is in this context that the objectives and activities of organizations such as SOCHARA are greatly relevant.”**

**DR. MOHAN ISAAC**

## In Conversation with Dr. Mohan Isaac

**You have been President of SOCHARA for six years from 2004 to August 2010 and were Vice-president prior to this. Clearly, your association with SOCHARA goes back to many years. Tell us about this journey.**

My association with SOCHARA began almost from its inception during the 1980s as “Community Health Cell”. I had personally known one of the initiators of SOCHARA, Ravi Narayan from our postgraduate training days during the late seventies. Since I had an interest in the development of community based mental health care in India, I could identify easily with the objectives and activities initially of the Community Health Cell and later of SOCHARA, as they evolved. Because of my involvement during those early days, I was also one of the **Foundation Signatories** of SOCHARA when it was registered under the Karnataka Society Registration Act, in 1991.

During the past quarter of a century, SOCHARA has steadily grown from being a small well knit “cell” of few individuals deeply interested in and committed to promoting all aspects of community health to a nationally and internationally recognized and respected civil society organization. It has attracted a wide variety of talents and services of a large number of persons interested in public health and its allied disciplines. It had the privilege of receiving wise counsel and guidance constantly from numerous visionary leaders in the field of health care in India, some of whom also served on its executive

committee, most notably the late Professor CM Francis and the late Professor Benjamin both of whom were distinguished past Presidents of the organization.



Today, the voice and opinions of SOCHARA are heard with great respect and regard at various levels, starting from grass roots community health organizations to governmental as well as non-governmental bodies at local, regional, national and international level.

The young Fellows who are trained and mentored by SOCHARA propagate its vision for community health in various settings across the country.

**SOCHARA is like a river with many tributaries that converges into a mighty ocean – with people from all walks-of-life coming together to strengthen the core endeavour that health and equitable development are the key to the progress of society. Give us your impressions.**

Yes, indeed.

During the past many years, various kinds of people at various levels of training, experience and expertise have come to SOCHARA and spent varying periods of time both formally and informally and have contributed to ongoing discussions, debates and activities at SOCHARA. These have included graduate and post graduate students from various universities, medical schools and centres in India and overseas, interns, staff of non-governmental organizations and government departments as well as retired professors and distinguished scholars from various disciplines. While many of them may have gained from this association, SOCHARA has benefitted immensely from their interactions and contributions. They have also contributed to SOCHARA's growth.

**You have worked as a Senior Psychiatrist for over three decades in the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore. You have been associated with the WHO Geneva, and now are currently teaching at the University of Western Australia. What according to you are the challenges the world in general and India in particular are facing in the development sector? How do you see the role of organizations like SOCHARA impacting and influencing the world?**

The world is constantly changing always, but during the past two to three decades, the process of globalization, internal and external migration and the consequent social change has been too rapid, causing innumerable problems to large sections of the populations at various levels.

As a person interested in population mental health, my concerns have been on the rapid increase in stress related, adjustment and substance use related problems in developing countries including India, along

with increase in other behaviour and life style related non-communicable disorders such as diabetes, hypertension, obesity and cancers.

From a health and development perspective, what is of greatest concern is the rapidly widening gap between the rich and the poor, all over the world and the ever-increasing marginalization of certain sections of the population constantly.

It is in this context that the objectives and activities of organizations such as SOCHARA are greatly relevant.

It is heartening to note that the voice raised by SOCHARA along with numerous other similar organizations all over the world is beginning to be heard at the right quarters. It is a big challenge and SOCHARA will have to play an increasingly bigger catalyst role and continue to influence policy at the national and global level.

**Building a strong foundation of community health workers, activists and thinkers who work at the grassroots level and at the same time engage with the government means that there is a constant need to evolve educational strategies to enhance the knowledge, skill and attitudes of persons involved in community health and development. This attempt is seen through the Community Health Learning/Fellowship Program in Bangalore and Bhopal. How relevant are these efforts?**

You are absolutely right.

While developing educational strategies to enhance the knowledge base may not be very difficult, evolving strategies to alter deep-rooted attitudes and improve skills as well as motivation is indeed very challenging.

The trainers and staff of SOCHARA always have to maintain a high level of motivation

and commitment. They have to maintain their “role model” status as always as possible. If you are not inspired yourself, you can't inspire others.

The Community Health Fellowship/Training Programme is constantly evolving through a process of sharing, participation, introspection and discussion.

**As the president of SOCHARA, what were the challenges, opportunities and promise you saw in the past few years, despite the undercurrents of the global economic slump, greater globalization strategies by the Government of India, the conflicts of privatization in healthcare vis-a-vis the UN Millennium Development Goals?**

The growth of SOCHARA was at its peak during the past few years. From few small projects here and there and limited activities based in Bangalore, managed with a modest budget and from a single office, SOCHARA's activities and influence have grown tremendously.

Now SOCHARA operates from **five offices** and its major activities are carried out at least in three states, Karnataka, Tamil Nadu and Madhya Pradesh. Its annual budget has grown considerably consistent with the increased programmatic activities and numbers of persons trained and mentored in community health.

Requests and invitations for substantive contributions and inputs from SOCHARA staff and associates have steadily been increasing and what is noteworthy is that these requests have begun to come from higher and higher levels of academia (for example, national and international research and training institutions and universities, international peer reviewed journals such as the **British Medical Journal** and **The Lancet**), government (for example,

from the **Planning Commission** and even personal invitation from the Union Health Secretary herself or the Health Minister) and international and inter-governmental organizations (such as the **United Nations** and the **World Health Organization**).

All these have meant very hard work, not only for the professional but also for the administrative staff. Constant efforts to sustain staff morale and prevent staff burn out were necessary. Recruiting and retaining highly motivated and committed staff (against the market forces) at times posed problems.

Maintaining the necessary administrative and accounting backup for the professional activities at various centres was often very challenging.

Despite all these challenges, SOCHARA has grown from strength to strength, thanks to its staff, trainees and fellows, associates; members spread all across India and overseas, a very committed executive committee and the large number of “**Friends of SOCHARA**”.

**SOCHARA is privileged to have donors and contributors who believe in a common goal, that health and wellbeing for all is the cornerstone to an egalitarian world. What is your message to all the people who join hands for change?**

Yes, it is indeed true that one of the major factors that helped SOCHARA to grow steadily and continue to influence public health and community health in India as well as globally, is the trust and confidence it enjoys of various funding and donor organizations. The donors can continue to maintain this level of confidence as SOCHARA follows the highest levels of fiscal and administrative discipline and accountability in all its activities.

They can be assured that the financial support provided to SOCHARA is money well spent. Please continue to support SOCHARA to achieve its objectives in an ever-changing India.

**Cycles of Action-Reflection-Action have been the method for training, grooming, moulding and guiding health professionals through SOCHARA. Today they have spread the wings of change into different corners of India and the world. The phenomenal stories of personal change, increased awareness of health rights, commitment to advocacy, and strengthening of health systems through the Peoples' Health Movement is an ongoing success story. What is the message you have for students who are our future torchbearers?**

You are right. The ever-increasing realization of the relevance of the **Community Health Learning Programme (CHLP)** is quite satisfying. However, increased visibility automatically means greater responsibility. SOCHARA is aware of its role to contribute to the knowledge base in community health in a manner acceptable to the academic world by contributions and publications in national and international peer-reviewed journals.

It is also aware of the need to give the CHLP its due status as a certificate / diploma / degree course, more acceptable in the wider real world and of greater value to its holders.

To explore various possibilities in this direction, SOCHARA is in the process of setting up an **Academic and Research Committee**.

Meanwhile, all the trainees at SOCHARA can be rightly proud of their association with an organization of more than 25 years standing in the field of community health in India.

**Dr. Mohan Isaac, MBBS, MD(Psychiatry),  
DPM, FRC Psych, FRANZCP**

*Dr. Mohan Isaac was the President of SOCHARA from 2004 to 2010.*

*Dr. Mohan Isaac is currently Professor of Psychiatry (Population Mental Health) and Deputy Director of the Community, Culture and Mental Health Unit at the School of Psychiatry and Clinical Neurosciences, The University of Western Australia, Perth, Australia.*

*He was formerly Professor and Head, Department of Psychiatry at the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore, India. He chaired the Department of Psychiatry at NIMHANS from 1997 to 2001. His research interests include community psychiatry and delivery of mental health services, particularly in low-income countries.*

*Dr. Mohan has assisted the Division of Mental Health of the World Health Organization (WHO) in various capacities on numerous occasions and has worked as WHO Consultant in countries such as Afghanistan.*

*He has also worked at the Headquarters of WHO in Geneva as a staff member for over two years. Dr. Mohan assists various International Organizations on matters related to mental health and has assisted the United Nations Relief and Works Agency for Palestinian Refugees (UNRWA) as a consultant. Dr. Mohan's most recent consultancy assignment was with the Asian Development Bank on a project on 'Psychosocial Health of Conflict Affected Populations in Sri Lanka'.*

## SOCHARA's Endeavour towards Equitable Health and Development

The genesis of the Society for Community Health Awareness, Research and Action (SOCHARA) and the Community Health Cell laid the foundation for the creation of an alternative societal and people based paradigm for community health and development. It dreamt of a community health movement. Today, two decades hence SOCHARA continues to be part of health movements in India and around the world, supporting and engaging with people, communities and government for equitable health and development.

**T**he record of India's achievements in the field of health post-independence is mixed. There have been significant gains in life expectancy with reduction in some mortality indicators. However, disease and death indicators continue to be unacceptably high, with large gaps between social groups. There is a stark variation when one considers caste, class, gender and geography.

It is therefore imperative to look at how health and health care systems function through an equity lens and to promote justice oriented health action.

The journey of SOCHARA begun many years earlier, with a few young, vibrant doctors and allied professionals who looked beyond the world of medical institutions, attempted to define an alternative approach to health and well-being. The alternative approach was not complex. It was simple, organic, and humane –which was person and community centric rather than “disease-centric”, which took into consideration the complex context within which the goal of

“Health for All” had to be achieved in India and the world. It believed in networking and teamwork to create a collective critical mass for health and development.

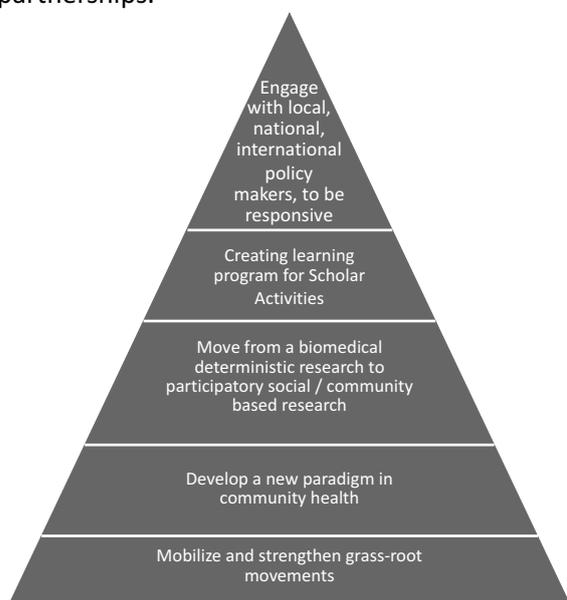
SOCHARA today nurtures the next generation of community health leaders through its teaching and training programs, its team placed in four units in different geographical locations, and its network of friends, associates and fellow travellers in India and abroad.

SOCHARA's focus on research, enquiry, reflection, innovation and action within a socio-political-cultural-economic and environmental context, marks its quest for a critical understanding of our complex world. This is the foundation for all its work towards social change and health for all.

SOCHARA engages with the government and international bodies at every level to work towards Health for ALL. SOCHARA's participation in the Global Peoples' Health Movement (PHM), the *Jan Swasthya Abhiyan*, the Indian chapter of PHM, and the National Rural Health Mission (NRHM) to name a few are aimed at strengthening

the public health system based on the principles of comprehensive primary health care, ensuring equitable access to good quality care, addressing health determinants and reducing health disparities.

India is making progress in addressing the gaps in access to universal, equitable health care through several government and policy changes. Creative methodologies and strategies with space for community action for health are being introduced slowly and with some resistance through the National Rural Health Mission (NRHM), which aims to strengthen the public health system. At such a historical juncture, SOCHARA has a critical role to play. There is a need to strengthen public health education with community health values and approaches, and the need to strengthen civil society for the same purpose, with skills to engage constructively with the public sector in public- public partnerships.



**SOCHARA puts focus at every level of the pyramid – from the base where Community Health must be participatory and pluralistic, to engaging with the national and international policy makers to achieve health for all.**

## OBJECTIVE, MISSION AND VISION

The objectives of SOCHARA provide the mandate and framework for the work of the functional units of the Society.

### These objectives are:

- To create 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 in areas of:
  - 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.

## **2009-10: A YEAR OF CONTINUED PARTNERSHIP**

2009-10 has helped us grow in strength. The year has seen the consolidation and growth of SOCHARA's different units spread across different states of India – Karnataka, Tamil Nadu and Madhya Pradesh, which reach beyond their borders.

This year saw birth of SOCHARA's new Centre for Public Health and Equity in Bhopal, Madhya Pradesh.

We are proud to present glimpses of the work of the four wings of SOCHARA:

- **Community Health Cell, Bangalore**
- **Community Health Cell Extension Unit, Chennai**
- **Centre for Public Health and Equity, Bangalore**
- **Centre for Public Health and Equity, Bhopal**

### **Community Health Cell, Bangalore**

The Community Health Cell (CHC), Bangalore has endeavoured to promote community health based on the social paradigm, through sustained efforts in training young professionals through the second phase of the Community Health Learning Program, training voluntary organizations and activists in approaches to community health, networking of various community based organisations to promote right to health and through policy advocacy action.

Recognizing that people's health is influenced by determinants that are deeply embedded in the social, political, economic, cultural and ecological fabric of life, CHC Bangalore has

played a pivotal role in grooming young health professionals to become leaders in the community health. Synergies of global and local analysis and action are necessary to influence change in a positive direction. This has thus led to a stronger involvement of CHC Bangalore and Chennai, and CPHE in the People's Health Movement from local to global levels.

The teams ensured round-the-year activities in training and community mobilisation for right to health advocacy. CHC brought together leaders in community health, health rights professionals and activists around the People's Health Movement for advocating comprehensive primary health care as an approach to achieve health for all. Health workers and social activists across around the state were trained to understand government policies and initiatives, and energies were mobilised to join campaigns for the rights of the marginalized, disadvantaged and vulnerable groups. Efforts were made to strengthen the public health systems through fostering engagement between governments, civil society and communities. A special attempt was made to reach the communities in occupations such as *pourakarmikas* (sanitation workers) and garment workers to enable them to address their occupational health rights issues.

### **Community Health Cell Extension Unit, Chennai**

The year 2009 - 2010 was significant in the evolution of the CHC team in Chennai- crossing the threshold of the under-five

period, they evolved from being a “Project Unit” to an “Extension Unit”. More than the change in name the team gained recognition both by civil society organisations in Tamil Nadu, as well as by the Government of Tamil Nadu as a credible and committed resource group in Health. The team is also recognized by academic institutions. Members are invited to teach postgraduates in Masters in Public Health (MPH) programs in the state, and in other collegiate programs in the city. During this period, the team secured funding that enabled expansion of its human resources base as well as its physical resources. We hope that this will lead to further stability of the unit, laying the foundation for further future growth.

### **Centre for Public Health and Equity, Bangalore**

Launched during the significant and joyous dance and drum beat filled silver jubilee celebrations of CHC in 2008, CPHE continues to innovate community health educational initiatives and health policy research and action at multiple levels. It has a sustained focus on building community capacity for health, strengthening the public health system from below, health policy research and advocacy and improving public health educational initiatives in the country.

As a unit of SOCHARA, CPHE promotes a new public health paradigm focused on equity, rights, gender and the underlying social determinants of health.

Since its inception, and building on the work of past years, the agenda of CPHE in 2009 - 2010, included:

- Strengthening commitment to Health for All (HFA) with a Comprehensive Primary Health Care approach at all levels.
- Strengthening social and community dimensions in public health education.
- Initiating and supporting a resource centre in public health and a community health fellowship programme with a health system/National Rural Health Mission (NRHM) orientation.
- Promoting a community paradigm in public health research, including engagement with civil society
- Supporting the Peoples Health Movement (PHM) at global and national levels and catalysing a Public Health Alliance of professionals from multidisciplinary backgrounds that is supportive of the PHM.
- Mentorship/ fellowship support to young professionals joining the “Health for ALL” movement.
- Promoting community health learning materials, including e-learning materials as a post jubilee Community Health Learning Centre commitment.
- Solidarity and linkages with partner institutions.
- Team and infrastructure development.
- Publications.

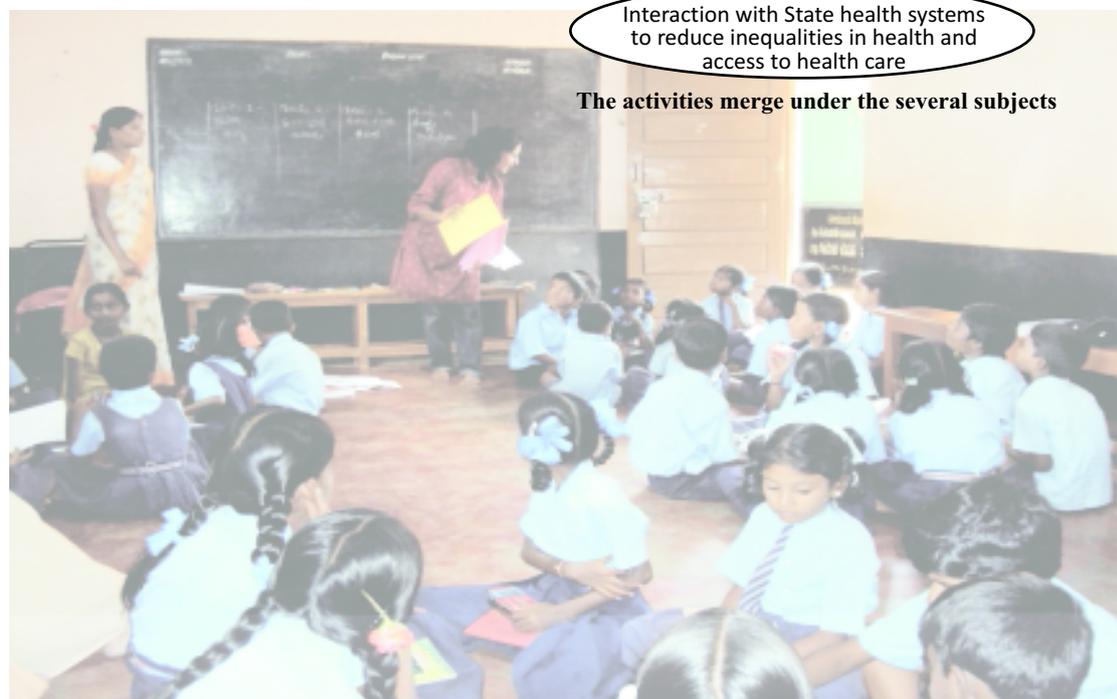
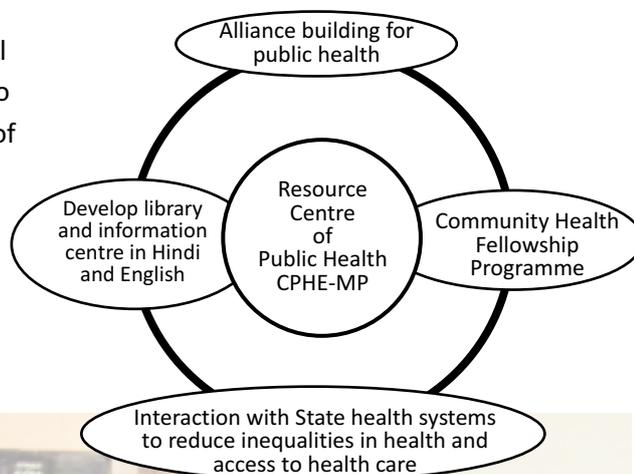
## Centre for Public Health and Equity, Bhopal

CPHE Bhopal, works on the principles of the 'politics of engagement', bringing civil society and the Health for All movement perspectives into policy dialogue at every level and into mainstream public health education, training and capacity building.

The Madhya Pradesh Resource Centre in Public Health of CPHE SOCHARA was inaugurated at a public function in Bhopal on 29th October 2009. This centre aims to consolidate and build on the experience of supporting public health policy processes and community action for health undertaken by SOCHARA over the years.

The inauguration was simple and meaningful with the symbolic lighting of lamps by all present. Thelma, Shiv Chandra Mathur of the Advisory Committee and KD Pandey welcomed the participants.

The guests shared personal experiences, words of caution and encouragement, inspiring the team to focus on excellence to meet the objectives of SOCHARA.



## SOCHARA's Key Focus Areas

SOCHARA's key focus areas has always been socially relevant and innovative community health learning and fellowship programs, health research coupled with social mobilization, campaigns and advocacy towards health for all, that culminates with health policy action and engagement with government and international bodies. In the past one year (2009–10), the SOCHARA teaching program has touched over 35 young professionals. People from all walks of life several times that number have been guided and mentored informally.

### COMMUNITY HEALTH LEARNING AND FELLOWSHIP PROGRAMS

#### CHC-Bangalore and Chennai

The Community Health Cell (CHC) since many years offers learning opportunities to young persons interested in exploring community health. For each person the learning is responsive to individual search and supportive of the paradigm shift in their personal careers, in the context of the larger societal paradigm shift that is required to move towards *Health for All*.

This learning opportunity was formalized into a fellowship program, now called the Community Health Learning Programme (CHLP). The success of the first phase of the

Fellowship Program (2003-07) that was concurrently and externally evaluated, encouraged CHC to conceptualize the phase II of the program (2007-10).

SOCHARA itself has benefited by many alumni joining the teams as full-timers in Bangalore, Chennai and Bhopal, providing fresh ideas, new energies and huge commitments.

The primary focus of the CHLP is on young individuals, who are exploring careers in the field of community health. Our focus is on nurturing the next generation of leaders in the field.

#### Objectives

The objectives of the community health-learning program are:

- ❖ To facilitate the development of a 'community health perspective' by

offering a semi-structured placement opportunity in CHC in partnership with selected community health projects and initiatives around the country.

- ❖ To provide short-term placements to young professionals to facilitate community health learning and to strengthen motivation, interest and commitment of persons for community health.
- ❖ To sharpen the analytical skills and to deepen the understanding of the social paradigm of community health.

## **CHLP: The Journey of Batch Two**

### **Activities Conducted**

After the selection process in April, the batch of 2009 commenced their program in May, completing in February 2010.

The five week orientation at the outset of the learning programme gave the interns an overview of a variety of important and current community health themes including, the determinants of health, comprehensive primary health care approaches, the public health system, and historical aspects of issues that they will encounter in coming months. They also developed their learning objectives as part of the active and adult learning methodology adopted in the program. The foundations were laid for 'inside learning' and reflection, learning about the community and community health principles and about society and the larger forces and policies affecting health. A meeting with potential field mentors at the end of the orientation program gave the interns a chance to explore various placement options, as well as for the

CHC team to develop a good rapport with the potential field mentors. It also enabled a better understanding of the program by the invited mentors.

The meeting with the mentors helped in the mentoring process. The interns were placed with different organizations according to their learning needs and language compatibility.

After about two months in the field the interns returned for a mid-term reflective learning session in July 2009. They participated with other organisations and women's groups in deliberations on the issue of dowry and the people's court that followed with various women testifying to their experiences with respect to dowry under the banner '*Daughters of Fire*'. The mid-term session was a time for each of the interns to share their stories and experiences from the field with respect to their learning objectives.

In the six-monthly session in November 2009, a panel discussion on Community Health Response to Disasters was held. A two day workshop on self development was organized to help the interns in learning more about themselves and also reflecting on their vocation and calling. A writing workshop was conducted to help interns express their ideas in writing, encouraging them to write for different needs.

### **The International People's Health University (IPHU), September 2009**

The Annual Alumni workshop was integrated into a nine-day course on 'Health and Equity', held as part of the IPHU. It was co-organized by the Community Health Cell, the global People's Health Movement (PHM), and the *Jan Swasthya Abhiyan* (JSA-PHM India), between 1<sup>st</sup> and 9 September, 2009.

The IPHU course was held in the lush green campus of the National Tuberculosis Institute (NTI). This is an important historical institution where Dr. Halfdan Mahler, the WHO Director General at the time of the Alma Ata Conference, had worked for many years during his period in India. Among others, this was one of the places where the early seed of the primary health care approach was born.

Nearly 50 participants, of whom 14 participants were from outside India, attended the IPHU course. The participants from abroad came from nine countries: Canada, Germany, Georgia, Kenya, Nepal, Netherlands, Pakistan, Philippines, and

Sri Lanka. The participants from India came from the stretches of Maharashtra, Gujarat, Chhattisgarh, Madhya Pradesh, Tamil Nadu, Rajasthan, Jharkhand, and Delhi. It was a beautiful coming together of diverse culture and space.

This was an occasion for the CHLP interns and alumni to interact with public health experts from India and abroad to learn about public health, community health, and the global forces and policies that impact on peoples' health. The initiatives of the global Peoples' Health Movement were also shared. The alumni and the interns participated actively in sharing their experiences and presenting the various campaigns and activities that they were part of.



**The gathering at the International People's Health University Short Course on Health and Equity held in CHC**

### **Our Community Health Interns**

There were eight full-time interns and seven flexi-time interns in 2009-10. A few profiles follow:

### **The Batch of 2009**



The batch of 2009 included Benjamin and Tanuja (Manipur), Shelley and Jaya (Assam), Dipali and Tejaswini (Maharashtra), Shivkumar, Snehalatha, Bhavya, Malavika, Bhavya, Divya, Rohini (Karnataka), Julie (Tamil Nadu), Deeksha (Uttar Pradesh).

We present a few interns of the batch of 2009:

*Shivakumar* completed his Masters in Social Work (Medical and Psychiatry). He understood the challenges of health care access for the mentally ill through his placements with Basic Needs India, Bangalore; Swami Vivekananda Youth Movement, Sargur (Mysore district) and Puniyakoti Foundation, Hospet (Bellary district). He helped in conducting a survey in Hospet (Bellary district, Karnataka) along with an NGO called Sakhi to assess the mental health status of urban slum families. He also helped in counselling some of the patients. He increased his understanding on the mental health system in Karnataka and visited the NIMHANS run district health project in Bellary.

*Tanuja Sharmi* is associated with the Manipur Positive Women's Network for the last five years. She has done her BA (English). She has gained an understanding of the women's movements in India through her placement in SAMA, a partner organisation in Delhi, and has been able to network with many groups working on issues like violence against women and women's health. She is keen to raise awareness of the reproductive health issues of women in Manipur. She worked to strengthen district level network of Manipur Positive Women Network in Thoubal and Churanchanpur district in Manipur.

*Dr. Deeksha Sharma* has a doctorate in Nutrition from Banasthali Vidyapith. She worked as an independent consultant with an NGO called Sampark who work for the economic well-being, literacy and health of women and marginalized people. She worked in the maternal & child health unit for the Solution-Exchange project of the UN. She studied the implementation of the nutritional programs and the associated programs like the PDS, NREGA scheme that determine the nutritional status of communities in Madhya Pradesh. The SOCHARA unit in Bhopal, Centre for Public Health and Equity (CPHE) helped her in this regard. A field organization, Samarthan, in Sehore district, MP helped in getting the community perspective regarding the schemes. She could identify challenges in ensuring nutrition of communities that could potentially tackle malnutrition in Sehore district.



#### **The Batch of 2010**

The batch of 2010 consists of 10 fulltime and one flexible interns: Sejal (Gujarat), Anand, Hanumanthappa, Malikarjuna, Manjua, Lavanya, and Rohini (Karnataka), Ganesh, Madappan, Shobha (Tamil Nadu).

Presented here are the profiles of few interns:

**Manjula** worked with Nava Jeevana Mahila Okkoota as a community organizer and helped women start one of the first Dalit Women's Co-operative Society. She has been involved in advocacy at the grassroots, district and state level on the issues ranging from Right to Food, Right to Health and Right to Employment. She also helped in developing a cadre of local karyakartas or development activists, to take up the issues of violence against women and the Devadasi system. She dreams to become a good community health worker and trainer, and develop skills in research founded on analysis and critical thinking.

**Anand Kumar** has a Masters Degree in Clinical Research. He worked as a Clinical Research Associate in a pharmaceutical company, before he chose to explore public health. He volunteers for New Socialist Alternative (Indian section of the Committee for Workers International). Through his association with CHC, he has gained an understanding of the People's Health Movement (PHM). His travel to different districts, meeting various health activists has helped him understand the forging of Jan Arogya Andolana (Karnataka chapter of PHM).

**Shobha P** hails from Nagercoil, the southern tip of Tamil Nadu. She specialised in Community Development in her Masters in Social Work. She has worked on several community health development projects, her latest as psycho-social officer for the Indian Red Cross Society. Her focus is to become a good community health trainer.

### **CHC Extension Unit (CEU), Chennai**

The CEU team played an active role in teaching on the CHLP and in mentoring and following up CH interns across the country. The team additionally mentored and supported several other students and professionals who approached them.

**Deepa Sai** did a two-month flexible internship as part of the CHLP program based in Chennai. She has authored a document on institutional delivery.

## CPHE Madhya Pradesh Initiative

### The MP Community Health Fellowship Program

After considerable thought by the SOCHARA Executive Committee, CPHE started a resource centre in public health in MP and its first practitioner oriented two-year educational programme in Public Health coordinated by Thelma Narayan and supported by the Sir Dorabji Tata Trust and other donor partners. The teaching program includes conceptual and theoretical inputs along with intense field based experiential learning. This program is focused on the central Indian state of Madhya Pradesh.

**An academic plan** is used as the framework of the curriculum. The plan was crafted in response to the health situation and needs of the state. This could be built because of SOCHARA's prior experience. The outlined was discussed and modified collectively by participants at a national workshop organised in April 2008. It was developed further by the CPHE team and the eight member advisory committee for the Madhya Pradesh initiative which met in October 2009.

**A six-member team** with some support staff have joined, functioning from the Bhopal CPHE office established on 15th August 2009.

Juned, a CHFS alumnus was a pioneer member from October 2008, joined by others one by one by November 2009. Prasanna who has worked/been associated with SOCHARA since 2003 leads the team in Bhopal. **The teaching of this course is largely in Hindi, which is a unique feature of this program.** Reading and reference material in Hindi are collected and distributed, with translation of books, notes and articles in Hindi being done as well. However, the students' skill in English is being developed,

A group of twenty enthusiastic persons, all postgraduates from multidisciplinary backgrounds were selected from a pool of 74 applicants for the two-year Community Health Fellowship Program.



After a six-week residential orientation teaching session in Bhopal in November-December 2009, the Community Health Fellows went for their fieldwork. Cluster meetings were held every month where 5-6 Fellows gather with a field mentor/facilitator and a resource person from the region to discuss different themes such as child health, women's health, the ASHA program and other health related aspects. Two-week residential teaching sessions are organised every quarter in different sites in MP to further their learning of community health and to develop organic connections with people and organisations in different parts of this large and richly diverse state. The two-week course in Indore in March 2009 also had daily classes in English that was helpful and enhanced the self-confidence of the Fellows in speaking the language.

**Circles of support** are being built around the Fellows, with the involvement of academics, SOCHARA members, social activists, staff from the public health system, department of women and child development in the state and most importantly the communities. This

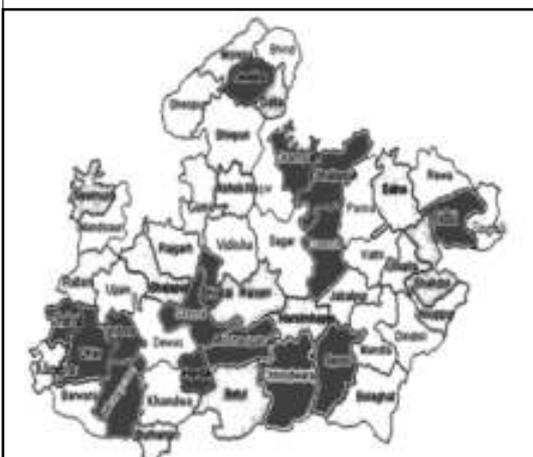
helps in creating a society wide approach to work for the betterment of health and reduction of disparities.

### Placement of the MP CH Fellows

The Fellows have been placed in 16 selected institutional partners from 14th December 2009. The selection process was carefully done during the preparatory phase with field visits by Thelma and Juned. There have been a few additions and changes made during the year. The partner NGOs who primary focus is health, are located in 14 districts of Madhya Pradesh, namely Bhopal, Indore, Harda, Sidhi, Sehore, Jabua, Dhar, Tikamgarh, Seoni, Chhatarpur, Gwalior, Damoh, Chhindwara, Khargone, and Bilaspur from the state of Chhattisgarh.

The partner NGOs included a wide spectrum from community health and development projects to mission Hospitals.

Two meetings with partner NGOs were held in Bhopal in October 2009 and February 2010 on managing a fellowship program. Team members visit fellows regularly with a monthly roster under their charge in the field allowing for mutual learning, problem solving and networking.



The Fellows come from all parts of Madhya Pradesh

The team development is done on a planned basis with monthly visits by Thelma to Bhopal. A six-day team retreat was also held in Bangalore in January for the whole team

### CPHE Bangalore

#### Capacity Building and Strengthening Social and Community Dimensions for Public Health Education

CPHE provides mentorship and fellowship support to young professionals joining the Health for All movement.

The team is involved in facilitating the learning process of young students, mid-level professionals, students and staff of public health educational institutions. Some of the young professionals were:

*Kristine Dandanell Garn, an MSc Public Health student from University of Copenhagen, Denmark, joined CPHE for her MSc thesis, titled, "If men were angels...". The Dynamics of accountability in the Community Based Monitoring of Health Services Programme often has diverse perspectives on relationships of accountability. She was guided and supported by Thelma, Rakhal and Ameer in her research endeavour from February 2009 to May 2009.*

*Varun Kumar completed his special learning through travel project, during which he visited several community health and primary health care projects all over India, interacting with a large number of practitioners, activists, thinkers and communities during an extensive motorcycle journey conducted in six phases. He was in touch with CPHE throughout the planning phase and during his travels. He visited both Bhopal and Bangalore CPHE offices during the project, to share his experiences and documenting his travelogue.*

Dr. Ravi Narayan held several teaching sessions formally and informally with groups of young public health professionals as part of the CPHE's commitment to reach the next generation of public health professionals and activists. He was invited to teach postgraduate students at the National Institute of Epidemiology, Chennai (August 2009), Indian Institute of Public Health – Gurgaon (September- 2009), All India Institute of Medical Sciences, Ballabgarh Centre, Haryana (October 2009), the Institute of Health Management Research (IHMR) Bangalore, the Foundation for Revitalisation of Local Health Traditions (FRLHT), Doctoral Students Bangalore (February 2010). It was a special honour to present the First Health Systems Annual Lecture at the Tata Institute of Social Sciences on the theme of 'Politics of Health in India' in Mumbai on 28th December 2009.

He taught at the International People's Health University course in - London, UK in April 2009 on Globalisation of Health

Solidarity from Below & PHM as civil society mobilization towards Health for All. He taught students at the MSc Health Policy and Planning at the London School of Economics/ London School of Hygiene and Tropical Medicine, in March 2010 on “*Globalization of Health Solidarity from Below. Understanding the Theory.*”

In addition, CPHE continued to informally mentor a large number of young public health professionals, postgraduate students from many institutions, health activists of whom many were IPHU alumni and several CHC fellows spread out all over the country. This role is increasing and its growing popularity is a sign of both a felt need and an appreciation of its relevance.

CPHE team members continued to support the CHLP training programme, by facilitating sessions during the CHC based training for the batches of May 2009 and March 2010.

Senior members are also examiner for MPH dissertations and PhD theses at the National Institute of Epidemiology, Chennai and Achutha Menon Centre for Health and Social Sciences (Thiruvananthapuram).

## RESEARCH

SOCHARA endeavours to promote a community paradigm in public health research. It also promotes civil society involvement in many aspects of the research process. Snapshots of the team's efforts in using research for social change are provided.

### CHC Bangalore

#### ***Pourakarmikas – A Community Banished***

CHC carried out an enquiry into the health issues of the ***Pourakarmikas*** (sanitation workers) in Chitradurga District, Karnataka. The town of Chitradurga, like many other small towns and villages in India does not have adequate drainage and sewerage facilities. Open drains called “*charandi*” are seen in each locality. The cleaning and maintenance of these drains and sewerage tanks depends on manual scavengers (called *Pourakarmikas* in Karnataka). They belong to the ‘*Madiga*’ community, who suffer severe social discrimination, exclusion and are considered “lesser human beings”. They are ostracised by the community, including those they serve. People from the same community, who do not share the same employment, look down upon *Pourakarmika's*

The health risks posed by manual scavenging have not been studied adequately. JEEWA, an NGO working towards the dignity, rights and betterment of the *pourakarmikas* and their families, felt the need to investigate the sociological, psychological and health hazards that impact the workers and families and

approached CHC for assistance. The study would help in understanding the social dynamics needed for greater advocacy of health rights.

The workers health status was assessed through a surveillance study over a period of five months (June to October 2009) on the health problems of the men and women workers residing in three neighbourhood areas of J.J. Hatti, Budha Nagara and Swami Vivekananda Nagar in Chitradurga town.

After an orientation by CHC, JEEWA activists visited the workers in their houses every month to monitor the health and well-being of the family, asking questions on current illness, past illness, surgery, injuries and health problems encountered during work, treatment details, absenteeism from work and the impact on their work status. There is a continued effort in progress to help the community lead a dignified existence and an effort to pressure the government machinery to implement their own policy of replacing the old, humiliating methods of manual scavenging and rehabilitating the *pourakarmika's*.

### CHC Chennai

CHC, Chennai was involved in various studies and research in the past one year.

#### ▪ **Public Report on Health (PRoH).**

This is a project implemented by the Council for Social Development, New Delhi. One of the CHC team members conducted a survey of eight PHCs and two district hospitals as part of the public report on health. This has helped the team gain a deeper understanding of the Tamil Nadu public health system.

- **Systematic Review of Interventions to Reduce Corruption.**  
One of the CHC Chennai team members is part of a Cochrane Review team on the interventions to reduce corruption in the health sector. At present, the protocol has undergone peer review and the review is progressing to the literature scan, data collection and analysis.
- **Review of Human Rights in Asia**  
The Asian Institute of Human Rights is facilitating a review of Human Rights in Asia. A thorough process of reviewing various Rights Based work in a number of fields is being carried out.
- A study on the untied funds in NRHM in Tamil Nadu is in progress. The efforts are lead by CINI, Jharkhand with the support of CHC Chennai.

## **CPHE Bangalore**

### **Revitalizing Health for All – Comprehensive Primary Health Care Research- (Teasdale Corti Project)**

CPHE continued as the Asian hub of the Teasdale Corti supported project on researching comprehensive primary health care (CPHC). This is a collaborative study between the University Of Ottawa, Canada, the University of Western Cape (UWC), in South Africa with regional hubs and research teams in Africa, Asia, Latin America, and teams in Australia and Canada working with indigenous communities. The six studies selected in the Asian region based in four countries Bangladesh, India, Pakistan and Iran were followed up with peer review and other forms of technical support. The teams use mixed methods of

research and are studying the role of community health workers, community participation, gender empowerment and primary health care in urban poor settings.

Dr. Thelma Narayan took part in a joint meeting in Cairo of researchers from projects supported by the IDRC, Canada. She represented the Teasdale Corti project along with David Sanders from UWC, who is one of the two principal investigators. She also visited the PHM office in Cairo for discussions with Dr. Hani Serag and Ms. Azza.

A Research Training meeting for the Asian teams was organized at BRAC, Bangladesh in February 2010, where Dr Thelma Narayan participated as a faculty member. She also had meetings with Dr. Zafrullah Choudhary, Dr. Quasem Choudhary and others at the Dhaka Gonoshasthya Kendra City Hospital.

### **The Global Forum for Health Research**

CPHE participated in the Global Forum for Health Research - Annual Forum in Havana, Cuba in November 2009 on the theme: *Innovating for the Health for All.*

Dr. Ravi Narayan attended the Global Forum as a member of the Foundation Council of the Global Forum and as part of the PHM team. A special pre-forum workshop on the CPHC project; a series of short talks on different aspects of PHM involvement in research; a special PHM lunch time session; interactions with the Young Voices in Research were the hallmark of the event.

### **McMaster Health Forum**

Dr. Thelma Narayan was an invited participant at the McMaster Health Forum on Knowledge Translation and Exchange organised by Dr. John Lavis and team from 23<sup>rd</sup> to 24<sup>th</sup> Nov 2009 and also gave a public lecture at the McMaster University

The presentation on the new community health paradigm of public health was

### **South East Asia Regional Conference on Epidemiology- March 2010**

CPHE SOCHARA was a member of the organizing team of the WHO SEARO Regional Conference on Epidemiology. The conference highlighted the theme: *Evidence to Policy and Action through Partnerships*.

Dr. Ravi Narayan gave the keynote address in the opening plenary entitled: *“Enduring relevance of Epidemiology: Yesterday, today and tomorrow”*. He also spoke on *“Revitalizing Primary Health Care: How Epidemiology can help”*.



## SOCIAL MOBILIZATION AND CAMPAIGNS

### CHC Bangalore

#### Health as Human Right

As part of the capacity building for district level field activists and staff of various NGOs, workshops on **Health as Human Right** was conducted in the course of the year in Haveri, Bagalkote and Belgaum districts.

The several training programs on health rights have helped bring awareness on the fundamental understanding to right to life.

*District Training on "Health as Human Right", Haveri*

The 'Health as a Human Right' training for the activists of Haveri District was held at the non-gazetted officers (NGO) Hall at Haveri on 29th and 30th November 2009. There were 32 participants from five taluks representing nine civil society organizations that included Mahila Santhvana, Vanasiri, CGHS, Nirmana and Suraksha. The organizations that participated were AID Bangalore, Anthodaya, Mudhol, BIRDS, Head Streams, SGGKK, Mudhol and Spandana.

*District Training on "Health as Human Right", Belgaum*

Training was held on 31st January 2010 in Spandana Office, Belgaum. There were 28 participants from organizations namely Rural Welfare Trust, Spandana, Jagruthi, Vimukthi, Chikkodi Parivarthana Grameena Abhivruddi Samsthe, Right to Food Campaign – Karnataka, DRDS working in Hukkeri, Chikkodi, Bylavangala, Khanapura and Belgaum Taluks

*District Training on "Health as Human Right", in Bagalkote*

The training program in Bagalkote, North Karnataka was held under the auspices of the Antyodaya, an organization of Mudhol on 12th and 13th December 2009.

Mr. Krishna Maadar (Maadiga Dandora) inaugurated this programme. The guests present at the event were Mr. S.B. Teggi, District Health Supervisor and Mr. Obalesh, State Co-Convenor of Janaarogya Aandolana, Ms. Swarna Bhat and Mr. Karibasappa, co-convenors of the North Karnataka Forum, Belgaum.

The trainings cover:

- History of the Peoples' Health Movement and *Janaarogya Andolana* Karnataka
- Fundamentals of Health Rights and health determinants
- Public Health infrastructure and services
- Primary Health care- Alma Ata Declaration
- NRHM background and objectives
- Making the public health system work
- Community Monitoring of health services through the Village Health and Sanitation Committees (VHSC).

The action plans are chalked out after every district training.

- On conducting a public hearing-preparatory work, identifying problems and issues; recording of various health services available, untied funds, services denial, conducting PHC surveys.
- Conduct follow-up meetings.
- Compile district health data sheets.
- Initiate a letter campaign on the denial of services and other health issues.
- Guide organisations to undertake innovative campaigns and initiatives.

## **Towards Health Rights of Marginalized and Vulnerable Communities**

The greatest impact of health right violations are seen among marginalized and vulnerable communities. Due to lack of trained staff and inadequate health facilities in health centres, coupled with rampant bribery and corruption, people have no option but to access private health services. This is by a great measure, due to the indirect privatization principle followed by the Government.

Through informal studies of the functioning of the public health institutions, it is found that disadvantaged communities face the gravest health neglect:

- **Persons with mental illness:** Counselling services are not provided in primary health centres and community health centres.
- **Persons with disability:** Some health centres are not disabled friendly. There is a lack of proper examination and treatment facilities. Staff members are inadequately sensitized and often lack basic skills to help persons with disability.
- **Sexual minorities:** Face discrimination from the health staff, coupled with the denial of basic health services.

## **Solidarity, Participation and Consultations**

CHC Bangalore is actively involved in the campaigns and mobilization of health activists in the state of Karnataka. The year has seen the participation of CHC in several social movements.

## **Right to Food Security**

Jana Arogya Andolana Karnataka participated in the state level workshop on Right to Food Campaign 20th July 2009 held at Vishranthi Nilaya, Bangalore. Around 65 participants from various districts of Karnataka were present.

## **Consultation on Right to Food Security**

A consultation on "Right to Food Security" campaign was organised at Vishranthi Nilaya, Bangalore on 10th August 2009. JAAK participated in the consultation, as it is also concerned with the issues of malnutrition, functioning of PDS, NREGS and ICDS that is integral to health. Based on this and the results of the Indian Council of Medical Research (ICMR) study, JAAK made presentations on the need for food and nutrition security that must be looked into in its togetherness, where the nutritional needs of a person should be met as part of the PDS Package.

## **Food Security Bill**

Jana Arogya Andolana Karnataka, CHC staff and CHLP interns participated in a protest that was organized simultaneously across 18 districts in Karnataka. Various health rights groups along with Right to Food Campaign participated in the campaign that marked India's 62 Independence Day. Thousands participated in the state-wide protests demanding nutritious food, efficient functioning of the public distribution system (PDS) and food entitlement for the poor.

### **Inputs to the Discussion on Comprehensive Policy for Urban Poor**

A Consultation on evolving a comprehensive policy for the development of urban poor, Bangalore was organized by the Housing Empowerment Rights Organization (HERO), an initiative of the Association for Voluntary Action and Services (AVAS) on 21st August 2009 at United Theological College, Bangalore.

Participants representing different, well established and committed NGOS, NGO Networks, Urban Poor Movements, and Community Based Organizations from Bangalore, came together, to discuss and deliberate on issues and suggestions towards evolving '*A Comprehensive Policy For The Development Of Urban Poor*' in Bangalore. Dr. R. Sukanya and the interns from CHC participated in this meeting.

### **Solidarity with Munnade- The Women Garment Workers Front**



In November 2009 that marked the second anniversary of Munnade, Mr. Obalesh addressed the women garment workers on health and right to health. He shared with them the objectives and activities of the Jana Arogya Andolana Karnataka.

In March 2010, on Women's day, Mr. Obalesh participated in the public meeting organised by the Munnade and spoke about the health rights of women workers.

### **Study on Maternal Health – Presentation by Belaku Trust**

The CHC team member and CHLP interns attended a meeting on 21st December 2009 at Ashirvad, Bangalore organized by Belaku Trust, an NGO working in health and livelihoods in Kanakapura Taluk, Ramnagaram District, with support from the Bangalore Birth Network, a network committed to promoting evidence-based maternal and newborn care.

The purpose of the meeting was to present the findings from a study of the quality of care during pregnancy and delivery in Kanakapura Taluk, undertaken by Belaku Trust between 2007 and 2009.

### **Participation in Silver Jubilee Celebration of Children's Movement for Civic Awareness**

CHC had an opportunity to put up an information counter on Health and Hygiene on 19th February 2010 at Police Parade Ground, Bangalore in an exhibition for school students on the event of 25 years celebration of Children's Movement for Civic Awareness (CMCA). More than 1000 students participated for this exhibition.

## COMMUNITY HEALTH, PUBLIC HEALTH ACTION AND ADVOCACY— TOWARDS HEALTH FOR ALL

### CHC Bangalore

CHC is involved in health advocacy aimed at revitalizing the rural and urban public health system in Karnataka. As part of this endeavour, it undertook the Bangalore Urban Health Initiative.

### Strengthening of Democracy - Drafting the People's Urban Health Manifesto

The Bangalore Bruhath Mahanagara Palike (BBMP) municipal elections in March 2010 was conducted after a gap of three years. This was an opportunity to strengthen democracy. Keeping these possibilities in view, many not-for-profit voluntary and public interest organizations and individuals, working with communities on a range of issues met over several months to collate a *People's Manifesto*.

The manifesto was a distilled idea of the progressive policies, practices and measures need to be incorporated in governance, to ensure equitable and comprehensive development for all citizens of Bangalore.

The Community Health Cell participated in evolving the Public Health segment of the People's Election Manifesto. The initiative was co-ordinated by Bangalore People's Forum (*Bengaluru Janara Vedike*), a forum of progressive organizations in Bangalore.

The manifesto served as a reference for dialogue and debate. It provoked a dialogue

amongst people and political parties. The manifesto helped people articulate their demands when candidates come knocking to their doors for votes.

### Towards Social Justice: Addressing Issues of Social Boycott of Dalit Community

Karnataka saw sporadic atrocities meted out on Dalits in Raichur District. The Dalit community in Tadakal village of Manvi taluka of Raichur District were subjected to humiliation through the dictate of the upper caste called '*social boycott*' for an issue of disagreement between Dalits and a local builder and landlord.

The social boycott of the Dalits meant that they were barred from purchasing essentials from any grocery shops; they were turned away from work, and were not allowed to use general private transportation. In addition to this, while they opposed this there was violence unleashed on them. In the context of this violence against dalits in Raichur and growing governmental apathy and disregard to Dalit issues in Karnataka, a group of individuals representing Dalit and human rights organizations felt it is critical that such blatant violations of fundamental rights of citizens should be brought to the fore and perpetrators of such derogatory incidents penalized in the interest of dalits.

Hence, CHC and JAAK took the initiative to form a fact-finding team to visit the affected areas, to gather first hand information and look at the steps taken to arrest the intolerance of the marginalized community.

The team visited three selected villages (Singapur, Salgundi and Tadkal) on June 8th, 9th and 10th, 2010. The team held discussions with victims, alleged

perpetrators, and other eyewitness on the incidents. The social practices of untouchability and subjugation was studied, statements on the Dalit atrocities in their respective villages were taken. The team inspected property damaged in the violence. The team also held talks with local civil societies Jagruthi Mahila Sangha and Dalit Sangarsh Samiti. The team held meetings with all concerned officers both in the bureaucracy and police department, at the taluk and district level. The team collected additional information, through secondary sources such as FIR copies, newspaper articles and other documents. The entire process and statements given by victims, government officials and other witness was also video recorded.

The collected information was drafted into a report. The report was submitted to Shrimati Pratibha Patil, the President of India, Mr. Veerappa Moily, Minister of Law and Parliamentary affairs, Chairperson, National Human Rights Commission; Chairperson, National Commission for Scheduled Castes and Scheduled Tribes; Dr. Girija Vyas, Chairperson, National Commission for Women; Shri. B.S.Yeduyurappa, Chief Minister of Karnataka; Shri. B.V. Acharya, Home Minister, Karnataka; State Human Rights Commission; State SC/ST Commission and State Commission for women. The dialogue and campaign is ongoing.

## **CHC Extension Unit, Chennai**

### **The Community Monitoring and Planning**

A pilot Project initiated by the Advisory Group on Community Monitoring and Planning of the NRHM as implemented in Tamil Nadu. The team was involved in

numerous activities that aimed at evolving learning's from the project, as well as in disseminating these leanings. Towards this, the team had numerous meetings among civil society groups as well as officials at various levels in the government. One of the significant outputs of this process is a document titled "*Community Monitoring and Planning Pilot Project in Tamil Nadu: A joint learning process*".

The significance of this paper was that government officials including the Mission Director, the Director of Public Health and CHC Chennai team members, jointly authored it. It is probably one of its kinds in India. This was due to the sustained engagement between CEU team and the government departments on issues of accountability and governance.

On 27 and 28th August 2009, a state level dissemination workshop on the pilot phase was conducted and the paper was discussed. This forms the basis of the next phase of the project now called as Community Action for Health. The team also used various opportunities to highlight the process and build up a consensus for it in both civil society gatherings as well as government and academic circles.

In the next phase, the team has taken on the mantle and role of the State Nodal NGO. Thus, from March 2009, it is responsible for the management and the administrative functioning of the project in five districts in partnership with NGOs.

### **Community Health Networking- Right to Health**

The CHC team has been facilitating the working of the Makkal Nazhuvayal Iyakam (MNI) at the state level there have been six major activities of the MNI.

- **Campaign against vaccine production units closure:** At the state level many civil society groups came together to form the “*Save the child*” movement to campaign against the closure of the three vaccine production units. CHC played a major role in this forum along with Tamil Nadu Health Development Forum to conduct various forms of struggles to put pressure on the central government to reopen those institutions.
- **Institutional Deliveries:** Through the community monitoring process the MNI became aware of the huge pressure the government was exerting for all deliveries to occur at the PHC, despite many PHCs not having adequate facilities. This issue along with the attempt to move the discourse from “*institutional delivery*” to “*safe delivery*” was the focus of a series of activities during the year. This included a workshop in September 2009 along with CommonHealth and various follow up activities including the process for the evolution of a format for evaluation of the quality of deliveries in Tamil Nadu.
- **Immunization:** MNI has been at the forefront of activities to document the various negative changes that have occurred due to the shift in the vaccination program to becoming completely institutional. As part of this MNI facilitated a study jointly organized and planned by CHC and CMC, Vellore. 12 districts were finally covered. At present the data entry has been completed and the data cleaning process is going on.
- **People's Midterm appraisal of the 11th five-year plan:**  
The CHC team members (representing MNI) attended two such meetings - at the state level and contributed to the overall process.
- **Campaign for the National Health Bill:**  
The national level campaign was launched on April 7th 2010 pressing for the implementation of the National Health Bill. CHC and MNI were involved in a process during the year to analyze the draft bill and raising awareness about it among various groups and communities. On April 29th, a workshop was organized in Trichy to sensitize civil society groups on the issues of the national health bill.
- **“People's health resource” series in Tamil:** “*Health and Human rights- 25 questions & answers*” and “*PHM Charters and Declarations*” are two books released by CHC/MNI with the support of Misereor International in this period.

## CPHE

### A Web of Resources in Community Health

A collaborative project aimed at creating a comprehensive web resource on Community Health and the Health for All movement in India was put together. [www.communityhealth.in](http://www.communityhealth.in) provides information about community health initiatives in India to young and new persons who seek to join the community health movement in the country. Dr. Lalit Narayan who did a six-month fellowship with CPHE spearheaded the web initiative.

## **Environmental Health: The SOCHARA Experience**

Dr. Adithya P joined in March to document and get involved with environment and health related initiatives of SOCHARA.

## **Integrated Management of Public Health Programmes**

Dr. Ravi Narayan assisted by Dr. Deepak Kumaraswamy, Dr. Prashanth (Karuna Trust), Dr. Sathyanarayana and Dr. Giridhar Babu (IIPH-Hydrabad) evolved an important District Health Manager's Manual for WHO SEARO. This is a Guidebook for '*Integrated Management of Public Health programs at the District level*'. The participatory process included a consultation in May 2009 with persons from medical colleges, schools of public health, civil society organisations, WHO-SEARO staff and others senior consultants. Dr. LM Nath and Thelma reviewed the draft manuscript. The knowledge and skill based training of district level health managers for an integrated and management based approach to running public health programs based on the principles of comprehensive primary health care is essential. This manual was a contribution to this policy, imperative to public health engagement. The participation of Dr Ravi Narayan in the Karnataka Knowledge Commission sub-group on medical and nursing education made recommendations on creating a public health cadre in Karnataka; a state school of public health; and health promotion network in addition to other recommendations for strengthening health professional education in the state.

Thus, all SOCHARA units have been involved and engaged with community health and public health action and advocacy at various levels.

## **POLICY ENGAGEMENT – INDIA AND GLOBAL**

### **CPHE Bangalore**

#### **National Rural Health Mission**

At the national level, Dr. Thelma Narayan is a member of the Advisory Group for Community Action (AGCA) which is a standing committee of the NRHM, and of the National ASHA Mentoring Group (NAMG), both of which continue to give directions to the key community level dimensions termed '*communitisation*' of the mission. She is also a member of the State ASHA Mentoring Group in Madhya Pradesh.

During the year the following meetings were attended

- The 14th and 15th Advisory Group for Community Action meeting was held on 19th June 2009 and 15th March 2010 in New Delhi.
- The National ASHA Mentoring group meeting was held on the 6th and 7th August 2009 and 4th December 2009 in New Delhi.
- NRHM Common Review Mission meeting was held on 3rd Nov 2009 in Delhi, participation as a member of the CRM team for Madhya Pradesh visiting Bhopal, Guna, Shivpuri, Gwalior and Datia, reporting and participating in the final CRM meeting in Delhi in December 2009.

#### **AYUSH and Public Health**

Dr. Ravi Narayan continued as member of the appraisal and approval committee of the

AYUSH and Public Health-Grant in Aid scheme of the Ministry of Health and Family Welfare (Government of India) and participated in a dialogue with the AYUSH Secretary during her visit to FRLHT in May 2009 and later in Delhi.

### **11<sup>th</sup> Plan –Mid Term Appraisal**

Dr. Ravi Narayan prepared a 12 point comment on the midterm appraisal of the Health Section of the 11th 5 year plan, highlighting, evidence based appraisal, public health systems accreditation, equity and gender monitoring, partnership evaluation, strengthening *communitisation*, faculty training in HRD Institutions, healthy public policy promotion, health communication innovation, inter-sectoral collaboration and identified some priority policy areas for expert review and accompaniment.

SOCHARA supports the People's Health Movement at global and national levels.

### **Peoples Health Movement (PHM)**

Dr. Ravi Narayan was a member of the coordination commission of the Global People's Health Movement till the coordination commission meeting in November 2009 at Havana when his term was completed. He now continues as a member of the larger global steering committee with particular focus on country level capacity building, for which a country level resource inventory/directory is being prepared.

### **Special Issue of Health Action**

Health Action is a national monthly magazine published by Health Accessories for All (HAFA) Hyderabad with a large readership in the voluntary sector. In August 2009, Ravi Narayan was the guest editor of a special issue of Health Action on the theme that highlighted the origin, goals, campaigns and advocacy work of the *Jan Swasthya Abhiyan*

towards Health for All. The contributors for this special issue included B Ekbal, Amit Sengupta, Ajay Khare, Thelma Narayan and Deepak Kumaraswamy.

### **Solidarity with Jan Swasthya Abhiyan**

All SOCHARA units, many team members and some CH interns/ fellows are actively involved in supporting campaigns and activities of the Jan Swasthya Abhiyan The state secretariats in Karnataka and Tamil Nadu were hosted by CHC.

### **In Solidarity...**

CPHE team members continued on various committees and councils. They support both governance and equity oriented perspective and strategy development, in solidarity with several partner organisations, institutions and networks. Some of these include:

#### **National**

- Research Ethics Committee of the National TB institute (NTI), Bangalore.
- Research Ethics Committee of the Regional Occupational Health Centre, (ROHC) ICMR, Bangalore.
- Scientific Advisory Committee of the Regional Occupational Health Centre - ICMR, Bangalore. Dr. Ravi Narayan attended the international conference organised by ROHC on Occupational and Environmental health and life style concerns – a trans-disciplinary approach and was the co-chair of one of the sessions.
- Dr.Thelma Narayan is the Chairperson of the Governing Body of Basic Needs India, (BNI) Bangalore that works on community mental health and development.
- She is in an advisory committee member on a study on maternal deaths by Human Rights Watch.

- She is on the governing body of National Health Systems Resource Centre.
- Dr. Ravi Narayan is a governing body member of Public Health Foundation of India. He attended the board meeting in April-2009, and Oct- 2009.
- He is a member of the newly constituted Academic Management Committee set up by PHFI to standardise policies and guidelines for the IIPHS evolving in the country.
- He is a Consultant for the State Institute of Health and Family Welfare and State Health Systems Resource Centre, Karnataka. He is also member of the Governing Body and Academic Council of the Institute of Health Management Research, (IHMR) Bangalore.

### **International**

Dr. Ravi Narayan is a Foundation Council Member and STRATEC member of Global Forum for Health Research, Geneva, and a member of the International Editorial Advisory Committee of British Medical Journal (BMJ) and its speciality advisor on Public Health.



## **Community Health Library Information and Documentation Centre (CLIC)**

The Community Health Library and Information Centre has evolved gradually over the last two decade of SOCHARA's existence, in response to the priorities and issues that have emerged over the years. There is a need for it to keep pace with the current age of Information and Communication Technology, with new media and with aspirations of a knowledge based society.

CLIC today supports the information and documentation requirements of not only the CHC team, but also its partners and associates in the field of social development , thus reaching out to all those interested in community health– academics, activists, service providers, researchers, trainers, issue raisers, and policy makers.

The library continues to support avid readers, research scholars, NGOs, Civil Society organizations, Medical Colleges, Activists Professionals, students. Today there are students and staff from many NGOs and colleges in the city using the library facilities.

### **Library Collection**

The CLIC collection is classified into eight sub-sections covering the broad arena of community health and development:

#### **Books, Monographs, Booklets and Reports**

The focus is primarily on publications on health that are of local, regional, national origins.

### **Newsletter, Bulletins and Periodicals**

CLIC receives over 161 different newsletters, bulletins, periodicals and journals representing a wide variety of health and development related themes from diverse regional, national and international sources.

### **Health Education Materials**

Pamphlets, booklets, handouts, training guides on a variety of health themes have been gathered from diverse sources. The library has posters, charts, slide sets, videos, audio cassettes that are used as teaching aids.

### **Resources and Documentation**

#### **Reference Files**

Files of published and unpublished papers, handouts, articles, reflections and short reports are compiled on a wide variety of community health related themes form a rich resource. Papers of key health related workshops and meetings are also included in this section.

#### **Directories and Reports on Health and Development Related Projects in India**

Directories of voluntary agencies in health care, and a valuable collection of grey literature from a wide variety of ongoing health and development projects in India are available for reference. Apart from these, reports from research and training institutions in both the government and voluntary sector are also available. All these represent the live-web of linkages that the organization has established with the health network over the years. Materials from international training and resource centres are also available.

#### **Special Collections**

Topics that are of special interest to SOCHARA over the years have helped us

acquire books on themes such as: community health training manuals and educational materials; indigenous and alternative systems of medicine; health and agricultural development interactions; state and national health policy and health system reports.

### **CHC Reports, Reflections, Publications**

Compilation of CHC reports, reflections of individual journeys, and papers on health are compiled in different themes, broadly covering CHC's wide area of work.

### **Books in Vernacular Language**

Community health and development resources are available in the vernacular languages such as Kannada, Hindi, Tamil and Telugu.

CLIC produces a monthly electronic newsletter called '**Health Round-up**' that is circulated to its readers by email and is available on the SOCHARA website. The Health Round-up is an index of the articles from journals and books received during the previous months on various subjects.

Today, CLIC has a unique role to play. It endeavours to develop a repository of books to support all the units: Centre for Public Health and Equity offices (CPHE) in Bangalore and Bhopal, Community Health Cell, Bangalore, and Community Health Cell Extension Unit (CEU) in Chennai.



## Message from the Treasurer

The Society for Community Health Awareness, Research and Action –a legal entity in 1991– had its origin as Community Health Cell [CHC] way back in 1984. CHC started as an informal **Study-Action-Reflection** experiment for the study and promotion of community health in India and in order to strengthen its work in a formal manner—for more credibility and acceptability by various groups– it was registered as a Society, while retaining the name of Community Health Cell as the functional unit of the Society.

SOCHARA is 26 years old today. While it started with the staff strength of only four full timers with an annual budget of Rs 62000, it now has staff strength of 34, and still growing, with an annual budget of Rs 3.25 crores. It has moved from a one-room home based office to three separate office spaces in Bengaluru, one office in Chennai and another one in Bhopal.

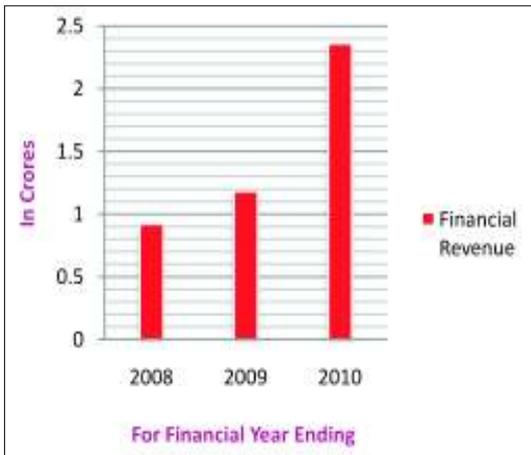
SOCHARA is an NGO formed by a group of individuals interested in the health and development of people. It is independent of government control, charitable in nature and not for profit oriented in its approach. It is registered under FCRA and the contributions to the Society are tax-exempt under Section 80G of the Income Tax Act.

Needless to mention no NGO can run its activities to achieve its purpose without financial resources. It requires funds to

implement its plans, payment of salaries to its employees and to meet core expenses. SOCHARA is no different. It also seeks funds from various sources— within and outside of India for undertaking its activities.

### **FINANCIAL SUPPORT, GROWTH AND TREND**

SOCHARA ever since its inception—even as an informal organization—has been receiving funds from various donor agencies to carry out activities for fulfilment of its purpose. Over the last few years, the organisation has involved itself with a number of activities in consonance with its objectives with the support of many donor agencies. Many agencies have joined the Society as its funding partners during the last few years and are continuing with their support not just as donor agency but as partners in promoting the purpose of the organization.



There is no hesitation in stating that SOCHARA has established financial credibility and confidence amongst its donor agencies with respect to managing funds. All the funding partners of the Society acknowledge this fact in various ways, one being extending their support on a continuous basis for a number of years even in the midst of financial constraint some of them were facing.

### **FINANCIAL MANAGEMENT AND ACCOUNTING PRACTICES IN THE SOCIETY**

SOCHARA believes that good financial management practices are very important for any organization because it helps make effective and efficient use of financial resources to achieve its purpose and fulfil commitment to its stakeholders. It helps to be more accountable to donors and other stakeholders. The experience of the Society is that it has gained the respect and confidence of donor partners and others, including government bodies and private organizations that have a focus towards social responsibility. The Society further believes in making transparent all its financial transactions.

SOCHARA views its financial function equally in line with its other functions such as health promotion, training, dialogue with planners, researchers, networking, grassroots initiatives or involvement with issues of common concern.

From the beginning of the organization it ensured that it followed principles of financial management and toward this the Society framed policies, introduced systems and procedures and emphasized consistency, accountability, transparency, sustainability, integrity, superintendence and accounting standards. The Society also ensured that it complied with legal provisions and auditing of accounts by a statutory auditor. As part of additional internal control measures and to identify possible internal risks an internal auditor is in place from the financial year 2009-2010.

Every activity is being budgeted for and every financial transaction is being recorded appropriately to show that the funds are being managed in accordance with the plans, agreements and accounting principles/rules. Monitoring of the usage of funds against the budgeted amount for each cost head is being carried out on a monthly basis.

The Society carries out financial reporting for various stakeholders--internal and external. With respect to donor partners it is as per agreement and for the authorities it is as per laws in force.

### **THE PROGRAMS: ONGOING AND CURRENT**

SOCHARA while continuing its ongoing programs—advocacy to strengthen public health and right to health/health care; community health training and capacity

building; networking [to strengthen public health system]; supporting community health initiatives and playing open ended catalyst role, was additionally involved during the reporting financial year, with flood relief activities in Northern Karnataka, having gained experience from the Tsunami related activities in the State of Tamil Nadu.

### **HUMAN RESOURCE DEVELOPMENT FOR PUBLIC HEALTH**

In 2003 SOCHARA started a three-year initiative called Community Health Learning Program [CHLP] for young professionals [interested in community health as career]. This has contributed to the human resource development in public health in a major way.

The learning program was of 9-month duration. The program had many participants from all over the country and was encouraged by a positive response from various agencies. The Society continued the program as its second phase of three-year duration from 2008. And this second phase was in progress during this financial year 2009-2010.

Another major program the Society is undertaking is a two-year Community Health Fellowship. The State of Madhya Pradesh has been chosen to conduct this Fellowship and it is on since the second half of 2009-2010 with 20 Fellows. The Fellows are attached to various NGO in fifteen districts of Madhya Pradesh, in the first year of the Fellowship, for gaining foundation experience. The NGOs act as mentors. The second year of the Fellowship will be spent for a practitioner-oriented public health course.

The foregoing programs are being carried out by Community Health Cell and Centre for Public Health and Equity respectively of SOCHARA.

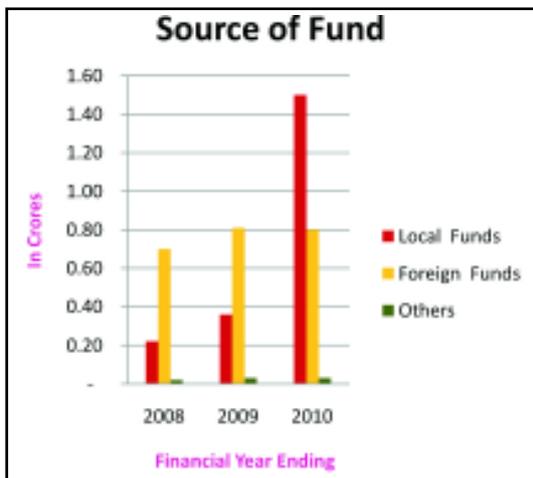
### **NEW PROGRAM INITIATIVE**

The Society, during the last quarter of the financial year, started a new initiative in the State of Tamil Nadu, named Community Action for Health (CAH), through the State Health Society under the aegis of National Rural Health Mission. The CHC Extension Unit in Chennai is handling the program with the required support from the headquarters. The program is being implemented in five districts of Tamil Nadu with SOCHARA as the nodal NGO.

### **THE FINANCIAL INPUT: FOR THE YEAR 2009-2010**

During the financial year 2009-2010 SOCHARA had 15 contributors to total its receipts to Rs 2.3 crores an increase of 51 per cent compared to the immediately preceding financial year. In fact, financial contributions from various sources have shown an increasing trend in the recent past. This trend in a way encourages the Society to take up more and more programs directed toward promotion of community/public health in different manner. Nevertheless, at the same time the Society is aware that by committing itself to take on more responsibilities, it has to further strengthen its financial management system, which is an ongoing effort.

This year saw a major shift in the funds from foreign to local sources with both government and private foundations in the country increasing their support to SOCHARA.



The major parts of the funds received were spent on implementing activities related to promotion of community health; community health learning and community health fellowship programs.

It must be mentioned here that it would not have been possible for the Society to engage itself with diverse activities had it not received timely support from donor partners. SOCHARA is highly appreciative of their support and look forward to their continued partnership in the years to come. (See **Partners in Change**)

### THE VISION

SOCHARA is more than a quarter century old but is still bereft of any immovable assets. It was a conscious decision of the general body and the executive committee of the Society not to create immovable assets. Instead, it favoured utilizing the facilities of other institutions whenever required on a nominal payment basis. It was mainly to reduce capital costs and also to symbolise a catalyst ethos resisting institutionalization.

However, the Society now realizes that the idea of not creating immovable assets is no more valid, if it wants to take up the implementation of many of its other aims and objectives, like training health care providers at higher levels which are acceptable to the mainstream. The Society achieved success in many crucial areas and like any other organization it has also had its share of weaknesses. Notwithstanding the catalyst ethos experiment – the absence of immovable assets and endowment have challenged its continuing sustainability. This is an area that the current leadership and governance are reviewing on a priority basis.

If SOCHARA is to attain financial sustainability for its long term existence and for carrying out diverse activities and programs promoting the new paradigms of community/public health, then it will have to generate adequate funds for creating immovable assets and an endowment for meeting the core expenses and for using as a cushion when met with paucity of funds. This is the challenge before us.



*K Gopinathan*

**Treasurer**  
**October 2010**

# BALANCE SHEET AS OF MARCH 2010

SOCIETY FOR COMMUNITY HEALTH AWARENESS RESEARCH AND ACTION, BANGALORE  
BALANCE SHEET AS AT 31ST MARCH 2010  
CONSOLIDATED ACCOUNT

LIABILITIES	SCHE- DULE	AMOUNT RS	AMOUNT RS	ASSETS	SCHE- DULE	AMOUNT RS	AMOUNT RS
<b>CORPUS FUND :</b>				<b>FIXED ASSETS :</b>			
As Per last Balance Sheet			323,255.30	As per Schedule	36		781,624.83
<b>CORE PROJECT GRANTS CARRIED OVER:</b>				<b>INVESTMENTS :</b>			
As Per last Balance Sheet		2,408,288.53		Caprus Fund (in U.T. Mutual Funds)			323,200.00
Less: Transferred to I.S.E.A.C		1,417,320.24	3,825,568.77	<b>SUNDRY DEBTORS</b>			
<b>CHC PROJECTS CARRIED OVER :</b>				Loans & Advances (Out)		367,429.09	
Community Health Environment (Sul Share) (AMRC)	4	41,995.00		Staff Loans		89,302.00	
Community Health Project (JMS-AID)	5	408,982.00		Programme Advances		458.50	
Child Labour Abolition Project (Kasari Mathas)	6	82,020.59		<b>ADVANCES &amp; DEPOSITS</b>			
Advocacy for the Health Rights of the poor & Disadvantaged Communities (Maws Tree Grant)	7	399,999.50		Rental Deposit - SOCHARA Annex (CPHE)		110,000.00	
Community Health Environment-Sul Share - GOF		165,592.00		Rental Deposit - SOCHARA Annex (CHC)		30,000.00	
Coalition Building for the Right to Primary Health Care & Advocacy in Karnataka (NARE)	10	547,330.00	1,582,899.09	Rental Deposit - CPHE (CHC)		125,000.00	
				Rental Deposit - Bipal Office (CPHE)		54,000.00	
				Electricity Deposit - SOCHARA Annex (CHC)		880.00	
				Telephone Deposit - CHC (CHC)		2,280.00	922,160.00
<b>CPHE PROJECTS CARRIED OVER :</b>				<b>CLOSING BALANCE:</b>	36		
CPHC Research Training (Trasdale Coat)			713,647.00	Cash on hand		60,226.80	
Community Health Fellowship Programme (SOTT) for the period April - 2010 to Dec 2010			5,002,500.00	Cash at Bank		1,740,727.34	
<b>PROVISIONS :</b>				Fixed Deposits Funds - CHC		1,341,311.30	
Provision for Gratuity	37	605,761.50		Fixed Deposits Funds - CPHE		8,213,547.00	11,368,912.44
Provisions for payment - CPHE	34	91,190.00		<b>TOTAL</b>			<b>12,904,386.66</b>
Provisions for payment - CHC	33	129,556.00	856,508.50				
<b>TOTAL</b>			<b>12,904,386.66</b>				



PLACE SIGNATURE

DATE:

4 AUG 2010

*(Signature)*  
President

*(Signature)*  
Secretary

**G. S. RAVIKUMAR**  
Chartered Accountant  
14, Sevukshera Building,  
1st Main Road, Gandhi Nagar,  
BANGALORE - 560 009.

EXAMINED AND FOUND CORRECT  
Subject to My Report of Even date

*(Signature)*

**G. S. RAVIKUMAR**  
Chartered Accountant  
M. No. 018524

*(Signature)*



## The Voices of Change

The seeds of change are sown across the world. Here are the voices of men and women who are the harbingers of change. They carry with them quiet strength, inspired by the vision of SOCHARA, that yokes people together through the tree of life, letting young minds branch out, grow, shade and reach new heights. The voices of change inspire us to carry on undeterred to create an egalitarian world.

**Adithya** writes from England, where he is currently pursuing an MSc Public Health degree at the **London School of Hygiene and Tropical Medicine**.



*My friend Kayur (whose father Dr Pankaj Mehta is a SOCHARA member) believes strongly in "Maktoob", destiny. Soon after my medical degree, I joined the Fellowship Program. I confess I forgot about SOCHARA till the time the internship was coming to a close. By then I had decided that I wanted to explore Environment and Health.*

*The fellowship at CHC introduced me to complex problems. I remember that I wanted to find a simple direct solution to all environmental problems. Yes, I was naïve, and I still sometimes dream that it could be possible.*

*Making connections, using the balloonist approach to understand problems, and then use the "community health" approach to address them is the core of what I have learnt at SOCHARA. I carry this message with me, and apply it to whatever I do. My association with SOCHARA has brought me here. The experience I have gained, the lessons learnt, and my continued association with SOCHARA means a lot to me. I thank everyone at SOCHARA for guiding me through my journey. I also thank my fellows at CHC who shared their journeys with me.*

*Currently studying **Environment and Health stream of Public Health at the London School of Hygiene and Tropical Medicine**. I am excited to study under some of the most renowned scientists in the field. I am sure that my time at CHC and CPHE has prepared me well for this challenging year.*

## Shilpa Jain



*“I am placed in the Vigyan Sabha area of Madhya Pradesh, working mainly in the tribal and remote areas, to improve their livelihood and health. This area is devoid of basic health facilities. I am surprised to note that most of the families' possess fertile land and grow vegetables but hardly consume it. Anaemia among girls is high. It ranges from 7 to 9 gm% among adolescent girls. I am working with them, recording haemoglobin count level and blood grouping. I found that some of the girls are highly motivated to strengthen their knowledge and practice with their meagre resources.*

*In spite of the government emphasis on institutional deliveries, I found 10 home deliveries out of 25 deliveries from 0 to 3 years in village **Dobra Jagir**. This may be due to lack of transportation, communication, and poor health systems.*

*Therefore, my focus is on the reduction of anaemia among adolescent girls and young women through awareness, blood testing (haemoglobin test) blood grouping, height and weight. My focus is now to help promote use of locally available supplementary diets, and inform the people on the importance of nutrition and hygiene.*

*The challenge one faces on an everyday basis is walking through the difficult geographical terrain where the distances between the villages and PHC/CHC is far with poor coordination and communication with health departments. I am hopeful that during my fellowship I will acquire the necessary skill and acumen to overcome the challenges in the field and will be able to fulfil my dream.”*

~~~~~  
***Shilpa joined the CPHE Bhopal community health fellowship program with the aim to work in the area of health and community action. She is committed to the cause of the poor.***  
~~~~~

**Preethi Verma**, a Fellow from CPHE Bhopal, is a graduate in Economics from the University of Lucknow. She is pursuing her Masters in Social Work from the Ruhailkhand University, Bareilly. Her desire to work in the area of health with special emphasis on women and children motivated her to join the CPHE Community Health Fellowship Program in Bhopal.



*“At present I am working in an **Adivasi** area, in 'Sahamat' organization with Ms. Lorry Benjamin in Kesla block of Hoshangabad district, MP. It is a remote place, inhabited by the **Korku** and **Gond Adivasi** population.*

*The problems that one finds here are many: no electricity, water crisis, inadequate schools, poor health services and transportation. This area is affected by the Tawa dam. It must be noted that the 172-km Tawa River is one of the longest tributary of the Narmada River. The construction of the Tawa dam began in 1958 and was completed 20 long years later in 1978. It is estimated that over forty-four Adivasi villages were submerged in the reservoir created by the dam and people continue to fight for dignified existence.*

*One also notices that the Adivasis do not discriminate between boys and girls. They worship the forest as their God. It has been a*

*fantastic experience for me to work in this area. The CPHE fellowship has given me a strong base to build my understanding and knowledge about health and community health. First, it is amazing to be in the company of people who are at the helm in their fields; they enrich us with their knowledge and sharing.*

*Second, the twenty fellow travellers in our batch work in different areas, and we get to understand the different facets of life in one place where we learn from each other.*

*I now have a platform to help the community. Within the 10 months of the fellowship, we have developed an understanding of the ground reality and what we can do to improve the situation.*

***If we focus on the country, through the twenty fellows connected to a 100 people in each district, the 100 will change a thousand and thus the circle of change will become larger. The world will be a different place.”***

## Against the Grain of Sand

The beauty of life is to find people who have challenged their world, with a simple belief that the eyes that often sink due to the trepidations of life must be held together. Holding the weak, the helpless, and the disadvantaged together, is often to live a life against the grain of sand, in the hourglass of life. Here are voices of people who choose to swim upstream, inspiring the many lives they touch. Valli Seshan, a Society member and Ameer, a team member share their reflections of holding communities together.



### Valli Seshan

*“Looking back at the various phases of the evolution from CHC to SOCHARA and PHM – we can see clearly defined stages of growth happening in some kind of sequence following one another. However, for someone like me, what seems important is to recognize that in the near three decades that there must have seen a lot of trials and tribulations on the part of everyone. The unique process of engagement with many*

*actors from widely different spectrum including communities at large in the field of health, provided scope for deep on-going reflections, lot of learning, learning to correct mistakes and to build on innovative ones. Such a process was inevitable in the face of complexities that confront efforts to move towards establishing health as a fundamental human right and to come up with appropriate responses. And, to be able to arrive at decisions small and major all along collectively. No mean task to achieve, as can be visualized.*

*My association with CHC has been since its inception. However, the nature and intensity of involvement had been varying though the decades. During the formative years of SOCHARA, as a member of the society, I was actively involved as later years became more sporadic. However, mutually SOCHARA and I never lost contact. This had to do with the belief and efforts of the pioneering group and my faith in the work and the organization.*

It is deeply satisfying and humbling to have witnessed the growth of CHC into its various dimensions. Today, being able to listen to the voice of the members of the community (for example, the events on the 25th anniversary celebrations), the interns, staff, trustees, long associates/well-wishers (recent AGM of 2010), one is left with memories of expressions arising from deep commitment and untiring efforts. Besides, there is a sense of permeating empowerment.

In conclusion, I would like to reiterate: what is impressive is the involvement of a large number of people involved in a journey and arriving at significant milestones across local, national and global levels.

Our continued emphasis should be that the journey together with communities remains the focus of work, and, never of a select few, for whatever laudable reasons, become the centre stage. It then becomes imperative that all those who act on behalf of SOCHARA remain conscious of nurturing this in every sense.

I consider myself fortunate to have been part of such an association and send my wishes for continued work.”

**Valli Seshan** spent a large part of her working life with nongovernmental organizations engaged in development work. She founded SEARCH, Bangalore and coordinated the International Resource Centre of Service Civil International. She is the founder Chairperson and continues as one of the most active and inspiring advisor's of Basic Needs India that works in several states on community mental health and development. She has been a member of SOCHARA from its very beginning.

## Ameer Khan



“I belong to the group who believe that “Real strength and power to turn or change the world exists with the people”. In order to experience people's power I have been involved in many activities since my school days. It was during that journey that I formalized my commitment to social life. I acquired a Master's Degree in Social Work and a Post Graduate Diploma in NGO Management.

Among the communities that I worked in, street children and the fishing communities have given me lot of insight into human life. Whenever I read or hear about suicides, the first thing that comes to mind are street children. I often tell myself “the solution is not in giving up of life; rather it is in finding a way to live a life”.

I have been astonished at their spirit and endless search they make to live a life. An ordinary fishing community that fishes with catamarans and small boats are richer in many ways than any other community, in terms of their hard physical work, classless and socialist way of capital

*distribution. The high morale of the community to brave themselves despite the killer Tsunami waves taking away everything, including their loved ones in just a wave has inspired me beyond words.*

*The Community Health Fellowship has significantly changed my carrier and my life. Apart from giving me a direction in working in my area of interest, it intensified my understanding of the 'politics' of the social order. In more specific words, the fellowship gave me a starting point to understand in a scientific manner about the politics that drives, determines and directs peoples' lives and how macro-forces help in designing politics. The community heath field that I chose through fellowship has remained with me. Today, I am part of the same politics that urges people to shift power between people and power centres to enable social change.*

*I have a dream to help create and hope to see a secular, caste free and non-discriminatory society. An equal society based on equity...this dream is what keeps me going.”*

## **Ameer Khan**

**From Fellow to Team Member:** Ameer is a Community Health Fellow of the batch of 2004. He has been a crusader to increase accountability of governments to its people and strengthening, motivating civil society movements to demand accountability. He has worked tirelessly with affected communities when the killer waves of the tsunami ravaged Tamil Nadu in 2004. Today, Ameer has helped create a culture of “community based monitoring and planning”, where he strives to inculcate the spirit of questioning which will eventually be “institutionalized” among the community. He is a team member of the CHC extension unit in Chennai, Tamil Nadu.



## Into Tomorrow: Message from the Desk of the Secretary

“Working towards the sovereignty of communities in community health and making their voice heard by policy makers, and learning and reflecting through these processes, has strengthened SOCHARA's rootedness in the community”.

My association with SOCHARA dates back to 1992, nearly 18 years ago, when I was part of a week-long training program organized by CHC on the community health paradigm to create a movement towards Health for All.

Since then, there has been no looking back, as here was an organization that reflected my belief in creating a space where the glaring inequalities in society needed to be mitigated, and that could happen through community mobilization.

I have since then taken on the different roles, of being a Senior Fellow, and then the Coordinator and now Secretary of SOCHARA. This role has come with a lot of responsibility, requiring a vision and foresightedness to continue to work in areas that influence our world.

The SOCHARA team, which expanded to multiple locations in three different states, continued to imbibe and disseminate the spirit of convergence of ideas towards making SOCHARA a platform to engage and groom young community health and public health professionals desirous of taking up leadership roles in community health. The spirit of working together as a team,



irrespective of the challenges of physical space and time and the passion with which all the team members have taken up responsibility reflects the core of what SOCHARA has always stood for – to be a Community and build the Community.

It is a wonderful feeling to know that the praxis of reflection coupled with action continues in SOCHARA and all its units.

There have been several events that have shaped us over the past years –including responding to the wrath of nature. This stirs and humbles us to know that we have a greater role to play. The 2004 Tsunami saw

the CHC Tsunami Response Team in Tamil Nadu (CHC Extension Unit) making a transition to community health intervention. This has today grown into a team making significant contributions to community health and public health issues in the state.

This had led to the CHC team playing a proactive role in strengthening the People's Health Movement processes at the national level and in the states of Karnataka and Tamil Nadu.

Working towards the sovereignty of communities, making their voice heard by the policy makers, learning and reflecting through these processes has strengthened SOCHARA's rootedness in the community. The struggle for health and human rights of the disadvantaged communities has always been at the heart of SOCHARA research, advocacy and policy action.

The process has given us the experiential understanding of the gaps between good policies like NRHM and their effective implementation, and as a consequence the disadvantage communities face to access affordable, appropriate healthcare of quality. Working at various levels of policy and action for the comprehensive right to health along with a community oriented public health system with the increased community ownership through community participation in planning and monitoring continues to be the challenge that SOCHARA will have to meet creatively.

The SOCHARA team is now able to continue this with vigour in Karnataka, Tamil Nadu

and Madhya Pradesh intensively while continuing to learn from this and contribute to the policies at the state, national and international levels.

The Community Health Learning Programme is a dream for our tomorrow. A dream is nurtured. Young men and women are prepared for the future through the community health education programs that offer hands-on experience, nourishing them with the many learning(s) of SOCHARA and all the people who journey together from diverse place and time. This has galvanized a dream, beyond the four walls of classroom to extend it to the home-village-town-city-state-country and thus the world!

*E. Premdas Pinto*

**Secretary-SOCHARA (2006-10)**

## Our Partners in Change

The generosity and support received from donor-partners demonstrates a sharing of deep commitment to our work. This partnership has continually inspired us, playing a key role in the success of SOCHARA. We thank our “partners in change” for their support during 2009–2010.

### **Sir Ratan Tata Trust, India**

The Sir Ratan Tata Trust is one of the oldest philanthropic institutions in India, and has played a pioneering role in partnering with several like-minded organizations working for health and development. SOCHARA is built on this shared objective of developing human resources and has thus helped create a critical mass of community health interns and fellows.

### **Sir Dorabji Tata Trust and Jamsetji Tata Trust, India**

The Sir Dorabji Tata Trust and its allied Trusts, one of the largest donor partners in India support organizations working in different development sectors across the country. SOCHARA shares in the common goal of creating innovation, sustainability, promoting linkages and in Human Resource Development to tackle the health challenges of our country.

### **Government of Tamil Nadu, India**

We thank the Government of Tamil Nadu for rendering its support in the several

programs that CHC Chennai has been involved in. This collaboration has strengthened in bringing about a tangible change at the grassroots'.

### **Misereor International, Germany**

*“Development ultimately originates in people themselves”* is a conviction that both Misereor International and SOCHARA share. The partnership that goes back many years now, continues to sustain and strengthen over time. Today, Misereor and SOCHARA share a collective partnership that embraces every facet of life as a complete whole that impacts economic wellbeing, people's treatment of their fellow humans, care for the environment, and the political currents to self-determination of the underprivileged and disadvantaged communities, culture is a binding force.

### **Sarathy Foundation, USA**

Through the timely support of the Sarathy Foundation, which also provided a degree of flexibility so needed for community health action, SOCHARA has been able to give several health and equitable projects an

impetus. This help has ensured that our efforts to strengthen the public health systems and advocate for equity in health is enhanced. Positions for younger team members have also been made possible.

### **Association for India's Development (AID), USA**

The Association for India's Development is a volunteer movement promoting sustainable, equitable and just development. AID and SOCHARA have joined hands in the common endeavour to support and strengthen grassroots organizations through the interconnected spheres of health, equity and development in areas such as agriculture, environment, education, health, livelihoods, women's empowerment and social justice. There are collegial linkages between AID volunteers and SOCHARA team members.

### **Medico International, Germany**

Medico International and SOCHARA have collaborated through the years, especially around the Peoples' Health Movement to see tangible change in development where the economic, social and cultural conditions of the marginalised are addressed such that each individual is assisted to attain the highest health standard possible.

### **The Norwegian Human Rights Fund, Norway**

The Norwegian Human Rights Fund endeavours "to protect and promote human rights internationally." The Fund historically supports organizations in low and middle-income countries where human rights are challenged in general or to a specific group of people. SOCHARA has always worked for the emancipation of disadvantaged communities, campaigning for the rights of the deprived and disfavoured. This is a continued endeavour to create an egalitarian, fair and equitable world.

### **The Mavis Tree Grant, New Zealand**

Change can come through partnership – where like-minded people who believe in a common cause, common destination come together. Mavis Tree has been a source of shade, life, joy and giving – to making this world a fair and equal world.

### **We Thank the Many**

The outpouring of help from individual donors who contributed to the North Karnataka Flood Relief in 2009-2010 is greatly appreciated. SOCHARA was able to mobilise help and resources in the relief and disaster management on a war footing, thanks to the support of individuals, several NGOs including AID Bangalore, Headstreams and others.



## OUR Committee Members

### President

Dr. Mohan Isaac is currently Professor of Psychiatry (Population Mental Health) and Deputy Director of the Community, Culture and Mental Health Unit at the School of Psychiatry and Clinical Neurosciences at the University of Western Australia, Perth, Australia. He worked as Senior Psychiatrist for over three decades in NIMHANS.

### Vice-President

Fr. Claude D'Souza, sj, Senior Jesuit educationist, is deeply involved with development and social justice oriented initiatives in different parts of Karnataka and India.

### Treasurer

Mr. K. Gopinathan Nair, is a Personnel Management Specialist, with over three decades of experience in the voluntary health sector. He is one of the co-initiators of CHC. Mr. Nair presently works as a freelance consultant in Hyderabad.

### Secretary

Mr. Edward Premdas Pinto is the coordinator of the Community Health Cell, Bangalore. He comes from the disciplines of social science and law and over a decade's experience in social development, equity and working with the rights of Dalit Communities.

### Members

Dr. M K Vasundhra, Senior Public Health Specialist retired as Professor of Community Medicine, worked in Bangalore and Mysore

Medical College and in Ambedkar Medical College.

Dr. Ravi D'Souza, Senior Public Health Specialist, has worked for over two decades in the voluntary health sector in central India, presently in Jan Swasthya Sahyog, Ganiyari, Bilaspur district, Chhattisgarh.

Dr. Thelma Narayan, Senior Public Health and Health Policy Specialist is an epidemiologist and health policy analyst with over three decades of experience in the related field. She is the co-initiator of CHC, member of national and global PHM.

### General Body Members

Mr. As Mohammad, *Statistics*  
Dr. Sr. Aquinas, *Medicine*  
Dr. Denis Xavier, *Pharmacology*  
Dr. N. Devadasan, *Public Health*  
Dr. Madhukar Pai, *Epidemiology*  
Dr. Mani Kalliath, *Community Mental Health*  
Dr. Neela Patel, *Public Health*  
Ms. Padmasini Asuri, *Nutritionist*  
Dr. Pankaj Mehta, *Community Medicine*  
Dr. B.S. Paresh Kumar, *Sociologist*  
Dr. K. Ravi Kumar, *Public Health*  
Dr. Ravi Narayan, *Public Health*  
Dr. Shirdi Prasad Tekur, *Child Health*  
Dr. H. Sudarshan, *Community Health*  
Dr. Sunil Kaul, *Community Health*  
Ms. Valli Seshan, *Development Trainer*

### Honorary Members

Mr. A. Armugham, *Chartered Accountant*  
Fr. John Vattamattom, *Medico Social Work*  
Dr. D.K. Srinivasa, *Preventive and Social Medicine*

## ONE Team

The synergy of highly motivated and inspired team members working together makes SOCHARA a community that connects people throughout the length and breadth of our country and beyond.

### CHC Bangalore

Mr. E. Premdas  
Dr. Sukanya Rangamani  
Dr. Ruth Vivek  
Ms. Radha (till October)  
Mr. Prahlad  
Mr. H.R. Mahadeva Swamy  
Ms. Maria Stella  
Ms. Pushpalatha  
Mr. C James

### CHC Extension Unit, Chennai

Dr. Rakhil Gaitonde  
Mr. Ameer Khan  
Mr. Suresh

### CPHE Bangalore

Dr. Ravi Narayan  
Dr. Thelma Narayan  
Dr. Deepak Kumaraswamy  
Dr. Lalit Narayan (six months)  
Dr. Adithya P  
Mr. Mathew Alex  
Mr. Joseph Anthoniappa

### CPHE Bhopal

Mr. Prasanna Saligram (works part time with PHFI)  
Mr. K D Pandey  
Ms. Sudeepa Das  
Mr. Juned Kamal  
Mr. Bhagwan Singh Verma  
Smt. Archana Shashidhar

### Accounts and Administration

Mr. Victor Fernandes  
Mr. Amarnath Sindhia  
Mr. Hariprasad Ojha



## SOCHARA Units

### Community Health Cell, Bangalore

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### Community Health Cell, Extension Unit, Chennai

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### Centre for Public Health and Equity, Bangalore

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### Centre for Public Health and Equity, Bhopal

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## Additional Information

For additional information on SOCHARA, project related activities, activity reports and a lot more, please visit us at <http://www.sochara.org>. We would love to hear from you. Share your thoughts in the Contact Us section of the website.



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(SOCHARA)**

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