



# ANNUAL REPORT 2012 - 2013

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

No. 359, 1st Main, 1st Block  
Koramangala, Bengaluru - 560 034  
Karnataka State, India  
Tel: +91-80-25531518, 25525372,  
Email: [chc@sochara.org](mailto:chc@sochara.org) web: <http://sochara.org>



## Introduction

The year 2012-13, for SOCHARA was a very important year and the major shift in focus of the organisation was the evolving process of School of Public Health Equity and Action (SOPHEA). While all the diverse activities in community health and public health continued the team members geared up for this change. The learning program has been restructured into a 52 week program with key areas in Public Health and Community Health of relevance to the social/community model of health that we promote. The program has been redesigned for an intake of 20 candidates. Sir Ratan Tata Trust (SRTT) and the International Development and Research Centre (IDRC), Canada are funding partners for the program. With the evolving transition to SOPHEA, Health Systems research is emerging as another key area of our focus. Towards this end we have set up an Academic Research Council (ARC) with eminent members in the field of research in Public Health and Community Health. Social Justice in Health continued as a theme of research and the project continued to document Health as a Social Movement using a historical and contextual approach. Medical Tourism and its effect on health equities emerged as a new area. Apart from these major developments, the teaching, training, advocacy and community health action work of SOCHARA through its units in Bangalore, Chennai and Bhopal and support to health as social movement at state, national and international continued.

In each of the clusters some new themes also emerged at community action and policy advocacy level even as the teams continued program and thematic initiatives from the earlier years. These new areas included the following: the health impacts of coal mining and thermal power in the Singrauli region of Madhya Pradesh; testing the tools for assessing climate change and its impact on health in Maharashtra, Madhya Pradesh and Andhra Pradesh; Community Led Total Sanitation (CLTS) program carried out in 10 districts of Karnataka; dialogues on 'Health of the Urban Poor' in the context of the newly evolving National Urban Health Mission in Karnataka; Maternal Deaths, Malaria and Malnutrition in Madhya Pradesh.

### PRIMARY HEALTH CARE AWARD

SOCHARA was awarded the WHO Award for **Excellence in Primary Health Care and Education** for 'Promoting Capacity of Primary Healthcare Personnel, including in the field of Community Oriented Medical Education', at ICICI Lombard and CNBC TV 18 India Healthcare Awards 2012. The Deputy Chairman of the Planning Commission, Dr. Montek Singh Ahluwalia presided over the ceremony. The WHO India representative, Ms. Nata Menabde was also present. Dr. Thelma Narayan received the award on behalf of SOCHARA

The Annual Report for the year 2012-2013 highlights the work of SOCHARA in the following sections. ( See table of contents)

## Table of Contents

I. Create awareness regarding the principles and practice of Community Health.....	4
II. Promote and support community health action.....	6
III. Undertake research in community health policy issues, including strategies in community health care, health personnel training, integration of medical and health system.....	8
IV. Evolve educational strategies in community health.....	12
V. Dialogue with health planners, policy makers and implementers.....	18
VI. Establish a library, documentation and information centre in community health.....	20
VII. Networking to strengthen the Public Health System.....	22
VIII. Open Ended Catalyst Role.....	24
IX. Organizational Strengthening.....	25
X. Staff Development.....	27
XI. Publications.....	28
XII. Participation in Conferences, workshops, seminars, training and Consultations.....	30
XIII. Membership to various committees / governance of other groups.....	31
XIV. Partners of SOCHARA.....	33

## **I. Create awareness regarding the principles and practice of Community Health**

Awareness creation on the principles and practices of Community Health was one of core objectives of SOCHARA which continued during this year with focus on specific public health challenges carried out by all the functional units of SOCHARA. The Bangalore unit focused on rural sanitation, environment, tobacco, urban health and privatization in health care. The Chennai unit focused on Community Action for Health under NRHM. The Bhopal unit focused on Maternal Health, Malaria and Malnutrition.

### **In Karnataka**

The initiatives and program included the following:

#### **1. Community Led Total Sanitation**

In the month of August, Prahlad and Adithya facilitated a program on construction of community toilets for Grameena Mahila Okkuta (GMO) members at Mulbagal, Kolar in which 15 members of GMO participated. The aim of the one day program was to enable the members of GMO to understand the need for sanitation, health impacts of poor sanitation, construction of low cost toilets, and the challenges in maintenance of toilets. The session focused on various governmental schemes which support toilet construction including the Nirmal Bharat Abhiyan, (Total Sanitation Campaign). The participants were explained about funds available under various schemes. There was a discussion about the health benefits of having a toilet facility. Several health problems were linked with poor sanitation, which ranged from diarrhoea to violence. Later the participants were introduced to a method called transect walk 'walk of *shame*' to the area used for open defecation. They were also explained on the cost factor for building various types of toilets depending on the affordability of the household.

#### **2. World No Tobacco Day -2012 Event**

The Consortium for Tobacco Free Karnataka (CFTFK) is a group of local organizations and individuals working towards raising awareness on the harms of tobacco use, and advocating towards improved policy and regulation for tobacco control in Karnataka. In 2012, Dr Adithya participated with CFTFK in organizing a poster competition for medical and allied health sciences colleges in Karnataka on the theme of health promotion against tobacco. Over 70 posters and 40 e-posters were received. Prizes were given out at the World No Tobacco Day event held in Bangalore Medical College auditorium on 31<sup>st</sup> May 2012. Thelma Narayan was a panelist on that day.

### **3. Sanitation discussion at Tunga Bhadra Slum of Vasanth Nagara in Bangalore**

Ms. Arpitha, a flexi fellow in SOCHARA studying her Masters in Social Work from Christ University organized a community awareness program in Tungabhadra Slum in Vasanth Nagar in the month of February. Eight Christ University students participated in this event. Prahlad from SOCHARA was invited as a resource person. The other resource persons to this program were from Child Rights Trust, Women's voice. The issues discussed in this meeting were; urban sanitation, excreta management, construction of low cost toilet models and waste management at the source.

### **4. Workshop on access to safe water awareness**

The Environment Support Group (ESG) and Dalit Sangharsh Samithi (DSS) organized a workshop on 'water pollution' on 14 March 2013. During the workshop, several local leaders spoke about how the dumping of wastes has polluted the local environment and impacted the health of the community. A delegate from Indian Institute of Science (IISc) also spoke about rainwater harvesting, and the impact it has had in improving availability and access to drinking water in several parts of Karnataka. Dr Adithya was requested to share some insights into the health impacts of waste dumping. He argued that the main residual issues of importance (following the stopping of dumping and the covering of existing wastes with mud), are ground and surface water contamination with leaching chemicals. He suggested that local residents monitor the drinking water sources and get it regularly tested, and look for alternative sources such as rainwater harvesting until other sources become safe.

### **TV- 9 talks during the year**

Many SOCHARA team members in Bangalore participated in TV-9, (a Bangalore based cable television) panel discussion on health related topics during the year. These included S J Chander, on impact of pornography on adolescent and youth; Adithya on Air Pollution in Bangalore; Yuvaraj on health impact of the colours used during the Holi festival.

### **In Tamil Nadu**

CEU team is regularly interacting with State, National and International level media to advocate on people's health issues.

1. A team member took part in live discussion on different issues related to health in "Satyam TV" which is a Tamil news channel on two occasions during this reporting period.
2. A team member of CEU gives regular inputs on Public and Community health issues to the Tamil British Broadcasting Channel (BBC Tamil). During the reporting period a radio interview was conducted with him on infectious diseases with focus on dengue.
3. Tamil news magazine "India today" has started interacting with the team members in recent period. The magazine had interviewed one of the team members for an article on 'epidemics in Tamil Nadu' and on another occasion for an article on "Koodankulam power plant" issue was interacted.

4. Tamil magazine Anandha Vikatan interviewed a team member on the issue of vector borne diseases in Tamil Nadu.
5. In the month of March 2013 Rakhal facilitated a session on the Community Action for Health approach for a group of national level program managers of World Vision. The objective of the session was to raise awareness of the group on the Community Health and Community Action approach. This was part of a proposed ongoing interaction of the CEU team with the World Vision team.

### **In Madhya Pradesh**

1. Dr. Ravi D'Souza, Juned & Dharendra participated in Concepts sharing on Malnutrition with the organizations in Jhabua district. 25 participants were there from different organization of Jhabua. The meeting was organized by Samarthan and Jeevan Jyoti & was supported by CPHE in the month of July 2012.
2. Juned participated in taking feedback from the community on maternal health rights pertaining to the following govt. schemes: Janani Suraksha Yojana, Janani Shishu Swasthya Karyakram, Village health and nutrition day was organized in 13 districts. The meeting was organized by Center for Health and Social Justice (CHSJ), SATHI-CEHAT & CPHE in the month of August 2012.
3. Meeting and capacity building of ASHA Sangathan in Timarni block of Harda District.43 ASHA participated in the meeting. The outcome of the meeting was that, ASHA had a better understanding about their role and their incentives. The meeting was organized by synergy organization in the month of December 2012.
4. Interaction with the platform girls in shelter house runs by ICDS department. Around 10 girls were present and the meeting was organized by Bachpan organization in the month of January 2013.
5. Awareness about maternal health rights and capacity building of women's in Dhabla village of Sehore district. Around 45 women participated in the meeting organized by CPHE. The women's had an understanding on maternal health issues. The meeting was conducted in February 2013 & March 2013.

## **II. Promote and support community health action**

Promoting and supporting community action for health is also another key area of focus of SOCHARA. Highlight of action promoted and supported by all the three state units are given below.

### **In Karnataka**

#### **1. 'Swachatha devas' (Sanitation day)**

Grameena Mahila Okkuta from Kolar district along with Zilla Panchayat organized "Swachatha Devas" (Sanitation day) at Edehalli village of Mulabagal Block, Kolar district in the month of

November. After a series of trainings at Edehalli village; 14 low cost toilet models were constructed in the village. For ensuring sustainability and motivating the community for usage of toilets a rally was organized in the village by school children. The coordinator for sanitation from district and block panchayati raj system attended the rally along with SOCHARA representative and others.

## **2. Addressing the issue of a child in crisis**

Lavanya and Shilpa of SOCHARA in April 2012 helped a 14 year old girl Sangeeta, who had run away from her family as a result of crisis situation at home, to rejoin her parents. The child was rescued by the Child Welfare Committee and placed under Makkala Jeevodaya a home run by Sisters of the Holy Cross. They had to prepare the child to face situation back at home and also had to contact the parent and prepare them to receive the child back.

Lavanya, Shilpa and Pushpa in April 2012 helped Susheela (name changed) a 16 year old girl rejoin her family. Susheela was put into an orphanage by her mother when she was three years old. Her mother did it as her father broke the marriage and got married to some other woman. Later her mother got married to some other man. Susheela's father did not know this. Later when he came to know this after the child was traced by SOCHARA team members, he was willing to take her and the step mother was also agreeing to her husband decision to take Susheela with them. .

## **In Tamil Nadu**

### **1. Participatory review of Community Action for Health (CAH)**

This state level review was held in the month of February in Chennai, Tamil Nadu towards the end CAH project phase. The CEU team organized this review. The objective of the review was to enable the participants understand the impact of the process from stakeholders' perspective, which was based on the review conducted by Dr. Kurien and Dr Jasmine from CMC Vellore, Mohammad of SOCHARA. Adithya also assisted the review.

### **2. Community Action for Health**

Throughout the period of the CAH process, communities in the 446 panchayats held monthly meetings, performed the third round of monitoring in the CAH process and a round of Panchayat level health planning in the month of April. In support for these processes the CEU team further modified the tools for monitoring based on feedback from earlier rounds and supported the planning process through onsite mentoring. One of the key changes that happened as result of this activity was the clearing of the overhead tank for water supply becoming a regular phenomenon.

### **3. Vector control in Chennai**

Ameer of CEU participated at meeting with the Corporation of Chennai in the month of December 2012. The objective of the meeting was to discuss approaches to vector control. Ameer in his presentation outlined a community health approach to vector borne diseases.

## **In Madhya Pradesh**

### **Strengthening of the anganwadi services**

In the month of July 2012 and August 2012 the team visited Gautam Nagar slum where about 3000 people are residing. Muskan a Bhopal based NGO is running a child care there. Apart from providing knowledge to few mothers on child health, they provided input to the Muskan team on care of the under five children. The team found the building of Anganwadi center is good equipped with staff and the community is utilizing the services of the center.

### **III. Undertake research in community health policy issues, including strategies in community health care, health personnel training, integration of medical and health system.**

Research on health care, health policy, health human resource and has been the focus of research carried out by SOCHARA. The research work during the past year focused on the following areas: Environment Health, Community Action for Health, Privatization of Health Care including Medical Tourism and Social Justice in Health.

## **In Karnataka**

### **Ongoing research**

#### **a. Burns as a public health issue in Bangalore**

This project was carried out in collaboration with Vimochana (a women's group in Bangalore which focuses on domestic violence), which aimed to perform a situational analysis of burns as a public health issue in Bangalore. Vimochana has 15 years of experience as a social support unit at Victoria Hospital burns ward (tertiary care governmental hospital), and have collected data in a non-formal way from the women who were admitted in the ward. Preliminary analysis showed that over 8500 women had been admitted between 2000 and 2010, which indicated the size of the problem. Key findings of this analysis will be shared with planners and policy makers for taking necessary action in policy and programs.

During the year several meetings were held with Vimochana at various stages of the ongoing project

#### **b. Health impacts of coal mining and thermal power plants in Singrauli, Madhya Pradesh**

Greenpeace and SOCHARA are working on a proposal to study the health impacts of coal mining and thermal power in the Singrauli region of Madhya Pradesh. An exposure visit was conducted in February 2013, during which time the district hospital, local NGOs, affected

communities and polluted sites were visited. A review of literature on the theme has been initiated, alongside discussion with various experts. The ToR is being negotiated, and the study process will be launched by August 2013. The findings will be brought out in the form of a report in 2014 which will be used for advocacy both at policy and at local level among affected communities.

**c. Climate change adaptation and health**

Collaboration with Watershed Organization Trust (WOTR), Pune began in June 2012 following a colloquium conducted by them titled “Connecting the dots: building climate resilient communities”. Their Climate Change Adaptation project is in over 50 villages in dry land areas of Maharashtra, MP and AP at the moment. SOCHARA was called upon to provide a public health dimension to the project. Adithya is directly involved in the planning and implementation of the project. An exposure visit was conducted in November 2012 to help familiarize with the project and its components. A Vulnerability Assessment Tool (VAT) is being developed which will help document the community’s health situation with respect to its vulnerability to a changing climate. For this, a review of literature was performed and discussions were conducted to develop a preliminary format. Based on pilot tests, the tool is being improved. A format was also created to document local knowledge on health and disease vectors in the “people’s biodiversity registers”. This tool will be presented to policy makers, governmental authorities and community based organizations for their use.

**d. Exploratory study on Karnataka state government’s engagement with the private sector**

Prasanna Saligram along with Ms. Asha Kilaru, Ms. Sudha Nagavarapu and Ms. Anna Giske carried out an exploratory study on Karnataka state government’s various engagements with the private sector. The study was conceptualized by the state chapter of the People’s Health Movement. The study was to find out whether the various schemes and programs run by Karnataka Government to involve the private sector has reduced Out-of-Pocket expenditures to the people in addition to improving the access to services. The study report was finalized and the findings were shared with members of the movement in March 2013.

**e. Medical Tourism and Health Equity**

The multi country research study on “Health Equity Impacts of Medical Tourism” supported by Canadian Institutes for Health Research (CIHR), of which SOCHARA is a partner and Prasanna Saligram a co-investigator, took off in July 2012. This is a multi country multi city study carried out using qualitative research methods. As part of the study a contextual analysis of the medical tourism in Bangalore was undertaken. Towards this the demographic and health condition in Bangalore and Karnataka documented and analyzed. The findings of the study were to feed into a cross country comparison of all the study sites. In addition to this, a media analysis was undertaken to understand the debates happening on the issue of Medical Tourism in Bangalore. A brief visit was undertaken to all the major health care facilities in Bangalore which are offering

medical tourism services. All these were then compiled together and submitted to the study team as Component I. The project would continue into the second year when interviews would be conducted with the various actors of medical tourism namely - Health Department, Tourism Department, Medical Industry, Medical Tourism operators - would be interviewed.

**f. Social Justice in Health**

As part of ‘Social Justice in Health’ (SJH) initiative, SOCHARA is documenting the contribution of social movements towards achieving Health For All using a historical and contextual approach. The study is being carried out by all three units of SOCHARA in the three states.

Under this initiative a one day dialogue on ‘*Health of the Urban Poor in Bangalore*’

evolution of a conceptual framework on the functioning of the VHWSNC committees. It is proposed to write this up for publication.

**c. Data analysis and feedback**

The data that emerged from the three rounds of monitoring were tabulated and a preliminary analysis of the data completed. This analysis enabled the team to visualize the changes in various services and components of services over the three rounds of monitoring. This analysis is being supported by the National Institute of Epidemiology as well as bureaucrats within the government. It is proposed to write this up as well for publication. This analysis was done during the months of December 2012 and shared at meetings with the government in January and February 2013.

The team has also been involved in analyzing the plans which emerged from the second round of Panchayat level Planning held in May – June 2012. A coding protocol was finalized by the team and all the plans have been coded. The analysis is ongoing. The coding was completed during the months of January to March 2013 and the analysis is ongoing.

**d. Review and reflection with experts**

On 14<sup>th</sup> August 2012 Rakhil along with Naresh had meeting with Sujay Shivakumar from National Academy of Sciences (USA) and Sam Joseph, senior professional in the development field. The meeting was useful to CEU team to learn many things which are useful to strengthen the CAH process in Tamil Nadu. Especially to maximize the field area of CAH process, things to be considered during such expansion are the key learning of the meeting. This is part of an ongoing support being given to the team by Sam Joseph which is helping the team conceptualize the process in terms of institutions, systems and participatory action.

**2. Research support**

- a. Rakhil provided extensive support to the ongoing activities termed the ‘Dead Women Talking’ process that is being anchored by CommonHealth. In response to a series of reports on maternal deaths from different parts of the country Common Health, a network working on improving maternal health in the country, decided to host a workshop to study the deaths in detail and see what emerges. Towards this a workshop was held in Muttukadu in June 2012 titled Dead Women Talking – this meeting was co-hosted by SOCHARA. Subsequent to this and the decision to work on the Maternal Death Review process in more detail (by Common Health) Rakhil has been helping the Common Health team with the evolution of the process, the development of the tools and the piloting of these tools in projects run by CommonHealth.
- b. The CEU team also supported the EKAM team, an NGO in the evolution of their research plan and methodology for the project they were doing on the ASHA program in Krishnagiri district in Tamilnadu.
- c. Rakhil has also been supporting one of the previous interns of the CHLP program Sunil George who is presently working in the Public Health Foundation of India in the various steps of his study on adherence to ART by women and children living with HIV/AIDS.

- d. The CEU team also supported the data collection by the team from Misereor who were evaluating the funding of Misereor to SOCHARA during the year 2005 to 2007. This included supporting the team in their visits to various sites in Kandhili block of Tamil Nadu and enabling an interaction between the team and members of the students club formed during the work of SOCHARA in the post -Tsunami work in Pazhaverkadu.
- e. Rakhal of the CEU team was also part of the team which successfully won a competitive process for funding for the WHO call for Implementation Research. The project written up was a study on the functioning of the Village Health and Sanitation Committees. This is a 2 year process which is likely to commence in June 2013.
- f. Catholic Health Association of Tamil Nadu (CHAT) is one of the Makkal Nalavazhvu Iyakkam member organizations and long time partner of SOCHARA. They had initiated an internal review process to improve their system and to measure the impact of their work in Tamil Nadu. CHAT had approached CEU team to help in their review process. Ameer had helped them in structuralizing the evaluation, formulating the questionnaire and guided the entire process.
- g. In the month of February 2013 Ameer khan facilitated a two day workshop for Campaign against Negligence of Girl child (CANG) partners in Tamil Nadu. The workshop focused on analyzing and understanding the status of health of women and children from a more analytical and critical perspective. A follow up of this workshop is planned in April 2013 and it will lead to a state level action-research process in women's health.

#### **Research involvement and Solidarity - others**

- a. Ravi supported prof. Rajan Madhok from Manchester University UK in his study supported by the Wellcome Trust on the History of public health research and capacity building in India.
- b. Ravi and Thelma Narayan supported Maithreyi M. R. senior fellow of the Center for Studies in Ethics and Rights (CSER) Mumbai, in her study on the History of Bioethics in India (1980-2010): mapping the field. A Preliminary Report has now been published.
- c. SOCHARA had signed a MoU with Public Health Foundation of India to collaborate on Research, Training and Advocacy and has now established a close relationship with the Governance Hub of PHFI since there are many common areas of research interest including Community Monitoring and Mobilization, Partnership, De-centralization and AYUSH and Public Health. The Governance Hub team visited SOCHARA in October 2012 for an interaction.

#### **IV. Evolve educational strategies in community health**

SOCHARA since its inception promoted building capacities of various cadres in health care. Towards this appropriate training strategies have been evolved from time to time depending on the need of various situations. Since 2003 Community Health Learning Program supported by

the SRTT in Bangalore and Community Health Fellowship supported by the SDTT in Bhopal have emerged as a major focus in educational strategies. In addition to the major training programs, SOCHARA is also involved in supporting other training initiative by both Government and Non Governmental organizations. The Educational strategies have been classified as below for the reporting from all the three states:

1. CHLP in Karnataka
2. CHFP in Madhya Pradesh
3. Capacity Building Support in CAH process in Tamil Nadu
4. Support to capacity building in Government and Non Governmental organizations
5. Support to internships (flexi)
6. International Training Solidarity

### **1. Community Health Learning Program- (CHLP) Karnataka**

After grant approval by SRTT for CHLP Phase-3, a call for applications for the CHLP fellowship first batch was announced through the SOCHARA website, Devnet, network groups, friends of SOCHARA and other organizations in end October 2012. A total of 26 applications were received by end December. After short listing from 26 applications, calling referees, and interviews conducted by a 3 member panel through Skype/phone call/ personal interviews. 10 fellows were offered Fellowships in December 2012. Seven of them males and three females. Five of them are from Karnataka and others belong to Madhya Pradesh. Nine of them are from social science background and one person is from the environmental sciences background.

Most of the 2012 batch fellows are first generation learners and most completed their schooling in their mother tongue. One of the challenges is the language and medium of instruction. While the overall medium of instruction was in English, efforts were made to help the fellows in their learning by many supplementary strategies including tutorial in local languages (Hindi, Kannada and Tamil) in small groups.

#### **Learning facilitation methods**

The program is structured into a 52 week program with various issues of focus to SOCHARA. The learning facilitation program is divided into two parts, fifty percent is field and practice component while the other fifty percent is class room based. In the class room the methods followed are, participatory, experiential and problem based learning. In the field the method followed is exposure to the problem and issue with the support of field mentors for enhancing the learning.

### **2. Community Health Fellowship (CHF) Program- Madhya Pradesh**

The Fellowship Initiative in Madhya Pradesh of SOCHARA is an extension of earlier work and involvement of Community Health Cell (CHC-a functional unit of SOCHARA) in MP, and the experience of learning facilitation in community health/ public health over the years. The MP Community Fellowship focused on the 2nd batch of the program which began in February 2012.

A call for applications for the CHLP fellowship second batch was announced through the SOCHARA website, Devnet, network groups, friends of SOCHARA and other organizations. A total of 117 applications were received of which 35 were short listed. From the short listed application a three member committee selected the final 20 candidates for the fellowship. Five of them are females and 15 of them are males. Three of them are from Bhopal and the remaining 17 were from various districts in Madhya Pradesh. Of the 20 fellows, 13 are from social sciences background and the remaining seven are from management and humanities background.

### **What is Unique about CHFP-MP?**

- a. *It is an 'alternative learning through work, study and reflection program' in community health and public health, based on a societal understanding or paradigm, using community based approaches that strengthen comprehensive primary health care systems, with a focus on the National Rural Health Mission at district and sub-district level.*
- b. *It focuses on 'practitioner' oriented public health & community health training using innovative methodologies.*
- c. *It offers a person-centered, experiential learning opportunity for young professionals in community health*
- d. *It believes that persons and the public are central to public health. Transformation of the public health system can happen through transformed persons and community involvement at different levels.*
- e. *It is rooted in the experience of the voluntary sector /civil society/ peoples movements and will build on this collective base.*
- f. *It focuses on central India, specifically Madhya Pradesh.*

### **Learning facilitation methods**

**Core Teaching:** This section of the teaching program is to introduce fellows to the fellowship program by and large and introduction to the approach followed by fellowship program. The duration of the core teaching program lasts between 6 weeks to 9 weeks, during this the basics like, Social Determinants of Health, Alma Ata and Comprehensive Primary Health Care, Understanding of Epidemiology, Understanding of District Profile, Knowing various data sources, NRHM and process of communitization, Globalization, health and Human Rights, Panchayati Raj Institutions (PRI) and Participatory Rural Appraisal (PRA), working on reading, writing, analytical and presentation skills are taught to the fellows. During the year two core teaching program was conducted covering the subjects mentioned.

**Cluster teaching:** This section of the teaching component is to introduce fellows to Primary health care Approach; Community processes; dynamics, stratification and institutions; Right to Health and Health Care; Research and Communication for Health. The process of working on reading writing and analytical thinking are encouraged through asking them to apply the basics that are taught in the core teaching program. Three cluster teaching sessions were held during this year.

**Collective Teaching:** Each collective teaching is of 2 weeks duration held in a class room setting using an experience based, problem based and participatory learning methods. From 1<sup>st</sup> April 2012 to 31<sup>st</sup> March 2013 three collective teaching programs have been conducted covering various community health issues. Resource persons from both social science and medical science were invited to facilitate the collective teaching sessions.

Throughout core/collective teaching field visits are made to organizations working in specific areas so as to get a firsthand experience of the situation and discussion based learning on the issues concerned.

### **3. Training in CAH process in Tamil Nadu**

The training activities carried out by the Chennai team has been categorized as given below. The categorization is based on the request and need.

- a. The CEU team conducted training for CAH project staff on various issues such as tribal health, self reflection and caste. About 120 participants from six districts benefited by these training programs. The training program was facilitated by the CEU team and CPHE team in Bangalore.
- b. In the month of May 2012, Ameer facilitated a sensitization meeting for health system staff in which 25 ANMs participated and medical officers program in which ---- MOs participated. In the same he also took session for the Panchayat presidents and VHWSC members of Dharmapuri district in which 154 members participated.

### **4. Support to Government and Non Governmental organizations**

#### **In Karnataka**

#### **1. NIPCCD training on MDG 4 &7**

Prahlad of SOCHARA facilitated a session on “Situation of safe drinking water and sanitation in India in relation to MDG 4 & MDG 7 organized by the National Institute of public cooperation and child development (NIPCCD) on 26<sup>th</sup> December 2012 in Bangalore. Thirty five participants from government and non-government sectors involved in child health, public health engineering, policy planning, health and family welfare, water resources, rural development and panchayati raj system, education department etc. attended the workshop.

#### **2. Mason training for construction of community toilets in Bellary District**

Sakhi, an NGO in Hospet, Bellary District organized 2 day mason training in two villages of Hospet taluk in the month of December. Masons along with the individuals, civil society members and other community members were trained for the construction of low cost toilet models.

Five masons were trained on constructing low cost toilets in these villages. As the result of this initiative 23 toilets in these two villages were constructed by the end of March.

### **3. Community Led Total Sanitation training at Belgaum district**

Jagruthi, an NGO in Belgaum district, organized a two day Training of Trainers (TOT) in three villages of Khanapur Taluk, Belgaum district in the month of December. Twenty two field level staffs of Jagruthi were trained on Community led total Sanitation methods, the topics covered were: types of triggering, public health challenges due to improper sanitation and construction of low cost toilet models. As an outcome of this activity, a resource group with 22 individual were created on Community Led Total Sanitation method of training. By the end of March 9 toilets were constructed one village and other villages were planning to construct.

### **4. Community Led Total Sanitation training at Haveri District**

Community Led Total Sanitation training was organized at Hosaruthi and Guthala Gram Panchayat of Haveri district in the month of January by Nirman, an NGO based in Haveri. Panchayat Development Officers, Gram Panchayat Secretaries and Elected representatives from two gram Panchayats participated in the training. 62 individuals from these two panchayats were trained. As result of this activity, 44 individuals from these two Panchayat came forward to construct toilets for themselves.

## **In Tamil Nadu**

### **1. Training program for staff of the public health system**

- a. Tamil Nadu government had appointed more than 4500 ASHAs in Tamil Nadu. The government had approached CEU to conduct training to the ASHA trainers on health rights, communitization and on the role of ASHA. The trainers were Medical Officers of various government health centers, District Maternal and Child Health Officers and senior Auxiliary Nurse Midwives. In month of May 2012, Ameer and Rakhal had conducted a three day training program for 75 participants.
- b. In the month of March Rakhal facilitated a session on Accountability and Governance for Block Medical Officers of the Tamil Nadu Medical Services. This was part of their in-service program. Rakhal is a regular resource person for the Institute of Public Health, Poonamallee and he was invited for TOTs, in-service trainings as well as Medical Officer Orientation.

### **2. Training programs for other NGOs**

- a. In the month of December 2012 the CEU team facilitated two day training for volunteers of PWN+ in their office in Chennai. This training focused on the Community Action approach and dealt with concepts of Health as a Human Right, Accountability and Governance, Community Participation and a deeper understanding of the Health system in Tamilnadu.
- b. Ameer visited Kenya between in the month of March 2013 as part of a Technical Assistance Project where SOCHARA and the CEU team is supporting two NGOs in Kenya viz, Health Rights and Advocacy Forum (HERAF) and National Tax Payers Association

(NTA) in their respective Community Monitoring and Planning projects being funded by Open Society Foundation.

## **In Madhya Pradesh**

### **Training program on Malaria**

- a. In the month of January 2013 Dr Ravi D’Souza, Deepak and Juned Kamal facilitated a three day training program on malaria for the health workers of Gram Sudhar Samiti. The training need was felt by GSS as it was planning to work on malaria & malnutrition related issues in 20 villages of Sidhi District.
- b. A capacity building of pregnant women on Ante-natal care (ANC), Post natal care (PNC), mothers and caregivers on immunization and child care up to 5 years age in a slum of Bhopal. Around 30 women participated in the meeting organized by Health Department. The women developed an understanding on ANC, PNC & child care. The meeting was conducted in June 2012. The meeting was facilitated by Bhagwan Verma.

## **5. Support to Interns and Young professionals**

### **In Karnataka**

1. Ms. Shani John Sequeira, a Community Health Nurse and Doctoral student joined as flexi intern to understand deeper issues in community health and public health.
2. Dr. Mahesh, an Ayurvedic practitioner joined as flexi intern to understand deeper issues in community health and public health.
3. The following MSW students from Christ University did a postings in our centre during the year
  - a) Ms. Arpitha.V.Krishna
  - b) Ms. Charishma Jones Sarman
  - c) Mr. Dominic Thomas
  - d) Ms. Aleena Mathai
4. Mr. Narayanaswamy.V from Bangalore University also did his internship with us.

### **In Tamil Nadu**

1. The CEU team supported the following interns during the year to learn various issues in Community Health and Public Health.

<b>Sl. No</b>	<b>Name of the intern</b>	<b>Name of Institution</b>	<b>Discipline represented</b>	<b>Area of Learning</b>
1	Karthik	Madras Christian College	Social Work	CAH Process

2	Lalit Sarode	National Institute of Epidemiology	Master in Public Health	Program Evaluation
3	Devasenapathy	SRM University	Master in Public Health	ICDS functioning
4	Sharanya	SRM University	Master in Public Health	Health Seeking Behaviour
5	PG Students	Madras Medical College	Preventive and Social Medicine	Universal Health Care and NRHM
6	Prof. Sarah Hodges	University of Warwick		Family Planning program from Historical Perspective

## 6. International Training Solidarity

- a. Ravi and Thelma Narayan facilitated an interactive seminar for staff and students at Johns Hopkins School of Public Health, Baltimore in September 2012 on the Primary Health Care in Developing Countries: Past, Present and Future with post graduate students during the afternoon on the same day.
- b. Ravi and Thelma Narayan facilitated an interactive seminar for staff and students at Harvard Medical School, Boston in September 2012 on informal interactions and Q&A sessions on PHM/NRHM/UHC/Communitisation etc.
- c. Ravi Narayan facilitated two interactive discussions on Health Movements and Health in all policies and challenges to Universal Access to Health Care in India at the London School of Hygiene and Tropical Medicine in March 2013

## V. Dialogue with health planners, policy makers and implementers

Since planning, policy and good implementation design is crucial for better health outcome, SOCHARA believe in having continuous dialogue with the planners, policy makers and implementers. SOCHARA teams in Bangalore in Chennai had dialogue with their respective state governments.

### National level Policy advocacy

Thelma Narayan is a member of the National Mental Health Policy group constituted by minister of Health and Family Welfare to evolve a national mental health policy for the country. As part of the group she attended several meetings during the year in New Delhi, Ranchi and Bangalore.

### NRHM linked

- a. Thelma participated at the Advisory Group on Community Action ( AGCA) New Delhi in May 2012

- b. In the month of September 2012 Rakhil supported the Project Director of NRHM in the State of Haryana in the evolution of their Urban Health Program. He provided the background papers as well gave comments to the emerging draft.
- c. In the month of January 2013 Rakhil was invited to be part of the process of evolution of guidelines for the Village Health and Sanitation Committees (VHS). These guidelines are the updated version of those released by the Government at the beginning of the NRHM period. The present guidelines build on the experience with VHWSNC committees over the last five years.
- d. In the month of March 2013, Rakhil was invited on to the National ASHA Mentoring Group. The first meeting of this group was on the 5<sup>th</sup> of March 2013 and this was an opportunity for the experience of SOCHARA to feed into the further evolution of the ASHA program

### **In Karnataka**

#### **Towards a Community Oriented Public Health System Development in Karnataka**

The Mission Group on Public Health of the Karnataka Jnana Aayoga (KJA) (Karnataka Knowledge Commission) was entrusted with the task of making a situational analysis of public health challenges and systems in Karnataka and suggest appropriate recommendations for action. Ravi Narayan, Community Health Consultant of SOCHARA-SOPHEA was appointed as Chairperson of the mission group of Public Health of the KJA. He invited various experts from the Government and Civil Society organization as members of mission group to accomplish the task entrusted. This included, Darshan Shankar, Institute of Ayurveda and Integrative Medicine (IAIM), Dr. Balasubramaniam, Swamy Vivekananda Youth Movement (SVYM), Ruth Manorama, National Alliance of Women's Organizations (NAWO), Gopal Dabade ( JAAK), G Gururaj (NIMHANS) Kishore Kumar, National Ayurveda Dietetics Research Institute (NADRI). The task was evolved through several meetings of the mission group and stake holder dialogues. A Public Health Charter was evolved which recognizes that 'Public Health' is not just a set of medical interventions at a community level but has a larger connotation of action that addresses the mental, environmental, nutritional, social and cultural determinants of health. The Charter also focused on capacity building, governance, inter-sectoral action, pluralism and integration, communitization and alert awareness of emerging health challenges. Following are the key recommendation made to the government by the mission group on Public Health.

1. Universal access to free medicines
2. Urban primary health policy mission:
3. AYUSH and public health integrative mission
4. Public health capacity strengthening:
5. Promoting integrated, community based management of chronic illness

## **In Tamil Nadu**

The CEU team in Chennai has been involved in a number of initiatives on policy issues at both national and state level.

### **State level policy advocacy**

- a. In the month of May, Thelma along with Dr. Chandra and CEU team met Ms. Aruna, state program manager of State Health Society, Tamil Nadu. During the meeting the importance of recognizing health system, work load of the staff especially the lower grade staff, importance of inter departmental coordination at the state level and expansion of the CAH project were emphasized.
- b. In the month of May, Thelma met Kandhili block president and vice president. During the meeting she emphasized on the role of elected members in improving health and maximizing the communitization efforts in CAH project beyond the monitoring activity.
- c. In month of July, Thelma along with Rakhil met Pankaj Kumar Bansal, Project Director of State Health Society Tamil Nadu to discuss the various aspects of community action in NRHM. Discussions were centered around the needs of ASHA, expanding the scope of CAH project and the long term sustainability of such process in Tamil Nadu in order to improve the public health system in Tamil Nadu.

## **VI. Establish a library, documentation and information centre in community health.**

As an effort to promote discussion, debate and reflection on current and relevant issues in Community Health and Public Health, SOCHARA's Community Health Library and Information Centre (CLIC) is providing collection of resources publicly through various mediums. The CLIC evolved gradually, in response to the priorities and issues that emerged. CLIC today provides a trusted, accessible and widely connected library and information service through the SOCHARA website; CLIC units in each of the centers in Bangalore, Chennai and Bhopal; and regular updates like Health Digest and Health Round-up.

### **CLIC- Bangalore**

- 14631 books on 50 main categories under 276 sub-themes
- 139 Journals, Newsletters and periodicals.
- 564 resource folders on various themes
- 476 videos and documentaries
- 1221 posters on various themes
- Public health and health training materials for distribution and sale. (Publications in English, Tamil, Kannada)
- Official reports, news releases, research papers, presentations, media and cartoons

**Health Roundup-** a monthly compiled bibliography published by us with distinctive articles from various journals, issues on health and determinants of health. The required articles are sent to reader as soft or hard-copy on request by email.

**Health Digest-** compilation of newspaper clippings on Health, Public Health, Human Rights, Environmental issues, Indigenous Communities, Food Security and other Developmental issues. (This is available as hard-copy for reference at CLIC)

### **CEU- Chennai**

During this year CEU developed a Library and Information Centre in which many magazines, journals and books were added and sorted in 3 shelves for members' access. This year the library unit witnessed increased number in access the centre by the outside members also.

#### **CLIC- Chennai**

939 Books on various categories (638 +301 added this year)  
18 Journals, Newsletters and periodicals (16 + 2 added this year)  
20 Resource folders on various themes  
38 Videos & Documentaries (CD & DVD format)  
10 Posters

### **Madhya Pradesh**

The Resource Centre for Public Health at Bhopal has also initiated a process to develop a library and information unit focusing on health and health system issues relevant to central India. The evolving library and information unit is a part of overall Library and Information unit in Bangalore.

#### **CLIC- Bhopal**

- 1024 books which have been indexed as per the library catalogue.
- 550 publications in English (550)
- 474 in Hindi
- 5 Journals
- 49 Visual Aids
- 62 Posters

The books cover themes related to agriculture, child health, community health, de-addiction, decentralization and governance, demography, development, disability, disaster, drug, economics, globalization, management, nutrition, political science, public health, policy, reports, rights, sociology, women's health, women's rights etc.

## **VII. Networking to strengthen the Public Health System**

Network with other organizations, networks and individuals towards strengthening the public health system has been one of the key focus activities of SOCHARA over the years. Ever since the Peoples' Health Movement (PHM) emerged, much of the SOCHARA's efforts are going into building and strengthening the PHM. Besides supporting the PHM, SOCHARA also have been working with organization and individual on certain specific issues of mutual concern.

### **STATE LEVEL NETWORKING**

#### **In Karnataka**

- a. Participation in the Bangalore Urban dialogue on Universal Health Coverage – May 2012 organized by Janaarogya Andolan Bangalore Urban.
- b. Prasanna Saligram participated in a one-day dialogue held on Universal Health Coverage as a resource person. During the meeting, Prasanna presented the recommendations of the High Level Expert Group for Universal Health Coverage. In addition to this, Prasanna also highlighted some of the latest happenings on the Universal Health Coverage subsequent to the submission of the report by HLEG. He participated in further discussions on the topic.
- c. **Participation at the state level convention of the Universal Health Coverage – December 2012**

Prasanna Saligram participated in a one day state level convention on Universal Health Coverage, organized by the state chapter of the People's Health Movement, as a resource person. He was also a panelist during the convention and presented on the 'Enigma called the private health care sector'. He was also later on present in the convention discussions and participated in a question and answer session.

- d. **A dialogue on the health of the urban poor**

Over the years, SOCHARA has been involved with various initiatives for improving the health status of the urban poor. As part of another SOCHARA initiative called 'Social Justice in Health' (SJH), a one day dialogue on '**Health of the Urban Poor in Bangalore**'- a focus on people with mental illness, disabilities and the elderly was organized. The need to focus on these groups and integrate their needs into the emerging comprehensive primary health care was felt. Hence the dialogue was organized.

- e. **Participation in Janaarogya Andolana Bangalore Urban (JAABU) initiatives**

SOCHARA is part of the JAABU in supporting the urban health action. S J Chander and Mohammad supported the government in preparing the process of pilot project of the government on National Urban Health Mission for Bangalore.

### **In Tamil Nadu**

The work in the area of networking broadly involves the work of the CEU team MNI

#### **Makkal Nalavazhvu Iyakkam (MNI)**

- a. As part of the various activities of the MNI (the Tamilnadu chapter of the JSA), the team was involved in a number of activities to increase the networking among various groups working on health in Tamilnadu. This involved the training, as reported earlier, of Positive Women's Network+ (PWN+), Tamilnadu Health Development Association (TNHDA) and CANG.
- b. Santosh and Naresh along with interns in CEU participated in a public hearing at Chennai on Food Security and gave a petition to the Supreme Court appointed Advisor regarding the current status of ICDS centers in six CAH implementing districts of Tamilnadu. The public hearing was held in March 2013

### **In Madhya Pradesh**

- a. CPHE Team attended two days workshop on "community based management of malnutrition" organized by Vikas Samwad in August 2012.
- b. Thelma Narayan & Juned Kamal participated in the state MGCA meeting. This was the review process of ASHA training 6-7 modules in Bhopal in January 2013.
- c. CPHE Team along with some fellows of CHFP program conducted the JSA meeting in January 2013 on Universal Health Care. About 60 participants were present from different organizations.

#### **NATIONAL LEVEL NETWORKING**

The SOCHARA team members from all the three units participated in networking meetings at national level particularly linked to JSA and MFC

- a. Bhagwan & Dharendra attended four days workshop on "Enabling community action to promote accountability for maternal health" in August 2012 at Vadodra organized by SAHAJ.

- b. Santosh along with other MNI members from Tamil Nadu and Juned & Bhagwan of Bhopal team participated in JSA national convention on Universal Health Care at New Delhi in December 2012.
- c. Chander, Shani, Karthik, Santosh along with 5 interns of CHLP program (Shanthi, Rauf, Pravesh, Ranu, Shashi Rekha) attended the Medico Friends Circle Annual Conference at Hyderabad in February 2013.
- d. Suresh and Santosh from CEU participated in the South Asian practitioners' workshop on Social Accountability and Social Action in health conducted by COPASAH at Mumbai in February 2013, in which the team presented the Community Action for Health program in Tamil Nadu.

## **INTERNATIONAL LEVEL NETWORKING**

- a. Ameer had participated in the third Global Health Assembly held in Cape Town, South Africa from in July 2012. He presented the strategies of community mobilization towards achieving Health For All. SOCHARA also facilitated the participation of three other younger associates to the Assembly- Amulya Nidhi, Madhya Pradesh; Suranjeen Prasad, Jarkhand; Ritesh Ladha, Rajasthan through a MISEREOR solidarity grant.
- b. In October 2012 Mr. Itai Rusike and Ms. Esther Sharara from\_CWGH, Zimbabwe spent two days with SOCHARA to understand the Community Action for Health process in more depth. They said they are implementing a similar process in Zimbabwe and had heard of the CAH process through the COPASAH network. They made a field visit to CEU of Chennai for two days.
- c. Dr. Joachim Kreysler, MD, MPH, Epidemiologist, Nutritionist, Tropical Medicine specialist, ex. WHO and IFRC staff from Germany visited SOCHARA as global PHM resource center. He had been a member of external evaluation team of Global PHM

## **VIII. Open Ended Catalyst Role**

### **In Karnataka**

1. In January, 2013 Mohammad, Prahlad and Adithya participated in a discussion with Ms Mahalakshmi and Mr Sudhakar of the Namma Bengaluru Foundation (NBF). They were in the process of organizing a public discussion with representation from government and civil society towards addressing the issue of solid waste management situation in Bangalore.

## **In Tamil Nadu**

2. One of the key aspects of the work of the unit is what is categorized under the title Open ended Catalyist. This basically captures the various activities done by members in support to other groups, networks etc, in building up a critical mass towards Health for ALL.

During the year the following were the significant involvements.

1. Rakhal supported the setting up of the TASK FORCE on health for the Haryana government. Two members of the JSA / MFC were involved in the final list.
2. Rakhal and Ameer spent half a day interacting with Ramanathan of TRIOS to help in the conceptualization of a process of Community Action in Uttar Pradesh.
3. In March 2013, Rakhal visited Thirumalai Chemical hospital and studied their field program and interacted with their staff to help conceptualize their longer term goals and activities.
4. In March 2013, Rakhal visited Dr. M K Mani to explore the feasibility of working out a clear role of the ASHA in future NCD programs at the National and State level.
5. Rakhal and Ameer supported PWN+ in a number of their community level initiatives, training and advocacy issues.
6. Rakhal visited the project of Julie and Jeyapaul (former interns in the CHLP) to help them visualize their future work.
7. Ameer has been interacting on a regular basis with Dr. Suresh of Theni for the last nearly 6 months building up a network of medical officers in the Tamil Nadu Public health system interested in the Community Health Approach.

## **IX. Organizational Strengthening**

### **a. Annual General Body Meeting and Executive Committee Meeting**

The Annual General Body of SOCHARA was held on July 2012 and the Executive Committee of SOCHARA met four times during the year.

### **b. Skype meetings between centers**

Thelma as Secretary- SOCHARA along with others from the Bangalore team held regular skype conferences with the Chennai and Bhopal teams to strengthen planning and administration and learning program.

### **c. Strengthening financial and administrative capacities**

In September, October and March Gopinath, Treasurer of SOCHARA spent two days with the CEU team in Chennai and carried out participatory management review. The review was carried out using a check list on various parameter set to achieve the goals of the CAH project. He also

made visit to the field area. During the visit in March he visited along with Dr. Thelma and helped the team to finalize proposal for the next phase of the project.

#### **d. Meeting with new members**

SOCHARA organized a one day meeting with some of its new members to learn and understand from them the community health and public health work carried out by them in February 2013. Before they shared their work with the SOCHARA team, the senior team members of SOCHARA shared with them their work being carried out in all the three states.

List of new members participated at this meeting and shared their work with the participants:

1. Dr. Muraleedharan.V.R – IIT Chennai
2. Prof. Shanmuga Velayudham- Chennai
3. Dr. Chandra – Chennai
4. Dr. Anand Zachariah- CMC, Vellore
5. Mr. Abhijit Sen Gupta – Bangalore
6. Mr. Sam Joseph – Bangalore

#### **e. Academic and Research Council**

The second Academic Research Council was held at SOCHARA in April 2012 for two days. The following ARC members participated in the Meeting:

1. Mohan Isaac, NIMHANS Bangalore, Chairperson
2. John Porter, London School of Hygiene and Tropical Medicine, London
3. Aditi Iyer, Centre for Public Policy IIM, Bangalore
4. Kaaren Mathias, Emmanuel Hospital Association, Mussoorie
5. Kabir Sheikh, Public Health Foundation of India, Delhi
6. Magimai Pragasam, CAMERA Academy (Communication and Media Empowerment, Research and Advocacy), Chennai
7. Mario Vaz, Centre for Humanities, St John's Medical College, Bangalore
8. Shantidani Minz, Community Health and Development, ( CHAD) CMC, Vellore
9. Thelma Narayan, SOCHARA Bangalore (Secretary)
10. Miguel San Sebastian and Anna Karin Hurtig of, UMEA, University, Sweden (participated through Skype for a brief period).

The deliberation focused on the key issues pertaining to the emerging School of Public Health Equity and Action (SOPHEA). Some of the core issues discussed are listed below.

1. What is an Alternative School of Public Health
2. Competencies and curriculum
3. Research direction
4. Understanding Community
5. Reflections on the ongoing community health fellowship programs
6. ARC Members involvement in SOPHEA beyond ARC

#### **f. Evaluation of SOCHARA as long standing partner of MISEREOR Germany**

Evaplan was commissioned by MISEREOR to evaluate MISEREOR supported projects in order to get more information on the impact of health projects in the area of primary health care in Asia, Africa and Latin America. The aim of the evaluation was to identify the long term impact, lessons learned, what was good / what kind of improvement could be helpful / what was missing etc. The evaluation was conducted by Ms. Angelika Pochanke and Mr. Pinaki De of Evaplan.

#### **g. Strengthening CEU in Tamil Nadu**

- i. In April 2012, Ameerkhan visited Catholic Health Association of Tamilnadu's (CHAT) office and reviewed the financial management practices of CHAT with respect to CAH project.
- ii. In June 2012, Naveen visited Ariyalur and Perambalur districts for reviewing the accounts and financial management.
- iii. In July 2012, State implementers group of the CAH project met in Chennai in June 2012 and the Governing Body of the CAH project in which the higher officials of the State Health Society Tamilnadu are the members.
- iv. In April, May and August 2012 Pratibha, visited Kanniykumari and Thiruvallur districts for reviewing the accounts
- v. Gopinathan, Treasurer of SOCHARA carried out a review on the management aspects of CEU and its partners in September 2012. For the purpose of review he visited Dharmapuri, Perambalur and Ariyalur districts along with Santhosh and Naresh.

## **X. Staff Development**

### **a. The SOCHARA Team**

The following staff members joined the team during the year: Naresh joined the Chennai unit in June, Tulsi Joined the Bangalore unit in July, S J Chander Joined the Bangalore unit in October, Bimal joined Bhopal unit in November, Karthik Joined the Bangalore unit in December and Yuvaraj joined the Bangalore unit in January.

The following staff members moved on during the year: From the Bangalore unit, Joseph left in June; Lavanya left in July Shilpa left in October, Duruba Rohini Kumar left the Bhopal unit in December.

### **b. Staff retreats for all state units**

- i. In June 2012 Ravi and Thelma visited CEU. During these two days Ravi facilitated sessions on "Reflection of CEU work". CEU team had reflected their unit history and work through six important dimensions viz., who, when, where, why, what and how. The exercise was aimed at helping the team prepare long term plan.

- ii. In the month of July 2012 a team retreat was organized for all the three state units in Bangalore. Staff of all the units had participated in the retreat. Review and reflection of the work done by all the three units was undertaken.

### **c. Individual staff development**

The team members were encouraged to participate at short workshops, training program and conference of their interest and relevant to the work of SOCHARA. Apart from this a combined retreat for all the state units are organized once a year where an input session on a certain topic is discussed. The teams also reviews and reflects on the work done during this time.

#### **In Karnataka**

- a. Naveen attended the workshop for Ford Foundation Grantees held in Bangalore in April 2012.
- b. Maria participated at animator workshop at Ooty in July 2012. The workshop was organized for the animators involved in the CAH project in Tamil Nadu in order to strengthen the capacity of animators. Maria was sent to this program to get an exposure a field program carried out by SOCHARA
- c. Victor participated at two day workshop on ‘Accountability and Compliance in Voluntary Sector organized by an Organization called Credibility Alliance in January 2013
- d. H R Mahadevaswamy participated at conference of KHSLA (Karnataka Health Sciences Library) in Mangalore in January 2013.

#### **In Tamil Nadu**

- a. Rakhal had attended a capacity building workshop for community monitoring practitioners in Istanbul in June 2012 for three days. The workshop was organized by the Open society foundation. He shared his experience of community monitoring in Tamilnadu and also moderated a session.
- b. Rakhal attended the Emerging Voices workshop at Beijing in October 2012 as part of the preparations and activities of the 2<sup>nd</sup> Health Systems research Symposium.
- c. Naresh had attended a conference in Pune organised by National Institute of Naturopathy (NIN) in February 2013. He introduced the work of SOCHARA in AYUSH and Community Health, and its role in promotion of Naturopathy and Yoga in Primary Health Care.

## **XI. Publications**

### **SOCHARA Hand Book on “Community Health and Environmental Sanitation”**

SOCHARA – CHC published a Handbook on “**Community Health and Environmental Sanitation**” in Kannada on March 2013. The objective of publishing the handbook is to sensitise the NGO activists, students, individuals, community and others on linkage between community Health and Environmental Sanitation. Contents in the handbook are designed based on the requirements of Community Health fellows, Social Science Students, NGO Activists, communities, individuals, officials from Panchayati Raj institutions, Elected representatives and others.

1. Gaitonde R. Registration and monitoring of pregnant women in Tamil Nadu, India: a critique. *Reproductive Health Matters*. Vol 20. No. 39. 118-24. May 2012
2. Pradyumna A, Narayan R. Examining environment and health interactions: Responding with communities to the challenges of our times [Internet]. Bangalore, India: SOCHARA-SOPHEA; 2012 [cited 2013 Feb 11]. Available from: [http://www.academia.edu/1860978/Examining\\_Environment\\_and\\_Health\\_Interactions\\_Responding\\_with\\_communities\\_to\\_the\\_challenges\\_of\\_our\\_times](http://www.academia.edu/1860978/Examining_Environment_and_Health_Interactions_Responding_with_communities_to_the_challenges_of_our_times)
3. Debating Universal Health Coverage in India By Rakhal Gaitonde – October 12, 2012. <http://www.municipalservicesproject.org/blog/debating-universal-health-coverage-india>
4. The mortar that holds the BRICS together. Rakhal Gaitonde, Society for Community Health Awareness Research and Action, Chennai, India. NS Prashanth, Institute of Public Health, Bangalore, India. Daniel Henao, Grupo Reproducción, Universidad de Antioquia, Colombia. Xu Jin, China Center for Health Development Studies, Peking University, China. Liu Xiaoyun, China Center for Health Development Studies, Peking University, China. Lungiswa Nkonki, Medical Research Council and Stellenbosch University, Cape Town, South Africa. <http://blogs.bmj.com/bmj/2012/12/05/rakhal-gaitonde-et-al-the-mortar-that-holds-the-brics-together/>
5. Kilaru, A Saligram, PS and Nagavarapu, S (2013). 'Some health care for some people, some of the time'. An exploratory study of public-sector health services and privatization in Karnataka in the context of Universal Access to Health Care
6. Pradyumna A. Aerosol optical depth measurement has Bangalore cornered. *Current Science*. 2012 Feb 10;104(3):281
7. Pradyumna A, Gaithonde R. Research on Bhopal. *Economic and Political Weekly*. 2013 Feb 15;48(08):68–9.
8. Prahlad, I M. Samudaaya Aroghya mattu Parisara Swacchate – Tarabeti kaipidi. Bengalurur, SOCHARA, 2013. 24 pages
9. Setting up Universal Health Care Pvt. Ltd. Sept 13, 2012 .Rakhal Gaitonde and Abhay Shukla. Oped in The Hindu.
10. <http://www.thehindu.com/opinion/op-ed/setting-up-universal-health-care-pvt-ltd/article3889900.ece>
11. Paper on Community Action for Health in COPASAH Newsletter by Santosh
12. Article on Universal Health Care by Ameerkhan in CAH news letter
13. Article on Communitization of Health by Ameerkhan in CAH news letter
14. News release on Pentavalent vaccine in Tamil by Ameerkhan

## **XII. Participation in Conferences, workshops, seminars, training and Consultations**

- Thelma attended the annual workshop of the review of health portfolio of SRTT and Tata Trusts in Mumbai in April 2012.
- Bhawan and Dirrendra of MP CPHE unit participated Community based management of malnutrition initiative organized by Vikas Samvad in April 2012
- Thelma was a panelist in the meeting on civil society initiative for strengthening health human resources organized by PHFI and Swasti in Bhopal in May 2012.
- Thelma attended the South India consultation organized by Basic Needs India in Chennai in May, 2012.
- The CPHE Bhopal team Participated at a meeting organized by Human Resources for Law Network in May 2012 on right to information in the context of strengthening NRHM.
- Mohammad and Aditya participated at a workshop on ‘Towards evidence based health advocacy’, conducted in May 2012 at V-LEAD in Mysore, organized by GRAAM (Grassroots Research and Advocacy Movement), a branch of SVYM, and Public Affairs Centre (PAC), Bangalore
- Thelma attended a meeting on RNTCP and HMIS at the Center for Governance of the Karnataka Government to support a project in which a CHC fellow- Sabyasachi was involved in June 2012
- Ravi Narayan attended the Rajiv Gandhi University Health Sciences Foundation day in June 2012 to give the Dr.Kantha endowment Oration on Health For All, Health For All: Human Resources Challenges for a Health university.
- Kumar of CPHE, Bhopal team member participated at a workshop on Dead women speak (on maternal death) in June 2012.
- Rohini Kumar of CPHE, Bhopal team member participated at a workshop on mental health program in June 2012.
- As Mohammad, Adithya, Prahalad of the Bangalore team attended the stakeholders’ consultation at National Institute of Advanced Studies, Bangalore, organised by the Mission Group on Public Health of the Karnataka Jnana Ayoga in July 2012. They participated in the small groups discussion on Urban Health and NCD.
- Dr Razi, Bhagwan, Juned, Dharendra participated a workshop on Comprehensive Community Based Management model against Malnutrition in August 2012.
- The CPHE team in Bhopal participated at a training program on Enabling Community Action to Promote Accountability for maternal Health’ in August 2012.
- Juned a team member of CPHE, Bhopal participated at workshop on VHSC module development workshop at NRHM office in September 2012.
- Kumar of CPHE, Bhopal unit participated at an orientation meeting on NRHM on MGCA in October 2012.
- Ravi Narayan and Rakhil Gaitonde attended the second global Health Systems Research Conference organized by World Health Organization in Beijing, China in October Ravi was a member of the executive committee of the conference facilitating the participation of Emerging Voices and evolution of Beijing Statement. He also chaired the session on Community Action in Health, and Rakhil participated in Emerging Voices session, the COPASAH meeting on community practice and made a presentation on Community based

research and action for strengthening public health systems. SOCHARA also facilitated support from WHO-India for 18 young HSR researchers from a network of institutions in India in collaboration with the MoHFW and NHSRC.

- Prahalad participated at a workshop on ‘Urban Sanitation’ at Argyam foundation: - in November 2012. The workshop was jointly organized by Swissnex India and Argyam foundation. A coordinator from Swissnex India shared about their activities at one of the slums of Calcutta where they conducted training to slum individuals on Community Led Total Sanitation and also presented the low cost toilet designed which was developed by Swissnex India. Prahalad shared about their activities on sanitation at the community level.
- Prahalad participated at a State level network meeting of Mahila Samukya in December 2012. He shared about SOCHARA activities with the network members of Mahila Samakhya.
- Dhirendra, Razi and Juned participated at a one day workshop on universal health coverage organized by BGVS in January 2013.
- Thelma and Juned participated at the state MGCA meeting in January 2013.
- “Solid Waste Management in Bangalore city” – organized in January, 2013 by Namma Bengaluru Foundation, was attended by SOCHARA staff and fellows. Special invitees for this included MP Ananth Kumar, BBMP Commissioner, KSPCB Chairman, civil society representatives and ward members. BBMP chairman gave assurance to improve situation of waste management over the next year. Prior to the workshop, the organisers met with SOCHARA staff members at our office to get some inputs for the organising of the program.
- Ravi Narayan attended the steering and scientific committee planning meeting of the Eight Global Conference on Health Promotion (8-GCHP) in Helsinki, Finland in March 2013. He was responsible for the facilitation of the track on Social Change and Health being planned for the conference.
- “Workshop on access to safe water for Mavallipura” – Environment Support Group organised a day long workshop for communities of Mavallipura who are affected by unscientific landfill (which receives more than 25% of Bangalore’s garbage). March, 2013 Adithya attended and contributed to the discussion from the point of view of health impacts.
- Meeting with NCBS staff – Adithya visited National Centre for Biological Sciences, Bangalore in March, 2013 where he met Dr Sudhir Krishna, a cancer biologist and St John’s alumnus, and Dr Sweta, coordinator of the NCBS-SJMC collaboration. He had the opportunity to meet several other researchers at NCBS to learn about the research themes being addressed there, and to learn about the objectives and processes behind the project with SJMC which is trying to bring together medical doctors and basic scientists under one roof. There is an interest in NCBS to build capacity of their research students in public health, for which SOCHARA will be providing support.

### **XIII. Membership to various committees / governance of other groups**

CEU team members continue to contribute to the overall development of Health for All by being members of a number of committees of various organizations (including the government) and involved in the governance of other similar organizations. These include the following:

1. **Thelma Narayan**, is a member of the following bodies:
  - Ethics Committee of National TB Institute, ( ICMR) in Bangalore
  - Ethics Committee of ROHC/ National Institute of Occupational Health, ICMR, Bangalore.
  - National Accredited Social Health Activist (ASHA) Mentoring Group.
  - Advisory Group for Community Action (AGCA) of NRHM, New Delhi
  - Chairperson, Basic Needs India, Governing Board, Bangalore
  - Policy Group on Mental Health, MoHFW, New Delhi
  - International advisory group of the PRIME study on Community Mental Health
  - Invited to be a convener of the St. John's National Academy of Health Sciences, Golden Jubilee Evaluation and Vision Mission Committee
  
2. **S J Chander** is member of the Institutional Ethics Committee (IEC) of Institute of Public Health, (IPH) Bangalore.
  
3. **Ameer Khan** is a member of the following bodies:
  - Interim National working group of the Jan Swasthya Abhiyan (JSA).
  - Executive Committee member of the TNHDA.
  - General Body of Rural Women Social Education Centre (RUWSEC).
  
4. **Rakhal Gaitonde** is a member of the following Bodies
  - National Accredited Social Health Activist (ASHA) Mentoring Group.
  - Technical Advisory Group of the Advisory Group on Community Action (AGCA) of NRHM at national level.
  - ASHA mentoring group.
  - State NGO committee of State Health Society, Tamil Nadu.
  - Founding Chairperson of the Community Advisory Board of the National Institute for the Research on Tuberculosis (formerly TRC) one of the premier ICMR research institutions.
  - Medical Advisory Committee of RUWSEC – Reproductive Health Clinic.
  - Project Advisory Committee of SATHI-CEHAT, an NGO in Pune.
  - Regular examiner of MPH theses in the National Institute of Epidemiology, Chennai and the Achutha Menon Center, Thiruvananthapuram.
  
5. **Ravi Narayan** is a member of following bodies:
  - Governing body member of Public Health Foundation of India, New Delhi,
  - Governing body and Academic Council Member of Institute for Health Management Research Bangalore
  - Scientific Advisory Committee of Regional Occupational Health Centre / NIOH, ICMR, Bangalore
  - Advisory committee member and resource person for the Karnataka State Health Systems Resource Centre (KSHSRC) and Karnataka State Institute of Health and Family Welfare (KHSIFW)
  - Member of the Karnataka Knowledge Commission, Karnataka Jnana Aayoga ( KJA)

- Chairman of the Mission Group of Public Health of the Knowledge Commission, Karnataka Jnana Aayoga ( KJA)
- International Public Health Advisor, British Medical Journal, UK
- International Advisory Committee member, Global People's Health Movement
- Governing Council of National Institute of Ayurveda and Integrated Medicine ( I-AIM)
- Chairperson, Research Council of Center for Research, I-AIM

## **XIV. Partners of SOCHARA**

The partners of SOCHARA for its different activities during the year 2012-13 were as follows:

### **1. Core support:**

- a. Sarathy Foundation, USA

### **2. Community Health Action**

- a. Community Action for Health Project, Tamil Nadu, NRHM
- b. Community Health Initiatives project, KZE, Germany
- c. Advocacy for the health rights of the poor, Mavis Tree, New Zealand
- d. Accountability and monitoring in health initiative, Foundation for Open Society Institute, USA.
- e. Community Health Environment Skill, Global Green grant Fund ( GGF).
- f. Participation in III Peoples Health Assembly, Misereor, Germany.

### **3. Community Health Training Programs**

- a. Community Health Learning Program, CHC Bangalore, Sir Ratan Tata Trust, Mumbai, Maharashtra.
- b. Community Health Learning Program, CHC Bangalore, International Development Research Council (IDRC) Canada.
- c. Community Health Fellowship Program, CPHE, Bhopal, Sir Dorabji Tata Trust, Mumbai, Maharashtra

### **4. Community Health Research Program**

- a. Social Justice in Health Research, Advocacy and Action, Ford Foundation, USA.
- b. Medical Tourism and Equity, Simon Frazer University, Canada.

**We thank all of them for their support and continued solidarity with our work.**

**(Annual Report Prepared for SOCHARA Annual General Body Meeting on  
30<sup>th</sup> September 2013)**

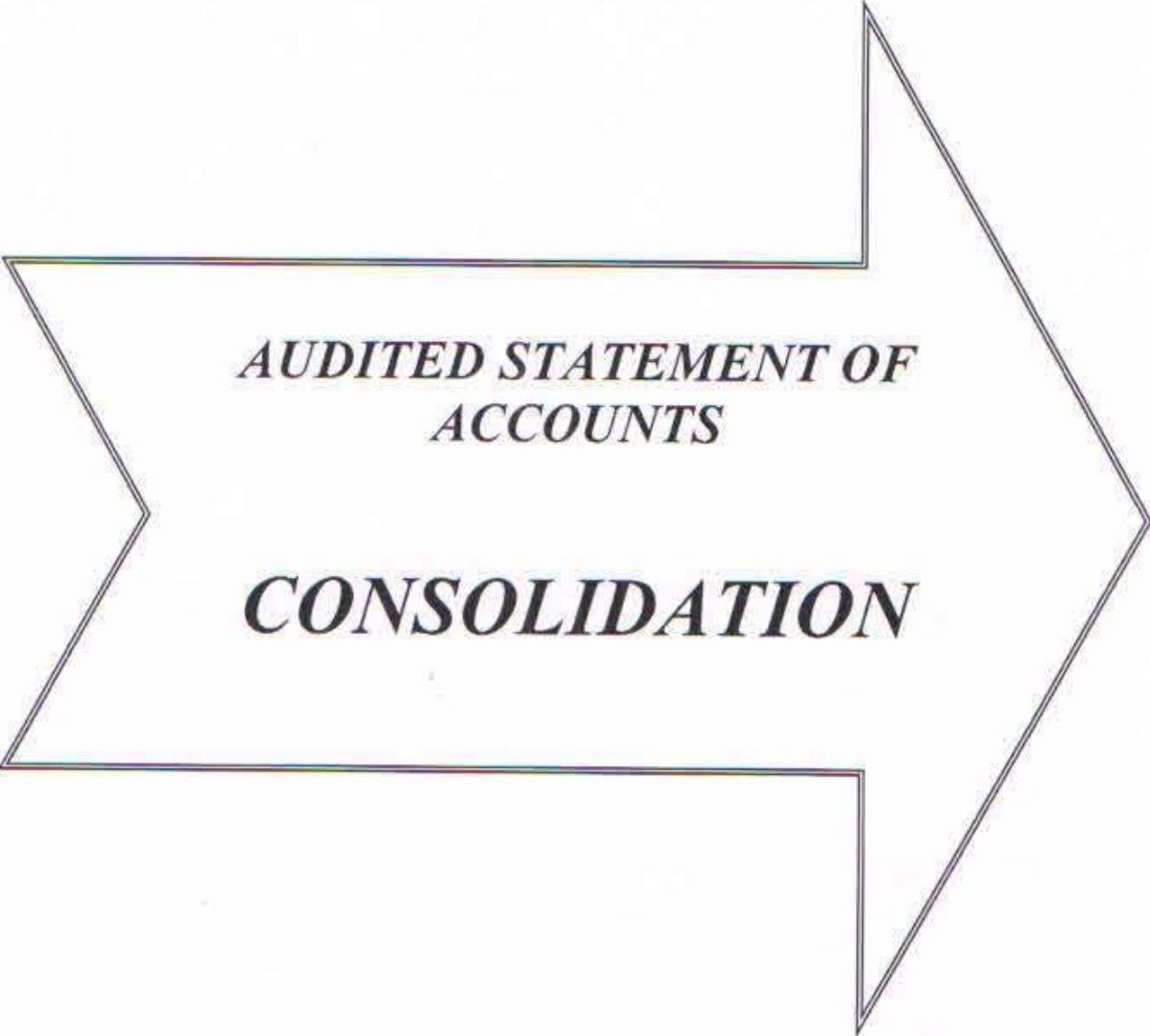
**AUDIT STATEMENTS**

***SOCIETY FOR COMMUNITY  
HEALTH AWARENESS,  
RESEARCH AND ACTION***

***AUDITED STATEMENT OF ACCOUNTS  
FOR THE YEAR ENDING  
31<sup>st</sup> MARCH 2013***

Audited by  
***G. S. RAVI KUMAR***  
*Chartered Accountant,*

No. 326, V Main, I Block, Koramangala, Bangalore – 560 034.



*AUDITED STATEMENT OF  
ACCOUNTS*

*CONSOLIDATION*

**G. S. RAVIKUMAR.**  
**CHARTERED ACCOUNTANT**

No. 14/1, Sevakshetra Building,  
1<sup>st</sup> Main, VI Cross, Gandhinagar,  
Bangalore – 560 009.  
Tel: 2226 7579 / 2226 1938

### AUDITOR'S REPORT

To  
The Managing Committee,  
Society for Community Health Awareness, Research and Action,  
No. 326, V Main, I Block, Koramangala,  
Bangalore – 560 034.

1. We have audited the attached Statement of Affairs of M/s. SOCIETY FOR COMMUNITY HEALTH AWARENESS, RESEARCH AND ACTION, BANGALORE, as at 30<sup>th</sup> September 2012 and the Income and Expenditure Account for the year ended on that date. These financial statements are the responsibility of the Society's management. Our responsibility is to express an opinion on these financial statements based on our audit.
2. We conducted our audit in accordance with auditing standards generally accepted in India. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.
3. We further report that :-
  - a. We have obtained all the information and explanations, which to the best of our Knowledge and belief were necessary for the purpose of our audit;
  - b. The Statement of Affairs & Income & Expenditure Account dealt with the report are in agreement with the books of accounts;
  - c. In our opinion proper books of account as required by law have been kept by the Society so far as appears from our examination of those books;
  - d. In our opinion and to the best of our information and according to the explanations given to us, the said accounts give the information as required and give a true and fair view in Conformity with the accounting principles generally accepted in India;
    - i. In case of the Statement of Affairs, of the state of affairs of the Society as at 30<sup>th</sup> September 2012 and;
    - ii. In the case of the Income & Expenditure Account of the Excess of Income over Expenditure of the Society for the period ended on that date.

Place: Bangalore  
Date: 11.09.2013

for G. S. RAVIKUMAR,  
CHARTERED ACCOUNTANT



(G. S. RAVIKUMAR)  
PROPRIETOR



**SOCIETY FOR COMMUNITY HEALTH AWARENESS RESEARCH AND ACTION, BANGALORE**  
**BALANCE SHEET AS AT 31ST MARCH 2013**  
**CONSOLIDATED CONTRIBUTION ACCOUNT**

LIABILITIES	SCH- DULE	AMOUNT Rs.	AMOUNT Rs.	ASSETS	SCH- DULE	AMOUNT Rs.	AMOUNT Rs.
<b>CORPUS FUND</b>				<b>FIXED ASSETS:</b>			
Per last Balance Sheet		506,152.56		As per Fixed Assets Schedule	5		862,817.18
Add: Receipt during the year	26	10,000.00	516,152.56				
<b>FUNDS CARRIED OVER</b>				<b>SUNDY DEBTORS:</b>			
As per last Balance Sheet		9,691,584.90		Programme Advances	7	132,912.00	
Add: Community Health	12	74,092.00		Loans & Advances- staff	7	34,392.00	
Environment Skill( GGF)				Loans & Advances(old)	7	38,429.09	205,733.09
Add: Transferred from I & E A/c		4,516,563.67	14,282,240.57				
<b>PROVISIONS:</b>				<b>DEPOSITS:</b>			
Gratuity	31		1,055,942.00	Rental Deposit - Bhopal office (CPHE)		54,000.00	
Audit & Legal Fees	30		5,966.00	Rental Deposit - CHC		10,000.00	
Internal Audit Fees	29		20,000.00	Electricity Deposit-Sochara Annexe- CHC		880.00	
				Telephone Deposit - CHC		2,280.00	
				Rental Deposit - CPHE(CHC)		125,000.00	
				Rental Deposit - SOCHARA Annexe(CHC)		20,000.00	
				Rental Deposit - SOCHARA		110,000.00	322,160.00
				<b>CASH AND BANK BALANCES</b>			
				Cash on Hand	18		31,586.80
				Cash at Bank	20		1,031,851.06
				Fixed Deposit - Corpus Fund	22	506,150.00	
				Fixed Deposits Funds - Local	22	1,078,000.00	
				Fixed Deposits Fund - SRTT	22	1,450,000.00	
				Fixed Deposits Funds - CAH project	22	2,500,000.00	
				Fixed Deposits Funds - Gratuity	22	1,002,600.00	
				Fixed Deposits Funds - Foreign	22	6,889,403.00	
<b>TOTAL</b>			<b>15,880,301.13</b>	<b>TOTAL</b>			<b>13,426,153.00</b>
							<b>15,880,301.13</b>

for Society for Community Health  
 Awareness, Research and Action

**EXAMINED AND FOUND CORRECT**  
 Subject to my report of even date

PLACE : BANGALORE  
 DATE : 11.09.2013

*Signature*  
 Vice President

*Signature*  
 Treasurer

*Signature*  
 Secretary



*Signature*  
**G. S. RAVI KUMAR**  
 CHARTERED ACCOUNTANT

**SOCIETY FOR COMMUNITY HEALTH AWARENESS RESEARCH AND ACTION, BANGALORE**  
**INCOME AND EXPENDITURE ACCOUNT FOR THE PERIOD FROM 01.04.2012 TO 31.03.2013**  
**CONSOLIDATED CONTRIBUTION ACCOUNT**

EXPENDITURE		SCHE DULE	AMOUNT Rs.	I N C O M E		SCHEDU LE	AMOUNT Rs.	AMOUNT Rs.
By	<b>PROJECT EXPENSES - CHC</b>			To	<b>GENERAL CONTRIBUTION :</b>			
"	Community and Health Policy Action	3	2,214,720.50	"	CHC	25	19,931.00	
"	CAH(Community Action for Health) Project - Tamil Nadu - Chennai office	3	6,065,389.00	"	CPHE	25	115,711.00	
"	CAH(Community Action for Health) Project - Tamil Nadu - Districts	4	9,844.00	"	Sochana Annexe	25	54,200.00	
"	CEU, Chennai local	10	4,182,688.50	"	CEU, Chennai Local	25	1,650.00	
"	Community Health Initiatives Project (KZE)	15	347,200.00	"	Membership Fees		500.00	
"	People Health Assembly III (Miserore)			To	<b>CONTRIBUTION TO PROJECT - CHC</b>			
"	Advocacy for the Health Rights of the poor (Mavis Tree Grant)	9	12,266.50	"	Community and Health Policy Action			9,825,415.00
"	Community Health Teaching Program	2	1,027,917.50	"	CAH Project - Chennai, T.N	3	11,756.00	
"	Community Health Learning Programme(SRTT)	1	223,609.00	"	Interest from Districts - CAH Project	28	5,312,213.19	
By	Programme Expenses	16	124,558.00	"	Community Health Initiatives Project (KZE)	10	347,200.00	
"	<b>EXPENSES - CPHE</b>			"	People Health Assembly III (Miserore)	15		2,500,000.00
"	Community and Health Policy Action	11	868,628.00	"	Community Health Teaching Program	2		
"	Accountability and Monitoring in Health Initiative (Foundation Open Society Institute -FOSI)	12	31,500.00	"	Community Health Learning Programme(SRTT)			
"	Promoting Public/Community Health in India (Sarathy Foundation)	6	5,668,605.00	To	<b>CONTRIBUTION TO CPHE PROJECTS</b>			
"	Community Health Environment Skill( GGF)	5	330,111.02	"	Community Health Research			2,000,000.00
"	<b>Community Health Research</b>			"	Community Health Fellowship Programme(SDIT)	6		
"	Community Health Fellowship Programme(S.D.T.T)	29	20,000.00	"	Social Justice in Health Research, Advocacy, Training & Action on realising Health Rights -(Ford Foundation)	13	3,605,794.00	
"	Depreciation	31	126,708.50	"	Simon Frazer University(Medical Tourism)	14	782,705.00	
"	Internal Audit Fees			"	Community and Health Policy Action			
"	Gratuity			"	Promoting Public/Community Health in India (Sarathy Foundation)	11	2,082,720.00	
By	<b>PROVISIONS</b>			"	Community Health Environment Skill( GGF)	12	31,500.00	
"	Depreciation			"	Accountability and Monitoring in Health Initiative (Foundation Open Society Institute - FOSI)	16	1,285,772.00	
"	Internal Audit Fees			"	Unpaid Gratuity		18,812.00	
"	Gratuity			"	Bank Interest on SB A/c's	23	160,849.00	
"	Excess of Income over Expenditure		4,516,563.67	"	Bank Interest on FD A/c's	24	461,778.00	
	<b>TOTAL</b>		<b>28,618,506.19</b>		<b>TOTAL</b>		<b>28,618,506.19</b>	

for Society for Community Health Awareness, Research and Action

*[Signature]*  
Vice President

*[Signature]*  
Treasurer

*[Signature]*  
Secretary



EXAMINED AND FOUND CORRECT  
Subject to my report of even date

*[Signature]*

G. S. RAVI KUMAR  
CHARTERED ACCOUNTANT

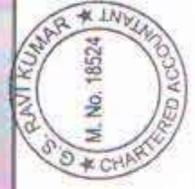


PLACE : BANGALORE  
DATE : 11.09.2013

**SOCIETY FOR COMMUNITY HEALTH AWARENESS RESEARCH AND ACTION, BANGALORE**  
**RECEIPTS AND PAYMENTS ACCOUNT FOR THE PERIOD FROM 01.04.2012 TO 31.03.2013**  
**CONSOLIDATED CONTRIBUTION ACCOUNT**

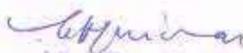
RECEIPTS		SCH DULE	AMOUNT ₹	AMOUNT ₹	PAYMENTS		SCHED ULE	AMOUNT ₹	AMOUNT ₹
To	OPENING BALANCE:				By	CHC/CPHE EXPENSES:			
	Cash on Hand	17		29,370.80		Program Expenses	1		223,809.00
	Cash at Bank - SBM	19		679,184.86		PROJECT EXPENSES - CHC			
	Fixed Deposits - Corpus Fund	21		506,150.00		Community and Health Policy Action	9	12,266.50	
	Fixed Deposits - Gratuity Fund	21		400,000.00		Advocacy for the Health Rights of the poor (Mavis Tree Grant)	10	4,318,280.50	
	Fixed Deposits	21		8,420,564.00		Community Health Initiatives Project (KZE)	15	347,200.00	
	Corpus Fund received during the year	26		10,000.00		People Health Assembly III (Miseroor)	3	8,280,109.50	
	INTEREST FROM BANK					Community Action for Health( CAH) - CEU,Chennai	4	9,844.00	12,967,700.50
	Fixed Deposits	24	461,778.00			Chennai Local			
	Saving Bank Account	23	160,849.00			Community Health Teaching Program	2		1,027,917.50
To	GENERAL CONTRIBUTION				By	Community Health Learning Programme( SRTT)			
	Contribution - CHC - Bangalore	25	19,931.00			PROJECT EXPENSES - CPHE			
	Contribution Others - CPHE	25	115,711.00			Community and Health Policy Action	11	868,628.00	
	Contribution - Sochiara Annexe	25	54,200.00			Promoting Public/Community Health in India (Sarathy Foundation)	16	124,558.00	
	Contribution - Chennai Local	25	1,650.00			Open Society Institute - FOSI)	12	31,500.00	1,024,886.00
	Membership Fees	27		500.00		Community Health Environment Skill( GGF)			
To	CONTRIBUTION TO PROJECTS - CHC:					Community Health Research	13	2,520,850.00	
	Community and Health Policy Action	10	5,312,213.20			Social Justice in Health Research, Advocacy, Training & Action on realising Health Rights -(Ford Foundation)	14	327,347.00	
	Community Health Initiatives Project (KZE)	15	347,200.00			Medical Tourism(Simon Frazer University)			2,848,197.00
	People Health Assembly III (Miseroor)	3	9,825,415.00			Community Health Teaching Program	6		5,668,605.00
	Community Action for Health( CAH) - CEU,Chennai	28	11,756.00			Community Health Fellowship Programme ( SDTT)	5		415,583.00
	Interest from Districts - CAH project	2	2,500,000.00			Fixed Assets			
	Community Health Learning Programme( SRTT)			17,996,584.20		ADVANCES:			
To	CONTRIBUTION TO PROJECTS - CPHE:				By	Program advances paid - local	7		105,000.00
	Community and Health Policy Action	11	2,082,720.00			Program advances paid - foreign	7		263,707.00
	Promoting Public/Community Health in India (Sarathy Foundation)	16	1,285,772.00			Program advances ( old) - local	7		10,491.13
	Accountability and Monitoring in Health Initiative (Foundation Open Society Institute -FOSI)	6	2,000,000.00			Program advances ( old) - foreign	7		27,937.96
	Community Health Teaching Program	7		3,968,492.00		Staff Advance paid - local	7		14,392.00
	Community Health Fellowship Programme( SDTT)	7		2,000,000.00		Staff Advance paid - local	7		20,000.00
	Community Health Research					CLOSING BALANCE:			
	Social Justice in Health Research, Advocacy, Training & Action on realising Health Rights -(Ford Foundation)	13	3,605,794.00		By	Cash on hand	18		31,586.80
	Medical Tourism(Simon Frazer University)	14	782,705.00			Cash at Bank	20		1,031,851.06
To	ADVANCES:					Fixed Deposits - Corpus Fund	22		506,150.00
	Program advances received - local	7		180,336.00		Fixed Deposits - Gratuity Fund	22		1,002,600.00
	Program advances received - foreign	7		230,795.00		Fixed Deposits	22		11,917,403.00
	Cash advances received from staff - foreign	7		7,800.00					
	Cash advances received from staff - local	7		37,593.00					
	Program advances ( old) - Foreign	7		27,937.96					
	Program advances ( old) - Local	7		10,491.13					
	TOTAL		39,107,416.95			TOTAL		39,107,416.95	

Examined & Found Correct  
 Subject to my report of even date  
  
**G. S. RAVI KUMAR**  
 CHARTERED ACCOUNTANT

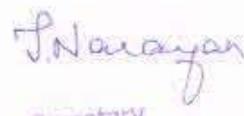


PLACE: BANGALORE  
 DATE: 11.09.2013

for Society for Community Health  
 Awareness, Research and Action

  
 Vice President

  
 Treasurer

  
 Secretary