

Report on Community health internship-Ameer Khan

March 23rd to September 22nd - 2004

Brief summary

One old Tamil poem goes like this, people don't have anything to feed them and they were not aware of the reasons, which are behind that.

*" kanchi kudipatarkilar
adan karanam evaithatn
enum arivumilar".*

The core reason why I jumped into social work field is based on the theme of this poem. To empower people through various means and to intervene in the determinants of development is the major objective of the development activists. Before I came to CHC I did not get a chance to work with determinants of the development and health. But when I got chance to work in the HIV/AIDS field, I thought I got a chance to empower the people through intervention and information. Over a period of time I realized that the methodology of the present interventions was not addressing the real problem of the people. They are not touching the root-cause of the problems. Moreover it was not bringing a real change. This realisation pushed me to move to Community Health Cell to do my fellowship in Community Health. The fellowship experience strengthened my views that health does not depend on medical care alone, but it was more dependant on the social, economic and political issues. Through various experiences like, orientation classes, field experiences and other programs, the right path has shown up before me.

On March 22nd, my fellowship journey started with Dr.C.M.Francis's session on health status of the country and ended with the last phase orientation classes. My fellowship journey carried over on four different roads,

- 🌐 ***Orientation classes / resource persons/ visiting the projects***
- 🌐 ***Exploring the life skill approaches***
- 🌐 ***NHRC –JSA public hearing and Koramangala public hearing***
- 🌐 ***Inter – state migrant study***

When I started my journey I was a project mode social worker and these roads showed me, lead me and took me through the process mode. In this report I tried to explain how I traveled in these roads, with gaining of great experience and knowledge.

Community Health Internship

1st phase-Orientation classes on community health

New windows were opened to me at the time of orientation classes. The topics covered in those classes were new topics to me. It speaks of various issues starting from community health field experiences to health policies. It gave me a great surprise that the word 'Health' is possessing various dimension. Before joining in the fellowship my understanding about health was doctor and disease. Orientation classes informed me that health is not medical care and treatment. It is just a part of that and it is much beyond that. Whether the class is about health status of India or drug policy, one thing was sure that it gave me great shock. The statistics, the hidden truths and misleading policies gave the mixed feelings of shock and anger. It triggers the thinking process with providing lot of information and history. I have to mention here, some of the sessions, like

- History of primary health initiatives
- Health status of India in the view of global status
- Influencing factors of health
- Disparities between poor and rich in the accessibility to health services
- Government commitment on health sector
- Policy initiatives
- Formulation of drug policy
- Dimension of health
- Domination and exploitation of private sector
- Teamwork
- Life skills
- Budgeting and financing

When it speaks about history of primary health initiatives like Bhore committee report it shows me the initiatives, which took place a few decades ago. It also gave me an understanding of the obstacles to achieve the dream till today. When the Indian health status was compared with the neighboring countries' status it hit me hard with the message of the Indians being betrayed by their own government.

When it speaks about the power of global and private forces in health sector I understood the reason for the poor health status that is not only because of government and also influenced by others.

All the sessions disseminate lot of information, messages data and many other things with the great intention to make me understanding the paradigm shift.

When the global forces are joined together and taking away health from the people's hand, the same kind of strong people's network is needed. The Peoples Health Movement emerged with the understanding of the above. When the concept and need of PHM is explained to us my view to work in the politics level is strengthened. It also explained us the importance of strategies adaptation according to the situation. The concept of the PHM and initiatives inspired me lot. It clearly shows the power of the movements and the need of the diversified personalities to intervene in the field of policy changes, which will bring a sustainable solution.

As in the all dimension the orientation classes were try to give the picture about health and health related issues. I have to mention here the commitment of the CHC personnel to explain those things to us with the Great Spirit and real intention. Without their real intension and guidance I cannot understand these issues in a right manner. At the end of the orientation session the community health fellowship workshop was arranged. In the workshop the issues were discussed under three topics,

- ✚ Globalisation and the Right to Health paradigm
- ✚ Community Health Financing
- ✚ Community Health Workers

Though above issues were discussed in the orientation classes here they were further discussed in a deep way here. Various personnel from different part of the country and from the different projects were showed the dimension of health. Since, I placed in CHC for my field placement throughout my fellowship the orientation was continuing on the issues further.

Preparation for the next phase of fellowship

Through the understanding, orientations and the personnel interest the objectives for the next phase (field placement) was derived. The objectives were formulated with the guidance of the mentors and the other CHC team members.

The objectives I set for my next phase are,

- *To develop knowledge, skills and attitude on life skills & on life skills training programs for organized and unorganized groups*
- *To study the health status of migrants from Tamil Nadu in Bangalore.*
- *To acquire knowledge on rural community health models and community health worker's training programs*
- *To understand the present health system and people's health status in the aftermath of globalisation and translating the selected articles.*

For all the objectives the strategies were planned. It was planned in such way that, all my interventions will carry through out my fellowship and end at the last phase of fellowship.

Initiatives against tobacco

Since I placed in CHC, I got a privilege to involve in the CHC's initiatives like tobacco apart from my objectives. One of the CHC team members Mr.Chandar led the initiatives against tobacco through Consortium For Tobacco Free Karnataka (CFTFK). He took me with him to all the programs and meetings, which is related to tobacco.

The CFTFK is the network consists on various organizations, who are interested in tobacco related issues. This year's World No Tobacco day theme is 'poverty and tobacco'. CFTFK was planned various programs in the light of the world no tobacco day. It arranges awareness program in the field level and the policy initiatives too.

Field experience

CFTFK arranged awareness program in many part of the Karnataka. I got opportunity to involve in three programs, which were held at

 **MICO, Naganathapura plant, for their employees**

 **At Majestic bus terminal**

 **At city Railway station**

This campaign gave me opportunity to meet different kind of groups (MICO group is the educated organized employees group, the other two program gave opportunity to meet general public from various back ground and age group). This experience clearly shows me the reach of tobacco and impact of tobacco according to the usergroup. It also explained me the impact of the tobacco company advertisements. It also provide me opportunity to read and know about the scientific and social information about the tobacco and the tobacco related issues.

Through the campaign CFTFK tried to intervene in the policy level changes. It gave me a strong message that the any issues should be tackled in the field as well as in advocacy level. Intervention in the both level will bring the real and sustainable solution. It approaches the issue in the demand and supply level and it shows me the right way to tackle the issues.

Experience with migrants

Introduction

Migration within states and inter states has become a widespread phenomenon today. According to the National commission on Rural Labour, in 1991 there were more than 4.5 million people become inter-state migrants. The figures were out dated. In the present context due to the various reasons the number has been raised as never before. As a consequence of widening disparities in economic opportunities (further fuelled by new economic policies), indebtedness and rising poverty, seasonal migration thus becomes a survival strategy of the rural poor. Lack of income and employment, land shortage and the environmental degradation, drought, debt, influence of market, denial of other vital resources like water and agricultural equipments throw them off the land and villages.

Before the study

I never knew things about migrants and figures before I started this study. Tiruvannamalai is one of the districts of Tamilnadu. When I have been there I saw many busses carrying the village people, of Tiruvannamalai and adjacent districts with their whole family to Bangalore. It happened every day. I spoke with them one day while coming back to Bangalore in the bus. I came to know that they are all villagers, who is going to Bangalore as a seasonal migrants. Many people brought their children who are in their school going age.

After that whenever I saw the Tiruvannamalai bus with migrant people I disturbed with lot of questions. The questions around my mind that time were what they are doing in Bangalore? Where they are staying? How they are running their life? with many other numerous questions. That time I want to know more about themselves whenever I got chance.

At that time of objectives formation for my field placement, I did not think that I will get opportunity to fulfill my desire. One day I shared about my thoughts about the migrants with Dr. Thelma and about my desire. She immediately said that, there is a possibility of doing that. It would be great opportunity to know the people and being with the people she added.

That is how my migrant study aspect becomes one of my fellowship objectives.

Brief note from the study experience

Thousands of people are living in Bangalore as inter-state migrants. There are many rights for the Inter-state migrants with the human touch. The constitution provides all the rights with the help of Inter-state migrant work men (Regulation of Employment and Conditions of Service) Act, 1979. But due to various exploitations by employers and the migrant's ignorance prevent them to enjoy those rights. Most of them are working here as a construction labours. In added to that Inter-state Migrants Act, the contract labour (Abolition and regulation) Act, 1970 also protect their rights. None of the benefits of the acts does not reach to them. Contractors and middle man (Popularly called as 'writers' by migrants) are sucking their energy and leaving them in the in human living conditions.

For instance, the normal daily wages for the labour in Bangalore is 100 rupees. Two years ago a contractor approach this migrant group (respondents of the study) and ask them to work for 80 rupees. They refused to work with him. One day he came with his men and torn all their plastic tents and gave them big trouble. These people could not raise their voice against the local contractor. The only thing they did was, they re build their tent with the great amount of stress and tear. Are the people who are responsible to implement the act is also responsible for this? Or the migrants paid the price against their ignorance? These are the questions which we have to find answer. However this is the real situation of the inter-state migrants.

What will give them relief? One day I told them like, you should boil the water and drink, the answer I got was, thanks for your advice, but we don't have water facility, though we drinking water facility, how ever we get water we don't have facility to boil it, how do you expect us to take boiled water? This answer gave me a strong understanding of migration's issue; this is a mixture of socio, economic and political issue. This issue should see from the all dimension. The solution should arrive from all sector of the people.

The level of poverty existing among them, the stress exist among them, the feeling of non – security, the extensive exploitation on them, the non social support system, the sudden change of life style and the discrimination by society towards them all keep them remaining into the

same status. The level of psychological trauma they are undergoing is very high,

For instance, A young boy told me, forget about other disturbance and struggle we are facing here, I could not take bath everyday. In my village we have wells and enormous water to take bath. I could not bear this thing at any cost. But what can I do? He continued...

Betrayed by own country

Migrants are continuously betrayed by their own people, own country and by their own rulers. In fact they don't have any high expectations and dreams other than to live a normal life. They are struggling to run their daily life. The major concern for them is that, we get work today? Do we get wages for that? They did not expect nothing more than that. They don't know any vocational skill because they are all farmers but they are expert on their field. They are great agricultural scientists. They are all led a peaceful life at their village Suddenly picture has been changed and now they have to depend on their muscle power. They don't have even a fist of soil in this country of their own. But the huge buildings are constructed by them. All the development of the city is depend on their muscle power rather than their skills. They are the pillars of the human development. But they are not certainly developed.

Neo Slavery

Certainly we can call it as a system failure? The neo – slavery group created by this country, and through the continuous effort it is carefully protect this slavery group. This problem is sought to be checked through a multi dimensional course of action may be through rural development, provision of improved infrastructure facilities, equitable dispersal of resource to remove regional disparities, employment generation, land reforms, increased literacy, financial assistance etc. other wise we will be blamed by the history as '**Neo – Slavery creators**'.

A PARTICIPATRY STUDY WITH TAMILNADU MIGRANTS IN BANGALORE

Introduction

1. Swarnajayanthi Gram Swarojgar Yojana
2. Pradhanmanthri Gram Sadak Yojana
3. Sampoorna Gramik Rojgar Yojana
4. Janshree Bima Yojana (Insurance)
5. Employment Assurance scheme

Don't be panic; we have numerous Yojanas, especially for the up liftment of the 'Rural poor'. Apart from the economic and social development objectives of these Yojanas are prevent the people from migration from rural to urban areas. But the picture is totally different. In spite of all the Yojanas, according to the 1991 census 226 million persons have changed their place of residence within the country and out of this, 17.3 million or 8.8%, have left their state for work. No needs to specify that majority of them are rural people, who migrated to the urban area for their daily earning.

What made them to migrate from their origin, to leave their assets, to leave their beloved once, to suffer in the new place? These are the questions, which fly around my mind and lead me to relate with the one of the migrants group in Bangalore.

Among the migrants the inter state migrants are suffer more than the people who migrates within their own states, in terms of new language, lack of social support and political bias. These all are the factors increases the pain of the migration for inter- state migrants. To know the dimension of migration a place in Bangalore (In Koramangala IVth block) was chosen, where a group of migrants from Tiruvannamalai, Vellore and Dharmapuri districts of Tamilnadu people are living. Through this study valuable experiences gathered about the migrants were not gained through any form of study.

The methodology adopted to gain experience is to be with the people as a participatory method. Apart from the every evening whenever time permits to meet them I went to their settlement and being with them. To make it in a scientific way a set of open ended questionnaire (or checklist) of information to be collected were prepared with objectives. The study has been carried through those questions.

OBJECTIVES

General Objective

To understand the status of migrants from Tamil Nadu to Bangalore and the dynamics of migration.

Specific Objectives

1. To know the Causes for the migration.
2. To know the Social, Economic, Cultural and Political problems of Migrants after migration.
3. To know the migrant's health problems and accessibility of health care facilities before and after migration.
4. To know the life style of the migrants before and after migration.

Definition

Migrant

The migrant is a male or female or family, who relocates his/her/their living place on a permanent or temporary basis.

Temporary – workers who come for employment for short duration but return repeatedly in search of work, e.g. in construction work.

Methodology of the study

This study is planned to conduct through one of the informal social research methods, which is group discussion. Through the help of the check list, the discussions were initiated. The new topics were opened through open ended questions. The responses from the group were collected for those questions. Apart from the group discussion some times individual discussions were also carried out. The first two months were utilised to develop rapport with them through meeting them very often. After that every time small group has formed and issues were discussed. As a part of the study I visited some of their native place (Javadhi hills in Tiruvannamalai) and observed their life style from the other end too.

About the respondents & residing place

The migrants, who are respondents residing in the Koramangala IV block. All are from different parts of TamilNadu and tamil speaking people. Since they found free space they put their huts there. Due to diversity of the group I have chosen this group for this study.

These migrants are residing in the 80 feet road of Bangalore. Near to Koramangala 4th block. There is an empty ground on the side of the road; they put up their huts in this open ground. Their entire home is made up of plastic sheets. Nearly 25 houses are put up in this place. The people residing here are coming from three districts of Tamil nadu, which are Tiruvannamalai, Dharmapuri and Vellore districts. In one hut nearly five to six people are staying. Any new people can also come and put their hut in the empty place. The phenomenon here is suddenly two to three huts will disappears and new huts will come.

The settlement is sited on the back of the big drainage canal, which passes through koramangala. The koramangala sewage water is connected with this main canal, which is very near to this settlement. Some of the nearest shops and apartments sewage water pipes are not properly connected to the drainage canal. So, all the sewage water will be stagnated in the adjacent open place of this settlement. All the time the place is stinking with bad smell. This settlement is little lower than the road. So, whenever rain comes all the rain water will pass through their huts. There is no private place to take bath; there are no sanitation and toilet facilities. There is no public water tap near to this settlement. For water they have to depend on the adjacent buildings security personnel. There is no power facility in their huts.

Most of the migrants are belongs to the age group of 20- 40 years. There are old people also; three of them are in their late 50 years. Majority of them are men. Few women were also there. However the women population was not exceeded more than 15 at any given point of time. All of them were from the poor economic rung of the society. All the people are belongs to Hindu religion and from the scheduled caste and scheduled tribe community. There is no single person from backward community, most backward community and other castes. Half of them were married, among the married people many of them left their family in the villages and living alone here. Some times few people brought their

families also. Half of them are bachelors. Most of them are literate, but all of them except one man did not passed out middle school. Only one man passed out 10th standard.

Objective: To know the causes for the migration

Place of origin / last living place in TamilNadu before migration:

All the migrants were come from the villages of the three districts of Tamil Nadu. Among the three districts most of the migrants are from the Tiruvannamalai and Dharmapuri districts. These two districts are among the declared drought prone districts of Tamil Nadu. People are come from all taluks of these districts, which is given below.

District name	Taluks
Dharmapuri	Dharmapuri, Harur, Palacode, pennagaram
Tiruvannamalai	Tiruvannamalai, Polur, Chenkam
Vellore	Vaniyambadi and Tirupattur

The Dharmapuri district literacy rate is 59.23 %, where as the state average is 73.47%. More than 70% of the people are depend on the agricultural related works. The population density of the district is 294 per sq. km. where as the state average population density is 478 per sq. km.

The TamilNadu government official website shows that the number of non workers in the Tiruvannamalai district are 11,60,343 (In 2002), which is more than 50% of the district population. More than 75% of the districts people are depend on the agriculture. The district literacy rate is below 49%.

These people are coming under the category of seasonal migrants. Many these migrants are new to Bangalore. However, the old migrant whom I met, were migrated 4 years ago. All the others are migrated only in the last 4 years.

Reasons for migration

Through the discussion about the reason for migration people shared their own experiences about migration. There are many reasons for the migration. The major causes are like, devastation of employment; a rise in debt and the impact of the collapse of agriculture in the last decade

make the problem acute. These all are the major factors that pushed many of them into the migration pattern. There are many other factors also like lack of income in their villages, push them to find more money. The lack of income factor has been influenced by many factors, like markets, consumerism and motivated by economic factors such as income differentials.

For instance, the group who migrated from Javadhi hills of Tiruvannamali district to here are the first generation migrants. They are all tribes. Until quite recently as like other tribes group they were comfortable with their income and agricultural products. When they know there is a way to get more income they were migrated to Bangalore, Kodugu of Karnataka and Chennai. When they see the difference of life style in the plain with more income, they also want to be getting more income. Since, there village is not providing much income as they can get in Bangalore, they shifted their residence to Bangalore. Here they are getting employment almost all the days. But in nearest towns of their native they would not get employment consistently. So, they moved to Bangalore. At that time of cultivation they used to go back to their villages.

The failure of rainfall in the recent years made many people of the Dharmapuri districts to search job in the cities. All of them before they migrate depended on the agriculture as daily coolies. When the drought hit them hardly they moved to the cities. They borrowed money from the money lenders in their village. They did not get work also. So, they moved to the cities, work here and repay the loans. Two people migrated from Palacode taluk to Bangalore as families. Both the families got small children. One lady is in her 9th month pregnancy. She is staying with her husband without getting any ante natal care and any treatment for that matter.

Dhramapuri district got few industries and sugar mills, so they can go as contract labours. But in Tiruvannamalai district 75% people are depends on agriculture. As we saw before the official documents of Tamilnadu government shows that 50% of people are not employed in any sector. So, the lack of employment pushes them into city as migrants. There is no successful either irrigations projects or employment scheme from the government and as an ultimate thousands of people become as migrants. At that same time towns and cities can absorb fewer of them. There is much less work in the cities too. So the pressure on the migrants become more, which make them to go in for more and more short-term work as seasonal migrants.

Cope with the decision of migration

When I asked this question every body laughed and replied, “who wants to migrate?, who wants to leave the beloved family? It is all imposed on us. We are very hard working people. If you will be here in the morning you can see that the contractor will come and pick us from here, they can get other workers from this city, but they wanted us because of our hard work. But what to do! Who cares us in our villages? Who will give employment there? We are poor and in debt. We need money and employment. So, we keep aside everything include our comfortable living and pleasure. The feelings increases our pain definitely, but we need to bear that and over come. Some of our old family members opposed it. Not exactly opposed but they are not happy about the migration. Actually many of the family members supported because of the need”.

The only support they have here is the peers and other migrants. Since they are all going to the same place for work and staying together they are depend on each other for the psychological support. They choose Bangalore because of some of their friends and neighbours are in Bangalore, so, they choose Bangalore and also it is close to their villages than Chennai in distance.

Most of the migrants who are alone here, used to go to their villages to see their family members once in two months. If they go to their native they will spend one week with their families and then come back to Bangalore.

Restructure of life

Most of them says that migration is restructured their life, migration leads them to make many small and big adjustments. They need to change their behaviour also according to the new situation and environment. Changing behaviour suddenly and making adjustment is not easy thing. We have to see the adjustment they did in this context.

For instance, most of the migrants are male migrants. They are all from villages and they never took domestic responsibilities at their home. Here they have to do their domestic responsibilities like cooking. They have not the facilities to protect themselves from the cold in the winter season, rain and the sunlight. In spite of that cold they used to get up at 5 am in the morning to go for work. Before they go to work they have prepare their food for break fast and lunch. They don't have money to buy warm clothes to protect themselves from the cold. When the rain comes they have take all their belongings and search the nearest apartment's sheds to protect them selves.

Though hard work is not new to them, the working hours and the kind of work they are getting need more energy. But the food they are taking is not nutritious enough to provide calories to them. They will easily tired at the end of the day and they will not get time to leisure them selves and sharing with others.

More over the place where they are staying is not a conducive place to live. Comparing to the place of residence in village this place is not suitable habitat. But they have to tolerate all these things and adjust themselves to earn money for their living.

Commitments to the families

Most of them are married men and having their own family they have to support their families. They are the breadwinners of their family. Most of them are landless coolie labours. They don't have any other asset on their own. They don't learn any special skills like tailoring and mechanical skills. They depend on the lands. In recent years they are not getting enough income and employment from the land and they depend on their physical strength. Now the physical strength is their only capital and through that they are earning and supporting their families.

Membership in association

None of them were member in any organisation including trade organisation like agricultures sanga and in any other unions. Some of them have been the members of political parties before migration. After they come here none of them are member of any organisation. Though they are working here for more than three years and with the same contractor and involving in the construction work they never know the construction labours association. Because of this they never know the rights of the Inter-state migrants. The constitution of India providing lot of rights to the Inter state migrants through Inter – State migrants work men's Act -1979.

Feeling of lose

There is a strong feeling of losing of their native, relations, friends, festivals and funs. For instance, the pregnant lady migrant said, 'If I would have been in my native I will be looked after my mother. No body is here to even talking me with concern'. In Tamil Hindus tradition the pregnant women will taken care by her parents. It involves lot of sentiment values and pride. But she could not enjoy anything; moreover the stress of losing all those things increases the pain. For this group there is no social support system, which will provide some coping environment.

Improvement in economic status

Invariably all the family men says that there is no improvement economically, but the bachelors says that there is an improvement. The group who says that they are economically improved are spent their

earnings on purchase the consumer goods like television and video cassette player.

When I visited to their native villages I have seen the domination of electronic gadgets in their home

Income and debts

For these migrants, the daily coolie is hundred rupees for men and sixty rupees for women. There is no income hike since last 4 years. They are working under the same contractor from the beginning. Even 4years ago they got the same amount as daily wages. Today also they are getting the same amount as wages.

The Inter-state work men's Act,1979 says that , **the act is applies to every establishment in which five or more inter-state migrant workmen are employed on any day of the preceding twelve months and to every contractor who employs or who employed five or more inter-state migrant workmen (whether or not in addition to other workmen) on any day of the preceding twelve months. The act has also provision for issue of pass book to every inter-state migrant workmen with full details, payment of displacement allowance equivalent to 50% of monthly wages or Rs.75/- whichever is higher, payment of journey allowance including payment of wages during the period of journey, suitable residential accommodation, medical facilities and protective clothing, payment of wages, equal pay for equal work irrespective of sex, etc.**

They never enjoy such benefits, which are mentioned in the act. They never aware about the act, which is to protect and provide them facilities.

Though there is an act, the proceedings are not done according to the act in the Inter state migrants case. According to the act the labour officer should meet them and record their names. To ensure that the facilities are reaching to the migrants according to the act is also his responsibility. But none of the labour officers came and approach them in these last 4 years. Ultimately people are denial of their right to information, right to get basic needs, right to facilities like medical and other things. They never got any money as bonus in these last four years.

No body have debts here.

Money management

Through out the month they are able to get employment in Bangalore through the contractor. A male can earn up to the maximum of 600 rupees per week (In the basis of 100 rupees per day). The female migrant can earn up to the maximum of 360 rupees per week (in the basis of 60

rupees per day). In that 600 rupees they are earning in one week on average they are spending 275 rupees per week.

The average break up is

Spending on food (per week) -Rs. 200

Spending on rent -----

Spending on cloth -----

Spending on recreation -Rs.25

Spending on cigarette and alcohol (if they have the habit) –Rs.50

All these migrants are sending the rest of the amount to their families. Everybody is following this commitment strictly.

Lack of kannada knowledge

All of them are not familiar with Kannada language. As per them, they are managing in this city with their Tamil language without any trouble. They added, in one area they are affected by the lack of language ability. Usually they are getting job through middlemen, most of the time he is a Tamil man, who knows Kannada very well. When these people have to work for extra hours, they will get money for those periods. But this wages is not given in a regular scale. This over time payment is depends on the negotiation with the contractor and owners. Since these labours are not familiar with the language, the middle man has to negotiate and give. Here the lack of transparent and bias come into the picture and affect their earning.

When I asked them, 'why don't you ask the middle man with courage and talk directly with contractor?' they said how could we talk with them and we don't have that much assertiveness to ask the wages for the extra hours.

Exploitation / discrimination

When this topic was discussed every body says that, they are not exploited or discriminated by anybody in any form. The women were also said the same. After I insisting the wage difference between the male and female the answer was same. Everywhere, this is the custom so nothing wrong in the contractor part she justified the discrimination.

The inter state migrants workmen's Act –1979 says that '**Equal pay for equal work irrespective of sex, etc.**' Act insist on the equal payment, but the worker does not know the act. After I said to that women about, what act is insisting, I asked can you go tomorrow and asked the equal salary, they immediately denied the possibility of asking.

The migrants were added that, the contractor is more concern on them. They supported their feelings with few instances. The contractor gave two mobile phones to this group (two reliance mobile, they are not aware whether the payment has paid or not to this mobile). After some days he took back those mobiles. Whenever they have to work on Sundays he used to give 500 to 600 rupees apart from the wages for the whole group. Whenever he get any messages from their native he sincerely convey the message to them these all are the reasons they said that they are looked after very well by the contractor and there is no question of exploitation. They never felt that their wages is not raised from the last 4 years. They have many rights, which is denied by the contractor. They blamed them selves and conclude that, since they are not regular the contractor cannot raise the wages.

One old man, who is in his early 60s, is staying with his wife. Both of them went for work to one mason in the koramangala area. They were worked for 10 days and get paid only for six days. They asked many times to him, but still they did not get their wages. They said they are helpless and the money was lost. There is no support, sanga and people to claim for their right.

Due to the non availability of the drinking water they have to depend the nearest building, which is under construction. Some of them are going for work in this building, since they are getting water from that building they have to adjust their working time and in other things also. For instance, one night the cement load came to this building and the supervisor of that building came and approach to them to unload the cement bags. He is ready to pay for that, but they were asking more money. In spite of their hard working through out the day they are agreed to unload the bags. The supervisor did not agree for that wages and says we were helping you in many ways, like giving water and everything but you people are not cooperating. Finally they went to unload the bags with the wages, which he offered.

The act says that provision of amenities like suitable residential accommodation, adequate medical facilities, protective clothing to suit varying climatic conditions and suitable conditions of working. The act also provides for inspection, deterrent punishment and raising of industrial disputes by the migrant workmen.

But here, the contractor suck all the energy of the workers and making enormous money without providing single facilities, which mentioned in the act. But people never know that they are exploited by the contractor.

Objective - To know the migrant's health problems and accessibility of health care facilities before and after migration

Most of them did not fall in ill after they migrated to Bangalore. Many of them maintain their health. Only one man got chronic severe abdominal pain before he migrates and he was under treatment. He took treatment for his illness in Tamilnadu. After he migrated he is continuing the treatment. Apart from this if they get any common illness they used to approach the private drug store and take medicines from them. But they never go to the hospital immediately. One old man went to the nearest private practitioner of their settlement for his high fever treatment and he spent rupees 150 for that. After that he is not going to that doctor and to any hospital for that matter. Most of them will go back to their native if they get even small illness.

Mental health

As I mentioned earlier, the psychological disturbance in many ways is continuing with them. Especially the new migrants are disturbed heavily. To adjust to this environment, coping with loss, bathing, washing clothes, drinking water, and problems from the adjacent building people is terribly disturbing them.

Health system

None of them know which the nearest public health centre is. They never went to the government hospital in Bangalore for any illness. For instance, a nine month pregnant lady did not know the maternity home and the treatment available for the pregnant women. So, she has not undergone any Antenatal checkups. Some of them have heard about HIV/AIDS, but they don't know much about the disease. Especially they don't know how it spreads.

Occupational Health

The present group did not meet with any major accidents during work; they were not given any safety material while at work. Nobody could able to say that they developed any particular ache and health problem after migration. In one evening one man returned from his work with bandage in his head, he was injured while working and he was taken to the hospital by the contractor and given treatment.

Not aware of the health rights

The migrant is not aware of their health rights too. According the act, the migrant workers are entitled to the following medical facilities:

Free treatment for any ailment or injury a migrant worker or her / his family members may suffer during the period of employment that does not require hospitalisation.

Payment for any medicine purchased by the migrant worker, on the basis of a prescription of a doctor provided by the contractor or principal employer or any other registered doctor. This payment must be made within 7 days of the migrant worker giving the bill.

It also provides that, arranging for and bearing the cost of hospitalisation when required by a migrant worker or her family member, during term of employment. This includes paying for the expenses on treatment, hospital charges, including food and travel expenses of the patient from the place of residence to the hospital and back.

The migrant was not aware of all these rights. For instance, one migrant named Kumar suffered from fever and he could not go for work. He doesn't have money to go to the hospital. He stayed back in the tent for more than three days without taking treatment.

To know the life style of the migrants before and after migration

One working day

Their working hours normally start at 7am in the morning. Before that they have to prepare their food and they should be ready for work and wait for the contractor. They will come back to their settlements at 7 pm in the evening, they will prepare their dinner and after they took they will go to sleep immediately. There is no time for leisure and sharing with others.

Influence of money and city life

In their words, there is no influence because of money. All the money is used for the livelihood and to re pay the loan. So, there is no much use in their earnings. When the developments of the city were come to the discussion every body says that, "These developments are not for us, We are not enjoying any benefits through this development". They added that, since the city is increasing we are getting job, nothing else we are getting".

Tobacco & Alcohol

Most of them are not consuming alcohol. Very few people are consuming alcohol on Sundays, which day is holiday for them. The people who are consuming alcohol were consuming alcohol in their village also. But most of the bachelors after they came here they started of using tobacco. For many days they did not reveal this, then almost at the end they revealed that they developed smoking habit after they came here.

Key findings

Through the experience with the migrants I got an understanding that migration is not a single shot event. It is a process, which influenced by many factors and policies. Some of the other under standings is,

- The decision to migrate is taken by an individual
- Migrants are either 'pushed out' by economic and social deprivation or 'pulled into' the attraction of better earnings and social life.
- Migration is essentially motivated by economic factors such as income differentials.

Apart from the suggestions and observation, which I mentioned in each topic, some more common understanding through the study I got were given above.

Conclusion

There are many factors have forced many rural workers to migrate in search of jobs. Special problems of this category of people have been recognized at that time of sixth five year plan it self. To regulate the employment and conditions of service of such workers and to provide them certain welfare amenities, the inter-state migrant workmen act, 1979 has been enacted.

At that time of 6th five year plan certain steps were taken to implement of this act effectively. It suggested few major things,

1. **Set up of migrant labour board** – A statutory body to be set up with representation from the three main concerned ministries (namely, Labour, Social Welfare, and Works and Housing). The board would not be merely advisory but should have executive powers to enforce its decisions.
2. **Migrant labour cell** - The board should have a team of specialized social workers, in each state, to constitute a migrant Labour cell. The duties of this cell should be to keep in touch with all migrant labour, to provide them access to normal facilities and civic amenities, to act as an employment information bureau.
3. The board should fund crèches, non formal education centers and other specialized services would be provided by competent agencies, with adequate trained staff.

But those suggestions are yet to implement.

Is the act is in practice, let's go for a walk to this settlement on one rain day, to ensure whether the act is in practice or not,

The people were working for more than ten hours; put all their physical strength in their work without taking nutritious food. They are coming back at 7p.m in the evening with enormous tired and hungry. As soon as they reached the tent they start to prepare food for their dinner. Due to the rain in the day the fire woods were got wet. They are trying to ignite the firewood and succeed after long attempt. Slowly drizzling was started again. The food is in a half – cooked form. Suddenly rain starts heavily. The fire wood got wet and flames were gone. One man was carrying the vessels with food, the other man carrying the choola and kept that inside the tent. Again the process of igniting the firewood started. People are got worried about the quality of the food. Finally after a long struggle food was prepared. By the time the rain water starts to come inside their tent. Now, they cannot stay back in their tent. Their vessels and tent is slowly started to store the rain water. They are in a great hungry. Children

are crying of hungry. They can not sit and take their food, while standing they filled their stomach with the half cooked food. Now they are taking their small vessels, small kids, old men and searching the place to stay to prevent them from rain. They found a small place for whole 200 people. They were sitting the whole night, they are not getting place to sleep. They are waiting to the rain stops and the rising of the sun, which bring the ray of great future to them.

Visit to Javadhi hills

Young paddy field is dancing along with breeze. Breeze is hauling the fragrance of bamboo with it. The place is surrounded with music from

stream. I landed in a beautiful, green and non-polluted village called MaleSalamudi. This is one of the villages in Javadhi hill. Javadhi hill is one among the hills in Tamil Nadu, situated in Tiruvannamalai district. It is known for its heritage of sandal trees. (There is no even single tree available in the whole hill). It consists of nearly 70, 000 tribal who are the real owners of Javadhi hill.

The factual owners of Javadhi hills were tribal, who called them selves as Gowndas and Dalits. In order to earn money they forced to come down to plains. They found few cities witch is comfortable to them like Bangalore, Kodugu in karnatka, Chennai, Hosur and other cities. Urban Bangalore in one of their favourite city in terms of employment, climate and distance form their native villages. So, hundreds of tribal come down and put plastic tends in the empty grounds of Bangalore as families and individuals and living. I am able to meet, interact and get to know them for the migrant study. As I utilize my time to these purposes I invited by the group to their Krithikai festival the famous festival, which is celebrated in the name of lord Muruga in all over Tamilnadu. I decided to use this opportunity to visit their villages, meet the tribal and participate in the ceremony for cultural transect.

As per the plan on 9th August 2004 I visited to Javadhi hills stayed in one of the villages, met and interact with the people, visited to an NGO and Javadhi hills Primary Health Center, which is in Jamuna marathur, the biggest village in that hill. The whole hill area is covered under Jamuna marathur Panchayat. To reach Jamuna marathur we have to travel 30 Kilometers from either Vaniyambadi or Tiruppattur. After two and half hours travel with exciting site seeing from anyone of the above places we will reach Jamuna marathur. Jamuna marathur is the starting point to enter into the original tribal settlements. The place is created and filled with people who came from plains. So, obviously it is situated in the peripheral of the Javadhi hills. All the government offices, Primary health center, forest offices, NGO's offices, market and shops are located in Jamuna marathur. So, for whole tribal villages this becomes the point to catch the transport services to reaches plain. Most of the villages exist after this point, where the buses and other transport facilities could not reach.

In Jamuna marathur two boys (Anbu & Sakthi) were waiting for me and we traveled about 15 Kilometers in the private mini bus (there is no Government buses after the Jamuna marathur) to reach vilamutchi, which is the last bus stop. This bus will come to this village at morning and evening.

From vilamutchi, we climb up to about three kilometers to reach Malesalamudi, the village where I stayed. (While climbing the villagers showed me at one point, which is the last point my eyes can see, and told me there also people living. To reach those village people have to walk more than 7 hours from vilamutchi.

At Salamudi

People & Life style

As soon as I entered into Male salamudi I sat under the tree and took deep breaths. 55 families are living in the salamaudi settlement. Except three tiled houses all are thatched houses. All the people are belongs to the Gownda community which coming under the scheduled caste category. There are lot of youths, most of them married almost all the male member and one part of the female members were come down to plains and lived at least one time in their life as seasonal migrants for earning money. But this was happened in very last few years. The average family size is 4 and the average marriage age for male is 20 and for female is 17. The village has its own crave yard, they buried the body, which shows that, they are one among the original owners of this land.

There is no income generation activity. Till today they are keeping all their field products for their own use. They are not selling anything, which they are getting from their land. But they have to buy everything from outside of their village, except very few things. All the families have their own dry lands. There is no irrigation facility. For their cultivation they have to depend on the rain, so the crop pattern is also according to this fact. The Common crops are samai, which is a kind of paddy and maze. Most of them are having cattle, sheep and pigs. But this community people would not eat beef.

Life style

All the family members are sharing their jobs equally on the fields. Male members go to the fields in early morning and stays up to the evening. All the family members, who are available, will go to the field and doing work. In the evening after return from the field most of the youths are watching films. In two houses television and video cassette player are available. In one year 8-9 months they will be in plains and the rest of the three months they will be in their villages. While they parents are in plains any one of the family member will look after their children. In the entire festival and ceremonies whole village will attend that.

The first day of staying in that village went without electricity. Whole night there was no power. But no body felt handicapped with out power.

Infra structure & Government Institutions

The village is protected with fends. There is no any concrete building except the school building. Streets are very widening streets. All the houses are connected with each other through common walls. All the houses have a small resting place in front of the house. There is not toilet in any house. All the fields have small huts.

Govt. Institutions

There is a govt. primary school with boarding facility. There is a building for class rooms and hostel too. But from last one year school is not functioning, due to non availability of the teacher, the villagers don't know the reason behind that. The building is now utilized by Sankar, the young man from the village using that building for his own purpose.

Government has provided a recreation room to that village with television set. They can access doordharshan channel in that village. Now this television is in sankar's house. People are watching television in his house. Just behind this room there is a big concrete floor for drying paddy. Women's welfare department of Tamilnadu through Block Development Officer formed two female self help groups. A small room is built and given to them. There is one male self help group also formed by the block development officer. This village has a common well which is protected with walls but the well is open. The well contains the pumping water facility to the over head tank. There are common water taps.

Gender equality

Through dialogue with the people I able to understand that in some area, gender equality is maintaining, like choosing partners, taking small decisions at home, relating with other members of the community, food, and sharing work. In added to that there are not much symptoms of male chauvinism and much dependency on males.

The one incident, which impressed me, was, the 104 years old lady, who is still alive was the leader of this village at her younger age.

Money matters

Javadhi hill is known for its heritage of sandal wood trees. This people never know the values of the sandal wood. Six to seven years ago the people from plain came and buy those trees in a very cheap rate. From then, the tribes slowly realized the value of the sandal wood. This period is the first period for them to see the hundreds of money together. From there money really become a important thing in their life. Now there is no single sandalwood free in this whole hill. Through this business many of the tribes saved some money and start to change their life style according to that. Now, even all the forest product becomes costlier and they have to

buy from the villagers. For instance, the grass which they used to build their huts is easily available in the forest and they took that at free of cost whenever they need. But now a day they have to buy even this grass from the adjacent villages of those grass fields. So, they are in a real need of money. Many of them coming out their village and working in the plains as seasonal migrant workers to earn money.

Health care facility

People were told me that, once in a month the village health nurse will come to their village and do the ANC check up. I saw in one home the iron and folic acid tablets were there. People also told me that, if the VHN see some of them in Jamuna marathur she will give the tablets to them for the patients.

In vilamutchi, which is the last bus stop for hills, there is a small govt. room for the health services. Once in a week the health officials will come to this point and stays in their vehicle (they never open the room and waited for the patients). They will give treatment who every approach them. In this place a man, who come from Tirupattur have a clinic (Palani clinic). He is non qualified practitioner. The medicines which he has in his clinic were allopathic medicines. When I met him and discussed about his visits to village, he told me that, he has a clinic in Jamuna marathur in the evening. In the day time he will be in this village for develop rapport with the people. Either in his prescription pad or in the name board his name is not mentioned. He was telling me that he is treating many patients who is having STIs., when I talk with him little more about this issue I found that he have lot of myths and misconceptions about STD, HIV/AIDS. He is spreading he same myths and misconceptions to the tribes.

Kiruthikai ceremony

In Jamuna marathur there is a lord muruga's temple. Once in a year at that time of kiruthikai (a month in Tamil calender's year), the whole tribal and the plain people will celebrate this festival. One of the objectives of this visit for me is to attend in this ceremony. Still the temple is owned by the tribals and the priest (Poozari) is also from the same community. 90% of the tribes' marriages are decided by the groom and bride. Since all the tribals are gathered every year for this festival some of the recent marriages are fixed in the previous year's festivals. At that time of festival, the road is full of with stalls, fun games and hotels. There are some gambling games also going on. in all the gambling games there are five to six school boys with uniform and one or two villagers.

In the late evening there is a cine light music and dance program. The group was brought from Chennai. There is no any traditional tribal cultural event. In these types of festival just few years ago they had street plays

(Popularly called as 'Koothu'). But in recent years they have only cine light music program. This year they added the dance program with music. In one corner of the temple people are shaving their heads. It is one of the customs in this festival. The barber is very busy with his business and doing his job even without changing the blade. The reason to mention this here is there is an NGO called Santhosi Socail Service organization, which is tie up with Tamil Nadu State AIDS control Society for working with tribals on HIV/AIDS issues. This is a golden opportunity for that NHO to meet all the tribals and talk about the issue. There is no either a campaign booth or staff available in that area.

Jamuna marathur PHC

The PHC for this whole hill area is in Jamuna marathur. Dr. Ram Manohar is the in charge of this PHC. I entered into the hospital in the afternoon and many staffs were available at that time. The doctor was patiently explained me the services available in the PHC.

This PHC has 7 sub centers. Each sub centers have one VHN and male health inspector. But the vacant posts of male inspector were not filled for many years. Each sub center has to cover about 3000 population. PHC is functioning in a huge government owned building. The center has 3 ambulances, telephone and staff quarters. This PHC have a ophthalmologist, orthopedic, one general physician and other supportive technical and non technical staff.

Malesalamudi village is coming under kalyanamonthai sub center, which is 6 kilo meters far away. Major responsibilities given to the VHN is ANC work. These VHN has trained in the areas of Fever Depot Treatment (FDT), identifying leprosy cases, TB and HIV / AIDS patients. The PHC is working in four core areas, they are,

1. National leprosy eradication program
2. National TB, HIV/AIDS control program
3. RCH
4. General services

Under the Rastriya Svam Vikas Yojana, 27 young villagers were selected from both the gender as volunteers. They are getting 500 rupees as honorarium.

Though the PHC is having ambulance, telephone and other facilities to provide better services to the tribes, the tribes cannot easily reach the PHC. It is located in Jamunamarathur, some villages of the hills is located 30 kilometer far away from the PHC. None of the villages have telephone facility to access the PHC facilities.

Observation and conclusion

Through the visit, interact with people and participation I observed that there are many changes occur in the villages.

The people are moving from the batter economy to cash economy. Everybody is doing a great attempt to earn money. So, 80% of the people come down to plain areas in recent years for earning.

The concept of community is slowly diminishing and the concept of individualism has started, so, decision making power also become centralized with the hands of few people. The adults, studied higher education having rapport with politicians and Government officials. They are taking decisions for the whole village to favors of their personal interest and dominating them.

From worshipping the female god to male god is one of the changes I observed. This may be because of the plain people influence. In Dravidian tradition there is no male god concept. Worshipping and celebration in the name of god shows the process of changes in their culture.

The gender equality is slowly vanishing and the male dominated society is coming up.

P.S. The monogram of the Javadhi hills is enclosed

Life skills approach experience

Life skills are 'living skills' or abilities for adaptive & positive behavior that enable individuals to deal effectively with demands and challenges of every day life - WHO,1997.

At that time of my first phase of fellowship (the orientation classes), the life skills approach was also introduced to me. Through the orientation of real life skill sessions experience, and the success of the methodology I understood that this approach can be very useful to discover one's potential. Through identifying the potential one can build himself/herself as a dynamic personality over the period. In health point of view this approach can be better approach to promote healthy behaviour among the individual. After experiencing the failure of the approaches to bring behaviour change among the people in HIV/AIDS field I decided to explore more about life skills in my fellowship term.

How it formulated

To get the diverse experience in the life skill approach model the two different kinds of groups were selected. One group is REDS (Rag pickers Education and Development Scheme) skill training center boys. This training centre is running in the village called Deepahalli. They boys who are getting training here are street boys. Before they came here they were living on the streets and involving in the rag picking job. They are the most vulnerable young people for all sorts of addiction and tough boys. Along with these group the drop out adolescence boys from Bangalore slums. They will stay and get training on 3 vocational skills. (Carpentry, Fabrication and Tailoring). They are giving the boarding and lodging to the boys who are all admitted in the center.

In a course of days they felt that vocational training alone would not enough to help the boys for their development and they wanted to give life skills education also to their boys, which is very much needed for improve one's psychological competence. It also helps to develop positive attitude towards one's own life and in relating with others. Those skills will lead them towards the healthy living in this society in the present context of the world. In this motivation first the orientation was given about the life skills and collects the expectations of the group for the sessions. As per that the activity plan is prepared. In this group the members are from the age of 14 to 18.

The second group is formed through AVAS organisation. This group is living in the Shasthiri nagar of Koramangala slum. This group is a mixed group of boys and girls. All are from poor socio economic background families and studying in different schools. In this group the members are from the age of 12 to 15. This group is a literate group. They are under going in formal educational training.

It is purposively selected of two different kinds of groups to get different experience.

Goal

To stimulate the young boys and girls to become a potential individual , psychological capable person to respond to the inner and outer feelings and through choosing healthy behavior.

Objectives

- To promote knowledge about human body and sexuality.
- To strengthen their decision-making process and thinking process with self-confidence.
- To enhance their self-motivation level and attitude towards tackling the challenges and achieving goals.
- To improve their knowledge on diseases and nutrition.
- To promote gender equality (for Shasthiri nagar group)

About the sessions

Sessions were planned and conducted in the following days

S.No	Sessions	Date
1	Introduction	9 th June
2	Self Motivation &Positive thinking (2)	18, 25 th June
3	Disease and Nutrition	2 nd July
4	Anger Management	6 th July
5	Decision making and Critical thinking (2)	9,16 th July
6	Understanding human body and Sexuality	23 rd July
7	Interpersonal relationship and responsibilities	30 th July
8	Tobacco, Alcohol & Drug abuse (2)	6,13 th August
9	Problem Solving and coping with anxiety	20 th August
10	HIV/AIDS and STDs	24 th August
11	Self awareness and empathy	27 th August

Every time the methodology and the exercise were prepared before taking the sessions. Every time it was discussed with the Community Health

Cell technical people, developed further and enriched. In every session I done mistakes and it become a task for me to consciously avoid those mistakes in the following sessions. The mistakes what I did was only applicable for that specific group. Those things may not be a mistake for the next group. The life skill methodology itself consists of those provisions.

The participants gave surprise many times to me through their questions and involvements.

For instance,

For the Deepahalli group I took session on tobacco and alcohol. For this session I prepared in the area of tobacco products like (cigarette and beedi and gutkha). When I discussed about the tobacco products, a boy asked me what about the betel nut, what is the contents of that?, whether it is good or bad? Etc., I did not know the answer. The boys were thinking creatively and they are alert. It gave me a learning of to be conscious and the need of imagination about the issues while preparing for session. The process of stimulating the participant is the key in the life skill session.

All the Shasthiri Nagar sessions are included with the gender equality perspective. For instance, decision making sessions were included with what are the rights women have? Do you get the right at your home? Do the boys participants giving right to girls, etc.,

Challenges

There are many challenges I faced while taking life skill sessions, like,

- Conduct the session in a participatory manner,
- Giving care to every body,
- Conduct the session very lively,
- Different methods for the different sessions and
- Keep the session interactive and informative.

All the challenges are not faced and realised in a same day, but over the period of time and after taking many sessions I realised that these all are the challenges put in front of me.

Learnings

Through conduct life skill sessions to the different type of groups, some of the things I picked it up as learning. I have confident that these learning will strongly help me when I deal with the other groups.

I. There is no single model

In life skill approach there is no any single common model, which is applicable for the entire group. The approach is group specific and session specific. We cannot repeat the same methodology for the same content to the different group. For instance, in hygiene session, for the shasthiri nagar group the writing model (See annexure) is more

applicable, since they are literate. But the same methodology I could not use to the Deepahalli boys. I used group discussion method. In added to that, we cannot repeat the same methodology in the next session to the same group. The group may not feel interesting and innovative. So, there is no use of modules as such, except to get an idea about the issues in different dimensions.

2. The participatory method is the success

The session should be in a participatory manner, other wise it will become as an information providing session, which will not make any changes among the participants. For instance, while talking about the impacts of tobacco with Shashthiri nagar group, a young girl asked, we know that through smoking we will get cancer, is the mums also come because of the tobacco consumption? The process of participation gave them assertiveness and the habit of questioning. These all are the process, which really bring changes among the participants.

3. Stimulating the participants

Another key learning through the experience was, more we stimulate the participants more they will participate and through that more changes will occurs. One's behaviour would not change easily and it is a difficult process for the individual to change their behaviour. It needs the effort of the mind and soul both. Through the life skill approach we can make one's to rethink about their behaviour, which may lead them to be a potential individual.

P.S. some of the exercises done by the participants are enclosed

Public Hearing

'Health for all 2000 A.D.' , still it is a dream for the public health professional and people of the many country. Peoples Health Movement is emerged in the year of 2000 to make this dream as reality, through joins the hands of the people who want to bring back the people's health into people's hand. Public hearing organized by Jana Swasthya Abhiyan, Indian

chapter of PHM and Community Health Cell in Bangalore gave me opportunity to tackle those initiatives. Due to my interest to work in people's right level I committed myself to involve in the public hearings. I utilize this opportunity to involve in the public hearings. I utilize this opportunity to involve myself in the two public hearing. One is JSA – NHRC southern regional public hearing and the Koramangala Bangalore public hearing initiated by CHC. Both the public hearings gave me chance to work in the different areas. The major areas I involved through in this public hearing are,

- Translate the different case study / survey format in Tamil
- Organise meeting in Hosur & Dharmapuri of TamilNadu
- Public hearing in Koramangala
- Koramangala IPP VIII center, Austin town maternity home study
- Chennai public hearing process

As a first assignment, I translated the PHC and sub center survey format, developed by JSA. After understood, the concept of public hearing and the process of public hearing through the help of CHC team the translation was made.

Hosur & Dharmapuri meeting

As an opportunity to use JSA – NHRC public hearing the attempt was made to conduct to explain the PHM public hearing concepts. The dharmapuri meeting is only organized for the NGO people. In Hosur the meeting was organized for all the group of the people including NGOs, schools, public and for the other organization. The report of the Hosur meeting is enclosed.

Public hearing in Koramangala

The koramangala public hearing is initiated by CHC. The CHC team members Mr.S.D. Rajendiran and Mr.SJ Chandar put a strong effort to being all the voluntary organizations working in the kormanagala slum, which is one of the biggest slums in Bangalore. Through few meetings the concept was explained to the other like-minded group. Finally through KSDC the plan was done for the public hearing and executed. The

organizations involved in this public hearing are, CHC, APSA, AVAS, REDS, KSDC and Navajeevan. All the organizations were involved right from the beginning upto the public hearing day. All the organization collected information about the denial of health care to people. I took the responsibility of conduct study of IPP VIII center and Austin town maternity home. I have to mention here the amount of support, technical and morally given by the CHC team especially to iDr.C.Mfrancis and Mr. S.D.Rajendiran. Without their support I would have not finish those study. I also got opportunity to presence those studies in the public hearing.

Chennai Public hearing

Through compile and translate the case studies collected from Tamilnadu I involved my self in the Chennai public hearing. This involvement continued till the day of public hearing. Through took responsibilities like, preparing case studies on the public hearing day I realized the health status of Tamilnadu. I felt very good about the health status of Tmilnadu before I attend public hearing. But the testimonies in public hearing turn upside down the picture. It was a sad to me to know about the bad picture of my own state. The testimonies presented in the public hearing shows me the irresponsible and in human behavior of the system towards its own people. More over it gave the strong message about the poor health status of the country and how people are suffering from the system.

Key learnings

- The importance of the Government institution initiatives
- The success of the right based approach towards sustainable changes
- Power of the network and challenges in the net working
- The way the people are exploited by the health institutions
- The status of the urban health

Work done by the participants

Public Hearing

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Public hearing in Koramangala

The koramangala public hearing is initiated by CHC. The CHC team members Mr.S.D. Rajendiran and Mr.SJ Chandar put a strong effort to being all the voluntary organizations working in the kormanagala slum, which is one of the biggest slums in Bangalore. Through few meetings the concept was explained to the other like-minded group. Finally through KSDC the plan was done for the public hearing and executed. The organizations involved in this public hearing are, CHC, APSA, AVAS, REDS,

KSDC and Navajeevan. All the organizations were involved right from the beginning upto the public hearing day. All the organization collected information about the denial of health care to people. I took the responsibility of conduct study of IPP VIII center and Austin town maternity home. I have to mention here the amount of support, technical and morally given by the CHC team especially to iDr.C.Mfrancis and Mr. S.D.Rajendiran. Without their support I would have not finish those study. I also got opportunity to presence those studies in the public hearing.

Chennai Public hearing

Through compile and translate the case studies collected from Tamilnadu I involved my self in the Chennai public hearing. This involvement continued till the day of public hearing. Through took responsibilities like, preparing case studies on the public hearing day I realized the health status of Tamilnadu. I felt very good about the health status of Tmilnadu before I attend public hearing. But the testimonies in public hearing turn upside down the picture. It was a sad to me to know about the bad picture of my own state. The testimonies presented in the public hearing shows me the irresponsible and in human behavior of the system towards its own people. More over it gave the strong message about the poor health status of the country and how people are suffering from the system.

Key learnings

- The importance of the Government institution initiatives
- The success of the right based approach towards sustainable changes
- Power of the network and challenges in the net working
- The way the people are exploited by the health institutions
- The status of the urban health

Report of the Hosur meeting

Venue : John Bosco School –Hosur
Date : 30/06/2004

As a part of joining in the nation wide Right to Health Care Campaign, it is planned to conduct public hearing in Hosur too. To carry out this plan all

the Hosur NGOs (10NGOs) chief functionaries, social organizations and consumer groups were met individually, explained the importance and significance of the public hearing. At that time of doing field work one more suggestion emerged to explore the possibility for discussing local issues and initiatives the process for tackling the local health needs through the meeting. So, the second agenda was included for the meeting. To execute the second agenda I done fieldwork and met various personnel's to collect information about the local health issues to discuss in the meeting. So, the meeting expand to general Public and open call was given through newspapers and notices sticking on the prompt public places.

Objectives of the meeting

- To coordinate the NGOs to conduct public hearing in Hosur
- To start the process of form group to intervene in the Hosur health related issues.

As to ensure the collective effort for this meeting hall was given freely by the John Bosco High School superior mother Sr.Angela Mary, CHC printed the invitation and back up material to the participants and Anantha Ashram took the responsibility of providing refreshment to the participants. Meeting started On 30th evening 6.45 p.m. with 25 members from different organisation. From CHC Mr.Prasanna, Mr.Rajendiran and myself attend to facilitate the meeting. I welcomed all the participants on behalf of People's Health Movement and told them the agenda of the meeting. After the introduction session Mr.Prasanna facilitated the discussion on health politics. He carried his session through putting many questions to the participants and got answers from participants. Through this process the dynamics and politics in health sector was explained. Then Mr. Rajendiran shared the Tamil Nadu group initiatives for the public hearing. I shared the information collected about the local health issues from the various personnel. All the participants felt that due to Hosur infra structure accidents and Parthenium plants are the important issues, plan has to done to do some activities for tackling these issues and with this the meeting ended at 9 p.m.

Feed Back

As a first step this meeting was useful to give an orientation about health related issues to Hosur groups. This start up can be taken further like conduct issue-based meetings and some health based activities in Hosur.

Though the other different social activist groups were participated only 3 NGOs were attended in spite of all the NGOs were remained in the morning. (Among this three only one NGO is doing extension services). Even the Anantha Ashramam who accept to provide snacks to the participants didn't turn to the meeting, however the cost of the refreshment met by the Amuthu Restaurant. So, the further follow up is needed to contact other NGOs, those NGOs are working in rural areas, if they come forward to do surveys it would be helpful to conduct public hearing in Hosur. Though some participants are from new social groups this group may not an ideal group to record case studies for public hearing. But this group can be catalyst to form a local committee to deal with the local health related issues.

Follow up

As a follow up of this meeting a letter along with all the public hearing survey format in Tamil and Kannada to the NGOs who didn't attend the meeting and asked them to do survey in their working area. Suggestion was given to JCC – Hosur to organize a meeting with the idea of using local resource person, who is from institute of Vector control of Hosur.

List of the represent organisation

- 1.Anbu Karangal (NGO)
- 2.Hosur Consumer Society
- 3.Hosur Railway passenger welfare Association
- 4.CITU
- 5.IRDT (NGO)
- 6.Kurinji Film Society
- 7.TamilNadu Progressive Writers Association
- 8.Eeram (NGO)
- 9.Institute of Vector Control
- 10.JCC Hosur and few general public also.