

A Fellow's Community Experiences



Report on fellowship experiences

in fishing communities

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I come from an upper middle class family in Chennai, brought up in an absolute urban environment with minimal exposure to the downtrodden way of life. I am the only child and I hope you can guess the level of pampering I would have relished.

Coming from a pure science background I was very keen to establish a career only in a science-related field. A bachelor course in Nutrition and Dietetics was a welcome change. I was convinced with the fact that, am still holding on to science and also going to learn about peoples health issues. College education was interesting both in terms of academics and also the field visits that were part of the study. Once such field visit was to a fishermen community to assess malnutrition status of children. This visit was a turning point in my career.

So far my objectives were to work on health education and nutrition planning. But I started to feel depressed with the conditions children were in. I had no idea about working at the community level or was neither exposed to the life of the downtrodden. This is when I decided to choose a Postgraduate course in Social work. I suddenly felt the surge to explore my areas of interest in this field. I wanted to work on my own grounds with people. It was actually a paradigm shift from science to social science.

Two years of university education offered me the best of everything. I specialized in Medical and psychiatric social work, won many laurels. Academic achievements

and recognition made me content. But yet another paradigm shift in my thoughts happened during my block field placement in the community health department of the Christian medical college. This is when I realized that my study is not sufficient to understand many factors determining wellness. I was feeling very inadequate. I believed I could not change anything around me since it was so complex.

There were large issues to deal with and multiple factors involved in determining the development of the community at large. But with this small guilt within me I resumed to start looking out for suitable opportunities. Even though offers were good in terms of reputed organizations and good pay packet, I was not happy with the way things were going. I was wondering why I was not taking up work at the end of the day. Through a friend I came to know about CHC. Curiosity led me to browse through the web pages of SOCHARA.

The very thought of learning and exploring with a community health perspective instantly brought a satisfaction to my questioning mind. I knew this is what I was waiting for till then. After a couple of telephone interviews, a call from CHC asking me to come over was a pleasant surprise since I thought my application would not be accepted since I was late. With this idea I was back to the pavilion searching for offers. I was about to join work when CHC called me over. I contemplated between accepting a position as project coordinator with five-figure pay, which was considered lucrative for a fresher, and a fellowship at Community Health Cell. But within no time I decided I would derive more satisfaction at CHC.

Initially before I joined CHC as a full-fledged fellow, Dr. Thelma Narayan had asked me to give a write up about what I understand about community health in a few words.

The following lines are what I had written then.....

Community health is a very ambiguous term that can take up many meanings. But, my perception about community health is a combination of both theoretical understanding and personal reflection. According to my view, community health includes health of individuals and most importantly environmental health in a particular geographical area, which forms a distinct community by its own.

Efforts towards maintaining or promoting Community health include delivery of health care services, which also includes social medicine, community medicine and preventive medicine in a holistic way that leads to overall development of individuals and groups in a community. Community health involves catering to a whole lot of needs (nutrition, health, immunization etc) and also focuses on preventive measures to counteract problems arising due to other factors.

Community health care must include various strategies to reach people like use of health education, communication, research and assessment to aid proper intervention at various levels. A holistic multidimensional approach would

definitely indicate positive health as well as improve socio-economic, cultural and other factors thereby improving general standards of living.

I am very keen on a career in community health because, I was tremendously inspired in my first encounter with the community health department of CMC hospital. I really believe that many community health problems in essence are social problems and vice versa. My social work background makes me to think about the relation between community health and social sciences. Even though a lot of diseases and health problems are purely medical in nature, a distinct psychosocial aspect is present in each one of them. And more than that a common area that is common to both community health and social sciences is Human behavior. I wish to explore further these areas of concern, gain expertise in specific areas through learning and practice and establish myself in this field. Commitment and sincere efforts for the welfare of people and the community can really raise human potentials including health.

At this juncture when I have completed my fellowship programme, I can see the differences in my perspectives that have emerged during the fellowship. My understanding of community health then was lot more different than now. It was more self centered, narrow and in a specific context. Bot now am looking at it in a more broader sense keeping in mind a global context. Changes are part of life and I strongly believe learning contributes to a lot of changes in ones framework of mind. So yes, then was my first encounter with CHC staff and the fellowship scheme.

A brief interview by Thelma and Ravi followed by their approval of my candidature set myself free into the world of community health.

The first thing that caught my eyes on my first day in CHC was the poster explaining the paradigm shift needed in health care. While retiring to bed that night, I felt those concepts made sense, since I too at one point of time in life realized the need for a shift in my perspective. I felt working without knowledge is more like experience without skill. Right now I am very pleased with myself for making the right decision at the right time.

A New leaf in my book

A rather monotonous way of studying and completing tasks had made me very numb and disinterested with life. I was waiting for an opportunity that will revive my lost spirits and provide me with enough motivation to be on the move. The orientation programme at CHC did right that.

My initial understanding of an orientation programme was very different from what CHC offered me. The programme unlike usual ones had a lot more to offer. By the time I was selected under the fellowship scheme, the programme had already started. Unfortunately I missed a week's programme but quickly became a part of the six-member group consisting of doctors, social workers, and students of theology. The mixture of teammates from varied backgrounds was very beneficial since we had a chance to share, learn and explore in a multidisciplinary way. I started to attend the orientation programme on 26th ... The orientation programme threw light on various concepts relevant to understand community health in a holistic way. Based on my understanding I have categorized the various issues dealt with in the course of time

- Community health, role of health workers, healthcare systems,
- Public health, water and sanitation, Health and Nutrition
- Primary health care, PHC functioning
- HIV and AIDS , Alcoholism
- Tuberculosis, Tobacco awareness
- Globalization and privatization ,WHO, TRIPS, GATS, Alma Ata declaration

- Human rights and health, People's charter for health, PH Movement
- Communalism, casteism and social exclusion
- Gender and health empowerment, Feminism, related theory and movements.
Gender issues
- Health policy, research and action, Drug policy and patents
- Tsunami rehabilitation and reconstruction
- Needs of physically challenged, geriatrics, children and women, Child labour, juvenile justice, street children status

The learning methodology opted was simply and beneficial. The sessions were handled in a systematic manner by efficient resource persons using audio-visual methods. The thrust was on participatory learning involving the fellows through group discussions, case study methods and presentation on topics of vital concern. Major highlight of the orientation programme was the various field visits made to different organizations such as

- Basic Needs - working for mentally challenged persons
- Gramenna Abhudaya Seva Samsthe – working on CBR of the mentally ill.
- NIMHANS Tobacco Cessation Clinic
- TVS community development project in Hosur
- Womens Voice – working towards empowerment of women in communities
- Vimochana – Organisation for womens rights and development.

At the end of the two-week orientation programme, I was beginning to understand that,

- One must be sensitized to many concepts and factors that were essential for initiating work at the grass root level, as defined above.
- Primary health care and the present trends involved in community health approaches are of importance to build communities.
- Critical analysis of factors that determine health of people, including political, social factors and its effect on health will lead to more sustainable standards of health.
- There are various models of health care and each has its pros and cons depending on the cultural context. There is a need for radical changes.
- Trained community level workers are helpful in establishing proper health systems.
- There is the need for innovation in policy in the context of health.
- There is need for social action to establish collective decisions for development.

Doing the most difficult task

I think the most difficult part of the six-month fellowship is that of framing learning objectives for oneself. I found it was so frustrating since I was fresh out from college and was exposed to varied areas in community health during the orientation programme. Some of them like drug policies, patents were issues that I never was exposed to. This made me all the more excited. But I chose to explore issues that were relevant to a community at specific. And so with a lot of thought I decided to put it down in black and white. The objectives I set for myself for the next six months were as follows...

- To understand about determinants of health in reference to the community
- To work with adolescent groups on health related issues.
- To learn and understand relevance of disaster preparedness in the community
- To learn about disaster health issues
- To understand the problem of alcoholism in the community

Then was the question of where to set my firm foot in. My mentor Dr. Thelma Narayan suggested taking up the tsunami-affected community in and around Chennai. Friends, Antony and Christopher who had spent considerable time living with the Tsunami affected people in Chennai motivated me to spend my fellowship period there. As part of orientation I had a chance to meet Mr. Rajendran and Mr. Ameer Khan who were independently involved in the work at chennai, who also chaired a session on disaster health and alcoholism that were my area of interest. After discussions with them, I decided to venture out to tsunami-affected communities.

October 24th 2005 Onwards...

After preliminary preparations of reading and learning about tsunami and affected areas in Chennai, I and my co-fellow Sathya started our field based learning period in Chennai. My Mentor, Dr. Thelma Narayan had given freedom to explore various possibilities and decide upon a framework for the next 3 months. In order to get an exposure of different communities I had requested Mr. Rajendran a former staff of CHC and in-charge of Chennai region to take us around all the affected areas, which were Ernavur, Srinivasapuram, kannagi Nagar and Pazhaverkadu region. Going by our request Mr. Ameer Khan, Mr. Rajendran and Fellows, Antony Frank and Christopher accompanied us to all the above areas on the very first day. I have just highlighted what followed later during the initial stages of the fellowship.

Ernavur – Paradise of despair

Visit to Ernavur and Kannagi Nagar, gave me a lot of insight on the current status of people who were given temporary shelter after being displaced by the disaster. The people had earlier lived in densely populated slums on the shore of the sea along Chennai city. Kargil Nagar as it was earlier called hosted people from the North Chennai seashore area for quite sometime until a fire broke and demolished the tents put up by NGOs working there. After the fire accident, the government had immediately taken steps to provide semi permanent shelter in Ernavur celcrete factory campus, through a network of organizations called Chennai NGOs coordination council which was initiated by a few

progressive thinkers of which CHC had a major role to play as a key facilitator to make the idea crystallize and sustain its existence until today. During my fellowship period I had a chance to get to know the recent happenings concerning the development of people in a post tsunami context, the work of the different organizations working in the affected areas and more about the Network called CNCC in short. My very first encounter with the people in Ernavur was during the immediate phase when they were shifted from Kargil Nagar to the present shelter. I had the chance to practically see the entire chaotic situation prevailing then due to lack of time, unfinished construction and poor coordination among service providers (NGOs) and the receivers. Poor housing facility, healthcare facility and sanitary conditions prevailed in the campus that hosted 2200 houses. Recurrent rains and flash floods worsened the conditions with rainwater inundation throughout the campus. This was my first exposure to a mega project and its implications.

Srinivasapuram, kannagi Nagar – Faces of the voiceless

Srinivasapuram is a very old popular coastal slum in the heart of the city also affected badly by the tsunami waves. The people who lost their houses in this area, mostly dalits and few from fishing community were displaced to Kannagi Nagar for a short while. Poor environmental conditions and recurrent rains in Chennai made survival impossible in this site that was almost 20km away from their place of origin. When the city was affected by flash floods (2005) the people were asked to evacuate and find suitable

shelter elsewhere. There was also a prevailing question whether the government was indifferent to the needs of the dalits and being biased by offering semi permanent shelter to the fishermen community in Kargil Nagar. But it should be noted that government initiatives were appreciable in terms of exploring availability of land for constructing houses. The problem originated when there was no availability of suitable site for construction in spite of steps taken. People here went through terrible difficulties sans shelter, sans food, sans clothing and sans protection after the worse tsunami and even continued to thrive with same options post disaster. The current status as of now (April 2006) is that, the people are ready to occupy semi permanent shelter built in an area called Chemmanjeri near kannagi nagar area. Hope still remains that the story of Ernavur should not continue here too. If mistakes are part of learning then changes too are part of development.

Though not much of intervention or learning was possible in the three areas namely Ernavur, Srinivasapuram and Kannagi Nagar, during the short duration as a team we were able to make a short assessment of the problems experienced by the people through regular visits, interviewing people and the staff of organizations working there and also bring it to the notice of the authorities in charge of their welfare. A visit to the chennai collectorate and a short discussion with the then collector Mr. Chandra Mohan also followed by a long letter* explaining the needs of the people was not much helpful. But, it was definitely a good learning to explore the possibilities.

Majority of the fellowship period was spent in Pazhaverkadu region of Thiruvallur district, 60 km north of Chennai. Here I would say was the crux of my learning in a community health perspective.

Pazhaverkadu

Town of historical significance, home for migratory birds and land of ecological importance

Pulicat Lake, an ecologically fragile salt-water lagoon, about 60 kms north of Chennai, is the second largest lagoon in India. The lagoon is protected as a Wildlife Sanctuary because of its rich biodiversity.

The lake is separated from the Bay of Bengal by a strip of land, in which the town of Pulicat is located. The 461-km Pullicat lake extends over Ponneri and Gummidipundi taluks of Tamilnadu and Sulerpet and Tada of Nellore districts of AP.

The lake is situated on the eastern coast of India, along the border of two states; two-thirds of the lake lies in Andhra Pradesh and the rest is in Tamil nadu. The lake is open to the sea throughout the year and connected to it by a narrow channel at the southern end. Fishing and farming communities inhabit the western bank of the lake; the people living on the lake's northwestern and eastern sides were forced to relinquish their territory to accommodate a rocket launching station in 1975.

Pulicat, as we see it today, is an impoverished fishing village 60 kms north of Chennai. Visitors to Pulicat would find it difficult to believe that this village, on the shores of Pulicat Lake adjoining the Bay of Bengal, was once an important trading post of the

Dutch East India Company. The Dutch cemetery, one is surprised to note, is in remarkably good condition. Under the care of the Archaeological Survey of India, it is viewed as a good example of colonial Dutch architecture.

The history of Pulicat, however, dates back to before the arrival of the Dutch. And the village, it has been historically noted, revived and gained in importance with the Dutch setting up a trading post there. A few centuries ago the town was an important center for woven and colorfully printed cotton fabric.

The total fisherman population in the Pulicat Lake area is estimated to be about 28000, two-thirds of who depend on the lake for their survival.. The displaced people occupy areas in the western and southern sides of the lake, contributing to the conflicts over fishing rights among the Pulicat Lake communities. The State's apathy to these traditional methods and the encroachment of the lake by fishermen of the coast threatens the fragile ecosystem of the lagoon. Since 1980, the violent confrontations in the Pulicat region have claimed 15 lives.

Paadu refers to the rights of communities to fish in specific parts of the lake.

Whereas *thalavu* regulates the frequency and periods of fishing in the lake.

Tsunami and other abrupt climate changes led to the sand bar's growth at the mouth of Pulicat Lake. These changes have also prevented water from Bay of Bengal entering the lake. As there is not much water left into the lake, it is no longer a heaven for the migratory birds that are spotted here usually

Rapid Industrialization and its effects

The Tamil Nadu Government has been promoting several plans and projects to encourage industrial development in the State. Pulicat village falls within the coastal belt that has been demarcated by the State Government for industrial development. Industrial development is another major threat next to resource utilization. Just South of Pulicat at Ennore, three major industrial development projects are happening. The North Chennai Thermal Power Plant, the Ennore Port and the petro chemical complex. All the three could endanger the ecological balance of this zone.

The harmful effluent disposal by the industries at the mouth of the Ennore Creek, emission of fly ash from the thermal power station located in the Ennore region, release of polluting cooling water into the Buckingham Canal and dredging operations undertaken by the Ennore Port, are the major developmental threats causing incalculable damage. Pollution from the petrochemical complex (despite its effluent treatment plants) is also present.

Arani and Kalangi rivers, which drain into the lake, are bringing the fertilizers and pesticides with runoff from the agricultural fields. Sea erosion in this area is accelerating and is another point of concern. The lake is rapidly silting up, and could end up as a marsh in the not so distant future.

The environmentally sensitive and ecologically delicate region is already threatened with the impending danger of losing its wetland forests, rare species of flora, fauna. The livelihood of the local community of fishermen, local tribals and agricultural workers are in danger due to massive unemployment, object poverty and the ultimate displacement from their place of residence.

The rapid industrialization and the consequent problems of environmental degradation and loss of employment to thousands of local inhabitants of the Pulicat lake require the intervention of the ecologists, environmentalists and educators for evolving a sustainable community based environmental resource management strategy.

Added to this man made disasters, the natural disaster in the form of Tsunami struck the shore adjoining to the Pulicat lake on 26th December 2004 causing damage and destruction.

Pazhaverkadu was long neglected and was much later announced as a tsunami affected area. The death toll was 13 in number. The villages on the island were affected and not those in the mainland which are adjoining the pulicat lake. It has been several years since residents of Pazhaverkadu were promised a bridge linking the area to the mainland, but there seems to be no progress beyond laying foundation stones by successive DMK and AIADMK governments.

In the absence of a connecting bridge, around 10,000 residents of the Light House and Thangal Perumpulam panchayats in the area have been using ferry service to get to the mainland. " School-going children, daily wage workers and patients find it extremely difficult to wade through the water. During the rain it is all the more dangerous, as boats tend to capsize. Around five boats are operated every day. "The State government has allocated rupees 10 crore for this project. The government should realize urgency of the situation and begin work soon.

Areas Affected by Tsunami in Ponneri Taluk

Pazhaverkadu	Goonankuppam Thirumalai Nagar Sembasipalli Kuppam Arangankuppam Nakkathuravu Pallikuppam and Pettai Karimanal Vairavankuppam Light House Nadu Kuppam Light House Kuppam
Thangal Perumbulam	Sathankuppam
Karungali	Koraikuppam
Kattupalli	Kattupalli

My fellowship period was spent in almost most of the villages listed in the table and also those that were not affected by the disaster. It is to be noted that the issues that are predominantly affecting the people are much more than just the disaster. As mentioned earlier, the need for a connecting bridge between the island and mainland is considered to be a priority than need for a disaster health committee in these villages. Public health issues are left unaddressed for over decades. People in the Island have no proper access to healthcare facility. There has been negligence from the system for a long time. Caste based conflicts in the form of demand over fishing rights exist till date but it does not act as a hindrance when it comes to collective action from all villages. There are strong forces that bring all the villages around Pulicat under four major panchayats to come together when a common need arises. Even recently after the flash floods, the entire community staged a road rucko against the administrative service officials. But all these goes unidentified. When I started to explore this diverse community with health as my focus, I was feeling lost among the huge population and also without a team support. Thanks to Ameer and Sathya who were there to revive my spirits often. To start with, I initiated facilitative sessions among adolescent groups since that was my area of interest (details of the sessions are attached in the annexure). With help from organizations working there, I was able to plan and execute numerous training sessions with two groups of young people. During the last stages of my 3 month period, I also was able to undertake training for a group of ICDS staff from the Ponneri taluk and also among a group of NGO staff and animators in the region. This made me very confident and improved my skills of communication and program planning. I was able to shed my inhibition of addressing a group on health related issues. .

The following pages are an expression of my anxieties, dilemmas and queries for which I have no answers as for now but have left me deep in thought. It is based on my level of thinking and learning maybe called 'experiential learning' by keeping fellowship as a cover. It may not be politically correct or might even sound irrelevant or funny, but it is a heartfelt and soulful reflection. I apologize if I am wrong somewhere but it sure helps me build perspectives.

A reflective note

Any neglected area, village or slum, where people are given limited opportunities to grow and prosper would face similar problems of unemployment, illiteracy, and low socio – economic conditions and backwardness due to urbanization and whatsoever. In other words have-nots or the poor across the country might more or less fight the same battle against power, bureaucracy and indifference. I do not wish to portray the areas; I visited as ones that have no toilets, no access to healthcare, no safe drinking water etc nor wish to arrive at a consensus that ensuring community health is the only key factor for development. My amateur field level experience is not sufficient for that level of judgement.

Therefore instead of giving a descriptive note about events happened and activities carried out I would rather be delighted to present a more reflective note on my understanding of health which I have been developing during and after the fellowship period. I always consider perspective building as a vital part of self-development and also a means for a sustainable growth.

More information about places in which my fellowship phase was spent and the prevailing situations were discussed in detail during the mid term evaluation and debriefing sessions and also during end review sessions. I have attached the reports of all that as annexures.

Why disaster? Why not disability?

Tsunami is the talk of the town for a year now. We see civil society organizations surging up everywhere. Every day one can look for a workshop or seminar on the issue happening in the city in the engagement column of any popular newspaper. From field level training to national symposium anything and everything has been done around the countries struck by the tsunami. Maybe even those that were not for the only reason that they were funding others. I myself have attended quite a few. But I am sure no other disaster or issue was discussed or brought to the forefront as this one. Maybe HIV/AIDS but sure not disability! Why not? I see that NGOs are very narrowed upon working with livelihood needs and housing requirements but are not able to bring in concepts like health or nutrition. Is it because donor driven projects handicaps them?

Why are we not able to convince and bring in policies of our choice and highlight needs that are to be met? Are we letting our helplessness act as barriers to development? Just because there were so many funds available, people are being given more boats than they require in few areas down south. Whereas due to shortage, under the wrap of cooperative society, five to six fishermen were given a single boat. It may encourage togetherness but what about income generation. Problems are different in each region but there must be a general concept of well being attached to it. The post disaster situation should not become a monopoly game between the haves and the have-nots. I heard that in certain places people were giving only boats and not nets for the only reason that their, organizations name could not be printed on a net but can be done on a boat. Is the same rule applied even for a pair of crutches!

Does diversity bring disparity?

I remember learning in school at a very young age “ Unity is diversity”. But now I am in state of questioning the statement. I see during relief material distribution, a CSO that works for dalit empowerment providing bags of rice to only dalit families and not others. I see people in mainland able to access healthcare than those in the island. Does diversity in our actions hold good for the community at large. Aren't we supposed to come up with divergent ideas starting from a common point and exploring alternate ways? Or are we reaping benefits by being diverse in our actions.

I see that enablers or facilitators as we often call ourselves doing different things at different levels but it is necessary to be working for a common cause or atleast towards a common goal which only a few understand. I often feel that disparity not only exists within communities in terms of caste, cultural context but also within the systems that works for the people. For example right now in Chennai it is the time where political parties are campaigning strongly for the elections that are round the corner. We see that each party or alliance are making different promises ranging from providing rice at Rs 2 per kg for the poor to a ‘television’ per home. I don't see any valid reason between both offers, when a 24-hour hospital is the need of the hour in some villages. It is always good to see diverse perspectives or diverse alternatives when we look for a common solution or problem.

My anxiety lies with the fact that due to different things happening at different levels one loses track of what the ultimate result is. Wouldn't it be great to see a coordinated effort bringing together diverse groups under a common platform just like the PHM or at a even grassroots level, a collective action from people bargaining in a rights based perspective!

Alternative service providers or Accredited service providers

Civil society organizations, NGOs and other voluntary organizations have a lot to contribute towards development after any disaster or even otherwise. But as far as they realize that they are alternative service providers and not ones who replace the existence of the government. In the post tsunami scenario certain times one can start to feel that a few institutions enjoy so much autonomy over oneself that they seem to exist as accredited change agents who are in a position to exercise control and at times develop an invisible power structure among different organizations also.

This may prove to be very harmful since people start to become more dependent on these providers or otherwise these so called providers tend to cling on to the people hiding their dependence and also finding means to maintain the power relationship. It's absolutely necessary in this case to evaluate oneself often or be open to cynicism by others that will sure break this barrier. For all we know accountability and transparency in any system is mandatory for people's welfare oriented system. The more and more one has independence in decision making the more he is responsible for the actions that follow.

I learnt that collective decisions are more powerful and needed than individual decisions. A person participation in all levels is I feel is the answer to bridge this gap. During the fellowship I had an opportunity to come across such organizations that helped me to develop certain ideas concerning the welfare of people. I have seen that autonomous actions taking people for granted have often failed or atleast left behind a great number of people unattended and neglected. Even at the policy level involvement of people from all walks of life seems essential.

From RTI to RTI Act

The title seems to be bizarre, so is the issue. Ignorance in any form exists in everybody. I agree to the fact that learning is always endless. During my training sessions with women I saw that knowledge about reproductive tract infections was more essential than the right to information act which I was more delighted to discuss. I during the fellowship period at an amateur level wanted to explore issues like the latter and open discussions among villagers but surprisingly I saw that none of them were interested to hear about information act or even about the health system when their immediate need was to learn about causes for white discharge. It took a long time for me to compromise on the issue since I could not adapt well to the situational demands. These are the areas where programs or schemes become a top down vertical approach when need based interventions are not encouraged.

Some instances of providers becoming dominating dictators happen when need is different but one has to do what he pursues forcefully. There is a long way to go to become an empowered community that is able to understand underlying causes for their backwardness and empower themselves to fight against the odds. Education I think is the primary solution to bring awareness at the initial stages and empowerment at the later stages. I make this statement since I am seeing practically that young people from the village who get opportunities to work in NGOs for their own villages are showing all positive signs of development in their capacities.

This I think is a result of the exposure and education that comes with it. I can say that these people are one step ahead than those who do not get the opportunity. Information is key to success, I've heard it and seen it too during my fellowship. Proper education is definitely an important tool for community health too. Awareness is just the tip of an iceberg! To achieve improved individual self-sustainability and self-esteem, an emphasis on education and training is essential.

Clearly, an essential aspect of each project is the education and training component.

Patnaik or Patkar who wins the battle!

Many a times I've heard people say, " We do not hold control, we take life as it comes". And primarily the context in which they casual put forth this statement is when they are been denied of their right or are being neglected by the so-called 'system' or few in it who hold power. But why does the cycle continue in spite of so many humanitarian groups protesting against atrocities, many people's initiatives bringing burning issues to the limelight? I have thought over it many a times but never found an answer. Is powerlessness our weakness, is power and position their strength, is our growing helplessness a threat or building strong movement an opportunity?

I can't make a good SWOT analysis sitting at the luxury of my air-conditioned room or even under a thatched roof doing a popular PRA technique. Isn't it all going without meaning when I see in the newspaper that Mr. Patnaikafter a week long nationwide strike by employees convinces the government to increase the pension amount by 50 % of their last drawn salary. And at the same time contrary to that I see Social activist NBA leader, Medha Patkar, going on a 21 day fast against raising the Narmada dam which will affect hundred of families but still without an assurance from the government officials!

I may be biased in my opinion but the issue is the same. Is focus on trade, commerce and finance the crux of our development or at least a meager inclusion of human development too.

Actor Rajinikant to Arole Rajinikant - A Long way

As far as I have seen, people in my state have a strong inclination towards the media. Our late actor turned chief minister Mr. M.G. Ramachandran, MGR in short is still worshipped as god in many households throughout the state. Recently during my field visit to Pazhaverkad, I happened to see a gala celebration going on in one of the villages in the Island called lighthouse kuppam. The entire village had raised funds to give a feast to the children in the community. When enquired about the purpose, I was surprised to hear that, the day was MGRs birth anniversary.

I once romanticized the concept of a community kitchen in a post disaster situation but there I saw one in reality but for a different purpose. Media has a great influence in most of the people, young and old for good as well as bad. Awareness in one way is created through media and sometimes-wrong information too reaches the mass. But I am fascinated by the innovation it brings it reaching people. Targeting the mass and spreading a message across. In a community that has deep respect for the media, it is absolutely necessary to be innovative and creative in our actions.

As a community health fellow I was forced to make my sessions interesting and creative. It's such a contradiction when I as a person inspired by the Aroles step in to reach a community that is inspired by heroes on the screen. It's a real challenge when we identify the cultural context and try to fit into the framework. I have had interesting experiences

with the youth group. Each time we discuss an issue and ask them to come up with examples where they have seen it practically, I have always received examples from movies. It's very interesting to learn from them. With limited scope for education and exposure, media is always the source of knowing the world around you. The perspectives that they develop are often from such opportunities.

Structural Evil, twin sister of Social Evil

In one hand I had a chance to interact with those who are supposed to make decisions concerning welfare of people like the head of fisheries department, NGO directors etc who have constantly cribbed about lack of community participation and involvement and on the other hand from people who are dependent on them. Most of them believe that the problem is with improper administration and lack of humanness to peoples need. Now there should be some reason for which both are happening. And this gap is not been able to bridge for a long long while. Is it because one factor is complimentary to the other?

A study done in pazhaverkadu highlighted that growing unemployment due to scarce resources and lack of public sector openings can lead to illegal sand mining in the near future. This may be a concrete example of how any structural discrepancy may contribute to increase in a social problem or vice versa. We also see that due to lack of healthcare access and no improvement in quality of care, people have resolved to happily obtain treatment from quacks. Thereby I feel both goes complimentary to each other and a revolutionary change is needed to address such social determinants of health.

There must be a good mixture of both acting as a catalyst to speed up the development process. On one side there must be a good level of motivation and collective action from people through active participation and on the other hand the system, democratic in set up should provide adequate resources, equal opportunities and do justice to the need of the people. All can happen only when every single individual, group, community, institution,

governing bodies realize the present status through a critical analysis and make use of available resources and work towards a holistic improvement. Structural evils cannot be dealt effectively when a society is full of social evils likewise social evils cannot be uprooted when structural changes are done.

Ragas, thamas or Saathvik

With so many things happening around us. What are we to do to make difficulties diminish and make life hale and healthy? Are we to practice a non-violent way of life or remain saathvik in our actions as I put it? We see people who are happy with what they have and not wanting to get into this politicized issue or I can describe them as being thamas in their perspective of not dodging the dirt and getting your hands dirty. Also its easy now to spot a person who is deeply humiliated by the bureaucratic set up and powerful forces and wants to voice against the dehumanization happening around him. Shall we call him a terrorist or one who adopts violent means, being ragas in action to stop cruelty?

We see many harmony, peace bringing workshops and spiritual discourses happening at one end and campaigns, protests at the other end. But the ultimate goal is one. Why is it that both the roads we take towards development don't lead to our destination? What can we possible think of right now at this juncture to fight against odds and chase our dreams? Should we build capacities and make ourselves competent with those in power or make ourselves attractive with resources and bring attention of few who are steadily moving towards developing economy in terms of monetary flows. Still no answers to the hue and cry of millions not able to find employment feed children or are eligible for a social security scheme. Are we doing justice by allowing corporate globalization establish an empire, and haunt the lives of many living far from the IT corridor in a peripheral boundary of the state not even eligible for the ecstasy of having a cappuccino

ANNEXURES

**DETAILS OF SEMINARS/WORKSHOP ATTENDED DURING THE
FELLOWSHIP**

S.NO	NAME OF THE EVENT	OBSERVATIONS/ LEARNINGS.
1	State level seminar on Tsunami rehabilitation organized by Trinet	<ul style="list-style-type: none"> ➤ Learnt about the present status of developmental work done in all parts of Tamilnadu. ➤ The lacunae in them ➤ Needs to be addressed
2	Seminar on Community Accountability and transparency organized by Action-aid India	<p>Did not actually adhere to the workshop title.</p> <p>Presentation of the funding organisations activities were done in English that the audience did not follow since most of them were community members.</p>
3	Book Release function by Balamandir Kamaraj Trust	Opportunity to study the child development assessment tool developed by them.
4	One –day workshop on Use of play	Made preliminary

	materials to aid development for ICDS teachers	arrangements which gave me an opportunity to develop my skills Participation in the workshop was fruitful.
5.	Talk by Dr. Rex on Child Health in Srinivasapuram slum	Not much of learning since most of them were not new to me
6.	One day consultation on livelihood options for Tsunami affected communities	Got to know what kinds of livelihood enhancing projects are being done in various areas. Suggestions of replicating them in Chennai was taken seriously

ORGANIZATIONS VISITED DURING THE FELLOWSHIP

Disaster Mitigation and Management department

Fisheries department

ICDS head-office

Tamilnadu tsunami resource center TNTRC

Directorate of Medical Services, Malaria Research Center

MCH and family welfare department

Chennai Collectorate

Social Watch - NGO

TANSAC – Tamilnadu Aids control society

Film Society of India

**BRIEF SUMMARY OF TRAINING SESSIONS ORGANISED WITH
ADOLESCENT GIRLS & AND STUDENTS' GROUP OVER THE PERIOD
OF FELLOWSHIP**

GROUP - I - ADOLESCENT GIRLS GROUP

Profile

No of Participants: 20

Age Group: 16 – 20 yrs

Typology of group: Educational growth group

Characteristics of Group: A group of rural girls who are school dropouts and are at the crucial age of marriage who expressed the need for understanding health issues.

DETAILS OF SESSION HANDLED

S.No	Content	Methodology
1.	Introductory session Introduction of self, group members, goals of programme and syllabus. Participants' expectations/ need assessment.	Ice breaking games Participatory cum interactive
2.	Understanding Self – Strengths and weakness. Building self confidence	Self analysis, lecture method
3.	Developing positive Body Image.	Activities Games
4.	Changes during adolescence	Interactive dialogue
5.	Emotional changes, social factors affecting growth. Role of women in society. Role of media	Activity Interactive session Role play
6.	Relationships – friendship, Me and my world – an exploration of people around us	Self analysis activity

	and social support	
7.	Exploring similarities and differences within group.	Group activities
8.	Issues relating to women – age of marriage, dowry, local custom, gender discrimination	Questionnaire
9.	Family life education – puberty, reproductive health	Lecture Question –Answer method Visual aids – charts
10.	Conception, need of and methods of adopting small family.	Lecture Reading material
11.	Pregnancy and childcare – Joy of life	Visual aids – film show Group discussions
12.	Nutritional needs of adolescents	Charts and lecture
13.	HIV/AIDS - A brief introduction	Lecture
14.	Concluding session	

GROUP II - STUDENTS' GROUP

Profile

No of Participants: 30

Age Group: 18 – 21 yrs

Typology of group: Educational growth group

Characteristics of Group: A group of students pursuing under graduate study from various background who expressed the need for a consistent training program over a span of time in order to get an exposure.

S.No	Content	Methodology
1.	Introductory session Introduction of self, group members, goals of programme and syllabus. Participants' expectations/ need assessment.	Interactive session
2.	Defining health. WHO and Alma Ata declaration Introducing determinants of health – Physical. Emotional, social, spiritual	Group activity, lecture method
3.	Social health – An overview	Case study, group discussion
4.	Health - Who is responsible? Role of government and importance of community participation	Debate, discussion
5.	Globalization – what it means, defining basic concepts	Lecture method, participatory dialogue
6.	Our health system, its functioning and hierarchy	Puzzle games, discussions

7.	Gender sensitization, arriving at consensus	Group discussion, debate
8.	Problems affecting youth – A mental health perspective. Role of society and social factors involved.	Lecture method. Interactive
9.	Need for sex education, introduction to sexuality and developing positive outlook	Group activities
10	Concluding session	

**REPORT ON FIELD EXPERIENCES AT KARGIL NAGAR, KANNAGI NAGAR AND
PAZHVERKADU**

PRESENTED ON 23RD JANUARY 2006

AT CH FELLOWS MID-TERM EVALUATION MEET, BANGALORE.

Field reality at Kannagi Nagar

- The tsunami-affected people were provided with temporary tents, tin sheet shelters at two different locations in chennai city.
- One on the north coastal region off the city limits and other on the southeast end in old mahabalipuram road at okkium thoraipakkam, 5 km from the IT corridor called Kannagi Nagar.
- It is a place well known as resettlement area consisting of 15000 govt built housing units.
- Kannagi nagar hosted people who were mainly living in the banks of adyar river including Srinivasapuram.
- The health and sanitary conditions in the location was poor.
- The CNCC had a separate committee with six major organisations called kannagi nagar coordination committee to look into the peoples need.
- Oxfam, PAM, Udavi proposed to build houses for the people.

The major issues identified in the community were

- Interestingly there were mostly residents from non-fishing community with a unique occupational distribution.
- Significant number of dalits who were deprived of livelihood options
- Incomplete housing allotments, many families without shelter. There were approx 1300 shelters.
- The locale was off city limits and making of permanent shelters in such far off place was a question.
- Lack of basic amenities (drinking water, electricity, street lights, open defecation) detrimental to the health of people.
- People were falling sick frequently due to poor conditions.
- A vast majority of illness was with children as per study conducted by Loyola College.
- Low-lying area, which was worse, hit by recurrent rains. Still people lived there out of fear of being excluded from housing allotments.
- No proper transport facilities were available.
- The people were left unattended by govt since land was not allotted.
- People had no say in decision-making process. Community involvement was not very significant.
- After the rains, govt asked people to leave the place and look elsewhere for shelter. Rs.1000 was given as compensation.
- The question is whether government is biased in treating fishermen and discriminated dalits.

Field reality in Srinivasapuram slum

- Very popular urban slum within the heart of the city, on the shore, also surrounded by the adyar river on one side
- Thickly populated area.
- People live in tenements made by the slum clearance board and also in hutments along the adyar river.
- Poor sanitary conditions, consequences - grave health problems.
- Majority of them belongs to dalit community.
- Fishermen turned auto rickshaw drivers. Women work as housemaids.
- Only a couple of NGOs were working prior to tsunami, now increased considerably.
- Environmental issues are very dominant, owing to polluted waterway running along the slum area.
- It acts as a garbage-dumping yard by the slum-dwellers.
- Recent floods affected the households.
- At times of disaster there is limited scope for evacuation due to the river.
- The surrounding lands are owned by a very prominent businessperson who indirectly controls the slum dwellers.
- There are incidences of forceful eviction by setting fire and threatening the people to occupy the prime location of the slum.
- Close to the slum on the opposite side of the bank, stands a hi-tech business center owned by this firm.
- There is widespread talk that people in srinivasapuram own tenements but claim to live in hutments for want of new shelters.

Experiences with Pazhaverkadu Action Network

- Exposed to different NGOs at the same time
- Chance to learn each organization's work pattern, activities.
- Surprisingly no organization was directly working with health concerns rather than providing them if at all.
- Found that most organizations were working with a charity-based approach rather with a development perspective.
- There was very appreciable level of participation from leaders and organizations
- Witnessed the problems faced by network in bringing together varied thoughts, groups, ideas and community.
- Understood the challenges faced by network to sustain its existence. (Dynamics involved).

A SWOT ANALYSIS OF PAZHVERKADU COMMUNITY

STRENGTHS

- GOOD LEVELS OF COMMUNITY PARTICIPATION
- ADEQUATE KNOWLEDGE ABOUT CSO'S EXISTENCE AND FUNCTIONING
- UNITY AMONG DIFFERENT PANCHAYATS
- GOOD NUMBER OF EDUCATED YOUTHS
- DIVERSE CULTURE AND SECTIONS OF PEOPLE
- RICH EXPERIENCE IN FISHING AND RELATED ACTIVITIES FOR MANY YEARS
- WELL-KNOWN AREA FOR PRAWN CATCH AND EXPORTS
- OUTGOING PEOPLE
- PRESENCE OF MANY NGOS
- WELL INFORMED COMMUNITY
- TOURIST ATTRACTION GEOGRAPHICALLY BEAUTIFUL ISLAND

WEAKNESS

- GEOGRAPHICAL LOCATION- ON THE BORDER VILLAGE
- NEGLECTED AREA SINCE LONG TIME
- POVERTY STRICKEN COMMUNITY
- DENIED ACCESSIBILITY DUE TO REMOTE LOCATION
- DISTANCE FROM ALL THE FACILITIES- MEDICAL, EDUCATION
- MINIMAL KNOWLEDGE OF ALTERNATE EMPLOYMENT

- INADEQUATE OPPORTUNITIES FOR GROWTH
- NO PRACTICE OF SAVINGS AMONG PEOPLE
- DECLINE IN PRAWN CATCH OVER THE RECENT TIMES
- ENVIRONMENTAL DEGRADATION IS SIGNIFICANT
- SEASONAL, CYCLIC OCCUPATION
- COMMUNITY DYNAMICS & CLASHES

OPPORTUNITIES

- FORMING FISHING CO-OPERATIVES
- INVOLVING WOMEN IN PANCHAYAT
- INVOLVING PANCHAYAT IN HEALTH AND OTHER ISSUES
- IMPROVING FISH LANDING AND STORAGE UNITS
- ENHANCING FISHING TECHNOLOGY
- PRACTICING ALTERNATE JOB DURING OFF SEASON
- INVOLVING EDUCATED YOUTH IN DEVELOPMENTAL ACTIVITIES
- CHANNELISING UNITY TOWARDS PROGRESS OF THE COMMUNITY

THREATS

- ENVIRONMENTAL DEGRADATION / DISASTER PRONE
- CASTE RELATED CONFLICTS AND CONFLICTS OVER FISHING RIGHTS
- DECLINE IN SCOPE FOR EMPLOYMENT AND INCREASED DEPENDENCE ON NGOS
- UNEMPLOYMENT AMONG EDUCATED YOUTHS
- INCREASE IN FISHERMEN AND DECREASE IN CATCH, CONSISTENT INDEBTEDNESS

Brief summary of our observations with regard to health, in the tsunami semi permanent housing complex

The people who now reside in Ernavur have taken 'difficulty' as a way of life. Initially it was the most dreaded tsunami, then it was displacement from their original habitation, followed by a fire mishap and no, it did not stop with that. The constant turmoil continued even after offering them a shelter. Floods in Chennai were uncommon, rare phenomena. It affected the people even worse due to the low-lying area in addition to the incomplete construction of houses. The place was in total havoc. Being announced a special community and recipients of media attention did not help them much. These people were not even entitled to receive the flood relief announced by the state government.

Repeated disappointments have led to idleness in some whereas a major lot are still striving to make a living out of the limited resources available to them. Alienation from the shore and distant living has affected them very badly. Even though facilities are being provided by organizations and govt., inadequate monitoring and regulation has given rise to problems. Given below are few observations to support this

Status of housing

Earlier the poor construction of the roofs led to rainwater inundation inside the houses. Consequently the organizers provided each house with a strip of asbestos sheet parallel to the end of the roof, aiming to prevent stagnation of water. But even this didn't fully solve the issue due to irrelevant positioning of the sheets. Now that there are no rains the people are not troubled. Karunalaya had provided each house with wooden windows whereas PAM had left empty spaces (gaps) in the wall without fully placing bricks to function as a ventilator/window space. This contradictorily caused inconvenience to the people since rainwater got into the houses through this opening. It is to be noted that only recently they have started to close these windows with cement.

Interestingly some people have made partitions inside the houses with bamboo and sheets as makeshift rooms. One woman pointed out saying that, "One single room house does not give us adequate privacy so we have made space for ourselves".

Status of Livelihood

Men are still fighting with difficulty to reach the shore on time for fishing. It is welcoming to hear that the metropolitan buses stop at the campus gates in the early hours. Previously the buses were taking a different route but now they claim to be passing through the campus road. But it doesn't come at the regular time when the fishermen leave from home. Maybe constant pressure from the community will regulate the timings

of bus services. Some fishermen do not go fishing regularly and blame the distance for their disinterest.

Some have shifted to other alternate temporary employment like construction workers, daily wage labourers' etc. Women had an opportunity to earn during the 'cash for work project' facilitated by PAM, but that was only for a brief period. Now women don't have any employment opportunities. Pre Tsunami days, women ventured out to sell fish, work as maids or other kinds of small work but now they claim to be without any scope for earning a livelihood. One young married woman wanted to know if it was possible for someone to sponsor tailoring machines. It is to be noted that a good number of women are trained in tailoring but do not have enough resources, equipment to make money using their skill.

It is disheartening to mention that the overall numbers of fishermen who are fishing post tsunami have actually declined. (**Please Note:** It is just an assumption based on comments from people and not evidence based.)

Status of water and sanitation facilities

The provision of drinking water is not regular. Especially in phase three. The UNICEF sponsored water tanks are being used to fill water. The water tank gets filled every day but is not adequate for the large population. In some houses, a concrete platform exists outside

their door, which was built for the purpose of providing them with water tanks. But it remains unutilized.

Toilets are not yet provided in an orderly fashion. Sites to construct toilets are only identified but not yet built in phase 3 making it very difficult for the people there. There is provision of septic tank in front of each toilet but unfortunately, bathwater runs out directly to the open area without getting into the tanks. This is the most important need of the people that requires urgent attention.

They complain that since bathwater stays on the ground outside the door of the bathroom, it is unhygienic to walk past it. Moreover stagnant water acts as breeding ground for mosquitoes. People are finding it difficult to dispose solid waste. No dustbins are provided inside the campus for disposing waste. People complain of mosquitoes. There is urgent need for spraying pesticides to avoid malaria outbreak.

The rainwater inundation in phase still persists. Though the organizers and govt. officials repeatedly pump out water from the area, it still remains in certain places. It is now contaminated with waste and algae and looks like a marshy land. The organization has employed around 30 workers to fill sand and clean the area.

Status of Healthcare facility

As you know, there are approximately 2200 families living together but there is no adequate healthcare facility. There is a health post in within the campus but the doctor is available only till afternoon. During emergency there is no proper transport facility to reach hospital. The nearest hospital is 7-8 km away. Children are found to have skin diseases and scabies, as a result of unhygienic environment. Due to lack of play area, the children play in the stagnant rainwater and with construction materials that lie around. This has given rise to skin lesions. Many children were seen to have lesions on their hands, legs and arms.

Recommendations

In summary,

There is a significant need to assess the sanitary conditions and water facilities. The existing system should be monitored and modified effectively. Structural changes have to be made.

Livelihood needs have to be met by lobbying with the government in ensuring any kind of employment guarantee.

Women need to be given opportunities to work and earn.

Status of children needs immediate attention. Children seem to be losing interest in schooling due to distance; measures have to be taken to ensure attendance.

Health needs of the community need attention.

Community participation must be enhanced for more transparency and accountability.

Participation of community in decision-making needs to be encouraged.

Involving people in taking responsibilities for their benefit and also to be a part in major decisions concerning their welfare should be enlightened

Copy of of Letter to the Collector

25/11/2005

From
Community Health Fellows Team
Community Health cell
Balamandir campus, Prakasam Road
T.Nagar, Chennai – 600017

To
Mr. Chandra Mohan I.A.S
Collector
Chennai Collectorate

Respected Sir,

Reg: Report on observations made at Ernavur celcrete factory premises, as requested by you after our brief meeting on 3/11/05.

We sincerely appreciate the efforts taken by the government as well as the significant role played by the Ngos through the chennai Ngos coordination council in providing semi permanent shelters for the people affected by the December 2004 Tsunami. But this note is an attempt to bring to your notice, certain vital areas of concern, in Ernavur Kuppam that needs to be addressed at the earliest.

We understand that the structures were built within a short span of time, with utmost difficulty and were offered to the people for occupation. But there are certain inadequacies that we as a team of community health fellows from community health cell, Bangalore, have noticed through our observational visits, which we would like to share. The flaws that we could identify are presented for your reference by classifying them under key areas.

Provision of Semi-permanent shelters

1. Through an outsider's point of view, we feel that the quality of raw materials used for construction is not of appreciable standards.
2. The laying of tiles has not been monitored properly since all houses complain of rainwater seeping in. The builders claim that the work is half done but why even a

row of houses is not proper is the question. There are a lot of houses that needs to be repaired.

3. The hinges and locks used on the doors have started to rust, proving it to be of low quality.
4. A technical committee can be appointed to evaluate the construction and to assess inadequacies. This way we could prevent such mistakes in the future.

Water and Sanitation Facilities

1. The provision of drinking water is not regular. Especially in phase three. After the recent rains, it is a more essential commodity to be offered.
2. UNICEF sponsored water tanks are not being used to fill water.
3. Toilets are not yet provided in an orderly fashion. Sites to construct toilets are only identified but not yet built in phase 3 making it very difficult for the people there. The drains are not yet connected to the septic tanks. People are finding it difficult to dispose waste. Particularly women are facing problems.
4. No dustbins are provided inside the campus for disposing waste.
5. People complain of mosquitoes. There is urgent need for spraying pesticides to avoid malaria outbreak.
6. The entire area is flooded by rainwater, causing grave problems to the people. Kindly take action at the earliest.

Healthcare Facilities

1. As you know, there are approximately 2200 families living together but there is absolutely no adequate healthcare facility. Since the population is at risk of infectious diseases due to recurrent rains, we request you to take relevant action.
2. At least provision of temporary clinic or sub center can address the problem for the time being.

We request you to kindly look into these issues and take necessary steps at the earliest. We will be really glad if you consider our request and suggestions.

Thank You

CHC Fellows Team

Thank You

