

VISION: - To acquire the knowledge and skill necessary to lead an effective community health programme in the areas where primary health care is not accessible.

OBJECTIVES:-

- 1 Basic understanding of concept of health and diseases, including health for all and primary health care.
- 2 An understanding of the philosophy and organization of a community health programme the component and the relationship between the components.
- 3 To have a first hand experience of the suffering and the struggle of the mining affected peoples .
- 4 To have a brief exposure to mining affected areas.
- 5 To have understanding of model of primary health care .

SL.NO	WHAT	WHY	WHEN	WHERE	WHO	HOW
1	<ul style="list-style-type: none"> * ORIENTASTION AT CHC. * EXPOSURE TO VARIOUS MODEL OF COMMUNITY HEALTH 	<ul style="list-style-type: none"> * BASIC UNDERESTANDING OF COMMUNITY HEALTH. * UNDERESTANDING OF COMMUNITY DYNAMICS AND DETERMINANTS * DEVELOPMENT OF VARIOUS SKILL 	MARCH 15 – APRIL 12	<ul style="list-style-type: none"> * C.H.C * NIMHANS. * RADS * APSA * H.D KOTTE * HANNUR 	<ul style="list-style-type: none"> * DR. C.M FRANCIS * DR. RAVI * DR. THELMA * DR.PARESH * MR RAJENDER * MR CHANDER * DR. BALLA * SR.DR AQUINAS * STAFF OF RADS AND APSA 	<ul style="list-style-type: none"> * ORIENTATION * GROUP DISCUSSION * SESSIONS * DISCUSSION WITH MENTOR. * LIBRARY WORK * READING ASSIGNMENT * PAPER PRESENTATION * ORGANIZATION VISIT. * COMMUNICATION CLASS * VIDEO SHOW.
2	FELLOW MEETS	COORDINATION AND INTERLINKS BETWEEN THE PAST AND PRESENT FELLOWS .	APR 13 TO APR 15	ISI BANGLORE	<ul style="list-style-type: none"> * CHC FAMILY. * DR. SUNIL KAUL * DR. ULLHAS. * DR. NARENDRA . * PAST AND PRESENT FELLOWS 	<ul style="list-style-type: none"> * TECHNICAL SESSIONS. * GROUP DISCUSSION. * QUESTION HOUR. * LISTNING EXPERIENCE AND CHALLENGES.

3	<ul style="list-style-type: none"> * MENTOR ATTACHMENT. * PLACEMENT AT GREEN PEACE. 	<ul style="list-style-type: none"> * UNDERSTANDING OF ENVL. HEALTH. * UNDERSTANDING OF NETWORKING BETWEEN HEALTH AND ENV.L NGOs. 	APR 20 TO MAY 8	<ul style="list-style-type: none"> * PHM * CHC * GREEN PEACE 	<ul style="list-style-type: none"> * DR RAVI NARAYAN. * DR THELMA NARAYAN * MR BIDHAN SING 	<ul style="list-style-type: none"> * LIBRARY WORKS * DISCUSSION WITH MENTOR. * MATERIAL COLLECTION. * READING * WEB SEARCH .
4	FIELD PLACEMENT AT OMAPAN	<ul style="list-style-type: none"> * .UNDERSTANDING OF MINING AND HEALTH. * ORGANIZATIONAL EXPERIENCE. * UNDERSTANDING THE NGOS NET WORKING IN ORISSA. * STUDY THE EFFECT OF MINING IN ORISSA. 	MAY 11TO JUNE 11.	<ul style="list-style-type: none"> * OMAPAN BBSR. * ROURKELA. * UNDP OFFICE. * TALCHER. 	<ul style="list-style-type: none"> * MANAS JENA * SISIR TRIPATHY * SMITHA PATTANAİK. * CHAITYANA SAHU * DISPLACED PEOPLES OF TALCHER . 	<ul style="list-style-type: none"> * REVIEW OF BOOK AND MATERIAL * KEYNOTES PREPARATION FOR THE CONVENTION. * HELLP IN ORGANIZING CONVENTION. * REPORTING OF CONVENTION AND PREPARATION OF FINAL REPORT. * MINING AREA VISIT (GROUP DISCUSSION, CASE STUDY)

5	PLACEMENT AT BISSAMCUTTACK MITRA PROJECT.	<ul style="list-style-type: none"> * UNDERSTANDING CONCEPT OF HEALTH AND DISEASES . * CONCEPT OF HEALTH FOR ALL & PRIMARY HEALTH CARE. * BASIC EPIDEMIOLOGY & HEALTH INFORMATION MANAGEMENT SKILL. * UNDERSTANDING OF THE SOCIETY AND DEVELOPMENT OF VARIOUS SKILL. 	JUNE 12 TO AUG 28	BISSAMCUTTACK HOSPITAL. MITRA PROJECT AREA TRIBAL SCHOOL SUBCENTER KACHAPAJU AND DAKUL GUDA. 35 VILLAGES	DR. JHONY OOMAN. MITRA TEAM VILLAGERS. LEADERS OF THE VILLAGERS.	<ul style="list-style-type: none"> * SESSIONS. * DISCUSSION. * STAFF MEETING * MOBILE CLINIC * VILLAGE VISIT. * MAHASANGHA * SHG MEETINGS * PUPPET SHOW . * HEALTH TEACHING AT SCHOOL. * STUDY ON THE IMPACT OF SHIFTING CULTIVATION. * STUDY THE HEALTH INFORMATION SYSTEM. * STUDY ON HEALTH INSURANCE SCHEME.
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6	CHESS	<ul style="list-style-type: none"> * UNDERSTANDING THE LINK OF ENV AND HEALTH. * UNDERSTANDING THE VARIOUS SKILLS BY LISTNING THE SKILL SHARE. * TO KNOW THE NETWORKING AND COLLABORATION OF NGOS WORKING FOR HEALTH AND ENV. 	AUG 13 TO 15	BIRDY HYDRABAD	<ul style="list-style-type: none"> * GREEN PEACE. * CHC * MMP * NGOS FROM 11 STATES. 	<ul style="list-style-type: none"> * TECHNICAL SESSION. * CASE PRESENTATION. * REPORTING. * GROUP DISCUSSION.
7	PUBLIC HEARING	TO KNOW THE PICTURE OF DENIAL OF HEALTH CARE	AUG 29	THOMAS MOUNT CHENNAI	<ul style="list-style-type: none"> * CHC * JSA * PHM * NHRC. 	<ul style="list-style-type: none"> * LISTNING CASES. * REPORTING.
8	SHARING AND REFLECTION	<ul style="list-style-type: none"> * EVALUATION OF OUR LEARNING PROCESS. * SHARE OUR ECXPERIENCE WITH FELLOWS AND MENTORS. 	31 AUG TO --	<ul style="list-style-type: none"> * CHC * NIMHANS *TARANGAVANA * SPAD 	<ul style="list-style-type: none"> * CHC FAMILY. * PAST AND PRESENT FELLOWS. * L.C JAIN * DR. SEKHAR S. 	<ul style="list-style-type: none"> * TECHINCAL SESSION * DISCUSSION * REPORTING * EXPERIENCE SHARING. * PRESENTATION. * VISITS

OUTCOMES: -

- 1 A gradual deepening of the understanding of community health.
- 2 Understanding the dynamics of community and the determinant which affecting the health .
- 3 Got chance to be in the field with the community and understand their needs .
- 4 Could realize the pain and agony of the peoples of mining area due to displacement and pollution from near.
- 5 Could meet many professionals and activists whose contribution bringing change in the life of community which inspired me to take the challenge of helping the people to help themselves.
- 6 Could attend the various networking meetings, which help to understand the importance, and need to work in common platform to fight against the discrimination in the society.
- 7 Understood the present health & education delivery system of the Government and the needs of structural changes.
- 8 Personality and professional development.

INSPIRING EVENTS DURING THE INTERNSHIP :-

various person and various events inspired me Through out the six month journey in search of community health. The contribution of various person and the events really a blessing for me and also the answer to my various question.

(I) Person wise :-

1. The critical analysis of Dr. C.M Francis with the question why? And His contribution for the community health during his old age.
2. The commitment and the sacrifice of Dr. Ravi and Dr Thelma for the community health.
3. The commitment of Dr. Liz med son (Founder of Bissamcuttack Hospital) for the poor and sick tribal peoples of the Bissamcuttack.

4. The simplicity, leadership quality, helping nature, encouraging nature and guiding nature of Dr. Johnny Oman.
5. The commitment and responsibility of all the staff of the MITRA team.
6. The dedication and commitment of Sr. Dr. Aquinas, Dr Sunil kaul, Dr Ullhas jajjo.
7. The mentality of Dr Narendragupta to work with the collaboration of Govt. system.
8. The concern and idea of L.C Jain for the present situation of the country and His encouraging words.

(II) EVENT WISE: -

- 1 Reaching to unreach with the health care facilities with MITRA team
- 2 The non hierarchy working principles of the CHC and the MITRA team.
- 3 The relationship formed by the MITRA team with the villages and the involvement of peoples.
- 4 The experiences of staying in villages and their love and affection.
- 5 The days of mine at the tribal school.
- 6 The teaching and learning process of CHC.
- 7 The unity and the cooperation between the tribals of the 18n villages.
- 8

In spite of above mentioned list also there are various events which inspired me throughout the way and taught me various things and contribute a lot in my life in my development and also put the challenge in front of me to share my knowledge and hand for the upliftment of the oppressed society. Although I am not strong enough to do all this my all the event helped me to take the challenges.

DISAPPOINTED EVENTS: -

- 1 Protesting against the pollution and contribute for the pollution.
- 2 Last minutes preparation of OMAPAN.
- 3 The step taken by the Mahanadi coalfield Ltd. (MLC) at the talcher villages by breaking the doors and windows of the villagers.

- 4 In mining struggle the least preference of the marginalized peoples.
- 5 In proposed mining sites of the kalahandi one meeting was organised OMAPAN promise them to represent but didn't turnout to the meeting.
- 6 The shifting cultivation practices of tribal community .

Although many event like this many time provoke me and made me angry but this also helped me to realise the fact and see myself from all point of view and to correct my self during such shortcomings.

CAPACITY PICKED UP -

This six-month duration was a great opportunity to strengthen my self, my knowledge. I picked up various things from the ocean of community health which are as follows:-

- 1 The motivation to work in the field of community health.
- 2 How to play the role of catalyst in the community health without being a medical professionals.
- 3 The capacity and the interest to be the member of the community by sharing love affection and respect.
- 4 The capacity of a good communicator.
- 5 Adjustment capacity in every situation.

MOTIVATION AND FURTHER GOAL:-

After being in the field especially in the tribal areas I understand the needs of community health professional/worker like me in the area where the primary health care is not accessible. Hence I changed my motivation from working in the field of environmental health exclusively to work in the wide range of community health..

NEXT STEP: -

As extension of another six month has give to me .this period will really help full for me to focus on other aspect specially the networking process of NGOS and also propagating the concept of Jana swasthy Abhiyan (JSA) and people" health Movement (PHM) to the NGOS of the Orissa.

OVERALL IMPRESSION

REPORT ON THE MITRA PROJECT CHRISTIAL HOSPITAL **BISSAMCUTTACK**

THE CONTEXT: -

In term of health, Orissa is the most needy of the states of India. The root cause of poor health status in Orissa is poverty and social deprivation, low literacy and structural inequality in term of class caste gender. Its infant mortality rate is 115 per 1000 live birth is the highest in the country. The health in fracture is one of the poorest. In the state of Orissa the southwestern part are least developed.

THE PLACE: -

Bissumcuttack is a village of scenic beauty and historical interest standing at 114 feet above the sea levels close to the picturesque Niamgiris range .The name Bissumcuttack is derived from “Bhisma Kotta ” which means “poisonous fort”. According to the old report the place probably got the name because of its reputation of fatal malaria.

It is a large village small town. Miles and miles of hills and forest with River Mountain surround the town and perennial springs.

This town have how 7 schools and a small college. There are 2 banks, a police station and government Community health centre. It is the headquarter of the tahsils

Bissamcuttack block has a population about _____

Out of them

- | | | |
|----|----------------|------|
| 1. | Schedule tribe | 68% |
| 2. | Schedule caste | 18 % |
| 3. | Others | 24 % |

Literacy rate is estimated at around 17 %. Infant mortality rate is probably about 140 per thousand live births. Between 1981 and 1991 the population decreased by 8.2 % in the tribal community. Death outnumbered birth among the tribal. Many villages are inaccessible by any vehicles .The quantum of needs in this area is large. Health for all is distant, nebulous undreamed of concept.

THE INSTITUTION: -

THE CHRISTIAN hospital Bissumcuttack is a 150 bedded hospital with 4 ward,5 operation theatre, multidisciplinary mission hospital of Jeypore Evangelical Lutheran Church .50 years now the CHB serving the health needs of the peoples of years now.

CHB now encompasses a wide spectrum of activities ranging from complicated surgery and ultra sonography to community based primary health care from training nurses to night school for adult literacy. This has been described as an Oasis in the green desert

THE BEGINNING :-

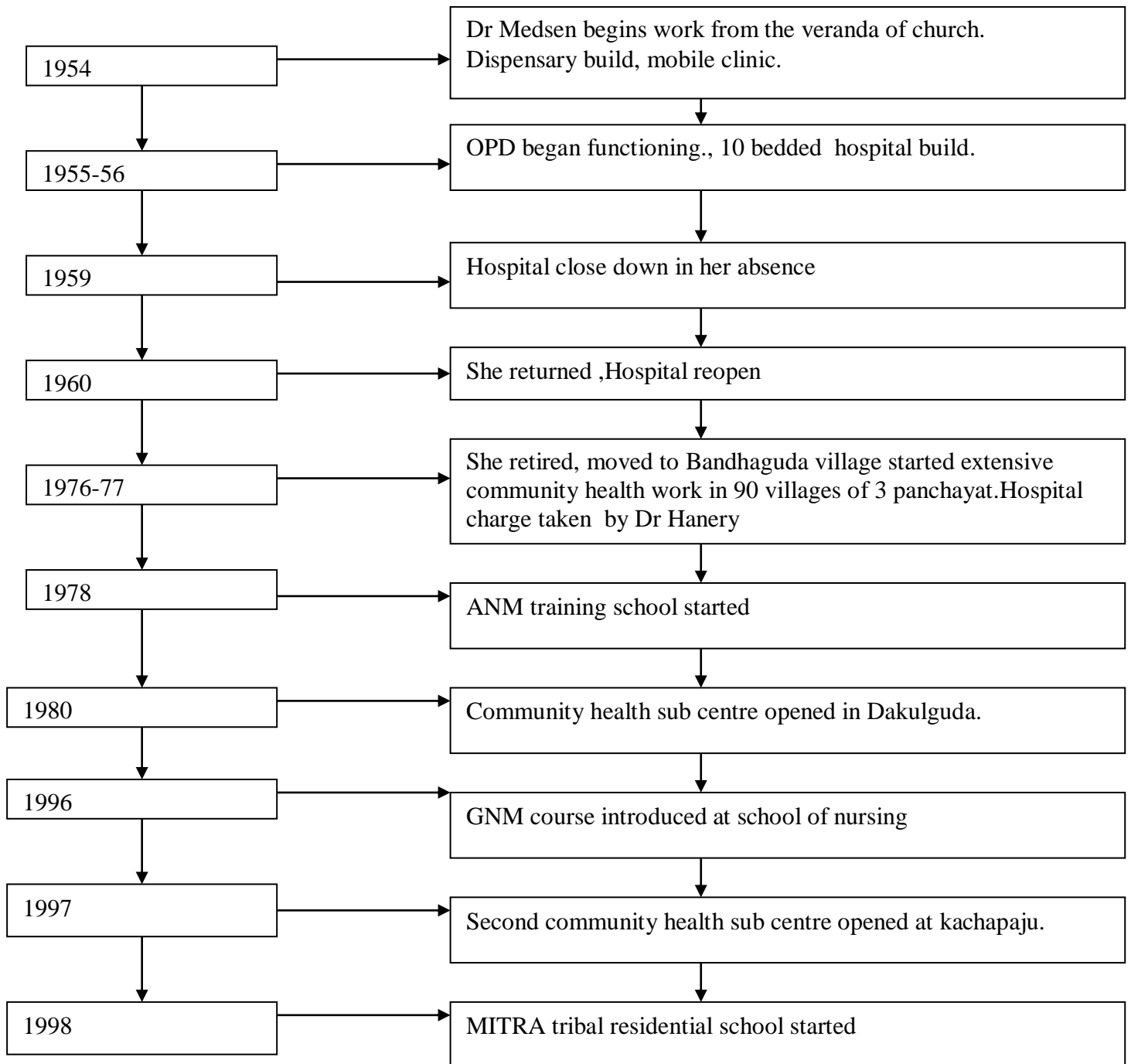
Two score and 10 years ago in the early 1950’s a private practitioner in Denmark Dr. Elizabeth Madsen by name felt the urge ,the inner calling to step off the life for some thinfs more than the ordinary.

She was borne in a pastor’s family in Copenhagen in the year 1913. After Graduating in medicine in 1941 she developed her next few year in equipping herself to move into general practice .All long she had the idea of working in a hospital and had away imagined herself reaching out to the patient at his home and his own surrounding. Hence after study medicine, surgery and psychiatry she established her clinic at Aalborg in North deutlsand and devoted herself from 1945 – 1950.

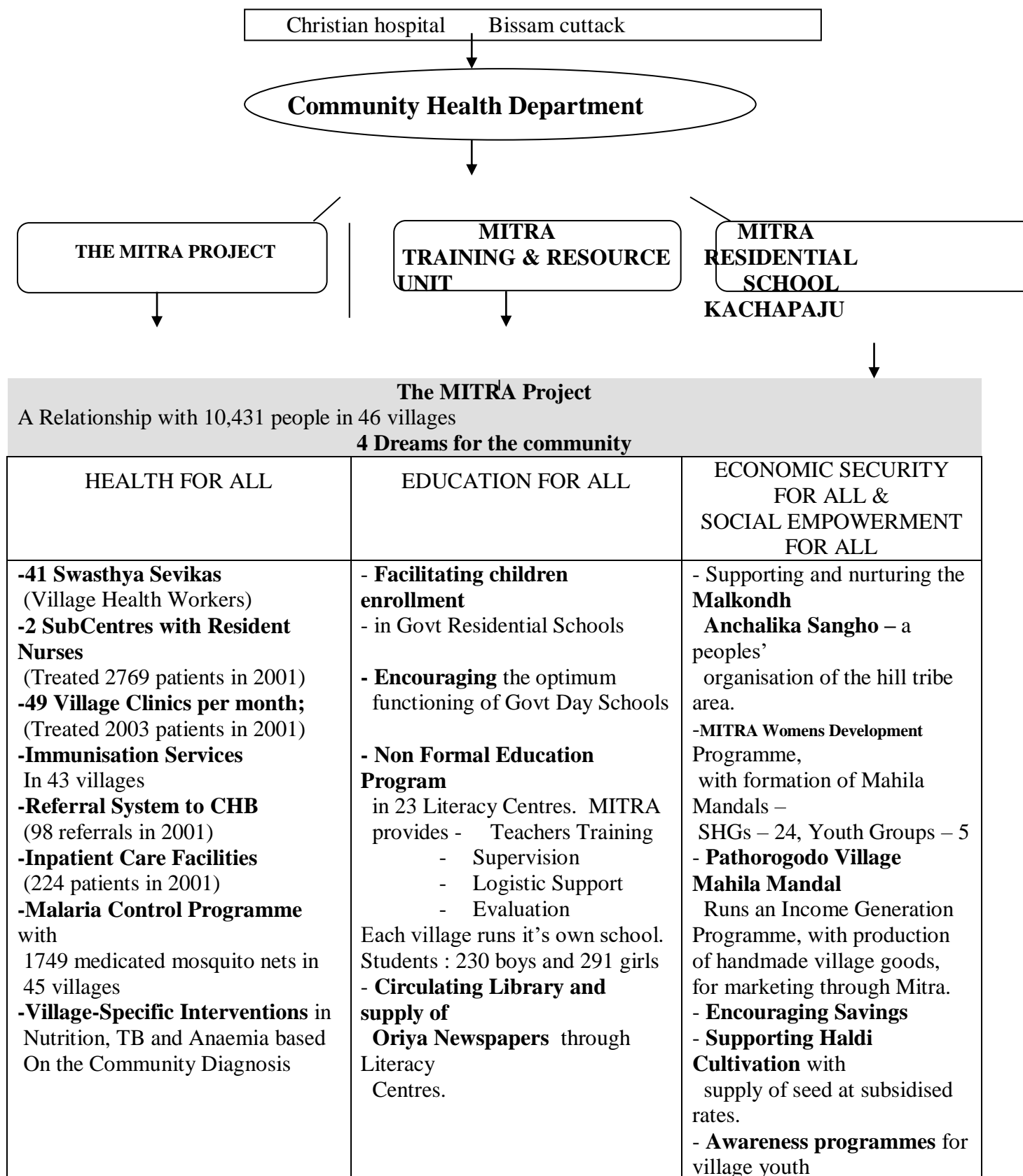
It was during the last year of her practice she came to be associated with the Christian scout movement and was the leader of the group. At one her meeting she choose to speak on India.

While looking for reference she learned about the India from Rev Anderson's writings she saw and felt the need and started journey to India. She came to the area in 1954 wanting to be a village doctor. She began with village clinics .The lack of health care facilities forced her to take inpatient, One hut became two and a hospital was borne .To day the hospital is 150 bedded hospital.

THE MILE STONE IN THE LIFE OF HOSPITAL :-



**Overall perspective of work of the Community Health Department,
Christian Hospital, Bissam Cuttack**



MITRA TRAINING AND RESOURCE UNIT

Training	Consultancy	Publications and Production of Resource Materials
Training Programs for - Keonjhar Dist Administration - LWS (India) - 22 Doctors from Denmark - PREM-PLAN & Allied NGO's - CMAI Project Managers - Staff of RAHA, CHN, AKH -Staff of CASA	Inputs provided to -UNFPA – on Malaria -UNICEF & Govt. of Orissa – for creation of IMR Reduction Strategy -CMJI – Empowerment with Dignity	-Articles published on Kala-Azar – an Information booklet

MITRA RESIDENTIAL SCHOOL, KACHAPAJU

A Residential, Primary School For Children of 16 Hill-Tribe illages

Location : 18 km from CHB
 Established : July 1998
 Students : 100 – 55 boys, 45 girls
 Staff : 4 Teachers, 2 Cooks
 Medium : Kuvi and Oriya
 Runs on Love, Fresh Air and Voluntary Contributions from friends