Report

On

THE Fellowship

Programme In Community health cell

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I would like to thank the NGOS in helping me to conduct the training programme

And for their support

I would be failing in my duty if I forget to express my gratitude to my friend

And my fellow friends for there support

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Introduction

Life's experiences have had implications in my life to choose a career in social work and purpose to work for the vulnerable. Coming from a warm, conducive family, which was also a source of inspirations for a social growth in self. There were small triggers that made me to think to work for the vulnerable in the society, but it was a path undefined to me. in acquiring degree in BA (industrial relations), I acquired the skill to face a competitive world that was growing rapidly and challenge, but amidst these, the trigger led me also to work for the poorest in a small way of gesture visiting them in slums hospitals, homes etc .

This experiences were I stated drawing my focus to work in the field of social work. There was a strong inclination that grew, in me to work for the vulnerable. With many confrontations within self, reflections and opinion from different people, I choose to acquire my MSW to precede the path to unknown realities.

FOUNDATION

During my two years in MSW, was a Revelation to a lot of issues, and knowing the extent of severity of the problems in the society. The experience gained during the 2 years was that of learning and exploring. I was never specific to the kind of work, I always wanted to work for all section of the people, thus this helped me to specialize in community development, learning the whole development scenario of the community, and the power the community had. It was a holistic learning, giving a broader view of the entire structure of the community. At the End of 2 years I had my path defined. After the completion during my break of 3 month, I was looking for opportunities ,during this time is when I heard about community health cell through a friend of mine ,health was a very generalized topic for me, for me working for people in the community health was one main aspect I need to learn. my enthusiasm to learn more in this field led me to be a part of the fellowship programme that was organized by community health cell. The orientation programme gave me an aril view of the health status and issues of concerning

the health in the development process. Helping me to shift my focus and need for a career launch in health.

Orientation programme

Fellowship programme duration: six months

No of sessions: 15

Topic covered:

- Concepts on public health
- Issues related in health as a human right
- Cartelism
- Implications of policies on health
- Nutrition
- Topics on social issues
- Women's health
- Issues in patents to drugs

Methodology:

- lecture
- group discussion
- interactive sessions
- case presentations
- presentations by fellows

Enchaining sessions

During the Fellowship Training, it was a starting point to my explorining area in the field of health, specific to public health. Human population has always, lived with disease and sickness. Though society evolved its own ways of dealing with this reality for centuries, .the development and growth of modern medicine gave society to intervene in the disease process but access in still a question.
There were a lot of questions in my mind and not able to understand the, link to the entire process of policies, poverty, access ,buget, drugs, and other socials issues.

- **Why don't people in rural areas have the access to health services?**
- **If exploitations are the cause of poverty, why do we let it continue?**
- **How do modern medicine justify in equality among people in the society?**
- **if we improve primary health care can we improve health of the people/health for all ?**
- **Who do the health sectors involve?**
- **Imprecations of the other issues in improvising health**

The topics covered durning the orientation was a mile stone for a search for understanding of the issues of centre to community heath .the sessions that were taken were data based and literatures from different project,programmes,policy implementations that were studied.

Some of the concepts were clarified for better understanding, debates add to the interests in knowing the issues.
The experiences that was shared by every fellow from there past experiences were also help ful for butter understanding. Difficulties and conflicts were also the process of learning. Perspectives from alma Ata to models, rights perspective, from social change transformations and collective vision was an adventures learning.

Reflection:

The various topics that were organized gave clarity to my thought in reality situation, Misconceptions clarified, and present scenario of the statues of health in the developmental process, my understanding during the orientation was more in terms of reflection and looking towards working for the worsening conditions of health in many parts of the world. The various topics covered moved from getting social approach to public health to the right based issues of the public health, Interlink the analysis one needs to do on policy level. Overwhelmingly and, reaffirming the continuing importance of health for all. The orientation also rose awareness' on policies, policy process issue enabling them in ,addressing health equity issues, and helping to advocate for it revitalization. The orientation also gave a space on the right to health in the context of gender. An experience of in cooperation key issues such as the struggle against trade agreements and the funding organization input on the commission or the social determinants of health, health movement and impact of globalization on health.
The orientation was an intercultural group giving an opportunity to be a part of the diverse culture where each one had gained a lot of experience in the struggle .the programme also helped to build up contacts,confrount ideas, raising issues, clarifying and above all learning different strategies. I underestimated the problem and responded very less to this issue of health, now knowing the aspects and struggle for comprehensive primary health care and sustainability; I will indeed work in my own way in helping the health systems.

My colleagues who were with me in the orientation programme were voices working towards the deliberation for health for all, here is were I learnt that a uniform approach is need to work for a issue. I realized being passive will leads us no were but a determined work needs to be done, with the community tapping community resource collectively working towards the health for all. a need for a ground level action focusing for along term involment of people and out going efforts in monitoring the health setup in the community and helping to rehabilitating the health systems. The orientation was a source of pumping knowledge and constantly equipping me.

Originations visited

- Vimochana
- Hss
- Nimhans
- Tvs project
- Women's voice

Suggestions

- Need to include topics on environment health
- Need to have more time to discuss issues
- Need to have more time to visit Ngos

- Need to include health law

LEARING OBJECTIVES

1} To analyze the existing health systems in the community and the changes required.

2} To understand the various issues concerning women and health problem.

3} To study the existing government programmers in relation to women's health and
its implementation in the community.

4} To study the knowledge and perspective about, health systems function for women
In the community.

5} To understand the impact of disaster in women's health.

Experiences of palaverkkadu

A DISCRUIPATION OF THE PULICAT LAKE THE RICH RESOURSE OF THE STATE

08-Mar-2005, The Times Of India, Hyderabad.

The second largest backwater lake in India - Pulicat - has become almost dry.

Tsunami and other abrupt climate changes led to the sand bar's growth at the mouth of Plicate Lake. These changes have also prevented water from Bay of Bengal entering the lake. This has had a telling effect on aqua fauna and forced migratory birds to leave the picturesque lake.

As there is not much water left into the lake, the migratory birds like shovellers, pintails common teals, curlews, plovers, godwits, shanks, bareheaded geese are taking shelter

in less known wetlands like nearby Kudiricheruvu. Even smaller birds like waders have also shifted to Kudiricheruvu.

The study revealed that pollution due to pesticide residues, sewage, and agricultural chemicals and industrial effluents has become a major threat to Pulicat Lake. Arani and Kalangi rivers, which drain into the lake, are bringing the fertilizers and pesticides with runoff from the agricultural fields. 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. The environmentally sensitive and ecologically delicate region is threatened with the impending danger of losing its wetland forests, rare species of flora, fauna. The livelihood of the local community of fishermen, local tribal and agricultural workers are in danger due to massive unemployment, object poverty and the Ultimate displacement from their place of residence.

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 undertook by the Ennore Port, are the major developmental threats causing incalculable damage

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

Landless agricultural workers and unemployed fishermen are the victims of the mega projects implemented and they are in search of alternate earnings. Under such

circumstances, it is feared that the members of the local community may be forced to turn towards resource extractive and anti-social activities such as illegal sand mining, illicit brewing and indiscriminate exploitation of coastal and environmental resources, to surmount the problem of poverty and to survive.

PALAVREKAD

The community is located around 30km from the Chennai city, Pulicat lake is environmentally, ecologically and socially important It is the second largest stretch of brackish water in India.1/3 lies in Tamilnadu and rest in Andhra Pradesh (14 kuppams earn livelihood by fishing in the lake) so both share rights in the lake. Majority depend on lake fishing and rest on marine fishing. Issue of fishing rights is very historically significant. The train was the best transport to reach the place .during the journeys to the palverkkadu interesting incidences stories, latest up dates such things picked through conversations; much more to this lot of learning's took place.

It is one of the best communities, which one can learn the community dynamic Politics, potential resources life of fishing community, unity ………much more.

As I entered the community I was in a puzzle what to do, it was like a desert Unknown to me, almost a month I spent in visiting the community, the various Hamlet and rapport building with the community and the NGO staffs in getting to Know the community. During the few visits to the community lot of things, I Had observed a few that were explicit about the community.

- The corporation of the community
- The social responsibility that the community carries
- The wide-ranging of dynamic occupation of the fishing community
- The solidarity and social justice of the community
- The human resource of the community
- Unified equality
- Secularism
- Dynamics of the community
- Extinguished culture difference
- Life style
- Diverse groups

The time was insufficient to study the community ,as I had come with my objectives I started to look in what way I could contribute as well learn from the community .one of my learning objectives was to study the health problems related to women very specifically in relation to the community. I decided to organize training programme for the women in the community.

The training programme was a participatory. I had decided to conduct the training for the women on the strip of island , as there were more vulnerable to the health conditions, and access was a difficulty for that community. Initially I went to visited the community and organized the community meeting with the women SHGS in the hamlets to get their opinion in conducting the meeting it was their request that hey felt the need for the training programme on health also they suggested that it would be nice if the whole community could be benefited.
The next step was to contact the NGOS working there. I met a few ngos who were working in that strip of island and discussed about the feasibility of the programme.the NGOS also felt the need for the training for the community some straggles was discussed how to go about the programme the NGOS gave full support in organizing the training programme.
Stergiers for the training programme.

The concentration was more to the people living in the island .the island consists of 13 villages .after looking at the health system their, training program was planned for women in collaboration with the Ngo'S Worked with the women in palawekadu,to study their health status.
As the community was big and it was difficult to organize the community training in all the hamlets so I decided to organize the training by getting representatives from the each community for the training .since there were 13 villages they were divided to 3 groups.

6- Hamlets in first group
5- Hamlets in second group
2-Hamlets in third group
The group was divided according to the distances of the community for accessing the place of the training .the group constituted around 30 members ie 5 from each village along with 2 representatives from the ngo.The training had followed some criteria for the members participating –

- Only for women
- Above the age of 20ys
- Married women only
- Women who are literate
- Women belonging to the community
- Women who have good rapport with the community
- Women who have an inclination to know about health
- Women who can contribute the learning ti the community

Training programme

Title –coping with health

Goal- to create health awareness by addressing community health, public health and development problems related to women.

Objectives-

- to identify health problems related to women .their family, and the community
- to conduct training programmes with a focus on prevention at their level
- to help them develop their social skill

Session 1 - Brain stormining session

TITLE –streaming heath

- About the training session
- The need for the training
- Introducing self and group
- Deciding on the strategies for the training
- Evolving the topic of interest

Methodology

Interactive sessions
Group discussion

This session was an interactive sessions, keeping in mind the group and their interests the session took place in the community surrounding, There was a maximum participation of 30 members from different villages escorting with their field staffs. Two representatives from each ngo were present .the session started with an intro of all the members followed by a discussion of the training programme. There was a brain stromining of the topics linking to the daily problems faced by them special focus to the health of women. The topic were eaqaqaqz3discussed by discussions of personal encounters faced by every individual. Interesting facts were reviled about their health problems, such as lack of services, accessibility, and incidences from the villages ,much more all the members interacted and participated .The discussion long-drawn-out for an hour and the next meeting was also fixed it was an understanding that every, Tuesday the meeting will be held, in the community. which will be organized by the women and will gather at 2pm,.keepining the flex ability of the members the timing was fixed the session ended with a lot of response of and participation of the group a head to make the training thriving

Session -2

Topic-determinants of health

The training was organized in the community the representatives from different villages were present. Health being a very immense topic, as time was a factor. I restricted to giving a brief description of the concept. The training started with a game to get the group to action for the session.
The game was to let the group to stand on a scale that will express there state of health ,for the day and the scale ranged from healthy to sick and the members standing on the scale will state the reason for being healthy or sick. Various reasons were said i.e. healthy ,tired ,sick, ……….due to reasons like work stress, lack of money, no medication, happy,…………….many more. We spoke about the complex interaction in the

community between the factors like food, water, sanitation, employment economic and social factors that has much to do with health.

After the excise the discussion proceeded explain the determinants of health, we spoke about the inter relation of the socio economic, implications to health. How every indicator to the survival has the implication in changing the health scene, its not only the possibility or the solution to reduce the incidences life losses due to health reasons apart from revitalizing the quality of health care, we also look into the individuals responsibility to his/her health
status.

Session-3

Topic-demystification of anatomy

Methodology-
Diagrammatic representation
Interactive Group discussions

This session was to introduce the basic knowledge of the body and its functioning, this was to help the women to know about the self before giving them the knowledge of diseases and illness as they should be able to link the causes of illness in relation to body and health.
This session was handled by arun who is also a fellow of CHC, who had come to visit the community. The session was very interactive the parts of the body and its functioning was covered it was a new experience for the women and they enjoyed the session lot of clarifications that they had was discussed the women found the session very interesting and helpful. The women were ignorant about this topic but session helped the women understanding the other sessions.

Session -4-6

Topic –basic illness

The topic covered under this session was many this was organized by discussions, every member shared about the illness that is prevailing in the community lot of examples were shared. The session covered topics like:

- Basis ailment
- infections
- Dhiarror management
- Anemia
- Child care
- Water sanitation and health
- Traditional and healing practices

The group with there interaction spoke about prevention of the above diseases and how the community could partake in prevention of the above diseases.

Session -7-10

Topic-women's health

This was the most interesting sessions the women in the start of the session were very introvert as the issues were personal to them but the women spoke trough examples which was intesting topics that were covered were-

- Nutrition and women's health
- Reproductive health
- Contraception's
- Reproductive track infection
- Hiv/Aids
- Reaching out –community health

Key observations

The group was cohesive, during the process of the training programme I found that the women were able to converse what they actually wanted to know. The group enjoyed the training.
During the sessions, one issue that was of constant concern to the group was alcoholism
The women know better prevention methods, which were not followed.

HEALTH SYSTEM IN PALAVERKKADU

With a rapid advament made in technology .and at the pace at which things are taking place in the medical field, hear is a field with a population so extensive, there is only one general hospital, a PHC catering to the whole community. The situation is pathetic to see were primary health care given less importance. During the observations, I found some facts about the condition of the general hospital. It was only in the year 2000 that the hospital was changed from PHC to GH.
The condition of the GH is still like the PHC with its facilities

Hospital infrastructure

- Medical wing.
- Labour room.
- Out patient department.
- Ward
- Sidha wing

STAFF STRUCTURE

- 1-Doctor
- 1-Senior nurse
- 1-Sidhe prationer
- 1-ANM

- 1-Assitant

FACILITIES IN THE HOSPITAL

- 5-6 Beds
- Drug storage
- No weighting scale
- No BP apparatus
- No lab facilities
- No water facilities
- Poor electricity available
  Improper ventilation

The above facility is what is available in the hospital; it has been a constant struggle for the people in palavrkkadu in getting their right to health care. Road blokes, strikes, memos to the government are in process, but the government has made no efforts for the change. The struggle has made no change, so we need to find alternate methods of improving the system. Individually as a institution one cannot find solutions we need to work with the community in solving the issues.

Health care services issues

- ❖ Lack of emergency services
- ❖ No cesarean session
- ❖ No blood transfusion facility
- ❖ no anesthesia
- ❖ Limited services in the night
- ❖ Lack of staffs
- ❖ No emergency services
- ❖ Referral services –poor follow up

It is very necessary for the NGOS to take up the issue of health as there are no NGOS who emphasize on the issue of health in there agenda. we also need to work on the process to help in the stranded of the GH in palaverkkadu.

Issues related to the medical physicians

- ➢ Poor communication skills that is required to the adjustment to the community
  Less time spent with the patient
- ➢ Improper introspection
- ➢ Poor maintenances of health records
- ➢ Increase staffs
- ➢ Need for more general practice
- ➢ Distance of the GH

The above were some of the issuer raised by the medical stalls of the GH,working towards health for all means we need to have a bottom up approach and also need to look into the health sector ,only when proper facility is available will we have proper care givers and will maintain high stranded of care.

Training session organized for the NGO staffs

At the end of the training organized for the women I found that it was insufficient information, so with a discussions held with NGO staffs ,I decided to organize a two day training programme for the NGO staffs ,topics for the training was given by the staffs according to their need.

Agenda

To integrate all the ngos
To introduce community health
To discriminate knowledge on health

Topics covered were

- Introduction to health
- Determinants of health
- Health rights
- Women's health
- Substance abuse
- Health rights

Ngo that participated

MSSS
BHUMI
JEEVA JOTHI
SIGA

Resource persons

Amir (chc staff)
Asha (chc fellow)
Sathya(chc fellow)
Four VHNS from the community (PHC)

Out come

The training helped the staffs in adding on the knowledge on health, and concerning issues, it provided space for clarification of doubts and better understanding of health issues. The session was very interactive and also helped in sharpening the skills of training

Conclusion

The experience in palverkadu was a memorable one as it had helped me to understand many issues; it also helped me to identify and analyze stressful situations in the community

Mid term review

On jan 23-25 there was a reflection, were the whole group met again to share there experiences in the three months. Each one in the group went in diverse journey areas to gain experience and see the relation in the fields. It was and an exciting phase in terms of learning.

There were group sharing and discussions regarding fellowship experience and learning points each of the fellow were given equal time to share and clarify there confusions and dilemmas apart from this there were input sessions on the over view of community health workers and related issues and time was slotted to clarify the un finished topics
Durining the meet it was a opportunity to attend the MFC annual meet 2006 on the topic quality and coats of health care in the context of the goal of universal access. Durining this time friend ship and meeting new people from various back grounds collectively working on various issues aiming at a common goal **Health for Al**l
at this meet it was an opportunity to hear from different professionals about their work ,it was also an eye opining to the various issues. Policies issues ,government programmers and which way to go ?the meet focused at right based framework in a larger historical context .arguments limiting to right based perspective and also a detailed discussions on the right to health care.

Experiences of kargilnagar

The Kargilnagar , situated in Ernavur in Thirvallur district – Chennai site was visited after the post effects of tsunami the people were just shifted to Semi-permanent shelters were build and by an organization. That was allotted by the government through the co-ordination of the CNCC which worked all through for the people affected by tsunami to rehabilitate the affected families. The incitation of the Ngo and the government should be appreciated in rehabilitating the people; The community first lived in tar courted houses. which located in a low line area, and the people in the area also found difficulty in living , there were no facilities available there and there were lot of community clashes so the people were Relocated the people near celcrete factory- 18.6acres- given by government situations of people in semi permanents.

The area had around 2000 temporary shelter built .the Ngo had taken all efforts to build the shelter CNCC had a greater role to play in this project. When the project was on the proposed state the government wanted to dispense the shelter to the people because of the crisis around it was incomplete as the people occupied in this condition there was a lot of chaos. Only few families occupied as allotted the Ngo that was working took all efforts to finish the work that was undone .but this did not last long as the rains had the adverse affect on the existing living condition of the people in Ernavoor.

OBSAVATIONS FROM THE SITE

As the condition was, in chaos it was difficult to work but this site had given a lot of learning from the field. Some of the observations during the visits

Issues related to the shelter that was of most concern to the people

HOUSIINIG

- Incomplete constructions
- Poor standers of construction??
- Irregular progress of work during Floods.
- Slight variation between proposed structure and erected structure.

- ❖ Involment of the people in the project is not significant.
- ❖ Shelter built in Low line area.
- ❖ Quick allotment of shelter settlement of people after Tsunami.
- ❖ Provided employment-cash for work during constructions.

.

During the visits the above problems were found, in the last visits the conditions of the shelter were better, the corrections in the shelter were made and the condition of the people also improved. Rectifications were makeover the time.

OCCUPATION

This was one of the major concerns of the people in the community, apart from the depressions that they underwent; coping with day-to-day life was still a major struggle to the community. the problems that were encounter were-

- ❖ Away from sea.
- ❖ No transportation facilities.
- ❖ No accessibility to go to work in early hours.
- ❖ Decline in lively hood earnings.
- ❖ Forced to move to activate jobs.
- ❖ Increased number of people in idleness
- ❖ Increase people in gambling

Apart from the above problems, there were othere issues that were of major concerns and needed attention-

PROBLEMS FACED BY PEOPLE OF THERE

- ❖ Dynamics of conflicts among defect group in community.
- ❖ Lack of basic drinking water and electricity
- ❖ No proper sanitation conditions wide open practice of defecation.
- ❖ Water logging.
- ❖ Non-working condition of street light.
- ❖ Lack of safety and security.
- ❖ Distance in availing the health facilities.
- ❖ No emergency services.

Health conditions in the community

The health condition of the people in the community were also worse, some of the problems that existed in the community were-

- No health post.
- Health camp.
- Poor hygiene and no sanitation
- Unhygienic surroundings
- Increased number of women with health problems
- Alcoholism is being rampant
- Portable water is still a problem
- Water stagnation still exists
- Increase number of children sick
  Increase cases of fever and Derrière

Kargilnagar was a very challenging area to work; it was a interesting experience in visiting the community as changes were in constant process. An experience in the rehabilitation phase was also a process of learning.

Report on the allied areas visited

KannagiNagar

Kannagi nagar was also another tsunami affected area .but the time factor restricted to work only in one are to have better learning from the community. this was a rehabilitation area for the tsunami affected communities .people from different communities settled hear .During the visits some of the observations and reality that existed in the community were-

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 south east 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

Srinivasapuram

Srinivasapuram also another tsunami affected area which was visited, much time was also not spent hear. it was a opportunity to visit different areas .hear was an opportunity to visit and observe the whole area and also time was spent with the people in the community and understanding their state of mind after the disaster.

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 belong to dalit community.
- Fishermen turned auto rickshaw drivers. Women work as house-maids.
- 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 business person 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.

A WIDER PERSPECTIVE BEYOND ILLINESS

The experience that I had gained were informative and educative and it gave a cursory glance of the of different communities .during the learning process I went through the process of participatory, problem solving behavior- modification teambuilding and other formal approaches that encouraged experiential learning. Community health has evolved ways in integrating othere development activities. it has helped in evolving dynamic process ,it has helped in meeting challenges and helping 'learn to learn'.
When I left to the field to explore the field, the field was too wast to be specific to the objectives but efforts were made to

CONCLUSION

Durining the training in community cell I have gained broad and strong perspectives on community health. The six months was time for me to reflect and sharpen the existing capacity I had. Though I framed my objectives before I left, I was only able to focus on few objectives .health was not my interest area to work but after the fellowship, I started to develop the interest in community health.
I had gained a balloonist view of community health and my interest has been growing stronger in this field ,every day in the field was a new experience new to explore .the over all training programme also helped to build my personal self. at the end of the fellow ship I realized that we need to start with the people ,live with them, start with what they know, build with what they have and help them to accomplish the task.

Durining my experience I found that the health system need to function, need to improve infrastructure, service at there need should be provided. the process is long we need to bring in the community development concept to enable people to exercise collective responsibility to their own health and demand right to health
Women have been the most vulnerable in the community were importance to them are never given they have always been neglecting their health, and given the least importance
.we need to train women in medical education to help them selves, in terms of crisis helping to change the empowering process training them .simultaneity de-stressing the health centers, rejuvenation of hospitals and evolving a focus on comprehensive wellness centers for the poor .

Annexure

SWOT analysis of palaverkkadu

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
- DECLINE IN SCOPE FOR EMPLOYMENT
- UNEMPLOYMENT AMONG EDUCATED YOUTHS
- INCREASE IN FISHERMEN AND DECREASE IN CATCH
- INCREASED DEPENDENCE ON NGOS
- INDEBTNESS
- CONFLICTS OVER FISHING RIGHTS