Community Health Learning Programme 2009

A Report on the Community Health Learning Experience

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COMMUNITY HEALTH CELL

Community Health Learning Programme

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REPORT

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Acknowledgement

The past two years have been a roller coaster ride for me while trying to discover what I really wanted to be and do? I got my break through with The ANT (The Action Northeast Trust) and subsequently to be a part of the Community Health Learning Programme. Every single day was learning what better way being some best people around to guide, and taking me towards what I wanted to do .....

I thank....

My mentor, Dr.Rakhal Gaitonde for guiding me all through and for his valuable advice and suggestions from time to time. I will always be indebted to him. Dr. Sukanya, Dr. Ruth, E.Premdas for their valuable inputs. I look forward for further leanings from you all.

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Introduction

I was volunteering with the Ant for a couple of months and had the opportunity of interacting with the community and shared the difficulties and dynamics. Being a beginner I was unable to understand why a "few things" were as they were. So trying to clear my understanding along with my full time master's degree of Political science I also took admission to an MSW course from IGNOU that I thought could be a tool for critical thinking and I stared doing my field work in The Ant .During my field work the annual Medico Friends Circle meet took place in Assam in January 2009. There the fellowship was recommended to me by advisor of The Ant Dr. Sunil Kaul and prompted that this internship provides amazing opportunity to learn indicating the CHC team that was present there. I did not have much idea what the fellowship was but while talking to mentors of the programme who were attending the MFC meeting I got a brief that this may the opportunity to get my "confusions" cleared out. And the broucher also gave an idea what was it all about. I also spoke to other fellows who were there in the meet and this helped me to understand the programme better. In the short span of my volunteering I felt it was very difficult to know and understand the dynamics of community and needed some theoretical as well as practical clarity on various concepts and philosophies. Being from humanities background and applying for "community health" an alien concept I gave my CV for the fellowship a little skeptically.

During the orientation I was very confused as to what my learning objectives would be firstly I thought and believed that if change is to happen it is the children who can really bring about a "change". But I was not much experienced to work with children .I had a second thought as what would be that I can really cultivate on my learning objectives. With the orientation programme(Annexure a) and being a student of political science I knew the theoretical concepts of Human Rights I thought after discussion with the mentors that rights based approach and understanding the right to health could be the where I should start from and build on. So after my discussion my learning objectives took shape as

Learning Objectives

To understand and learn Right to Health. Right to health care and approaches to it.

1. To understand the various strategies for realizing health rights. (with Peoples Health Movement as a case study)
2. To understand/critique the NRHM from an entitlement/rights perspective

   a) How Health entitlements/Rights has been incorporated in NRHM

   - Policy
   - Implementation
   - People's perspective

   b) To understand the limitations of health entitlements/ rights that are being offered through NRHM.

   c) To identify opportunities for enhancing Health entitlements/ rights within the NRHM

Learning objectives	How	Why
1.To learn and understand Right to Health	Reading, to attend training programme, placements, involving with community to understand their needs.	To become a trainer in health rights and work with community to realize their rights.
2. Various strategies for realizing health (special study of PHM)	Meeting PHM activists, going through literature review, books/ journals, previous works, placements	To be a health activist and understand the role of movement in realizing health rights and entitlements.
3.Understand /critique the NRHM as entitlements/rights	Meeting people working with the policy, policy formulators, organization placement, research work training. Advocacy training. Engaging in policy-making activity.	To understand the intricacies of policy making, it's shortcomings, To lobby with government to take peoples perspective while policy formulation.

What is Community Health?

"Community health" as I have understood from the orientation programme and from the placement is empowering people to have the power to demand their right and it involves community participation, community mobilsation and community involvement in reaching this goal as very important components. More to my understanding on community health it is more than just "medical" every thing that comprises the well being of a community is health. Again "wellbeing" ie "health" should come to a community through all dimensions of their daily life. This is what I feel is community health.

My fields visits

Structuring my learning objectives I took a month's break to write my final exams. And then went on to my field visits.
During my field visits I tried to look at the various aspects of right based approach and understanding the concept of right to health as adopted and implemented by the various organizations I visited.

CHILD IN NEED INSTITUTE

KOLKATA AND MURSHIDABAD UNIT OFFICE.
Time: 4th of July -21st of July

My first placement was with CINI (Kolkata) and I was under the field mentorship of Dr Indrani Bhattacherjee under the **Child and Woman friendly Community (CWFC).** She and her team gave me an orientation about the working of CINI.

History of CINI
CINI is an award-winning, registered Non Governmental Organisation (NGO), operating primarily in West Bengal and Jharkhand. CINI was set up in 1974 by Dr Samir Chaudhuri, a paediatrician working in Kolkata. Preventing malnutrition and disease by teaching mothers simple and readily available ways of helping themselves, was one of CINI's first priorities. CINI

quickly realized that one of the main reasons why the children they were treating were trapped in poverty was due to their lack of education. One of CINI's most important roles today is that of facilitator. It empowers people by communicating their rights and entitlements to them and helpingwomen and children make use of those services already provided by the government. CINI also reaches out to every level of government from community leaders to policy makers to ensure that as much as possible is being done to help the poor, and to minimize the damage caused by ineffective governance.

CINI evolved from service delivery mode to a mix of facilitation and service delivery and adopting an integrated approach across

- Education
- Protection
- Health
- Nutrition

With a vision of meeting the Millennium Development Goals in these areas the Child and Woman Friendly approach was adopted. All the activities under CINI are gradually being implemented by the units through CWFC approach. The Program Management Unit (PMU) is the central coordinating unit for CWFC that links the various implementation sites to each other as well as to the head office. PMU provides technical inputs through capacity building of key stakeholders and other staff involved in implementation along with developing community based monitoring tools and mechanism. In addition, the unit undertakes advocacy related initiatives from grassroots village level up to the state level.

The other units of CINI are:

1. **CINI Bandhan** is working on sexually transmitted infections (STIs) and for people living with HIV and AIDS.

2. **CINI Chetena** is a training unit that specializes in different aspects of training such as training needs assessment, curriculum development, training package development, organizing and facilitating training and evaluation of training programmes.

3. **Child Health and Development Division** is primarily responsible for implementing programmes and generating evidence related to child development, aimed at influencing the policies at the state, regional and national levels.

4. **CINI YUVA** envisages fostering an environment where Young People's (10-24 years) Reproductive and Sexual Health (YRSH) is realized.

5. **Women Health Division** enhances institutional learning regarding reproductive and sexual health related issues and interventions among women.

How it helped my learning objectives?

CINI has adopted the rights based approach of CWFC i.e. the triangular method to involve of PRI's (Panchayati Raj Institution's), Communities, and service providers. Through this approach CINI was trying to empower people by communicating their rights and entitlements at the community level. This gave me an opportunity to explore my learning objectives of understanding different types of rights based approaches, understand the needs of the community and also learn how to lobby with government officials at community level and also

with the PRI's and to ensure community participation towards health. This were some of my first initial learning objectives .

BEING WITH CINI:

CINI being a large institution, it took a while for me to understand the various working and different units at which CINI are compartmentalized. The CWFC unit I was placed was working on right based mode across all the units and programmes. CINI was changing its approach from service providing mode to rights based approach.

CINI Murshidabad Unit:

I went to the unit of CINI at Murshidabad district in West Bengal about 7 hours from CINI head office. I was vested with the work of identifying the gaps with SHG and the panchayat and put forward suggestion to improve the situation in identified villages and blocks. This was suggested to me by the coordinator of the unit. I started by learning the working of the SHG groups in various villages and also meeting the Panchayat .

The SHG's were mainly clustered to work towards the objectives to work on education, protection, health and nutrition through various means such as ***"The social resources map".*** CINI has provided for training to a couple of members from each SHG's to carry out a household survey. The survey identified specific problems relating to the issues CINI is working towards. The CINI team at various levels helps each of these groups.
The survey has identified certain specific problems, which are mainly divided into 6 core areas. These are

1. Identifying pregnant and lactating mothers
2. Children of the age group from birth-2 years
3. Dropouts from the school age group of 6 – 14 years
4. Drop outs from the ICDS centre i.e. age group of 3 –5+ years
5. Households without Sanitation
6. Malnourished children

They intervene in all of these issues areas. It is designed to study these six areas through the survey and during the survey the top issues that came up became the focus of the intervention in all the places CINI works.

When they identify any of these issues in a particular house they put a mark in the resource map using ***"Bindis"*** of different colors. With an initiative to work collectively, the entire SHG group members came up together and divided the work among them. Each member took the responsibility of a particular number of households and then they try to generate awareness among them on the issues and try to solve them. The SHG groups are closely related with the Panchayat to realize and solve the identified problem areas. Most of the groups try to be in the meetings with the Panchayat every Second Saturday and fourth Saturday. Here the role of CWFC approach is to facilitate greater dialogue among the three stakeholders i.e. community, PRI's and the service providers. Being a facilitator CINI provides for capacity building of the SHG's by providing them with information on the issues listed above .The SHG member tries to generate awareness amongst the people regarding the identified problems. These groups had to overcome lot of challenges and social stigmas before forming it. These SHG's have made an attempt to work for the community, of which they are also the members, along with CINI. The group works as per the requirement identified through monitoring by social resource map. This has come up as a big tool to recognize the various aspects and problems in a community and a mechanism of community monitoring. These groups are working very well towards working for the community.

Observation at the Gram Panchayats

The Gram Panchayats were mostly very cooperative in terms of collaborating with the developmental works along with CINI. It was as nice picture of officials taking initiative to work for the community even requests to help them to function better. There was two of the Gram Panchayat Pradhan I have visited did not know the government schemes properly and even have not heard the name of NRHM. Then I learnt that those Panchayat Pradhan did not have much formal education but were using the funds properly as been informed by the CINI members.

Case studies

Panchayat:

The Panchayat of Swaruppur was very difficult to work with. The Panchayat Pradhan was dominated by the opinions of other members. While in the discussion it was observed that the executive Director and other members of the GP was not at all interested to know the work of CINI or the SHG member, They complained about the work of CINI and did not want to cooperate with.

Afterwards it was found that the Pradhan and the members were well aware of the works done by the SHG group, which was recognized by the Pradhan also.
Here the question comes as to how an individual of "I am superior attitude" can affect the system.

SHG:

During my visit one distinct problem that came to the SHG groups were to work as volunteers. It was a real challenge on my part to ask them to continue their volunteerism as I could understand there socio-economic condition which requires them to work 24/7 and to give time for attending meetings and work with community and the panchayat was a difficult call. There were a few women who came out to work breaking out all the social stigmas in order to earn thanking CINI who gave the motivation and break through and earn and learn. But a particular incident of SUTI block the women were working in the BIRI factory shared that they wanted to work for the society but they cannot leave their children hungry, one lady particularly mentioned about the meetings ,if they would have worked for two hours rather then attending the meeting they would have earned Rs 10. But she also understood that how much the meetings have empowered them to speak up.

- The CINI model of making the SHG group to be responsible for the health of their communities was a great learning experience of community participation on health. The way the processes in the model enable dissemination of information and engaging the PRI's, communities, and service providers was something which overwhelmed me. Though the ASHA programme was not implemented in West Bengal but if this model is taken as an example and could be modified according to the specific needs of the locality, this is a real tool for community participation towards health. This model has also given another identity to the SHG groups other than just been into economic empowerment the SHG groups are also bringing about societal reforms.

- I had an opportunity to understand how to start out the preliminary work of switching over from one approach to another. During my interaction with the senior members of CINI CWFC unit they said that it was not new that they were taking a rights based approach but it was very minimal. But with the emergence of the unit they have started taking this approach across all units. All the projects were now more based on rights based approach rather then service providing. They would continue to provide the minimal service if and when require

but would concentrate on capacity building of the community through developing community based monitoring tools and mechanism.

(Detail report of the visit is attached as annexure b)

Mid term

We then had to come back for the mid term review we had an opportunity of witnessing the Indian courts of dowry and related forms of violence organized by a Bangalore based organization called VIMOCHNA. The theme was

Daughters of fire: India Court of Women on Dowry and Related Forms of Violence

The testimonies that shared the stories of pain, overcoming the challenges and victory was a real enriching experience. The testimonies made me understand the fact clearly that violence can take place with any one no matter from which back ground one comes from or from what qualification one has acquired. The performance by Malika Sarabhai completely stunned me and it stayed on in me for quite some time. It portrayed four girls and their wishes in various walks of life, but because of theirbeing girls they take a drastic step of committing suicide as they wanted to live their lives in their own terms. It really shook me up and really thought any form of art can be so crucial to communicate the most interior waves of emotions. I had then started thinking of reviving my music for communicating the messages across which I had almost given up.

Community Health Cell (CHC), Bangalore and Chennai extension unit
Time 5th -30th Aug

My second placement was with Community Health Cell. I had an interaction with my mentor and decided to be with CHC and try to enhance my understanding more with rights based approach on health.

History of Community Health Cell

The Community Health Cell (CHC) grew out of a study reflection-action project which started in Bangalore in 1984. The experimental phase of the project was supported by the Center for Non-Formal and Continuing Education, Bangalore, till 1990. In June 1990, the project was reviewed and the Society for Community Health Awareness, Research and Action (SOCHARA) was established and registered. The Community Health Cell became its functional unit.

Promoting community health based on the social paradigm, through policy action, training, mainstreaming, networking and the people's health movement continues to be CHC's core thrust. CHC recognizes that peoples' health is deeply influenced by determinants that are deeply embedded in the social, political, economic, cultural and ecological fabric of life. Synergies of global and local action are necessary to influence these in a positive direction. This understanding led CHC to a substantial involvement in the People's Health Movement from local to global level during the past seven years.

CHC has developed a rich and diverse web of interaction among persons and groups involved in Community Health in India and specifically in Karnataka. These include:
* Individuals in search of greater social relevance in health work
* Coordinating agencies in health in the voluntary sector
* Community health and development projects in rural areas, urban slums and tribal regions

* Networking and issue raising health groups
* Development projects, networks and development training centers
* Government agencies and ministries at Central and State level
* National and international agencies supporting health action.

Community Health Cell (CHC) and People's Health Movement, Karnataka (Jana Arogya Andolana, JAAK), with the support of several people's organisations are working towards promoting pro-people policies on health by constantly engaging with governments both at the centre and state.

How it helps my learning objectives?

With the objective of gathering more understanding on rights based approach. CHC's work completely gels with my learning objectives of understanding more on right to health issues and to understand the movement's and means and strategies to realize health, to be part of campaigns, lobbying with govt at various levels and in various ways, attending meetings seminars etc . I got engaged in few of the activities that took place

Being with CHC
URBAN HEALTH CONSULTANCY MEETING
There was a consultancy meet which was facilitated by CHC and JAAK .And the meet was to be organized within a very short span of time which was very difficult task. Team members of CHC along with other CHLP fellows, and myself engaged our seles in calling up the organizations' working on health and sending mails to the E groups and tried to contact as many as organizations as possible.

I had my difficulties to understand the language but with some translation I was able to understand parts of the discussion. While most of the NGO's were working on several issues but none had enough data to work towards urban health and now talking about rural health with NRHM we have a structure and because of the extensive work with rural health we have been basically able to figured out as to in what ways to work towards rural health and what is the real need but in case of urban health with many things e.g. even with data's we are struggling to figure out answers and did not know as to what exactly the situation as to where do urban health stands and what really should be done in that area. The consultancy meet helped me to realize many aspects on urban health.

<u>Right to food campaign with CHC AND JAAK</u>

I got the opportunity to work for the Right to Food Campaign and while understanding the concept of right to food it seemed to me as a right closely linked to the right to life in article 21 of India's constitution. I found that the right to food is protected under international human rights and obligations and also equally under international law. The right to food is recognized in the Universal Declaration of Human Rights in Article 25 (1) and the International Convent on Economic, Social and Cultural Rights (ICESCR) in Article 11.

History of the Right to Food Campaign:

A human rights organization in India, the People's Union of Civil Liberties (PUCL), has challenged the Government of India that has been storing many millions of tons of grain while people are starving and the massive anomalies that are been taking place in the schemes other programmes.

On April 16, 2001, the PUCL submitted a writ petition to the Supreme Court of India asking three major questions:

A. Starvation death is a natural phenomenon while there is a surplus stock of food grains in the Government godown. Does the right to life mean that people who are starving and who are too poor to buy food grains ought to be given food grains fee of cost by the State from the surplus stock lying with the State, particularly when it is reported that a large part of it is lying unused and rotting?

B. Does not the right to life under Article 21 of the Constitution of India include the right to food?

C. Does not the right to food, which has been upheld by the Hon'ble Court, imply that the State has a duty to provide food especially in situations of drought, to people who are drought affected and is not in a position to purchase food?

The public interest litigation (PIL) on the right to food fought in the Supreme Court during years. In the course of this PIL, the Supreme Court has issued "interim orders" from time to time. And these orders have been used to as a tool for action. First and foremost, this gave an opportunity to hold the state accountable. The Supreme Court orders can also be used to help people to understand that they are "entitled" to certain forms of public support as a matter of right.

The right to food campaign was a great learning experience for me. Before engaging myself to the campaigning I had gone through the draft "National Food Security Act 2009". The draft national food bill had serious limitations and was seriously going to hit the marginalized and the common hard in food security issues. The First thing that struck me in the draft was the sheer language of the draft. It fails to comprehend the ground realities. The proposed bill does not even assure the basic "Food Entitlements" of the poor, and the promise of ensuring Food security is far- the bill proposes some points such as:

1. To cut the food grain quota by 10 kgs for Antyodaya (considered the poorest among the poor) and BPL families

2. To reduce the number of BPL families.

3. Terminations of APL families from the PDS.
(Extracted from concept note on Right to food Act food ministry June 2009)

The bill tends to take several of such anomalies, and it would ruin the entire spirit of food security.

The CHC team actively involved in the entire process of the campaign there were certain specific tasks which was assigned to us in the campaign. And along the way I have learnt

- Youth mobilization – particularly the student community
- Media mobilsation /advocacy.
- Preparing communication materials.

An orientation meet was held with the Right to food campaign Karnataka, as to decide on to the issues which are to be taken forward as demand to the National Health Security Bill 2009 and also to put forward a memorandum to the State government with regard to the state needs in

terms of the food security bill. The meet was attended by various organizations and associations coming from different backgrounds to put forward their thoughts and ideas to make the bill pro people and comprehensive to the real needs.

It was also decided to go for a hunger strike as a symbolic protest against the food security bill on 15th of august.

Discussions

There was a divide among the groups as many were of them believe that they entirely protest the bill and another group was of the belief that they should welcome the governments initiative and point out that the bill was not comprehensive enough and there should be changes accordingly. Activists coming from various walks of life have their own strong view points and specific needs towards an issue and to come up with one consensus was a difficult task. And with varying priorities of each of the groups, working through these though important, sometimes turned out to be unrealistic.The right to food as under stood is not only to have and access food but to HAVE FOOD WITH DIGNITY.

My visit to Chennai CHC extension unit

From confronting the government in the Right to Food campaign Where we all shouted slogans and participated in a symbolic hunger strike to protest the up coming bill, it was just the opposite with my next visit.

I had the opportunity for a short period of time to be in Chennai extension unit of CHC for workshop on Community action in health –evolving a Tamil Nadu model and launching of the next phase of the community monitoring in Tamil Nadu.

During the visit I had an opportunity to meet the Health official's. It was a rare occasion to get to understand the power and political dynamics while understanding the rights based approach. It was really a rich understanding of an approach as to how to engage and make the power structure more accountable towards their duties.

It probably was for the first time in India that a joint paper was written as an outcome of collaboration between civil society and government over the community monitoring process. Lot of negotiations and compromise was a part of the process. It shows just the sheer focus and hard work of the CHC team to get the government on to the tables and get a joint paper as to get to work towards a common goal of providing better health.

I got to learn how to cultivate a definite and well thought of process in order to work with the government To get a linkage and breakthrough and to put in the constant effort to suit the requirements of the government and also look at that while doing so the real cause of strengthening the health system does not get lost.

I was amazed while I compare both the approaches. The distinct thing that comes is that it has the same direction that is to make the system more accountable but yet so different. I have just read about the different approaches and heard of it but the sheer experience of been through the understanding of the entire process was an incredible experience.

International Peoples Health University Bangalore :

IPHU short term course on health and equity

1st of September to 10th September:

The International Peoples Health University course on health and equity has helped me to broaden my understanding on various concepts and ideas. The sessions on global health, political economy of health, primary health care, policies, globalization, neo liberal globalization, social determinants of health, environment and health, conflict and health, right to health approach equipped me to identify and critique different approaches. I got a better understanding on the working of the People's health movement. The wide range of lectures really provided a holistic approach and made the course more comprehensive .The group discussions and the group works were very helpful for expressing the ideas and opinions to put forth. Doing the project work was good but really thought about its practicality as after once the course the project work was not taken forward. Apart from that, as been a part of the feed back committee it was fun to make the feedback sessions more creative and it really allowed the creativity in us to be push and come up with different ideas every day .

The International People's Health University organizes various short term courses around the world and provides the ground for health activists to learn as well as network globally to spread the message of 'Health for All' and strengthen the People's Health Movements.

It tries to bring out strategies to support the people's struggle for health. The IPHU tries to bring in activist from various backgrounds across the globe. It also tries to provide a learning opportunity and grow with knowledge on various issues.

(Detailed report on the feed back sessions is attached c)

SATHI (Support for Advocacy and Training to Health Initiatives)
PUNE AND BADWANI UNIT
September 20th to Oct 30th 2009

I was really excited and was looking forward for my next placement at SATHI (Support for Advocacy and Training to Health Initiatives) as it exactly fits with my first learning objectives i.e. To understand right to health and SATHI is pioneer on that.

History of SATHI:

SATHI is the action Centre of Anusandhan Trust evolved from CEHAT. The SATHI team originated in 1998 as part of CEHAT Pune and after working for more than 7 years as an action team in CEHAT, from 1st April 2005 has developed into full-fledged action centre of Anusandhan Trust with Headquarters in Pune.

To realize this long term goal, SATHI's strategy is to contribute as a team of pro-people health professionals, to the movement and initiatives towards such a society, by focusing on the aim of realization of health and health care as fundamental human rights.

SATHI now consists of many components such as:

A. Collaborative health initiatives with four people's organizations in Maharashtra and Madhya Pradesh.
B. Advocacy at broader level for Primary Health Care and Health Rights
C. Training on Health Rights and in Community Health Initiatives
D. Action-research related to Health Advocacy

How it helps my learning objectives?
SATHI would provide me greater understand right to health, and various strategies to realize health .would also be have a deeper understanding on the role of movements and peoples based organization as to how they realize their rights and how they functions.

Being with SATHI:

SATHI as an organization gives technical support on issues of Health Rights to four of the peoples based organization in Maharastra and Madhya Pradesh. I had an orientation on the working of SATHI by my field mentor Dr .Dhananjay Kadke and was placed with there unit office at Madhya Pradesh in Barwani District. I had learnt about the working of Jagrit Adivasi Dalit Sangathan (JADS) and Madhuri behen who is leading the Sangathana and was looking forward to meet (JADS) people organization whom SATHI is giving technical support on heath rights initiatives.

To understand the health initiatives of SATHI along with JADS better I started participating in various meetings and visiting hospitals talking to the staff of SATHI, and people of the sangathana understanding and knowing the history , their stories if struggle.
It reminded me of the saying "Rome was not built in a day"

Participating in the protest rally to Pati hospital:
I participated in a protest rally to the Pati hospital that was the result of the direct monitoring that the Sangathana members had undertaken to keep a check on the services provided in the hospital. The process of knowing what is their right in the hospital was itself long history and keeping an eye on the hospital was also a very intricate one. Before organizing a rally people from JADS takes initiative and volunteers to keep a watch on the working of the hospital e.g. at what time the doctors came to hospital, do they take a break in between their working hours, if medicines were free of cost, corrupt practices etc and then they report back the inadequacies in their meetings is the process of Direct monitoring.

A day before of the rally a camp on health rights training is facilitated by the SATHI team. Following which the Sangathana along with leaders of JADS and the SATHI team discussed the agenda for which they would proceed for the protest rally. They brought out 14 points gyapan which was to be handed over to the CMHO (Chief Medical Health Officer).

The process of being in the Rally:
Step 1
During the process of direct monitoring the sangathana decides the time for the rally and day before that the actual rally they call for health rights training where they discuss on various themes as to have a better understanding about the cause they are fighting for.this time it was a revision of the "Use and Misuse of Injection and Saline". The training was given by SATHI team through posters developed by them. All the posters were displayed and were explained one by one.

Step 2
Immediately after the training in the evening there was discussion and meeting with various leaders about what will be issues on which we would be conducting the rally. The Sangathana kariyakarta who volunteered in the direct monitoring discussed one by one what they have observed. There was even a general meeting on what were the other issues. Films and songs on struggle were shown and explained by leaders that went till next day early morning.

Step 3
All the issues that came through the observation and putting it in the "GYAPAN" memorandum that was to be submitted to the CMHO.

Step 4
JADS started the rally with songs of struggle prepared by them. They took a cart along with which microphone was attached for announcing the anomalies of the hospital and proceed with the rally.

Step 5
As reached the hospital, they call for the CMHO in front of whom the anomalies were read out. Few people gave their testimonies and pointed out the people who took money for the services Before the CMHO.

Result of the rally
The result of the rally was amazing where the nurse and other office staff had to pay back the money they took from the patients for the free services and also made a doctor to bring back a hospital bed which he used in his home. Later it was found that the nurse and the office staff was dismissed from there job. According to me these were small changes but an important one where I was also concerned about the poverty level of the nurse and the office staff and there is always lack of staff in the hospital as most of them did not want to stay there. These were a few questions that cribbed my mind.

Visit to the villages of PATI block
To understand more of the working of JADS, I went to stay in the villages of PATI block of Barwani district for a week I stayed and visited a number of villages and talked to the people of the Sangathana about its formation and working. It was very interesting to find the "kariyakartas" the leaders were so passionate about getting their rights. I happen to ask Tarki bai senior lady kariyakarta as to imagine what would you do if every thing you demand and you get? She wonderfully replied "I will fight" I repeated the question and tried to convey my message across her but she gave me the same answer. Then again I asked her the same question as she might not understand my language but describing the entire situation she replied "we will go and fight for those who needs us but we will fight" .I was really amazed with the amount of fighting spirit and their zeal for bringing about a change in the society.

Participating in protest rally for drought relief
Then I participated in another rally this time it was bigger then that of last rally that of direct monitoring .Here about 8000 members of the Sangathana participated in the rally. And members from all the blocks of barwani came in. this time the issue was declare MP as a drought hit area as well as to increase the days of work under the NREGA being a drought effected area. During my visits to the villages I was a part of the entire process of community mobilization and I went through the entire process of dissemination of knowledge that took place and every one knew and understood what they stood for. There was a hand out circulated during the meetings that was carrying the entire message of the laws and why hey were demanding so. It was in their local and lucid language for better understanding of people who would other wise finds it difficult to take part. I have already mentioned about the amount of detailed work that goes on ad the entire process was great learning for me.

Discussions

- I understood during my field placement that it was sometimes very difficult to match the need of a people's organization while working in an NGO mode which has a professional dimension. SATHI was trying to give only technical inputs but keeping a

demarcation of not involving into the way how a people based originations demands is a difficult task.

- It was sheer amazing for me just to know the amount of detail work and effort that goes into the organization and it was real a entirely a community participation in issues that touch them and kudos to SATHI team that they were able to weave the health initiatives to that of the lives of the Sangathana members and brought out the real essence of community health.

Lastly I did some documentation work for SATHI where I documented entire two and half years of work by SAATHI on health rights issues. It was again a new learning for me as it developed my documentation skills. With this I finished my field visits and we were called for the final review.

(The report attached as annexure d)

Final review

Then we came for our final review here we developed our project proposals for the last three months project work. I went back to The Ant to do my project work.

Learnings in a glance from the field visits

Organization I placed	CINI	RIGHT TO FOOD CAMPAIGN (KARNATAKA) CHC	CHC COMMUNITY ACTION (CHENNAI UNIT)	SATHI (UNIT BADWANI)
Time I spent:	4th of July -21st of July	July - Aug	Aug last week	September 20th to Oct 30th 2009
Where were the organizations ?	Calcutta (head office)Murshidabad unit office	Bangalore	Chennai	Pune- Madhya Pradesh
With whom they were working?	The CWFC unit I was placed was working on right based mode across all the units and programmes.(I was focusing on SHG and panchayat)	NGO's, Activists, student groups, intellectuals.	Government officials	Jagrit adivasi dalit sangathan (JADS)(technical support)
What was the approach?	Changing from service providing mode to rights based approach(non violent mode)	Right based approach.	Engagement of NGO with government	Rights based approach(technical support to peoples organization)
What did I learn?	*Community participation: How to engage SHG's to identify the problems in the villages and make them work towards its betterment.	Mobilizing the youth, components in organizing a campaign, understanding the various groups and dynamics as how various activist's ngo's	A) Engaging and making government and bureaucrats more accountable towards work. b) Tried to look at the power and political dynamics while working on to any issue.	1) Rights based approach. Empowering people with dissemination of knowledge such as what are the rights of the people in health system etc. 2) Being with JADS understanding the working of a people's organization. (History of

		work.		JADS). 3) Direct monitoring: People from JADS take initiative to keep a watch on the working of the hospitals. They report back the inadequacies in their meetings. The "Sangathan kariyakartas" of each of the block.
What did I like?	The technique of the SHG group members identifying the problems of the villages through the bindis	All ngo's, groups, activists from various works of life coming together for a cause.	A definite and well thought of process in order to work with the government.	1)The people themselves taking up issues as with the series of inputs by SATHI in health related issues 2) Participating in the rallies: a) The pati action rally against the corrupt practices of the hospital and lack of facilities. b) The rally to declare MP as a drought hit area increase the days of work under the NREGA being a drought effected area. Making the system more accountable through radical steps and people confronting and questioning the system.
What were the challenges?	*The SHG groups complaining of been just a volunteer and as they could have earned during the time they did the work for CINI (Being changing from service providing mode) *Adamant panchayat officials can make your work suffer.	Observation: Activists coming from various walks of life have their own strong view points and specific needs towards an issue. breaking through and coming	To get a linkage and breakthrough and to put in the constant effort to suit the requirements of the government and also look at that while doing so the real cause of strengthening the health system does not get lost.	It was very difficult to match the need of a people's organization while working in an NGO mode which has a professional dimension. The synthesis of both that SATHI was trying to give only technical inputs but keeping a demarcation is a difficult task.

NGO visited	process	Strength	weakness	opportunity	Threat	comments
CINI	Changing from service	The model of the SHG group to	Not been able to	Can work more towards strengthening	The discontent	This was an Wonderful area

	providing mode to rights based approach	work towards the six identified areas. And the triangular model of the PRI's ,the service providers and the stake holders	channelize its capacity to the optimum.	the the triangular method to involve of PRI's for better results in the grass root.	of the SHG members over volunteerin g the work	to explore as working with the SHG and the panchayat got to see the power dynamics. And how attitudes can hamper in process to make a system work.
Community Health Cell	Right based approach. And engagement with Government	As been a nodal organization can take initiatives in health related issues	??????	As working on rights and also engages with the government can bring out the best of both the two.	While taking both the approaches it may sometime over lap with one another.	This was a great opportunity to see the extremes of both the approaches while one confronts and the other engages.
SATHI	Rights based approach(tec hnical support to people's organization	*Resource group for health rights issues *Network with peoples organization	Restricted to only 4 peoples organization.	Can expand its work in other areas of health.	The can be overshado wed by the work of the peoples organisatio n	Got to learn about the synthesis of an Ngo mode and Sangathana mode.

<u>Discussions on the issues that emerged in the Field Visits</u>

1) *Traditional system of hierarchy….*

One of the things that I felt the most was the sheer change of attitude of that executive director, he was enquiring if I have any government recommendation or approval to make or even ask them question. As I introduced myself from Bangalore and about my work and politely answered him that I was not there to ask something very official and was just to understand the system of PRI and that I have come with CINI staff and if were to take any information we could easily get it filing an RTI .He immediately then made an entire shift to his behavior.

The next thing that concerned me was that the superior attitude of the official really makes the dialogue process very slow and rigid. And with being one person heading the entire show it really makes one unable to raise the concerns about issues and problems emerging in that area. I have even tried to discuss with the director that, we all are working for the same goal i.e. for the betterment of the society "What is the harm if we work together solving up the differences?" for sometime he kept quite and replied "actually no harm but why do I have to listen to someone else when I know that what I am doing is good. I did not wanted to mess with him as I would for a day or so the CINI team had to work. I thanked him for his valuable time and walked out.

After that I had focus group discussion with the SHG team who showed me the signed document by the panchayat Pradhan acknowledging the work of CINI and the SHG group.The Pradhan no say over the executive director which was a real area of concern.

2) Dilemma of volunteerism…..

This particular incident had really made me think about the concept and spirit of volunteerism. Even though I was a volunteer in The ANT but I had my family to take care of my expenses again now that I am in the fellowship programme I am receiving a stipend. It would be a different matter even if the SHG members had to volunteer for a day or so, but again which is a difficult task for a daily wage earner as they had to really give a lot of time for the programme. I was having my own sets of dilemmas then as with the women sharing the incident of if she would not have attended a meeting she could have earned Rs 10 I felt it was so true if she would have not came the meeting I had called she could have earned, but on the other side I felt happy that they acknowledged that much the meetings have empowered them to speak up.

3) Move Towards Rights Based Approach…..

As per the discussion with the seniors I understood that the new approach was more on to capacity building of the community that they were focusing on as earlier they were more to service providing. The community then got very much dependent on to CINI with the service providing mode and used to get the works done without realizing the actual process involved and how the system works. With the shift they are trying to make an attempt to make the community more aware about their rights and duties. They have not completely given up service providing but have minimized its activities. They wanted a more sustainable model which was not possible through service providing and Rights Based Approach was the alternative.

4) Arts and public hearings powerful mediums to achieve rights…

Attending a seminar organized by a Bangalore based organization called VIMOCHNA. The theme was Daughters of fire: India Court of Women on Dowry and Related Forms of Violence. The performance by Malika Sarabhai completely stunted me. I really did not think before though being with music for years long and but could not realixe that it can make such an impact. Though I use to sing issue based songs but the performance by Malika Sarabhai made me realize the fact.

Public hearings a importance means of achiving rights as it creates platform for generating voices which are unheard and provides an platform to ventilate their frustrations angers and dissatisfactions. It creates a much favorable environment and one of the best ways of finding out a solution to achieve rights and confronting the concerned
authorities directly.

5) Urban health concerns..

This issue came up while I was with Community Health Cell and I was attending the Urban Health Consultancy Meet. The meeting itself was organized with that concern that though many NGO's were working with health related issues but none had the proper structure as to what should be done with the issues related to urban health. Almost no NGO's had proper data's as to what is the exact situation or the status of urban health. With

With that meeting CHC along with other NGO's came together to work towards formulating an urban health structure. Initially decided to collect data's and formulate the basic components as what basic need for a comprehensive urban health policy.

6) Food for thought…

I was with the Right to food campaign Karnataka .Right to food being a sensitive and issue and there were lot of other issues that was related with this cause. It was difficult on my part to understand the situation of the campaign within the small span of time I was in. But along the way discussing with many people and attending meetings and also while participating for a hunger strike as a symbolic protest against the food security bill on 15th of august it appeared that many do not welcome the bill as for them it was full of anomalies and wold ruin the spirit of foods security. While another group welcomed the bill with many changes to it specially the name to be changed from "food security bill" to "food entitlement bill" as they believed that the word "security" has lot more connotations then just what has just been put across. In the same way various other groups have their own set of view point which was to be consolidated into one.

7) Struggles in power structure…

My learning's on these two approaches took place during my placement with Community Health Cell Bangalore and Chennai Unit. They were Rights Based Approach through activism and another was on Engagement with the government the difference in both are one confronts the Government and the other engages with the government. Another difference was one struggle to make it heard to the government. It has to go through the tedious process of PIL's particularly while mentioning about Right to food campaigns to make the system work and while collaborating with the government a lot of negotiation takes places which have to be defined and redefined in order to suit both the parties. There are pros and cons about both the approaches but the bottom line is that it should make the system work.

8) *Rally for rights…*

A rally is one of the strongest modes to protest and express ones discontent over the prevailing system .This can violent as well as may be non violent mode. But a rally as organized by the JADS of such a kind can be fit into Human rights based approach as the constitution of India provides for in its fundamental rights, the right to freedom under Article 19 which has the sub clause to assemble peacefully without arms.

Project work in the Ant

After the completion of the end term I came to The Ant for my three months project work
(The project proposal is attached as Annexure e)

History of The Action Northeast Trust (The ant)

The Action Northeast Trust (The ant) is registered as a Public Charitable Trust, based in Chirang District of Assam, India. The ant works at two levels:

1. Directly, in the villages of District Chirang (newly formed Bodo Territorial Administered District) of Assam .
2. Indirectly, advocating certain issues and providing training support to NGOs & networks anywhere in the northeast.

1) Direct Village Work: The programmes are running at more then 100 villages. The ant is trying to put together demonstrable programmes that could serve as low-cost and sustainable models run by the community. Besides, are trying to help the community to demand their entitlements from the State in order to improve governance and reduce corruption

a.Jagruti Groups & Dals :
b .Village Pharmacists & Barefoot Doctors Programme.
c. Community Laboratory Technicians
d. Community Monitoring of the National Rural Health Mission:
e. Enlightenment to Entitlement Programme:
f. IDP issues

2) Indirect Work: the ant plays a supportive role for organisations in other parts of the northeast who are engaged in development acrivites. It has worked chiefly in four ways:

a. Training
b Consultations & Evaluations
c Publications
d. Fellowships
e. Design Support

Apart from these, some members of the ant have been called to play a role in making larger policy changes on issues such as malaria, rational drug policy etc.

My Initial Idea:

My initial idea was to see the Role of ASHA as an activist and to strengthen them under NRHM through trainings and bringing out a relevant module during the process. There were few activities that I decided to take were:

1) Review of literature (focusing on dimension and different content)
2) Meeting the NRHM officials
3) Consultation meeting to adapt and bring out a relevant module
4) Drafting the module for pilot training
5) Pilot testing in one cluster
6) Incorporating the inputs of the pilot test
7) Field testing of the module in clusters.
8) Printing of the module.

With an objective of taking my project further I went to my work area called Koila Moila cluster. As I went there I tried to understand the situation and the requirement of the ASHA there, as instructed by the my field mentor Jennifer Liang, Managing trustee of THE ANT and also got involved in other activities of the cluster as I used to stay with a village organizer(VO) of the cluster . I use to go to various meetings of the Jagruti Dals (women group/SHG) formed by THE ANT , community meetings , home visits, and sometimes visited schools. I face a bit of problem as I could not speak nor could understand the local language.

Organized meeting with the ASHA federation:

THE ANT has a separate health team to see all the health related issues. So there the team had decided to take up a meeting with the ASHA's federation at Koila Moila as I also wished to work with ASHA. It was 5th of December 2009 there I along with other staff members of the ant were waiting for the ASHA to have the meeting.

What happened to the meeting?

But time passed by but only 4 ASHA came. As I enquired about the reason as why they are not coming the ant staff informed me that, there was probability that the ASHA were not very keen to attend our meeting as they are not happy about that the staffs of the ant giving information to the villages about the use of Rs10000 untied fund which is not meant for the ASHA but for the health promotion work of village. As I enquired about this to the ASHA's present there they also told the same reason and also added that many ASHA does not even know that it is meant for them. Our cluster coordinator also informed us that the ASHA were told that as they do not receive any money for there work so this money is for them. As I went deeper into the matter it appeared to me a more complicated issue as all the ASHA's were also relatives of the VHSC committee members.

What did I do knowing the situation?

Though I came to know about this incident and could sense that this was a serious issue but I was very much focus to finish my project as planned .So keeping the issue aside I started asking the ASHA'S who were present there, what trainings they had undergone or what exactly they want but they could not say much and told they needed time to think The VO's of health told they would go and talk to the ASHAs dispensary wise and go into the concern as what was the real cause of the incident and so I thought I would hand them over a few questions which could help me to take my project further. (I was to go to Guwahati to attend a seminar on those days). As I was in the meeting at guwahati I called the health team VO'S to enquire about the situation if every thing was going well or not. But they informed me that there were many concerns which cannot be resolved over phone and as I would come back they would talk to me. When I came back and enquired I found that the as VO's of health went around dispensaries some of the ASHA misbehaved and abused them while they try to make a conversation with them. I found that the matter was too serious to handle and it was more then what I thought initially.

Re-Assessment of My Work:

It also found that it was the ASHA of only a particular area of that cluster that were misusing the fund and who misbehaved with our VO's and the ASHA's of other areas were very cooperative and during the visits of the VO's of health to their dispensaries they informed that they need training on Malaria. During my visits to some PHC's and sub centers I was informed that usually malaria cases gets over by September to October every year but this year it is continued till date so then I realized as to why they requested to give them training on MALARIA which would be benefiting them to work better.

Coming to the matter of the other ASHA as was reported to me and I discussed this with Jennifer, she immediately rang up ASHA mobilizer appointed by NRHM and discussed the matter and asked what could be done about this. He ensured that the matter would be taken and he would discuss the matter to the higher officials. There was a discussion that the NRHM office would hold a joint meeting to remove the unnecessary speculation and clarify all the confusion about the matter. The health team coordinator and I discussed the matter along with Jennifer.

Sharing With My Mentor:

I discussed the entire episode to my mentor Dr. Rakhal as it happened and shared that I was unable to follow my schedule of bringing out the module as there were these factors that needed to be sorted immediately. After the discussion he suggested me go for a case study of situation and he also send me a guide for the case study and could bring out a training guide on Malaria as I was to conduct that. He also informed me that there were some provisions under NRHM in

some places that ASHA do get Rs10000 for them I needed to find out whether that was there in Assam. But I confirmed it with Dr. Sunil Kaul and he informed that there was no such provision in the ASHA programme in Assam.

Systemic concerns and my learnings:

As there was the meeting to be called through the NRHM office I was probing to know as to when it would happen. The health team coordinator of the ant was in charge of arranging the meeting so was collaborating with him in the task. He informed that for the past few days the Joint Director was on leave and as he comes back would arrange the meeting. A few days later I again enquire if the time being fixed or not. The health team coordinator informed that the NRHM office said that they do not have budget to arrange such meetings and so they might not be able to conduct the meeting. He said to me that he informed the NRHM office that The ANT was ready to bear the expenses but they should hold the meeting. I said that expenses should not be a hindrance to conduct the meeting as I too have a small budget to conduct my project and this was a part of my project.

The health team coordinator was in constant touch with the NRHM office but he came to know that the Joint Director of the NRHM programme was constantly in Guwahati and was so unable to give time. At last the meeting was to be held on 21st of January 2010. I rejoiced after much of hurdles that the meeting was to be conducted. But my celebrations did not last long as soon I was informed that the meeting was cancelled as the joint director had to change plans in the last moment.

It was sheer frustrating on my part that every time I enquired with the health team coordinator as to why it was necessary that only the Joint director would only be able to conduct the meeting and why not the other officials of the NRHM takes the charge. He replied that he tried but he said that the power of decision making and many of the health care providers with whom the meeting was to be conducted did not come under the DPM (District programme manager) and hence it was the joint director who was needed for the meeting. He also added that the Joint Director informed him over phone that he won't be able to give time until mid February 2010.

OTHER LEARNINGS

1) Training Programme on Malaria:

In the meanwhile I was trying to conduct training for the ASHA's as per their requirement of my reassessed work with the rest of the ASHA of the cluster. It was the Christmas time and the training was so pushed to January 4th 2010 and also the New Year celebration was on. But after few days I got the information that some of the Asha's were to go to some other place to collect their money for meseals on the same day. But they apologized for not been participating. As these ASHA's were a big group of 12-15 Asha's who would be unable to come so I thought it would be good if I could call all the Jagruti group leaders of that area and it would also be nice to spread message of health across which was one of the prime objective. And also community been together and it would be nice way of interacting and getting to know each other better. With that objective in mind I asked the VO of that area to accommodate the group leaders 2 from each of the 5 Jagruti groups for the training. I facilitated the training on 4th of January along with a community health worker of THE ANT to conduct the training on malaria.

Here I brought out a training guide for the health workers on Malaria.

(Details of training guide is attached as annexure f)

2) Attending Seminar called "Expanding Elbow space for the Voluntary Sector in North east":
The seminar was about the space for NGO action in the northeast – as compared to many other parts of India which is very constricted. The seminar consulted the civil society is being entrusted with a larger and increasingly significant role in other parts of India, while here in the northeast the space was actually shrinking. The concept note of the seminar carried an example of the D.C's meeting in Guwahati which spawned a dangerous trend of marking pro-poor and rights based NGOs as 'maoists'.

The need for NGOs to start looking within in order to claim their space in various spheres such as in traditional community institutions, in the government, in the media, with powerful youth organizations and also with funding agencies were the topics for discussion. This seminar provided the space to openly talk of the issues and throw the debate open.

3) Being part of a general meeting to discuss provisions under NRHM:
I was a part of a general meeting in a village called Boldi in Koila Moila cluster and discussed about the rules and regulation of NRHM. It was a good sharing experience but I was a bit skeptical and did not wanted to share the fund related issues in the first meeting because of the incident with the ASHA's and also it was the first meeting so thought we will go slow with the process and will disseminate the knowledge step wise to avoid further disagreements.

4) Discussions with Jagruti group members about issues of health:
There were few meetings that I had attended with Jagruti group members and in the meeting I tried to pitch in what with the Concept of Health and many of the groups decide to take up health as an agenda in there meetings such as sanitation, safe drinking water etc. Here I would like speak about one incident that while doing one meeting with one of the Jagruti dal leader in a village cale SALBARI of Koila Moila cluster where there is an acute scarcity of water she raised her concerns about health related matters and what were the ways they were trying to over come this challenge. They tried to dug wells that did not work now with the help from help they are trying to collaborate with SASHATRA SEEMA BAL(SSB) as they have a camp situated there and they have promised to help are now trying to come up with some ideas as to how to solve the matter. It is in a very initial stage. It was hence to create awareness on to health related issues that I even invited the group leaders for the Training on Malaria. While about the health related services we did not share much except for a meeting or two as I attended in at BOLDI where I had the opportunity of speaking about health rights and NRHM.

5) Conducted survey in on private health care facilities in District Of Bongaigaon:
I also conducted a survey on private health care facilities as provided in district of Bongaigaon which was to be used for the Medico Friends Circle meet 2010. It was interesting to go through the entire process of the survey as I represented myself from NGO it was difficult to get the answer and a lot of question were to be answered as why, what, when, how, etc. but 3 out of the 5 hospitals I visited took me as student and I too did not reveal my identity could get the data's easily.

(Details of the survey is attached as annexure g)

6) Attended meeting at Makhra Patkiguri mini PHC with ASHA and Doctor:
I was asked by the health team to attend meeting with the ASHA and the doctors of another cluster in a village called Makra Patkiguri .Here we were to thank the doctors for they helped to created an account under State bank of India which allows the patients to take cash without opening a new account. . The cash is for the schemes under the NRHM such as Janani Suraksha Yojna And we were also to discuss the problems the doctor and ASHA which did not seem to be many. We were to discuss to form a new ASHA federation.

The out come of the meeting was the ASHA told about the problems to the doctors and answered their queries and they have decided to form a federation in the nest meeting as a few of the members were not present in the meeting.

7) Attended training programme on delivery skills along with ASHA:
I attended a training programme on delivery skills along with ASHA given by Dr. Sunil Kaul .the objective of the training was to equip the ASHA to have the minimal knowledge of the delivery process so that they could help the doctors at the time of emergency as most of the lack's AMN's and GNM's .it was a residential training of two day's hence during evening we conducted a group work of the ASHA to summarize there problems from the area's they belong. I tried to jot down the problems in a report which was taken by Dr. Sunil Kaul to be discussed with the NRHM office at Guwahati.

(Details of report is attached as annexure h)

8) Attending the Medico Friends Circle (MFC) Meet:
It was again a wonderful experience to be in MFC meet .This time the meet was very special for me as in the sense that last time in the MFC meet I was enquiring about the fellowship and this time I was a fellow of the CHLP programme .The MFC meet has in real sense of the term has defined and shaped my life to the understanding of health.

This time the MFC meet has taken a theme of a Universal Access system for period of two years. This would made to chalk out condition and would help to find out the areas where there is a need to work upon. The sheer variety of discussion that takes place in the meet is a treat to just be there and the experts giving their inputs.

Discussions:
During these three months there were two skills that came up that were negotiation and training skills. While in cultivating my negotiation skills it seemed to me that it needs lot of patience to churn this skill. The negotiating that went in while the implementation of the NRHM on the field was at times very frustrating in most of the times as you plan of some work and the end results turns up to nothing. As for example while planning up for the joint meeting I had a long discussion with my mentor and he suggested me to go for a case study about the meeting and the situation as to how NRHM is implemented at the grass root level what are its pros and corns. And he as well as sent me a guide line for the case study. As for my self a lot of preliminary work was going on side by side coordinating with the Health Team of The ANT, also and the Village level organizers etc getting down information about the current situation, When was the meeting to be held enquiring about it many times as it was cancelled and what were the reasons or what was there take on it.

Training was other skill that developed during my project work for me it worked as a rapport building tool with community members and the ASHA's. Training is a very important component as people don't get their rights or don't ask for their rights because of lack of knowledge, about their rights and entitlements. and training is a tool to disseminate knowledge and empower community to know their rights.

How I see ASHA as an activist?
While my learning about ASHA as an activist it was of various shades while looking from the concept of activism I saw her from two different perspectives. If she was only to bring out issues of her community in health related areas then she is able to bring in the issues in most of the cases. As she has shown remarkable improvement in terms of health related issues such as institutional deliveries and immunization etc. But if we are to see her as an agent of change who can really voice out the concern of community then there are many question marks over it. As to yet to see what is the real role of ASHA's?

Being in Koila Moila:

Being in Koila Moila was a good learning experience while volunteering with The Ant I did not have the opportunity to explore this cluster. So it took a while before I could understand the entire situation. The Ant is mainly working with Rights based approach across all the cluster and also Kolia Moila but the incident with the ASHA's taught me an important lesson while working with Rights Based Approach one has to be very careful before even disseminating knowledge as in this case it was the information that was provided about VHSC fund that created the entire confusion. It was the brighter side that the information brought out so many anomalies about the entire process. This was the major learning being in koila moila. This incident made me bit cautious while working on rights based approaches as to really have to see through ever aspect before taking an approach.

Annexure a

Community Health Learning Programme- Orientation report

The orientation programme gave an extensive understanding on various aspects of health, the programme dealt with various concepts as listed below:

- Understanding the concept of health. (Definition community health, core components and health as human right)
- The monsoon game, understanding society, social determinants of health.
- The alternative paradigm in community health, skills and values needed for community health
- Historical Overview of health care systems.
- Introduction to public health system, its structure and functions. Public health approach to Control of diseases – role of health system.
- What is primary health care? How do PHC components get translated to practice?
- The story of Alma Ata to present time
- National Rural Health Mission (India's effort to strengthen health system and improve people's health)
- What is Globalization? Various aspects of Globalization and its impact on health
- Understanding Gender distribution system.
- Overview of national programe on vector borne diseases
- Alternative system of health
- Commercialization of drugs

LEARNINGS and REFLECTIONS:

➢ The orientation programme began by providing the basic definition of Health, but with the progress of the sessions, the multi dimensional aspect of health, which is beyond just "physical health" for the very first time, was introduced to me in such explicit manner. The case studies, Gave me a deeper understanding as how other determinants such as class, caste, gender, language, and other artificial barriers cause a hindrance to "good health".

➢ I usually took the concept of Health invariably as a "Need" more then that as a "Right". The Constitution of India has also not provided "Health" as fundamental right but only talked about it in few articles. But the linkage of Health as a fundamental right with that of Right to Life was a new learning for me. The perspective of seeing health as a need has changed to Health as a Right more so I would prefer the word "Entitlement" as after a brief chat with Dr.Sunil Kaul I realized the fact that when we talk about right in comes within the purview of legal battles.

➢ The Monsoon game made me realize, though we say or belief that fight with situation, come out social barriers and bindings, a simple game taught me how difficult it is to fight out the social norms, the structure, the power plays, the rules. Poverty, magnetization does not allow you to question. But the game taught me if one does not question the norms, the norms would always oppress only a section of the society. The role-play as one of the farmer family and the situation, which was put forward by the game, was extremely unjust and is very much faced by farmers in real situation also made me realize the daunting difficulties which the farmers has to overcome.

- While understanding the concept of society and the social determinants of health, I understood that the society is thoroughly stratified into various strata's and it is the power structure dominated by a few, who decides. It is because of the resources available to this few, which make them the dominant class. The S E P C analysis gave a better picture on the social determinants of health.
- Health is always been taken into consideration of only being as just physical. The paradigm shift talks about health being just not physical but other determinants are also been taken into consideration. The role-play of one group taking consideration only physical aspect and the other group taking the other determinants into consideration showed the differentiation. It is an extension from medical approach to community approach.

The session discussing the skills and values needed to work with community made me realize that a community worker in order to be successful in the work area has to have a variety of skills as community has various dynamics to it and in order to understand a community better a worker must be equipped with set of skills to work towards the betterment of the community. The documentary on JAN SAWSTH SAYOG was a perfect example for me to understand the perfect mixture of skills and values required to work towards community health.

- Historical overview of health care system provided me with a background of understanding as to how the health care system evolved. The 3 tire concept adopted by government to address the problems of public health was an area of discovery for me as mostly diseases occurs at the primary level and the need for strengthening of primary health care centers was realized by me.
- Introduction to the public health system gave an insight to the working of public health system. Few concepts about the structure of public health also came into light as a new learning for me. The learning on the manufacturing rights completely own by drugs control of India under the department of chemicals and fertilizes was a shocker for me as it alone controls every aspect of drugs from its quality to quantity.
- I realized the need of Primary Health with the session on evolution of health system. But the story of RAKU though just silent pictures reinforced the very fact of need of primary health care. The lack of basic health care results in with the death of Raku's child. The story moved me, to understand the intricacy and problems of marginalized people. I felt how essential it is to have for primary health care centers in the remote areas.
- The session on Alma Ata discussed how alma-ata was evolved. During the session I learnt that the declaration talks more on what Bhore Committee Report had already suggested in 1946. But even the Alma Ata declaration is still a dream to be fulfilled realizing "Health For All" but the people's health movement is working towards the goal of achieving the same.
- The session on NRHM was a realization as to what might have been the situation without NRHM as the condition of the public health care system is still in deplorable condition. It is the call of the hour and the urgent need of the health care system to be given a serious thought. NRHM is the blink of lights and with PHM and other health movements, we will make "Health for All" a reality
- Globalization as I understood has made a huge impact on to the world out right though making some good but largely making the world a hollow shell as I learnt it. The concentration of wealth where poor are getting poorer and the rich pocketing the entire resources is the biggest dividing that globalization is doing in the world. Its impact is felt at all times and at all levels and Health is one of the crucial areas where impact of globalization is much felt with health being an industry of profit making.
- The gender distribution system through the game indeed learning as how a woman is over burdened with work and multitasking takes a serious toll in their health. The superficial ties attached to a women does hamper their growth in their all round development.

- Dr. Ravi gave a session national programmes undertaken by government on various vector borne diseases. Its implementation, success and failure.
- The alternative system of health session by Dr Shirdi Prasad gave a description the usefulness on alternative medicines and its implications. The sessions also discussed about how to conduct training and the requirements of training. This session was very useful for me as my learning objectives also require training myself as a trainer.
- Inter action with Naveen Thomas further clarified the session on globalization and it's impact on the health care system ,it was indeed a eye opener as to how the commercialization of drugs has effected the prices of the drugs and whole of the health care system.

Some Other Important Learning's During the Orientation:

- **Exposure visit to Potnal :**

The exposure visit to Potnal was the most enriching experience to understand and know the ground realities. Meeting the Jagruti Mahila Sangha (JMS) workers and understanding their struggles was a real inspiration. The work done by the women group on herbal medicine, terrykota and the neem fertilizers made me realize how an organisation should work towards strengthening the capacity of the members with the resources available.

The visit to PHC'S, The PDS, and Gram Panchayats gave a picture of how the system really works at the ground level. The actual working of a system got exposed at every level. My team members were Tejeswini, Bhaviya, and Shivkumar, went to visit the villages called Gonwara, Dumti, Ragalapali, Valcumdini. It seemed that the word "adjustment" was the favorite word of the PDS shop keepers as all the distribution was done as adjusted with the "so called resources" available. PHC showed me a definite area to improve upon with just a few things done a lot is left were to be done, the NRHM programme showed the ray of hope towards better facilities then ever before. But many things for proper functioning were still missing. The Gaon panchayat we visited was a clear picture of power politics and the gender play to the system.

The real eye opener was at a distance of 6 kms from Potnal "the social boycott" of Dalits in a village called TARKAL the story surrounding a building up of a sub-center. There was physical assault and series of atrocities meted out by the upper caste. I just had a notion of how social boycott could be and always thought that the textbooks were an exaggerated version but the visit made me see the real implication of a social boycott and its consequences which were may be more then what is written in the books.

- **Looking inwards:**

Looking inward was a session, which made me reflect on myself. The concept of Johari's Window of knowing your inner self, private or public, the unknown self was an interesting exercise. It made me more aware of myself understanding my self better. It was a very enriching experience as to know oneself

- **Interaction with Basic needs India**

Interaction to the Basic Needs India team had a very interesting session on mental health. I learnt that there is acute shortage of mental health care and a realization that how mental patients are being discriminated. The approach by Basic Needs India team while dealing with their patients was a inspirational as I always use to think that people with mental sickness requires

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support in every aspect but BNI show that they can very well support themselves as well as family.

- **Meeting Father Claude, Father John, Dr Kshitij and field mentors:**

Meeting Father Claud and Father Johnson was a real inspiration the words of encouragement really motivated me more to work on towards realizing Health for All. The brief discussion with Dr Kshitij reveled about the adversities that are taking place in the name of development are absolute shockers.

Meeting the field mentors gave a brief idea as to on our placement according to our learning needs. The interaction helped us to clear up some amount of doubts as to our field placements.

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Annexure b

REPORT OF CINI MURSHIDABAD UNIT VISIT ON SHG GROUP AND PANCHAYAT

REPORT OF CINI MURSHIDABAD UNIT VISIT ON SHG GROUP AND PANCHAYAT

BY
SHELLEY DHAR
INTERN, COMMUNITY HEALTH CELL,BENGALURU

THE CINI EXPERIENCE:

I have thoroughly enjoyed my visit with CINI and specially the CWFC unit in which I was placed. The work environment is very healthy with the whole team to help you I also visited the Murshidabad unit of CINI, which was again a wonderful place not only for work but also for its great hospitality.

This report on SHG and Panchayat reflects my observation and suggestion as per my understanding during my short visit. I request team members to put forward their suggestion, observation and correction in this report in order to make things more workable.

The unit visit had helped me a lot to understand the workings of CINI and my field visits gave me a better understanding on community participation towards health on right-based approach.

I THANK each and every unit member of the CINI team Dr. Subhomoy Pal for my logistic arrangement, and special thanks to my field mentor Dr. Indrani Bhattacharya, Jayanta Choudhury Murshidabad unit coordinator and his entire team for the field visits, and CWFC members Suchimita Ghosh, Ruba Banerjee, Supriya Mukherjee, Gias Uddin Sardar, Ishani Biswas,and Bipul Sardar.

Introduction:

CINI evolving from service delivery mode to a mix of facilitation and service delivery and adopting an integrated approach across

- Education
- Protection
- Health
- Nutrition

With a vision of meeting the Millennium Development Goals in these areas the Child and Woman Friendly approach was adopted. The Child and Woman friendly Community (CWFC) approach of involving the three key stake holders of PRI's, Communities, and service providers as realized by CINI would provide a better opportunity to achive the goal.

Working of the SHG members and CINI:

CINI provides for facilitation of SHG members at various villages. These SHG's are working here ranging from five years to newly formed but with CINI the experience is only the maximum of three years to as new as two months. CWFC as an institutional approach mainly is working on rights based approach that tries to build their capacity on the integrated approach of education, protection, health and nutrition.

The SHG's were mainly clustered to work towards these objectives through various means such as "***The social resources map***". CINI has provided for training to a couple of members from each SHG's to carry out a household survey. The survey identified specific problems relating to the issues CINI is working towards. The CINI team at various levels helps each of these groups.

The survey has identified certain specific problems, which are mainly divided into 6 core areas. These are

1. Identifying pregnant and lactating mothers
2. Children of the age group from birth-2 years
3. Dropouts from the school age group of 6 – 14 years
4. Drop outs from the ICDS centre i.e. age group of 3 –5+ years
5. Households without Sanitation
6. Malnourished children

When they identify any of these issues in a particular house they put a mark in the resource map using ***"Bindis"*** of different colors. With an initiative to work collectively, the entire SHG group members came up together and divided the work among them. Each member took the responsibility of a particular number of households and then they try to generate awareness among them on the issues and try to solve them. The SHG groups are closely related with the Panchayat to realize and solve the identified problem areas. Most of the groups try to be in the meetings with the Panchayat every Second Saturday and fourth Saturday. Here the role of CWFC approach is to facilitate greater dialogue among the three stakeholders i.e. community, PRI's and the service providers. Being a facilitator CINI provides for capacity building of the SHG's by providing them with information on the issues listed above .The SHG member tries to generate awareness amongst the people regarding the identified problems. These groups had to overcome lot of challenges and social stigmas before forming it. These SHG's have made an attempt to work for the community, of which they are also the members, along with CINI. The group works as per the requirement identified through monitoring by social resource map. This has come up as a big tool to recognize the various aspects and problems in a community and a mechanism of community monitoring. These groups are working very well towards working for the community.

STRENGTHS OF THE SHG'S:

1. Their initiative of breaking the barriers and coming together to raise collective voices to bring a change in lives.
2. Their collective effort to work for bringing about a change in the society.
3. Equipped with knowledge on several right based issues such as on women, child health etc.

VILLAGE WISE OBSERVATION OF SHG's AND PANCHAYAT:

14th of July 2009

SWARUPPUR VILLAGE:

The SHG's of this Gram Panchayat are working towards solving the issues that has emerged with the social resource mapping and they have realized the need to eradicate the problems from their villages.

Gaps:

- There is a sound of dissatisfaction among the SHG members about being working without any tangible benefits. They are also of the opinion that rather than sitting in the meeting, visiting and monitoring, they can use the time to concentrate in their own respective work.
- Need of communication about the works done by the SHG groups and the higher authorities of the Panchayat.
- At present networking between SHG and the GP is not much.
- Need of co-operation from the higher official of the GP
- Lack of information on government policies specially on NREGA, NRHM

What can be done?

- Making them realize about their strengths and benefits about the work they are doing. The facilitators should be well equipped with answers to handle the situation in order to convince them. This can also be done through interactive session with SHG members of other GP who have realized the indirect benefit of the work they are doing.
- Smoothening the dialogue with the Panchayat through regular meetings with the SHG's through facilitators' and collaborating with them in the developmental works of the village.

- If possible organizing meetings and interactive sessions with the government officials with SHG members, along with the Panchayat members and the CINI workers in order to clarify their doubts and questions

PANCHAYAT:

The Panchayat of Swaruppur is difficult to work with. The *Panchayat Pradhan* was dominated by the opinions of other members. While in the discussion it was observed that the executive Director and other members of the GP was not at all interested to know the work that CINI or the SHG members are working upon. They complained to workof CINI and did not want to cooperate with. After much of the discussion, the authorities agreed to join forces and look on to the meetings of which was to take every 2nd and 4th Saturday of the SHG members.
Afterwards it was found that the Pradhan and the members were well aware of the works done by the SHG group, which was recognized by the Pradhan also. But it was just an example of an inflexible authority and an area where CINI unit has to take steps as to smoothen the dialogue with the GP.

15TH of July 2009

RATANPUR VILLAGE

The SHG members of this GP are also working towards solving the mentioned issues and are towards working for the community. They have a well-organized way of working, as they were also previously associated with the Community Health Care Management Initiative of CINI in partnership with the Department of Panchayat and Rural Development, Government of West Bengal.

Gaps:

- This group also has the voice of want of some minimum economic benefit from the organization for their work.
- Village named BADBARIA as informed by the SHG members are having major problems as with illiteracy, migration, and lack of livelihood and economic backwardness. The SHG groups have also identified that people of that place are migrating mostly to BOMBAY for livelihood purpose. This has also brought in major social problems in the area such as multiple partners and health problems.
- Lack of information on government policies specially on NREGA, NRHM.

What can be done?

- Make them realize the indirect importance of their work that is making them more aware of their rights and work towards them.
- Identify the people taking to migration, their cause and plan out with SHG mothers what are the problem area and what are the ways that can eradicate the problems.

PANCHAYAT:

The GP is very cooperative with the working of the SHG's and are willing to work for the community. They want cooperation and information sharing from that of CINI to smoothen the system of working for the community.

16TH OF JULY

RAMPUR VILLAGE

The SHGs of this village are working well in this GP and do not have much problem in the work nor they have any want of economic benefit. Though it is just a few months old that they are working but they are equipped with much knowledge and they are in want of more

information and knowledge. The field workers of CINI are providing them with information as and when required.

PANCHAYAT:

The Panchayat Pradhan is in all praise of CINI workings and is working closely with the SHG members. The Panchayat has lots of initiatives in hand and is trying to work towards it.

18th of JULY

SUTI

The SHGs of this area are much interested to work for the community and they collaborate well with the CINI team. This village was is in much economic crisis. But because of the BIRI industry they have felt some economic relief so they are not willing to quit it.

Gaps

- SHG groups of this GP are engaged mostly with "BIRI" making as their main occupation. As expressed by the groups it is very difficult for them to give time to the gaps identified in their village without any economic benefit.
- Lack of information on government policies especially on NREGA, NRHM

What can be done?

- Bringing out a sustainable and alternative work for the group to get rid of the BIRI industry .
- Along with the other groups, this group should also be to make realize of the benefits of the work they are doing for their community and its indirect benefits to them.

SUMMING UP:

While observing the working of the SHG's there are certain common areas in which the CINI unit can work upon:

Conducting meetings with the Government officials with GP, SHG's and the field workers to over come the problems and doubts straight from the stake holder. This exercise may reduce unnecessary speculation over schemes and policies provided by the government. This may also give an edge to work in the GP's that are not very cooperative.

The interaction with the SHG has also suggested a requirement as to have some guideline for proper investment of their savings. There may also be a problem in doing so as CINI is not in service providing mode so before taking such measure there should be proper analysis of the requirement of the SHG's.

The groups are working without any economic benefit and have expressed their dissatisfaction in it. Appropriate measures can be taken in order to channelise their work. Some of the ways to tackle are as suggested above and also involving the male members of the family in few of meetings and work for better cooperation and make them understand the value of their work.

Screening of films, Group activities such as Games, sharing of stories, incidents, issue based songs may give them a better understanding of the works they are executing.

The SHG's groups are functioning well with the social resource map. They identify and take on the problems to a solution. They are bringing together remarkable changes in the villages in the problem areas as identified in the survey. The field workers are providing them with tremendous amount of support. With time and more with the work the groups have potentialities to be an immense help in the workings of CINI with its integrated approach on education, protection, health and nutrition.

Annexure c

DOCUMENTATION FORMAT FOR THE SATHI PHASE III PARTNERS-

1. Name of the organisation- **SATHI**

2. Number of villages /town where health rights activities were conducted during the course of this collaborative project-

No. of village (Pati- 30, Pansemal- 15, Barwani-10)
No. of Training/ meetining (Pati------, Pansemal------, Barwani-----)

Training and capacity building workshop for activists –

i. How many training are conducted by SATHI since the initiation of this project?

ii. How many activists have participated in these trainings? (Also write number of male participants and number of female participants)

S. N	Date	Training and workshop/mela	Subject/issue	Number of male participant	Number of female participant	Total number of participant
	31/03/09	**Village health mela @** ***Sawariyapan*i**	---- health check up and ---- anc check up and immunization/ Out of these:2 children were malnourished 6 Hand pump recharge Poster exhibition on health rights: Injection saline Knowledge on local Nutritious food mixture weight measurement of 30 children			1000
	11/04/2009	**Village health mela @** ***limbi***	99 health check up and ---- anc check up and immunization/ Out of these 1 child was 4th grade malnourished 1 patient of TB was referred to pati On 1 patient of was had cataract 7 Hand pump recharge			1200
	13/04/09	**Village health mela @** ***Palwat***	Poster exhibition on health rights: Injection saline Knowledge on local Nutritious food mixture weight measurement of 45 childen …..health check up and …..check up and immunization/ Out of these			800

			….children malnourished and …. were …… was found with TB patient, ….anc check up. Poster exhibition on health rights: Injection saline Knowledge on local Nutritious food mixture weight measurement of 30 children			
	26th may 2009	**Village health mela @ *Pospur***	132 health check up and 11 anc check up and immunization/ Out of these 6 children were malnourished and 2 were referred to badwani under bal sakti yojna, 1 woman was found with TB , and 3 were suspected of so were referred for test to pati Doctor from asha gram did mental health check up of 6 patitents and gave medicines Poster exhibition on health rights: Injection saline Knowledge on local Nutritious food mixture Weight measurement of 25 children			1000
	April 07 to march 08	**Capacity building @ Pati block**	Mobilization, Awareness and sensitization of villagers, ASHA and sangathana kariyakarta for the composition of the VHSC	70	145	215
	2-03/feb/2008	**Training @ Badwani**	Swasth sivir, poster exhibition use and misuse of injection and saline, right to heath, govt scheme such as jsy, janani express, ddy. body mapping			
	19th to 20th & 22nd to 23rd April 08.	**Training @ Rosar (Limbi) & Bokrata cluster**	Training of VHSC Members Health facilities at chc,phc and sub center and powers and fuction of the vhsc,	25	50	75
		Village health mela, @ gudi	ANC check up and immunization card, weight check up of children under the age of 5, health check up of 90 people out of which 2were			900

			suffering from jaundice(referred to district hospital.) benefits of locally grown food.			
	29/09/2009	**Training @ Verwara**	Use and misuse of injection saline	70	80	150
	23/08/2007	**Training @ golpatiwari**	Dr.verma facilitated the herbal medicine sivir and plantation programme			35
	28/06/2007	**Training Village health committee and swasth sathi sivir @TAPAR**	Drug, vegetable nursery, community monitoring, and local foods, diseases and illness treatment and drugs			40
	27,28 dec2007	**Swasth sivir @ in karanpura PANSEMAL Block**	Health rights poster exhibition body mapping, use and misuse of injection saline, and hospital monitoring, and hospital facilities and govt schemes like jsy, janani express, ddy			40
	14-15 01 2008	**Swasth sivir @ gudi pati block**	do			100
	1/9/2008	**Health rights meeting @ Kalakhet**				
	3/10/2008	**Health rights meeting @ menimata**				

iii. **How these trainings and capacity building workshops have benefited activists working in the collaborating organisation?** (This could be done in two ways – Group discussion with trained activists in the partner organisation, or in from of case study of one or two prominent activists in that organisation who are benefited from SATHI trainings)

Points which should be covered in this section are as follows-

a) How relevant were topics covered in this training /workshop?

The trainings were very useful especially the use and misuse of the injection and saline and with series of training, discussion and involvement of the sathi team the other members of the sangathana have also started understanding its misusages. The training have helped them in capacity building and work towards health rights.

B) How activists have used insights drawn from these trainings for organizing the health rights activities in their areas?

The trainings, meetings and discussion on health facilities and health services in phc chc have further helped them to take concrete action such as rally, dharnas, jansamvad, jansunwai's etc against the sub standard hospital facilities.

iv. How many planning and strategy meetings were held?

SN	Date	Key issues	Concerned Persons from SATHI

Health Rights activities conducted by the partner organisations-

i. ***Brief documentation about-***

a. *Strategies for community mobilization and participation-*

Specific awareness activities conducted for building community capacity for asserting health rights activities- e.g. Poster exhibition, slide shows, community meetings etc.

b. *Number of participants in the health rights activities (Jan Sunwai, Samwad, Poster Exhibition, Community level meetings)-*

Number of participants- male/ female

SN	Duration	Issue	Method of activity	Number of villages	Number of female	Number ofmale participant	Total number of participants
	28/07/08	*Dindayal yojna corruption, *lack of facilities in hospitals, women from Menimata delivering in the street,*false cases put up by meni mata phc ward boy to be withdrawn,*resume services of the janni express vehical	Rally				4000
	12/11/08	Village:Sukhpur *Patient Bani bai,was not admitted by the compounder and the nurse during the labour pain and she walk down the knees and delivered in the street *need of janani express	Complaint to collector CMHO JD, commissioner, and health minister Result :compounder was suspended, janani express resume it's services				
	04/05/2008	Pati chc group monitoring	Health Sivir	15	20	35	55

		planning and discussion held in golpatiwadi					
	15/05/2008	Meeting on Iregularities in Pati hospital	Written notice on the letterhead of the VHSC to the BMO, CMHO That they were coming for direct monitoring of the hospital	1			
	16/05/08	Do	#Do#	4			
	17/05/08	Do	#Do#	3			
	18/05/2008-pati 19/05/08-bokrata	Planning Meeting: on pati chc irregularities on pati & bokrata region,	Group and direct monitoring 19-22 may of pati CHC mobilization to take the hospital services	13			
	15 Oct. 08	Irregularity of ambulance service, 26 cases of JSY where nurse and compounder took money and cases were not been taken up by BMO, Use of 1 needle injection to more then 1 patient Menimata and silawad hospital should display their accounts in public. District hospital (women ward)took signature of the guardians of the pregnant women on bed head ticket that thay have taken admission at their	Memorandum to collector, CMHO, And dialogue with nurse and compounder				

		own risks JSY guideline essential drugs and free check up facility but in women ward the expecting mothers had to buy the medicines from private medical store. DDY in district hospital the patients did not get the medicines Pati pansemal sendhwa(CHC) They were made comprehensive emergency medical obstrition center					
	04/03/09	ANM and MPW visit and functioning of the sub health centre	Staff Meeting of pati hospital attended by VHSC members and JADS kariyakarta				
	29/09/2009	Corrupt practices by the staff of the Pati hospital	Rally				

Case study-13/10/08 Rama bai village-Samarkheda she was refused to be admited during the labour pain and was referred to Indore as a complicated delivery. She was then taken to asha gram trust hospital where she gave a normal delivery.

Mass events- What are the health rights activities conducted by the partner organisations during the course of this project?

a. Activities conducted for improvement in the Public Health Sector-

A. Jan Sunwai-

1. What are the specific issues presented?
2. How many people have presented their testimonies?
3. How the issues were followed up?
4. What was the impact of this event?
5. What are the improvements in the public health system?
6. Was there any backlash?

Jan Sunnwai

SN	Date	Place	Specific issues	No of testimonies	Follow up of issues	Improvement in the health system	Back lash	No of male participant	No of female participant

Jan sunwais did not happen.

B. Jan Samwad-
1. Village level dialogues with functionaries.
2. Dialogues with the service providers (ANM, PHC MO, District level health officials)

Jan Samwad:

Date	Place	Dialogue with	Issues:	Number of female	Number of male	Total Of cases
9th Feb. 08.	Khetiya	BMO/Mo	Health facility in hospital.	200	300	12
17/04/08	Pati block People participation from: Piperkund and Thuthsemal deogarh, Kalakhet Golpatiwadi Ambi Gudi Borkhedi Kuliguwan Chichwania	BMO	*Injecting one-4 patient with one needle,* corruption by nurses and the staffs, *private practice at doctor's home during hospital hours, *no medicines in the hospital and make the patients purchase in private medical store.*charge of rs 60-200 for admission of patients and for delivery case *no drinking water facility in the hospital.*No immunization facility for children and pregnant women. *ANM does not reside in the sub health Centre *Contractual doctor (child specialist) was posted there for 1.75 year under NRHM but services were not regular.	500	1500	
22/04/08	Pati	MO's/BMO	*Non availability of doctors during the OPD hours.* Doctors not coming on time to the CHC, leaving within an hour or so. *Health staff in the CHC demanding money for services *Ambulance not given to the people in case of emergencies. *One needle used to inject upto 10-15 patients. *People asked to purchase medicines from outside instead of providing them with free medicines from the CHC. *Doctors of the CHC			

			asking patients to come to their private clinic for consultation. *No facility of Janani express.			
08/05/08	Pati	BMO, CMHO, Tehsildar	On 2nd may 2008 Reshmi bai was brought to pati CHC with severe anaemia she was a deendayal card holder yet the bmo denied her an ambulance to transport her to the district hospital Barwani. reshmi bai died due to actute the negligence	350	450	
27/05/08	Badwani	Civil surgeon, CMHO,SDM	Dindayal anantyodha upchar yojna, Sonography facility, Rogi kalyan samiti, income and expenditure, Janani express in pati block, Dr NIMARE's Contractual issue, what was the action against him? "Pati (rosar,bokrata) Pansemal(rakhi Bujurg) Sendhwa (Dhawli,charaiya) Barwani(menimata)-demand for ambulance in 6 PHC	600	500	15
14/10/2008	Silawad rally	Memorandum to cmho	*Health facility ie of availability of drugs ,JSY, amblance, corruption, janani express, doctor to attend clinic on time, AMN visit to the villages			
06/01/07	barwani	CMHO				

@case study village BAMNALI, person KUTWAL, took his daughter for delivery to hospital.he paid to the ANM Rs 150.and bought injection for Rs 60 from private medical store. after the delivery the ambulances were to get back to herhome the charge was 150 for 5 kms only.

b. Activities conducted for asserting rights in the private health sector-
   A. Injection and saline poster exhibitions at the community level.
   B. Dialogue with the private health sector.

iii. ***Innovation and Impact of the process***- (Detail documentation of the process)

1. What are the improvements in the local public health system due to health rights activities?

(Suggested points- Improvement in the outreach services, behavior of the health functionaries, availability of medicines, reduced incidents of corruption etc).

SN	Name of the village/public health institutions	Health rights activities	Impacts
	Pati rally on 29/09/2009	rally	Nurse and hospital staff returned back about Rs 1300 Later both of them were suspended
	Pati	jansamvad	hospital facilities had show some improvements such as on doctors timing , charges for delivery, drinking water facility, ambulance facility ,wrong treatments, JSY. Action: BMO was demoted and an inquiry was held.

Case study:
NAME OF THE PATIENT: RUNA wife of Bhaydas
Date:14/05/2008 at mid night
She came for delivery.the **ANM Reshma bai** told that take her to badwani district hospital for delivery. But later she took RS 270 the ANM for delivery.
This was a strong issue which was taken up during the 22nd may jan samwad And this had an impact on lessening the amount of corrupt practices such as taking money in lieu of the health services.

Village: palwat
name: Nimba bai wife of Rem Singh
An ANM visited her village for immunization on 14/08/2008.She told that the child won't be immunized as she delivered her at pati chc so she can access the immunization at hospital only. Her husband who is also the member of the VHSC gave a written complaint if there is any such rule. They were informed there were no such rule and the BMO gave the assurance that they would do the needful. The next day itself the ANM came to the village immunized the child, the VHSC member also demanded the "jacha baccha card" and got it made. From then onwards the villagers demands that immunization and card should be made.

2. What are specific innovative health rights events held in the area of the partner organisation?

(This could be in a form of community mobilization, participation. Planning and organizing of innovative community level interventions. E.g. Aarogya yatra organized by LSP or CHC action held in Pati block.)

S.N	date	Place	Events
	March to May	Sawariya pani, limbi, Palwat gudi, pospur.	Village health mela
	07/04/08	Bokrata	Swasth sivir(action on 8th)
	08/04/08	Pati	Asha's collectively demanded the medicines in pati and gave a written complaint to BMO that medicines were not available;and complained against ANM visits and immunization been not regular. ASHA and VHSC from 19 villages participated
	08/02/2008	Rakhibujurg phc	Rally :issues health facility, sub standard functioning of the health centre, injection and drugs availability , and illegal charges of the health facilities
	17th to 22 april 2007	Piperkund, Bokrata, Taper, Kalakhet, Golpatiwadi and Swariyapani	Jan jagaran swasth yatra on various health rights like anemia woman health, body mapping, befits of locally grown food, prepared songs and play awareness on health rights.
	27/07/08	People surveyed 29 delivery cases from 8 villages and found gross violation of health care facilities	BMO was summoned to take action against the compounder and ANM of menimata PHC
	4/8/2008	FOLLOW UP of the above case silawad chc	To enquire about the action that was to be taken against the above case.
	Nov 2007 jan 2008	Large number of medicines were dumped in Bokrata and Pati Block	Written complaint to collector and health dept. the matter was also taken to state govt. authorities

	19th to 21 may2008	Pati	Direct collective monitoring of health services 50-200 people, members of VHC and ASHA camped in turns at CHC premises .they set up health information centre and provided information to the patients regarding the services and facilities they should receive as their right
	06/08/08	Barwani, Collectorate, and district hospital.	The surgeon of the district hospital of women ward Dr kumawat had charged Rs700 for MEDICAL TERMINATION OF PREGNANCY from bali bai wife of Kamal Singh vill-mardi, and there were a number of other corrupt practices. In that rally the activist begged in the street to give money to the doctor as a method of advocacy to change the corrupt practices of the doctor's. They also made slogans against such practices.
	29 july 09	Press conference barwani	On ddy issue (budget, local purchase of medicines corruption)
	10aug.09	press conference in Bhopal	on DDY issue
	05-01-2007 badwani nagar palika	swasth mela	Stalls such as : 1)asha by asha workers 2)SAKAR school and dr.verma primary treatment by herbal medicine 3)asha gram trust for mental health 4)my body and women health Anandi Gujarat 5) malnurition and nutrition by ICDS 6) malaria and tb information by health dept 7) hiv and aids by health dept.

iv. Quality of SATHI inputs-

1. Quality of trainings- (content, relevance, clarity, articulation)
2. Quality of awareness material used- e.g. posters, flipcharts, and slideshow.
3. Logistics management. - Fund flow, MoUs etc.

ORGANISATION:Jan Sahas PLACE: Dewas

2/06/2007: jan sahas kariyakarta , asha and sangathana kariyararta training on health facilities and government schemes in a place called sonkoach block.

Date	training	Issues	subject	Number of participant	Number of male participant	No.of female paricipant
12 /01/2009 From january to july Ord Sonkshachh block	4 trainings	1) To bring up samitis in 7 villages where there would be 4 villagers and 3 from sangathan and others will be from the govt. 2) sub center to open for 2days in week	Injection and saline Health services provided in PHC CHC and in sub centres,role of asha's	200	90	110

		3)jansahas to work in 15 villages as was working in 3 villages 4) to make VHSC's in 8 villages 5)JAN SUNWAI:out of 10 testimonies 3 of them gave a testimony that they have been pressurized by the sangathan. 6) Janani sahiyaogini Yojna:janswast was asked to take out a list on that.				
23 feb 2009	Meeting and follow up of the issues above			13	10	3
6 /03/2009	Sathi and jansawasth meeting	Review of the last 3 months work		13	10	3
8/04/2008	Jan sunwai Chc level	JSY, irregularities in the health facility in CHC		2500	1500	1000

Only activity of the last 6 months as information provided by Ajay

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Annexure d

Feed back sessions of the IPHU short course on Health and Equity:

Feedback Team: Nadia, Varun, Tarang, Shelley.
Julie for the session on social determinants

The first day of the IPHU course emphasized on communication as an important component of the course and also encouraged that the feedback sessions to be creative. Hence the feedback team discussed if we could come up with creative ways to put forward the sessions rather then the usual ways of reporting.

Day 1
Introduction, Group discussion on Peoples Health Charter

The feedback team discussed to present the session with a role play as the IPHU would have been covered by have a media house. In the role play Atish played the role of a news reader who reported summarizing the sessions of day one which included registration, inauguration, and group discussion. Aastha played the role of a field reporter; she took the views from the participant about the session and what they understood of the Peoples Health Charter.

Day 2
Challenges in context of Neo-Globalization

The team discussed to present Globalization in a role play. Globalization was played by Celso, and a few other participants played the part of people coming from various socio-economic background of society such as industrialist, government official, farmer, malnourioused child, person from marginalized community, woman etc .Globalization asked them as to what he has offered them, then each one of them share their opinion and remark as what globalization has done to them.

Day 3
Understanding the health systems and access,
PHC the alternative vision,
Social determinants and impact of neo liberal globalization

The team discussed to portray the session as a role play projecting a regular PHC and an ideal PHC. The first PHC depicted the regular situation where people are mostly ill-treated and money is charged for the services, medicines are not available; no proper check up etc. The second PHC was the ideal one where services are according to the needs of the patients and which work towards providing better health facilities.

In the second situation the team decided to take *paper balls* symbolizing *social determinants* that were thrown at the person who comes from the marginalized community. Because of the various social determinants he usually falls sick, he gets the treatment and is well for the time being but comes back to the same condition of living where he is again hit by the social determinants that hinders his well being.

Day 4
Environment and health in globalized world
Conflict and health

After the discussion with the feedback team we decided to start the session with a Power Point Presentation that was prepared By Dr APJ Abdul Kalam called "Life in year 2070".
Varun played the role of the old man of the presentation and described what life would be in the year 2070 because of massive environmental degradation where there would be no water and what were its consequences to health in future.

In the second part we tried to show conflict in a role play where Conflict was played by Eric and Celso who were shown fighting representing different conflict groups of greater society. It was also felt by the feed back team that women are the worst suffers of conflict situation because of the social determinants. So, we tried to show that by tying labels which said social determinants in it. Hayat and Saibalini played the role of the women's in conflict situation. In the end we tried to show how Human right activist played by Amina and social worker by Diksha came together to help the affected people and also untie social determinants of the women's by empowering them.

Day 8
There were no feed back session for the last three days because of Sunday and also the field trip. So the discussion among the feed back team was to incorporate all the elements which have happened over the last three days.

We decided to start the session with a music video by Bhupen Hazarika. The meaning of the song is that, it is questioning the holy river Ganga as she sees the massive human rights violations taking place but why she silently flows without doing anything, it requests her to take steps against the massive destruction of humanity.

Second part of the session, we asked all the participants to write two human rights. One human right they felt being deprived of on Sunday and the other human right that the organizations that they visited for their field-visit were working upon.

Thirdly we made some slips where different characters such as bus conductor, grand mother, 10 year old boy, and IPHU participants were written. We asked the participants to split into two groups and pass on the slips as Nadia claps and when she stops clapping the participant who has the slips have to play the characters in the slips. The person with the slip of IPHU participant has to explain what IPHU is all about and what she/he has learnt as if they were explaining it to a bus conductor or a 10 year old lad or a grand mother.

Day 9
The feed back team tried to put up a feed back session but being the last day of the IPHU course all the participants including the feed back team were busy preparing for the Group Presentation. So we were unable to prepare a proper feed session.

The feed back sessions were a great learning on the part of the team as it brought out many new ideas and concept to put forward views, thoughts, and learning in a very creative manner.

Annexure e

Project name: AMAR ASHA (OUR ASHA/ HOPE)

Duration: 3 MONTHS

Objective: To strengthen the ASHA's under NRHM and see the role of "ASHA as an Activist"

Background:

The National Rural Health Mission has a key component of building up group of volunteers named as "Accredited Social Health Activist". They would be acting "bridge" between the rural and health services outlets. The ASHA would play a key role in realizing the goal of "national health and population policy".

What does the common review mission has to say about the ASHA programme?

- The first Common review mission of Assam had expressed that the ASHA are very enthusiastic towards their work and Good feedback was received from community on but has "tendency at unionization, which may lead to politicization, etc. The detrimental aspects of the same have to be guarded against."

The key finding's of ASHA programme in the Common Review Mission 2 Assam

- 26,225 ASHAS have completed Module IV training.
- Significant presence.
- JSY work is popular
- Most of them earned less than Rs. 10,000 in one year
- Medicine kits provided but no arrangement for replenishment.
- Popular weekly radio programme.

Project area:
Two clusters where the ant is operational. (Still need to identify)

Expected outcome: To bring out a relevant and effective module for ASHA.

Activity:
1) Review of literature (focusing on dimension and different content)
2) Meeting the NRHM officials
3) Consultation meeting to adapt and bring out a relevant module
4) Drafting the module for pilot training
5) Pilot testing in one cluster
6) Incorporating the inputs of the pilot test
7) Field testing of the module in clusters.
8) Printing of the module.

BUDGET FOR THE PROJECT

PROGRAMMES	ACTIVITIES	EXPECTED OUTCOME	TIMELINE	BUDGET	TOTAL BUDGET
1) Review of literature (focusing on dimension and different content)	1) Reading through and gathering the information, 2)Drafting the gathered module	To come up with an out a relevant module	From 21/11/2009-30/11/2009.	Photo coping the reading materials and drafting the module.	Rs 300
2) Consultation meeting to adapt and bring out a relevant module	Exchange of ideas and information gathered in the literature review	New ideas and information to modify or include in the module.	1st week of December	a)Travel for ASHA'S 5*30=Rs 150 b)Wage loss 100*5=Rs 500 c)Lunch and refreshment for meeting of 20*40= Rs 800	Rs 1450
3) Meeting the NRHM officials	1) To take their inputs and understanding on their findings.	Take the government input on ASHA programme	After the consultancy meeting	Travel for the facilitator 120*2= Rs 240(to and fro to Guwahati)	Rs 240
4) Drafting the module for pilot training	Drafting, Typing the module.	Draft module for the pilot training	1st week to 3rd week of December	Photocopy of the draft 2*50	Rs 100
5) Pilot testing in one cluster	Training of 15-20 ASHA's	Usefulness of the draft	Last week of December	a)Travel for 20 ASHA's : 20*20=RS 400 b)Travel for resources person and facilitator 30*2= Rs 60 c)Lunch and refreshment 80*25=Rs2000 d)Wage loss 20*100= Rs 2000 e)Training materials 20*25=500	Rs 4960
6)Incorporating the inputs of the pilot test	Drafting	Improving the draft	Month of January	Photocopy of the draft 2*50	Rs 100
7) Field testing of the module in the other	4) Training of the 15 -20 ASHA		last week of January	a)Travel for 20 ASHA's 20*20=RS 400	Rs 4960

cluster.				b)Travel for resources person and facilitator 30*2= Rs 60 c)Lunch and refreshment 80*25=Rs2000 d)Wage loss 20*100= Rs 2000 e)Training materials Rs 20*25=500	
8) Printing of the module	Typing the module, printing and translation into local language		1st week of Feb. to 28th of Feb.	1)printing in English 1*100 2)Translation, Printing(graphics) and typing into assamese 50 pages *100 (External help)	Rs 5100 **TOTAL** **Rs 17160**

Annexure f

Training guide on Malaria

Learning objectives

To bring them together to get to know each other

1) To make the ASHA understand Malaria.
2) To make them know about the correct doses of coloroquine

Time	Main message	Methods	Aids
0-10 mins	Ice breaking	Interaction	-
Next 30mins	History of malaria	Descriptive /lecture	Chalk and board / chart
30 min	What are the different types of malaria?	Lecture	,,
30 min	How does the PF Malaria looks under the Microscope?	Lecture	,,
40 mins	What are WBC and RBC?	Lecture	-
10mins	How do they breed?	Lecture	Chalk and board.
1 hrs	How to control malaria?	Lecture	-
30 mins	What are the symptoms of malaria?	Lecture	-
30 mins	Correct doses of cloroquine.	Lecture	Chalk and Board
15 mins	Different names of cloroquine .	Lecture	,,

Annexure g

Private health care facilities available in District Of Bongaigaon

S.L NO	Name of the hospital	Number of beds	Number of specialists
1)	Lower Assam Hospital and research centre	85	8
2)	Dr. Agarwals S.M Hospital	27	3
3)	Swagat Hospital	30	7
4)	Chilarai Hospital	25	3
5)	St Augustine charitable Hospital	100	4

Total number of hospitals = 5
Total number of beds = 267
Total number of specialists = 25

Annexure h

Area wise problems of ASHA as discussed during the 2 day training programme from 27th -28th of January 2010, conducted by The Ant on Delivery skills :

Area: Panbari

1) There is no accountant in Panbari so the ASHA have to go to Ulubari to bring the cheques.
2) Have to accompany with the beneficiaries twice-thrice to open an account.
3) The payment for schemes such as MOMONI is yet to be given and beneficiaries doubt ASHA for the delay.
4) The beneficiaries of MAJONI are yet to receive any kind of document.
5) There is an urgent need for a quarter for the driver of the ambulance near to the hospital. During emergencies at night it becomes a problem to carry the patients to the hospital.

Area: Makra Patkiguri

1) There is an urgent need for a GNM.
2) Need of issuing birth certificate in the PHC itself. It is very difficult to get it from Ballamguri as it takes much time and many attempts to get the certificate.
3) MAMONI benefits are yet to be received.

Area: Bijni

1) Yet to receive money for BCG/ meseals.
2) Need for issuing any cheque/certificate in the dispensary itself.
3) Lack of proper facility for critical delivery

Area: Subhaijhar

1) Need for a GNM
2) The fare of the ambulance is very high.

3) The beneficiaries of MAJONI are yet to receive any kind of document .

Discussion of ant staff during field visits with ASHA, community of other areas:

- Many ASHA of Chirang district did not get training as required and many new ASHA did not get training even once.

Bolamguri:

- There is no MBBS doctor in Ballamguri BPHC and its dispensaries except Bhetagaon CHC, but the CHC itself lacks staff as informed by the medical officer of the CHC.
- The accountant is always late to come to office this is one of the major causes that ASHA's do not get the cheques timely.
- The RMHP appointed in Ballamguri BPHC are not capable of handling the delivery patients.
- Shortage of medicines specially essential drugs .(The Ant has put an application for it)
- Mamoni .

Makra Patkiguri:

- Want of MBBS doctor.
- Sweeper is not permanent.
- Occasional shortage of essential drugs

Amguri:

- Doctor informs that there is lack of staff so they do not conduct deliveries.
- Amguri doctor does not stay in the dispensary quarter.

Koila moila:

- Doctor informs that there is lack of staff so they do not conduct deliveries.

Amteka:

- The Mini Phc has not been shifted to its proper place.
- Amteka doctor was a lady doctor and she got married to a doctor who is in Subhaijhar. She has altered her work with her husband and now she works at Subhaijhar and her husband at Amteka. Both the doctor stay at Subhaijhar and the visits are not regular to Amteka.
- Amteka is a very huge area only OPD is in working condition. The delivery patients have to go to Ballamguri or Bijni for their delivery which is very far and for the money/account also they have to go several times. So they do not want to come to the hospitals and many times they deliver on the way and die. So they say that they would prefer to deliver at home and if they die would die at home.