Community Health Learning Programme
2009

Source: Community Health Cell

A Report on the Community Health Learning Experience

Jaya Rajbongshi

Community Health Cell

Community Health Learning Programme

May 2009 to February 2010

Learning and reflection during the Community Health Learning Programme

Ms.Jaya Rajbongshi

Intern, Community Health Cell

Contents

Acknowledgement

I would like to thank my community living in Deosri in a difficult situation. After being part of them I have realized that I have to increase my knowledge as well as to learn something related to community health.

I thank Dr. Sapna, previously fellow of CHLP, for her recommendation and encouragement.

I thank Ms. Sneha Sundareshan for encouragement and helping out in writing my application in English to CHC.

I thank Dr. Sukanya and Dr.Thelma for selecting me and giving me this opportunity by telephonic interview. I am very thankful to Sukanya for her guidance, to be able to learn more. She was my CHC mentor; she has given me so much of her valuable time to help me in learning. Whenever I have asked her help, she was always with me. She really makes me feel that I have something with me and I can move forward.

I thank Dr.Deepak and Ms.Satyasree for giving me their valuable time and helping me in writing the report.

I thank all CHC team including Rakhal, Premdas and Ruth. All of them are really very welcoming.when I have some difficulty they really helped me out.

I thank my friends Sneha, Julie, Deepali, Tejaswini, Bhavya, Deeksha, Shelley, Rohini, Malavika, Tanuja, Shiva, Divya. Being with them was a very new learning for me. Everyone has different skills in different topics. It helped me a lot to grow my understanding. I especially thank Julie and Bhavya for helping me a lot. Julie is not used to speak in Hindi and I was the opposite – fluent in Hindi. When I was with some problem,she was always helping me out. Though our languages were different I have learnt various skills from her to work with children. So it was very interesting learning.

I thank my field mentor Dr. Ravi D'Souza of Jana Swasthya Sahayog (JSS), who has given me opportunity and space to learn about community health. During the field visit he has given me much of his valuable time to help me out in learning. Whenever he got time he was discussing with me different topics related to health. He always used to speak to me in English, so being with him somehow I overcame the fear of English.

I thank my field mentors Ms. Jyoti (MILANA), Dr. Suranjeen Prasad (CINI) and Dr. Sitaram (SVYM) for giving me opportunity and the space to learn about community health in their organization.

I thank all CINI staff and especially Deepak,Gurjeetji, Anup and Naval in giving me space to learn more about the NRHM activities as well as community health.

I thank all JSS staff (hospital and community level) for make me understand about community health as well as Ante natal care and nutrition. First time in my life I have seen a delivery in JSS. I have learned about the way of working as health workers and many new things. It was very wonderful experience being with the JSS staff.

Last not least definitely I would like to thank my parents, my in-laws and my best friend and my life companion Nitul for providing me space to learn more about community health and support to fulfill my fellowship, without their support I would not be able to learn more and finish my fellowship.

1. Introduction and Background

Being an arts graduate with Assamese honor,community health was a very challenging subject for me as I did not have much understanding. I have some understanding about communities as I have been involved for six to seven years with the communities on issues related to women empowerment, NREGA; ICDS etc. Being with the community I was able to understand their problems. But sometimes I was unable to tackle the issue properly. I can realize them but I was not able to think beyond as to what is the way I can take an issue forward. Sometimes I got angry about my work.

I work in the area of promoting mobility and leadership qualities amongst the women who are part of the Deosri refugee camp in the Chirang district of Assam. This refugee camp is home to more than eight to ten thousand people who have been displaced from their homes due to ethnic violence in the region in 1996. The government is yet to provide the displaced Santhalis with proper accommodation and compensation. The groups I work with include the Bodos, the Santhalis, the Nepalese and the Rajbongshi to name a few. I work exclusively in the domain of getting these women together in order to form groups among themselves and in turn get the communities together. This is vital because the communities are scattered and although they face similar problems, the lack of interaction among them is actually hindering their development.

By coming together, we are able to address the issues of women's rights, domestic violence and gender discrimination. What was lacking is an opportunity for me to be able to introduce them to health related issues and this is because, I do not have systematic knowledge in that field. All the same, I realized that it is important for them to be informed about health and maternity related matters because health services are nearly non existent in the area. The district hospital is very far from the village and it takes three hours to reach the hospital. The communities do not have easily accessible health care facilities. In this area nutrition status is very poor; most of them are anemic. There is no proper sanitation, safe drinking water etc which is required for a healthy living. The health situation of pregnant woman and children is even worse as they are not able to get proper health care facility.

Initially when I was staying in the Deosri relief camp, I realized that there is a need for someone who knows about the health related issues especially women and child health. I was really disturbed when I saw the situation of pregnant women and child in that area. In November 2008, within one month seven children had died with one or two days of fever. Those were very sad moments, and I was unable to help them properly. My work was only to visit their home, collect data on how it happened and informed the NRHM official to organize the health camp in that area.

Since I interact with these women on a daily basis, I think a short course in community health would not only improve my understanding of the subject matter but would also be more useful for the kind of work I am currently involved with. This could in turn be useful for society at large.

In middle of the January there was a meeting of medico friend circle in the Action NorthEast Trust (the Ant), Assam where I was working. I met Dr. Sapna, who was a previous fellow in CHC. We had long discussion on the community health learning program.I felt very interested in knowing about the course and also I was also thinking that it is very important to understand community health while working with community. Therefore I decided to apply for this course to increase my knowledge and then to spread my learning for the betterment of society.

When I come to know that the CHLP program will be conducted in English then I decided that I will not apply for this course. But some of my friends encouraged me to apply for this course. On last day I did apply for this course and still I was sure that I will not get this fellowship. Finally I was selected to the CHLP fellowship. The CHLP orientation program was conducted in English; it was very difficult for me to communicate. I understood but feared that if I speak in English I might be wrong. So I hesitated to express my feelings and understanding. I really restricted my involvement in the group discussions with my colleagues and friends.

Earlier my concept of health was very limited. After attending the orientation session, discussions with CHC team (Premdas, Rakhal, Ruth), my CHC mentor Dr. Sukanya, my field mentors Dr. Ravi D'Souza, and Dr. Suranjeen Prasad; the field visits, reading through books on community health and related subject, I gained a fair understanding about community health, determinants of health. I can now find links to my work with community.

During this nine months experience, I also developed my communication skills and I have build my confidence to work with the community. I have developed my skills in training, reading and writing in English. This CHLP is a good opportunity to fulfill my interests.

2. My learning during CHC Orientation

Before starting the CHLP orientation, I did not have much knowledge about CHC and CHLP. I had gathered few ideas about the Community Health Cell from the brochures.

We (nine full time and three flexi interns) had joined together on 4th May 2009 for the CHLP. We belonged to different background, different languages and cultures of different states. It was very interesting that I and one of my friend never used to talk in English, so it was very difficult to express our views/feelings properly to the others. Being from different backgrounds understanding was also different. So it was very much of group learning.

During orientation classes I gained most of the theoretical knowledge about the Community health, concept of primary health care and also social determinants of health etc. With my theoretical knowledge, it was helpful for me when I went to field visits in different organization. I was able to relate the issues with community heath.

I appreciate for "nimma-namma" test with community. Dr. Ravi Narayan has discussed with us about the test. I really felt that it is important to be with community. If you are a community worker, community should realized that they can share their problems with you frankly. It only happens, when you give them space to express their views/problems.
It is most important to be a good community worker ....

Go to the village (Community)
Live with them
Love them
Learn from them
Start with what they know
Build upon what they have.....

At the end of the orientation program I gained some of the skills to go to the community.

2.1. Field visit during orientation

During our orientation we went for field visit to Jagrutha Mahila Sangathana in Pothnal, Raichur district.
The JMS team shared their personal struggles to join the Sangathan. An old lady shared with us how they faced domestic violence. When they joined Jagrutha Mahila Sangathana, in the beginning, they had no family support. They resolved to work with women, because women are vulnerable, and convince other women in the community to participate.

The Jagrutha Mahila Sangathana team work on rights based issues, awareness on NREGA, NRHM, and the Panchayat system to name a few. The team also trains sangha members to advocate for their rights.Some members of the Jagrutha Mahila Sangathana team make and sell herbal medicines. They said there a good demand for these medicines. Some diseases can be cured on using the herbal medicines. They shared with us some successful cases. They provide treatment for paralysis and anemia; they have seen improvement for both on prescribing these medicines. Some women were engaged in crafting **'Terracotta jewelry'** as a livelihood..

Most of time when the women gather, they are discussing about the problems of women, how domestic violence can stop, what can be the strategy to stop violence against women etc.
Songs are used by the Jagrutha Mahila Sangathana as a strategy.

When the Jagrutha Mahila Sangathana was formed, they worked with the Nayaks, Kurbas, and the Muslim community but now they are work only with dalit community, because in Pothnal there is a huge difference between the upper caste and the dalit. Here dalits can not demand their fundamental rights. The dalits are really marginalized in that area. There is lots of discrimination in the community.

2.2. Chilipili residential school at JMS

It was really interesting to meet with the students of Chilipili school,developed by the Jagrutha Mahila Sangathana for child labor or school drop outs. The school committee select the child who is child labor or dropped out. After selection the children stay in Chilipili School for one year and every child get Rs.100/-p.m for purchase cloth and books. Within one year the teacher teaches them based on their needs so that after completing one year the child should continue the regular school. In Chilipili School the teaching method is activity based, so the child can easily understand.
It was new learning for me to working with children. I have learnt how it can be possible to work with children. Really I was impressed by their right based approaches to learning.

2.3. Why social boycott

Social boycott means out of society.
It was totally new learning for me. In Janata colony at Pothnal in Raichur district,the so called upper caste and dalit community were staying together. I was part of group discussion where women, men and youth participated and shared how the Dalits were being discriminated. They have shared with us the issues leading to the social boycott. From the group discussions we came to know that the government sanctions sub center for the community in that area, but that one upper caste person wanted to build the sub centre in his land. The dalit communities' view was that if the upper caste people build the sub centre in his land then the dalit community will not get the proper service from the sub-centre. Anyway the upper caste people were dominating the dalit community in that area. So some of the people from dalit communities discussed with the govt. officials whether it can be possible to build sub-centre in government land in dalit colony.

After that, the social boycott has started. The upper caste community has made some rules for dalit communities like the dalit communities can not go by shared auto, cannot use the flour mills, can not drink tea at tea stall, and can not take water from the common water supply pipe.

My learnings

Before I went to Janatha colony, I thought how it could be possible to boycott one community by other community. Before I knew that it happens only with some family who did some unsocial work. Here it is done by whole community by caste division on a whole community! I should mention that my learnings were only from the north east about this topic.

But still I have some questioned in my mind.

- How can we remove this caste division?
- Why we do not want to understand each others?
- We get our fundamental rights by birth then why somebody can violate our fundamental rights?

At the end of the orientation classes and during field visit to Pothnal, Raichur I gained a much better understanding about the community health as a concept. It will help me to understanding the community dynamics and community health better.

3. My learning objectives

After five week of orientation program we prepared our learning objectives for nine months.

Learning objective for nine months community health learning program

- To understand the concept of "right to health".
- To understanding about the NRHM in boarder
- To understand about how to advocate with public health system.
- To build training materials (resources) on concept of health and health rights for women and youth in the community in Assamese language.
- To train youth group (men and women) and women group on right to health and social determinants of health.

Action plan for the nine months

Objective	What	Where	How	When	Remarks
1.To understand the concept of "right to health"	Deeper Understanding on various aspects of health and right to health.	JSS, Chattisgarh	1. Field visit to organization with community health program. 2. Reading materials on right to health. 3. Discussion with JSA activists. 4. Field visit to organization with right approach.	June, July 09	I went to Jana Swasthya Sahayog in Ganiyari, Chattisgarh. It was a very wonderful experience for me to be with them. I have learnt about community health a lot. During field visit I have read some of health related materials.
2. To understand about the NRHM in broader prospective.	Deeper understanding on NRHM planning and implementation program,	CINI, Jharkhand	1. Reading about NRHM. 2. Meet and discussed with ASHA, ANM, medical officer and VHSC members. 3. Meeting and interact with DPM, BPM. 4. To attend and observe VHSC meeting.	Oct09	I have visited CINI in October. First I read up about the NRHM , ASHA and VHSC. I have attended the training ASHA and VHSC training. I have learnt how to do a training for ASHA, about utilization of VHSC untied fund. It was also wonderful experience I gained. I have expanded my knowledge as well as training skills.

3. To understand about how to advocate with public health system.	1. How can communities be mobilized for advocacy on health issues. 2. How community take part in community monitoring of health care system.	CINI, Jharkhand,	1. Field visit to different organizations that were part of community monitoring of NRHM and understand the approaches used by them for advocacy with public health system. 2. Reading materials on advocacy and community monitoring. 3. Discussion with community members and resources person.	Oct 09	Also I was able to look community monitoring part in CINI. In CINI Jharkhand unit, I have learnt about the advocacy with government. They advocate with the government to give communities rights to them on public health system.
4. To build training materials (resources) on concept of health and health rights for women and youth in the community in assamese language.	1. Understanding the method of developing training materials.		1. Attend training on right to health. 2. Review the existing training resources and books. 3. Translate and adapt some manual in assamese. 4. Develop skills in life skills training.		It was also new experience for me. Before I never did this kind of manual. so it was very challenging for me. I had discussed with my CHC mentor and decided to translate a flip chart on anemia, which was developed by SATHI CEHAT, Pune. Finally I did translation in Assamese language and also I got it printed as a draft.
5. To train youth group and women's group (men and women) on right to health and social determinants of health.		The Ant, Assam	1. Understanding the youth ethnicity in Assam. 2. Discussion with youth group (AASU, ABSU, AKRSU) about their view of community health work. 4. Visit the organization who already works with youth 3. Organizing youth group.	Nov09, Jan10	During my CINI Jharkhand unit visit I went to visited **Ram Krishna Sharda Math and Mission (RKSM)** in Hazaribag district. In terms of working with youth, I have learnt the way of involving youth together. They create a space for youth where they can sit together, share their problem/ difficulties with others. They can discuss about their own health. This is a long process to be involved youth together. After meeting them I have increase my knowledge to communicating with youth.

4. My reflection and personal growth

During these nine months of internship period I have learnt about community health. Apart from that, some of the personal learning really helped me to grow as a community health worker. My personal learning is described in the following sections.

4.1. Looking Inward

When I joined the inward learning session in CHLP orientation, which was taken by Dr. Ravi Narayan, I realized that it is most important to look inward in order to work with the community. It is too difficult to share negative feelings but this is also a skill, after sharing our negative feelings we feel very strong.

All human beings have some emotions and feelings, we should respect others feelings, if there is any wrong things happening then we should always try to know why it is happening it should be analytical. Everybody has some values so we should respect the others value. Keeping own values is most important because it will help us when we are working with community. Then we should reflect our values in our work, and then we can identify our way of work.

I can say that after attending this looking inward session I am able to analysis my thoughts which I have in my mind. And also I come up strongly to motivate myself about certain matters. Before this session sometimes I felt very nervous because of some topic which I have shared with others, like I discussed some topic with some good feelings but sometimes the receiver understand differently, and it was very negative thing for me. So I hesitate expressing my views with others, but now I could express without hesitation and there is no fear that others may think differently. I strongly feel that it is very important to know our personality and understand what we have and what we lack, and I learnt how we can analyse our own personality.

After attending the session I felt that it is really very hard to share negative feelings very positively. If there are some negative feelings in heart then how can we share this positively? That time a very strong question arises in my mind. How is it possible? But when I started to do that, then I was surprised, because controlling one's feelings (anger) is difficult. When I did first time it was very difficult for me, because this is also a practice. But after doing it for sometime I understood that it can happen and it is also important.

- Before coming to CHLP I was not open to new learning, always restricted myself but now I am open to learning more.
- If I look inwards then I find I have lots of energy to continue my work also I have learnt more about myself.

4.2. Group learning

It is a fact that everybody has some blind spot which is unknown to self, if somebody identifies our blind spot then we can correct our mistake. So we have to create a space for others to identify our blind spot.

Also group sharing has helped me both personally and in my work. In hostel when we used to share with each other about the blind spot, it has helped me to reflect about myself.

Group learning is also very essential, by group learning we can learn more. There should be learning feedback also. But feedback has to start always with positive notes followed by the critique.

4.3. Looking Ahead

Before coming here I was working with women and was focused on women related issues. I strongly believed that without empowerment of women, development is impossible. So I would like to work with issues related with women.

I will relate my work to what I have learnt during this nine month learning program. Also I will work to create a link between women empowerment and health.

4.4. Reflections

This was an opportunity for me to spend some time in Community Health Cell in Bangalore. Before joining this fellowship I was unaware of various issues related to health. This fellowship has not only increased my knowledge but also increased my confidence to work with communities. I should say that this is a wonderful experience for me; I gained various skills to work with community. I can also see the people who are working with the community for betterment of health.

This fellowship program is a very good opportunity to learn more,offcourse it is dependent on the individual. The process of mentoring individually is very helpful process,because of that we are able to understand more.

5. My understanding on health and community health and community dynamics

Health is not only related with disease and doctor. It is related with various social issues. The social determinants of health are related with good health. It is most important to live with good health, meaning the determinants like good environment, clean drinking water, sanitation, good economic condition and also social well being.

The community health means – This is a process of community participation and their involvement in their issues which they try to solve by themselves.

It is very important to understand about the community dynamics. There are very strong dynamics between the communities. We should be conscious of the various dimension of a problem when we work with community. Society is a group of people living together with different religion, caste, tradition, and language etc. Society is always organized and stratified. Power defines community dynamics, those who have resources they have power. The powerful community will decide what to do with other community, therefore social resources should be divided equitably then power will also be equitable to everybody.

For understanding the community dynamics we should understand about the social, political, economic and cultural dynamics within the community. Because most of the time social resources are always on the top and the powerful people always enjoyed the social resources, and most of the time the marginalized group of people are not aware about the various facility available for them. If it is important to change the community dynamics, then the social resources should be accessible to the powerless people and everybody will be powerful and can raise the issues.

In our society 20% upper class/resourceful people always enjoyed 80% of resources and 80% of marginalized people always share 20% of the resources. In this society there are class, caste, religion, patriarchy etc. its called socialization, socialization teach us about our behavior, how I have to behave with society, where I can go, what I have to do etc.
The social economic political cultural analysis is a new learning for me. We should understand the village dynamics when we work with community. Always we find two groups of people in the village .one is dominant group, another one is a vulnerable group of people. The community should feel the ownership, access and control of the recourses.

6. My learning from the Field

During these nine months of internship period I have visited various places in different state. I have visited to MILANA in Bangalore, Swami Vivekananda Youth Movement (SVYM) in HD Kote, Jana Syasthya Sahayog (JSS) in Chattisgarh and Child In Need Institute (CINI) in Jharkhand.

6.1 .MILANA

On 11th June2009, three friends and I visited an organization called MILANA, which is located in Bangalore. This organization was formed in 2000 and registered in 2006. Ms. Jyoti is leading this organization. Basically MILANA is working with women who are living with HIV and AIDS. And simultaneously also working with the positive children.

This visit was a new experience for me. This was the first time when I was interacting with the HIV positive women. When I was interacting with them I found that they are very vulnerable in this society. Now also HIV is a stigma in our society. The women have to struggle not only with the disease but also with society.

'MILANA' means coming together. This organization is focused on working with HIV positive women as a support group and also family counseling for HIV.

MILANA is also conducting various activities for the HIV positive people and children. MILANA is working as a pressure group in case of providing ART/ARV for HIV positive people. The women shared with us that sometimes it is very difficult to get Ante Retroviral Treatment/ARV medicine in Government hospital. Many times they had visited the govt. hospital for demanding the medicine.

I interact with Mrs. X. she is from Bhadravati village in Karnataka state. When she was 17 years old and studying in class V. she got married, her husband was a truck driver. Many years ago she got HIV from her husband .In 2002, her husband died of AIDS. After death of her husband, her in-laws had thrown her out from her home. Now she is in Bangalore living with four children and her first daughter is also living with HIV. All four children are in boarding and the HIV positive child is in a separate boarding space. Now she is 30 years old and four years before she got married to an HIV positive person.

6.2. SWAMI VIVEKANANDA YOUTH MOVEMENT

I visited to Swami Vivekananda youth Movement (SVYM) in Saragur of H D kote block on 18th June to 30th July 2009.The Vision and Mission of the Swami Vivekananda Youth Movement is..

VISION- A caring and equitable society,free of deprivation and strife.

MISSION- To facilitate and develop processes that improve the quality of life of people

History of SVYM

A group of young medical students led by Dr.R.Balasubramaniam at the Mysore Medical College (in Karnataka State, India) were starting to feel that the career in medicine they dreamt of pursuing was very different from the practice of medicine around them. They believed they had in them to make a difference and make a positive impact on the lives of the poor & the marginalized. And so, they started the Swami Vivekananda Youth Movement (SVYM), with initial assets of high ideals and all the positive benefits of inexperience.

SVYM is a voluntary organization, which was established in 1984.In Saragur there is a 70 bedded hospital called 'Vivekananda memorial hospital'. This hospital has 24x7 emergency and critical care facility, a full-fledged Operation Theatre, Neonatal Intensive Care Unit, Care & Support Center for people living with HIV/AIDS, Telemedicine link-up and a fully computerized medical records section. It also houses an Integrated blood storage center and a Counseling & HIV Testing Center (ICTC) – both recognized by National Aids Control Organization and the first of its kind in rural India. The hospital also serves as a training center for doctors, nurses, paramedics, health workers and the community at large. Medical students from colleges in Mysore are posted here as a part of their internship program, especially for orientation in community health. Students from different parts of the world come here to do their medical electives. There is a 10 bedded hospital in Kenchanahalli, run by SVYM. The SVYM is running 'Vivekananda tribal centre of learning' for tribal children in Hosahalli.

Community Based Activities in SVYM

The SVYM was running a community based activity called Shikshanavahini. This is a program working towards the betterment of quality of education in the Govt. run schools in H.D.Kote Taluk and also in the 5 taluks of Bijapur district. It emphasizes on child rights, education of the girl child, reducing school dropout rates and increasing community participation in the functioning of Govt. schools. Some of its activities include training and empowerment of School Development and Monitoring Committees (SDMCs), capacity building of teachers, career guidance and counseling to the youth, scholarships to the needy youth to help them pursue higher education, personality development programs in schools and colleges, advocacy at the policy making level, conducting awareness campaigns on education, etc. Shikshanavahini also runs the 'Viveka' Career Guidance & Counseling Center at H.D.Kote.

Apart from direct implementation, SVYM has taken up capacity building of NGOs working in the education sector in districts of North Karnataka, with support from USAID through REACH – India. SVYM has taken up several community development initiatives, playing the role of a provider, promoter or a facilitator according to the need and situation. Some of the activities are mentioned below:

- Creation of rural infrastructure – building of low cost houses, toilets, borewells, etc
- Rehabilitation of tribals – those who were evicted from their forest homes due to the construction of the dam across the river Kabini in the 1960s and the subsequent declaration of forests as protected area under the 'Project Tiger'
- Formation of '**Viveka Seva Dalas**' – groups of committed youth in the villages and tribal haadis*(a group of tribal people living together is called a haadi)* willing to work for the betterment of their communities and thus join hands with SVYM for nation-building
- Formation of Self Help Groups – both among the tribals and non-tribals, thus encouraging thrift and entrepreneurship
- Training to tribal youth for augmentation of their vocational skills such as bee keeping, honey harvesting, etc

- Increasing awareness on issues like Rural Employment, Government schemes, Good Governance, Right to Information, etc.
- Income Generation activities

In community health work they are mainly focused on working for tribal such as the Janukurubbas, Kadukurubas, Soligas, Paniyas and Yeravas.

In SVYM, I was interacting with the counselor. They facilitate integrated counseling viz T.B, HIV, Diabetes, Nutrition, Hygiene, Ante Natal Care etc.
There are four different aspects of treatment facilities linked to HIV_AIDS in SVYM. They are-
1. PPTCT-Prevention of parent to child transmission of HIV.
2. ICTC-Integrated Counseling and Testing Centre.
3. CCC-Community care centre.
4. RNTCP-Revised National Tuberculosis Program.

Learnings
During my field visit in SVYM, though I could see many activities, my interaction was limited due to language barriers. Mainly I have learnt how to do counseling to HIV/AIDS affected people, family, T.B patients and also picked some booklets on the same diseases which were simple to read.

6.3. JANA SWASTHYA SAHAYOG

Jana Swasthya Sahayog is located in Ganiyari village, in the state of Chhattisgarh. This organization was established in 2000. In JSS, two type of work is going on,
1. Hospital work
2. Community health program

During my field placement in JSS, Dr. Ravi D'Souza was my mentor. I have learnt various issues related to health. They gave me the opportunity to learn more about the nutrition status of village children. If we are working in community health then it is important to know about the children's health status.I have learned lots about of nutrition and ante natal care.

JSS was running the Phulbari (like anganwadi centre) for children aged 6 months to 3 year olds at the village level. Lots of children are malnourished in the village.They provide chattu powder (making laddu with water), egg, khisri (cooked mixture of rice and dal) every week

Learnings

Health worker
- The health worker are equipped with skills of checking the pregnancy status,the basic tests like, urine , blood test etc.
- **Process of training for the health worker**. It is always need based. They first identify the needs from the health worker and through that the major problem is identified and from that the training is organized, so this has facilitated better participation.
- I observed health workers participation where people get involved voluntarily and they find solution together. Unlike my previous experience where there was not so much of a needs based training.

Knowledge and technical learning
Snake and dog bite
- I have learnt that how to identify the poisonous snake bite, and what is the symptom.
- I have learnt about the dog bite and risk to develop Rabies and what first aid is to be done.

Diarrhea and dehydration

- Also I have learnt to identify dehydration, also what is the difficulty in managing the patients with cholera. After spending two nights with the patients and the medical team providing treatment, I understand the difficulties and also that I have to learn more about the management.
- I learnt how to make Oral Rehydration Solution (ORS).
- I learnt how in the village level steps to be taken to prevent the cholera (like Fact finding, Water testing, purifying water sources, teaching how to make ORS).

My understanding about the Ante Natal Care

Why ANC is required for the village women. Antenatal care (ANC) ? ANC is the care of the woman during pregnancy. The aim of ANC is to achieve a healthy mother and a healthy baby at the end of pregnancy, and to detect any problem (risk factor) that may complicate the pregnancy and manage it appropriately. The following are the components and activities of antenatal care.

Antenatal visits:

A minimum of four visits is necessary for each antenatal case, as follows:

1st visit: 3rd month or as soon as pregnancy is known.
2nd visit: during 5th month.
3rd visit: during 8th month.
4th visit: during 9th month (after 36 weeks).

If regular weekly antenatal clinics are being conducted, the following frequency is ideal:

0-28 week's gestation: Once every 4 weeks.
28-36 weeks gestation: Once every 2 weeks.
36 weeks to delivery: Once a week.

- At least four ANC is very important for every pregnant woman.
- I have learnt how to measure BP, how to measure the month of pregnancy, baby's position in the abdomen and detecting twins.
- I have learnt to identify anemia in women.

I have learnt to measure the Nutrition status of the child

- Through the growth chart I have learnt how to grade the status of the children, with reference to malnutrition.
- To prevent malnutrition local low cost food has been promoted like Mura and Chana for energy.

TB screening

- Household visit for TB screening, it is helping the family to prevent TB. In that family, they take everybody's weight, and also observe if there is anybody with long period of cough, fever with loss of weight. If identified then they are referred to JSS hospital.
- The patients who have Tuberculosis get Soya been seed per month.(5 kg per month), so that they are able to take more protein in their diet.

Conclusion

I was inspired by the enthusiastic health professionals of JSS who work for people. They see patients as partners not beneficiary. They never think that patient is a burden. They are most welcoming. They developed low cost technologies for the villagers. The poor people can also buy their medicine. They use school going children as messenger boys to drop and pick up malarias slides to the laboratory for diagnosis so as to expedite treatment. This is first time I have seen that the rural poor people are getting good health care facility with low cost.

6.4. CHILD IN NEED INSTITUTE (CINI),JHARKHAND

CINI is mainly working with pregnant women and mothers, newborns up to 1 year of age, Adolescents, HIV/AIDS High Risk Groups, People Living with HIV/AIDS and affected families and urban deprived children.

With a very good experience in West Bengal for three decades, CINI thought of expanding its work in other parts of the country as well. This was coupled with the fact that Jharkhand also figured among the diseased states of India. Hence this unit was established on 2nd October 2002 with the objective of supporting local NGOs and government functionaries through capacity building and technical inputs for effective implementation of the Health and Education programmes in the state. Since its inception the unit has succeeded in making a place for itself in the state as a premier organization working on developmental issues.

Learnings

When I went to Child In Need Institute for my field visit, Dr. Suranjeen Prasad was my field mentor. Most of the time I have spent with the village Sahiya (the ASHA is called Sahiya) resource centre team. I have spent more time in various districts in Jharkhand, where CINI and People Health Resource Network are working together. It was very helpful for me to know about the NRHM implementation also about the SAHIYA and VHSC in Jharkhand state. CINI is working as an advocate with government to fulfill the communities' needs.

- I have learnt ASHA's role –at times they work as an activist and sometimes they are more service oriented.
- They are always using some local story during the ASHA trainings; I have learnt from them that it is very useful to communicate with local story.
- I have learnt how Village Health Committee is organized and how they make the village health plan, and how they utilize the untied funds.

Field visit report of different district visited during my visit to Jharkhand State

Date	Diatrict/village	Discussed with whom	Topic	Learning's	Contact person
2nd -5th october 09	Godda district, Sundarpahari and Boarijora block	BDO, community	Right to food	Many people are not getting PDS ration. As per the government announcement, people should be getting Rs. 400/- or ration. But most of the people are not getting anything.	Mr. Balaramji
6th October09	Ranchi district, PHRN office, attend RTI week in	DC, Lokayukta,	Right to information act	Many people are using this tools, this is becoming a very effective tool for getting information.	
7-8th October09	CINI office Jharkhand unit.		Shortlisted candidate for VSRC program support.	The process of screening for interview.	Mr. Gurjeet Singh Mr. Anup Hore
11-14th October 09	Sahebganj district, Rajmahol block and EFICOR office	SAHIYA ,VHC members, DPM,EFICOR staff ,PHRN fellow	Training on utilization of untied fund, role and responsibility of SAHIYA. One day orientation for PHRN fellow.	The process of giving training, training methodology, information on the utilization of untied fund. The role of SAHIYA. Understanding on how health movement was started.	Mr. Gurjeet Singh Mr. Haldhar Mahato
15th -16th October 09	Hazaribag district, Ichak block	SAHIYA, VHC members, youth resource centre	SAHIYA's challenges, what VHC understands about the committee.	1.The government has announced that anybody who will carries/ brings the pregnant women for institutional delivery will get the incentive. SAHIYA will not get (SAHIYA tells so). This causing confusion among the SAHIYA and the genereal public. Which is resulting in inefficiency amongst sahiya. 2.The process and methods of working	Mr.Gurjeet Singh Mr.Ajay Mr.Kamalesh Mr.Nasiruddin

				with youth at the community level.	
19th-21st October 09	Dhanbad district, Topchachi block(Khesmi village), Baliapur block	SAHIYA, VHC members, Community dai.	Training of VHC on their role, ANM's role, role of SAHIYA.	1. Learned about Four module of training for SAHIYA. 2. Learned how to handle difficult pregnancy cases. 3. Learned about different schemes and benefit provided for having institutional delivery. 3. Got to know various Objective of the NRHM. The immunization dosage for children and why it should be given to child.	Mr. Gurjeet Singh Manowar
23rd October 09	Ramgarh district,Gola block	PHC doctors, SAHIYA, women group Community,		Every day two SAHIYA will be in PHC (Gola) to help the pregnant women, the process to keep an eye on the government and their scheme, like JSY etc.	Mr. Haldhar Mahato Mr. Balaramji

Observations and findings

The right to food is related to right to live. Right to food is a government declaration for the below poverty line family. They should get ration from the PDS dealer. But when I had visited the village and interacted with the community there I came to know that very few people are getting benefit from the schemes. They are actually not getting food that they really need. Government has announced various schemes for the BPL. But people in need are not getting any benefit from these schemes neither they are getting any food nor they are able to raise voices for their rights. There is another scheme for BPL families, if the BPL families are not getting ration from the PDS dealer then they should get 400/- rupees. But this is also not happening properly.

In the Anganwadi centre where I had visited, I found that there was some discrepancy.Corruption is going on. They are not maintaining registers properly. Distributing the food was one of the main issues for the Anganwadi (AWC). When I interact with the community to know about the status of the AWC, they told that the dhatri (pregnant women), children, and youth are rarely getting the food.

After selection of the SAHIYA (ASHA) some changes have come in the villages. Before SAHIYA, most of the rural community was not aware about the health related government scheme, many pregnant women were dying of minor problems, and children were not immunized properly. After introduction of NRHM most of the rural women are accessing institutional delivery.

Suggestion

I would like to highlight some points after my interaction with the SAHIYAs.

1. Most of the village health committees are not capable of working in the village. They need more awareness about the community health. They need proper information about the utilization of the untied fund and to make village health plan. Some VHCs have prepared the village health card but after preparation of the card there is no work for progress for health.
2. After delivery the women are not getting money on time, they have to wait for very long time. For this issue the sahiya and the village women are anxious, if it is important to do institutional delivery then it is also important for the government to deliver, therefore distribution of the money should be done timely.
3. SAHIYA is a health activist. They should be able to understand about the meaning of activism. I think that time has not yet come for the SAHIYA to take the agenda on a war front. SAHIYA is a presently only representing the village. They should feel that they are from the community and they are working for their own community.
4. Because most of the SAHIYA are expecting money from the government, most of the SAHIYAs are thinking that government should think about them. If it is important to strengthen the community then SAHIYA should be strengthened. They are taking a very big role at the community level, and it is very important for them to continue.
5. If community participation is essential than somebody should take care of SAHIYA at the initial stage and should be given proper guidance and training with regard to how to work with community.
6. If a person is happy then they can work well. So it is important to keep them happy. As such the status of women in India is not good enough and the women are facing lots of problem in their own family. It is beyond all this that very few women are able to come up to do the voluntary work for the community.

7. Trainings attended during internship

7.1. "Daughters of fire" organized by VIMOCHONA

On 27th July 2009, there was a round table discussion on various topics related to issues on violence against women as part of the open court called 'Daughters of Fire'. I attended the round table discussion on "Globalization and violence against women- Reviewing government policies in the context of the changing nature of the state".

Ms.Ruth Manorama presented her view on the effect of the globalization. There was also discussion among round table group that how globalization has a part in violence against women. In developing country like India, there is new construction like dam construction, road construction etc. if some construction is going on then many of the people are displaced from their homes and villages. Lots of people have lost their land, jobs etc; there is no rehabilitation for the people. Narmada Bachao Andolan is an example of the effect of the globalization. Women are the main victims- only women think about the food and physical security of their families.Many of the women have also been victims of rape. In this period of time many of the women have no any food security, so many of them are choosing prostitution as a livelihood. It is because of poverty. Poverty is a major violence to women.

On 28th July 09, I have attended the presentation of testimonies about the violence related with dowry, which was shocking for me. From the testimonies I came to know that violence related with dowry even affects the educated including medical doctors. What was more shocking was the culture restricted her to accept and adjust with the condition. It also made me feel that there is injustice in all aspects against women hence it is important to empower women on their rights and also work with women in ensuring justice.

7.2. Self development training

On the third and fourth of November 2009, CHC organized a self development workshop in the CHC office, Bangalore. Ms. Shobha Managoli,a clinical psychologist; facilitated the self development training. The training was very helpful for me. I have learnt the facilitating skills from her. I was impressed by the way she was facilitating the training. She taught us to be a good leader; as a leader we need to identify, what are the bad things (cold prickly) and good quality (warm fuzzys) we have; and also we need to identify, how we can improve our cold prickly in to warm fuzzys. The exercise also enabled others to express the warm fuzzys and the cold prickly of each individual participant. This training helped me personally to reflect on the two aspects at the personal level and at the organizational level. I also felt this exercise can be used with my team members to facilitate a better environment to interact and support each others rather than criticizing their behavior.

7.3. International People Health University (IPHU)

I have attended the 'Health and Equity' course by International People Health University from the 1st to 9th September 2009. It was organized by CHC in collaboration with Jana Swasthya Abhiyan and PRAYAS.

We had discussion on the uses of people's health charter. I understood that if there is a need to change the people's health scenario then it is very important to make people understand the charter. There should be political acceptance also. It is important to increase capacity of the community as well as advocacy with the government is very essential for success of the people health charters.

The Alma Ata declaration was declared on 1979.but till today the 'health for all by 2000 AD' has not been reached. We had discussion on social determinants of health, right to food campaign, identity and management of conflict, globalization and also right to health. All of the session were very good and it helped me to clear my concept and also gain better understanding.

The right to food is very closely related with health. The government has announces lots of scheme like NREGA,PDS,ICDS,MDM etc, but it is not properly implemented by the people who are in

charge. The effect of this lack of distribution of food is cause of malnutrition, poverty and also poor health of the people.
Conflict has an important role for depressing people. There is a various type of conflict like economic, emotional, environmental, resources, community, ideological, workplace, identity based, ethnic, caste conflict etc. The impact of conflict is very worse, mostly women are becoming victims of conflict. Conflict affect very badly on health, especially children and women's health. In conflict situation, sometimes it goes overhand, it is most important to respond to the conflict with care. The way of responding conflict should be giving in, cooperating or should be compromising.
Networking with participants from different countries was inspiring and there was lots of energy from meeting people from different areas from different background working in same field.

8. Learning by doing-my last three months in Deosri, Assam.

I planned to work in Deosri, Assam during the last three months of my fellowship.

8.1. Brief note about the field:

Deoshri is located at Chirang district of Assam and near the Bhutan border. Earlier the Bodo, Adivasi, Rajbongshi, Nepali, Sutradhar and other communities were living together peacefully in Deoshri. Unfortunately between 1993 and 1996, ethnic violence took place between Bodo and Adivasi groups. Because of this violence many sections of the society especially Santhals were displaced from different villages of Bongaigaon and Chirang district and were settled in Deoshri relief camp by the government. Many of the Adivasi (Santhal) families lost their homes, land, livelihoods, their belongings and more than that, their sense of belonging to their land, their culture ,identity , their feeling of own community and much more. Government provided relief through supply of food grains to the internally displaced people in the Deoshri relief camp. In 2007-08. Rs.10000 was given as a rehabilitation fund and the food relief was stopped. Some families used this money to build homes in the main village. Many Adivasi (Santhal) families continue to live in the camp till today. They are facing many difficulties to survive. Many of them just have one meal in a day. This vulnerable community is not getting the rights and justice declared within the human rights framework.

Five years back, a USA based organization called Medico Sans Frontier (MSF) was working in Deoshri and providing health care services. But till today there is no improvement in the health status of adivasis and the other internally displaced people living there. In that times when MSF was working the health situation was not worse, atleast the community was able to get some health care facility.

In Deosri area, most of the adivasis are wage labourers. It is too hard to get daily wage work. Some people go to Bhutan for daily wage labor. It is difficult to earn enough for everybody's food needs. Sometimes, they also eat wild potato to satisfy their hunger. In this area nutrition status is very poor; most of them are anemic.

In this area there is no proper sanitation, safe drinking water etc which is required for good health. There is a Community Health Centre in Shantipur, four kilometers away from deosri. In that CHC, doctors are available for few hours in a day. The Sub centre for Deoshri is situated 6 km away in another village. The district hospital is very far from the village. It takes three hours to reach the hospital. The community do not have easily accessible health care facilities.The health situation of pregnant woman and children is very worse as they are not able to get proper health care facility.

The Action Northeast Trust is a voluntary organization based in Chirang district, B.T.A.D, Assam. The organization was registered as a Trust on 13th October 2000. The ANT has also initiated work with forest dwellers, on land rights, National Rural Employments Guarantee Act etc, in Deoshri area and in relief camps in Deoshri with the internally displaced people since 2004.There are village organizers (VO) and Jagruti dals (collective of women discussing social issues) in every village supported by the ANT. I was involved in training of the village organizers, Jagruti dals and organizing discussions with the women on many social issues.

Till today there have been attempts to initiate health workers training, community laboratory and also the community monitoring work and strengthen the ASHAs of NRHM. None of these initiatives have been sustained due to the complex issues in Deosri and also lack of continued follow-up.

So I want to take initiative to work with the community for their right to health and right to health care. The ASHAs role is very important to work with community, but I have realized when I was working, there was not good relationship among ASHA and the community. If it is very important to get good health care facility in SC/PHC/CHC, then among them good relationship is very essential. ASHAs should be playing very strong role to improve community participation and looking on social determinants of health. So I want to understand about the effectiveness of ASHAs, what problem they are facing, what is the weakness, what is the strength they have and issues related with them. Within these three months, I plan to gather some information about community and ASHA and based on it after finishing the CHLP fellowship I will do training for ASHA as well as the community on the topic of social determinants of health. I also plan to translate two manual in regional language, (Anemia and right to health.) which has been developed by SATHI, Pune, Maharashtra. Later on it these can be used as training manuals.

In that area there are ten Jagruti dals and two Jagruti groups. The Jagruti dals will be selecting the members who will attend the training. These participants will discuss the topics with their respective groups.The first training will be on the topic on concept of health and anemia and second training will be on the topic of right to health.

8.2. Understanding field reality:

In the third week of November 2009, I went back to 'the Ant' and I went to Deosri for my three months project work. My aim was to build awareness among the members of the Jagruti Dals and the villagers on the topic of health in Deosri area and also I was tried to understand the role of ASHAs in addressing the health issues of the community and the challenges they are facing

First I interacted with Jagruti dals members, ASHAs and also village headman. After joining this fellowship I was far away from them and not even able to communicate. So I found that it will be very useful to meet some of them individually and inform them what I am doing now and what I am going to do in future.

After I visited them I have been able to understand about the present situation of Deosri. They have shared with me about the health situation of Deosri. I came to know from them that within September to November 09 there were deaths of 13 children and 3 adults because of one or two day fever. Because of coming election the political situation in Deosri was not good. In November there was some kind of money demand and kidnapping and lastly one person was murdered. So the situation was very worse. Nobody wants to come out because of threat. Anyway after sometimes we are able to

come out from that situation and then slowly I have started talking with them about the health related issues in Deosri and also what can be done later.

I met some of them individually but not everybody. Because sometimes I went to meet them in their home, some of them are busy doing household work; some of them were unable to share their problem with me in front of their husband and in-laws. Being with them for some time and sharing their feelings is a big achievement for me. Sometimes they cry in front of me after sharing their problem, sometimes they smile, and it makes me feel that I am also a part of their life. When I analyse myself, then I realized when I cry – I cry with whom I feel very close, whom I can trust, whom I feel that there should be some solution to my problems. This can happen when you give the space to trust you. I think I should really do something for their health.

I organized a women's and Jagruti Dal members meeting in Deosri. It was very helpful for me to discuss beyond their personal problem. Before joining CHLP my discussion with them was only about the empowerment of women. A few times we used to discuss about the sanitation and child health.In this meeting we have discussed about the health situation of their area, and also have a focus group discussion with them about their common health problems.After discussion everybody come across their personal problem. In that meeting, we decided to do a training program in Deosri about concept of health.

In this meeting we were discussed about the women's day celebration in 8th of March in Deosri. In 2009, 'the Ant' initiated to celebrate the women's day in Deosri. And we felt that, it is a very strong tool to bring women together. It was very good to see their willingness to celebrate the women's day. From being a different community, leaving their fear, coming together, willingness to celebrate the events was a big achievement for me of that area.

I decided to attend the meeting with the VCDC (Village Council Development Committee), members along with the village headmen in Deosri. In Bodoland of Assam, there is no Panchayat and VCDCs work like the Panchayat. The meeting was about the NREGA and it was conducted by 'the Ant'. In that meeting 'the Ant' role was to be a middleman among the chairman and villagers to give the right to villagers peacefully. In that meeting we had discussed about the job card and about the NREGA work in Deosri. After discussion in that meeting, it clearly comes out that most of the people are not getting the job card which is their right. A few of the villagers have their job card but they are unable to get involved in any work. When they asked for the work the officials do reply that there is no more fund, no more work for them. The people know their rights but they have lots of fear to ask the VCDC chairman about their rights. The chairman is a resourseful person. During the discussion chairman tried to prove that he was doing a great job for the people. People do not want to go to him. If people were not getting job card, that is not his fault at all. He tried to convince the people that he did every work from his side, problem was only in the 0computerization of data.

Anyway it was a very healthy discussion, because after the long discussion among them, they have took a decision to visit the Block office along with some villagers and the VCDC chairman/members, to ask about the status of their job card.

8.3. Training on concept of health

The schedule for the training on concept of health is given below.

8.3.1. Training schedule

Training for Jagruti Dals members in Deosri area,
Topic-Understanding on health
Date- 24th January2010
Venue- Deosri

Time	Topics	Methodology	Expected outcome
8:00-8:30 am	Introduction of the participants(with introductory games)		
8:00-9:00 am	What is health	Group discussion and presentation from the group.	Understanding on health.
9:00-10:30am	What affects health (good health means…)	Story telling related with health (water, sanitation, food, work, gender etc.)	Understanding issues related to health.
10:30-11:00am	Tea break		
11:00-12:00pm	Difference between health and health care system.	Role play- health and health care system.	Increase understanding between health and health care system.
12:00-1:00pm	Introduction of anemia	Using flip chart	Can identify Anemia themselves.
1:00-2:00pm	Lunch break		
2:00-4:00pm	Overall discussion about the health status of the women living in Deosri area and what can be done in future.	Group discussion and presentation from the group.	Action plan

On 24th of January, training was organized on Concept of community health for Jagruti Dal members in Deosri. Some other women also attended the training.

In the beginning of the training program, we did an introductory game with the participants. This was they should play the role to introduce themselves. After introduction session we had a group discussion among the participants on the topic of what is their understanding about the health. It was very tough job to facilitate the team. Many of them were illiterate, they neither can read or nor can write. But fortunately there were two participants who can write. Within the participants we divided in to four groups and one participant in each group could write. Within these four participants two were newly joined staff of the ANT. They had to facilitate the group and write their views. After one hour group discussion, each group presented their discussion about their understanding on health.

From the presentation, the main points that came out are -

Ill health means…

- No Safe drinking water
- No sanitation
- No nutritious food
- No shelter
- Less food to eat
- No proper health care facility
- Work load
- Large family and less income
- Poor economic condition
- Less education
- Poverty
- No family planning
- No good relationship within family.

After group presentation we discussed further on the above topic which they have written in their presentation. Some questions were also raised- Why they think like that? Why it is important for good health? When they replied, they always relate their problems with group discussion. So it was very interesting.

Nilam's story

After some common understanding about the health I tried to relate, how social determinants affect women's health. I used Nilam's story, (I translated to Assamese from English). This is the summary of Nilam's story- From the birth how she grew up, how she was neglected by her parents, by her husband. Before she completed her 17 years she gets married off from her parent's home. Her father arranged her marriage without informing her. Nobody cares for her health. She did not have right to speak about her problem. She did not have right to ask for treatment if she fell sick. Everyday she has to go to market for sell the vegetables for earning money.

Again the groups discussed amongst themselves. The groups came up with such a good presentation. Everyone related their personal experience of the past. We had discussed that our health is in our hand and what is in our hand and what is out of our hand and also how can we improve our health .

8.4. Training on Right to health

On 27th of January 2010, the second training on Right to health was organized in Deosri.

First Introduction session was conducted. I asked a volunteer among the participants to do introduction session differently. I did help them to continue the introduction session. Initially they were shy ,but they came up one step ahead.

We had a discussion on HIV and AIDS. It was because many of their husbands and sons were working outsides the state. It is possible to get affected by HIV/AIDS easily. Mainly we have focused on some points - how it spreads, the symptoms,how we can prevent and why it is important to know about HIV AIDS.

After the discussion on HIV/AIDS, the women were very scared, they were discussing that how they can spread information within their family, as they felt shy and it was a matter of shame. The culture does not allow them to communicate with their husband and son directly. How they can ask their son to avoid sex with unknown people. Within their discussion one point has come up. Indirectly we can create awareness among the elder and youth who go outside. We can use posters for awareness in regional language.

We had discussed about the Rights on health and health care system.

If we talk about the right to health care system then there should be Accessibility Availability Affordability and Qualitative service for the people. Again we discussed what they mean by Accessibility Availability Affordability and Qualitative service. There should be respect, protection, non discrimination and equity and there should be community participation.

8.5. Training of the Ants' staff on the understanding of HIV/AIDS.

Discussion subject was

- What they have understanding about that HIV/AIDS
- How it spreads.
- What is the symptom?
- How we can prevent.
- Why it is important to know about HIV AIDS.

8.6. Learnings from ASHAs

I have discussed with ASHAs personally, they share with me about their problem with govt. official and as well as the community.

The ASHAs were facing lots of problems with the Govt. health officials. Some of the govt.health officials treated ASHAs badly. In terms of taking pregnant women any time to the hospital and also every time the ASHAs were asking about what was govt. scheme is available for the community. The ASHAs have feelings somewhere that there was communication gap between ASHAs and the community in terms of money. Most of the people think that ASHAs are govt. servants, so they have to do everything

Lastly I did a translation of anemia flip chart from Hindi to Assamese and finally it turned into an anemia flip chart in Assamese.

Annexure

I..Project proposal for the community health cell, Bangalore.

Title of the project- working with Jagruti Dals in Deosri area. Capacity building of Jagruti Dals members and increasing rapport with ASHAs.

Project location- Village- Deoshri, **District-** Chirang, **State-**Assam.

Project duration- From 21st November 09 to 15th February 2010.

Objective of the project

1. To build awareness on concept of health and health rights among the members of the Jagruti Dals in Deoshri area.

2. To understand the role of ASHAs in addressing the health issues of the community and the challenges they face.

3. To translate 2 training manuals on anemia and right to health to use them as training aids.

Outcomes

1. The Jagruti Dals members will be able to understand about the status of their own health and right to health.

2. Documentation of the study for future planning to work with ASHA .

Better relationship with ASHAs.

3. Development of skills in creating training manuals in Assamese language and training.

Outputs

1. One trainings organized for 30 Jagruti Dals on the topic of concept of health and Anemia.

2. One training organized for 30 Jagruti Dals on the topic of right to health.

3. Survey of ASHAs.

4. Two resource materials in Assamese language on Anemia and right to health.

Activities

1. Village visit to meet with Jagruti dals discussion on training.
2. Organized two training for 10 Jagruti Dals in context of Anemia and right to health.
3. Visit to villages to build rapport with ASHA's.
4. Exposure trip for Jagruti dals and ASHA to meet govt. official
5. Meet ASHA, NRHM official and village stakeholder for data collection
6. To contact SATHI for the original files of the training manuals.
7. Translate the flip chart on anemia and the pictorial manual on Right to health developed by SATHI in local language.

Budget- Total budget for last three months16350/-.

Brief note for the project proposal:

Deoshri is located at Chirang district of Assam and near the Bhutan border. Earlier the Bodo, Adivasi, Rajbongshi, Nepali, Sutradhar and other communities were living together peacefully in Deoshri. Unfortunately between 1993 and 1996, ethnic violence took place between Bodo and Adivasi groups. Because of this violence many sections of the society especially Santhals were displaced from different villages of Bongaigaon and Chirang district and were settled in Deoshri relief camp by the government. Many of the Adivasi (Santhal) families lost their homes, land, livelihoods, their belongings and more than that, their sense of belonging to their land, their culture ,identity , their feeling of own community and much more. Government provided relief through supply of food grains to the internally displaced people in the Deoshri relief camp. In 2007-08. Rs.10000 was given as a rehabilitation fund and the food relief was stopped. Some families used this money to build homes in the main village. Many Adivasi (Santhal) families continue to live in the camp till today. They are facing many difficulties to survive. Many of them just have one meal in a day. This vulnerable community is not getting the rights and justice declared within the human rights framework.

Five years back, a USA based organization called Medico Sans Frontier (MSF) was working in Deoshri and providing health care services. But till today there is no improvement in the health status of adivasis and the other internally displaced people living there. In that times when MSF was working the health situation was not worse, atleast the community was able to get some health care facility.

In Deosri area, most of the adivasis are wage labourers. It is too hard to get daily wage work. Some people go to Bhutan for daily wage labor. It is difficult to earn enough for everybody's food needs. Sometimes, they also eat wild potato to satisfy their hunger. In this area nutrition status is very poor; most of them are anemic.

In this area there is no proper sanitation, safe drinking water etc which is required for good health. There is a Community Health Centre in Shantipur, four kilometers away from deosri. In that CHC, doctors are available for few hours in a day. The Sub centre for Deoshri is situated 6 km away in another village. The district hospital is very far from the village. It takes three hours to reach the hospital. The community do not have easily accessible health care facilities.

The health situation of pregnant woman and children is very worse as they are not able to get proper health care facility.

The Action Northeast Trust is a voluntary organization based in Chirang district, B.T.A.D, Assam. The organization was registered as a trust on 13th October 2000. The ANT has also initiated work with forest dwellers, on land rights, National Rural Employments Guarantee Act etc, in Deoshri area and in relief camps in Deoshri with the internally displaced people since 2004.There are village organizers (VO) and Jagruti dals (collective of women discussing social issues) in every village supported by the ANT. I was involved in training of the village organizers, Jagruti dals and organizing discussions with the women on many social issues.

Till today there have been attempts to initiate health workers training, community laboratory and also the community monitoring work and strengthen the ASHAs of NRHM. None of these initiatives have been sustained due to the complex issues in Deosri and also lack of continued follow-up.

So I want to take initiative to work with the community for their right to health and right to health care. The ASHA's role is very important to work with community, but I have realized when I was

working, there was not good relationship among ASHA and the community. If it is very important to get good health care facility in SC/PHC/CHC, then among them good relationship is very essential. ASHA's should be playing very strong role to improve community participation and looking on social determinants of health. So I want to understand about the effectiveness of ASHAs, what problem they are facing, what is the weakness, what is the strength they have, issue related with them. Also networking and relationship building with ASHA's. It will be helping me to work with ASHA and as well as the community to looking forward of social determinants of health. Within these three months I gather some information about community and also ASHA. And based on it after finished the CHLP fellowship I will do training for ASHA as well as the community on the topic of social determinants of health. I will do translate two manual in regional language, (Anemia and right to health.) which is developed by SATHI, Pune, Maharastra. Later on it can be use as a training manual.

In that area there are ten Jagruti dals and two Jagruti groups. The Jagruti dals members will be selecting the members, who is going to attend thewhich training and after involved in training they will discussed that topic with whole group. The first training will be on the topic on concept of health and Anemia and second training will be on the topic of right to health.

Details of Jagruti dals in Deosri area.

Sl no.	Name of the Jagruti Dals	Village	Member with sec/pre
1	Sagen sakam	Deoshri Camp	26
2	Chandu Ipil	Mohanpur	14
3	Debun Sikim Rakap	Nakedara	25
4	Chandu rat	Betlong Basti	13
5	Dular Chandu	1no Aiepowali	20
6	Marami	2 no Aiepowali	20
7	Muluk Chandu	2 no Deoshri	22
8	Samaj Sushar	3 no Deoshri	22
9	Jak Jamak	Sutradhar Para	
10	Rangjali	Brahma Para	

Activity and expected outcome

Sl. no	Program	Activity	Expected Outcome	Budget	Total budget
1	Translating manual on right to health and anemia.	1. Translation from Hindi to Assamese. 2.Correction of Draft manual 3. Printing	1. Resource materials in assamese language.	1.Printing – per pages Rs.35/- *40 pages=1400/- (anemia), 2.Printing per pages Rs. 35/- *60pages=2100/- (Right to health) 3.For spiral binding cost, each @Rs.250*1=250/-	Rs.3750/-
2	Capacity building for Jagruti dals to take initiative on right to health.	1. village visit. 2. Two capacity building training among 10 Jagruti Dals. Each group 3 members. 3. ASHA involved in training of Jagruti Dal 4. One exposure trip for jagruti dals and ASHA to meet govt. official.	1. Women will be able to understand about the status of their own health and about right to health. 2. Building relationship between ASHA and womens.	1.Two training for 30 members,,2400 each, with venue, materials, food etc. (30 members *80 per day for two times) 2. One exposure for 10 members of Jagruti dals, 3 ASHA, each member trevellingRs.200/- =13*200=2600,each members foodRs.100=13*100=1300/-	4800 3900/-
3	Study on role of ASHAs and their cahllenges in Deoshri area.	1.Meet ASHA ,NRHM official and village stakeholder for data collection 2.Meeting village people and understanding their views	1. To have a detailed understanding of the role of ASHAs. 2. Documentation of the study. 3.To build rapport with NRHM official along with ASHA.	For making study material	1500/-
4	Traveling cost for meeting, village visit,meet ASHA, NRHM official etc within district.			each month rs.800,3*800	2400/-
					16350/-

II. Books I have read and knowledge gained during the internship:

I. Taking sides (by Dr.Satyamala): After reading this book I able to understand about the issues related with community health. Why people were depending very much of local doctor. The way of working with community.

II. Low cost food for nutrition published by JSS: I am convinced that if we use the low cost food then we can prevent anemia. They have beautifully calculated how much food was needed to a farmer family, and how much they have spent.

III. How HIV and AIDS spreads, How Sexually Transmitted Disease spreads: I get a fair idea about HIV and AIDS. It help me to conduct a training to create awareness among the people.

IV. Health for all now-People's Resource book: This book is about the history of 'health for all by 2000AD'. It explains the effects of globalization, commercialization of health care system etc. This book helped me understand about the various aspects of health, social determinants of health. This is really a resourceful book.

V. SAHIYA (ASHA) manual (1-4, published by state of Jharkhand with support of CINI)

VI. ASHA manual published by NRHM.

VII. NRHM-Objective and goal

VIII. Akshya Yatra (T.B booklet in Hindi) published by JSS

XI. Where women have no doctors (English) and where there is no doctor. (English) published by VHAI, I have read some chapters related to women's health,

XII. My body is mine - by Sabala and Kranti: These books were very helpful book for me. I have read only some chapters which are related to women's health. I have read about the women's reproductive system. I have understood about the menstruation, why it is important to be clean in those periods. There is nothing to be shame. Within 'my body is mine' they have beautifully conducted the training. This book was especially about one's own body. After reading this book I realized that it should be read by every woman. . How many of us, we know about our own body. How much of ownership we have to our body. How gender affects our body.

Also I have read **'Sharing simple facts (about menstrual health and hygiene)'.** I have learnt many of new things about the menstruation. How societies react and How gender roles affect sexual health. I have learnt about the women and male contraceptives. I have learnt about the pregnancy and child birth. Also I have learnt how it can be possible to measure the pregnant month of the women and how is it possible to calculate, when will be the baby born.(Add nine months plus seven days when last normal monthly bleeding started, the baby will probably be born any time in the two week before or after this date). I have learnt about the danger signs in pregnancy.
These books have helped me to know about my own sexual parts. Earlier I did not have that much of knowledge about my body.

After reading these books I get some idea when these topics are discussed during the community interactions. It was very helpful for me, when I was in the field.

Community Health Learning Programme is the second phase
of the Community Health Fellowship Scheme
and is supported by
the Sir Ratan Tata Trust, Mumbai

COMMUNITY HEALTH CELL (FUNCTIONAL UNIT OF SOCHARA)
85/2, 1ST MAIN, MARUTHI NAGARA, MADIWALA,
BENGALURU - 560068
TEL: +91-80-25531518/25525372 EMAIL: CHINTERNSHIP@SOCHARA.ORG
WEBSITE: WWW.SOCHARA.ORG