

Report of Community Health Learning programme (CHLP) 2009

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I would like to acknowledge Dr Rakhal for his encouragement in helping me complete my last three months field project report.

I would like sincerely thank both my mentor Mr. E. Premdas and Sathyasree, without whom I would not have completed my final report. They helped me to think deeply in each of my field visit. This helped me to express my views and observation in the sharing meeting.

Special thanks to Dr. Ruth Vivek for her encouragement in completing this report and for teaching me computer application skills which was valuable.

I would like to thank all resource persons of CHLP programme. It was nice to hear their experiences. I would also like to thank the organizing team of CHLP.

2. Final report of Community Health Learning Programme

Why did I join the fellowship?

Since five years, I have been working in the field of HIV and AIDS. But it was very specific and I was unable to work in the area of women's health in general at the community level. So I wanted to understand about women's health and women's problem, health care services available do them. I joined this fellowship programme to learn more about community health and People's health movement at local, national and international circle as I wanted to become a health activist and commit myself to working with the vulnerable community in the society. I wanted to know health issues of other countries and health system, the policies and programmes taken up by their governments. I want to understand the national health policy, the various programmes, their access and awareness about the health services by common people. I wanted to learn training skills to impart training to health workers, nurses, ANMs, NGOs and health activists.

I came to know about this programme through Ms. Varsha who is a ex-fellow of CHLP and working with the same Network as vice president I thank her for sharing about CHLP and her experience in CHLP. After that I had a talk with Dr. Sukanya and sent my CV. After that I got a immediate call from Sukanya to attend the interview; I was in Chirang district to attend the interview in ANT with Dr. Sunil Kaul and Jennifer Liang.

Learning objectives/ plan of action with Time line of activities

After finishing the orientation, all the CHLP fellows prepared their learning objectives and selected field placements in different organizations. My learning objective are as mentioned below:

- To understand the role of women's movements in India, especially in addressing violence against women and women's health issues
- Establish Network and linkages with larger women's groups to strengthen PWN+ in addressing issues of women living with HIV/AIDS.
- To learn functions of NRHM and how it addresses women's health issues.
- To identify the challenges in access to health care for women.
- To strengthen the PWN+ in advocacy for women health rights.
- To learn basic computer applications

3. Learning Objective/plan of action with time line & activities

Learning objective 1: To understanding the role of women's movement in India, especially in addressing violence against women and women health issues

How I learnt this?

- Meeting with organization working on women's issues and discussions with women's movement leaders.

- Reading and learning through visits about women's movement and violence against women.
- Attending training programme on how to address issues of violence against women

Learning objective 2: Network and linkages with larger women's groups so as to strengthen PWN+ in addressing issues of women living with HIV/AIDS

How I learnt this?

- Documentation of these processes.
- To know the processes in networking from the national Network and the other women organizations.

Learning objective 3: To learn functioning of NRHM and how it addresses women's health issues.

How I learnt this?

- Reading about NRHM
- Visiting organization focusing on NRHM in the northeast.
- Visiting PHC, CHC and talking to ASHA, ANM and Medical officer.

Learning objective 4: To identify the challenges in access of health care for women

How I learnt this?

- Reading about health care for women.
- Sharing and experience with other women group.

Learning objective 5: To strengthen the PWN+ in advocacy for women's health rights.

How I learnt this?

- Training for advocacy skill
- Organize campaign
- Learning communication skill

Learning objective 5: To learn computer and applications.

How I learnt this?

- Personal learning of Computer applications

4. List of visits and the work during Internship field visits

List of visits made during the Internship Field visits June -August 2009

- Interaction with Milana foundation staff special with HIV positive women
- Visit to PHC, Thoubal & Mekhola, Imphal East & West District

- Visit to CHC, Wangoi, Imphal West District
- Met Joint director, State Social Welfare Office
- Met Project officer, Social Welfare Department Imphal east District,
- Met NRHM state Co ordinator Monota Devi
- Dr Usha (Ayush),
- ANM Sumanti, Para medical staff, ICTC counsellor at PHC, Mekhola, Imphal West District

September – October

- IPHU Bangalore Course
- Visit to Vimochana
- Visit to PWM+ National head office, Chennai
- Visited Tiruchy DIC project
- Community Health Cell branch office, Chennai
- Attended orientation program on Psychosocial effects of disasters, NIMHANS, Bangalore
- Karnataka Network of Positive people living with HIV and AIDS
- November
- Attaining meeting on “Decentralization of HIV services in Imphal West, Manipur.

5. Orientation Report

Community Health Learning Orientation Report

Period: - 4th May to 4th June

Introduction: In the forty days orientation I started my journey leaving behind family, the lovely mountain ranges, forest, trees, flowers and animals, wild bird are singing and dancing in the monsoon winds that bring us rain back home. During these days I can feel the weather changes that make me feel that passing through the noisy city is harmful to my health. I miss home, however I am very much excited to see a very long bus like thing in which we can sit, sleep and eat inside What is that? I knew that is called a train. I was enjoying talking with different persons on a pleasant morning blessed with the cold air and green trees started moving and dancing on that nice pleasant morning in Bangalore city.

On the 4th of May it was a eye opener for me to see that there are many people working on Community Health as we are working for HIV and AIDS in the community. On the first day sessions started by welcoming the fellowship participants; the CHC staff started their own personal sharing and was followed by introduction to all the other participants to know each other, it was quite interesting getting to know each other.

This was followed by introduction to SOCHARA and CHLP. Evolving programme expectation from the participants, after this overview of the learning methods of CHLP and

expectation from the programme was explained. Finally introduction to Library and administration matters was done.

My personal experience and reflection

The potential of the social resource, dignity and of limited family resources and understanding about (availblality, accessibility, capability) understanding various aspect that contribute to ill- health was good. Further learning and reflection about four case study of different story that was presented by group was very meaningful. Story of the 12 year old orphan boy smoking very badly was discussed, and being a social worker how we can help this boy many such points came up.

1. Referral to the orphan house
2. Giving awareness (with easy method to the child)

The next session on Monsoon game helped in understanding society on determinantsof health.

Knowing and understanding our self in the group situation (work in a group) all the participants were sharing and reflecting what they had done individually. My reflection is that by sharing all the negative aspects for all the fellow CHLP participants we understood the three circles, first one is community they live in, the second different geographical area and different academic background and lastly different NGOs. We also understood the Government sector and CBO and more about the individual (feedback chat) too; for example the chart depicts it below-

1. Public self	2. Private self
3. Blind spots	4. unknown self

After this we understood more about the five human values and some concepts like difference between the equity and equality. My understanding on SWOT was also raised-

- S- strength
- W- Weakness
- O- Opportunity
- T- Threat

Further knowing about the adult education was helpful. Concept comes first and alphabets comes next this understanding was meaningful. There was further reflection about the paradigm shift to the set of rules, knowing more about the organic farming, health and physical mental, difference between the group 1 and group 2

Group1	Group 2
Impersonal	Personal

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Paradigm shift

Medical model	Social
Individual	Community
Drug techniques	People

We also came to know about health situation in India like International Health Laws, understanding about the changing people's role (public hearing, research work, portals) along with understanding what community wants to do. We also enhanced understanding of the PHC, financial and social aspect that operates through government system and what support exists for the community. Based on community's need and taking their resources planning and implementation should be done. We also came to know about how organic farming is helpful to the community people; about Right based approach for women and issues related safe delivery.

We understood some Government system and policy and reflected a lot after watching related videos. We also heard a caste of story of Bhavya, who is very courageous and active in the community to bring the social change for the society.

We understood that while working with the community the doctors and nurses need not be confined in one's own state or districts, they should go to the remote areas, rural villages and hilly areas to work with the community and society with accountability and equity and value with humanity.

The session that impacted me the most

Attending all the sessions was very nice and helpful for my future work but the session that impacted me most is alternative system. As I am working for HIV and AIDS, knowing alternative system it also helpful for my Network and other community based organization. Due to the side effects of using ART medicine most PLHA experience many side effects. If the CD4 count is more than 200 they can use the alternative treatment like Ayurveda, Homeopathy, Siddha, Unani, Yoga and other Naturopathy to maintain their immune system and control it by using these alternative medicine system systematically so that their life span is increased.

My Group learning

Learning from group is very diverse and exciting to me especially staying together for forty days we get to know each other more and are able to do our personal reflection and find

our blind spot. I find it very much interesting when we all together find out all our blind spots and then compare my own reflection for each individual. Finding out their blind spot with one another person, is very difficult compared to finding out the positives. However each individual friend tries to change their blind spot in a positive way. This was a great change within the group that I feel was of immense learning. I also learnt from group from their own experience of me. There were other group learning techniques through different games, role-play etc that was also a great learning experience for me.

a) What did I do in the last two months? (Organizations, persons I visited, interacted, and what did I learn?)

In last two month I had attended GIPA (Greater Involvement of People living with HIV and AIDS) consultation regional workshop at Guwahati that was a planning workshop towards strengthening all districts level Positive Network and chalking out North East Indian state for implementing Drop in Center for people living with HIV and AIDS. There was discussion and sharing for women drop in center the gap and issue of Manipur's women living with HIV and AIDS. In the consultation they shared all the regional issue of people living with HIV and AIDS and on the last day we finalized the draft to be will submitted to National AIDS Control Society.

Since one of my learning objectives was to understand NRHM in Manipur, I visited Secretariat of NRHM office in Manipur. On the first day I met with state project co-coordinator Monota and she started explaining how NRHM has been started in Manipur. It was from 12 April November 2005 that NRHM was launched in Manipur, meanwhile Project Co ordinator was talking about Mobile free health camp that was conducted 16 times in a year. She was also sharing about the system and functioning of PHC and CHC in Manipur, alternative system like AYUSH medical care is also available in state and district.

I also visited social welfare office Imphal East District and spoke with district office about the ICDS scheme how they work with children and women; in the interaction I understood about the Mekola PHC; the PHC is for a total population 30,128, I interacted with Dr Ushers (AYUSH), ANM Sumanti, Para medical staff regarding Immunization day Tuesday and Thursday, Janani Suraksha Yojana (JSY), (OPD) time (9am to 2pm) for both allopathic and AYUSH. Finally we discussed about 25 ASHAs who have been trained.

I also went to Wangai CHC meeting and spoke to ICTC counsellor about whether any HIV Positive pregnant women they referred to PPCTC center for further treatment for both mother and Child also some women they referral to community base organization.

My learnings

Understanding NRHM and what are the services and functioning in district and state level. The PHC that I visited was clean and doing well but the quarter for Doctor and Nurses was

not completed and the construction is going on, because of this services from doctors and nurses were not available.

After visiting the CHC I found there are service gaps; the operation theater was not functioning, no sterilization camp, but they did referral to district hospital. I also learn from CHC regarding the services available in the CHC at Wongoi, generally they were-

1. Emergency and Curative
2. Preventive
3. Promotive
4. Administrative

From Social welfare office I learnt what are the ICDS and Angwandi worker do for the women and children in the community and the society how they care for children from age of 0 to 6yrs old. Immunization of polio and other immunisation for the pregnant women of the rural and urban women health care is also done from Social Welfare Department.

What excited me the most and also what made me feel very sad /depressed? What did I learn about my own self?

I was excited to see PHC at Makola, which was clean inside and also outside the environment is also green and clean. All modern medical equipment and items were also there in the PHC. When I start talking with district assistant office of NRHM Manipur I was feel very much sad and depressed regarding non- availability of services in the remote hill district of Manipur.

Accessibility of health care, provision of PHC and CHC in hill area is limited and I feel state government should look at the gap of health services in hill area. Further lack of safe drinking water facility and sanitation and the distance of PHC and CHC from the villages of hill district is also a matter of grave concern. And lastly when I call CHC to mentor, if he or she is not giving reply to me I feel very depressed and mentally stressed so much that I cannot sleep at night.

What did I learn about Community Health in these various settings? Experience of working with communities, community participation and community mobilization.

Challenges of setting up community health work.

In various meeting and in my visit many organizations, I learnt new aspects about community health and what are our Rights to access health care through PHC and CHC. I also learnt more about social determinant of health-

1. Food
2. water and sanitation
3. Housing
4. Livelihood
5. healthy environment

Health is the social, cultural, spiritual, political and economic, physical aspect of well being this was also learning for me. I also learnt where people find health services and gap for denials, lack of access to services facility in one's own district and state. Further I also feel there is a very larger scope and it is very interesting to learn about community health.

What are the questions for which I am still looking for answers?

I am still looking for new questions and answers for my next visit interaction with new people, new place and organization and I wonder what they do through the community health approach with HIV and AIDs for the women and children. I also pray to God to give me the strength to work with the community with love and dignity.

6. Report of visiting in SAMA

Report of visiting in SAMA Slivalik Malviya Nagar New Delhi

Duration: - 10 August to 26 August 2009

On my first day I found out where SAMA is located in Malviya Nagar . I had called my field mentor Deepa but she was busy in meeting so I could not meet Deepa on 9th of August, I met project associate Anjali, Beenu, Preeti, Sushila and Bhavana. The next day that is 10th of August I joined SAMA. SAMA is a Resource Group for Women and Health based in Delhi and was initiated by group of women health activists from different parts of India, who have been involved now for several years with it.

SAMA believes in confronting all forms of discrimination and emphasizes equality, empowerment of communities and perceives health from a gender, caste, class and rights perceptive. SAMA views health not merely as the absence of disease but as a state of overall well being, which is influenced by her access to livelihood, food security, employment, education and the incidence of violence whether it be societal, familial, communal or medical. On day first I read few SAMA publications, namely

1. Talking about Infertility
2. Unveiled Realities
3. Beyond Numbers (implications of the two- child norm.)

SAMA is looking at issues for women and health, and works closely with tribal, dalit and minority communities primarily on health, reproductive rights, violence and social-economic well being of women and the underprivileged. SAMA believes in confronting all forms of discrimination and emphasizing on equality, empowerment and right of women from marginalized sectors. Some of their other activities include training and capacity building, material production, research, advocacy and networking. After reading the publication Assisted Reproductive Technologies (ART), my reflections are as follows-

- These are highly invasive procedures, they have low success rates, having serious

- risks and side effects and they are expensive.
- Do not treat infertility, only assist in reproduction
 - Assisted Reproductive Technologies (ART) industry in the country has posed a number of ethical, legal and social dilemmas, commoditization and commercialization of women's reproductive tissues.
 - ART there are many issues in the entire document which are not in the interest of women's rights, child right and rather promote the interest of ART industry.

Some of my learning on the side effects of Depo- Provera users is that there are side effects like Amenorrhea (stop the period); Heavy Bleeding, Weight Gain, Lack of Sexual Desire, Skin Discoloration (skin becoming darker). Further there is Hair Loss. Anxiety and Depression (women strongly articulated that this kind of anxiety and depression was a result of the drug and not due to the usual household stress) was experienced. There are also long- term side effects like Endometrial atrophy:- women's future fertility status; Breast cancers; Bone mineral density (education in the bone mineral density of the lumbar spine and femoral neck); Heart Disease and sometimes also HIV (injection with non- sterile needles or syringes increase the risk).

In SAMA we had some reflection with training coordinator Susheela as to how training and capacity building contribute to building awareness and development of leadership (particularly on health issues) among people who work with community base organization, collectives, women's groups in rural and urban areas and young people. The training and capacity building workshops also facilitate creation of linkages between grassroots organizations, women's collectives and larger movements towards influencing policy and strengthening local efforts achieving the Right to Health.

The nature of the trainings is determined by their context and the needs of the groups and ranges from intensive one-time inputs on specific issues to sustained training continue to expand and evolve The training content underlines key issues of gender, socio-economic context, livelihood and other larger determinants influencing health, health policies, programs and the services delivery system, literacy and common health problems, especially with respect to occupational sexual rights, local knowledge systems, health right, women right, violence, research methodology and analysis.

SAMA has trained over 900 health activists and organization from state like Andhra Pradesh, Assam, Bihar, Chhattisgarh, Delhi, Jharkhand, Meghalaya, Nagaland, Orissa, Rajasthan, Karnataka, Madhya Pradesh, Maharashtra, Manipur, Uttar Pradesh, and Tamil Nadu, through more than 100 workshops, trainings, and orientation at the community, state, regional, and national level.

7. Report of visiting Naz Foundation New Delhi

When I first saw Naz- foundation it difficult to find it as it was like a big house, after confirming that I met Dr Nareshkumar who introduce me to the project coordinator Tanuja gave details about Naz Foundation care home center for Orphans HIV positive children. The center has children from all states of India and they were 0 to 15 years of age kept at the center. There were 22 boys and 20 girls.

Totally 42 children are staying in the care home and out of them children 27 children are on ART (Anti Retroviral Therapy) and two of them started 2 line ART some children should stay in isolation room because this is trial phase and they are given special care. Caregiver monitors the ART drug in time and any side effects to the drugs within seven days is reported and a doctor is consulted. A total of 17 children were in trail phase. The care giver goes with the children to Kolabati children hospital Paediatric center New Delhi once in every 6 month as they need to do CD4 count testing.

All the care giver are doing very well; I saw one care giver who came from Kolabati children ART center with one child who is 3 and half years old boy and a one year two month old girl. This caregiver was from Manipur. Dr Naresh kumar shared about the staff structure, I learnt that they have 14 caregiver and 2 Counseller and one staff nurse. I was guided by the Manipuri nurse and a caregiver, I went inside and saw different rooms, isolation room, computer room, study room, dinning room, kitchen room. Usually food with less spices is given, fresh, hot and good nutritious food is given. In the morning children go to school after finishing their breakfast after coming back from the school they eat their lunch hot and fresh. Both the doctor and counseller provide counseling services and care giver goes for home visit to HIV positive family.

I visited Jagori office New Delhi and attended meeting that had special focus on Muslim women and Hashan Khan was the main speaker who is working with the Muslim women and she spoke about challenges for strengthening the women Sangha. Some areas of education and rights of Muslim women from the perspective of Muslim Law was discussed there.

She was talking about campaigns for Muslim women rights; five groups of women self help group joined together and Implement the project of with Lawyer's Collective. I found that Hindu law and Muslim law is very different; almost all the Muslim women were wearing prada (burkha) however while in the meeting they open their veil and were taking decision for all the Muslim women's right. The women felt some ownership towards the self help group.

What excited me the most and also what made me feel very sad /depressed? What did I learn about my own self?

I was most excited when I saw the heavy traffic in Delhi while I am trying to crossing the road I was caught by the traffic police men fine Rs. 20 for crossing in the busy road not abiding by the rules to use the subway crossing I paid the Rs. 20 fine and really I feel very excited and very sad. While visiting Naz Foundation when I met the orphans/ children especially young girl of 1 years and 2 month I was sad. Seeing children who already started ART (Anti Retroviral Therapy) and a 3and half year old boy has started second line ART drug was also very sad and disturbing.

For me I learn communication and talking skills and networking with larger women organization, further participating with the issues of Manipur through linkages and

networking was a great learning. Further learning more about the women health of India, problems faced by women, reading the publications of SAMA were all great learning for me.

Finally learning computer application course was of great help. Learning that Violence against women is a public health issues was a new insight for me. Assisted Reproductive Technologies (ART) that was the main action research working going on now in progress gave me learning.

Some of the main issues that I learnt from SAMA are

- Public Health and Right to Health Care from perspective of Women & Violence
- Reproductive Health and Health Rights and the Two Child Norm
- Reproductive and Medical Technologies
- Health related Policies, Programs and Legislations

8. Report of International People's Health University (IPHU)

Report of International People's Health University (IPHU) Bangalore at NTI and People Health Movement (PHM) "Health for Equity"

From: - September 1- 9th, 2009

The programs was jointly organize by Jan Swasthya Abhiyan (PHM- India), Prayas (Chittargarh) and Community Health Cell (Sochara)

Session started with lighting the Lamp with all the participant from 15 countries symbolizing that for every country health should be like lighting as flame of light .Health for all Now!!

All the participants shared their own work experience. There were discussions on People Health Charter, Understanding the right of health, women's right. Further all these were discussed from people's perspective and from a rights based approach. Issues of Conflict, globalization and their effect on health were discussed.

Finally all the participants of different country were called for lighting the lamp wishing that like the lamp, the light of health will be bright and bring goodness to all of our countries with Health for all! Certificates for each of the IPHU participants were also distributed for all the participants.

9. Report of visit to Chennai

Report of visiting Chennai from 15 September to 21 September 2009

As a part of my learning objective of CHLP programme, strengthening PWN+ was selected. Along with four executive board members including me has been discussing to implement the Drop in Project (DIC) for every state. Through districts level DIC, all the state executives board should strongly talk and advocate for their own state along with the AIDS control society Project Director to start implementing their project for their own state.

Now Tamil Nadu has been implemented the DIC project through state for district level network While staying and working with PWN+ we discussed about organizing one national level advocacy programmers at Delhi in the month of October 2009 .We also decided to conduct board meeting in the month.

We also shared all our own personal family problem at that time we feel very emotional and every one felt cared for and committed we will live longer life with good health, taking nutrition through positive living and thinking. Along with the national president Padmavathy we went for one day to Trichy visiting the DIC project and we conducted support group meeting for women living with HIV and AIDS.

Talking about schemes we spoke about widow pension scheme etc. after coming back from district I attended the workshop on safe delivery organized by Rural Women's Social education center. The workshop focused on looking at what is safe delivery both technical and from women's perspective.

In the Tamil Nadu 80% women have delivery in the public hospitals as the government has increased the areas covered by the PHC there. The quality of maternal and child health services in Tamil Nadu has increased as the community is using the report card.

Move towards institutionalization is much more than just conducting deliveries with the shifting of ANC services and the services of VHN was also seen. Government is not able to control the private sector that is pushing the public sector in many detrimental ways. Safe delivery in different form the institution delivery. In the PHC they have no trained personnel or expert for safe delivery during which time they refer to the private sector.

A delivery is "safe" whether at home or in institution or when in the public or private sector when both the mother and child are safe! Inclusion of needs of special interest group including women living HIV and AIDS has to be also seen.

Finally with contribution from all the participants, the final recommendation on the draft on safe delivery was done. I also visited the Chennai Community Health Cell branch office and I interacted with Ameer Khan especially taking about the community monitoring for five districts in Tamil Nadu state.

10. Report – Daughter of fire

Attending Daughter of fire (at Christ University Bangalore) 27-28 July 2009

India court of women on dowry and related forms of violence against women

Being a part of the internship of community health cell gave me the opportunity to take part in this excellent programme of two days. It triggered in me to think about dowry in India and how can we change this system. In Manipur context there is no dowry system, therefore for me this was my new challenge to try to look at other dowry violence in India context. During the programme the songs and picture was excellent, further the pictures of women sharing their own stories through pictures motivated me.

There were simultaneous roundtables and one could choose any roundtable; they were reviewing dowry, the family and marriage in the context of growing economic and cultural fundamentalism; some of the salient facts were due to dowry related issues etc. Nearly 25000 women are killed every year due to dowry, whereas FIR registered is very low. Agriculturist families want son to be born, because if the daughter is born due to dowry requirement they might kill their daughter.

In the last day the testimonies sharing took place from different parts of the state, which the women have faced, from their own family. Finally the court of women reflected together on the process and outcomes of the Court towards planning national level campaigns as a follow-up to this court, during the consultation, policy makers and civil society actors took part through experiential and analytical learning. Vimochana and Asian women's human right council in partnership with many women's organization organized this court.

11. Report of meeting attended at (CIVIC)

Attending the meeting organized by CVIC (Citizen Voluntary Initiative for the City) at Shanti Nagar Bangalore

Dr. Supriya Roy Choudhury spoke about her research work that was undertaken in 16 slums in Karnataka state in years 2006- 2007-

- Declining small industries
- Declining public sector
- Slum contributes to 3.3% poverty in Karnataka
- Increasing population in the slum
- Increasing child labour almost 36% in slums
- No access to the government scheme and program in slum
- Substance abuse is very high
- Majority are unemployed
- Housing scheme of government like (SCRY and SGP) scheme not sufficient

12. Looking Inward

Looking inward

- While looking back at myself, I saw many differences that happened; during my field placement, my thinking capacity has improved.
- I am more exposed to a world of development sector and to the thinking of holistic approach.
- I met activists, organization and network to understand the problems that is not only theirs but they struggle with their own community.
- Struggling for their own rights, I have understood how that even social boycott, stigma and discrimination from their community can be removed.
- Every issue or problem is related to well-being and health and also I can relate now each issue to health.
- Being exposed to different forms of traveling has given me the experience to make friends and understand people from their perspective.
- My observation skill and communication skill has also improved to understand the situation much better.
- My understanding of the women health issues has improved and broadened as I also met many women having health problem.
- Issues like dowry, sexual reproductive and other related women health issues are also causes of women's ill health.

13. Looking Outward

Learning Experience:

- My first inward learning was what is community health
- Community health should be understood as a process through which people are made aware of their real needs,
- It is a matter of rights, responsibility and the awareness of available resources in and around them and get themselves organized for appropriate action.

- I understood that Community health is -
 “Health is the total well-being of individuals families and communities as a whole and not merely the absence of science. This demands on environment in which the basic needs are fulfilled, social well-being is ensured and psychogical as well as spiritual needs are net.
- My learning and understanding about community health why people need their health as concerned.
- As I also visited Potnal in Raichur district that was also my inward learning to see Dailt women groups.
- They were too strong how they started their groups and challenges to improve their health status while facing stigma and discrimination
- The struggle of the community and even with their health center, like sub center and PHC to access their treatment rights.
- I found some changes and strengths in the network can be brought about.
- I will involve my learning to reach out programs in every district to start women’s Network (women’s groups) with health rights and access for health care for women living with HIV and AIDS in my own state Manipur and within India.

Sow a seed of thought, reap a fruit of action.
 Sow a seed of action, reap a fruit of habit.
 Sow a seed of habit, reap a fruit of character.
 Sow a seed of character; reap a fruit of good fortune.

-Sri Sathya Sai Baba says

My outward understanding when I stared working with the women’s group infected with HIV and AIDS in different community of hill districts I found in different cluster of community people speaks with different tribal languages and their own traditional dress.

I understood what the problems are namely non availability of health services, social determinant of health related to environment. Peoples from each district shared their problems differently.

In my understanding of health, I should look at women health issues rather than women living with HIV/AIDS. I should meet, stay and speak and find out their problems and

addressed the gap then only I can solve the problems of women health issues along with them and learn from them.

14. Looking Ahead

Looking Ahead: Where do I go from here?

- I am more concerned with women's health at Positive Women Network in Manipur State.
- I should strengthen district level Network so that we can find out the gaps and problems of the women living with HIV and AIDS.
- I should start lobby with the government to access care and treatment from grassroots' to policy level and approach the government and Manipur state AIDS Control Society for this.
- Start the women Drop In Center very soon, working along with the other women's organization for networking and referral services.
- Linkages with women commission so that we can address the women rights.
- Finally reaching out on women health issues and identifying the problem and gaps for women's health in Manipur.
- Networking with various women's organization to address the issues and problem of the state to strengthen Manipur women organization while supporting with other women organization.
- In point of my interest I am trying to start writing women health movement of Manipur.

15. Feedback

My understanding and Feedback

- CHLP programme was arranged very well and there was a good atmosphere for discussions and learning.
- The structure of the programme was very appropriate for exploring new learning.
- All the CHC staff was very much friendly to all of us interns.
- The CHC library was of great help to us reading different books related to my learning objectives.
- Finally my mentor has helped me by sharing and providing feedback for every visits and also supporting me and understanding all my difficulty.
- Finally my field mentor Deepa was very good and they all are strong women leader and I was inspired.
- They really are advocates with Government to improve the women health, and rights in the community.
- She was very interested to know about the conflict of Manipur that affected women's health and this inspired me.

16. Field Project Report

Title: Strengthening district level network of Manipur Positive Women Network

Background of the Project area: Thou bal district and Urkhul district Manipur Positive women network works for the HIV positive women at Manipur, the organization has around 5 registered districts under them and 4 districts that are collaborating with them. Manipur women's network have planed to conducting state level advocacy in their state

Key Activities:

- Collaboration with CBO and women union leaders, other women organization and women commission
- District wise planning for future implementation
- Finding out the problem and struggles for two hills district
- With documenting case study of women living with HIV and AIDs for the two district

- Meeting with district level women group and discuss about what are the problem and struggles that had facing in their own district
- Collaboration with CBO and women union leaders:

The organization has created a good network with the CBO and the state and also with the women union leader. There is trend now in Manipur that there is an increase of women union leaders who works for the rights and empowerment of women's at their state. Manipur Positive network had conducted several meetings with the CBO's and the leaders to create awareness about the incidence and prevalence of HIV among women.

District wise planning for future implementation: The main event by the network would be conducting District wise planning for future implementation. The support group meeting will be conducted by the network member's also with the CBO and the union leaders. The support group meeting will focus on

- Functions of the Network
- Over all orientation of the network Women's rights and Women's health
- Women empowerment
- Livelihood options
- Social discrimination
- Social factors
- Hospital discrimination
- District advocacy meeting

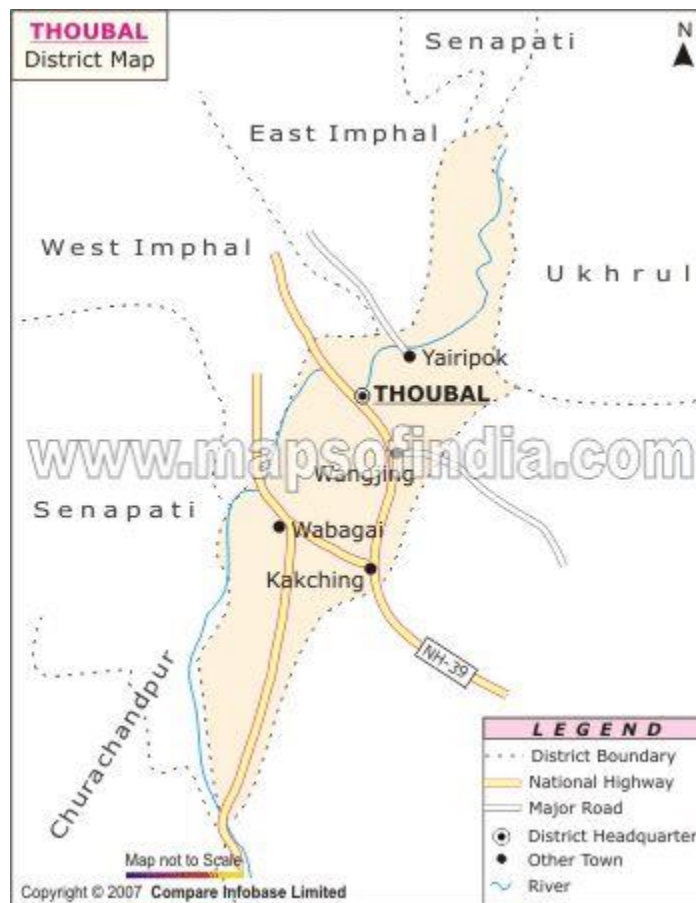
The meeting will have more focus on the hilly areas as the women's at the mountain areas are not at any intervention or awareness. The women's will be updates on all the prevention programs, and the ways to access it. The main objective of the planning is to bring out the issues faced by the women and children at Manipur to their government

State Level Program: Once the district level planning is completed by the network, the organization will host an state level program including their SACS, Women & child department, Government officials and NGO's. This program will aim at discussing the issues and the plans that was captured at the district level. This program will pave a way to further improvement of the women rights and including new government schemes

Expected Outcome:

- All the district women will be reached and will be educated on the aspects of HIV and related women's health also about the organization.
- Women's will come out with their issues and approach in the organization to advocate to their government.
- Submitting the final draft which we are finding in the advocacy meeting to Government and to the health ministry of Manipur and in the district government

THUOBAL DISTRICT MAP



Thoubal district is synonymous with a triangular shaped valley that occupies more than half of the eastern region of the state. The district encompasses an area of 517 sq. km and stretches between the latitudinal parallels extending between 23° 45' North and 24°45' North and the longitudinal meridians of 93°45' East and 94°15' east. The district is enclosed between the districts of Imphal, Chandel, Ukhrul, Churachandpur and Bishnupur and is sited at an elevated altitude of 790 m above mean sea level.

The topography is a wonderful medley of hills and knolls as well as undulating plains that are laced by several rivers and dotted by sylvan lakes that gleam like a mirage of quicksilver. The district is drained by the Imphal and Thoubal rivers while the Kharung, Ikop, Waithou, Pumlun, Lousi and Ngangou Lakes shimmer prettily and adorn the landscape like a jewel in a brass setting.

- Shikhong Sekmai
- Yairipok
- Kakching Khunou
- Sugnu
- Thoubal

- Lilong
- Wangjing
- Kakching
- Heirok

Samurou is another eminent town that is shared between Thoubal and Imphal, the district that is famed for housing the state's capital city. According to the 2001 census report, Thoubal district records a population of 41, 1149. The economy is predominantly agrarian and is supplemented by the tribal people who also practice animal husbandry, fishing and also other allied industries.

Report of Thoubal district focus group meeting on 19 December 2009

Focus group meeting was held on 19 December 2009 with five Thoubal Positive Women Network meeting was begins sharing with all of the five members of Thoubal Positive Women Network how that facing such stigma and discrimination with the health sector like sub center,PHC,CHC,and in district hospital. Non availability of services in health care center especially for women living with HIV and AIDS and also they facing stigma and discrimination with doctors and nurses. They were the some of the challenges women living with HIV and AIDS.

Key Problems finding of Thoubal District Positive women Network

1. Highly stigma and discrimination in the health care.
2. Not accessting HIV testing center (VCCTC center in the PHC and CHC)
3. Not accessting testing investigation related health problem of HIV and AIDS in the districts hospital.
4. Insufficient medicine of Opportunistic Infection.

Ukhrul

Ukhrul is an important district in the northern eastern state of Manipur. Bordered by Chandel district, Imphal, Senapati district, Nagaland and Myanmar, Ukhrul is located at a distance of 84 kilometers from the capital of the state - Imphal. A journey of three hours will take you to Ukhrul District.

Situated at a varying altitude of 913 meters to 1763 meters, Ukhrul enjoys a pleasurable climate. However the winters are chilly with temperature coming down to 3 to 4° Centigrade. The district lies within the geographical location of North Latitude 24° to 25.41° and East Longitude 94° to 94.47°. The economy of Ukhrul is mainly agricultural based with industries, animal husbandry, forest wealth, riverine wealth contributing to the revenue of the district. The Tangkhul Naga community comprises the majority of the population. Nepalese, Kukis and non tribals constitute the rest of the population. According to the 1991 census, the total population of the district Of Ukhrul is 1, 09,275. Nestled amidst paradisiacal landscapes, the Ukhrul district boasts of some exciting places to visit.

Some of them are:

- Shirui Kashung
- Khankhui Cave
- Hundung Mangva Cave
- Chingjui Matza
- Phangrei Picnic Spot
- Nillai Tea Estate
- MATA Industrial Complex at Lungpha
- Dilily Water Fall near Khayang Phungtha
- Azoa Jenephiu Magi Lake
- Cold Water Fishery Project
- Saline Springs
- Luireishimphung
- Longpi Pottery at Longpi
- Khayang Peak
- Many of these places are not only rich with natural beauty but hold immense environmental importance. The district witnesses some vibrant and colorful festivals like Chumpa, Darreo, Mangkhap, Yarra and Luira.

Ukhrul District Map



REPORT OF URHKUL DISTRICT FOCUS GROUP MEETING

Focus group meeting was conducted on 17 January 2010

That was challenging for women living with HIV and AIDS finding and discussing about the issue and problem they are facing in the government health care center like sub center, PHC CHC and district hospital. There is no access for treatment care and support, also facing stigma and discrimination with the Doctors and Nurses and there community these was shared by five member of Urkhul Positive Women Network on that focus group meeting.

Key problem finding of Urkhal Positive Women Network

1. Social stigma and discrimination major concerned.
2. Not accessting Government schemes. Like widow pension old ages pension act.
3. Not accessting HIV testing center (VCCTC center in the PHC and CHC)
4. Insufficient medicine of Opportunistic Infection
5. Not accessting testing investigation related health problem of HIV and AIDS in the districts hospital.
6. Some women are not accessting BPL and AAY card.

These two key problem finding will be submitting to the Manipur State AIDS Control Society to accessting better health care and treatment services for women living with HIV and AIDS also to strengthen Manipur Positive Women Network as to understanding the women health issues has need a immediate concerned.

17. Books Read

1. Talking about Infertility
2. Unveiled Realities
3. Beyond Numbers two – child norm
4. Advancing Right to Health (The India Context)
5. HIV and AIDS India Through a Gender and Right Lens
6. HIV and AIDS looking behind and beyond number
7. Women's Health Charter
8. Health for All Now
9. Women's Health in India (Edited by Monica Das Gupta, Lincoln C. Chen, T.N. Krishnan)
10. Making Mothers