

Community Health Learning Programme 2010



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A Report on the Community Health Learning Experience

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COMMUNITY HEALTH CELL

Community Health Learning Programme

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REPORT

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Lavanya's presence (my fellow intern) made me comfortable in all the hardships that I faced during my internship. She has been a great blessing

My heartfelt thanks to my fellow interns: for their love, support, encouragement and motivation

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REFLECTIONS OF MY PERSONAL LIFE

Mysore is a well known tourist destination in India because of its rich historical heritage as much as the beautiful geographical terrain that it boasts of. Mysore is a beautiful city with a salubrious climate. I was born and brought up in his beautiful princely city known for its hospitality.

I lived a cocooned life. My mother worked as an assistant head mistress in an aided school in Mysore, while my father worked for nearly fourteen years, as the section in charge of a sheet metal firm in a private company in Riyadh, Saudi Arabia. We are two siblings. I have a younger brother. We lived in the lap of luxury as a nuclear family. My brother and I were provided all the comforts money can give.

Since my childhood, I nursed the ambition to become a doctor. I completed my pre degree education following which by the grace of the Almighty I obtained a private seat in Farooquia Dental College and Hospital, Mysore. I completed my BDS from Mysore University in the year 1999-2000 and did my one year Housemanship from the same institution, in the year 2001.

I worked as an Assistant Dental Surgeon in a private clinic in Mysore for a short period of time between 2000-2002. My practice flourished as I was a local person and familiar with the place. I also have a special skill in dental extractions, especially Third Molars, which is considered to be one of the toughest procedures amongst extractions.

I was married to a Mechanical Engineer from Bidar, on May 9th in the year 2002. This was an arranged marriage. God has blest me with the gift of two daughters, Roma Sylvia aged 8 and Ruby Olivia aged 7, studying in First and Second standards respectively in Bidar.

Following marriage my life changed drastically. My life seemed to have many thorns as I faced difficulties in adjustments Initially, I was helpless in expressing my feelings freely and could not get close to my husband [Sanjay Paul] as it was an arranged marriage.

I had always had all my needs and wants met by loving parents. I now had to learn to adjust without many of the privileges I had been accustomed to.

Bidar is a backward area in North Karnataka Region. I initially experienced a tough time and faced lot of problems in adjusting to a rural setup. The mindset of the people of Bidar was difficult for me to understand and co- relate. Hailing from an urban nuclear family with a very modern outlook of life, in Mysore, I was thrust into a conservative joint family in Bidar. Because I was the eldest daughter in law, expectations were high and the responsibilities were many and fell heavy on me. I was expected to play the role of the eldest daughter in law, and take care of all the needs of my husband and his family members. I used to be a free bird. The freedom I had had earlier was now just a dream. Bidar has a harsh climate. The climatic conditions, food items, life style were all new and different in addition to my new role!!!

I felt I was a caged bird.

There were many trials I faced when I tried to practice in Bidar. This itself became a wall of separation between my husband and I. One reason was because he comes from a different

educational and cultural background and did not understand the demands made on me by my profession. I too I think loved my profession more than my family life which didn't help either!! I felt that since my parents had struggled hard and it was their dream I get a medical degree, I wanted to work and fulfill their hopes in me.. Being new to the community it took a lot of time and effort to convince my husband and in laws to allow me to practice.

The patient and doctor rapport takes time to build and it took a long time for me to get established. I had difficulty in building rapport with patients. Because I was not recognized as a Dentist in Bidar, I felt I did not have an identity of my own and also lost confidence in my ability to work as a dentist...

Yet on reflection I can see that this was a period of maturing, of becoming more outward looking from being inwardly focused. My eyes were open to others' trials and tribulations. I could now empathize with the pain others went through, especially women who seemed to be stripped of their identity after marriage. I decided I would like to support those women who face similar situations and work for their upliftment. I wanted to be the voice of the voiceless.

Professional Reflections

During my practice in Mysore I came across many pre-cancerous lesions in the oral cavity due to the consumption of tobacco. Sub mucous fibrosis a pre cancerous condition in which the patient suffers from Trismus a medical condition in which the sufferer has forceful jaw closure because of the spasmodic contraction of the masseter muscle hence difficulty in opening and free movements of the mouth.

Tumors of the oral cavity such as cancers of the tongue, cheeks, hard palate and soft palate are common conditions due to the chewing of tobacco and betel nut.

After working in two different areas in Karnataka state I was pretty aware of the differences in dental hygiene and dental problems each state faced. Having seen the condition patients due to tobacco, and their inadequate knowledge about Dental health and oral hygiene, I wanted to work in creating awareness on this issue. I feel sad because Dental health is not given prominence and Dental Health and Treatment is neglected because it is quite expensive. People don't seem to realize the close association between dental health and general health of an individual. Dental health is considered to be a Mirror of an individual's general health.

BIRTH PANGS IN MY RELATIONSHIP WITH CHLP

The Community Health Learning Program Internship came like a ray of hope that glittered in the sky of my life. I was introduced to Community Health Cell by Mr. Shiromani, a social activist from Bidar. He was involved in Jana Arogya, Andolana Karnataka, Bidar Forum and also conducted the workshops on health and health rights in Bidar

On the 21st march 2009, I attended the interview accompanied along with my father and my younger daughter. This will be etched in my mind as it was the last time I traveled with my beloved father. My dad was happy to know that I was selected and offered a CHLP Internship.

I was interviewed by Dr. Thelma Narayan, Mr Sam Joseph, Mr. Premdas and Dr. Sister. Aquinas.

I am personally very thankful to CHC for selecting and considering me and rendering me a chance to prove myself.

I joined Community Health Learning Program of Community Health Cell, Bangalore in the year 2009. During the weekends I had the opportunity to go to Mysore and spend time with my widowed father. They are now so precious to me. I never dreamt that those were my father's last days. Those precious days and moments are unforgettable memories in my life.

My co-fellows were Mary Julie, ShellyDhar, Snehalatha, Jaya, Tanuja, Tejaswini, Shiva kumar, Deeksha, Bhavya, Divya Persia and Mallvika. It was great dventure to stay in SCN Niketan, a hostel run by nuns, as I was staying away from home for the first time. I had never stayed in a hostel before. This batch was diverse and multi lingual as interns were from different parts of India. Tanuja was from Manipur and represented the regional level and state level positive women's network. After listening to her life story of challenges, trials and tribulations, I realized how privileged I had been in my life and that my problems were so miniscule. Mary Julie was called as mummy by all of us because of her matured nature and advices. she and her husband Jey Paul a previous fellow of CHLP have their own organization called Buds for Christ in Namakal, Tamil mainly working on orphan and vulnerable children. She was also a great inspiration for me to work for downtrodden children. The solidarity among us encouraged me to explore many issues

I attended the Orientation sessions from 4th -27th of May 2009. After that I was unable to continue, as my father was hospitalized in Mysore. Dr. Sukanya asked me to apply leave for few days and to come back, but unfortunately I was forced to discontinue the Internship as his health was deteriorating fast. He needed my presence and support during this period of time. My father expired on the 22nd September 2009, This was a terrible shock. I was depressed, The sympathy given by CHC Staff members consoled me..

I kept in touch with Mr. Premdas, Dr. Sukanya and Dr. Ruth and expressed my eagerness to join again. So I was invited to attend the presentation session by my previous fellows in the month of November 2009 to assess the growth of the fellows in their respective fields. I attended the presentation session along with my husband. The presentation session revealed the challenges and achievements in their fields I was gifted a book on behalf of CHC, Bangalore titled. 'Where There Is No Doctor' by Dr .David Werner by Mr. Premdas and he encouraged and motivated me in front of my husband. While travelling back after presentation session I cried all along the journey in the Train. Whenever I called Dr. Sukanya and Mr. Premdas, they comforted me.

I still remember the day, December 17th 2009, when Dr.Sukanya was kind enough to call me personally to inform that she is on leave and asked me to contact Mr.Premdas and enquire about joining the internship next batch.

I rejoined the CHLP Internship in the month of February 2010, a month before my co-fellows joined me.

During this period I stayed with my previous co-fellows so had the opportunity to learn from them as they shared their experiences, challenges, hardships and struggles in their journey CHLP Internship. I was able to appreciate their contribution to the community and how their future plans were guided by their internship

LEARNINGS

The following are the learning objectives that I had framed for my self as targets I desired to reach through my internship journey.

MY LEARNING OBJECTIVES

- Continue my practice as a dentist
- Take up community dentistry as learning objective.
- To create awareness about various hazards of tobacco consumption to communities and different methods of practices of tobacco consumption.
- Try to understand the relationship between tobacco consumption and mental health of children.
- De-addiction
- Child abuse and child labor.
- To create awareness about Water fluoridation.

My Learnings Through The Collective Learning Sessions

Orientation

As a dental practitioner I was concerned only with the hospitals, doctors, drugs disease and treatment Though I had studied Community Dentistry in my third year, the concepts of Community Health and Public Health were new for me, As a Dentist I knew only part of it, but nothing about health and I did not even know the exact meaning of health. The CHLP enabled me to deepen my perceptions about health, community health and public health. After joining CHLP during the orientation I realized and came to appreciate the concept of holistic health. My opinion regarding health took a shift from

- Disease to Health
- Individual to Community
- Patient to People
- Providing to Enabling
- Curative to Preventive

WHO, has defined Health as ‘ A state of complete physical, mental and social well being, not merely absence of any disease or infirmity’. I realized that the Social determinants of health such as food, safe drinking water, education, housing, employment, sanitation are necessary for the total health and well being of an individual. These are the social determinants which are essential for the well being of an individual. Not just medicines, drugs, hospitals, treatment and doctors. All the sessions were equally important and inspiring. To bring out a change in the community it is very necessary to change first oneself. Looking Inside session enabled us to know one.

Psycho-social care of disaster management

The emotional reactions reported during the disaster by the people are the normal responses to an abnormal situation they are living in, this was made aware by Dr.Shekhar’s session on Psycho-social care of disaster management. First-aid of the disaster affected was demonstrated by Dr.Preetesh. The most vulnerable groups are women, children, aged and disabled.

Monitoring synthesis

Dr.V.S Prakash of Karnataka state natural disaster monitoring cell delivered the sessions on monitoring forecasting preparedness and mitigation of natural disasters. It's an autonomous body affiliated to department of science and technology.

Alternative methods

Session on this was conducted by Dr.Shirdi Prasad Tekur. Alternative methods of medicine are not supported by the government because it has no causalities and surgeries.

Basic Needs India

D.M Naidu demonstrated Lalaappa's documentary on Mental illness-A Journey from Mental Illness to Recovery. Mental disability needs family, community and health workers support.

Environment Occupation and Health

Dr.Aditya was successful in delivering sessions on environmental or occupational hazards. He advised to wear environmental lens in the communities where we live. Eco-sensitivity is the matter of concern.

MidTerm Session

Mid- Term Sessions started from June 14th and continued till the 25th, all the sessions were equally Informative, Educative and Creative for me in person.

Through Personality Development Sessions by Shobha Managoli, I was able to identify children as my community. I was really inspired by the way; she was playing the mind games with each one of us. Dr Ravi Narayan's sessions, looking beyond, that is not assuming the things that we see on one particular day in a particular time, where as the History of an Issue is very necessary and important to realize and come to a conclusion. My misconceptions about Gender and Sexuality were cleared after Sathyasree's sessions. Through PRA sessions, I realized that community work needs our commitment and dedication. I learned that the community should be encouraged to participate. It was the first time I came across the word social mapping. The sentence that motivated me was Poke and Run Away; this means that health workers go for a short period of time stir up things and disappear this was another acronym for PRA!! I decided to take up a particular area and spend at least 10 years to bring about a change. Hence I would like to do some follow-up work in Hanur, which was my first field exposure area. Dr Shirdi Prasad Tekur's sessions gave me insights on how to conduct Trainings on Dental Health. I realized that the trainings I had given to Government Higher Primary School Children in Hanur was random, not properly structured. It is necessary to prepare a Training Module so that the Trainees are benefited the most. As I am particularly interested in the topics on the control of consumption of Tobacco I found the sessions by Dr Vasundhara very interesting and useful. Such a complicated chapter was simplified and presented in a proper manner. The life Threatening Diseases such as Oral Cancers are mainly caused by the Tobacco consumption.

Six Monthly Review Sessions

Two sessions were taken one on HIV/AIDS by Dr Suresh Shellikeri and one on communication for NGOs by Ms Shobha Managoli

Session on HIV-AIDS

This session was taken by Dr.Suresh.V.Shellikeri. It was very informative. He made it very interesting and interactive. Dr.Suresh.V.Shellikeri is a General surgeon with a fellowship in HIV Medicine. He gave us a great acronym for AIDS

- **A**-Active involvement of Government and Non Government Organizations along with the Medical and paramedical persons to fight out this Evil.
- **I**-Information to all.
- **D**-Drugs for all the persons at a reasonable rate.
- **S**-Social acceptance of patients and relatives.

He gave us a brief history of HIV. The First case of AIDS in India was reported in May 1986 in Mumbai and the first sero positive HIV case reported in India in 1986 was a female commercial sex worker in Madras city.

By the sessions I came to know important details such as that the diameter of Human Immunodeficiency Virus is 120 nm and the **Individual effects** of HIV/AIDS which are;

- Illness and suffering.
- Shortened life span
- Loss of work and income, grief, poverty and despair.
- Barriers to health care related stigma and decimation.
- Deteriorating child health and survival.
- Weakened integrity and support structure of the family unit.

The **routes of Transmission** are from infected persons through Blood Transfusions, mother to child, sexual route, I V Drugs, hospital induced like needle stick injuries etc.

Types of HIV Antibody tests are

- ELISA
- Rapid \simple Immunoassays
- Immunocomb
- Dot Blot
- Agglutination test.

He requested us as social workers to always keep our integrity and maintain the confidentiality of results.

Signs and symptoms are Weight loss, chronic diarrhea for more than a month and prolonged fever for more than a month

Women are more at Risk, the chances of Male to Female Transmission is 10 times higher than female to male transmission because of the high viral load (concentration of HIV) in the semen, longer exposure in the vagina, trauma during the act of sex women having a larger exposed surface area, untreated STDs and RTIs.

Women have low negotiating power for safer sex and face violence if they do not agree to their husband's demands.

In the case of Mother to child transmission it is only 25-35%. Caesarian section reduces transmission by half and Zidovudine [AZT] a drug given to pregnant positive women reduces

Transmission by 65%. If nutritious and hygienic alternative to Breast milk can be given the risk of reduces to 22%.

He also briefed us on the prevention Measures to be taken to confine the spread of this deadly disease as this is important for community health workers.

FIELD VISITS

Field Exposure To Jagruthi Mahila Sanghatana

The field exposure to Jagruthi Mahila Sanghatana, in Potnal village belonging to Manavi taluk, Raichur District during orientation was very useful as it was my first visit to sub-centers, primary health centers and PDS.

CHLII-PILI, is a residential child labor school. Here children are given equal opportunities to explore themselves and to learn from their experiences.

I was able to interact personally and know each one of them and their ambitions in their lives. I was amazed by their thoughts and communicating skills. The children were creative and influenced by each others and also were encouraged and supported by their teachers and elders Interaction with the children gave us the clear picture of the causes for the child labor.

Under the National child labor Eradication project Women and children are given opportunities and empowered to bring about change in the communities.

Terracotta Jewelry is one in which women are employed, it's a talented and skillful occupation. Terracotta jewelry is a skillful occupation where more than 20 women are working through self help groups for nearly 10 years. I really appreciate the commitment of the women who work in spite of so many Health problems

JMS encourages and trains people on producing **Organic manure** from Neem leaves. This is very helpful for farmers and helps restore soil fertility of soil

Herbal medicine was one more subject interesting to every one who visits Potnal. These Medicines were prepared from local herbs and is used to cure many skin lesions and has cured paralysis in many patients. Women who are suffering from personal problems like white discharge are healed. Home remedies are prepared and given for white discharge in women, for leucoderma[white patches in the skin], the treatment for paralysis stroke, and some types of skin disease. Various oils are prepared to prevent hair fall and promote hair growth.

This has gained in popularity. Every Thursday many people in and around Potnal come to JMS for advice and treatment of advice and treatment for various diseases

JMS also has been encouraging communities to fight for rights and against inequities.

Songs are taught which songs of activists are. These inspiring songs encourage people to fight against injustice and develop leadership qualities.

The life of each person in JMS, is an living example and motivation to the future generation. Vimochana is an organization which is working for violence against women and children.

The Holy Cross Comprehensive Rural Health Project

From April 15th 2010 to June 12th 2010, I was placed in Holy Cross Comprehensive Rural Health Project, Hannur, Kollegala taluk, Chamarajanagara District for my field placement.

I Appreciate the Dedication and Commitment of the staff of HCCRHP, in particular sister Teena and Sister Gloria and also Sister Dr.Aquinis the founder of the HCCRHP. The Holy Cross Hospital in Kamagere provides health services in and around Hannur.

The HCCRHP has targeted about of 50 villages in and around Hannur to be surveyed under this school health program. The HCCRHP were involved in the Health Promoting School Program because children are considered as change elements, targeted and used as vessels to bring about a change in the community. The main aims and objectives of children's parliament is to convey the health messages from Child-Child, Child-parent, Child-teacher and Child-Community. I was involved in the children's parliament and also helped them bring out a written magazine under the school health programs

The Staff of HCCRHP have been involved in the Promoting Health in Schools Program. The main objective of this program is that the children are used as Instruments to bring about a change in the community. Health Messages are conveyed from child – child, child – parents and child-community.

As the schools were closed on account of summer vacations, we went to each village and conducted the survey of the children studying in the classes between the 4th standard and 8th standards. Many children were out of station, or had gone to relatives places or were busy attending some local fairs.

Along with the staff of HCCRHP I visited the following places in Hanur Division, Chikamalapura, C N Doddi, Anaganahalli, Ellemala, BM Doddi, Kothanuru, Lokkanahalli, Kodhalli and few more villages. Daily we used to go around 9 in the morning and return in evening. Initially, I felt difficulty in getting adjusted but after sometime I was comfortable. I was involved in the formation of Children Parliament, Kitchen Garden and Hand written Magazine.

Health Messages were conveyed through Kala jatha songs, Leadership qualities were emphasized. In Manadalli, children from children parliament themselves gave Health Awareness program to the community. The program was scheduled at 7 in the evening but children were so enthusiastic they were ready and assembled in the school premises by 4 pm in the afternoon.

The staff of HCCRHP faced a tough time in engaging children for such a longtime, we were waiting for the Electricity, as there was general load shedding till 7clock.

Children took out the procession and walked along all the streets of the village shouting Health messages, by the time we reached the whole village was waiting for us for the program to start , but there was no power . We all waited in anticipation for the program to start, after some time as the villagers were seen dispersing , then we decided to get generator from the neighboring village by paying Rs 500 for just one hour

At last around 8 clocks the program started with an invocation and the children welcomed us and some prominent persons with a lotus flower.

The whole program was well organized by the children with the help of HCCRHP staff. Children performed street play to create awareness on spread of water borne, air borne and vector borne diseases by the Germs. Children sang Kalajatha songs. Children were actively involved in the program. Participation of children encouraged their parents and community. The community co operated and supported us by staying and listening to us for a long period of time. We returned back late in the night.

I had a great time with the children, my co-fellows and dear friends' lavanya and Annie Lang from Germany during my stay in Hannur. Sister Teena and Sister Gloria were of great help and inspiration. I had the opportunity to take up sessions on Dental Health to 5th, 6th and 7th standard Government school children in Hannur on 8th, 9th and 10th of June 2010.

I was given an opportunity to promote Dental Health Education in one of the Government Higher Primary School children for standard 5, 6 and 7 on June 8th, 9th and 10th. It was quite a new and exciting experience. Children were very excited and responded well.

The Concept of the importance of the Dental Health was emphasized. Teeth and Gums are important in chewing different kinds of foods .Healthy teeth contributes to the Health of an individual.

Healthy Gums are also essential to hold Teeth firmly in position. Healthy Teeth and Gum are maintained by properly cleaning and flossing them. Importance of keeping teeth clean was taught. Proper Brushing Technique was demonstrated with the help of Dental models and posters. Food stuffs that affect the Dental Health of individual soft, sweet and sticky foods such as chocolates, candies, jams and junk foods affect the Dental health of an Individual. Soft drinks like coca-cola, Fanta are also equally harmful. They were made to understand the importance of Brushing and proper Brushing Techniques. Bad Habits that affects the Dentition of an Individual were listed. . Misconceptions about the Dental Practices were also cleared. The Importance of uses of fluoride in prevention of dental caries was taught. The other Hazards of the Tobacco consumption were also made clear

The following were also covered by me in the trainings

- The Importance of Dental Health
- Healthy Teeth leads to a good smile
- Healthy Teeth contributes to proper speech
- Healthy Teeth are essential for eating different kinds of food. Healthy Teeth depends on the Healthy Gums
- Proper brushing techniques.
- Foods that contribute to the Dental health of an Individual.
- Foods that affect the Dental health.
- Causes of Dental caries.
- Types of Dental caries
- Preventive measures such as Topical application of fluorides and usage of fluoridated tooth pastes.
- The important uses of Neem, and clove oil in pain relief

A dental camp was conducted by me to assess the dental health of the children.

My Objectives were:

To assess the Dental Health status of the children in the community.

To create awareness about the importance of Dental Health.

To promote Dental Health education.

To elicit the Knowledge, Attitude and Practices of the children in the community.

Diagnostic Survey

1. Periodontal Disorders-Gum problems.

2. Dental Caries.

3. Causes of Malocclusion.

4. Fluorosis.

I was able to conduct the health camp and create awareness among the children with regard to dental practices.

A Questionnaire was prepared to assess the Knowledge, Attitude and Practices of the children [KAP Study].

Questionnaire For The KAP Survey Purpose .

- Name of the pupil 2 age of the pupil 3 gender or sex of the pupil. 4 complaints
- Dental caries
- Bleeding gums\ spongy\swollen gums
- mobile teeth\missing
- Discoloration of the teeth
- Bad breath
- Malocclusion.
- Importance of Dental Health
- Food stuffs affecting Dental Health
- Causes of protrusion of teeth
- Impact of missing teeth
- Practices
- Frequency of brushing
- Brushing medium used
- Toothbrush, neemstick or finger
- Cleaning medium used toothpaste or powder - rangoli powder or charcoal
- Chewing of tobacco pr beetle nut
- Nail biting, thumb sucking, flossing
- Nutrition and dental health

KAP Study

1. Knowledge: Importance of Dental Health; Foods stuffs that affect the Dental Health; causes of protrusion of Teeth, Impact of Missing teeth , Dental Health is essential for good general health to be emphasized.
2. Attitude
3. Practices.
 - a. Frequency of Brushing,
 - b. Brushing Medium used, Tooth Brush or Finger, Neem stick.
 - c. Cleaning medium used- Tooth Paste, Tooth Powder, charcoal, Rangoli powder, Brick powder.
 - d. Consumption of Tobacco and betel nut chewing, Thumb sucking.

Children were advised to convey the information back to their families and communities.

Cluster Resource Persons Meeting was held on the 31st of May 2010 In Holy Cross Comprehensive Rural Health Project, Hanur, Kollegal District, Chamarajanagar District

Cluster Resource Persons are Government school teachers selected and appointed by the state government. There one cluster resource person for every two panchayats. In Hanur, there is 22 Gram Panchayats, with 13 cluster resource persons. There is one Block Resource Person High school and 3 for Primary school. Every year the government spends nearly 5000 rupees per child for Education Purpose.

On the 26th May, I went to Anagallidoddi a small village in Hannur with Chandrika one of the staff of Holy cross comprehensive Rural Health Programme. There I happened to meet one of the ASHAs of that area. 4 villages were given to her to work. The ASHA is also a DOTS provider. She was able to diagnose a 21 years old patient with Tuberculosis and send her to Bangalore for DOTS PLUS treatment. The patient was given 6 months treatment.

There was one more old aged male patient in his late sixties TB with HIV co-infection she spoke about who was given CAT- 1 and DOTS.

The ASHA has been able to convince pregnant women to choose Institutional Deliveries. Families were sensitized to Immunization and family planning. Her incentive as a DOTS Provider is Rs 250 for a patient. She is unhappy with the incentives she is getting. In this village Maternal and Infant Mortality has reduced. There is no sub center, PHC in this village. In case of casualties they need to go Hannur which is almost 9-10 kms far away.

This village has no toilets, though they got loans. Discarded Commodes were. Education was only up to the fifth standards, following this many children dropped out of school. Others had to go to other villagers to continue the education

My Reflections :

Dr Sister Aquinas, Founder and the other sisters of Holy Cross Comprehensive Rural Health Project in Hannur, are involved in remarkable service for humanity.

Due to the work of the sisters there has been a significant reduction in the Maternal Mortality and Infant Mortality Rates

Chamarajanagara District is considered as one of the backward areas where the Health Indicators are poor and as bad as North Karnataka Region.

The children don't have access to education as facilities are poor. Many children are forced to work due to poverty. Girl children especially are not allowed to continue their education once they reach puberty. I visited The Sadvidya Residential School in Prakashpalya, which caters to rescued children who are child labourers and school dropouts.

The main reasons for school Dropouts are Migration of the families in search of Livelihood. Girls are not allowed to continue their studies after they reach puberty.

Toilets are largely not promoted by the school development and Management committees due to water scarcity. Most Schools don't have compounds. Many schools are used as toilets for the community. Government school Buildings are very pathetic. Rs5000 is given by the Government Education Department to the schools for Water Tanks constructions. Rs 3000 is given for cultivation of kitchen Garden, so that green leaves and vegetables grown by the children will be used, Nutritional values of the vegetables are provided in a list.

Child marriages are common in these regions. Girls are not allowed to continue their studies after they reach puberty. Girls are considered as a burden to their families. Girls are married off at a very young age and they become mothers in their teenage.

Maternal Mortality and Infant Mortality Rates are very high due early marriages, early pregnancies and poor health services.

Women are tortured by their husbands and even killed for no reason at all. I came across many families and children with a history of husbands killing his own wife. Children are taken care by their grandparents and the culprits are married to another woman and living happily. The plight of such children is quite pitiable. Such children become school dropouts and child laborers.

- Poor and needy are denied of the Health Services.
- Child Marriages are common in this region
- There are cases of women killed by their husbands
- Women are also tortured and physically abused by their husbands.
- Single parent children are more prevalent and these are taken care by their grandparents or other family members. These children are prone to child labor and school dropouts because they have to earn.
- Communities are very superstitious.
- Transport facilities are very bad

MY INVOLVEMENT WITH CHC RELATED EVENTS

On 17th February 2010, I participated in CMCA's [Childrens Movement For Civic Awareness] Annual day celebrations which was titled "JOSH". This was held at the police grounds, Bangalore.

I was accompanied along with Mr.Mahadevaswamy and Mr.James to the event in which more than two thousand Government High School children in and around Bangalore came together. Mr.Mahadevaswamy introduced me to Sathyawathi and Swetha both previous CHLP fellows of CHC, who now work in CMCA.

Community Health Cell was offered a stall to participate and to create awareness on the following: The other stalls apart from our stall were from Forest Department, Traffic Police Department of Bengaluru and other NGOs. The disposal of garbage by various means was taught. By the end of the event children were served lunch.

CHC stall helped convey health messages on different topics. The Health Messages were conveyed through songs, charts roleplays etc. We distributed pamphlets to the children, concerned officials and other participants as well as we collected pamphlets and play cards from other Departments.

- Nutrition and balanced diet. The CHC stall displayed nutritious food items such as green leafy vegetables, fresh fruits, dry fruits, milk and milk products such as butter, cheese, curds and ghee, meat, egg, chicken and fish. The Stall was a big success and it attracted the mob because, it displaced all the Nutritious and Balanced Food such as green leafy vegetable, fruits, milk and other products which go to maintain a balanced diet.. Colorful charts on balanced diet and nutrition were added attraction to it. The charts on health, especially the importance of dental health and different stages of dental caries as tooth decay is more prevalent among children. Balanced Diet and Nutritious Food has all the minerals and vitamins that are needed to the healthy growth of children. The spread of infectious diseases and communicable diseases
- The Hazards related to the consumption of tobacco such as smoking and smokeless tobacco which is also known as chewing tobacco or spit tobacco.
- The spread of other infectious and communicable diseases such as malaria and tuberculosis.
- Genetically modified food such as BT Brinjal and BT Cotton was highlighted as it was the talk of the town during that time.
- Importance of Medicinal plants such as Aloe Vera, Hibiscus and Tulsi and their uses were discussed. The uses of **Aloe Vera** are: the pulp of the leaves are used in skin infections, white discharge in women, diabetic patients are advised to eat it on an empty stomach to keep Blood sugar under control as it tastes bitter, when applied on the face it acts as a natural moisturizer, the pulp along with lime juice applied on the scalp helps in hair growth. **Hibiscus leaves** applied on the scalp acts as a conditioner. It is used in the manufacture of shampoos.
- Gender sensitization. Importance of breast feeding and importance of the girl child in the family and many more issues were conveyed through charts displayed and explained to children in detail.
- HIV- AID. The role plays and charts helped to convey the message.

Reflections Of The Event

All the stalls were attractive, informative and educative. Children were enthusiastic and were involved in the event completely. This event provided them an opportunity to know so many other issues apart from their regular studies.

Some shared that they were not able to consume the proper diet due to their financial status.

I personally encouraged the children. I would like to support and also conduct this type of events or exhibitions in future in other rural areas for the benefit of the children.

Protest Rally Against The Death Of Beggars

A Protest rally was organized on the 3rd of September 2010 in Bangalore to protest against the death of beggars. A candle light vigil was held which concluded in front of Mahatma Gandhi statue on MG Road in Bangalore. I participated in this rally along with my co-fellows. Students from different colleges, various Non Government Organizations and many volunteers came to show their support. At the Protest Rally we shouted slogans against the government.

There were Placards and Pamphlets demanding that Beggars Deserved to live in Dignity. Demanding for better living conditions for them and pressing the government to take the initiative to probe into the death of beggars in the beggars colony in Magadi Road, Bangalore.

Protestors lit candles, wept and prayed for the departed souls.

KALANADIGAE JATHA

On 2nd October 2009, heavy rains created havoc in the North Karnataka region including Raichur, Badami, Bagalkot, Gulbarga, Haveri, Belgaum. Raichur district was the worst affected. Many villages were inundated and homes were lost due to the overflowing of river banks. There was a lot of loss of property. The state and central governments assured compensation for the victims affected and the construction of the houses for their loss of property.

But sadly the governments have failed to keep their promises and till now even after 10 months nothing noticeable has been done in this regard. So many NGOs and other organizations in Raichur district, took up this issue and organized the *Kalanadigae Jatha*, to draw the attention of the state as well as central governments to the plight of the villagers .

As a part of the Jana Arogya Andolana and Community Health Cell, Bangalore, I participated in the *jatha* from the tenth of August till the 14th August 2010 with my co-fellows. It was a unique experience and it was quite exciting, because it was the first *jatha* in which I had participated.

The *jatha* was flagged off from Katakannuru, Raichur District. It was inaugurated by H. D. Revanna. Through the *jatha* those who participated in it, noticed and brought out the loopholes of the Governments. It was organized by Flood Relief and Rehabilitation Committee Raichur District. The other organizations which participated in this *Jatha* are,

- Zilla Congress Party, Raichur
- Zilla JDS Party, Raichur
- Hyderabad Karnataka Vimochana Vedike.
- Madigah Dhangura samiti
- Jana Arogya Andolana Raichur
- Nava Jeevana Mahila Hookuta
- Gram Vikas samiti, Raichur
- Jagruthi Mahila Sanghatana, Potnal
- Inn Green Society, Gillesuguru.
- Prerana samasthae, Raichur.
- Vemukthi society, Raichur
- Shruthi samsruthi society
- Spade society, Raichur

Journey log of *padayatra*

- Flagged off at Katakanuru.
- Katakanuru to N. Hanumapura, which is almost 2-3 kms far away.
- N. Hanumapura to Yella Bejjali which is about 5 kms in distance.
- Yella Bejjali to Bejjali camp another 3 kms. Night Halt in Bejjali camp.
- On 11th August 2010, the second day of the Jatha which started from Bejjali camp and reached Tungabadra village around 10 in the morning
- From Tungabadra to Chikkamanchalli it was almost 5 kms far.
- Chikkamanchalli was the most badly affected area during the floods and I was able to talk to few persons how were affected by and the persons how received compensation for the damage of their property.
- Night halt was in N. Malkapura.
- On the third day of the Jatha, which was on 12th August 2010, we went to Talamaari.

Reflection and experiences during the *jatha*

In every village, the community was mobilized to speak about their Grievances. We walked from one affected area to other, mobilizing the communities to take initiative to fight for their own benefits. In Katakanuru, for the construction of permanent houses, for which labourers were hired from the neighboring state of Andhra Pradesh. When Lavanya and Hanumanthappa tried to engage in conversation with them we were chased away by the contractors, who kept a close watch on us.

At Talamaari we spoke to few displaced people belonging to the dalit colony. We were told that one person died just 10 days ago of a scorpion bite. Scorpions and snakes were spotted in temporary shelters seeking refuge due to heavy rains.

Walking in the hot sun without proper food, water and shelter made me realize and experience the hardships faced by the victims.

The common problems faced by all the victims are

- No Houses, they continue to stay in Temporary shelters till now.
- Scarcity of water supply
- No supply of electricity in both temporary shelters as well as in allotted houses.

- No food to eat because of lack of job opportunities.(also due to lack of identity proof)
- No education for children as they have no school buildings and as to travel far to attend school.
- No Transportation facilities.
- Non Accessibility, Availability and Affordability to Health services.
- Child Rights are Violated as Children are deprived of Education
- Electricity and water supply are major problems faced.
- The quality of the houses constructed is poor due to scarcity of water supply-no curing done. They can easily fall down
- The constructed houses are very congested and small.
- Denial of Health services.
- Starvation was faced by many due to poverty and lack of employment and lack of access to PDS
- Failure of the Government in providing the permanent shelter to the affected even after nearly for a year is still difficult for me to understand.

In some parts these Temporary shelters are used as cow sheds, and denied to the victims.

Due to soil erosion villagers have not been able to cultivate the land and hence jobless. There is no value for the lives living in these areas. Infants lived in pitiable dangerous conditions. There were many snakes and scorpions infesting the surroundings. We were shown a scorpion which had been lying under the mat upon which is infant was sleeping. Snakes were seen more often due to heavy and continuous rainfall. Here there was a death of an elderly person due to snakebite a few 10 days ago. His wife shared her feelings and pleaded with us to recommend her name for compensation. No compensation has been given for their damage.

I was interested in knowing on what basis compensation was given. They expect some kind of help, may be financial help or any other from those who visit them. Even after 10 months few have received any compensation from Government for their loss of property and lives. They continue to stay in Temporary shelters with no basic facilities.

The houses being built are of poor quality, no curing has been done because of water scarcity. The dimension of the built houses is 17/13 square feet. Till date there is no authentic report of the damage caused, layout required, layout sanctioned and houses built. Allotment of the houses is incomplete till today. The victims are unsure of getting the permanent houses. These are also liable to fall due to poor quality of construction and heavy rains. The victims were unsatisfied and expressed their helplessness over the issue.

In Chikkamanchalli, a victim complains of insufficient compensation because he has spent more for his treatment and health aspect to rectify his partial paralysis of his right side of the body while shifting from his native to temporary shelters.

Another 12 years old girl had fractured her hand and not been able to continue her education was given minimal compensation. Her parents told us that she was denied of health services in District Hospital in Raichur. She was given alternative methods of treatment. A widow complained of nonpayment of compensation for her husband's death during the floods in that area.

In Hellabechalli camp, we came across a family in which all the four children were Mentally Retarded, the eldest was a 25 years old female.. All the four had hydrocephalic heads and abnormal behavior. Consanguineous marriage seems to be the reason.

The unfortunate parents of these shared their grievances about her health and other aspects. It was difficult to take care all of them, in particular the girl as she has attained puberty and she is unaware of her own body and the hormonal changes that takes place within her. Her mother expressed her helplessness in this regard. As she wanders from one place to another she could be easily sexually exploited.

Lavanya and I tried convincing her mother to get a hysterectomy [surgical removal of the uterus]done for her to avoid the further complications. But she showed disinterest in this regard.

In N Malakapura, the community was very responsive was mobilized very fast, but there was a sudden death in the community and the mob scattered. It was told that he took initiative in mobilizing the community and he died of heart attack. In N.Hanumapura, we were told that a lady had lost her speech due to the shock of the floods and needs psychosomatic care. In Talamari, the victims shared that only few victims have allotted permanent houses and few have obtained more than one house by corruption. Around 1000 people gathered at the venue on the 14th August 2010 in the Dr.Ambedkhar circle in Raichur for the final day

A Live Documentary was shot when the victims shared their grievances with tears in their eyes. They shared of the misuse of the funds collected on the account of Flood relief. The unequal distribution of the compensation amount reveals the corruption and apathy of the government.

A copy was to state and central government concerned officials to take initiatives in this issue and the put an end to the corruption. Telecast of the shot documentary was shown to the audiences on the 14th August 2010 night in front of Dr.Ambedkhar statue in Raichur. On 15th August 2010, the memorandum was submitted to the Deputy Commissioner of Raichur. He assured the gathering that he would take appropriate steps and do his best.

This field exposure was an eye opener to many field realities and sharpened my insights. The Kalanadigae Jatha was an eye opener for me personally and as well as to my co-fellows.

Exposure to the life of Durgi-Murgi Tribals

Along with Mr.Karibasappa, Mr.Hanumanthappa ,Lavanya and Shivamma I went to Byadagi Taluk, Haveri district . The objective we had was to understand the life of the Durgi-Murgi Tribals. They live in very pathetic conditions-in small pitched tents made up of some clothes and plastic covers on a sloppy hill top-directly exposed to sunlight and cold. After the conversation with some of them we realized that they are neglected and unnoticed community.

An eight year old was cooking and looking after her two year old sibling as her mother was no more. Infants were seen with no proper clothes [warm clothes]. We were told that a few days ago an old woman had died due to exposure to extreme cold. There were around 12-15 tents in that small particular area. After further conversation with few of them it was revealed that their main source of living was to carry the deity –the goddess Maramma from one place to another and to punish\ beat themselves and beg arms. They were given money, some grains and rice.

But now they are not allowed to do as begging is banned. So they now go wandering from village to village selling Hair Pins for their lively hood. Usually women earn by selling other commodities

such as artificial Ear rings, Finger rings, chains etc and men are seen relaxing without any responsibility. Most of them are drunkards and addicted to many harmful substances such as Betel Nut chewing with Tobacco, Smoking and snuff. I was astonished; when I saw them Chewing Betel Nut with tobacco very often and even the quantity of consumption was more. It's the common practice among them.

They assume that it quenches their appetite and is also usual time pass. Human Rights and Health Rights are violated.

Reflections

- They are deprived of all the benefits given by the state government.
- Housing, Education, Job, Health services and many more.
- They are chased from place to place with no land given for them to settle down in one particular area.
- Left unnoticed.
- They are an invisible community for those the government and others don't give any value for their lives.

Mr Premdas, Mr.Karibasappa along with few others of their community have been struggling hard for their up-liftment of the community in future. I hope that things will favour them in few.

TRAININGS

Revised National Tuberculosis Control Program (Rntcp) Training

This was conducted for the staff of CHCRHP was conducted on 25th May2010 in the office from 10 am.

Session was conducted by a lab technician and senior Directly Observed Short Source Treatment (DOTS) provider. In India, RNTCP was started in 1993

Cowdally, a small village in Kollegal Taluk is considered as the most affected one in whole of Karnataka. HIV with co-infection Tuberculosis is very prevalent .

HCCRHP is involved in the detection, sputum collection and transportation of samples to the nearest Designated Microscopic Center (DMC) of the suspected individuals for the diagnosis purpose. There are 4 DMC in Kollegal district. There must be 1 DMC for every 5000 population.

Indians are affected by TB due to low nutrition levels. A patient dies every minute in India due to tuberculosis. In a day almost 5000 patients die in India due to this infectious disease. Tuberculosis is an air borne disease, which spreads when one coughs without holding a cloth and shares things openly. Symptoms of this contagious disease are cough for more than 2 weeks, evening rise in the body temperature, weight loss, loss of appetite and Haemoptysis. There are 2 types of Tuberculosis, Pulmonary and Extra pulmonary Tuberculosis. Sputum is collected twice, Spot Sample and Early morning sputum sample in empty stomach to diagnose TB

DOTS treatment is classified into cat-1[red box],cat-2[blue box] cat-3[green box] and non- dots [loose drugs]. cat-1 Treatment is given to patients with bilateral involvement of lungs - smear positive, those who have coinfection with HIV\TB, and those with Extra- pulmonary tuberculosis, treatment is given for 6 months treatment. The first two months is called the Intensive phase and the next 4 months the continuous phase, it has 23 –strips, 8 tablets in a week. CAT- 2 , This is 8 months treatment given to Relapse cases , Defaulters, Failure cases. It is a three months Intensive phase and 5 months continuous phase. Cat- 3 is given Cases of Pleural Effusion Non Dots Is 1 Year Treatment Given For Patients On Traveling. Aims Of RNTCP Are 85 Percentage Cure And 70 Percent

Health And Human Rights

A Training to activists of FEDINA (Foundation For Educational Innovations In Asia). on health and human rights was organized at Community Health Cell on 14th and 15th of July.

The unorganized sector has been classified into many divisions as

1. Garment workers
2. Construction workers.
3. Agarbathi workers.
4. Domestic workers.
5. Elderly unorganized workers.

There are many Trade unions, but not working on health related issues of them.

Health is not considered as a fundamental Human Right.

Following the previous training a base line survey was done in all these divisions and the fact findings are were presented to us as a group. Activists reported that women preferred the private sector over the public sector to go for health related problems.

The most common complaints were;

- Back pain
- Headache
- Body pain
- Burning of the Eyes
- Thyroid problems.
- Respiratory Tract Infections.
- Skin Allergy.
- Particularly in women, white discharge is the most commonest complaint.
- Cases of Miscarriage among pregnant.
- Swallowing of Needles.
- No Drinking water facilities and toilets are poor.

The objectives for the training were

Objective 1; To facilitate the understanding the framework of human rights and fundamental rights especially regarding health .

Objective 2. To facilitate participants in understanding the gender perspective of health in general and in occupational settings and identity common occupational health issues.

The concept of Rights, Human Rights, Right to Health and Fundamental Rights was explained by Prem Das in a very well structured and descriptive manner To strengthen the unionization, it is necessary to solve the health related issues to mobilize the community. Health is an important issue

linked with the occupation of an Individual. So we are concerned about the occupational Health Hazards.

Unorganized sector of women's health, who are earning very minimal wages of 1400 to 4000 a month are focused

The sessions were conducted by Joyce Premila on women's health. She guided us to help reflect upon strategies to collectively address to women's health in their work places and Dr Adithya spoke about the Occupational Health Hazards. Everyone has problems in life, so it is necessary to find a way out to solve our problems and come out of our problems. The change should take place within us to see a change in the community. Hence it is very essential to see that everybody gets involved in community Health. He listed the following steps which needed to be taken

Steps to be taken

- Health promotion.
- Specific protection.
- Early diagnosis
- Treatment and rehabilitation.
- Psycho-social aspects are important.
- Withdrawal of the Levels of Intervention or solution and Immediate cause are important.

The 2 days workshop was very useful for me personally because I was able to analyze the various occupational health hazards, especially among women.

Faces Of Capital Development

I attended a workshop conducted by FEDINA for their activists at Indian Social Institute on 27th, 28th, 29th and 30th of July 2010.

I learnt through a session taken by Mr. Duarte Barrette (Executive Trustee, FEDINA) that Worlds Women Day is also know as International Working Women's Day.

This came into being when working women in Chicago took the initiative and demanded that certain rules must be implemented to improve the working conditions of the women. These were

1. Equal wages for Equal work.
2. Crèches, in the working places.
3. Better working conditions for women.
4. Regularization of the working hours.

Through out History we find that most of the struggles of women were ignored and suppressed though the women took leading part. Main issues faced included

- Issues like Women Empowerment
- Freedom of Expression for women
- Eradication of Sati system
- Education for women
- Abolition of Child Marriage.

During the German Revolutionary period around 1910, a petition was cleared for the Freedom to vote for women.

Taylorism and Fordism .These were two new terms I was introduced to named after the founders. Taylor 1856-1915 and Ford 1863-1912.were two American Revolutionists, who introduced methods to measure the work pressure and production time. ie The Time that is required to produce the prescribed product Time and action are standardized together. To increase the production, the standardization of Time and Breaking of the operations in to fragments is very essential

Most IT Companies are well equipped with Air-Conditioned rooms, toilets facilities are good. Employees are encouraged to take adequate rest as well to improve the production.

Unfortunately the unorganized sector pushes employees to work constantly, because the Time is considered as precious as Money by the owners of the company. The workers become disposable commodities who can be replaced as apposed to the view by the IT sector where employees are valued. Here in the unorganized sector and crude methods are used to intensify the Work Pressure. Workers here have poor working conditions, poor toilets, and no drinking water facilities. Use of toilets is discouraged with toilets often being locked.

On 27th and 28th July 2010 along with FEDINA Staff I attended a workshop in Indian social Institute, which was a follow up session for the previous training as detailed above my me which took place on the 14th and 15th July 2010.

Health And Human Rights Training In Haveri (CHC)

On 26th, 27th and 28th August 2010, I attended 3 days workshop on Health and Human Rights in Haveri District. It was organized by JAA-K,Jana Arogya Andolala-Karnataka. JAA-K activities and Representatives from 8 different districts of North Karnataka were present

CHC coordinated these meetings. More than 50 activists from various other organizations from all these districts were registered. The present batch CHLP fellows were given a chance to participate and get to know about the Jana Arogya Andolana [JAA-K] activists and also its activities. Some of the Karnatake interns were involved as facilitators as well.

The meeting started with a brief introduction by each participant about oneself and the organization he/she represented. Lunch was arranged in the premises itself.

In the afternoon the session on Globalization was facilitated out by Dr.Akila Vasan in a very interesting manner. She kept us engaged and simplified such a complex subject in teaching us.

The session on Patents taken by Naveen Thomas also quite interesting and kept the participants alert

The session hat got me fully engaged because it was on my field was the session on essential drugs taken by Dr.Gopal Dabade from Dharwad I had heard so much about him. I was glad to have the opportunity to spend time with him and learn more on the subject. I appreciate the simplicity as he explained the subject. Though I come from a medical background I had never come across the list of essential drugs. He gave us both the generic and trade names of the drugs. I was astounded at the depth of his knowledge. I also got to learn home remedies for various ailments.

We had a lot of activities; Participants took part with a lot of enthusiasm. A lot of creativity was demonstrated in the performance of cultural activities such as street plays, role plays, singing songs and conveying the health messages through dances and skits

We had a Feedback session where we all contributed to discussing how we could strengthen the activities of JAA-K Mr.Karibasappa shared his experiences and the challenges he faced in Haveri district. He also shared how he used RTI (Right to Information) in order to obtain information on various health issues.

Based on the information by RTI, a few government officials were fined and made to pay the penalty. We were able to appreciate that group solidarity can lead to a better life, when we collectively demand for rights to essential health services.

Right to information session at Headstreams

I attended a right to information half day session at Headstreams. I learnt the following which is needed to put it an application.

Application should be Under Right To Information Act 2005.

The public information officer is the concerned person to be addressed and the PIO[public information officer] who may be either the District Health Officer, or the Block Education Officer.

The application contains the following -subject of the information

- -Name
- Address
- Particulars of information\documents\inspection sought:
- Period for which information is requested:
- Initial Fee Paid.

The sending address to address queries regarding Right To Information in Karnataka is

The Karnataka Information Commission M.S.Building Dr.Ambedkar Veedhi, Bengaluru-560 002.

There are 30 sections out of which only 20 are needed .It is written as complaint under section 18 of Right to Information Act -2005.

MY EXPOSURE TO PUBLIC DIALOGUES -JAA-K

Public Dialogues were held in the following eight districts of North Karnataka

- Bagalkot
- Tumkur
- Haveri
- Chitradurga
- Bellary
- Raichur
- Hospet
- Davangere.

Public Hearing: Bagalkote

On 19th February 2010, I attended a Public hearing in Bagalkote. It was organized by Jana Arogya Andolana Karnataka. Mr.Premdas, Mr.Obalesh, Mr.Karibasappa, Smt.Swarna Bhat and many more were involved in organizing this event.

A Few miscreants did not allow the program to proceed because of the absence of few concerned government officials on the dais. This led to misunderstandings between the audience and other officials, resulting in the discontinuation of the process.

In spite of requests made by Mr.Premdas, the State convener and Swarna Bhat the local social JAA-K activist and the organizer to continue, as the public had come from far off places foregoing their day's earnings so that they share their grievances in front of the concerned government officials. This was with the aim put an end to the corruption in the public health services and to create awareness about the irresponsibility of the health professionals and the denial cases were seeking some compensation.

The District Magistrate spoke about the spread of infectious diseases and their prevention and requested the public to take initiative regarding Health. Regarding corruption the concerned Government officials were questioned cautioned and requested to offer their services promptly in future

Denial of the health services during delivery which resulted in the death of a mother and a child due mere absence and negligence of the concerned government doctor in the PHC. Shreemathi, 21 years old wife of Mallikarjuna gowda junaali visited Nandakeshwara PHC in Badami Taluk, Bagalkote District on 3rd December 2009 for the purpose of delivery.The couples hailed from B.N.Jallihalli. The doctor examined Shreemathi, the pregnant women and asked her to come after two days.

she developed labor pain and was taken to Nandakeshwara PHC On 6th December 2009 at around 8 O'clock in the night. The doctor told the family members that she expected a normal delivery and went to her resting room. The pain increased and became uncontrollable and as the condition of the patient was deteriorating the family members informed the doctor and requested the doctor to come and examine the patient. But the doctor did not bother to come; instead she scolded and chased them away. At around 3 O'clock in the early hours of 7th December 2009, the mother and the

unborn child died in the Nandakeshwara PHC itself. Mallikarjuna was in great grief as he lost both his wife and child.

The family members were upset and angry because in spite of transporting the pregnant women from their residence to the nearby PHC and requesting the doctor to examine the patient condition and doing her best to save lives of both the mother and the child there was negligence on the part of the doctor. The deaths could have been avoided. The irresponsibility of the doctor for not rendering her services in case of emergency was a gross violation of health rights.

The negligence of the doctor resulted in the unnecessary death of two lives, so they protested in front of the PHC demanding the doctor's suspension and also the compensation for the deceased. The doctor was absconding after the issue.

- Nandakeshwara PHC is under Karuna Trust[public private participation]
- No Antenatal checkup done as there are no ANM'S.
- Previously she was treated in Badami Hospital.

Demands were:

- The immediate suspension of and action to be taken against the concerned lady Doctor.
- Immediate appointment of Gynecologists in the PHCs.
- Withdrawal of the PHC from PPP [Private Public Participation]
- Health services to be rendered to the needy in case of emergencies.

Denial of health services in PHC for HIV patients, particularly Caesarean operation was referred to hospitals in Belgaum or other places

Tumkur

The Public Hearing was Organized by JAA-K[Jana Arogya Andolana Karnataka.] Tumkur District Forum on 21st July 2010 in Woodlands Conference Hall, opposite the KSRTC Bus stand. The scheduled timing to start was 11am in the morning. When we went there many physically challenged and Mentally Retarded individuals were seen thronging the venue with the help of attendees. Anxiety was seen on many faces.

The Dias was occupied by the concerned Government officials such as Municipality President, District health officer, as well as professors of different colleges.

Issues discussed were:

- Women with Disability.
- Malnutrition
- Fluoride concentration in Drinking water.
- Some denial cases.

State convener Mr.Premdas addressed the issue of Malnutrition and the lack of employment. He focused on

- Employment
- PDS[Public Distribution Services]
- Anganwadi.

NREGA offers job opportunities for 100 days for the poor. Yet people are not given jobs. It is this which causes them to remain poor. He also called for the standardization of the food supplied to

Government school children to pregnant women through Anganwadi. The present food distributed was a powder, which none of the children seemed to want to eat. The powder was most often of poor quality and smelled and tasted of staleness. He called for the regularization of health services. There was a need to see that essential medicines were made available in sub-centers, primary health centers and district hospitals.

People from the physically challenged association spoke passionately about their needs. It was estimated that there are around 14,000 Mentally ill patients in Tumkur District, but not a single psychiatrist doctor has been appointed in the district hospital. Hence cases are referred to NIMHANS [National Institute of Mental health and Neuro Sciences] in Begaluru and the lacks of Medicines to treat these patients were also highlighted.

Pavagada, a Taluk in Tumkur District is affected by Water Fluorosis. The fluoride content of water is more than 1mmg. Cases of skeletal and Dental fluorosis have been reported from this area.

Municipality president M P Mahesh, requested the community to co-operate with them by joining hands to bring about the change. He assured the gathering that he would take the initiative to ensure the cleaning of garbage to prevent the spread of contagious diseases. The Zilla panchayat president who had come late was seen having an argument with state convener Mr. Premdas regarding the quality of the supplied food in one of the Anganwadis to school children and to pregnant women in that particular area.

The supplied food was of poor quality and it was used as fodder to cattle. She was not ready to get convinced when she was told that the grass root level workers have been doing the baseline survey to find out the facts for the past 3 months and the findings were true. When audience raised their voices regarding the issue, then she calmed down and apologized and concluded the event by rendering assurances to take immediate steps to rectify the fault. Many people shared their grievances about health services.

I came across Severely Malnourished children in the venue. One physically challenged woman shared her grievances and requested all of us to give preference to them and render help to them. It ended up without as many arguments, when compared to the Bagalkot Public Hearing, which I attended in the past for the first time. I felt that there the audience were wild and arrogant.

TRAININGS GIVEN BY ME ON THE IMPORTANCE OF DENTAL HEALTH

Having attended a session on Training, I began to read a lot of books and worked on a module to give trainings.

I started working from 5th July 2010 on the preparation of the Training Module on the Dental Health. In order to do this I spent lot of time in reading books and collecting materials. The books I read are:

- 1 Where There Is No Dentist By Murray Dickson.
- 2 Identifying The Training Needs- Tom Dell And Malcolm Leary
- 3 Heritage Amruth-Dental Care, A Magazine For Healthy Living –The Natural Way.
- 4 Community Dental Health- George M. Gluck.
- 5 The Magic Power Of Self Image Psychology – Dr Maxwell Maltz.
- 6 The Scientific Basis And
- 7 Oral Health Surveys.

Training to CHC Staff

On The 19th July, I gave a Training on Dental Health to CHC Staff. This was greatly appreciated by everyone. There were many questions asked which I was able to clarify. The session was very interactive and gave me confidence to speak to adults and give sessions on dental training

On the 24th August 2010, A training on the importance of Dental Health was given to the students of the Goodwill Girls polytechnic college, Coles park, Bangalore. The total strength of the students was 50 and the time allotted was 40 minutes. The age group was around 17 to 18 years.

The main objective of the session was to facilitate the participants to understand the Importance of Dental Health.

Outcome: students were able to understand the Importance of Good Oral Hygiene.

Methodology applied was Large Group Discussions and lecture method

Students were asked to list out the parts of the mouth and the functions of the various parts.

The association between the oral health and general health was taught.

Oral cavity is readily accessible and reflects the General Health of an Individual. It also helps in the early detection, diagnosis and prompt treatment of various diseases and conditions and nutritional deficiencies.

Since my main focus was on the Teeth and Gums I asked students to pronounce alphabets such as F, V, S, C Etc. This helped them appreciate the **importance of teeth** for pronunciation

- Teeth helps in pronunciation,
- Adds Beauty to your Face and

- Aids in chewing.

Composition of the tooth

- Crown and Root .

Crown is that portion of the tooth which is seen when we smile and talk.

The root is embedded in the jaw bone and it constitutes about 2\3rds of the tooth.

- Different layers covering the tooth.

- Enamel is the outer covering and it is the most mineralized Tissue hence it is the Hardest Tissue in the Human Body.It is whitish in color.
- Dentin is slightly yellow in color and it has cushion like function.
- Pulp is the vital and soft tissue which contains Blood Vessels and Nerves.It sends Impulses to the Brain.
- Cementum covers the root portion of the tooth and it connects the tooth to the jaw bone.

The **purpose** of the different types of teeth is to chew different types of food.

The anatomy of teeth was taught to them. Students were helped to name and identify the different kind of teeth. In the mid line of the face are Central Incisors one each on either side of the mid line next to them are Lateral Incisors which are 2 in number. They are chisel shaped and sharp. The main function of these teeth is to cut the food particles into smaller pieces to aid the chewing.

Canines are located in the corners of our mouth One on either side. They help in tearing of the food. They have the largest root.

There are two Premolars seen in between the canines and molars. They help in crushing of the food.

We have three Molars. They have flat surfaces and they help to grind the food.

Types of Dentition was discussed

- Primary Dentition
- Permanent Dentition.

Questions asked were

1 What is Root Canal Treatment [RCT] Why it is done and when it is done?

2 Why calcium in take is good to health?

3 Proper Brushing Techniques.

Reflections :

Students participated well and the session was interactive.

Students need to be educated and motivated to maintain good oral hygiene.

Students should be given awareness on Hazards of chewing Tobacco and Smoking.

Preparation of the Training Module was finalized.

SUMMARY

I gained a lot of knowledge on many subjects. This internship has been an eye opener to me regarding Community health. I have had a paradigm shift from seeing health through the limited lens of a dental practitioner to that of a holistic approach which looks at all the social determinants of health.

Through CHLP Internship I was able to appreciate the ground realities faced by the marginalized and oppressed. I also could appreciate the work of the JAAK to empower communities in how to achieve health, to render health services to the poor and needy, especially children, women and elderly.

I learnt about Health, Health Rights and Human Rights. As a medical professional I always supported and was in favor of doctors and health professionals, but after these nine months of CHLP Internship I now have a different perspective of doctors, health and health related issues. I came to appreciate the importance of basic Infrastructure in the health services. I have already given my learnings in the collective teachings and field experiences.

CHLP has broadened my perceptions in many fields.

The following were eye openers to me

- The amount of corruption prevalent in health services
- The irresponsibility of many of the Medical and paramedical staff towards giving health to the poor
- Existing barriers in the availability of the health services
- Poor Infrastructure of the SC, PHC and district hospitals including poor staff facilities
- First Aid and psychosomatic care for the disaster victims.- Disaster Monitoring cell.
- The impact of globalization on health and medicines
- Essential Drug list.
- Adult learning, inside learning, outside learning and Group learning
- NRHM-National rural health mission which focuses mainly on maternal and infant health and mortality rate.
- NREGA-National Rural Employment Guarantee Act provides job opportunities.
- PDS-Public Distribution Services.
- Exposure to evil practices such as Devadasi system, child marriages
- Dalits [Invisible community] and the trials and hardships they face
- VHSC
- ASHA workers, their problems, responsibilities, challenges
- ICDS- Integrated child development scheme.

In future, I would like to serve humanity not just as a dentist, but also as a community health activist for the betterment of the community.