Health is a Right and responsibility and every every human being is the author of his own health or disease. Individual health is closely related to community health.

Community Action for Health is a People centric Movement and if it succeeds then Health for All, Equity for All and All for All will no longer be a dream….

Community Health Learning Programme

June 2011 to october 2011

Report

J S SANTOSH
Intern, CHC

Community Health Leaning Programme

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REPORT

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Intern, community health cell

Acknowledgements

I owe a great many thanks to a great many people who helped and supported me during the fellowship programme.

I am indebted to Dr. Thelma and Dr. Rakhal for awarding me this fellowship programme which showed me the way that I was looking for.

I express my sincere thanks to Fr. Claude, Dr. Ravi Narayan and my mentor Mr. Ameerkhan for extending their support and guiding me throughout the programme and they have always been my source of inspiration.

Special thanks to Mr. Suresh and Mr. Venkatesh, (CEU team) for helping me and giving suggestions whenever I approached them for the project.

My deep sense of gratitude to Ms. Joyce, whose support and guidance helped me during the learning sessions.

My sincere thanks to all the SOCHARA members who come to facilitate the learning sessions and sharing their life journey which has given me more confidence and support and makes me to feel that I can also contribute to the betterment of the society.

Thanks and appreciation to the helpful people at Jeeva Jothi, the block coordinators Mr. Muthu, Mr. Devaraj, Ms. Savitha, Ms. Rajeshwari and all the animators especially Ms. Valli and Ms. Thenmozhi for their continuous support. I have learnt a lot from them as well.

I also thank the district coordinator Ms. Sujatha for her support and encouragement.

I would also thank all the SOCHARA Staffs for their warm affection which made me to feel home whenever I came to Bangalore for the sessions.

I also extend my heartfelt thanks to my family and well-wishers who were motivating me when I shared about my works to them.

Last but not least, I am indebted to my good friend Ganesh who informed me about the programme and motivated me. I would say he helped me to begin a new chapter in my life by initiating the divine symbol (Pillaiyar suzhi) which I feel by Lord Ganesh himself!

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1. ME AND MY JOURNEY – SOWN AS A SEED IN SOCHARA.

'I am a pollinized seed on the way carried…
Strolling along with time
To find a space to nurture
And branch out to be fruitful'.

This is how I introduced myself on the first day of the orientation programme with all thirst and quest in mind looking forward to the program curiously. 'Happiness'- being synonymous to my name, I have always in search of it like an ascetic who is in search of God. The educational institutions I was nurtured from the schooling to college made me to realize that 'Happiness is an inside joy'. Soon I was becoming aware of the spiritual world inside me and started realizing the inner joy that blossoms from my heart that which the material world outside cannot offer me such a kind of a joy which is divine. The experiences from the exposures so far I had during my life journey has always made me to feel that I am getting strengthen inwardly and along with it social responsibility also rise ups and I always question myself that can I make a difference in the lives of people who are poor and downtrodden. I believe I can add meaning to my life if I do so. To a great extent my educational degrees (literature and social work) and the learning (both academic and field) had strengthen my attitude of contributing to the society.

After my Master's degree in Social Work from Loyola College Chennai, I planned to go aboard for my higher studies related to my career specialization but that didn't happen. Meantime for a brief period I worked in a Diocesan organization. I became an aspirant of civil services and thought if I have that legal authority I will get more confidence and could do a better job. The two years of preparation did help me a lot in gaining some knowledge as it was preparing me to be a generalist but as far as civil service preparation is concern one has to have a lot of patience and luck since it is a huge task to clear the exam and unfortunately the change in the pattern of the exam disappointed me and even I felt that my confidence of clearing the exam was slowly reducing but not the interest of serving the people! Of course I am a social worker. Adding to that, confusion and fear started rising and again I questioned myself that am I losing my precious years at the cost of preparing for the uncertain nature and success of the exam? Slowly my interest turned towards work. I started thinking about coming back to my own profession but having little to choose from my area of interest that is medical social work or community related health works. I have to thank my friend Ganesh (fellow of SOCHARA) who shared about his fellowship programme when he visited my house. I noticed from his sharing that he was talking more about the initiators and members of SOCHARA than his fellowship work and by which I was straightly impressed. With further enquiry I identified the inclination of my interest towards community health and research was matching with the fellowship programme which I guessed it may give me a space to know about community health and research. Interestingly to sit back and think now, as I mentioned earlier that I was about to go abroad to pursue higher studies in none other than specializing in community health from an Australian university. Like a famous saying 'Man proposes and God

deposes', I can realize now that God made me to wait to know about community health from SOCHARA rather than from any other educational institution at first! This is how I was sown as a **Seed** in SOCHARA.

2. My expectations from the fellowship program.

Having passion to work towards community health and take it as my profession, I felt this short-term program will benefit me a lot in knowing about SOCHARA and the work undertaken by it in promoting public health. I thought the learning I will get through this programme would enhance my knowledge further and I expected the field exposure to be very beneficial. Moreover I thought I could know about government policies and its implementation and learn how health is administered at grassroots level. I believed that CHLP will give me an opportunity to know more about Civil society and its crucial role in promoting health to the community and can learn about primary health care units-its administration and functions. I also expected that this training programme will provide me a platform for interacting directly with the people and knowing about their awareness on health related issues and their accessibility to the health care services and the knowledge acquired there upon would help me to improve my perception better about community health. I was eager to know about the challenges met by the health care workers in rendering services by having interactions with them during field visits. I considered research plays a vital role and more can be explore in the field from time to time through grounded studies and hence had special interest in research and I looked forward for this program to get more insights on public health researches. Moreover I expected CHLP will give me a good chance to work with health care experts and communications with them during training sessions I thought it will improve my understanding. Did all my expectations matched with the CHLP? When I write this report I reflect upon by piercing my learning memory to recollect what has happened i.e, the inside and outside story of my journey so far during the programme.

3. ORIENTATION -I *was well positioned:*

Orientation and collective learning sessions:

It has been said that 'a work well began is half done', yes of course, but to start a good work we need a perfect grounding. The orientation programme that held for ten days provided that grounding, with all the input sessions facilitated by the Scholar Activists which kept me engaged with thoughts on community and health-its status right now in our country where health doesn't charts up the priority of neither the government nor the people. I would like to brief the sessions which gave me some deep insights which also happened to be a thought provoking ones.

3.1 SOME SESSIONS TO REMEMBER

Reviewing the foundation concepts- community and community health: Fundamental concepts on health and community were discussed during the session facilitated by Dr.Ravi Narayan. I understood that community health studies various dimensions of health and its impact on people who are living in the particular geographical area. I came to know that public health concentrates more on medical problem alone and it assess health from the top level by making policies to implement various programmes for treating the diseases, whereas the community health concept takes a bottom to top approach, that is, since health has various social dimensions, it need to be assessed from the community and based on the appropriate needs the policies has to be implemented at grassroots level through community participation so that diseases can be prevented. So there has been a paradigm shift from medical model to community based model of health that is from treatment to prevention model of health. Dr.Ravi Narayan insisted the interns to be a tap turner rather than just being mobbing the floor, that is to say working to prevent the disease is more urgent than just treating the disease. He also said that it is necessary to be a balloonist than being inter-cellularist. That is to say more explorations has to be done by seeing health in a holistic perspective which includes the various psychosocial-economical and spiritual dimensions rather than just seeing it from medical perspective alone. Many other concepts regarding health such as health autonomy that is keeping oneself healthy and taking a self-responsible position and ownership of the community towards the healthcare system, health education or health promotion that is creating awareness programmes and campaigns through community participation etc. were all discussed during that session.

Session on Active listening:Ms. Joyce Prameela took the session with ease by giving a small exercise. A short message was told to an intent and inturn it should be passed to other interns without getting or giving feedback. The outcome of the exercise resulted in losing the original content of the message as it has been passed through. I understood the reason behind such loss of

content due to the misinterpretations along with self assumptions and lack of clarity etc., which arise due to non attentive listening. And hence Active listening becomes more important in the process of communication and analysis. And so this Active listening technique requires the listener to understand, interpret, and evaluate what was heard. I also understood that, this ability to listen actively can improve personal relationships as it is more empathetic and also helps in reducing conflicts, strengthening cooperation, and fostering understanding.It is a structured way of listening and responding to others, focusing attention on the speaker by suspending one's own frame of reference, and judgment and also avoiding other internal mental activities.

From Alma Ata declaration to present PHC and NRHM:Dr.Thelma Narayan facilitated the session by giving a brief history regarding the aspirations for health and equity which has been put forward in various international conferences, staring from Bandoeng conference Indonesia (1937) to the Alma Ata declaration (1978) and the progress thereafter to secure the goal set by it "Health For ALL by 2000 AD". I was given some informations about various committees like the Sokhey committee (1939) and Bhore committee (1946) which formed as our precursor to the Alma Ata declaration. The session discussion was centralizing on the challenges faced in realizing the health rights and entitlements within the time frame and also about achieving equity in health. In the current scenario, the markets were wide open due to liberalization and privatization for the economic growth, obviously clubbed with inflation and thus the health and educational expenditures of the government are not sufficiently met. This new challenges which are marked by the corporate led globalization,neo-liberal economic reforms and negative macro policies has adversely affected the social majority(largely comprising of poor and marginalized people)nationally and globally. Thus their livelihoods, incomes, food security, raising conflicts, war and violence, access towards health care are the major problems faced.

In order to realized "health for all "campaign, which has not met the dead line by 2000, the civil society has actively involved in realizing the" Health for All,NOW" campaign. In respond to the campaigns and various other movements, the government of India has come up with the National Rural Health Mission(2005-2012)in order to achieve the framed objectives.

I came to know about the government defined roles of NGOs in carrying out the mission. Apart from institutional arrangements at national, state and district levels NGOs are supposed to play an important role in monitoring, evaluation and social audit. The session also gave some information regarding the roles and responsibilities of ASHA,community monitoring in NRHM-its process and activities that are carried out etc. Some statistical information were also given about National Family Health Survey-2&3 inorder to know about the problems due to poor nutrition and sanitation and also about the challenges faced by the First line health workers.

Health rights and the social determinants of health: The concept of social equity and social equality was discussed with the session preceptor Mr. Eddie Premdas. I understood the difference between them through some examples like in the sports and games in which women and men are

competed separately due to the differences in physical standards is what is meant by equity and equality is encouraging participation irrespective of gender, class and creed etc., similarly to further understand the differences, the reservation system in India is the best example of social equity where the opportunity is given to the marginalized group to uplift them and hence by positively discriminating them, whereas equality as assured in the constitutional provisions(fundamental rights) that all are equal before the law irrespective of gender, caste, creed and class. I also understood the concept of 'Health Equity'which means the health care services must reach the poor and marginalized people, so that they could access, afford and have a qualitative health care as it is their basic fundamental right. And it the duty of the health workers to make the people aware of their health rights and entitlements that is meant for them and utilized.

Discussion on Environmental Health: The session opened with the documentary named" sprays of misery". It was shown effectively to realize the threat of existence to human and other living creatures posed by the use of endosulfan pesticide for cashshew plantation in Kasargod, Kerala. I was horrified seeing the magnitude of the problem that has caused to the environment so much damaging the lives of many people leaving them with deformities, mental illness and such other chronic diseases and also affecting the other living beings and thus causing an environmental degradation.

I learnt about the classification of environment health activities at Community Health Cell. That includes the pre-CHESS activities (1984-2000) like radiation and health, pesticides and health, issues related to Bhopal tragedy, involvement with ROHC. The CHESS related activities from 2000 like CHESS workshops,campaign against pesticides(endosulfan in kerala),industrial pollution(Cuddalor,Mettur,Eloor),manual scavenging in Chitradurga. The non-CHESS related activities like fellowship programme, anti-tobacco campaign, organizing workshops on environment etc.

Social action and social activism in today's context: It was a special session for me as some of the former fellows of Community Health Cell gathered to celebrate the birthday of Fr.Claude .Along with their festive mood they shared about their journeys so far and also about their achievements and future aspirations. I had the chance to meet some social activists and interacted with them and gained strength and support. The participants of the session talked about principles of life, value of team work, mutual trust and coordination, inclusion, self-help and life long learning. Mr.Shivakumar gave the power point presentation on social activism. I came to know about the genesis of social activism, where it all started as a mass-based political movement in early 1980s and grassroots activism that gained momentum around the world to challenge non-performing governments and non-responsive political parties. The limitations and strengths of social activism were also discussed in the context of today's challenging world which has become market oriented and more commercialized leaving no room for poor and downtrodden to live a humane life with basic needs. The difference and similarities between media activism and judicial

activism were discussed as I raised the question. I learnt that the massive support is needed for social action or movements to fight against the authority to get the basic rights for the poor and oppressed people and it can be done through cooperation of media and civil society along with a supportive judiciary, who is the protector of our fundamental rights.

People's Health Movement (PHM): I was briefed about the inception of the People's Health Movement that started in 2000 for discussing the 'Health For All by 2000'. Mr.Ameerkhan the staff member of CHCChennai, gave the information regarding the mobilization and participation of CHC in the First National Assembly at Kolkata prior to the Global Health Assembly in Bangladesh where the Global people's Charter was endorsed. Jan SwasthaAbhiyan(JSA) the national network of this Global Movement in which CHC is one of the founding member. CHC hosted the Global Secretariat of PHM and also currently hosting the JSA State Secretariats in Karnataka.Mr.Ameerkhan shared about his personal experiences and challenges during his CHLP internship days and also shared regarding CHC's involvement in disaster management as a resource group during 2004 Tsunami. As CHClearnt the importance of networking in disaster management, the Chennai District Network was formed in Chennai and in Thiruvallur it formed the Pazhaverkadu Action Network. The chief roles played by CHC was, Advocacy-to bring out permanent housing for tsunami affected people,Networking- inorder to prevent duplication and to prepare the community for future disasters, Trainer- since CHC is working for health, it selected persons(staffs)from different NGOs and trained them on health related issues so that they inturn train the community people. Community Mobilization: CHC mobilized and formed the youth group called the Students Club, where leadership and communication skills were developed to enhance their participation in community development programmes.

Globalization and health: After India becoming open market for globalization which led to the financial speculation and free trade, adversely affected the people especially poor and marginalized. The economic structure readjustment programmes resulted in large scale unemployment, shift to informal sector without social security, downsizing the public sector, reduced access to the health care and social services, lowered nutritional status leading to nutrition and food insecurity, increased poverty, poor working conditions and environmental degradation etc. The session opened the platform for me to discuss with Dr.Telma Narayan regarding the effects of globalization and privatization which has resulted in,

- Weakening the public health services,
- Reduced access to health care,
- Insufficient budgetary allowances to health,
- Poor management of government hospitals and poor quality of health care given,
- Drug prices going up and altered pattern of drug production,

- Less essential drugs available and more profitable drugs,
- Attracting investors to gain profits and market orientation of health,etc.

Sanitation in rural settings: Mr.Prahlad shared his experiences regarding sanitation which is one of the most important determinants of health, which when properly maintained we can reduce / prevent most of the diseases arising out of it. Mr. Prahlad, briefed the components of sanitation in rural setting which includes school sanitation, anganwadi, open area defecation, personal hygiene and waste management. Though the infrastructure like building toilets exist, people hardly keep it clean or even use them and so it was identified that since they are quite used to open air defecation, they find it difficult to adjust to the toilet facilities and hence it was realized that behavioral change of the community is required in order to counter the sanitation problem.

The challenges faced at the ground level were also discussed and I understood that Panchayat level support, regular follow up and monitoring, constant motivation and finding resources are essential to carry out a successful sanitation programme along with enabling them to build cost-effective toilet and maintaining it etc. The session was very informative and the pictures shown were very effective for me to realize that sanitation is not a project but a campaign

Gender and health. The session opened for the group discussion on gender which is one of the most important social determinants of health. I putforth my thoughts about women being the most vulnerable group, the health problems they face is due to some traditional practices like taking food that remains at last, too much burden shouldering on her for not only domestic works like housekeeping, child rearing and cooking but also shouldering the economic burden and hence going for work. She takes care of whole family at the cost of her health. This makes them more anemic because they are not consuming enough of energy to compensate the lost energy. I also discussed about the inequalities that exist between men and women interms of wages, social stigma affecting more the women than men and no room for privacy and so on. Since most of the women work in the unorganized sector their rights has been denied, no social and economic security and they are more marginalized. And the health status of women in India is very poor as the health indicator shows the maternal mortality rate high.

Rational therapeutics and pharma policy: Dr.PrakashRao, the chairperson of Janaarogya Andolana - Karnataka (JAAK) presented the glimpses of pharmaceutical scenario in India and rational use of medicines. It was noted, people spent maximum on their health expenditure while the government contributes very less due to poor budgetary allowances. It was hard to note that over 65% of Indians lack the essential medicines,which when available could cure most of the preventable diseases.Since health care has been privatized, the pharmaceuticals companies and private health care institutions try to capitalize on gaining more profits than really serving in good spirits. This attitude has lead to health deterioration and deprivation in the country by which large numbers of people suffer due to their poor affordability towards health care. It was

realized that how pharmaceuticals companies produce drugs that gives them profit rather than not producing the low cost essential drugs that has been recommended by WHO. This has eventually led to poor rationalization of drug use by doctors since they tend to prescribe drugs that are not needed for treatment purpose. Adding to these woes the physicians are not even aware of the banned drugs and continue to prescribe. This is due to their poor upgradation of knowledge and poor drug regularity control that we have in our country. All these problems have pushed the cost of treatment at high rates,poor quality of health care and drugs, poor rationalization of drugs, negligence of the physicians and other paramedical staffs,market oriented approach etc., and arethese reasons that leave the million plus country in a poor and desperate state.

Looking inwards:The session was facilitated by Dr. Ravi Narayan regarding, how to understand ourselves in a group situation. He stressed that internal learning is as important as any other learning since there is a lot to understand about ourselves and knowing ourselves. He was of the opinion that learning gets better when we start feeling and therefore discussion on empathy and sympathy took place with examples. I realize that often we think about the problems faced by others and struck up to find solutions but if we try to feel or empathize with the problem of others we can better search for the solution by making the aggrieved involved in the process.

Similarly Maslow's Hierarchy of Needs and the **JOHARI Window** which is a communication model that can be used to improve understanding between individuals was also explained. Persons can learn about themselves and come to terms with personal issues with the help of feedback from others. Using the Johari model, each person is represented by their own four-quadrant window. Each of these contains and represents personal information - feelings, motivation - about the person, and shows whether the information is known or not known by themselves or other people. Dr. RaviNarayan said to the interns that community health worker who should act as a team builder must first self-analyze himself and learn about the group/community through the strategies that are above mentioned. He added that Self-disclosure is the process by which people expand the Open Area vertically and Feedback is the process by which people expand this area horizontally and so by encouraging healthy self-disclosure and sensitive feedback, we can build a stronger and more effective team.

IPHS standards for HSC,PHC,CHC:Mr.Prahlad presented the session by giving information regarding IPHS standards for the health sub-center (HSC), primary health center (PHC) and community health center (CHC). The interns learnt about the structural system by which health care institutions are functioning. I shared my observations I had by visiting the HSCs and PHCs that is, depleted condition of HSCs and shortage of man power where there is good infrastructural facilities and in some areas less commitment from the health care works in administrating the services. I gave my opinion that, to strengthen the health institutions, people should come forward to take up the responsibility having realizing the fact that health is their own responsibility and health care institutions are theirs and should take the ownership so that it gets better with their

intervention. I stressed to the interns from my field experience that Community Action For Health project under NHRM must be given more attention and should make the community to utilize the project so as to avail the health services and with that to take HSCs, PHCs and CHCs as their ownership.

Meeting SOCHARA Members:The interns got the opportunity to meet the members of SOCHARA who had come for the annual general body meeting. The interns were invited to observe the felicitation to Mr.Premdass and Mr.James and along with it Dr.Rakhal's sharing on CAH project in TamilNadu, Dr. Sylvia's presentation about the activities of JMS- in collaboration with SOCHARA and Ms. Joyce presentation on the CHLP.

Mr.Premdass and Mr.James shared their association with SOCHARA and the experienced gained in the journey. They conveyed that the organization and its members gave them the space to exhibit their talent with magnificent support and encouragement. They assured to extend support to the organization inspite of their other commitments. The feedback was given by the members about their association and team work with them and wished good luck for their endeavors.

Dr.Rakhal shared to the gathering about the Community Action for Health (CAH) project under NRHM in which he is the project manager as CHC being the Tamilnadu state nodal agency in project implementation. He made a power-point presentation in which all the activities that are carried out under the project was pictorially shown. The achievements and innovations that the project has brought were shared in the meeting. He also briefed about the monitoring tools and the process of monitoring and village health planning that is been conducted in the five districts of TamilNadu was also shared along with the PHC level planning and meeting.

Orientation about "The ANT":The session was presented by Dr.Sunil, the founder of 'The Action North-East Trust' called as The ANT working in Chirang district of Assam. He shared about the activities of the organization after briefly educating the interns regarding the importance of primordial prevention which is very necessary to arrest the problem at its inception level and for which the community based approach is indeed very effective in realizing the holistic health care. He further stressed that all the health determinants has to be given equal importance so it all grows and develop together as one cannot grow at the cost of other. He added that community health must be seen from people's perspective to meet the required health needs and as a community worker one has to try to change the perspective if in case it contrast or otherwise we should try to meet the perspective. Similarly he insisted community participation in realizing the health objectives, where participation is necessary for collective thinking, managing and sustaining the resources that are available. He also shared how each programme gets evaluated in the organization for every three months on the basis of the following,

1. Effectivity
2. Efficiency

3. Community participation
4. Sustainability
5. Accessibility.

Understanding community health principles and practice: Dr. RaviNarayan presented the session by sharing about the journey of Dr. Sunil and Mr. Sanjai, who had initiated the community development process in Assam among all communal difficulties and even life threats from the Maoists. I became aware from the story that community health is a very challenging task where if conflicts in the community at persistent and how the developmental activities gets threaten by the anti-forces that acts upon the community and even creating impasse sometimes. The story of Mr.Sanjai whose has been kidnapped by the Maoists due to his non agreement to their demands, at last had to forcefully surrender to them and his life after so many years passed is only in question and hoping he turns back one day. Similarly the story of Dr. Sunil who continuously working for the poor people of Assam still carries out the organization's developmental activities among sudden threats which can erupt any time from the Maoists.

With the inspirational stories heard about these brave men, I remembered that community health which actually has the potential to acts as a conflict solver when Dr. Sunil said about the problem that was existing in the two villages (one village is full of upper caste and other one is a dalit village) fighting for installing water pump in their respective villages, where in both the village people agreed to donate money for installing. The fight was on due to the reason that the upper caste people demanding it so that they will not go to the dalit village to fetch water but accepting those people who can come at a specific time for the services. But resentment occurred from the Dalit village and they agreed to give space any time for them without demanding any money which actually has to be shared for the project. Finally the water pump was installed by their organization in the dalit village itself and now the other caste people have no choice and participating in the process of conflict resolution.

I understood from the discussion had with the facilitator that conflict do exist in the community and understanding community health is something like trying to solve conflicts before it reaches to the threshold of violence. From the field work experience I realized that community togetherness and sharing same objectives/thoughts are there only in the definition of community but in reality community doesn't exist due to the problems of caste, class, gender, language etc. Since no community is in existence, the role of the community worker is to build the community in a holistic manner by ensuring all the determinants of health rising together. Similarly all the development schemes should be framed and carried out by keeping community health in the backdrop so that a total wellbeing can be ensured in the community.I that how culture plays a vital role in building community health and Dr.Ravi insisted that to know about any community first one has to understand about its culture within which it operates so that strategies can be evolved to better implement the ideas of community building.

I understood from the discussion that the community health action is tailored with efforts to build an alternative socio-political and economical system without ignoring its culture in which health can become a reality for all the people.

Public-Private Partnership(PPP) in health:Dr.Sylvia presented the session on Managing Public-Private Partnership in Health Sector. The session began with some common terms for getting familiar with the context in which they are used like Agreement, Contracts, Partnerships, MoUs etc.PPP in health is an approach to addressing public health problems through the combined efforts of public, private and development organisations complimenting each other by contributing or sharing their core competency. It is to note that 70% of health expenses in India are out of pocket and 80% of rural population avail health services from private sector. The focus of private sector is on curative health and their role in preventive health is very negligible.

I came to know that the PPP was evolved because Government sector finds it difficult to support healtheg. 1.1% of GDP was the health expenditure and 70% of budget allocation is spent on resource maintenance like Human Resources. Similarly in Private Sector80% of well qualified medical professionals work in private sector with State-of-the-art facilities and Private health care expenditure is around 4.25% of the GDP.The current focus of PPP is to develop strategies to utilize untapped resources and strengths of the private sector and to enhance the capacity to meet growing health needs.

I understood that Public-Private partnerships in health are at very early stages and will need significant institutional development work in terms of financial analysis capabilities, monitoring and evaluations systems with appropriate regulations to check the unintended outcomes of private sector growth in health.

Understanding community health by Activity Based Learning(ABL): The session was facilitated by Mr.Chander and the specialty of the session was that more activities were carried out inorder to understand community health. The objective of such activity games involving participants is to make realize about the importance of community, health and community towards health. The pully game demonstrated the status of health of the people in below poverty line and the steps that needs to be taken and so on. The game was very effective as all the interns participated and actively took part in knowing the intention that the game meant to convey about the community health. Similarly the thread game was played, which tried to convey the difficulties that are involved in community to solve a problem. During the game I observed that cooperation, coordination, planning, decision making, leadership etc, were emerged in the process of unknotting the thread, which went on to teach that similarly, in solving a community problem the above observed issues will raise and solution depends on its effectiveness by which the community handles in a given situation.

From the games that were played I understood that, community and health can be best taught by these activity based learning method so that the participants while actively participating will also realized about the problems and the message that is brought out through the games.

3.2 Visits to the organizations:

The interns set out for the field visits to get the ground reality as they get expose to the organizations that work for various causes and to understand their functions and services they offer and also to have interactions with the people working there to enquire about their difficulties and challenges faced.

THE ASSOCIATION OF PEOPLE WITH DISABILITY (APD), Bangalore.

Vision of APD is to create equal opportunities at all levels for persons with disability to become productive members in the society.Their Mission is to create awareness and to promote acceptance and integration of disabled persons by inculcating self-confidence and self-reliance inorder to meet their individual needs.

The support staff of the organization introduced about the activities that take place inside and outside (at community level) and talked about how people with disability get benefited through the programmes which has been specially designed for their purpose. I had the virtual visit to various training places within the campus and learnt about the following activities.

Industrial Training Centre (ITC): Its objective is to enable people with disabilities to become productive members of the society and become self-sustainable by training them to develop various mechanical and IT related skills for their income generation activities. These certificate training programmes brings a sense of self-pride and worth in their lives. Since it is affiliated to the National Council for Vocational Training (NCVT), and follows the curriculum defined by it for industrial training it ensures that the certified training is at par with the industry requirements and standards. The courses help them to work as fitters, welders, electronic assemblers etc.

The Information Technology (IT) Training Unit:The unit offers computer education through short and long term courses in computer applications.

Spinal Cord Unit:This unit undertakes a rehabilitation intervention that includes medical care and Occupational therapy, counseling and developing vocational skills and giving support in placement. The unit also Works closely with family members to initiate the process of positive acceptance and in creating a supporting environment at home.They are also Integrated with self-help groups for support.

ShradhanjaliIntergratedSchool:The establishment of ShradhanjaliIntergrated School was in 1973. It gives admission to children with cerebral palsy, speech and hearing impairments, locomotors disability and others. It teaches students from nursery to Class VII after which they are ready to study with students in regular schools. The school is fully equipped with physical facilities to make the classroom and playground a comfortable and enjoyable experience. Special seating arrangements are in place. The school follows an academic curriculum prescribed by the Government of Karnataka and the mode of teaching encourages activity based education. It also caters to children who come from different socio-economic backgrounds.

The Community Health Work Programme:It was initiated in 1999 and its activities are seen as holistic and long term development of the slum which in turn promotes better health for all. The Community Health Workers organize various activities like Day and residential health camps, health education and counseling including hygiene and immunization, Capacity building and Support in sourcing placement and self-employment for people with various types of disabilities.

Rural Community Based Rehabilitation:The organization initiated work in Kolar with outreach activities gradually expanding to other rural areas as well. Its strategic Disability Development Program focuses on mainstreaming children and people with disability by up-scaling participation in home or formal educational programmes, and training in vocational skills for income generations. These activities are subsequent to identification of medical treatment, and provision of mobility and other functional aids.

Case Study: *Nagaraj(31)* working at APD in IT training unit who himself a disabled person, shared to the interns about his young aspirations and challenges he faced before coming to ADP and so on. Coming from the poor economic background, he aspired to become a software professional but feared of his inability to communicate in English and to face the society with his disability prevented him to proceed with his aspirations. After coming to know about APD and getting admitted for the IT training programme, in two years' time he not only developed the skill to communicate in English but also trained enough to train the other aspirants in software applications and now he has the burning desire to become a wildlife photographer. I realized how APD changed his attitude towards his own disability and how it prepared him mentally strong enough to go for his higher aspirations in life. I got inspired after the interaction with Nagarajand also with the Director of the institution who spoke about the issues revolving around the people with disability and the challenges they face in getting their rights and entitlements etc.

BASIC NEEDS INDIA, Bangalore.

Right from its inception in 2000, The Basic Needs India has rapidly expanded to help mentally ill people in 6 states (Tamilnadu, Karnataka, Andhrapradesh, Kerala, Bihar and Jharkhand), mainly

in southern India, through working with partner organisations who learn the community approach and deliver services at the ground level.

The vision of BNI is to satisfy the essential needs of all people living with mental illness and ensure them to meet their basic rights.BNI works to help mentally ill people by giving them access to community based treatment so that their illnesses can be stabilized and they can get back towards a normal life. Through building the capacity of communities, partner organizations and primary health care workers, they help to stop the stigma surrounding mental illness. They also providing opportunities for sustainable livelihoods by giving mentally ill people a chance to work and contribute to their family income.

The BNI model:

- Community mental health- evolved by consultations with the people, professionals etc.,
- Capacity building.
- Sustainable livelihoods.
- Research and advocacy.
- Admin and management.

Group interactions:

The interns interacted with the staffs and also with the members of care givers federation group of the organization and came to know about the activities that take place at community level rehabilitation. The care givers shared their personal experiences which moved them voluntarily to support the people with mental illness and work for rehabilitation along with associating themselves in the organizational activities. The challenges faced by them at community level, difficulties in taking care of the mentally ill patients for treatments and other hardships faced in the process were all shared. Dr.Mani, the director and Mr.Elangovan, the programme coordinator gave some insights on the rehabilitation processes and the rights available to them etc. I learnt that, the first and often most important thing that mentally ill people need is,the care that they can access in their communities. What little mental health care that is available is often only in psychiatric hospitals in capital cities. That means people who live in very remote rural areas have to travel great distance to get treatment. With a massive dearth in trained staff, made a lot to rely on local volunteers from within the communities to work in to help out these people who are in need. And so networking has become necessary as BNI working with three partner organisations to help people in 40 slums in Bangalore. Because of various community based activities like awareness campaigns, mental health camps etc.,people in the community now see mental illnesses as treatable and the care givers reported that even some people are identifying people as mentally ill and helping them seek treatment and some mentally ill people have even been offered jobs by kind members of their communities. I realized that though these acts may seem small, but it had a

paradigm shift in attitudes of the community towards people with mental illnesses where the organization is tirelessly working for a noble cause.

3.3 My learning from the sessions and visits are,

I came to know about CHC and SOCHARA by understanding its objectives and its activities.

I realized the importance of community health when Dr.Ravinarayan insisted the interns to be a tap-turners rather than just being a floor cleaners. The need from medical model to community based intervention model was understood during the session when he asked the interns to analyze the health problem by studying it in a holistic perspective and so he encouraged the interns to be a balloonist rather being an intercellularist.

I learnt about Alma Ata Declaration and NRHM during Dr.Thelma's session and understood the history behind the Health for All campaign. Globalization and its impact on health sector were discussed and I was made to realize how market forces play a determinant role in our health.

Inputs were given by Dr.Thelma and Ms.Joyce about framing the learning objectives.

I also understood the importance of Active listening and the ability develop to listen actively can improve personal relationships as it is more empathetic and also helps in reducing conflicts, strengthening cooperation, and fostering understanding.

I came to know about various social determinants of health. Mr.Premdass session on health rights and social determinants helped me to gain information and to clear doubts regarding the difference between health as right and right to be healthy. The difference between social equity and equality was also understood with the help of examples.
I got information about various environmental related issues that impact our health and particularly I learnt about the endosulfan problem. I came to know about CHESS activities.

The session about People's health movement was very informative in knowing about its inception and the purpose and Mr.Ameerkhan shared about the experiences and challenges he met during Tsunami rehabilitation phases made me to realize the difficulties involved during disaster management.

Sanitation in rural settings was understood through the tireless work undertaken by Mr. Prahalad. His sharing on the total sanitation campaign provided some deep insights and helped us to understand the community habit patterns in sanitation.

It was an eye opener session conducted by Dr. PrakashRao.I became aware of the irrational use of drugs by physicians and commercialization of the private health care services and ineffective drug policies.

It was a special day for all the interns to be a part in the birthday celebrations of Fr.Claude. It gave me an opportunity to know him and have interacted with him. The speakers of the day who were

sharing about their personal journey were very motivating and it encouraged me to become a health activist like them.

The presentation of the learning gained through the ten days orientation programme gave me confidence to do better by setting the learning objectives.

Field visits to NGOs like APD and BNI gave me an understanding about their objectives and the activities carried out to meet it and the field visit also created an opportunity to interact with the persons working in the field. Their sharing about the work really helped me to better understand the effectiveness of community based intervention programmes.

I learnt about JOHARI window the communication model that can be used to improve understanding between individuals. Similarly during Dr. RaviNarayan session on inward looking I realized that a community health worker should be empathetic in understanding about the individual and the group and should think from the heart.

I got information regarding the Indian Public Health Standards for HSC, PHC and CHC and learnt about the structural functioning of our health care system. I shared my observations to the interns that I had during my field visits to HSCs and PHCs.

It was an enriching experience for me when interns were asked to participate in the felicitation ceremony to Mr. Premdass and Mr. James and thereupon getting to know about the activities of SOCHARA during the annual year gave me some insights regarding the same. It also gave me an opportunity to meet SOCHARA members who were present for their annual general body meeting.

I came to know about 'The ANT' and the activities they undertake in Assam region. It was a memorable session as I got an opportunity to meet Dr. Sunil and interacted with him to know about his ideas and views on community health. I learnt from his presentation that community health has to be linked with the other developmental activities so that health can be realized in a holistic manner.

The life story about Dr. Sunil and Sanjay given by Dr. RaviNarayan was very inspiring and motivating. The community health journey that he has experienced was shown through the old photographs created interest in me and thus the session was very effective in understanding community health principles and practices. The most important thing I learnt from the session is working in community health is like trying to know about the community and conflicts involved in it and trying to seek for problem solving by understanding the dynamics of the community.

I learnt about public-private partnership in health sector. The benefits and challenges involved in such partnership was discussed during the session and was very useful as I understood the present status of PPP in health care system in our country.

I learnt how community health can be best taught through the activity games by making the participants to participate actively so that community and health can be realized effectively by directly involved in knowing and finding solutions for community problems that is manifested in

the form of a game. I realized this is one of the best and interesting methods which can be used to teach the community which is largely illiterate.

4. At SOCHARA CEU(Chennai)-

Orientation about Community Action for Health (CAH)

After the orientation sessions I reported to CHC- Chennai where I got a warm welcome from Dr. Rakhal, Mr.Ameerkhan , Mr. Suresh and Mr. Venkatesh. I was briefed about the NRHM and CAH programme that is being carried out by CHC Chennai unit. The objectives of the NRHM and its special feature of communitization were clearly explained. The information regarding the pilot study and its outcome were also discussed with Mr. Ameerkhan. He explained to me about the state government structure of CHA process and the decentralization of the programme that has stopped at the panchayat level itself instead of going to the village level as envisaged by the NRHM. Due to the absence of grassroots level decentralization, I understood about various problems that are raised like insufficiency of tied money for all villages, difficulties in mobilization of people etc,. I was also explained why more concentration is given on Thiruvellor district as it was found that the district needs some attention to strengthen the programme in comparison to the other four districts namely Kanniyakumari, Perambalur, Dharmapuri and Vellor, where the CHA process has been implemented. The district nodal NGO Tamil Nadu Science Forum and the Block nodal NGO Jeevajothi was introduced and the activities they carry out was explained to me. Literature about monitoring manual provided me with a set of information on the NRHM project with its aim, objectives and strategies. I also came to know about the health care services and its structure in administrating the health needs of the people. I learnt about the monitoring tool and its contents.

Inorder to understand the process better I planned for a community visit to the Thiruvellor district, so that I get a ground reality by interacting with the people involved in the process and to know about their challenges faced in the implementation and so on. I was also confident that the community visits to Minjur Block will help me to frame my learning objectives. Since the Chennai team has fully engaged in the CAH project and with the orientation I had about it by getting awareness on 'communitization', I felt I could learn more on it. I became so much interested when I came to know about the project proceedings especially about village health and sanitation committee. Thanks to Mr. Suresh who informed me in detailed about the structure of the committee and how it has been saturated at Panchayat level in Tamil Nadu.

5. The Learning objectives and Activities:

5.1 Exposure visit to Thiruvellore:

Before setting my learning objectives, Rakhal and Ameer suggested me to take an observation visit to the Minjur block of Thiruvellur district where the CAH programme is going on. They advised me to go with an empty mind without any assumptions so that I am able to only observe and then reflect based on the observation to set my learning objectives. I just carried out my visit by having little objectives like,to have informal interactions with the people and get to know about their community (their economic source, health scenario, culture etc.,) and how they avail health care services. To visit health care institutions (HSC, PHC) anganwadi centers, schools etc.to meet Panchayat leaders and toknow about their views and opinions, to know about different community groups (SHGs,YOUTHGROUPS, VHSC etc) and their activities and to have interactions with the field animators to know about their working experiences in NRHM process.

5.1.1The Kottaikuppam Panchayat of Pazhavarkad(Minjur block).

I visited the Kottaikuppam Panchayat to understand about the community and to meet the VHSC members to know their experiences in executing the CAH process. I visited the Anganvadi centers, HSCs, PHCs and came to know about their services. Having visited the Anganwadi center and by interacting with the teacher and helper, I learnt that ST people of the village are not cooperative in sending their children to the Anganwadi irrespective of the teacher's insist. The Anganwadi teacher confessed to me about the difficulties to integrate them to the system and I also notice the center lacking basic amenities.

By Visiting the Government Hospital in Pazhavarkadu and interaction with the VHNs and Doctors I enquired about their work and observed the following issues; VHNs talked about the Dr *Muthulakshmi Reddy* Maternity Benefit *Scheme which they find it very difficult to get the benefits for the poor people for whom the scheme is meant.* Since it is in VHNs discretionary of selecting two pregnant women and awarding them Rs.6000, other people also demand the amount and they think VHN being partial if they are not awarded the scheme. They also shared how village leaders try to influence the scheme by pressurizing them to grant to their friends and relatives. I interacted with the doctors and I came to know that they are not available for 24 hrs and they are actually posted at the Katur PHC. When I enquired about their services, they said that the staff nurses will look after the cases during their absence. I noticed the non functioning of HSCs and enquired that no VHN is posted for the job.

5.1.2 The Nalur Panchayat:

I conducted a discussion with VHSC members and also with some non members to have a general idea about the village and their participation in community action for health programmes. The VHSC members enthusiastically shared their experiences about the monitoring tools and

appreciated the animator who aided them. They felt these committee meetings provide them a good platform to ask and to question the Panchayat authorities regarding various health services that are available to them. My observation is that Community in general needs a lot of awareness about community action for health with some inputs on health related issues and also regarding the benefits of monitoring process and village health plan. Their participation needs to be strengthen through various community based programmes and strategies like conducting street plays, showing them documentaries regarding health action programmes so that they realize the importance of communitization. Due to lack of understanding and cooperation between Panchayat leader and VHN the health related services has been impeded. The Panchayat leader shared about his opinion about the village health plan meeting and appreciated the tireless work of the animator and VHSC members. He also assured about his responsibilities taken during the health plan to solve the village health issues.

5.1.3 The Kodhur Panchayat.

I visited to the Kodhur Panchayat with Ms. Thenmozhi, the animator and we visited the Panchayat office to meet the president Mr. Banuprasad. The animator introduced me to the president and we briefed about the health planning and community monitoring that has happened in the village. After the orientation about the monitoring activities that has taken place I convinced him regarding the health plan by telling him the need and importance of the plan. I also briefed him about NRHM process and Community Action for health. The Panchayat President understood the importance of communitization and welcomed the process and ensured his support for health plan day.

By visiting the Anganwadi and meeting the Anganwadi teacher and the VHSC members I came to know about their participation in the Community Action for Health. The VHSC members who handled the monitoring tool and the Anganwadi teacher along with the helper participated in the informal meet. The members shared about their participation and the difficulties they faced during the process. From the interactions I observed that only some people in the committee participate in the meetings and others excuse themselves. The Anganwadi teacher shared about her work and felt that cooperation of the people in her village is better when it comes to sending their children to Anganwadi. She registers the village census regularly and often have home visits to stress on child caring. She also shared the difficulties in conducting exhibitions for the day care children as she felt that the funds from the government are not sufficient and often they spent from their pockets etc. She admitted that before the formation of VHSC by the animator, she didn't know about the Government Order that was passed for its formation and even she was not aware of herself being the member of the committee. Having known about the CAH process and the monitoring activities she assured her full support for conducting the village health plan which is pending and she also felt that the committee needs to be strengthened. I noticed the Anganwadi

center which is in poor condition and found that basic things like charts and toys needed for the children to conduct activities are missing.

I could not meet the VHN since she had gone to the Government Hospital at Minjur for the day programme. When asked to the VHSC member about the sub center, she replied that, it does not even have a proper building and the VHN is afraid of staying there. She welcomed the Village health plan meeting and ensured her participation along with the other members so that she could be able to bring the problems that have identified through the tools and discuss about it in the presence of the president and VHN along with other committee members to seek for a solution.

After the interactions I felt that the VHSC has to be reoriented towards the NRHM process and make them prepare for the health planning day.

5.1.4 PHC visits to Minjur and Attipattu:

I visited the PHC of Minjur block and met the block health inspector and the block extension educator to ask about the community participation in the Village health planning and monitoring. They also shared about the exit opinion poll conducted by the VHSC infront of the PHC to know about the quality of services that they are availing. They appreciated the work by saying that the opinion poll was not only useful to the public but also to the MO and other staff members to understand and learn about the service opinion from the people so that they can improve and give better quality of services and thus viewing the process as progress card. Through the interactions I learnt that public should maintain their health by cooperating themselves and should realize that health care givers will only provide medicines and support them but they should take initiatives to keep themselves well by knowing prevention is better than cure.

Apart from the details provided in Minjur PHC, additionally I came to know that apart from DPH allocation of funds for medicine, the required drugs can also be purchased through various funds that have been allocated under different schemes like Rural Child Health {RCH}, NRHM, Patient welfare society and so on. I was informed that incase of a sudden demand in drugs, its availability in the nearby block PHC or other PHC is seek to get the drugs and if it is non/less available there then with proper permission from TNMSC, drugs are purchased from private players. Doubts were cleared regarding the administration of certain vaccines to children which have to be given in groups because of its provision to provide for 5 cases at a time and if it is open it has to be vaccinated for 5 cases otherwise it will get wasted. I came to know that if it is manufactured for single use then its cost shoots up and it will only burden the government by paying it more to procure and so to avoid that, people should realize, since the services are free of cost they should bring the child on the meant vaccination day so as to avoid the problem of inconvenience caused to them if they miss the said date. The pharmacist took me to the drug section and explained how drugs are being refrigerated and the availability of drugs. He also showed the pass book that contains the details about order group registration number, issue date, drug allotted value (in Rs.) and total drug issued value (in Rs.), drug return and the balance amount in the account. The pass book is provided by TNMSC and it is maintained by the pharmacist with separate entry for drug procurement utilized under various schemes.

The main observations made from the above visited PHCs are,

a) Minjur PHC is upgraded since it is the Block PHC and also maintained well. Patients were utilizing the services more due to the availability of health care workers through out day/night and so people are having good opinion about the health center and acknowledged the commitment and appreciated the BMO, Staff Nurses, Block health Inspector and Health Educator and other health care workers.

b) Whereas, Attipattu PHC is not Upgraded and less maintained in comparison with the block PHC. I observed that, Medical Officer was absent and no doctors were found to replace for the day and so people were disappointed. When asked to the patients about the services provided they replied in a half-hearted manner and compliant about the medical officer who is not available through out the day and absenting regularly.

5.1.5 The Thadaperumbakkam Panchayat.

The VHSC members who handled the monitoring tool and the Anganwadi teacher along with the helper participated in an informal meet conducted by me to know about the process that is so far delivered. The members shared about their participation and the difficulties they faced during the process. From the interactions I observed that, during data collection, the members were questioned by some people to show their identity/authority for collecting the data. I was informed that the people ask for such details and hesitate to enclose because of the fear of misusing of their data. I came to know that only some people in the committee participate in the meetings and others excuse themselves. The Anganwadi teacher shared about her work and felt that cooperation of the people in Upparapalayam is better when it comes to sending their children to Anganwadi. She registers the village census regularly and often have home visits to stress on child caring. She also shared her experience on conducting exhibitions and parent-teachers meeting for the Anganwadi children and told that in such meetings she promotes child health. I was surprised to hear from her that before the formation of VHSC by the animator, she didn't know about the Government Order that was passed for its formation and even she was not aware of herself being the member of the committee. The VHN said that the sub center does not even have a proper building and the drugs are sometimes stored in the Anganwadi. She also shared about the difficulties she faces without having a proper place to carry out the functions of the sub center. She welcomed the Village health plan meeting that was conducted and appreciated that she could able to bring the problem to the notice of the committee members and now hopes for its resolution. The Panchayat leader felt that the programmes in the village are moving smoothly and welcomed the Community Action for Health. After the interactions I felt that the community needs some more awareness about the NRHM and Community Action for Health inorder to strengthen their participation in VHSC. I asked their cooperation for a review meeting, to find out the progress made after the health plan

and to have some more discussions through which the committee can be made strengthen by finding out some specific areas to fill the gap.

5.2 Setting Learning Objectives:

The community visit to various Panchayats to know about the people and their participation in the process strengthened my perspective regarding the CAH programme.mMeeting the Panchayat Presidents, Anganvadi teachers, VHNs and Medical Officers, helped me to know about their contribution to the health system and learnt that VHSC has to be strengthened further inorder to realize the set objectives of NRHM.Through group discussions and meetings I learnt about the monitoring tool and the organization of village health planning. Sharing about the field challenges and problems faced by the coordinators and animators helped me to understand about the process in a concrete manner. The learning objectives for the CHLP along with the activities to carryout the set objectives were planned with my mentors Dr. Rakhal and Mr.Ameerkhan.

Learning Objectives	Activities Planned
1. To understand in depth about the components of community action for health. {Components like VHSC, Village health planning and monitoring, People's perception/awareness about Community Action for Health, community participation etc.}	• Community visits. • Meeting with block coordinators/animators. • Meeting VHSC members. • Participating in block level meetings. • Involving in the formation of block federation. • Reading literatures.
2. To strengthen VHSC.	• Conducting monthly planning and review meeting of VHSC. • Conducting 3 to 4 capacity building programmes.
3. To help to execute village health plan.	• Assisting in the organization of village health planning.
4. To develop report writing and documentation skills.	• Weekly reports.

5.3 LEARNING OBJECTIVE 1: To understand in depth about the components of community action for health.

5.3.1 Conducted Group discussion with Minjur Block Animators in Ponneri.

I conducted group discussions with the Minjur block animators who are recruited by the Block nodal agency 'JeevaJothi' partnering with CHC for implementing the CAH project. The animators shared about their experience and challenges they are facing in the field. I found that the animators feel the burden of handling more villages to their capacity (at the block level, averagely an animator looks after 5 Panchayats that is to say 10 animators looking after 57 Panchayats). I motivated the animators regarding the community action for health and reinstated the importance of their contribution to the NRHM process. I stressed the following things,

a. Being dutifulness as they have become full time members.
b. Necessity of their cooperation and organizing themselves to the job.
c. Made them realize about the new organizational structure which has now been more formalized than before.
d. When work for the social cause with great commitment the self-esteem gets strengthened and people in the community respect more and the acts itself motivate us further to contribute more to the society.
e. Maintaining positive attitude towards oneself and the job.
f. Being more responsible and committed
g. Gaining strength from the experiences and the leanings should further make the work easy.

Discussions were also made about the participation/cooperation of VHSC members during the monitoring and health planning process. From their opinions and discussion I understood,

a. Participation of the Panchayat leader plays a crucial role and 2/5 Panchayat leaders are not extending their full cooperation due to their negligence.
b. Participation of VHNs, Health Inspectors and Anganwadi teachers are very good as they give full support and they are enthusiastically involving in the process.
c. People's participation in VHSC is good but there are problems like some members are afraid of the Panchayat leaders and VHNs and so manipulate the data collected from the village. And some members demand /expect money for their participation in the committee meetings and even for data collections and so on.

From the discussions I was of the opinion that, to avoid the manipulation of data, monitoring tools should be given to the members who are not nominated by the Panchayat leader and it should be given to those who are skillful and bold. Similarly some VHSC members need to be trained on monitoring tools and animators can help them and give them reorientation about the NRHM process and make them realize the importance of their contribution. Constant motivation/training has to be given to the animators and VHSC members for stressing the importance of their committed involvement and also their skill upgradation.

5.3.2 Conducted Animators meeting at Pazhavarkad:

I learnt about the Monitoring process from Ms. Valli and Mr. Nagaraj the field animators of Pazhavarkad, showed me the monitoring tools and the work they have done. Through the

interaction I was briefed about the Monitoring process like the selection of voluntary members from the committee to undertake the data collection, selecting the villages and respondents and interviewing them for data, data analysis and colour marking, health plan based on the data collection etc.The content of the tool I have learnt are as follows,

1st sheet consists of the listing of the selected villages (based on the priorities such as far and near village, SC and ST village etc.) Listing the names of the selected respondents for data collection regarding various services they have availed.

2nd sheet consists of names of the villages in the Panchayat's jurisdiction with its demographic details about its population, details of HSC and ICDS .And it also consist of health and sanitation mapping of the Panchayat.

3rd sheet consists of the details about the members of the VHSC and their contacts, PHC staffs and their contacts.

Paper 3 consists of questions on Vaccination and Immunization services.

Paper 4 consists of questions on Anganwadi services.

Paper 5 consists of questions on School Health services.

Paper 6 consists of questions on the health of Adolescence girls.

Paper 7 consists of questions on the Maternal Health services.

Paper 8 consists of questions on Village Health services.

Having learnt about the monitoring tool and its contents I had interactions with the animators regarding their experiences in the Pazhavarkad Panchayat and formation of village health and sanitation committee and also about the implementation of monitoring tools to collect the data from the community. I looked at the data collection done by the members of VHSC with the assistance of the animators and studied that, quality of the services are differentiated by green colour for good service, yellow colour for moderate service and red colour for poor service that are availed by the selected respondents. And from that, the red marked poor services are put for analysis and then community health plan meeting is conducted in the presence of the VHSC members and public to address the required issues. I also enquired about community participation and their difficulties in community mobilization.

5.3.3 District- block animators meeting at Ponneri.

I participated in the Thiruvallur district level animators meeting conducted by Community Health Cell in Ponneri. Mr.Ameerkhan of CHC facilitated the meeting along with Mr. Soosai Raj, The director of JeevaJothi, CAH implementing NGO at the block level and the director Ms. Saulina

Arnold and Ms. Sujatha the state project officer of Tamil Nadu Voluntary Health Association [TNVHA] incharge of the programme at district level participated in the meeting. The Gumudipoondi and Minjur block coordinators and animators participated in this 1st district level meeting and gained information regarding their CAH work and planned their activities for the programme implementation. The prime objective of the meeting was to reorient the animators and to make them plan the activities that are pending.

Mr. Devaraj, the Gumudipoondi block coordinator gave a brief orientation on NRHM and the Community Action for Health especially regarding the monitoring and planning process that they were undertaking so far at their block level. For the benefit of the newly recruited animators to join the work process he talked about NRHM and the Pilot Study- its relevance and importance. He shared about his experiences and the contribution of the animators along with the VHSC members in community monitoring and health planning. He established his views from the field experience about public awareness through the CAH process but however admitted that in most of the areas the participation of the people is low due to their lack of information/awareness about the government schemes they are entitled to and asked the animators for their cooperative work to address the problem and make the community participate in this democratic process.

Mr. Ameerkhan introduced the animators about the newly selected district nodal agency TNVHA and requested their cooperation for the successful implementation of the project. He gave his insights on NHRM and its aim for communitization. He talked about the importance of community ownership by building a strong VHSC through democratic process where decision making is done with a collective consensus arrive to deliver people centric needs. He also insisted the animators regarding the need for monitoring and planning at least two times in a year so that constantly we can review the implementing process. He also insisted on the formation of Block Federation which helps in bridging the gap between the blocks and by forwarding the communication that has been sent from the block level to the district so that necessary action can be taken in a holistic manner. He also urged the animators to have and develop the leadership qualities in them so that they can lead the VHSC and further build it and capacitate its members for making the committee to function more efficiently to carry out the CAH activities.

Ms. Sujatha, reinstated the role of animators in the project and appreciated the work so far carried and motivated them further to finish their pending tasks in a more organized manner.

Mr. Muthu the Minjur block coordinator shared about his work and achievements by presenting the following case studies.

1. In Elambeadu village people suffered from diarrhea and with some minor stomach aches. They brought to the notice of VHSC members and it was found that the reason behind the problem was due to the unclean water tank. The problem was referred to the health inspector and in an enquiry they found that this has happen due to the negligence of the person who is incharged to clean the tank. Actually he has been appointed for the job in place of his father's death and

he is technically unknown how to clean the water tank. It was due to the VHSC members, that the problem was addressed in time and Panchayat leader and health inspector was made to aware of the problem and necessary steps were taken to address the problem in co operation with the VHN and with the other committee members.

2. Similarly in Nalur village it was found that some persons misusing the school premises by consuming alcohol, drugs at night and leaving the place unclean. This problem was brought to notice in village health planning and Panchayat leader took the responsibility along with the members to take necessary steps to stop the problem. Door to door canvas by the VHSC members, talking about the issue in various group meetings was done to help to eradicate the problem.

3. In the light house Panchayat of the Pulicat, people got scared due to the sudden break out of fever which was spreading fast. The people brought to the notice of the VHSC and its members immediately referred to the PHC. The Medical officer along with VHNs came to the spot and counseled them just after having diagnosed it as viral fever that was spreading and no serious danger it can cause.

Through the case studies I realized about the importance of VHSC and its role in community health. The newly recruited animators might have had the understanding from the presentation and could have realized the cooperative role of different members of the committee in addressing the health issues.

5.3.4 District –Block coordinators meeting at CHC- Chennai.

I attended the meeting conducted for the Thiruvallor block coordinators at CHC. The participants are Mr. Rakhal, Mr. Ameerkhan, Mr. Suresh and Ms. Sujatha the Thiruvallor district coordinator along with the block coordinators. The main objective of the meeting is to analyze and review about the health planning activities with the strength and weakness observed and to seek for opportunities to carry out the rest of the health planning activities. The coordinators shared about the problems and challenges they faced in the field while carrying out the health planning activities. The major problem they reported was getting date from VHNs, Panchayat President, Health Inspector and others and their availability on the fixed date of planning. Similarly mobilizing the VHSC members and organizing them itself a big challenge in some areas and coordinators felt that strengthening of the group is necessary. They also shared some financial problems that involved in organizing and insufficient budgetary allowances for health planning activities, etc. Mr. Muthu, the Minjur block coordinator felt that in some areas the data which has been collected has raised doubts for its manipulation and so he has postponed the health planning in those panchayats. Mr.Devaraj, the Gumudipoondi block coordinator felt that the follow up

activities is necessary inorder to see that the activities that are planned during the health planning day are implemented.

It was generally observed that, the roles and responsibility of the coordinators has to be well defined and regular review meetings with the district coordinator has to be conducted inorder to discuss about the problem faced. The health planning preparation that was discussed is, inviting the VHSC members 3 days in advance, finding means to mobilize the people to ensure their participation, conducting meeting to discuss about analysis sheet, amenities needed for organizing and budget discussion.

5.3.5 Participated in the Strategy Planning Workshop at Potheri.

The state level Strategy Planning and Accounting Workshop was conducted for the district coordinators, accountants and block coordinators by the Community Health Cell at Potheri for four days starting from 12thjuly to 15thjuly 2011.Dr.Rakhal and Mr.Ameerkhan facilitated the sessions. The NGO directors like, Ms. Saulina Arnold[TNVHA],Mr.Pushparaj[VHA of Kanyakumari],Mr.Shankar[DHWANI-Dharmapuri dist],Mr.Francis[CHAI-Trichydist] and Dr.Chandra and Mr.Arulalan from Vellordist were all participated by representing their organizations and shared about their expectations regarding the programme.

Some of the following expectations that are conveyed by the participants are,

1. To strengthen VHSC by evolving new ideas.
2. To make sure that health services reach all in the district.
3. To strengthen animators.
4. To make the village health planning a sustainable one.
5. To increase awareness in the public.
6. To include livelihood programmes in community action for health.
7. To strengthen the CAH programme and to work for its continuance.
8. To self-administer health services.
9. To learn accounting.

After the introduction Mr.AmeerKhan said about the main objective of the programme which is to refresh,to reorient towards the goal and sharing the achievement so far and planning for the following year. The need for detail planning of activities along with the strategies and outputs was also stressed.

Dr.Rakhal,the state level project manager of the NRHM, facilitated the session about the journey so far by telling that it is only in Maharashtra and Tamil Nadu the project has been carried out successfully with all challenges and difficulties faced and he noted his appreciation for the government and project implementing agencies especially to the NGO Heads, coordinators and animators. He also mentioned about community based monitoring team which have come from Maharashtra to monitor and study the CAH process in Perambalur district and having appreciated

the work done ,they have asked for the planning reports which they have felt it may help them to understand and learn better and probably incorporate some ideas to enhance their village planning activities. He added that, as a sign of recognition to the project,the Government of TamilNadu is considering this CAH initiative as one of the components in their health planning. Since people expected a programme which is 'people centric' in approach and NRHM was born to cater this expectation and now that the project is moving towards the final year and heurged the participants to successfully complete the project so as to prove to the Government about the achievement of the programme and demand for its continuance. He established his thought by trusting the project that has its base on Co-production i.e., Govt-People-NGO partnership to promote health so that people aware and participate in the process and get benefited by knowing the essence of the project which is to provide service and not confronting with the personals involved in the system. He also listed some innovations that has happened while executing the project like,

a) The issues discussed and the solutions that are seek in the village health plan in Kanniyakumari district, has been publicized by listing the details on chart by which they have tried to enhance transparency.
b) Through cell phones data are sent back for processing and similarly in Perambalur, the coordinators are utilizing mobile phones to supervise village health planning when it is conducted simultaneously in other panchayats so as to know what is happening over there.
c) In Dharmapuri district, opinion polls have been conducted in PHCs inorder to find out their opinion about the service provided at PHCs.

After recognizing the work and achievements so far,Dr. Rakhal with pride informed the participants that, he is invited to attend an international conference at South Africa to present the project and acknowledged all the members who are working towards the project.

The Achievements shared by the participants are as follows,

a. Participation of women in VHSC has considerably increased.
b. The participation and cooperation of the Panchayat presidents, VHNs, BMOs, AnganwadiTeachers,Health Inspectors have risen and made them to commit for the project to ensure better health services.
c. For the project, the other groups/associations have been reached through attending their respective meetings for strengthening their participation and support.
d. In some areas it has been ensured that media is aware and issues are supported so that collective responsibility is realized.
e. Opinion polling has been conducted to find out the service availability in PHCs.
f. Improved awareness about health and CAH initiatives through team work.
g. Animators were trained well irrespective of their low education profile.
h. Blue print about community monitoring and planning has been developed and it has to be refined further based on the experiences.

i. Orienting the project toward the needs of the weaker section itself considered as greatest achievement.

The gaps that needs to be filled was also shared by the participants, they are,

a) In some areas need is to strengthen the participation of government officials.
b) To improve sustainability of the VHSC members by addressing the retention problem.
c) Review meeting of the animators and VHSC members have to be conducted at regular intervals.
d) To finish the pending health plan activities in Thiruvallur dist.
e) To make VHSC to self-organize and less dependent on animators and coordinators.
f) To strengthen VHSC and make the communitization process to reach out and realized.
g) Implementation of health planning needs to be well organized.
h) To improve transparency and accountability of VHSC members.
i) To strengthen mentoring committee.
j) Monitoring tools need to be simplified.
k) To reach out disabled and old age people.
l) Try to go beyond the village and must reach the district level and put pressure on govt officials.
m) Make private sector also get involved in the process.

District wise group discussion was held to discuss about the macro factors (**socio-economic-political and cultural factors**) that are helpful and as well as deterrent to achieve the goals of the CAH initiative processes. The participants came out with various factors such as the Social factors that are helpful are:society comprising of different living groups, women empowerment, social groups[SHGs,Youth groups, different committees etc,],leadership quality that present in the people, improved literacy rate, voluntary attitude, cooperation from PRIs and media. The political factors that are supportive are: the political fraternity; the gram sabha meetings are helpful. Similarly the cultural factors that include the solidarity that present among the people, animators are selected locally who can understand the culture better and the hospitality of the village people. For economic factors it was found in general that the people are well enough to meet their basic needs.

The factors that act as a deterrent are,

a) Social factors- caste, low level of literacy (especially in Dharmapuri dist), peoples' attitude towards public health care institutions are poor, gender issues, alcohol and drug related issues.
b) Politically the trade unions of various health works like doctors, VHNs and others are very strong and sometimes even act as a deterrent and similarly political commitment towards the CAH initiatives are low.
c) Culturally the questioning attitude of the people in the public forum is widely missing while the gossip is more prevalent.
d) Even though people can manage their basic needs with their economy but still due to their avarice, they expect monitory benefits through programmes without understanding the importance of CAH which actually helps them for their own wellbeing.

Objective setting for the current year: Prof. Shanmugavelayutham was invited to share his views and opinions and gave the SMART principle to set a good objective. The content of the principle is S-specific; M-measurable; A-attainable; R-resonable; T-timebound and he urged the participants to have these principles in mind for setting the objectives. After the discussion, objectives were set and shared district wise for the current year of the project.Mr.Ameerkhan synthesized the collected objectives and presented the following,

1. To strength the VHSC for getting health rights.
2. To make VHSC self-sustainable.
3. To execute/implement village health planning.
4. To enhance transparency and accountability in VHSC.
5. To create more awareness about CAH initiatives among the public.
6. To work for recognition and approval of VHSC.
7. To strengthen the relationship between government health officials and animators/coordinators.
8. To strengthen mentoring committee.
9. To enhance cooperation from civil society groups.

Planning activities and indicator setting to achieve the set objectives:

Goal is to ensure people's health rights and make health care services affordable, qualitively available and accessible.		
Objectives	**Activities**	**Indicators.**
1. To strengthen VHSC.	• Training programmes. • Regular monthly meetings. • To get government recognition. • Block federation creation. • Self-monitoring. • Expanding VHSC members and refining.	• Self-organization of monthly meetings. • Attaining awareness about CAH initiatives identifying individual's roles and responsibility. • Consulting among members to utilize the available funds. • Reviewing the identified issues/problems and to address.
2. To strengthen monitoring and health planning.	• Training for VHSC members and animators regarding tools and planning. • Group discussions with PRIs, Govt health officials, Nutrition dept, waterboard etc.	• Participation of various community groups like (SCs/STs). • Participation of Government officials.

	• Conducting awareness programmes for people. • PHC level planning.	
3. Ensuring the cooperation from local bodies.	• Creating awareness in Gram sabha through group discussion. • To keep information board in Gram sabha office and in public places.	• VHSC being represented in Gram sabha. • To submit account details of VHSC and PWS in gram sabha. • Participation of VHSC in gram sabha.
4. Ensuring cooperation from civil society.	• Identifying and having group discussion with the various civil society groups. • Creating awareness and Network building. • Information sharing and seeking media attention.	• Participation of civil society groups in VHSC meetings. • Publishing about CAH initiatives in local media. • Voluntary action related to health issues.
5. To strengthen mentoring committee.	• Refining the committee. • Information sharing. • Making them to take responsibility in various initiatives.	• Their participation in VHSC meetings. • Knowing and acting their roles and responsibility. • Lobbying with the concern authority.
6. Capacity building of the staffs.	• Continuous training and skill development programmes. • Review meetings. • Publishing newsletter for inter communication. • Exposure visits.	• Making VHSC to work itself. • Taking forward the CAH initiatives with dutifulness. • Documentation.
7.To enhance Community participation	• Campaigns. • Motivation from animators and VHSC members by participating in local group meetings. • Using various communication methods to create awareness.	• Voluntarily taking health programmes forward and trying to solve the issues that are identified through health planning.

During the sessions I observed the participants raising issues for clarifications like communitization, retention problems, making VHSC more sustainable and self-organized etc. In the open group discussion Mr.Shankar put forward his thought by saying that,VHSC automatically gets strengthen, if it indicates that, it has the self-organizing capacity to solve that has been identified in the village health planning. When discussed about some VHSC members expecting monetary benefits,Mr.Ameerkhan suggested that, the problem can be addressed in two ways, one is to make them realize the goodness about the idea behind the community action for health and the other one is just customizing them towards the fringe benefits which only result in promoting the negative attitude. Similarly training programmes needed for the VHSC members to strengthen the committee was also insisted.

5.3.6 Participated in Account workshop at Potheri:

Mr.Gopinath from SOCHARA came as a resource person and facilitated the session by giving insights and inputs on various accounting issues. The accountants of nodal NGOs participated along with their coordinators to put across their expectations and doubts for clarifications. Some of the conveyed issues are, doubt regarding the submission of vouchers and bills, the required supportive documents for claims, to understand account supervision methods, budgetary methods and payment modes, account maintenance/ledger etc. Mr.Pushparaj briefed the participants about the meaning of accounting. He said that, accounting is one of the system involved in management, whereby systematic recordings of the financial transactions are being carried out to enhance transparency. The facilitator Mr.Gopinath, oriented the participants on the meaning of financial management and its contents which includes,planning,directing,organizing,monitoring and control of monetary resources of the entity with the aim being the optimum utilization of funds to carry out the required activities. The difference between the principles and policies of accounting was also stated. Information about the need and importance of bank reconciliation statement, variance statement were all discussed inorder to know about its interface with the programme implementation. Later the doubt that was raised during the expectations was clarified.

5.3.7 District level review meeting at Gummudipoondi.

I attended the district review meeting held at Gummudipoondi conducted by Ms. Sujatha, district coordinator-TNVHA. The participants of the meeting are Mr. Ameerkhan- CHC, Mr. Andrew-Jeevajothi, the block coordinators Mr. Devaraj, Mr. Muthu, Ms. Savitha and Ms. Rajalakshmi along with the animators of both Minjur and Gummudipoondi blocks were present in the meeting. The meeting started with the recap session of the previous meeting followed by the experiences from the Village health plan meet and VHSC review meetings, PHC wise consolidated health plan, reporting, sharing by block coordinators, training need assessment/date finalization budget and financial settlements along with monthly financial requirements.

It was conveyed in the meeting by the district coordinator that, in nearly thirty panchayats the VHSC has been recognized at the gram sabha. The animators claimed that they have met all the VHSC voluntary members in each panchayats and have motivated them to participate in the meetings and have also tried to retain the active members who were also been trained. Mr. Ameerkhan said, during the block meetings, the animators have to get an idea about their agenda for the meeting and accordingly it should be y discussed and try to implement on the review day. He further added that, the animators have to have in their mind regarding their work towards sustainability of the VHSC and must empower the group to conduct meetings by themselves in near future.Mr. Devaraj ensured that the resolutions passed in the health planning meet and the minutes taken thereupon by the animators have been recorded in a book with respective signatures from the panchayat president, VHN and Medical Officer. Mr. Ameerkhan appreciated the work undertaken and insisted that the record has to become the Panchayat's record for which at the initial stage the animator has to maintain the record book and then should hand it over to the committee when it gets empowered.

The difficulties involved in the mobilizing the VHSC members for their participation were discussed in the meeting. It was held that, the members should be represented from all the villages without the influence of Panchayat president. The animators suggested that, in certain panchayats they can get permission from the person who is incharged of the NREGA, so that they can the VHSC voluntary member to the committee meeting. Similarly they suggested, meeting dates can be get from the medical officers for the VHNs to participate.

Mr. Ameerkhan informed at the meeting that, in Kanniyakumari, the VHSC members themselves have fixed a particular date for the meeting to follow every month and as a result, meeting is held continuously with/without the presence of VHN, other members or even the animators. He added that it was successful because, the VHSC members have elected a person among themselves who can monitor and organize the meetings. Mr. Ameerkhan talked about the Village Nutrition Day and how the VHSC has to be integrated with it in future, since the objective of the day is overlapping with the problems identified and planned in the Village health plan meet. The animators along with the district coordinator concluded that the meeting date for the VHSC has to be planned by its members itself in consultation with VHN and Panchayat president and the meeting has to be conducted with/without their presence.

Mr. Devaraj shared about how VHNs are not willing to go to village for immunization eventhough government is trying to bring the facility back for the benefit of the people. He suggested the participation of the VHNs in the committee meetings can be made insisted by the VHSC members itself during the planned consolidate meeting at PHC level where the opinion and assurance can be sought from the Block Medical officer and in the presence of other medical officers. Mr. Ameerkhan noted that, in Dharmapuri and Kanniyakumari, VHSC meeting date has been formally made into the schedule of the VHNs and the minutes are sent to the collectorate and health department and it was observed that, the VHNs have started to attend the meeting since they were made responsible to conduct the meeting. The block coordinator asked to the animators, to note the resolutions passed in the meetings along with other details in their respective note so

that it can be discussed in the block level meetings and can seek room for its implementation i.e., to facilitate the committee in achieving its need.
Mr. Muthu the Minjur block coordinator spoke about the rapport building and networking and shared about his visits to the office of Child development project officer Ms. Hemalatha and visit to the ambulance service room in Pulicat GH inorder to build rapport with them and suggested them to give awareness about their services to the animators and to get themselves introduced so that with mutual cooperation and support they could work in a better way.

Ms. Valli shared about the VHSC review meetings like how it is conducted and what are the issues discussed in the meeting etc. she noted that, discussion about the execution plan and its proceedings so far, regarding strengthening the committee, informing about PHC level planning and encouraging atleast two persons to participate and discussion on untied fund utilization are taking place in the discussion meeting at every panchayats. Ms. Sujatha the block coordinator talked about the need of preparatory work before the meeting and each animator should have knowledge about the identified problems and resolution taken thereupon in the panchayats and proceedings after the planning etc, so that they can putforth the issues during the review meeting. Mr. Muthu suggested that the block coordinators should take the responsibility to meet the BDOs and should seek for cooperation and support for the issues identified in the village health plan. Mr. Ameerkhan suggested that, the VHSC committee has to be empowered in such a way that the committee should start discussing about the current health issues and should take steps to mitigate the problem. They should also meet the committee expenses from the untied grant or through other means.

Mr. Ameerkhan shared to the participants about the PHC-level planning and how other districts have done. The objective of the PHC-level planning is as follows,

a) To discuss about the identified issues and subsequent planning at panchayat level infront by a participatory process involving the block medical officer, medical officers, VHNs, health inspectors, panchayat presidents and voluntary members of VHSC.
b) To ensure clarity of the problems at different levels.
c) To initiate block level federation.
d) To discuss about other issues that have not been identified in the health planning day.
e) To discuss about services available and services that has to be strengthen through the VHSC etc.

He noted that preparatory work for the PHC-level planning meet is essential and consolidated sheet of the village health planning conducted in each panchayat has to be given to the PHC. The animators have to prepare the VHSC voluntary members who can actively participate so that they are able to put forward their queries on-behalf of their respective panchayats. The discussion about the budget requirement for the PHC consolidated planning meet was done along with Mr. Andrew, the project manager- Jeeva Jothi. The animators and block coordinators shared about their experiences, outcomes and achievements of the project so far especially after the Village health plan. It was suggested that, since the panchayat elections are underway, the problems that have been identified in monitoring and then its subsequent planning, can be issued to the public through handbills so that people get aware and demand it from the candidates who are contesting in the election. They also believed that there is a chance even the candidates themselves may include it in their election manifesto. It was suggested by the participants that common problems like, pure

drinking water supply, sanitation, developing health sub-centers, road and transport, ensuring availability of essential drugs in the PHC can be included in the people's manifesto. The training topics for staffs' capacity building which has been planned in the following month, was suggested by the animators and coordinators. They are as follows,

i. Organization skills- rapport building.
ii. Reporting writing skills.
iii. Communication skills.
iv. Orientation on CAH.
v. Services delivered by PHCs, PRIs etc.

Discussion on block level and district level review meetings were also held and it was decided that in block-level meetings the animators should discuss about the case studies and vouchers, bills has to be settled to the coordinator and other administration issues need to be discussed in the meeting. In district-level meeting the block coordinator should consolidate the happenings of the block meeting and suggestions regarding the activities planned should be focused upon along with the experiences from previously held activity. It was conveyed by the district coordinator that the aim of the district-review meeting should be leaning and reflection.

5.3.8 Participated in the refresher training program at Potheri.

I participated in the refresher training program for the block animators and coordinators of Thiruvellor district held at Potheri by the Tamilnadu voluntary health association. Ms. Saulina Arnold introduced the three days session with its contents. She gave a sheet to all the animators and coordinators to fill what they know about wellbeing, VHSC-its roles and responsibility, the work of PHCs, the role and work of VHNs in community action for health and the responsibilities of the animators in the project. The idea behind the exercise is to see how much the animators/coordinators knew about health/wellbeing and knowledge about the roles and responsibilities of those who participate in the project including them, so that it would help the facilitators of the session to know about the participant's training needs. Mr. Ameerkhan asked the animators and coordinators to share about their important learning and what encourages them to get involved in the project. The important learning shared by them is,

1. People's cooperation have helped them eventhough the Presidents have betrayed them.
2. They have developed their communication and established rapport with the people and also with the health care workers.
3. They have learnt how to approach the health care workers and other government employees who are involved in the project.
4. They have also learnt how the government employees (VHN, HI) approach the public differently to that of animators.
5. The importance of the project (CAH and its initiatives along with VHSC) was learnt.
6. Much information (PHC/HSC) have been learnt and gained through the project.
7. Learnt about villages where they work.
8. Learnt about the services that is provided by the government.

9. They have also learnt about the problems faced by the people in different villages where they work.

The factors that encourages them to involved in the project are,

1. Interest and money(salary)
2. Helping the society(job satisfaction)
3. Freedom to work. No fixed time set.
4. Social service/ can gain useful information.
5. It empowers- gives freedom to women to step out home to gain information about the outside world.
6. Recognition and respect from the people and also from the health officials and even from panchayat presidents.
7. The job makes happy and comfortable.

I shared my learning and experiences to the gathering by saying that the village exposure is very new and I have learnt about the people, learning about their attitude towards this CAH project and have experienced the love that the village people show to their guest. I conveyed to them that the project has all the potential to bring a huge social change and I am glad to be part of steering the change.

Dr. Rakhal reoriented the animators and coordinators about the NRHM- the objectives of the project (CAH), its components and the objectives of community health. He introduced the topic of discussion- how to prevent maternity death at the time of delivery. He asked the participants about the government services. The animators came with various suggestions by how maternity death can be prevented. It includes the following,

a) TT vaccination.
b) Regular intake of vitamin tablets during the pregnancy period.
c) Registration in 3months in PHC to get the delivery date.
d) Antenatal checkup.
e) Utilizing 108 Ambulance services.
f) Taking the nutritious food supplied in govt health care centers (at PHC and Anganwadi).
g) Utilizing the maternity schemes given by the government for the purpose.

The animators and coordinators came out with the reasons that can be responsible for the maternal death. They are as follows,

a) Lack of awareness.
b) Negligence of the health care workers.
c) Poor health status of the mother (anemic).
d) Economic backwardness.
e) No timely intervention.
f) Poor transport, lack road facilities.
g) No doctor to attend.

h) Careless attitude of the doctors and nurses.
i) Lack of supervision by the health officials.
j) No timely realization of maternity benefit schemes.
k) VHSC- being inactive.

The formation of VHSC was shared by the animators during the session taken by Mr. Devaraj, the Gumudipoondi block coordinator. The animators informed the new animators who had been recruited about the expansion work they undertook in each village by conducting meetings and making the people aware of the NRHM and community action for health project. After the orientation to the people who attended the meeting, the animators with the help of Panchayat Presidents and ward members selected the potential members to work in the committee. The facilitator questioned the animators whether they have chosen the committee members in a democratic way. The animators and block coordinators acknowledged the support of people who were part of the 'Arioolyie Project'. The animators shared about the problems they faced in the process like difficulties in mobilizing people, the issue of time factor etc. The coordinator asked the animators about their roles and responsibility learnt so far in the project. The animators discussed about their work and role of facilitating the committee and the most important role they considered was strengthening the committee. The other main role that was identified by the animators is that being an informant- to give information to the people and to the committee members about the NRHM and CAH along with other health related issues so that awareness is created among them.

Dr. Rakhal remained the animators and coordinators that they should play the role of a facilitator so that in future the committee withstand itself with the support from the animator or coordinator and thus ensuring its self-reliance. He further added that, since the VHSC members knew well about their own habitat, the animators have limitations to work or think for the village which they are not part of it due to their partial understanding of their area of work. He anticipated that the committee should grow to the level that they are able to identify the problems further than those in the monitoring tools. He insisted the futuristic approach of the animators. Mr. Devaraj discussed about the need of sub-committee and the essential of its formation. It was observed that the committee should become strengthen enough so that the responsibilities on any particular services should be able to shoulder by its members and then to follow up the issue proceedings which was decided in the meetings so as to get work done or facilitating the means to meet the ends(needs).

Mr. Ameerkhan facilitated the session on Village Health, Water, Sanitation, and Nutrition Committee (VHWSNC). He highlighted the new component that is been added to the existing committee. He observed that NRHN failed to strengthen the aspects of health throughout is initiatives including the Community action for health. He substantiated his opinion by telling that the CAH programmes which concentrates only on medical aspects of health rather than focusing on other aspects giving equal importance. He initiated the discussion on community. The animators defined it as, community is a place where people of different religion, caste, creed, class, language etc. live together. However there was another definition by other set of animators that, community is a place where people share the same religion, caste and language and live together.

The participants came up with the problems identified within the community such as, caste- sub caste, superstitious belief, economic backwardness, religion, language, creed, bonded labours, environmental issues, sanitation, political issues, alcohol and drugs, unmet services from the government. The outside factors that can influence the community include economic policies of the government, political instability, migration, consumer culturalism, mass media and privatization. Mr. Ameerkhan posted a question to the gathering that since the VHSC members coming from the above mentioned background shouldering the problems, the challenges lies in is how we are going to make the VHSC members to achieve the common health goal that is set by the NRHM through community health for action inspite of their living differences. He questioned that can government health care workers and officials alone make sure of wellbeing to promote health? If so why the government policies have failed so far? He furthered the discussion with the opinion that only people know their wants and needs since they experience deprivation. Similarly he felt that people's participation have not been the focal point in the projects so far drawn. I felt from his insights that by saying peoples' participation we not only expect the physical support of theirs but it is a process in which they are empowered with knowledge/ experience to get into action rather than just being, hearing and moving without acting. The animators came out with their expectations on how people's participation should be. Their expectations include,

a. Full commitment in the process.
b. Attitude to work towards public cause.
c. Should not expect fringe benefits (like money).
d. Should run the committee and write the resolutions passed.
e. All the members should be present during the meet.
f. Transparency should be ensured.
g. Equal opportunity should be exercise in the group.
h. Should run the committee democratically.
i. Decision should be made infront of all the members.
j. Monthly meeting to be conducted.
k. Committee should publicize the meeting date and other activities they undertake.
l. The public should be informed about the happenings in the meeting and decision taken.

The animators discussed about the reasons for poor participation of VHSC members in the committee meetings. The identified reasons are as follows,

a. Lack of time.
b. Fear to talk against the President, VHNs and with other government officials.
c. Tolerant against the problem and lack of interest in solving it.
d. Work timings hinder and neglecting attitude due to lack of trust towards the committee and people.
e. Lack of transportation facilities.
f. Lack of support from family.
g. Lack of belief in CAH initiatives.
h. Time and circumstances not viable for participation.

Dr. Rakhal facilitated the discussion session and the questions that were discussed through role play are as follows,

i. I being a doctor who are you to question me afterall you are the beneficent of free services provided by us (government)?
ii. How can you question me (doctor) without the knowledge of medical sciences?
iii. Who are you to monitor me as I am already been monitored by my higher officials and I am answerable to them and not to you?

The objective of the role play is to see what are the problems encountered by the public and even the animators when they approach the health care workers and inturn to find how they manage in such situations and how do they react so on. Each question was role played by three groups and I observed that since the animators have the field experience, they acted very well close to the originality and reality. After the role play Dr. Rakhal commented on the play and appreciated their efforts. He meant that, the government is spending from the indirect and direct taxes which we pay and so it cannot be considered as free services given, for which actually we are pre-paying for the services. When it is founded that, the doctor has committed some mistake and it is proved it is the responsibility of the doctor or nurse to accept the accusation. He also meant that it is the responsibility of every government employees to answer and also to provide relevant information on demand by the public and if they refuse people can go to the extent of filing RTI petition.

Mr. Muthu, the block coordinator facilitated the session on personality development. During the session he talked about the importance of Aim, planning skills, time management, communication skills, positive attitude, self-esteem, self-acceptance, anger management, leadership qualities, achievement motivation and stress management. He insisted the animators to develop the personality skills so that work and life becomes happy and get healthier. Mr. Andrew, the project manager- JeevaJothi took a session on child rights. The animators were informed about the survival rights, development rights, protection rights and participatory rights of the children. Ms. Saulina conducted the group discussion on documentation, advocacy and lobbying. The animators came up with various points on the need for documentation, what have to be documented and how to document so on. Ms. Saulina gave information on advocacy and lobbying. She asked them what is meant by advocacy and lobbying and in which situation or circumstances they undertake advocacy and lobbying and for whom, why do we have to advocate and lobby in the exercise of health planning and how to do it. The animators discussed and shared the information they knew along with the inputs from the facilitator. The animators came up with the action plan for the next two months through the group discussion and shared.

5.3.9 A visit to Kottaikuppam Panchayat:

I visited the villages in Kottaikuppam panchayat along with the field animators with the following purposes,

1) Home visits to VHSC voluntary members (particularly who are involved in data collection) to motivate them to conduct and participate in Village Health Plan Day.
2) Meeting Anganwadi teachers in their respective centers.

3) Informing people about the health plan date and encouraging them to participate.
4) Visiting health sub center to meet the VHN.
5) Meeting the Panchayat President.

The villages covered in the visit include,

1. Aandikuppam.
2. NadurMathakuppam.
3. Kottaikuppam.
4. Ambedkar Nagar.
5. Senchiamman Nagar.

The data was collected from the above villages except in KottaiKuppam, Jamiahbath and Thoniravu.

Home visits:

The objective of the home visits to VHSC voluntary members is to appreciate for their painstaking work of data collection, to know about the challenges they met during the data collection, to encourage and motivate them to conduct and participate in Village Health plan day. Four house visits were made and the members shared their experiences of data collection in general. They have good opinion about the CAH initiatives and expecting a solution to the problems identified in data collection on the health plan day.

Their learning from the experience of data collection shared by them as follows,

1. They became aware of various services that are available in Sub centers and PHCs.
2. They became aware of the roles and responsibilities of doctors, VHNs, Anganwadi Teachers and PRIs.
3. Got information about various programmes and facilities available from government.
4. Came to know about the details of vaccination and its use.
5. The training provided by block coordinator and animator was very useful and information was gained.
6. Responsibility was felt as they were assigned to the job which could bring a hopeful change.
7. Identified the problems that exist in ones' own village.
8. Need more awareness for people especially for ST community and was very difficult to collect data from them in particular.
9. Cooperation in ST community was good but people are afraid to share and mostly ignorant.
10. People shared about their problems freely during the data collection.

Their expectations from the health planning day are,

1. People in general have to know about the identified problems.
2. All the problems that are identified have to be discussed and plan of action has to be made.

3. Health officials and PRIs have to take responsibility and cooperate with the public to solve the problem within the planned deadline date.
4. Follow up meetings and reviewing the activities has to be routinely done so that CAH initiatives should not lapse like the normal programme or Gram Sabha meetings, where decisions will be made but no implementation thereafter.

Visits to Anganwadi centers and sub center:

The objective of the Anganwadi visit is to observe the status of the centers, to have interaction and discussion with the teacher and the helper, to inform them about the health plan day and to seek for cooperation. Along with the animators I Visited the Aandikuppam, Nadur Mathakuppam, Kottaikuppam and Ambedkar nagar Anganwadi center. The sub center was closed for the second time of my visit and tried to establish contact to VHN but of no use. I asked the animator to ensure her presence on health plan day by regularly contacting her to build rapport eventhough the need and importance regarding the health planning was conveyed to her during the VHN meeting at Kattur PHC.

5.4 Learning objective 2: To strengthen VHSC

5.4.1 Conducted VHSC review meeting at Light house:

Date: 20-7-2011 at 2.30 PM. Conducted in Health Sub Center

I conducted VHSC review meeting of Light house Panchayat in Pazhaverkadu. The meeting was held at the health sub center and 19 members attended which includes VHN,Anganwadi teachers and helpers and the voluntary members. The meeting was conducted with the assistance from block animator and coordinator.

The objective of the meeting is,

- To review the activities those are planned during health plan day.
- To analyze the status of VHSC and re-organizing it.

I conveyed the purpose of the meeting to the members and insisted them to make the committee strong by actively working to seek the goal “health for all, NOW”. The need and importance of

such committee was also shared with them and they expressed their opinion about Community Action for Health initiatives. Mr.Muthu, the block coordinator, briefly oriented them about the activities (monitoring and planning)that have done so far and appreciated the members for their cooperation and support which helped to make a successful village health plan. I stressed the need of the review meeting which is to strengthen the committee by ensuring the presence of its members to gather from time to time to discuss about the process and try to solve the problems that have been identified through monitoring exercise thereupon focused in the village health plan.

The following things are done to refine the committee,

1. The members unanimously elected the vice-chairman of the committee. It was purposely elected from the voluntary member group so that it will make a representative from their side to have a strong say. Although the roles and responsibilities has to be well defined, for time being I conveyed the importance that, it would be easy to run and coordinate the committee in place of president's absence and can seek the cooperation from the VHN who is the secretary of the committee.

2. The members also elected an organizer of the committee. The purpose is to organize the committee's planned activities by getting assistance from the other members and through this we can build the self-organizing capacity of the committee with less intervention from the field animator.

3. Similarly the members unanimously selected the Sub center as the committee's center, where it will be convenient to conduct meetings and programmes.

4. Only active voluntary members of the committee are retained.

5. It has been decided in the committee that monthly review meetings can be conducted on second Friday of every month at the sub center.

The things I observed and learnt from the discussions are,

1. Review meetings are necessary to know the progress of the health plan. Since the VHN was absent on the health plan day, she had no idea about the meeting held and decisions taken. So the VHN is unaware of her commitment and hence implementations of the decided activities are blocked.

2. Animators should make follow up inorder to find out the progress of the plan. They should not think that, their role is over after the health plan day. Any commitment made by them in the plan also has to be accomplished.

3. The VHNs and Anganwadi teachers showed less involvement and they were always trying to confront with the voluntary members and vice versa, which I felt the committee need orientation regarding its co-productive purpose.

4. The Panchayat president who is the chairman of the committee was absent due to the illness. So to lead the committee in his absence, apart from the VHN who is the Secretary, I felt that some representation from voluntary members who could act like a vice-chairman would be helpful to coordinate the activities and the suggestion was put forward in the committee.
5. Animator was taking all interest to arrange the meeting and this showed VHSC members having a careless attitude to conduct their own committee and more burdening the animator for organizing it.

5.4.2 Conducted VHSC review meeting at Light House Panchayat.

Date: 4-8-2011 at 2.30 PM. Conducted in Health Sub Center.

I facilitated the meeting by introducing the objective of the meeting that is to reorient the members towards the CAH initiatives, to discuss the need and importance of such initiatives and assuming roles and responsibilities in the committee.

I gave brief introduction about the NRHM and asked about their opinion on the health status of the state. The participants responded that the overall status of health is better and quiet happy they feel and contrastingly they were not happy when it comes to availing health services and their woes continued in the discussion regarding the ratio of health officials to the people, depleted sub centers &Anganwadi in certain areas and non- functioning of that etc,. Awareness was given to them regarding how poor people fully dependent on Government institutions as they cannot afford for Private care and equality and equity of health services can be ensured more in state run institutions than in private. I point up the goals of NRHM and reinstated the importance of communitization process which is unique. Health for All Now, being the ultimate goal with ensuring quality, affordability and accessibility NRHM has devised a strategy in which community participation is must inorder to realize these objectives. I encouraged their support for the programme and asked them to realize the opportunity which has the legal framework provided by the government itself.

I put forward that the idea of monitoring is not for any individual monitoring but it is like monitoring the health system holistically and problems can be solved only by constant cooperation from the health officials and public to work co-productively to achieve health needs. The members also shared about their participation in the CAH initiatives and felt that it requires more participation from people who has to realize their health needs and prioritize health.

The important outcomes of the meeting:

1. The participants demanded their identity and the panchayat President assured that in forthcoming Gram Sabha meeting, a resolution seeking the recognition of the VHSC will be sought for.
2. The committee vice-chairman and the organizer planned in the discussion to conduct a meeting prior to the Gram Sabha meeting inorder to finalize the membership of voluntary VHSC members representing from all the villages.
3. The VHSC members became aware of goals of NRHM and CAH initiatives after its need and importance been discussed.
4. The President realized the importance of VHSC and assured his support by passing the resolution in the gram sabha.

5.4.3 Focus group discussion with VHSC members held at Lighthouse.

The participants of the discussion are the VHSC voluntary members. Mr. Subramani arranged for the discussion in which five people participated. Ms. Valli, the animator incharged of the panchayat took the minutes of the discussion. The members discussed about the community action for health and about VHSC. I enquired about the need for such initiatives and the measures to strengthen the participation of the people in these initiatives. The members discussed with interest and gave suggestions to strengthen the committee. They also informed that they have included new members who are eager to participate in the committee proceedings and hence some inactive members were replaced by them.

After the discussion I suggested the members to start conducting some activities so that the committee becomes active and people will come to know about its existence. I motivated them to think with other members and get suggestions from them regarding conducting sports and games in the panchayat which will be a new attempt and can invite the secretary of the committee(VHN) to head the event so that she gets recognized and may start feeling better and cooperate with the committee members for the CAH initiatives. I told them that, the objective of the activity should be,

a. To give awareness on particular issues targeting a specific group eg. Children/ adolescence girls/youth etc.
b. To mobilize people for the activity.
c. To involve all the committee members to act together.
d. To make the members to take responsibility.
e. Fund management.
f. To develop organizing capabilities.

5.4.4 VHSC review meeting held at Kammarpalayam.

I participated in the VHSC review meeting held at Kammarpalayam near Ponneri. The president of the panchayat along with the health inspector Mr. Murugesh and the Anganwadi teacher participated in the meeting that was held at the library center at the Kammarpalayam village. Mr. Muthu, the block coordinator and Ms. Vaidhagi the animator incharged of the

panchayat facilitated the meeting. The block coordinator and I oriented the VHSC voluntary members about the need for review meetings. The animator read the village health planning of the identified issues and discussions were made about the progress. It was observed by the members that after the planning meeting nothing has happened and was only disappointed since the progress has not taken place. I interrupted when complaint was made by the VHSC members and I oriented them regarding their roles and responsibility to get involved in the implementing process with the help from president and other members who have taken related responsibility of solving the issues. The main activity planned during the health plan meeting was, as per their demands to build health sub center at their panchayat which should be also utilized by other two nearby panchayats and to renovate the depleted Anganwadi center. Since the absence of the presidents from other panchayats for the review meeting which became difficult in arriving consensus on the issue and it was suggested by the VHSC members along with the president of the particular panchayat, to build the sub center at Kammarpalayam itself but to find a location that is central and feasible for other two panchayats for their easy accessibility. The VHSC members took the responsibility in following the issues and the channels for communicating through the health inspector was informed by the block coordinator.

Similarly the issue of Anganwadi center was also discussed and the members asked the teacher about the procedure that is involved for proper communication. The teacher assured to get relevant details about the issues and communicate to the members for the follow up. The president assured them to clean water tank with help from the health inspector and put up the details regarding water tank maintenance. The discussion was recorded in the book meant for the committee and the animator read about the decisions taken by the committee towards the end. The members conveyed happy feelings and welcomed the review process. I insisted them to take responsibility to conduct meetings by seeking cooperation from VHNs and from other members.

5.4.5 The VHSC review meeting at Vannipakkam:

I participated in the VHSC review meeting at Vannipakkam along with Dr. Sathish and Dr. Seweta the interns from Tata Institute of Social Sciences- Mumbai and observed the discussion conducted by the block coordinator Ms. Savitha. I assisted the interns in knowing about the PRIs and its participation in community monitoring process and in the VHSC. The animator inchared of the panchayat took the minutes of the discussion made by the VHSC voluntary members along with the VHN, Anganwadi teacher and the panchayat President. The main observations made from the meeting is as follows,

a. Most of the VHSC members are from a single village where the panchayat president lives and hence it was observed that the members were supportive and even trying to defend the panchayat president.
b. The review meeting looked as if like the health plan meet. The block coordinator who facilitated the meeting again read the problems identified and the discussion on the issue was refocused again arriving at the conclusions which was made earlier during the health plan meet.

c. The VHSC members were not assigned the responsibility of follow up so that they check the proceeding which has to be carried out by the persons who assumed the responsibility of solving the identified problem.
d. The members were not represented from all the villages that come under panchayat.
e. The coordinator has to understand the importance of review meeting and what it means rather than just conducting it for work sake.
f. The animator has built good rapport with the VHN and should utilize it to impart the objectives of the CAH so that they actively take part in the process.

5.4.6 The VHSC review meeting at Kodur.

I participated in the VHSC review meeting conducted at Krishnapuram of Kodur panchayat. The participants of the meeting are, the health inspector Mr. Needhivasan along with the Panchayat assistant Ms. Banu. Dr. Sathish and Dr. Seweta the interns from Tata Institute of Social Sciences-Mumbai, observed the discussion and I assisted them in knowing about the PRIs and its participation in community monitoring process and in the VHSC.The block-coordinator Ms. Savitha facilitated the session and animator Ms. Bavani took the minutes of the session. The VHSC voluntary members (15 members) actively participated by involving in the discussion.

The heated discussion began by VHSC members who accused the VHN Ms. Renuka , who has not kept the promise that was made by her during the health plan meeting conducted at the same venue(in panchayat office). Since she didn't present on the review day also, the outrage was even more. It was observed by the members that VHN who agreed to visit their village on Saturday once in a month has not turned up and disappointed not only them but also the people who were expecting her visit. Further it was planned that awareness about immunization has to be given by VHN and the services to the adolescent girls group will be delivered. The members blamed the VHN since the activities planned and assumed had not taken place. The health inspector informed them about the routine schedule of VHNs and assured that he communicates to the VHN about the discussion and encourages her to make village visits. The members were happy as the panchayat president has provided the meal plates and chairs to the Anganwadi children. They acknowledged the contribution made and timely delivering of the services as assumed by him on the health plan day. Regarding the cleaning of water tank and putting information details on it have not taken place and so a VHSC member took the responsibility to follow up the issue.

Towards the end of the meeting I motivated the committee members by eliciting the importance of the committee and the need for participation inorder to strengthen the group. I shared with them about the rights they have in knowing about the 'untied' fund that the committee has received and the expenses met from the 'untied fund' has to be approved by the committee as a whole inorder to enhance participation and transparency among its members which has been set as one of the objective of CAH. I further added, the government has provided them an opportunity to participate in the monitoring and planning process at the local level and also to get associate with the implementation of the planned activities.

The observations made are,

a) Most of the VHSC members are from the single village and were thus supporting the panchayat president and even hesitated to raise their voice against him.
b) The panchayat assistant who was present on behalf of the president claimed that they are not aware of the expenses made from the 'untied funds' and they just sign the check leaf as asked by the VHN.
c) When the members were discussing about the drinking water which is impure, the panchayat assistant tried to make them deviate from the issue as she forcedly asked them to talk regarding the non-availability of medical facilities and its related issues and not to talk on drinking water issues so as to escape from the complaints made regarding water tank cleaning etc.
d) The Anganwadi teacher who is a member of the committee is not aware about the default members of the committee and also she is unaware of the 'untied funds'.

5.5 Learning Objective 03-To help to execute Village Health Planning:

5.5.1 Visit to Kattur PHC for conducting meeting with VHNs.

I visited Kattur PHC along with the Block coordinator and with the field animators to meet the VHNs and to get date from them to conduct Village Health Planning in their respective Panchayats. I met the Medical Officer Dr.Mohen Raj and informed about the purpose of our visit and sought his cooperation for the same. He also expressed his views and opinions about the CAH initiatives of monitoring and planning and welcomed the programme considering the need of community collective action by strengthening their cooperation so that the welfare services are effectively met by them without the occurrence of any inconvenience. As I requested a meeting with the VHNs was arranged with the help of the sector health Nurse and with the Health Inspector Mr.Mani, who cooperated cordially and arranged for the same.

Conducted Meeting with VHNs:

All the VHNs along with the Sector health nurse, Health Inspector and the animators incharged of their panchayats participated. The block coordinator Mr.Muthu introduced me to the VHNs and Health Inspector and conveyed the purpose of the visit to them. I gave a brief talk about the need for health plan and the success behind it. I also urged the VHNs to participate in the VHSC meetings and make it as a tool to promote health and health care services. Having shared my experiences so far regarding the VHSC members I asked their cooperation and insisted upon an

attitude to consider the VHSC for seeking co-productive work from its members to address the issues that are identified in the health plan and not to set a mind as fault-finding committee based on the data collected.

VHNs also had good opinion about the committee and some expressed their feeling about the usefulness involved in health plan by which the community is benefited and enthusiastically assured the full support by giving their availability dates to the animators to conduct health planning day in their respective panchayats. They also appreciated the work done by the animators and sought the one to one support to work for the betterment of community health. The Sector health nurse and Health Inspector was also responded in the same manner and assured their support as well as their cooperation to conduct the health plan and thereafter subsequent VHSC meetings.

5.5.2 Participated in Village Health Plan Day atAttipattu Panchayat.

I participated in the village health plan at Attipattu Panchayat along with the block Coordinator and the field Animators. The people who were presented include Vice-President of the Panchayat,VHN,Health Inspector and Anganwadi Teachers. The participation from the public was low. The following things that are discussed based on the tool findings are,

1. Need for the formation of group for Adolescence Girls who can avail services by visiting the nearby Anganwadi centers was discussed during the plan. The need was felt due to the response from the people who were not aware of such formation of groups which has to be formed by VHN with the help of Anganwadi teacher.

After the discussion VHN along with the Anganwadi teacher committed to form the group and once in a month to visit the Anganwadi centers to give services to the adolescent girls. Vice-President made commitment regarding its publicity so that people know about the services that are available to them.

2. People felt that maternity services that are available to them are poor due to the non-availability of doctor for 24hrs and due poor infrastructure of PHC, they are often sent to Minjur PHC for services.

From the discussion the VHN and Health Inspector reflected upon the problem and said since the non-availability of scanning facilities in the PHC, many cases are sent to the block PHC at Minjur and thus causing inconvenience to the patients. The Vice-President asked the VHN to provide the quotation for the required machine so that it can be purchased from panchayat funds. The problem regarding non-availability of doctors for 24hrs was also discussed with the members but due to the absence of the doctor during the plan, no solution was taken as the cause of the problem was not reached but the Vice-President still promised to build a house for the doctor who could assure his/her presence in the PHC for 24hrs.

3. People are having low level of awareness regarding vaccination and its use.

So it was decided that VHN along with Health Inspector to provide details to the Panchayat and a board listing the details regarding the same can be put at public places.

4. The vice-president took the responsibility along with the health inspector to put up the date of cleaning the water tank and other details near the tank so that people become aware.

5. VHN took the responsibility of identifying special children and visiting their house to provide health services.

The following things are observed and learnt during the planning day,

a) The health planning meeting which was scheduled to begin at 10 AM, started only at 12 noon because of poor participation of the public.
b) I felt that the animator who is incharged of the panchayat should have mobilize more by informing about the health planning to various community groups so that they become aware and participate. I learnt that lack of preparation will hamper the very objective of community participation in health planning.
c) I was surprised that, not even the voluntary members of the VHSC were turned out to participate in the programme. By seeing their low participation I felt that the VHSC has to be strengthened and reorientation has to be given.
d) I found that organization of the planning by the block NGO was poor as there was no schedule for the programme and this led to some confusion after the meeting was started regarding who should speak, what to speak and what to follow next.
e) It was good to see the Vice-President, VHN, Health Inspector and Anganwadi teacher participation in the planning process and showed their commitment to solve the identified problems. And I observed that the health planning meeting provided a good platform for the entire VHSC members to understand and co-operate one another to address the problems in the village.
f) I learnt that if there is a good cooperation between the VHSC members by their regular meetings, many health problems can be solved at local level itself and the whole community can be assured of the qualitative and affordable health care services.

5.5.3 Village Health planning at Avoor.

I attended the village health planning at Avoor. The panchayat assistant Mr Devaraj made arrangements for the day at the government school so that the place can be easily accessible to the public. There was a delay in participation of VHN and so the block coordinator Mr Muthu started the health plan proceedings in the presence of the panchayat assistant, Anganwadi teachers and the village people who have been waiting. The block coordinator introduced me to the gathering and talked about the community monitoring and planning. I shared to them about the importance of such initiatives and asked them how far they are satisfied in availing the health services. I noted that, people started complaining about the VHN who has not visited the village for a long time and demanded her presence. Hearing from them their woes I assured them that if they cooperate with such CAH initiatives, they can avail good services as it is their right to demand for basic health services. I made them to realize that the health planning day is not only meant to raise their voices but also to cooperate with the health officials so that understanding between them gets strengthen and services can be get in a comfortable manner. The problems that was discussed in the presence of the Anganwadi teachers are,

a. Need for the formation of group for Adolescence Girls who can avail services by visiting the nearby Anganwadi centres was discussed during the plan. The need was felt due to the response from the people who were not aware of such formation of groups which has to be formed by VHN with the help of Anganwadi teacher and VHN (who arrived late).

After the discussion the Anganwadi teacher committed to form the group with the help from VHN and ensured that to give services to the adolescent girls.

Similarly Anganwadi teachers requested to build a compound wall fencing the Avoor Anganwadi centre. The panchayat assistant assured that this problem will be communicated to the panchayat President and in due course steps will be taken.

b. The panchayat assistant took the responsibility to put up the date of cleaning the water tank and other details near the tank so that people become aware.

c. People are having low level of awareness regarding vaccination and its use.

So it was decided that VHN along with Health Inspector to provide details to the Panchayat and a board listing the details regarding the same can be put at public places.

d. People responded in despair for not availing any services from the VHN due to no visits to their villages.

Hearing the complaints from the people VHN responded that the problem is due to overburden of work and also claimed that she is been visiting nearby village and have asked the people of the Avoor village to club with them on the specified day to get services. After the discussion, the people demanded her services in their village itself, since old age people and diseased people can't travel the distance, the VHN agreed to come on 2nd Friday of every month to their village and cover their area also.

e. The school assistant Principal reported that the School health service that was given is of poor quality and felt that the health officials conducted it for work sake and by not concerning about the health of the students.

The problem was brought to notice and VHN agreed to communicate to the Medical Officer and ensure that once in every two months, the medical team comes to the particular school to give health related services to the students.

The main observations made from the planning are:

1. Since the new animator is incharged of conducting the health planning, he found very difficult to mobilize people and VHSC members.
2. Panchayat president, Health inspector and several other VHSC members did not participated and even VHN participated in compulsion.
3. People were demanding the schemes that got over and VHN was trying to make them aware of old and new schemes, its beneficiaries and so on.

5.5.4 The Village health planning at Kodur (Minjur block).

I visited Kodur Panchayat and observed Village health Planning. Mr. Banuprasad, the President of the Panchayat, Mr. Needhivasan, the health inspector, Ms. Renuka, the VHN, Ms. Sujatha, the district coordinator of the CAH project, Mr. Muthu, the block coordinator and the animators were participated in the planning process held at the Panchayat office. Mr. Muthu gave introduction about the CAH process focusing on health planning especially its need and importance and about the community monitoring, tools and data taken. The problems that was identified through the data collection was put up infront of the people so that they get a clear picture about the data taken for enquiring different services. The animators incharged of the particular panchayat Ms. Bhavani along with Ms. Jansi read about the problems that were identified and it was put to discussion. The VHN, Anganwadi teachers, Health inspector along with the President discussed about each identified issues in front of the public inorder to seek for a solution. The participation of the people and the VHSC voluntary members was good as they enthusiastically questioned and gave their suggestions on each issue that were identified. The following are the main issues that were discussed in the planning meeting,

a. Anganwadi services- Eventhough it was found that the services availed and the condition of the center is good (services in green colour), the Anganwadi teacher put forth the requirements of the center which includes the need for chairs and meal plates for children. The Panchayat president took the responsibility to provide the requirements.
b. Maternal health services which includes the ante natal, delivery, post natal services had been monitored and the result was moderate (services in yellow colour). But post natal services is concerned it was poor and hence people complained and questioned directly to the VHN regarding the issues for not coming to their village for giving the services.
   VHN Ms. Renuka, answered the people by giving justification for her absence but however agreed to be present in the village once in a month i.e., on a particular Saturday of every month where people can come to a specific place after intimation.
c. Immunization- it was identified that services is in red (poor). Mothers are not aware about the effects of Polio and BCG vaccinations and vaccination month.
   VHN however claimed that proper awareness is given to the mothers regarding the vaccinations, people demanded for its detail to be put at public places so that it gets registered in their mind about the month of vaccination, the effects of vaccination etc. From the discussion it was arrived that, president to provide fund to meet the expenses after the details/information regarding the vaccines is provided by the VHN in consultation with the health inspector.
d. Regarding cleaning the water tank, people observed that they are not informed about the date and how they clean etc. The president however claimed that it has been cleaned at regular intervals and agreed that people are not informed about it. He took the responsibility to put information regarding its cleaning in the wall of the water tank so that people can have a look and become aware.
e. It was found from the data that people are not aware and claimed that no groups are formed for the adolescence girls at the Anganwadi center and hence thereupon no services have been given for these girls by VHN.
   VHN tried to justify by reasoning that girls are not available on the day when it is meant for giving iron and folic tablets since most of the girls go to work, they neither available at homes. However after the discussion with the public, VHN agreed to inform the people about

the date when she visits the village to give the services and asked the people to take the responsibility to send their daughters to avail the services.

Observations made during the planning.

1. Since there were more than 100 people participated in the planning meeting, it became crowded and managing the people became difficult for the animators. Only few people raised their voice while others were silent and some even started to leave as soon as refreshments were provided. It was leant from the experience that, for an effective meeting, it is not the numbers that matters but the participation which is more important and refreshments has to be provided at the end after analyzing the situation.
2. The main issue of the day was, people put forth all problems relating to the VHN and believed that her presence in the village will solve half of the health issues. They questioned the absence of her and demanded her presence. People had a sense of relief when VHN accepted to their demands.
3. The main and very important observation that was made is, I found from my visits to this particular panchayat that the Anganwadi center runs in a poor condition and no HSC in the village and I noticed in data collection that the Anganwadi services and maternity services have come in green that is in contrast to what I have observed during my visits. I had informed to the coordinator as I have felt that the data has been manipulated and need for reassessment before the planning. Reassessment has not taken place and hence the chart that was put in front of the people showed sharp contrast to the reality which provoked the people to doubt the monitoring that took place.
4. The people who participated actively belonged to a particular village where the panchayat office is located and hence they were supporting the panchayat president. People from all the villages didn't participate in the planning and male persons were hardly any. Even only few voluntary members of VHSC participated.
5. Animators were poor in taking minutes and they have to be trained well in documentation and communication.
6. After the planning meeting, Ms. Sujatha -the district coordinator had interaction with the animators and the block coordinator and gave feedback of the health plan meeting and was of the opinion that, preparations, organization of the meeting and managing during the meeting was poor and has to be improved by slowly minimizing and rectifying the identified mistakes.

5.5.5 Attended village health planning at Gumudipoondi.

I visited Sunnambukulam Panchayat of Gumudipoondi block and participated in the village health planning. The health inspector Mr. Murali along with the VHN and Anganwadi teacher attended the planning meeting. The meeting stared with a preface about the NRHM and CAH by the block coordinator Mr. Devaraj after the introduction of the members who were presented. He briefed the audience about the community monitoring that had taken place and information about the tools were also shared along with the identified problems which is going to be discussed in the meeting. I shared with the audience the essence of village health planning and the opportunity

given by the government to discuss and plan at the grassroots itself so that local problems get solved locally. The problems identified by the monitoring team are,

a. Awareness level regarding immunization is poor-VHN agreed to the demand from the public to conduct monthly meeting for ante natal and post natal mothers at the Anganwadi center on 1st and 4th Monday of every month. It was also decided that, details of immunization is put in chart and nailed at public places so that the people get aware.
b. The Anganwadi services was identified very poor- The teacher however claimed that nutritional awareness is given to every mothers but they fail to follow and as a result of it even the child avoids vegetables in the food that are provided at Anganwadi. The decision taken and agreed upon to take weight of every child at the center on 22nd and 23rd of every month and also simultaneously nutritional information is shared with the mothers who turn up on the day. Other problem that identified is no referral services are done by the Anganwadi teacher or VHN. They agreed to do it.
c. The adolescence services for girls were also identified as poor- The VHN and Anganwadi teacher informed about the existence of the adolescence girls group and complained that girls waste vitamin tablets given to them. It was observed by the people that, more health education has to be given to girls and make them to realize about the importance of health. It was agreed by the teacher to conduct monthly meeting for girls on 3rd Saturday and education will be provided by the VHN.
d. School health services were identified as poor. It was found from the data that there is no first aid box available at school. The health inspector and VHN became aware of the issue and assured that they will communicate to the medical officer and see that the first aid box is provided at the school.
e. Ante natal maternity care and post natal maternity care were also identified as poor.
f. Health inspector however agreed on the issue but informed to the people that since government have reduced the fund, they are unable to provide free meals for all the persons who come to the PHC for antenatal and postnatal checkups on Thursday.
g. It was found that, no nebulizer facility is available at PHC.Health inspector assured that he will communicate to the medical officer about the people's need and demand.People complained that on awareness programme has been conducted regarding the spread of disease due to unclean environment. The health inspector complained about the panchayat president for not cooperating in service deliveries and even cleaning the water tank also he is not bothered about. He asked the people to tell the president to cooperate for health services.

The observations made from the planning meeting are,

1. President did not attended the meeting inspite of regular calls from the animator, coordinator and even from people.

2. From the tools it was identified that all the services are poor in the panchayat and even the PHC at Eguvarpalayam is poor in delivering he services.
3. People's participation was good but only few actively asked questions and participated in the discussions. Only the VHSC members, VHN, Anganwadi teacher along with the animator involved in the discussion.
4. Animator gave awareness to the public about sexually transmitting disease (STD) after when people asked about the disease to VHN who was resistant and felt even shy to provide information regarding the causes of the disease etc.
5. After the meeting block coordinator had interaction with the animators for the feedback and felt that meeting has to be conducted more effectively and was of the opinion that more than mobilizing the people for participation, making them involved in the discussion is important.
6. Animators were poor in taking minutes and I felt that they should be trained well in documentation and communication.

5.5.6 The village health planning at Nelvoil.

I attended the village health planning conducted at the Nelvoil panchayat. The block coordinator Mr Devaraj initiated the meeting by giving a brief orientation on the CAH process. Ms Sujatha, the district coordinator and the animators were facilitated the meeting that was attended by the president of the panchayat, the VHN and the Anganwadi teacher. Dr.Yesdhen, Deen at the department of public health of Tata Institute of Social Sciences along with the intern fellows observed the planning process. The problems identified in the tools were discussed in the meeting. My observations are as follows,

1. Nearly 50 people participated in the planning meeting held at the community hall of the village and I observed that nearly half of them participated actively by asking questions and even gave useful suggestions to the identified problems. Male participants were more in number and some have had understanding about the cooperative spirit that is required to solve the problems. Male participants accepted the non-cooperativeness of the public in certain cases e.g. when the VHN complained about not sending their children or adolescent girls to avail services from Anganwadi, the people accepted the mistake from their part and requested the VHN to intimate them when she visits the Anganwadi.
2. The VHN however tried to justify her absence of visit, but people refused her justification gave by her and demanded her presence for at least once in a week. I felt that the demand was reasonable because, there is no health sub-center available in the village and for any disease or ailments they have to travel nearly 15 kms to PHC to avail services. Poor transportation and depleted road conditions added more woes to the problem.
3. After the discussion of each problems the president, VHN and the anganwadi teacher took the responsibility which is in their concern and from people's side, two persons including the VHSC voluntary members to the responsibility to follow up the issue.
4. The animators were taking the minutes of the discussion and read it at the end of the session.
5. The main problem raised was the non-availability of the health sub centre which results even in loss of life sometimes.

6. The VHN demanded from the block coordinator, to name the respondents who have given the data and argued about the data which she felt that it should have been collected from the relevant persons who got benefited rather than asking the person who haven't benefited.
7. The Anganwadi teacher complaint that, no weighing machine is there at the centre and hence the reason why periodical weight check-up could not be conducted for the children. The people asked her to put pressure on the concern person to provide the facility and even they were ready to accompany her to meet whoever is concern for solving the issue. This sort of understanding and cooperation for action which I felt the objective that CAH initiative is seeking for.
8. The VHSC members along with the people took responsibility to follow the issues that were discussed. I feel that it is a good idea so that it will be easy to discuss about the proceedings at the review meetings and it will also empower the people in knowing about the ways and means to solve the public issues.
9. The block coordinator facilitated the meeting by following the agenda that was prepared prior to the meeting and I felt the preparatory work was good.

5.5 LEARNING OBJECTIVE 04.- *To develop report writing and documentation skills*

Submitted reports are,

1. Orientation report-01
2. Monthly reports-04
3. Field reports-11
4. A Final internship report.

It helped me to keep track of the planned activities and was useful to recollect the learning and observations and also acted as a Reference document.

6. Analysis of components of the CAH project in THIRUVELLORE:

<table>
<tr><td colspan="2">1.The status of VHSCs:</td></tr>
<tr><td>Strengths:
• Selected through village meetings.
• Members are literate.
• Better coordination with animators.
• Members selected from each village.
• Participate in gram sabha meetings.</td><td>Weakness:
• Training is insufficient.
• Sometimes caste is impeding.
• Less recognition at village level.
• VHNs participation is low.
• Accessibility to meeting venues causes discomfort.
• Commitment is less among members.</td></tr>
<tr><td>Opportunities.
• The VHSC members are in Various SHGs.
• Scope of NGOs implementation and networking is more due to less political intervention</td><td>Challenges:
• Self-Organization of the committee.
• To make it interdependent.
• To make VHNs, MOs and health officials committed to the project.
• Mobilizing people for participation.</td></tr>
</table>

2. Monitoring exercise:	
Strengths: • VHSC members' participation is good. • Details about Anganwadi and health status were able to collect. • Team work. • Monitoring tools are good and educative. • Cooperation from people is good.	Weakness: • Lack of understanding between animators and VHNs and also within committee members. • Availability of respondents (time constraints). • Lack of training to VHSC members. • Fear among respondents to give data. • People has negative attitude towards health care system and neglect the CAH initiatives.
Opportunities: • Providing chance to people to participate. • Selecting the distant village for monitoring.	Challenges: • Cooperation from health officials. • Reaching out to broad geographic areas. • Monitoring twice in a year. • Data collection from SC, STs. • Participation of voluntary members.
3.Planning exercise:	
Strengths: • Made the voluntary members to demand for services since they became aware. • Usefulness of tools. • Providing opportunity for discussion among public and health officials. • Made VHSC health officials to respond. • People and VHSC members are experienced of the planning process.	Weakness: • Involvement of health officials is low. • Some members need training on planning exercise. • Lack of participation of people on the planning day. • People are afraid to question the officials.
Opportunities: • Opportunity is open for people participation. • Awareness about CAH can be increased. • Decentralized planning. • Opportunity for the community to express their needs.	Challenges: • To make health officials to take responsibility. • Coordination and cooperation among the VHSC members. • Organizing the health planning day. • Mobilizing people and VHSC members for health planning day.

<table>
<tr><td colspan="2">4. Mentoring committee: Its aim is to lobby with the government and hence the committee must be activated strongly.</td></tr>
<tr><td>Strengths:
• Since Members are from various professions helps for a holistic approach towards health.</td><td>Weakness:
• Members show less commitment.
• Participation is less.</td></tr>
<tr><td>Opportunities:
• To establish contacts with them.</td><td>Challenges:
• Difficulties in organizing the members.</td></tr>
<tr><td colspan="2">5.Community level Awareness and involvement:</td></tr>
<tr><td>Strengths:
• Participation of women has increased.
• Creating awareness in various sub-group meetings has increased their participation.
• Staffs are trained and so very useful.
• People are aware and hence started demanding for health rights.</td><td>Weakness:
• Inequalities in peoples' participation.
• Some people expect monitory benefits for their participation.
• Some staffs are poor in mobilizing the community.
• In some areas awareness is low.</td></tr>
<tr><td>Opportunities:
• CAH creates opportunity for people to participate to avail benefits.
• Awareness is created through programmes</td><td>Challenges:
• Women participation.
• Cooperation from the community.</td></tr>
<tr><td colspan="2">6. Status of Animators and Coordinators.</td></tr>
<tr><td>Strengths:
• Committed staff members.
• Participation in review meetings is good.
• Women staff members are more.
• Experienced staff members to deliver the process.
• Good in public relationship.
• Few are selected from VHSC.</td><td>Weakness:
• Shortage of animators.
• Inadequate salary and training programmes.
• Retention.</td></tr>
<tr><td>Opportunities:
• They can develop various skills.
• Attending meetings will enhance their knowledge.</td><td>Challenges:
• Fulfilling the monitory expectations.
• Keeping them motivated.</td></tr>
</table>

• Scope for capacity building.	• Orienting the new animators and retaining the existing animators.

7. Capacity building of the Staffs:

7.1 Visited TNVHA office to discuss about the Staffs

I visited the TNVHA and met the Director Ms. Saulina and Ms. Sujatha, the district coordinator (Thiruvallur) for the community action for health project. I interacted with the director regarding the project and shared my experiences I had with the blocks. She insisted that training has to be given to the animators and block coordinators of both the blocks for capacity building and skill development. I agreed that, since the animators are not taking the project professionally due to the lack of training or even experiences to shoulder such an initiative before, I communicated to her that, if skill development trainings are given it will benefit them to know about the ambition of the project and will build skills that are essential to carry out the project. She informed me, three days residential training has been planned during the month and have asked the coordinator Ms. Sujatha to get the training topics generated from the animators and block coordinators, so that their training needs are met.

I discussed with Ms. Sujatha about the animators and coordinators of both the block particularly the Minjur block. She is of the opinion that, Gumudipoondi block is doing better than the Minjur block and her experience in attending both the block village health planning has ensured her stance. I understood from her that she is not satisfied as far as Minjur block is concerned. Their accountability is low and are not meeting the dead line properly which has been fixed by their own team. She further stated that, the block-coordinator Mr. Muthu need to carry out his role and responsibility in a more efficient manner so that the animators do fulfill their role. I agreed to her comments and I was of the opinion that the commanding spirit from the leader is missing and the animators take the advantage of the freedom given to them by him which has resulted in a moderate performance by the team as such when compared to the other block. I observed to her that, I felt

some misunderstanding between her and the team could have emerged due to the communication or understanding gap which would have affected the process of the project. The issue of fund utilization and management was also discussed since I observed from the block coordinator who felt that the funds are not realized at the time of the scheduled due to which sometimes the animators or himself meeting the expenses from their pocket. She shared about the fund management process in her organization and the responsibility of her to submit the accounts to the finance for every month so that she gets the budgetary requirements for the following month. She blamed the block coordinators for not submitting the actual expenses of the month to her on the said date with bills and vouchers and due to this pending work she finds it difficult to answer to the accountant.

She communicated that she is not satisfied with the preparatory work undertook by the Minjur block staffs as it was observed during village health planning and review meetings that are proceeding. She also felt that coordination and cooperation within the team members are missing and acts as a major factor for low performance. From the discussion it was felt that the communication at the coordinators' level has to be improved along with the communication between animators and coordinators so that the lacunae can be filled to avoid problems that raises out of it. It was felt that proper training has to be given to both groups inorder to capacitate them so that they carry out the CAH activities professionally. She added that, discussions have to be made at the district level review meeting and convenient dates have to be sought for to conduct the training programmes for the group. I suggested to her to have discussion with the block coordinators and settle the above discussed issues prior to the district meeting so that on the review day the consensus arrived can be communicated with the animators and can plan accordingly inorder to strengthen the planning process and activities thereupon.

7.2 Facilitated the Group discussion at the Potheri workshop.

I participated in the group discussion regarding staff's capacity building and skill development. I shared my views and ideas and presented the following discussion to the gathering.

Staff members include-Animators and district-block coordinators.			
1. Training programmes: Resource-identifying internal and external resource persons.	Personality development Topics are: • Reorienting towards NRHM • Leadership skills. • Communication skills • Documentation. Dist level Special training:	Participants • Animators new and old. • Coordinators. • Animators new and old.	Duration 2 days

	• Monitoring tools. • Village health plan. • Information sharing. (use of internet and mobile)	• Coordinators.	1 day 1 day
2. Review meetings: Organized by animators. Individual presentations. Self reviewing/evaluation by maintaining daily work books, weekly reports.	At district level (planning the action for the month and reviewing the previous months' activities) At block level (planning the action for the month and reviewing the previous months' activities)	• Animators • block-coordinators • district coordinator • Animators • block-coordinators	1 day 1day(15 days once)
3. Exposure visits.(once in a year)	Inter-district exposure.	• animators and coordinators	1 or 2 days
4. District level conference. Animators and coordinators to organize.	On health rights. About CAH	• Govt officials. • Civil society groups. • Media.	1 day (yearly once)

		• Animators. • Coordinators.	
5. Providing reading materials on various training programmes. CHC to provide			

8. Programmes and campaigns:

8.1 Campaign Against Child Labour [CACL]:

The participation in the protest made by the CACL group at Chennai Central railway station for the implementation of Right to Education act (2009) in Tamilnadu, gave me a rich experience and it created an opportunity to meet people from different associations and NGOs. Interactions with them and through their thought provoking speech I came to know about the need and importance of the RTE Act, the provisions promised in the Act and its present status. I also realized their rationality in fighting for the immediate implementation of the Act through various issues that was raised by them.

The vehement against child labour was also conveyed through this and the remonstration was primarily focused on the state government's negligence towards implementation of the RTE Act and hence the speakers insisted to act upon the provisions made by Act. The present condition of school education and the difficulties faced by the poor and marginalized children to access to their entitlements were the issues that were focused. The case study illustrated by Dr. Jawaherulla MLA regarding a dalit girl who was refused to get an admission in a private engineering college just because she is from Tamil medium school made me to think that one side state government's achievement of making Tamil as a classical language but on the other side it is to be noted that how a girl was refused for an admission to college in the state just because she is from Tamil

medium. He also spoke about the need and importance of the Act and urged the government to take steps to give free education as insisted by the Act instead of giving unneeded freebies for the people who may forget soon and this free education will remain with them and will act as a means to eradicate many social problems.

Similarly the speech given by Mr. Venkatraman state secretary of AISF, was thought provoking, as he talked about how education has become commercialized and the diminishing role of the state in imparting a quality education. All the protesters urged the government to implement the rules regarding the RTE Act in this academic year itself by addressing the issues by taking immediate action and to implement the 'Samacheer Kalvi', and also Cancel the license of private schools for their collection of capitation fees and see that they admit poor children through the 25% reservation category as envisaged in the Act. They also condemned the schools that interview parents and children for admission and insisted the formation of school head committee in a democratic way to ensure the participation of parents in the developmental process of both the children and the school. Addressing the issue of non-accessibility to schools, developing school infrastructure in rural areas were also raised in the slogans.

8.2 Awareness programme on TB:

The District health society which is functioning under the State health society conducted an awareness programme in Kattur PHC for the VHNs to seek the cooperation for the prevention programme. The awareness programme was conducted with the assistance from the district programme implementing NGO-Tamil Nadu Voluntary Health Association. The State Publicity Officer Mr. Shanmuganathan along with the district health educator Mr. Kalaimani facilitated the awareness session. The Medical officer, Health Inspector, VHNs and the CAH block coordinator and animators participated.

The information gained and learnt are,

1. Tuberculosis is a lethal infectious disease caused by micro bacteria usually Mycobacterium tuberculosis. It is a communicable disease but if it attacks certain parts like the skin it does not communicate and TB is not hereditary. It attacks all parts of the body except hair and nails.
2. The symptoms of tuberculosis infection in lungs may include: a persistent cough - sputum containing blood, fever, and tiredness, loss of appetite, weight loss, night sweats and chest pain.
3. The cause of the disease may include weakened immune system due to HIV/AIDS, having regular close contact with people who have TB lung infection who are young or elderly, living in overcrowded housing area and unclean environment.
4. For the confirmation of the disease sputum test is done at district medical center.

5. DOTS is the method of treatment administered in all PHCs through separate individual patient wise box containing the drugs and follow up sheets. For category -1 patient drug is given for two months (thrice a week) which has to be intake in a presence of a health care worker and for the rest of 4 months in the presence of either health care worker or from any person of patient's choice. For Multi-Drug resistance TB, the drug has to be administered continuously for 2 yrs.

9. Collective learning:

9.1 What community mean to me now.

One of my greatest expectations from the fellowship programme was to get an experience to live with the village community and to know about their way of life and culture along with their difficulties they face in accessing health care services. To a great extend the programme helped me a lot in getting the first-hand experience of community living which I haven't had so far. Throughout my stay in Pazhavarkad while working with the coordinator and animators and by visiting as many villages in the Panchayats and conducting group discussions with the people and so on I understood that community is a **goal** which has to be secured. By this I mean to say that community as I understood through the theoretical learning that is, 'the community referring to a set of people who share common interest and beliefs in particular geographical area where they live together'- that 'living togetherness' is what largely missing and the definition gives only the atomic view of the community and this can be further breakdown in terms of the differences that exists like religion, caste and language wise differentiation of the community. But to express it broadly by expanding the geographical area we have to re-define the community as set of people with different castes, religion and language living in a particular area. But the question to ponder upon is that, are they living together with all these differences?

I would say that community as far as I experienced in Pazhavarkad, to a large extent the community togetherness is missing and due to the differences, conflicts exists in terms of caste,

religion, politics and even based on their strength in numbers. The bonding they have at sub-communities level is not so at the community level that is to say, people are bonded at village level inspite of their living differences but at Panchayat level where different sets of people come under the single roof called Panchayat, the ‘ We Feeling’ is missing. That is why I feel community is a goal yet to be scored by its people by coming in union with one another irrespective of their differences.

9.2 My understanding about community health.

Actually I would say that my understanding about community health has got widen through this fellowship programme. Earlier I had a vague understanding of community health and I basically thought that community health is related to overall wellbeing of a community but what does this overall meant to me is only the medical aspect which is the controlling and preventing the disease part of it. From the orientation sessions especially Dr. Ravi’s and Dr. Sunil’s session, actually gave me a broad perspective on community health as I became aware that community health is holistic and all determinants of health has to grow simultaneously as a pillar so that community wellbeing is achieved. The dimension that was thought provoking to me was actually when I learnt that community health has to be integrated with the developmental activities. From my field visits I realized that community health can be realized only when the players responsible for it act upon. The axioms of community health are my new learning that I got through this programme. Every unit in the community (starting from individual to group) is responsible for the health and total well-being of the community.

People should be empowered by building equity beyond social conflicts so that community health is attained and I strongly feel that since community themselves is responsible for their own health, they have to involve directly through the programmes like CAH that facilitates them to act according to their needs. Community action for health is like solving problems which can be social or political or physical and it is only possible when people realize the importance of all the determinants of health. I comprehend that community health tries to promote and enhance the sense of community ‘we feeling’ irrespective of their living differences and community health approach is therefore recognizes that the components of actions are means and not ends, and will therefore be flexible enough to reorient, reprioritized or change towards more relevant actions and directions as they evolve in the interactions at the community level.

9.3 When I look myself deep inner- *I am a* ***sapling*** *now*

Though there are many things I learnt by observing the world around me especially due to the fact that the orientations I got towards the community health, I should acknowledge that there has been a significant change that I realize inside me. Now with all convictions I am bold enough to tell myself with confident that I can gain my authority through the social work profession itself without hanging around the legal authority which I was aspiring for. The community health

fellowship program has given me more confident than before that I can do a better job with the help and support I have in the social work field. The experience I had living in the village has helped me to understand the reality behind my perception of the village and this has affected me so much that whatever I come across I could see it in social dimensions and looking to empathize and think about the have nots in terms of health(I mean holistic health). Therefore the fellowship programme has made me happy and enhanced the spirit of social consciousness in me. Before this fellowship programme I was confused and feared about the direction I was moving towards but now after the programme I can say with courage that I have not chosen the incorrect path but infact chosen the path which I was looking for.

Dr. Shirdi's session inspired me as I learnt about 'Here Now' technique of mind relaxation and I noticed that my interest has risen further in exploring the spiritual world inside me. Now I could able to feel that I am interconnected with the outside world with all the animate and inanimate matters around me.

Whenever I think of Fr. Cluade, Dr. Ravi and Dr. Thelma and all other SOCHARA members, I am feeling secured at heart and some kind of joy engulfs my soul by seeing their commitment and affection they have on the fellow human beings.

I have sown in as **seed in SOCHARA** and now I find myself that I have become a **sapling** with the nurturance I got and from here on I have faith that one day I will branch out to be fruitful to the world outside me by further strengthening myself inside! ***Let the joyful journey continue…..***

10. To conclude

It all began well right from the orientation sessions where I gained not only knowledge on community health but also I learnt my inner feelings as well and to a large extent I had a holistic education on health. The fellowship programme prepared me for a responsible task ahead and motivated me further to shoulder community health which in a way I would say that I feel it as my duty rather than a job. The field experiences I had during my visits and chatting with people about their village, problems faced by them and trying to find out their perceptions on health and health care system, I should say that tolerance level has reached their threshold level and just looking for a striking movement to come out for a revolution inorder to realize their needs. Since people are not aware of the CAH movement to a large extent the opportunity that it offer has not been utilized by the people and just missing the striking movement. It is the responsibility on all part who are involved in the project to make people aware of its existence and take forward by seeking cooperation from all its stakeholders. I feel that inorder to realize health by all, it should be rephrased to 'ALL FOR HEALTH' from 'HEALTH FOR ALL' and to do that Community Action for Health has to be strengthen at all levels. We must make people to realize this movement as a freedom movement- freedom from ignorance of health.

Communitization should be the key in realizing the community health. Eventhough there are challenges that exist mainly like living differences, still I believe that with a planned strategy we can overcome and reduce the inequalities that exist in all walks of life. Community action for health has the potential to become a conflict resolver if every stakeholder understands about the community and importance of health by prioritizing it. Civil society has to play a proactive role along with the government and should see that it takes a peripheral role in the act of developing the society so that people become self-reliance after they are empowered. ***If community action for health succeeds then Health for All, Equity for All and All for All will no more be a dream***.

Annexure -01 Synopsis of the Pulicat study

Study title: A study to understand the attitude of the people of Pulicat towards Community Action for Health**.**

Introduction and background:

Pazhaverkadu in Tamil Nadu lies along the coastal region bordering its neighbor state Andra Pradesh. Pazhaverkadu is popularly known as Pulicat, nearly 50 kms from the state capital Chennai. It falls under the jurisdiction of the Minjur block of Thiruvallur district and comprises of four panchayats within which 36 villages habited. People of different religion, caste and language are living. Their main source of income is generated through fisheries (Pulicat lake and sea) and after tsunami the infrastructure(rehabilitation houses, roads, schools, Anganwadi, health care centers, community halls, fish auction halls, boating) has drastically improved due to the intervention of government and NGOs who were involved in the process of tsunami rehabilitation. The Community Action for Health project has been implemented through the block NGO called Jeeva Jothi and the animators and coordinator has expanded the four Village Health and Sanitation Committee in each Panchayats selecting the members almost from each of their villages. Monitoring the health systems has been done through the developed tool through the voluntary members of the VHSC. Data gathered from the tool was highlighted and taken for discussion infront of the public during the Village Health Planning day conducted in each panchayat by the members of VHSC with the help of the project coordinator and animator.

Need and importance of the study:

I visited the villages of Pulicat and stayed for the fellowship programme for carrying out my learning objectives have helped me to know about the people and culture of the fisherman folk and by visiting the Government hospital, health sub-centers and Anganwadis I came to know about the poor health care delivery system that prevails in the region. The village services were also so pathetic that no clean drinking water was available and it was reported that acute diarrhea is the most prevalent disease in the region affecting mostly the children. The community action for health project inspite of its footing for nearly a year now, has only failed to address the issues. I realized that participation in the CAH initiatives were very less as I came across the VHSC and the reasons given to me were- expectation of fringe benefits by the people due to poverty and the other reason being the illiteracy. As community participation is vital in any developmental/welfare programmes, I became curious and felt the need that unless people realize and participate in the programmes then it will almost become impossible to realize health and wellbeing. Studying about people's attitude may help us to understand the reasons for non-participation better and there is a chance to ask their suggestions as well for strengthening the CAH initiatives.

Specific objectives are

1. To find out people's understanding / level of awareness on CAH process / initiatives.
2. To find out from people about their need for Community Action for Health initiatives.
3. To find out their interest and participation towards Community Action for Health.
4. To find out their suggestions to strengthen the CAH programme.

Methodology

- Focus Group Discussion conducted: 09.
- Purposive sampling.
- Total number of participants- 72
- Panchayats covered-04/04
- Villages-15/36.

Check list preparation

I prepared the checklist questions by which the Focus Group discussion has to be revolved around so that it doesn't get diverted and lose the objective of collecting the relevant data from the participant in a stipulated time. Inorder to find out people's awareness about CAH initiatives, the

discussion should center on, what CAH means to the group participants? Is CAH a government initiative or a Pvt(NGO) initiative and who are involved in implementing CAH initiatives? Do they know about VHSC and its membership? Do they hear about community monitoring and planning? How they consider it necessary of conducting such initiatives (personal experiences if any) and so on. And similarly to find out their interest and participation towards Community Action for Health, we should try to find out what components they are interested and participate? Do they believe these initiatives can bring change to them? How can interest be generated towards the programme? What are the measures they suggest to strengthen community participation in CAH initiatives?

Focused group discussion-01 conducted at Kottaikuppam:

The participants are the VHSC voluntary members of Kottaikuppam of Pulicat. The discussion revolved around the questions like, what do they understand by community action for health and its initiatives. Suggestions to strengthen the VHSC committee were also discussed among the group participants. I observed all the members who took part in the discussion showed enthusiasm and interest by sharing the information that is known to them. The animator Ms. Valli, took the minutes of the discussion.

After the group discussion, meeting was conducted with the VHSC members. As it was discussed in the group, activities by the committee members could be a starting point for strengthening the committee and slowly involving the other members to participate and contribute could enhance the participation spirit and also people will get to know about the committee through its activities. The members welcomed the ideas and suggestion given by me and also came out with their own ideas of conducting games for youth and children and encouraging them by giving prizes. During the events themes on health related to the specific target groups can be taken in order to create awareness among them. The members showed interest but hesitated to conduct since they thought mobilizing fund for the event could be difficult. They also felt that it would be difficult to organize the committee since the members of the committee are new and awareness about the health and orientation on VHSC has to be given first before involving in activities. They also felt that since panchayat elections are under preparations it would be extremely difficult to organize any events. I asked the members to consider the proposal made and make discussion in the committee meetings regarding the fund mobilization and also the untied grant of the committee handled by the president and VHN which could be utilize for the purpose.

Focused group discussion-02 conducted at Jamilabath (Kottaikuppam):

As it was identified with the monitoring tool that, Jamilabath of Kottaikuppam panchayat was excluded from the monitoring exercise and also it was found that no representatives have been selected from the village for participating in the CAH initiatives. The focus group discussion for the purpose of the attitudinal study was conducted at the village in which 7 people participated and shared about their knowledge on health and wellbeing. Their awareness level about CAH was also found through the discussion. The participants aspired for the CAH initiatives and felt that it could bring change as they themselves could get involved in the initiatives to promote wellbeing. The participants shared about the problems they face in the village due to unmet services from the government. They also accused the panchayat administration for all the poor happenings and blamed them for their present condition. They welcomed the CAH when I briefed about it and they were of the opinion that the CAH initiatives have to be owned by government and people and the role of NGO should be cut off since they might withdraw after the project. I also found that they had bitter experiences during tsunami as far as NGOs were concern. The participants were very cooperative and help me throughout the discussion by patiently discussing on the questions raised by me.

Focus group discussion held at Lighthouse- 03.

The participants of the discussion are the VHSC voluntary members. Mr. Subramani arranged for the discussion in which five people participated. Ms. Valli, the animator incharged of the panchayat took the minutes of the discussion. The members discussed about the community action for health and about VHSC. I enquired about the need for such initiatives and the measures to strengthen the participation of the people in these initiatives. The members discussed with interest and gave suggestions to strengthen the committee. They also informed that they have included new members who are eager to participate in the committee proceedings and hence some inactive members were replaced by them.

After the discussion I suggested the members to start conducting some activities so that the committee becomes active and people will come to know about its existence. I motivated them to think with other members and get suggestions from them regarding conducting sports and games in the panchayat which will be a new attempt and can invite the secretary of the committee(VHN) to head the event so that she gets recognized and may start feeling better and cooperate with the committee members for the CAH initiatives. I told them that, the objective of the activity should be,

g. To give awareness on particular issues targeting a specific group eg. Children/ adolescence girls/youth etc.
h. To mobilize people for the activity.
i. To involve all the committee members to act together.
j. To make the members to take responsibility.
k. Fund management.
l. To develop organizing capabilities.

Focus group discussion held at Pettai-Pallikuppam-04.

I conducted the discussion with the SC and ST people of Pettai and Pallikuppam village in the lighthouse panchayat. Originally it was planned to meet the ST people alone who are living in Pettai but when I approached a person of the Pallikuppam village, she refused to mobilize people from Pettai alone and the reason she told was, both the village people eventhough divided by caste they are united in spirit and for any meetings or events both participate together and so she said she can mobilize people from both the village together and not from any single village. I respected their unity and thus conducted the discussion together in which 13 people participated, eventhough participation from the Pettai was very less. I was informed that, since the ST people are shy they are hesitant in participation. I enquired about their knowledge on health and well being. They were not aware about the CAH initiatives but they welcomed it if the government introduces it, without knowing that it has already been introduced in their panchayat. I observed from my questions that were asked to them that, the people of both the village are very much deprived of basic needs like good drinking water, street lamps, road etc. and they accused the panchayat for not taking any initiative to solve their problems since they consider the two villages as small village and hence not prioritizing their problems. They welcomed the CAH initiatives so that they can raise the voice on behalf of their village and get things done.

Focus group discussion held at Sattankuppam-05

About nine people participated in the discussion held at Sattankuppam of Thangalperumbulam panchayat. I asked them about their understanding on health and wellbeing and enquired about their problems. They complained about poor drinking water and infrastructure and they informed me how they risk their life during heavy rains when the water level raises in the back waters of the sea. They were not satisfied with the treatment given in the government hospital and complained that the hospital doesn't functions after the noon. Lack of medical facilities have made them victimized to the problems and women, children and elderly people are most affected due to the careless attitude of the government as well as the panchayat. It was found that they are not aware of the CAH initiatives but they welcomed it if there is anything like that so that they can participate and get benefit out of it. The youths who participated felt that the VHSC committee should have youth members in them so that the committee can rely on them for getting the activities done since they can actively move around to solve the issues by meeting the persons concerned. It was also observed that, they gave suggestions to strengthen the initiatives and all the participants enthusiastically participated in the discussion.

Focus group discussion held at Jamilabath-06:

I conducted the discussion in Kottaikuppam panchayat at Jamilabath village in which 6 women participated in the discussion. The participants came from the nearby villages that include Thonirevu and Dr. Ambedkar nagar and were members in different self-help groups. They shared their knowledge and understanding about health and wellbeing. They complained about the problems faced by them mainly drinking water problems which they feel very important one that

needs to be addressed soon. Like in other village, it was observed that they too not aware of the CAH initiatives. They informed that they haven't heard about the monitoring, planning and VHSC in their villages nor in panchayat anywhere. When I asked them how would they welcome if any such initiatives like that is said to be introduced in their villages or at panchayat level. They welcomed the idea of monitoring and planning at the grassroots level and they favored the VHSC since they believed that problems can be easily addressed as a group or committee. They showed interest in the CAH initiatives and believed that it can bring change. All the participants agreed that people will support and participate in such initiatives if only they are informed about it and get its orientation.

Focus group discussion held at Kallukadai medu- 07

Kallukadai medu is an ST village in the Pulicat panchayat and it is very distant from the government hospital in Pulicat. The focus group discussion was conducted in the village where ten people enthusiastically participated and shared about their needs and problems face by them. Eventhough they were hesitant in the beginning of the discussion, soon they became comfortable and started to share their understandings on health and wellbeing. They are not aware about the CAH but they have cleaned their own environment by seeking cooperation from their own people. They are not aware about the VHSC in their panchayat and blamed the panchayat for not bringing it up to their notice. The welcomed the community monitoring and planning and they felt that the VHSC if it functions well to their potentiality could bring change. They assured that they will support any initiatives which come to help and rescue them. When I enquired about any fringe benefits they expect when asked to participate, they said no expectations other than getting the problem solved. They also gave their suggestions to strengthen the CAH and VHSC. The women participants also equally shared their opinions and conveyed that they are also very much interested to join in the initiatives provided they are given space to carry out. I observed that, they are hesitant and when I probe them they said the other people (referring to other castes) will not allow them to join as they think they are not fit to working with them. They also complained that in some places they are treated like untouchables. After the discussion I motivated the people to join in the CAH initiatives so that the problems can be solved when work together.

Focus group discussion held at Kunangkuppam of lighthouse panchayat-08

I conducted the discussion at the Kunangkuppam in which eight women participated and shared about their knowledge on health and wellbeing. They informed about the activities carried out in the SHG meetings. I noticed that even the panchayat president's daughter who participated in the discussion is not aware about the CAH and VHSC. The participants agreed that they didn't hear about community monitoring and they also not being aware of Village health planning which was conducted in their village. They blamed the committee for not informing to them about the initiatives. They were of the opinion that the initiatives should be run by the government and people together so that it sustains. The participants were eager to join the initiatives and also told about the obstacles they will face that is they felt that, men will easily neglect the voice of women. They gave suggestions to create awareness among the people of other villages and felt that the

committee should function at panchayat level rather than village level but people should adequately represent their village so that they can raise their voice on behalf of the people to get the problem solved.

Focus group discussion conducted at Kottaikuppam-09:

The participants of the discussion are youths from the kottaikuppam village. The discussion began formally when I enquired about their understanding on health and wellbeing. They shared the problems faced by the village and blamed the panchayat president for not working towards the betterment of the panchayat. Like in the other group discussions, the participants complained about the inefficiency of the government machineries and so disappointed that no services are reached at the bottom. I observed that they were frustrated with poor functioning of the hospitals and anganwadi centers. They were not known about the CAH and so not aware of its initiatives either. They were not heard about village planning and monitoring exercise and so they are not aware of it. They blame the panchayat leader and the members who are responsible and gave their opinion that the youths should be involved in the project so that it functions in an efficient manner. They liked the idea of VHSC and believed that it could bring change if it only functions effectively. I noticed that, the participants furiously discussed about their village problems and they felt that participation in a committee which is meant to promote wellbeing could actually help them to solve the problems. They liked the idea of monitoring as they felt the government officials will fear and so work if they are monitored. They assured that all the youths will welcome the CAH and its initiatives and cooperate in the process if they became aware of the CAH and its components.

General Observations

When discussed about what is essential for Health/ well-being, the following are the priorities by the participants- Money, sanitation, good drinking water, personal hygiene, basic needs. (Medical and psychological well-being- all agreed) it was interesting to note that in some discussions people said Unity and fraternity.

CAH- what does it means/ how it should be:-participants observed that committee/ group is needed/has to be formed to promote health.

The need and necessity of CAH- deprivation of medical facilities and poor drinking water facilities (diarrhoea), welfare schemes are not been realized are the major problems faced due to the lack of political good will to promote wellbeing.

Participants believed CAH initiatives would bring change by solving their problems.

Suggestions given by the participants to strengthen the CAH and its initiatives are**.**

a) Activities should be carried out by the committee.

b) Creating awareness about CAH by members who are involved.
c) Members should be selected from each village.
d) Meetings should be conducted in each village on a routine basis and date and time has to be communicated to the people.
e) People who have selfless attitude are to be selected (2/10)
f) Inclusion of Youths.

Any expectations/ obstacles for participation-(esp in VHSWC)

a) Committee should be an action oriented committee.
b) Timings- due to their nature of work.
c) Money- participants said that only few expect but with proper awareness and realization of wellbeing it becomes secondary.(no socio- cultural issues was reported)

The experience of FGD at Pettai and Pallikupam (unity among ST-SC)

Participants felt CAH initiatives should be Govt-People Owned. They said that NGOs can facilitate but feared about its continuance.

Annexure – 2 Check list to the Pulicat study

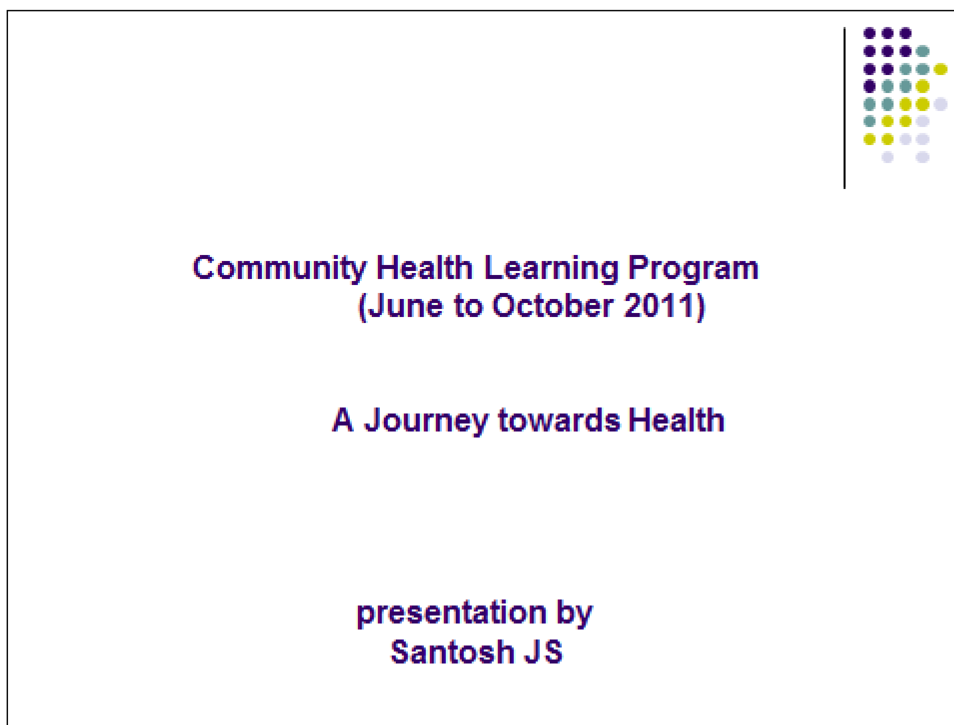
A study to understand the attitude of the people of Pulicat towards Community Action for Health**.** Specific objectives are:

1. To find out people's understanding / level of awareness on CAH process / initiatives.
    - What / how Community Action for Health means / should be ? – participation, owning, controlling of health systems
    - Is CAH a government initiative or a Pvt(NGO) initiative?
    - Who are involved in implementing CAH initiatives? Govt or Ngo or both together?
    - Do you hear about VHSC? If yes, Whose committee is that?-govt or public or both? Who are its members?
    - Can you become a member in that committee? if yes, to whom you will contact?
    - If you have been a member of that committee, how you got the membership and who approached you and how you are convinced to join the committee? Have you attended a committee meeting held before?if yes, how many,who are its participants,who conducted the meeting and for what purpose,what you gained and understood from that meeting?
    - Have you heard about community monitoring?if yes, from whom u heard and what you understood by it (what is community monitoring , its signifigance / importance) ? Have you involved in that monitoring? If yes, what is tools ? who trained you on the tools and what do you know about the tools? Have you shared about the monitoring and the tool contents to people?
    - Have you heard about village health planning? if yes, from whom u heard and what you understood by it? By whom and where it was conducted and what issues that was discussed?
2. To find out from people about their need for Community Action for Health initiatives.
    - Do you think CAH initiatives (VHSC, monitoring and planning) are necessary? If yes, why it is necessary; if no, why it is not necessary ?
    - What you think about health care services? Does these initiatives needed for the better administration of the health care services?if yes, why and for what these initiatives are

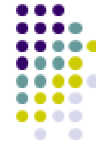
needed?(any personal or other experiences to substantiate your need for such a kind of initiatives). If no, why and for what these initiatives are not needed? (any personal or other experiences to substantiate your need for such a kind of initiatives).

3. To find out their interest and participation towards Community Action for Health.
   - Do you like Community Action for Health initiatives?if yes, what components you like(VHSC,monitoring,planning,community participation) and why you like it? do you believe these initiatives can bring change?if yes what change you think it would create?if no,why and for what reasons these initiatives could not able to bring the change?do you think your belief towards the programme determines your interest?
   - How can interest be generated towards the programme?
   - Are you interested to become a member in VHSC? If yes why are you interested and what do you believe that you can do by joining in these initiatives?if no, why are you not interested and what is the reason(social-economic or other)?
   - Do you think your interest determines you participation in CAH initiatives? If yes, how?if no, what are the reasons for non-participation?
4. To find out their suggestions to strengthen the CAH programme.
   - which are the ways you suggest to strengthen community participation in CAH initiatives.
   - for ex., should be government owned or civil society organisation owned / people owned?

Annexure -3 Presentation and Photographs



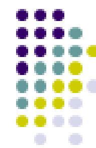
Rewind



my expectations was-

- To enhance knowledge from field exposure.
- To know about government policies -its implementation.
- To learn how health is administered at grassroots level-primary health care units-its administration and functions.
- To know about Civil society and its crucial role in promoting health to the community.
- To have interaction with the people and knowing about their awareness on health related issues and their accessibility to the health care services.
- To know about community health researches.

Orientation programmes: foundation stone laid

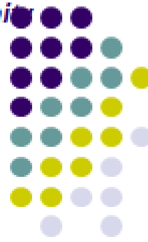


- Principles and Values.
- Conceptual clarity.
- Meeting the legends- encouragement, motivation, inspiration etc.
- Being innovative & inventive.
- Generation of ideas.
- Building confidence.

Learning Objective-01

To understand in depth about the components of community action for health.

Village health planning and monitoring, VHWSC, *Community mobilization/participation, People's perception/awareness about Community Action for Health.*



- Community visits.
- Meeting with block coordinators/animators.
- Meeting VHSC members.
- Participating in block level meetings.
- Study: to understand the attitude of the people in Pulicat towards community action for health initiatives.

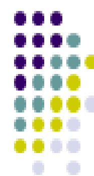
Meeting with Animators and coordinators

A study to understand the attitude of the people of Pulicat towards Community Action for Health.

- The need and significance:

In pulicat- lack of participation: reasons given were- expection of fringe benefits due to poverty and illiteracy.

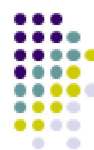
community participation is vital in health promotion and realization.



A study to understand the attitude of the people of Pulicat towards Community Action for Health.

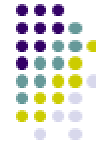
Specific objectives are:

- To find out people's understanding / level of awareness on CAH process / initiatives.
- To find out from people about their need for Community Action for Health initiatives.
- To find out their interest and participation towards Community Action for Health.
- To find out their suggestions to strengthen the CAH programme.



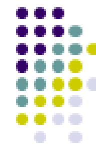
Main observations

- Health/ wellbeing- Money, sanitation, good drinking water, personal hygiene, basic needs. (Medical and psychological well being- all agreed)
- Some said Unity and fraternity.
- CAH- what does it means/ how it should be:- committee/ group is needed to promote health.
- The need and necessity of CAH- deprivation of medical facilities and poor drinking water facilities (diarrhoea), welfare schemes are not been realized,
- Lack of political good will to promote wellbeing.
- Believed it would bring change- solve the problem.



Main observations (continued)

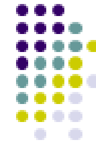
- **Suggestions given to strengthen CAH and its initiatives are.**
  - Activities should be carried out by the committee.
  -Creating awareness about CAH.
  - Members should be selected from each village.
  - Meetings in each village on a routine basis and communicated to the people.
  -People who have selfless attitude are to be selected (2/10)
  -Inclusion of Youths.
- **Any expectations/ obstacles for participation-(esp in VHSWC)**
  -Committee should be an action oriented committee.
  - Timings- due to their nature of work.
  - Money- only few expect but with proper awareness and realization of wellbeing it becomes secondary.
  (no socio- cultural issues was reported)
  - The experience of FGD at Pettai and Pallikupam (unity among ST-SC)
- **Participants felt CAH initiatives should be Govt-People Owned.**
  Ngos can facilitate but feared about its continuance.



Knowing about community and community health:

- <u>Panchayat visits</u>:
  Pulicat, Kotaikuppam, lighthouse, Thangalperumbulam, Nalur, Thadaperumbakkam, Kodur, Attipattu,Sunnambukulam,Nelvoil.
- **community as a place where people of different religion, caste, creed, class, language etc. live together.**
- **community as a place where people share the same religion, caste and language and live together.**

- Social, political, economy and culture are the determinants of community health.
- community health is profoundly affected by the collective beliefs, attitudes, and behaviors of everyone who lives in the community.



Learning Objective- 02

To strengthen VHSC.

Light house and Kottaikuppam

Activities conducted:

- review meetings-
- Home visits made-
- committee reformation-
- orientation about NRHM & CAH
- roles and responsibilities of VHSWC members.

Achievements: (towards sustainability)

- **Activated the members.**
- **Meeting is self-organized.**
- **Self-planning about the activities.**

Review meetings with VHSWC members

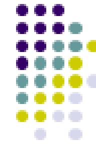
Learning objective-03

To help to execute village health planning

- Conducted meeting with animators-
  - Organizing the meeting (preparedness)
- Conducted meeting with the VHNs in PHC-(to seek cooperation for VHP)
  - the need and importance of CAH.
- Regularly met BMO and MOs to seek cooperation and support.
- Oriented about VHP to Panchayat Presidents, anganwadi teachers and VHSC members during panchayat visits.
- Gave feedback during the VHP visits to the animators.

Village health planning

Conducted VHNs meeting at Kattur PHC

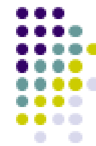


Learning objective-04

To develop report writing and documentation skills

- Orientation report-01
- Monthly reports-03
- Field reports-11

- Helped me to keep track of the planned activities.
- Useful to recollect the learning and observations.
- Reference document.



CHLP and Me: the inner learning

- Confidence as the result of experience.
- Health as a moral responsibility.
- Courage.
- Adjustment and adaptation.
- Strengthening Spirituality- a process.
- Every human being is the author of his own health or disease. Individual health is closely related to community health.

The living experience

Pulicat government hospital