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Necessity to work on the roots of Health and Ill-health of society

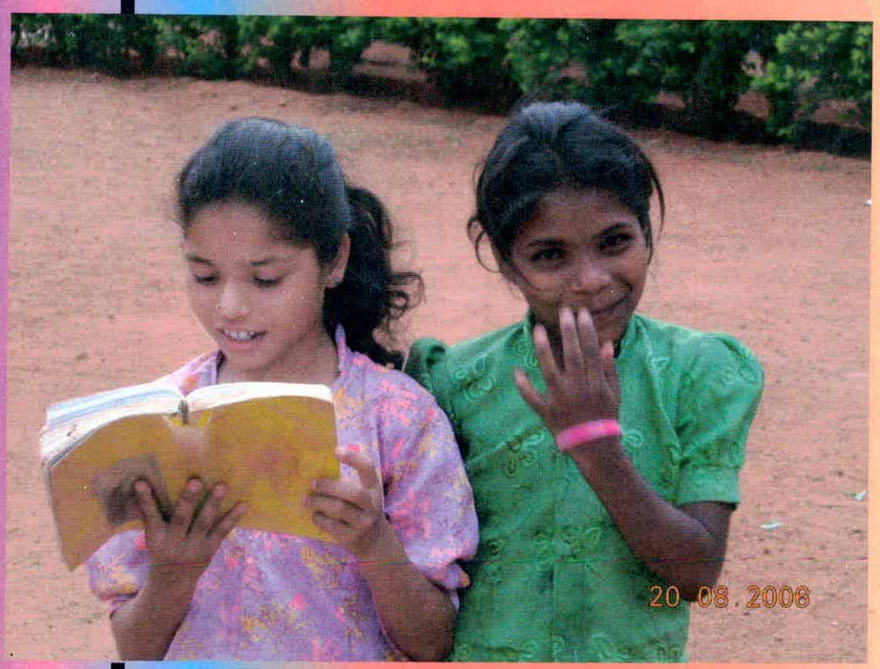
CHLP-2006.4/FR-22

The Determinants of Health

w.r.t.

HEALTH EQUITY

Fellow- Dr. Harishchandra Zagade



Community Health Fellowship: 2006-07

COMMUNITY HEALTH CELL (C.H.C.)
Bangalore

CHLP-2006.4/FR22

Necessity to work on the roots of Health and Ill health of Society
The determinants of health

LOOKING AT HEALTH THROUGH VARIOUS DETERMINANTS AND INFLUENTIAL FACTORS OF HEALTH w.r.t. HEALTH EQUITY.

Fellow -Dr.Harishchandra Zagade

Community health fellowship-7th Aug.2006 - 6th Feb.2007

COMMUNITY HEALTH CELL (C.H.C)
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Necessity to work on the roots of Health and Ill health of Society
The determinants of health

1. LOOKING AT HEALTH THROUGH VARIOUS DETERMINANTS AND INFLUENTIAL FACTORS OF HEALTH w.r.t. HEALTH EQUITY.

Fellow -Dr.Harishchandra Zagade

The major calamity in the health very obviously seen today is strong and painful divide between the health service availability. We have to be sensitive enough first, to find the contrast and contradiction, the disparity. A handful people have all sorts of health facilities at their doorstep and a majority mass of society throughout the world is being ignored, rather thrown away from very basic needs and primary health-care. This is prominent especially in the third-world countries. Today the health-care means super-specialty hospitals with facilities like air-ambulance. All the health-picture is being took-over by these concepts. Their concerns are obviously the concerns of a certain class only. One may see a lot glaring health structures and hospitals in cities, but they in reality are this one.

There is a superficial and sectored approach. It may be purposeful or ignorance. Basically the problem starts from the present health providence system's quest for health for all- whether it is genuine or artificial/superficial. It seems very well that the health policies and approach in the private-capitalist globalization are very well related to its commercial interests and health is being converted into a 'commodity of trade'.

The very pitiful thing is that all this side of the capital in rule took the goal of 'Health For All by 2000 A.D.' very un-seriously or, say- ridiculously.

The other thing is that this power flow is changing the whole concept of health for all. In that sense, a well network of paid star health services (mainly chemical surgical) will be established and opened for everybody as 'pay and use' service! This is very cruel crusade of the market centered- private profit oriented econo-polity.

So there is a prompt necessity both the ways. Econo-polity is the major medium which operates through, and is formed of various factors like social norms, gender views, industrial and agronomic developmental visions, environmental attitudes, and cultural presentations- all are the very basis of health: both, individual and community.

As 'pay and use' based market-centered private oriented health attitude has nothing to do with community's needs of health, it is the private capital in the market that will decide the needs of community! These needs, on the other hand also will be tried to be created by its well partner i.e. the 'media'.

As health is not an 'optional' or bypass-able or avoidable thing, for poor and toiling masses, (though they try to carry maximum illness on the body to maximum extent), this thing has become now a new tool of exploitation! Expenses on health are putting back to these people in their life. And even very often if it takes to the cure, it simply puts in an altered distress. One may survive from death but will have to live a death with debt! That's why health expenses are major contributing factor to the farmer's suicides. Even in a suicide, along with physical and mental illness it is this system of health providence where the roots of ending life take place.

2. Getting at the roots...
Social determinants of health... beyond the medicine

Disease? Pains? ..just write the name of medicine or surgery on the chit and hand it over to the patient. Your roll finished... next patient! That's where the great healing, scientific humanity-based art have been reduced today! It doesn't stop there only. The part of collecting money I have not mentioned! One of the noble deeds of ancient times have today reached to a big professionalism-big chain of star hospitals and pharma MNCs. But the pains and diseases of humankind?- they are there as usual. A majority of human and non-human world today is away from very basic and primary health care. Why?
Asking the question is beginning.

2.1 Why the necessity to rethink?

The necessity to have a social audit of health system today has become the need of the time as a large disparity among people for the very basic needs of life or life with a dignity. The present health system has failed to a great extent to provide a justified health for all and the quest by people for the health equity is becoming more and more important as the situations are worsening very badly in this era of the globalization of exploitation and poverty and exploitation of natural resources. The bad situation of the commons is very obvious and not necessary to mention.
The present health providence approach has never considered the people first. It is not people or the community centered. It is based on very narrow vision and obvious it has some vested relations. For ex, it's planning is very vertical and also it focuses only a disease or an entity isolated from the root causes or determinants. So the policy makers guard their own interests. That's why it is becoming more and more commercial and private. The logic to rethink this model is very simple that it has failed to provide health for all irrespective the spending capacity and the poor and marginalized are being forced on a large scale from the picture of a healthy society.

2.2 What is the immediate way?

Once we grant the necessity of querying, then about the answers, the very first thing that matters is attitude, approach, perspectives of looking towards the disease. The total 'shift' in approach is needed. It is required to go at the roots of the disease- to the maximum possible extent. It is necessary to delimit vision, widen it, not thinking the human body as an individual body; considering it's relation with society and the surrounding. Society, surrounding and the individual are interdependent and influence each other. Consider the structure of society, consider society's influence on individual's body and mind. Understand the individual and community relationship.
Shift:-

Chemical-surgical 'medical' model to 'health' model.
Individual to social

Sectoral to intersectoral.
Patient as a part of people.
Curative to cause-eliminative.
Vertical to multilateral, participatory.
Providence to generating.

Health has a very wider meaning. It is thinking beyond disease, its mechanical or microbiological causes and the mere chemical-surgical medicine. It concerns about the social factors that determine, produce or maintain the disease. This means shifting to social determinants. It is enabling and empowering people to keep well being. It concerns with giving people a chance to involve, enabling them to act.

2.3 Enabling? Empowerment?

In fact, whatever is to be done, that is to be done by the people, for the people and with the people. That's why whilst talking about doing something for people is not meant as something to be provided by someone to the people. That's why it's the peoples' collective initiative that matters. Also the govts are (supposed or necessary to be) the bodies that are responsible for the people and selected by the people, providence by govt. has ultimately to be necessarily in accordance with the peoples' needs. But as the socio-economico-political structure of a large part of the society is dominated by certain class of few peoples, it is hijacked very well by them. It is necessary to circulate this consciousness about the facts among the people. This is a very long term consideration, the immediate thing possible within the given framework has to make aware the people about their rights and one should not keep the people always in the taker mode. With limitations of compromising to some extent we require to empower the people for their right as well as build the service from themselves or by their responsible body, say govt. for the community participatory initiatives or efforts, considering the determinants of health are the most important and prime means. For that providing people the knowledge, training is required. But it is much beyond the training also. The knowledge here concerned is about bringing the change; the change in the factors that determine the health.

To educate, participate and mobilize the society or community even, towards the minor determinants of health say about hygiene and cleanliness, we require gathering the community, uniting the community, to build the community. Building the community is a major task; because there are major determinants that determine all the relations in the community. Class-caste-gender issues, issues like communalism, power relations are major obstacles in community building.

2.4 Some determinants of the health-

Social
Economical
Cultural
Ecological
Educational
Hereditary
Individual
Political
Genetic

Determinants of community/society-

Distribution of resources,
Production structure.

A big and major part of community concern in the health is a 'Public Health'. Public health is an important part of community health. Generally public health indicates the state or govt. responsibility. As govt is (has to be) responsible for the people, public health has to be invariably community participatory. But as we saw, state is mainly hijacked by some stronger powered sections in the society, presently it is very far from the actual needs of the people. It's real form is 'community medicine' where the community itself has a organic involvement by empowerment;

2.5 Necessity of starting with the Primary Health care-

There are a lot highly specialized and equally commercialized technocratic heath services and star hospitals, which are, to say, open to all but purely based on economic abilities. So the common people neither can afford them nor they have availability of simple primary health care. The need of the time, for the majority of the community is a strong and efficient preventive and primary health care accessible to anyone everywhere, irrespective of the purchasing power. It is a first and most necessary stem to health equity. It is a basic human right.

2.6 How this consciousness got in? is there any example to any extent to look at?

There are some examples like Cuba, china, Guatemala, Russia, Or Jamkhed, Pachod in India, which gave a major push to necessity of primary health care. These examples have some differences and some commonalities.

The neo-international economic alternative considerations forced WHO, UN to have Alma-Ata Conference, in 1978 where Primary Health care got well-defined and a commitment of HFA by 2000. At that time PHCare Concept was mainly proposed on the basis of –

equity,
community participation
intersectoralness (interdisciplinary vision)
appropriate technology

It gave a major push to PHCare in various countries, by there governments, various health policies and programs evolved.

But after mid 80s, the accumulated capital in the upper strata of the society in the world started invading globally as the technological advances also did spin its speed. 'Market' started attaching, Soviet collapsed, and neo-liberal market-centered economy started intensified, corporate-led globalization started. The majority part of it is composed of speculative finance capital. It forced the governments to liberate all sectors for private invasion. So majority states are now withdrawing govt. roles and expenditures on public sectors and services like health, education, farming subsidies, energy, aviation, PDS, insurance etc. It attacked pro-people programs. Social investing got tagged as 'expenditure'. It badly affected primary health care policies and the goal of 'HFA by 2000' faded off. There was no one to bother about this commitment, even WHO was totally under the influence and obedience of this capital and there was nothing for primary health; the community health not to mention.

The thing is still continuing.

But at the other hand majority of the peoples, the section of the community living and dieing with the need of health facility, is living only with the hopes. The resistance from

there within has gathered strongly and the voices are arising and uniting to various flows of movements. They are strengthening day by day.
Today, people-led globalization of people's interests, solidarity and resistance is struggling against corporate-led globalization. For the achievement of health for all and community health as a reality, we have invariably to be on the people's side, we have to strengthen the peoples' movements.

2.7 Why to strengthen the peoples' movements?

The answer is philosophical and practical.
To be with majority of people and to be in a direction of achieving maximum justified society may be a good thing of reason. Also the situations full with inequity and injustice around us are self-explaining. The present socio-economical system may seem, for a sensitive mind, as a continuously bleeding system which produces disparities like poverty, hunger, unemployment, wars etc. There may be something called as basic human rights. Also there are other living organisms and the environment on this planet that constitute our environment and existence.

2.8 Expectations within the given framework of present situation:

The happenings and efforts about health should be people centered. The justification to the argument 'why it should be people centered' is also important.
Within the limited space in this given situation, struggling for stat needs may invariably be linked to the basic human rights. Such struggles may deliver some palliative yields, build trust in movements and put confidence among the peoples.
As the majority of the people of our time of society today dwell at grass roots level, the efforts for achieving health for all require to work from grass roots level. There are two ways of looking at the achievement of health for all. One is a type of giver and taker relation. The other is by the whole society to itself. It is one's own interest in 'which way to go' that matters. Whatever it may be, presently to achieve anything in health requires a community mobilization and to mobilize a society in any such direction requires uniting it as it is very scattered on various bases. These bases are closely related to the determinants of health. A great unity and solidarity of the society is or may the requirement of the time-being or forever. There may be a need of educating and empowering of the community to have a participatory and effective role in any process for itself or for resisting the process against its interests.
As the present controller of resources and services- the globalizing finance capital is penetrating vertically, at the very same time, people's control, resistance and alternatives require countering it in both directions, more from grass roots to global.

Then, for that the efforts will have to be always with the people and the part of the people. So the working from grass roots level to the global. We will require building a strong community in all positive aspects. That is required to achieve anything. For that we will be required to build a unity on positive bases. The community may be required to educate and empower itself or by such elements from it. It will require commitment and skill. Commitment is based on values. Values may be based on needs, needs in turn on the historical development and processes in the community. Quest for change- changing unjustified socio-politico-economical structure is the most valuable fuel for your action and movement. Along with one's situational and historical needs, these may be the real drives that keep you on peoples' side!
So, it may require to

Go to the people
Live with them,
Love them
Learn from them,

2.9 Why the social determinants of the health?

Hospital is a place where people come to you. In community health, as you are with the people, participating in their education, demystifying the knowledge, breaking barriers, learning of all to analyze inter and intra relations of living and non living things is useful. Understanding socio-politico-economical structure of exploitation, poverty is necessary. Making the sense of rights is basic thing. The democratic ways are inclusive. Listening /hearing all is necessary and a part of justice, part of participation. Constant learning is important. Strong organic link (may be restoring to the primitive one!) can be a major goal as well as a tool.
Understanding society and individual and the surrounding also is a part of understanding the social determinants of health. All they constitute the health of each other.

Coming together of such pro-people attitudes at Alma Ata in 1978 made a world statement declaration stressing of the basic requirement of 'Health For All', to be met by year 2000AD. The Alma Ata declaration has defined the health as "a state of complete physical, mental and social well being, not only the absence of disease or infirmity."
How much we have attained it today?
The answer is disappointing.
That is why the Peoples' Health Charter brought up by the Peoples Health Movement says, "We declare health as a justiciable right and demand the provision of basic health care as a fundamental constitutional right of every one of us. We assert our right to take control of our health in our own hands and for this the right to-
-a truly decentralized system of local governance vested with adequate power and responsibilities and provided with adequate finances,
-a sustainable system of agriculture based on the principles of 'land to the tiller' linked to a decentralized public distribution system and safe drinking water and housing and sanitation facilities,
-a dignified and sustainable livelihood,
-a clean and sustainable environment,
-a drug industry geared to producing epidemiologically essential drugs at affordable cost,
-a healthcare system which is responsive to the peoples needs and whose control is rested in peoples hands.

So for the health equity, the basics of life which constitute the health or determine the health are to be considered as main fronts of action or policy
As Ravi Narayan tells about Pre Alma-Ata India and health experiences, experiments before Alma Ata were much trying to find alternative ways for primary health care. Efforts after Alma Ata were much inspired of Alma Ata declaration for Health for all. But later on as globally capital started influencing; many projects supported by World Bank were

having sectoral or limited vision. But the genuine community based and intersectoral, people participatory efforts also went strong. A People's Health Movement took place.

The United Nations has set now the 'Millennium Development Goals'.
But it seems that the same thing is going to happen about these MDGs which happened about the 'HFA by 2000A.D', if every thing goes in the same ways as new economic policies did with health for all by 2000A.D. That is why there is requirement to be more conscious and act.

Revealing the context...

3.

Through the heart of Badaami-Bhoomi

A Representative Reflection from a South Indian journey

I received an opportunity to travel through the Badaami-lands of Karnataka to further there towards the Western Ghats in south India. The journey in that remote interior south India was learning and memorable experience; especially the travel from Bangalore to ManiMahadeo hills, towards the Mysore region. The land and the people there, the life there, the forest, the hills and the trees and the children there have really something strange to say.

That study tour revealed geographical, social, cultural and also economical factors before us. All they are difficult to separate.

3.1 Geographical and ecological conditions:

Karnataka is a land heavily studded with diversity. The lava-mantel of the Deccan region has a lot mega-continuous rocks here. That is a region specific characteristic. So much meters devoid of any crack! Even their cracking tendency also cubical-angular-in cubes, slabs or strata. That's why the rocky slabs plenty everywhere! That rock have an effect over the art and aesthetics also, sculptures and carvings also. Mahabalipuram, Bahubali Gomateshara aesthetics reflects that. Humpi-Badaami-Hospet has inseparable relation with that. The rock characters are found in small stones also. This rock when freshly cut has a gray color. If we add marble to black basalt of Maharashtra, we will get this texture and color. The mixture of both varies with the region. Shahabaad, Manjrya, Kota, Kadappa, Shirgola etc. are the form-diversities with some commonness. That diversity comes from various additional minerals like calcium, iron, silicon, bauxite, etc. Fresh cut gray rock slowly turns yellowish, then reddish. Rock is a father of the soil. So the soil here is reddish-badaami. Like some marbles, the sand found here is also semitransferent! The land is fertile, more so if it gets sufficient rainfall. So there are plenty trees, semi forests and jungles, as well as agricultural usage and cultivation. The land where there is no much raining, also have there own characteristic flora and fauna. This is related to the economy of the society here.

The story of the actual Bangalore city and its development doesn't fit directly in this picture. This entire situation has place at the base of this development. This development has nothing to do with the region outside the Bangalore. In the Bangalore's sky, every five-ten minuets a plane revolves. As we move away from Bangalore, the picture changes. The land nearby the Bangalore is rapidly going in the hands of the land and mine mafias. Some hills have there skin deeply taken off. These intermittent rocky

gray patches of hills show how and at which cost the Bangalore is developing. Elsewhere, there is a lot hope yet there. Relatively a large green heritage nearby Bangalore is still there. Near the city the biodiversity seems to be under stress and forced to narrow. Besides very less wild spaces, there are monotonous palmarys, eucalyptus related to commercial plantations. A plenty resorts and careless industries!

As we move from there towards the Western Ghats, biodiversity increases. Marshy places and lakes are plenty but local contradiction is also prominent. (This doesn't mean that it is less in the city. The marginalized have no place there.). In rural region huts of palm-leaves, the houses of working masses go on increasing. Paddy fields are obvious where the water is available. Sugar cane is also prominent. So a typical village picture with all its characteristics takes place. Taluk-level semi-urban towns are also typical.. with the percolation of falsehoods of globalization.. the same 'bhaigiri' on the pan stalls at square.. the same gutkha picks and pockets.. But comparatively the fumes and fog of the bidi, cigarette smoke is quite deep dense. Liquor shops also plenty as like stationary and grocery stores! Average women, dried children.. young people in the efforts of finding work.. those who are in work finding for a while of rest.. all less or more same.

Whilst passing through the large dry-lands and planes, broad and shallow river came across abruptly. Moonlight mixed-like frothy white water finding way through rocky bed. When I received an information that it is a river Cauvery, I really got thrilled!.. filled so great about own myself for a while to see her!.. some names come with their personalities!

The farmyards there also provided with sericulture. The mulberry leaves add a deep bright greenness to the surroundings. Ramangram, Chennapattan, Neerghatta, Maddur.. as we move more and more inside towards the Mysore, the picture changes gradually. The regions having very sparingly rains have somehow dry-xerophytes jungles. Various acacia species (A.Catechuew, Shami, Hiver) and not-so-local but growing with 'wild'spirits- the lantana (multicolored). The Saatbhai birds there are more yellowish as compared to grayish ones of Maharashtra. Turtle doves are a lot. The region, I think, also can be identified as a major home to Royal Falcons. The bullocks are one of the important animals to be considered. Here they are some how smaller ones, with parallel ante-curved horns, seemed to be more pitiful ! Just like us, every house provided with 2-3 goats. But the number of such small packets of sheep are considerable. We have their nomadic herds. The hutments of poor people made from the coconut leaves or to the most, of biwinged Mangalor tiled roofs. Tiled roofs usually provided with open extensions before and behind. That is a local style.

As we move near to the ranges of Western Ghats, we get the feel of rainshadowed region. A picture, which is very similar to our homeland. Now where there is water, there are a lot paddy fields (Maavali climate). The remaining one is provided with very less rainfall, but provided with a very rich, long run arid forestry. You will not find any lamplight throughout your visual field. No bus, transportation and connectivity very difficult. The village huts poorly provided with electrical connection, that to limited to an exceptional 40 watt bulb! Few decades ago, what the kerosene chimney in hut did express, the same thing we find by this dim light. Also, no sufficient voltage to run a tube light. The urban region is provided with a lot rich continuous electricity supply- a condition much better than Maharashtra.

Overall, the forest region has a great diversity there. And that also reflects in the development- a very strong reflection. Even a small effort to feel the gaps of development, even within this moribund system, could have been resulted into temporary relief to the

toiling masses, living in such a otherwise naturally rich zone. But the reality is reality.. and that's why this forest region can also be a home to a lot like Virappan.

The diversity, to tell in detail, contains dense green forests like Satyamangala along with the thorny dry forests. New Kamrajnagar district has been formed now out from the old Mysore dist. But everything remains the same for common people. It is talked that there are a lot mini Virappans now. In the conversations with the people, people told that the common people were have nothing to do with Virappan and Virappan was having nothing to do with common people.

The climate here has two monsoons. As pre-monsoon thunder follows the shallow monsoon showers (mrig-rimzim), the same is true for the post-monsoon thunders (hast). But the rain is very unpredictable and uneven. The October heat is as strong as the summer.

In such environmental condition, there can be some relief from indigenous development efforts. But it seems to be the total absence of the major drive i.e. the political will. And that also seems to be purposeful. The second (and may be secondary and obvious) major challenge is the absence of consciousness about the poverty, slavery and the reality within the people themselves.. it has assimilated in their life!

3.2 Socio- economic:

All homes are poor with certain exceptions! No major difference between the landless and the minor 2-3 acre land holders. Here we may require to widen the concept of land reforms. All these people have the day today important. It they get a fair rain, they abruptly will give up the sowing raagi and turn to ground nut, sowing it with a lot dreams! They will guard that crop from wild animals like elephants and wild pigs and crows throughout days and night- they are to that extent hard working. Ground nut is not a crop to eat. That is to be sold all in market (cash crop). Very often the money came through that remains happiness of only a while! With the exceptions, all are poor, but the fangs of caste are so sharp. The S.C. population nears about 40%. S.T. fraternity is also prominent. The lower castes have majority of Soligas, Lambani (lamaani). The reformist and serving societies like missionaries were worried with all the socio- economic difficulties here. But, somehow insensitivity at higher orders in churches due to increased influence of commercialization is a thing of worry for grassroots level devotees. The hills here are provided with crosses equally with the temples. But there is hardly any difference in peoples' life. It seems here that keeping the basic philosophical structure constant, changing a religious form doesn't make much difference to the socio-economic status or change the origin of such problems. However the counter communal forces operating at various levels are more necessary to be taken into consideration in today's situation.

Of course, within the limitations of such conventional frame-work also, a lot can be done for temporary relief to the sorrows and sufferings of people, as the work of Dr. Sr. Aquenus and her dedicated staff shows there. Though we realize here that the only service is not an ultimate answer and it hides the real focus of the problem generation, there work shows the importance of palliative work with its limits.

As a part of fellowship studies, we visited there to the Hanur village in Kollegal Tahasil. That village has started now growing as semi-town and market place. Very same like ours, there also we see the primary teachers in government schools struggling against the inadequacies. Schools have reached only to the some such developing villages. These places also are not spared of divide and there too are now coming up some private English-medium schools, mainly for the exceptional ones. For the remote small villages and hut clusters, the school will be on the day when the teacher will be able to reach there after overcoming all the obstacles. From there, we went to Koretti Hosuru- a small hut

cluster and also the Yarabgere. Then we also saw some 'bridge-school' efforts at other village-Prakashpalya. Our worse education system is worse for such places. Then where do the children here go and what do they do?

The children go or stay at the bound labor places! The bound labor has the heritage there from the generations! It has very strongly chocked the lives there. It is relatively prominent than the counter situation at ours. The children there also do go for works like keeping cattle, for quarrying, mining works, or domestic work in various villages, small towns and even cities like Bangalore, some go for vending fruits, news papers, a lot go for cutting the sugarcane. Some go for working as collie- girls too. They also do go for sewing- stitching works- boys too. A lot have to look after the younger brother or sister. All this is not in much grown-up age. The age parallels to the 3rd or 4th std.

After such a few initial steps in formal schools, there, you may say as is a trend to go for selling toys and various articles in trains. But a majority of work is in farms and bound to certain condition, or you may straight say, a bonded labor.

There is no end to their sufferings. A lot try to escape and run off. A lot fall pray to malnutrition. A lot do suicide. Some people brought that little Nagendra in a vehicle and dumped in hospital. There he came out of almost the mouth of death. During the treatment, after taking him in trust, he told to the nursing sister that he has taken the Rogor- the deadly pesticide! His father and mother have had a debt.. probably, taken for marriage or treatment in past. The borrowing of 5-6 thousands grows over 20 thousands within 8-10 years despite paying a lot money over all the past years, in the form of both money and the labor. The tragedy of the poor is that he never can return all the debt or borrowings in a single payment. That's why he remains slave of the original amount and even the interest. Such private interest rates may be near about 60 %(or anything!). Self help groups have somehow less rates, but that too much higher. Also the SHGs do not stand for emergencies. The exceptional rich and those who do business at other places lend private money lenders and exploiters. Subsidized govt. loans are mere cheating in white clothes for such poor masses. And also they really can't solve the puzzles of the documents and bails. The lamp in the lender's room keeps running at any odd time of the mid night also! He takes impression and article-deposits by one hand and immediately lends money by the other hand. A simple procedure! Debt is an impartial part of life! Very similar to a caste, it binds and travels through the birth also! No difference in its consequencies for younger or older. Till few days before, farm work, domestic work succeeded to escape from child labor act. And despite some recent happenings on this front, there is no any considerable change in the situation. 82% children are non-nourished. Their wounds get cleaned by licking by dogs, or like here, by the cows. A lot children fall pray to addictions, mainly the liquor. Tobacco, bidi, gutkha are a common thing. Snuffing chemicals have penetrated very meticulously to bigger villages. Younger, older all have a great psycho-disorder index- near about 50% (Bangalore has 30%). A lot marriages happen within very small community relations and domains of caste and blood relations. Child marriage is a major problem. This results in physical-mental ailments and economical crippling. The story of the women life is the most worse. Smaller the girl, less is the dowry. Female foeticide is not much predictable- may be due to the difficulty to reach up to reach to the prenatal sex-determination tool (or vice-a-versa), but, Dr.Sr.Aquenus do tell that, the female infanticide is awful- say near about 140 per thousand! As anywhere else here are also some specific practices to kill girl.

Some of such children do reside and learn at bridge-school. We saw there tremendous cultural abilities and skills e.g. singing, dancing skills, their srishti-geet, harvest songs, pot dance(bindige) all really unforgettable!

3.3 Health:

What to speak else than this on health as separate? It is the same situation as at other regions. But the severity of the problem is to much higher. No much adequacies of the govt. health service. The shortage of drugs, especially the anti-snake venom serum, is very prominent. It's the such a place where it requires most. The same thing is about the prophylaxis and the determinants of the health. Chickungunia, various fevers, the mosquitoes all are in form now! People have primary support from local heath traditions, herbs and Aayurvedic therapies, and also they have much more trust on these. There is a combination in these service providers, some of which are genuine and some taking advantage of peoples' situations.

When we started to back, we came across the place from where Virappan kidnapped a minister.. a huge property of long spread palm-grove and irrigated land, estate.

.. So we have a great unity of certain things throughout the society, all the states and the boundaries.. a very sure common things!.. we have a solidarity in this sense also.. the situation is there, the situation is more or less here also.. the various narrations also are there.. some broken answers are also there.. and they are useful also, to some extent.. but.. where is the complete solution?

4.

Some important considerations in COMMUNITY HEALTH-

<u>The necessity of shifting our approaches.</u>

Medical model—to—social model
Individual---to community
Patient—to—people
Disease—to—health
Providing—to—enabling
Drug technology—to—knowledge/social process
Professional control—to—demystification

Teaching is somehow one way.
Learning is facilitation, participatory

Looking inside and outside of our self and others is required.

Step by step new journey from hospitals and institutions to community is required.

Medicine is not everything. It is a starting point.
Poor people also have something to give you.
Discussions are important
Advices as per reality

Every primary health care worker you will have to understand
Be a tap-turner not a floor mopper.

6.

Health/public health/primary health/community health-important happenings

Thrust to concepts-
Health(1948WHO)
Is much beyond medicine.
Public heath(1950 Social reforms and rulers in Briton.)
As a job/duty of state.
Primary health (1978 Alma Ata)
Basic, primary health
Community health concept (1980s)
Arrangements made by the community for the country.(with the help of govt, or else.). Wider magnitude.
So building a community is important mission. Beware: community is divided.

About primary health care: Its importance has evolved from people's experiences of various countries. They were pre- Alma Ata, Alma Ata (1978) and post Alma Ata. The mission health for all by 2000 underlines it.

Four major principles in health are:

Equity
Appropriate technology
Intersectoralness.
Community participation

Market/capital has started attacking all above since 1980s ,investing in it being tagged as expenditure. To resist this a global uniting is required.

7.

Health Structure, Programmes And Policies. (TN.)

Different classification methods of health sectors:

Village Town City.
Public Private
Allopathic AYUSH LHT

Historical development of health structure in our country.

Pre-independence
Post independence.

It was knowing how British rule was pro-allopathic, marginalizing Indian systems of medicine. Even after the independence, our state continued support only to western style of public health and health strategies. Historical development of primary health center and accordingly higher stepwise establishment of health infrastructure achieved.

There is a journey from Bhore committee to today's NRHM via 25 National Programs.

It has got some influences: first of British colonial, then freedom struggle, then Alma-Ata and now the corporate capital led globalization.

But also has got influence of people's movements and solidarity.

Now-a-days, following factors are important:

- Budget,
- Policy
- Implementation and effectiveness of services
- Entitlement of people's right to health.

We also discussed the today's health structure's key factors, programs and various systems of surveys.

7.1 Important Aspects Of Globalization

It is a private corporate capitalism via international bodies and govts. A segment of global citizens benefit.

Problems created by it:

- Increased inequality, disparity
- Increased unemployment.
- Wars and conflicts
- Loss of livelihoods
- Negative health impacts.

All the determinants have got negatively influenced.

There are social crises.

There are effects on women.

Socio-politico-economical factors in community health:

A single struggle in a village for a minor thing like getting 100 Rs govt pension is meant to involve all the determinants of health.

7.2 India's health in general-the context and the happenings-

Whatever may be the Definition of health, in India for the majority of toiling masses, it is yet a delusion.

The root-causes and basic needs of health have been neglected a long time. Especially the following sectors are now much in negative side.-

- Food security.
- Equity in health
  - Availability/accessibility/quality
- Public health System and primary health, PHCs.
- Environmental determinants and hazards
  - Poor environment/water supply
- Treatment : commercialization

Existing health problems are getting worse, old reviving, new health problems are evolving.

Where are we in world ranking? We have 127th rank in the Human Development index. (unfortunately there is no 'happiness development index').

Health scenario
Infant mortality and maternal mortality rates, life expectancy requires to be worked on the roots.
Constitution of India expects:
"A new social order based on liberty, fraternity, equality, justice and dignity of individual."
Its directive principles ask for health.
WHO constitution at least on paper has some bindings of which every nation has some responsibility.
UNDHR (1948) underlines the basics of humanity.
Alma Ata declaration is very clear thrust in direction towards the Health for All.
UN declaration- any how, is a collective responsibility for health.
All these we have either signed or bound on our self. But the goal is far away yet; in fact the situations are worsening more and more in accordance with the global capital flows.

7.3 India's Health Policy

The global motion of the ruling forces has very close effect on Indian Health Policies' Historical evolution.
There is a vast disparity between the kind of society we want and the society we have.
Despite the ruling classes' interests, in ancient times, Ayurveda was provided with much positive things. The kings like Ashoka have positive history.
British attitudes worsened the conditions.
Freedom movement tried to some extent, e.g. Sokhey committee.
1946: Bhore committee came in. whose recommendations were a good push towards health for civil masses and expanding British military medical services to all citizens.
1982: National health policy came in as a effect of Alma Ata. Till that there was no significant policy consideration for health.
1991: Neo liberal globalization policies exaggeration started.
2002: New national health policy in that light of
Liberation, Privatization, Globalization
Various national programs got reformed.
Discussion with Dr.C.M.Fransis was informative in this subject.
Now the Millennium development goals which talk only in the language of 'halving the populations in various diseases till 2015' are the being made as an indicator.
The major distinctive characteristics of present societal process are high rise in disparity and inequality. The divide between the poor and the rich is becoming more and more wide and deeper. The poor who constitute a majority of the populations are being marginalized and simply excluding them, the rosy picture of "Super-power" is being painted. The virus of communalism and fundamentalism is also threatening infectious disease of today's such a vulnerable condition. Seminar at Indian Social Institute emphasized some things- Importance of social-economic rights of minorities. Liberal democratic voices, culture already exist. We require supporting them.

7.4 Poverty, Globalization, development and health:

These are important determinants of health
All these determinants operate at many levels and are inter related.
Statistics many times may negative politically affected.
Health as a human right and social justice in health
WHO has formed a commission on social determinants of health.

8.

Rights, Human Rights and Campaigns

The concept of right (not yet well differentiated): a privilege
The base of Right to Health is a Human Rights concept.
There is no specific right to health in Indian constitution or govt.

Human rights are the basic rights inherent with birth and no one can take them away. There is a need to be ware of this reality and work. It is a vital thing for society and it is dangerous to be weak of human rights movement.

9.

Issue of drugs:

Discussions with Naveen Thomus, Prasanna gave valuable information on the happening on the front of the struggle for access to essential drugs. The AIDAN Meet was also one important meet where a lot important information about this movement got revealed. India is a largest manufacturer of the drugs. Despite this the majority people in the country have no access to essential medicines and the neo-economic policies are affecting the condition very badly.
A film: Pills, Policies, and Profits revealed the ethics and evils affecting the people's access to the essential drugs. Some important things to mention are-
Medicines getting out of reach of people,
No effective control of drugs
Drs being trained by drug companies.

Rational drug use and medical care.

Discussions with Dr.Prakash Rao provided some more information.
Health care already have got commercialized.
There is deep effect of globalization, liberalization and privatization.
The only motive is of profit.
There is

A lot irrationality in health care and drug practice.
Erosion of public health sector, being used by private to grow.
Necessity of ethics allover.

He also delivered a nice guideline to confront these issues related to commercialization. It was a valuable session. It definitely provided some armory for the confrontations.

Discussions with Prasanna:
Health care is decided by market.
Creativity aligned with it gets commercialized and goes hunting for consumers and profits.
It leads over to monopoly over things like drugs or intellectual properties.

This is the challenge of globalization to health for all.

Privatization=profits=curative approach.
Historical happenings in the field of IPR/TRIPS.
Campaigns and confrontation related to it.

In some total, this joint session was also a very useful, informative and updating. It ushered the necessity of continuous campaigning in this field of health. It gave idea of the challenges by transnational tyrants against community health.

10.

Urban Health -(study with S J Chander).
Two real stories revealed the difficulties that urban poor have to face in Private as well as Govt health facilities.
Community efforts: service providence is not enough.
Going beyond that is also not easy. Local money and muscle power gets reacted against us.
Vicious cycle of poverty-malnutrition-illness-expenses.
Necessity of a clear policy for urban health.

11.

Child health based on Rights
Visit to **APSA** (Association for Promoting Social Action.) with S J Chander.
resource: Laksha, Ravi
Intersectoral work for and mainstreaming of street children.
How the child helpline operates, supports vitally in emergencies.
Various successful training efforts.
School.
To a certain level, it seems to be a genuine effort.

12.

Determinants of health with respect to Tb/HIV/AIDS
(resources-TN)
Tb germs can be controlled, difficult to eradicate.
Historical happenings about Tb
- Its association with industrial revolution, world war
- Epidemic to pandemic –internationalization
- India's national Tb program
- Effect of patent policy on treatment
- Effect of international politics on revision of NTPC to RNTPC

RNTPC- a risky battle approach
Discrimination as a challenge
Information is important.
Nobody should die of Tb today.

HIV/AIDS a new epidemic that can be reversed
Stigma and discrimination a major problem
Classical example of struggle in kerala by Sunil
- Community is the learning place
- HIV positive people also have a great contribution in movement.

Visit to **MILANA** with Sunil, resource: Jyoti., Revealed the following important aspects that require to be urgently attended-
Acceptance is important
Support group is necessary

Funds also have discrimination tendency
Issues about ARVT
Medical fraternity's attitude
These are the experiences of the positive women looking positively towards the life.

13.

Rights of Physically Challenged and Disabled people

Visit to **MOBILITY INDIA** : with NT,SJC.

We learned there how a community based rehabilitation can be set. It was a good example of automatisation of the disabled community can take place. The products they were producing were helpful for themselves as well as economically empowering them.

There seemed to be a less effort in advocacy or rights based broad effort.

14.

Gender and Women's empowerment. –RN/RG

Gender sensitivity starts with individual level and capacity. Gender attitudes are very chemoflaging. A good example of this is our text-books. There are some commissions, omissions, and mal-importances.

Try to understand from where the differences come. Mutual understanding is important.

15.

Mental Health -by Dr.Mohan Issac.

It's an often ignored and mal-understood part of health.

Broad classification of mental disorders:

Severe, common, and substance use related personality disorders.

Mental health disorder:

"A person at ease with himself, others and environment."

A vision of training to treat/manage mental disorder at primary level is needed, because much of it doesn't require medicines and that level is much organically suitable. That is why some of traditional healing methods (not all-me) require to be taken into consideration.

A visit to **BASIC NEEDS INDIA** which works on mental health. –with NT

Resource: Dr.Nayadu and Dr.Mani.

The dialogue with Dr.Nayadu revealed the necessities and difficulties of people with mental disability and their family. Even the basic needs of this part of society is often neglected and underestimated. The chemicals based conventional ways of their treatment is also have many shortcomings. Even the traditional ways are much variable and mixed. We have to intervene when they turn violent and torturing like beating.

Learning from groups and evolving their own model based on their needs is valuable and viable.

For them you will know the real meaning of self help groups or SHGs.

Off course we realized this when we visited to the families with mentally disabled peoples! We went to magadi road slums of Bangalore where Basic Needs India group and the APD have became part of such families. The picture which we saw there was a bad reality.

The overall visit gave us a positive direction and lighted lamps of hope.

16.

Determinants of health with reference to Malaria /Diarrhoea/Non-communicable diseases some important aspects:

Why social/community concept of health?
Present view is mainly -medical.
We require a Balloonist's vision.
Malaria:

Chemical- medical approach, curative and even in the name of preventive approach requires to be changed. Relation to engineering and development should be considered; mosquitoes are linked to development.

Diarrhea:

Biological-medical circle
Public health circle
Social circle

IHD/CVD: How it is related to modern life-style,

Addictions

Social vaccines idea

Visit to

National Institute of Malaria Research, Bangalore –with S J Chander, resource-Dr.A.K.Gosh.

Malaria:

You can't control without going to the grass roots.
Implementing science for the society is necessary.
Local and folkal approach
Community also have a responsibility.
All is based on Economics.
We have good infrastructure of Panchayat Raaj

Understanding structure is important.
Emphasis should be given on vector control.
Kollar experiment of vector control

This was an excellent example of how govt officers can also be exceptions! How they studied the difficulties with DDT, its effects on silkworms, necessity of finding an alternative method of vector i.e. mosquitoes control. They went through science and found a biological way of control in the form of Guppies or Gambuzia fish. They worked with communities and introduced that to field and got effective results.

The increased addictions are a big problem of the lifestyle and the conditions of the people today. S.J.Chandar put some light on this issue.

17.

The challenge of TOBACCO.-

A physical and mental challenge.
It kills.
Widespread social problem.
Portuguese introduced it in 16th century.
Tobacco market in India: more than 260mill.
Bidi and chewing is biggest part.
Govt not interested in banning.
Demand and supply both should be targeted.
The life skills are important in practically fighting against this problem.

18.

Nutrition:

Nutrition is a very crucial and vital issue. Food is a basic need. The currents global and local policies have affected the food security and nutrition of people to great severity. The export oriented production and the import policies have affected the food and the farmers respectively. Our public distribution system is being eroded and the subsidies ae being constantly attacked.
We got different technical and medical inputs from a very special day with Dr.Padmasini Asuri. According to her.
Nutrition is fundamental even for health. Everyone should know it.
She talked about some ancient concepts and trends about aahara.
Mothers' role is important.
Some of her views were like-"Poverty existed even in puranas, besides poverty, managing whatever you have is important." This may require to be re-analyzed.
She discussed about-
-What can be done to make nutrition as responsibility of community?
-Interaction and practical with food items.
-Way of cooking
-Importance of post-harvest technology,
A very memorable lunch that took us throughout all the southern Indian food traditions.

19.

ENVIRONMENT and HEALTH. (Resource–RN/RG)
Relation of environment to us and its study.

There is always a lack of certainty in environmental health.
Concept of health field.
Understanding environment.
Deep connections are important.
Finding solution is also a complex thing.
Industries are based on profits. They do not have interests in controlling pollution. Even if they exceptionally decide to do so, there may be the chemical or pollutant not treatable.
Establishing a link between cause and effects is a main challenge community side.

Components of Environment, Lay Epidemiology with reference to Health. – RN/Sukanya.

A film on Kasargod Endosulphan tragedy.

There are thousands of Bhopals. We know only few because only with acute effects come in light. But the chronic effects are very difficult to come to surface. There always remains a challenge of establishing relationship between pollutant or cause and the effects on the health of people. The polluter industries are always against of such efforts. The govt very often guards interests of such industries. Access to the scientific data is very difficult. That's why there is a need of people's initiatives. such initiatives are the important part of today's environmental movements. One such effort is CHESS-Community Health Environmental Survey Skill Share. It is a lay epidemiology.

How this can be useful in peoples struggle is explained by three examples of struggles. This produces valuable data that can be a strong asset in legal fighting. These three examples explained by Sukanya were:

Kudlore(Tamilnadu): industrial chemicals

Kasargod(Kerala): Endosulphan spraying

Idduki Dist. (Kerala): Tea plucker's exposure to pesticides and its effect on women's health.

20.

8th Sept.2006.

A **seminar presentation** by our self on "PEOPLE'S CHARTER FOR HEALTH" was a good learning experience.

21.

Report of the studies at FRLHT,Bangalore

Fellow-Z.Harishchandra

21.1 Gross outline:

11sept2006: Knowing about FRLHT
12sept2006: Community based experiment: GMCL
13sept2006: How LABORATORY and RESEARCH helps
14sept2006: LHT, herbs in health, and nursery/herbarium
15sept2006: Community oriented DATABASE work and RITAM

21.2 Knowing about FRLHT

It is a large organized effort concerned in health situated at Bangalore. It is a Foundation for Revitalization of Local Health Tradition supported by various concerned people and the govt. ministry of forests. It works for the medicinal plants conservation program.

Late 70's and early 80's can be considered as a period of increased commercial as well as pro-people ,conservative approach towards plants. Both were opposite to each other, working for respective interests. As a part of efforts of conserving Local Health Traditions, FRLHT came into existence based on the experiences from various LHT conservation efforts.

As its introductory leaflet suggests, its effort was revitalization of Indian Medical Heritage and not mere study and research. Its vision in this area concentrates on three major fields:

Conservation of the natural resources used by Indian Medical Heritage

Demonstrating the contemporary relevance of the traditional medical knowledge of health care.

Large scale dissemination of traditional knowledge via informal, institutional and commercial transmission process.

It works by designing and developing various efforts in these fields

Institutional Status: It is a registered public trust and charitable society. It started its activities in March 1993.

The Ministry of Science and Technology (DSIR) recognizes FRLHT as a scientific and research organization.

The Ministry of Environment and Forests has designated FRLHT as a National Center of Excellence for Medicinal Plants and Traditional Knowledge.

Its various activities can be profiled from following efforts.

21.3 Conservation Of Natural Resources: In 1993 the institution primly identified the need for conservation of intra and inter specific diversity of medicinal plants. Between 1993 and 2004in collaboration with state forest departments of Kerala, Tamilnadu, Karnataka, Andhra Pradesh, and Maharashtra, FRLHT has conceived, designated and technically guided a 40 crore project for the creation of 55 Forest Gene Banks (FGBs) of 200-500 hectares size each, across peninsular India. These forest gene banks have been designated by the State Governments as permanent Medicinal Plants Conservation Areas and they capture the gene pools of the medicinal plants diversity of the region. In 2004the UNDP and Global Environment Facility have pledged to work with MoEF, Govt. of India to

expand the peninsular India program to the north-east, north-west and central India. FRLHT has been designated as the technical resource agency for guiding this program.

Information technology and Traditional Knowledge: In 1995, FRLHT started giving information technological strength to Traditional System of Medicine and its vast materia medica. It was the effort towards improving access of TSM, mining its knowledge base for variety of research base. FRLHT by 2004 has developed multi disciplinary database on medicinal plants, covering the fields of botany, ecology, phytochemistry, pharmacology, agriculture, and traditional knowledge.

A bridge between Traditional Knowledge and Science:

21.4 How laboratory and research helps in community health

FRLHT lab has been set-up in 2000. It works on epistemologically informed cross-cultural research. The base of work is 'rigorous methodology for co-relating concepts, categories and approaches of traditional knowledge systems with modern science.' It is well prepared with standard facilities in chemistry, phytochemistry and biology, including molecular biology and microbiology. It has done the standardization of the raw material and process used in traditional medicine. It has developed innovative products for industry on the consultancy basis. It has initiated research on basic concepts of Aayurvedic pharmacology like rasa or taste and is investigating traditional methods for purifying water.

How laboratory and research can be useful for the community health:

Discussions with Dr.Unnikrishnan revealed the important and crucial role of laboratory in the TSM and the people's health.

It gives contributes mainly from the modern sight. It works for three important issues: QUALITY, SAFETY, EFICACY.

Quality: standardization of any medicine or food is required to build a much greater trust as well as effectiveness. It is the most important contributing factor for a good medicine or food. Work of laboratory on standardization is of two major issues: one is developing modules of standards.-standard operating processes right from collecting the herb. It provides different biomedical values, chromatography profiles, general profiles like total ash content etc. The other is Quality maintenance: once a norm is established, it is required to adhere to that level. So many times, continuous testing is required.

Safety: It does watch for toxins, toxicity, pesticides, property variation, etc. General profile also contributes for this. This includes microbial contaminations, various bacterial, fungal counts etc.

Efficacy: all the above things are basis for an efficient medicine or food product. Also one more important thing is botanical authenticity, proper identity. In today's situation, anything is being sold in the name of Aayurveda. To check this and to help in the central regulation of the happenings, the laboratory work and modules are vitally useful.

The laboratory contributions further can be enhanced to

Product development: it has an important role in community medicine. A specific problem wise, area wise product can be designed/developed. E.g. pregnancy related anemia, post-partum delectation, purification methods of water, malarial regimes etc.

Market assessment also can be an extended contribution on the laboratory work basis. It has important role in community empowerment enterprising.

21.5 Scientific replenishment of Natural Resources:

It is one of the most important challenge and need of the day. Working in this field has resulted in formation of internationally accredited herbarium of the medicinal plants of India. At the end of 2004. the herbarium has collected over 50% of the medicinal plants of the codified Indian Systems of Medicine. Simultaneously the herbarium is getting digitalized. It also is expanding its scope to cover medicinal fauna and metals and minerals.

All the above work builds community useful databases. It documents resources. Laboratory, research can contribute to the continuously required up gradation of some part of database, besides additions to the database. The database provides references of already happened work and studies, uses, practices etc.

All the above efforts also generate a good environment for the propagation of knowledge which is given in the form of training. Training in standard operating processes, good manufacturing practices helps. Using field testing methods for quality, safety gives positive outputs. How to develop research proposals based on quality, standards of ayurveda, GMP, clinical studies, helps in community based enterprises. Some of the useful services given by the laboratory are: Moisture content, total ash, Acid insoluble ash, estimation of tannins, total alkaloid contents, bitter contents, saponin contents, HPTLC analysis, Fat content, aflatoxin test, biological assays etc.

21.6 Revitalization of Folk healing systems and LHTs:

From1995FRLHT is working with the network of community based organization to revitalize the Local Health Tradition cultures for the enhancing health security of rural communities on South India. It has standardized a method for rigorous documentation of local health traditions as well as for participatory assessment of health practices. It has sponsored dozens of taluka, district and state level conventions of folk healers in southern states. For the last nine years it has also been giving annual Nati Vaidya Ratna awards to outstanding folk healers.

A very significant program for promoting family health was initiated by FRLHT in 2000. This program was concerned with the primary health as well as innovative and very simple method of conservation of the natural resources used in it. In association with various groups and organizations, more than 150000 family herbal gardens have been established across the south Indian states.

Ayurved and yoga nursing home is also serving the patients in the premises at Bangalore. It mainly stresses on standardization in management of various health conditions.

Dr. Unikrishnan says that, "before bringing any external knowledge to the community, analyzing local natural, human, social, cultural resources is necessary."

The development should accept that :

There can be different culture,

There is local knowledge, tradition.

The development should be affordable, cost effective, compatible.

There should not be hierarchy between knowledge-systems.

Strengthening from within, itself is required.

Every traditional knowledge have its own understanding of environment, body. The gaps are to be filled by complimentary views.

21.7 Community Based Enterprise: GMCL

Herbal public limited company:

This is also a module to know how the various health concerns, conservation efforts as well as peoples empowerments can be integrated.

In 2001 FRLHT initiated a community owned enterprise whose shareholders are small marginal farmers and rural women. It is the Gram Mooligai Company Ltd. It is designed like AMUL for the herbal sector. It is registered under the companies act. The company conducts cultivation, collection and value addition of herbal products, in the last four years the Company has achieved cumulative sales of a little over Rs.One crore. Its annual turnover is forty lakhs and it is spread over nearabout 52 SHGs each of about 20 collectors/cultivators, mainly in Madurai dist.of Tamilnadu.

21.8 Database work:

As mentioned formerly, all the above efforts result in building a huge collection of data and documentation resources. Also it is one of the important need of the time to build such a database. Database documents the natural resources used in medicine. It is hugely attached with the references where it is used, the traditions, the identification, etc.

Dr.Lokesh gave an idea of the database work. It have two major fields:

Nomenclature database and bibliographic database.

The nomenclature database (IMPD: Indian medicinal plants database) enlists the information of about 7609 plants.

The bibliographic database records the related references of the plant.

Besides this, there is also a database of every pathy, i.e. of Aayurved, Unani, etc.

This database is made useful to the people in the form of various packages developed, e.g. the plants of caraksamhita, etc.

21.9 RITAM:

Research Initiatives on Traditional Antimalarial Methodologies

Dr.Deepak gave the idea of the above RITAM .

It was initiated by the committee of Global Initiatives for TSM.

Malaria is a major cause of the entity fever in community. The traditional, local health measures for tackling it have a rich potential to contribute in the combat against malaria. Various plants and activities are used at various regions to prevent or cure the malaria or fever or jwara. Documenting, researching, strengthening these health traditions helps in community medicine and public health.

Aims of RITAM:

Documentation of LHTs

To assess the parameters

Develop region-specific formulations and treatment packages

Promote it in community medicine and educational programs

In the overall procedure, after the documentation of formulations and practices in local health traditions, the assessment is done. It includes activities like proper identification, bibliographic references etc. simultaneously the data on malaria from PHCs is collected. Though it is very often misleading, it is correlated with the village status, then taking into consideration of the LHTs, the villages are selected for the RITAM.

In the preparation of the decoctions and the various activities the community is involved. The decoctions are made available to drink in specific seasonal status. The afterstudies and cohort observations are also made. Analysis done.

Based on all this, the training modules for the Physicians and the peoples involved are also developed and used. This perpetualness increases the effort with time.

How we can apply all this to our public health programs and development:

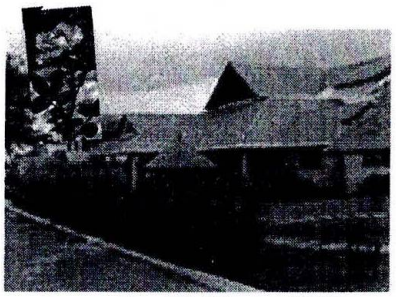
Dr.Unnikrishnan told that this is a big challenge. It requires to develop modules. Purification of water, care of elderly are some important fields. In fact, documenting people's health resources, the GMCL , RITAM, training traditional bone setters are itself the good examples of such efforts. Dr.Unnikrishnan also told about his experience about allopathic drugs usage in Maharashtra villages and the experiments about giving locally available ayurvedic alternatives to it; made by his team.

Understanding of what are the key problems and what are the key resources available in the above context is important.

21.10 Mainstreaming of ISMs:

It is a major work and way to apply the conservation and strengthening ISMs. It is a means of spreading the knowledge and making it useful for the society. It is one of the way relating public health, institutions and the Folk Health Traditions. We all need to work hard by this side.

The kind and co-operative nature of the staff like Dr. Unnikrishnan, Dr.Gangadharan, Dr.Deepak, Dr.Lokesh, Nandeeni madam, Shriram, etc. is appreciable. I owe special thanks for Dr. Unnikrishnan for the extension of very big hand of friendly help in studies and orientation.



22.

Some Ways Of Empowering People Possible Within The Given Condition

As community based experiments are useful to know the possibilities and also to some extent they give immediate relief to the present day problems of the people, they need to be taken into considered for their there outcome. Some of such productive outputs are from BAIF. A lot practical things can be learned from these experiments, especially the efforts in economically empowering the people.

BAIF

In 1946, Mahatma Gandhi visited Urulikanchan near Pune to establish a Nature Cure Centre. His devoted disciple Manibhai Desai was assigned the responsibility of management. To replicate his experiences in rural development, a Charitable Trust in 1967, named Bharatiya Agro Industries Foundation (BAIF) came in to existence. It is now known as BAIF Development Research Foundation.

BAIF is recognized as a Research Institution by Indian Council of Agricultural Research and Ministry of Science and Technology, Govt of India, University of Pune, and South Gujrat University,Surat.

The BAIF mission says:

"Unemployment, underemployment and depletion of natural resources being the root causes of rural poverty, BAIF's mission is to create opportunities of gainful self-employment for rural families especially disadvantaged sections, ensuring sustainable

livelihood, enriched environment, improved quality of life and good human values. BAIF is a non-political, secular and professionally managed organization."

BAIF has a wide range of work in India. Its program based is outlined as:

*Family as a unit of development.
*Multidisciplinary program for assured livelihood.
*Blend of development with Research and Training.
*People's organization for program implementation.
*Focus on Quality of life.
*Women empowerment.
*Environmental Protection.

This approach is reflected in following major programs:

Livestock development.
Water and land development
Tribal rehabilitation
Empowerment of women
Community health
Renewable energy and environment
Training in sustainable development.

This is considered as a contribution to the Millennium Development Goals.
Thus the health of individual, family and community is seen in this entire context. It has created a lot measurable material output.

Efforts in community health:

Health is viewed as and integral part of better quality of life. It agrees that even after 58years of independence, illness is a major problem of the rural poor in India. It pursues Bapuji's vision behind Nature Cure Center at Urulikanchan to promote community health. Gandhiji considered simple interventions like hygine, sanitation, immunization and nutrition as a means to reduce the incidences of illness. This is taken as the basic principle of community health here.

Strategy:

-Health is an essential link in the poverty alleviation, sustainable development and improved quality of life.

-Good health as a goal for development.

-Health contributes to empowerment of people and people's movements.

Community health is considered as an integral part of Wadi(orchard)development program, training local midwives, traditional healers. VHGs create awareness, provide primary health services, and drinking water chlorination in project villages. Local healers have been trained in naturopathy and the have established their own centers to treat cases from their villages and from far away places.

Following are considered to be keys to good health.-

- Hygiene and sanitation.
- Family planning.
- Safe motherhood: antenatal period.
- Child nutrition.
- Immunization.
- Managing common illnesses

22.1 Approaches for community health:

*Intersectoral approach-

Health promotion activities are supported by the poverty alleviation program, land development, water resource development and people's empowerment.

*Participatory approach-

Health activities are supposed to be accessible, equitable and ethical, through planning and implementing the program through people's organizations. (However this approach was found limited to registered organizations and not unregistered groups, organizations or movements.)

*Linkages-

No intervention is duplicated, through linkages with the Govt./Private/Non-govt health programs in the project areas.

*Development and Research-

BAIF considers experimentation with different approaches, wider replication of successful experiments help them to grow with the needs. Recent efforts are in herbal medicine, eco-system, health issues, health insurance and participatory monitoring and evaluation.

22.2 Primary Health Care service-

It is provided by Village Health Guides. More than 1000 VHGs are in service. A range of allopathic and herbal medicines are used and supported by referral system.
Backyard Garden is promoted for herbal medicine and villages are taught to use them.
Sanitation is an integral part of health promotion.
Safe drinking water effort is done. For that, apart from sanitation to water conservation, watershed area development, creation of water source etc undertaken.
Reproductive and child health (RCH), Family planning measures are the major initiatives.
Mental health is also considered. Especially in Surat and Bharuch. Documentation of Traditional Health Practitioners of five districts in managing patients with mental illnesses has been done-100 practitioners have been studied and they are being trained.
A child growth monitoring computer program is developed and being used in activity of child nutrition.

22.3 Promotion of Ayurveda and Traditional system of medicine-

This activity has a special place in the efforts of BAIF. It has made a considerable achievement. It includes:

-Documentation of the existing biodiversity and its use.

-Cultivation of Medicinal Herbs and their use through Traditional Healers.

Charak Centers-

A program being implemented in Maharashatra and Gujrat ;that involves THP in Community Health activities through regular trainings in herbal medicines, naturopathy and 'Charak Centers' in their villages. That provides herbal and nature cure services to patients. Presently there are nearabout 55 Charak Centers. They have made spectacular changes in the life of Traditional Healers. Nisargopchar Ashram at Urulikanchan works as practical input center for training purposes as well as service outlet. Visit to this Nisargopchar Ashram at Urulikanchan was pleasing experience.
All these efforts are consolidated under a brand program named 'Herbotechnik' since last five years. It emphasizes mainly on Rural /Tribal Community health resources and Local Health Traditions.

Initially there was a discussion on whether to include farmers in this or not. But the studies revealed that 70 % of population yet insists on alternative treatment which is, mainly based on herbs and natural resources, whilst only 30 % allopathic medicines are used. Near about 12000 herbs species used worldwide for medicinal purposes. Another thing also was found that, specific species were cut and traded more resulting in decline. How much herbs get consumed per year with six lakh vaidyas? So the burden on natural resources was taken into consideration and about medicinal plant conservation, apart from land characteristic to the trading of herb everything was well considered.

The first man who comes in contact with the herb is the traditional health practitioner.

Traditional Health Practitioner (THP) was defined as, that person who goes In forest, can identify the plant, collects them, makes medicines from them and can appropriately use them.

Considering overall health scenario and its context, THPs were not considered blindly as an entity but scientifically and socio-scientifically evaluated and graded to some extent. (This is very important.).

THPs are surveyed and graded as:

Grade A: Fair Practitioners

Grade B: Better to some extent.

Grade C: Those who use both-plants as well as chants and irrational methods, superstitions

Grade D: Those who use and exploit by superstitions, harmful methods etc.

After survey it was found that D category was most abundant and prevalent.

In the efforts, crude methods and practices like harmful Svedan methods filtered, refined, appropriated and trainings are tried.

Traditional knowledge system is documented. All the activities happen at charak centers. They serve as primary health center as well as social treatment center. Here the word 'primary is considered important. Various forest plants are used in treatment. But it found that every vaidya uses near about 20-30plants more often for primary health care.

On the basis of these prominent plants, herbal gardens are developed.

22.4 As a multidisciplinary center-

These centers serve as multiactivity center for primary health care, Self-help group meetings and health meetings. ANM serves immunization from there. Anganvadi and child nutrition programs are watched from there. Every month one medicinal plant is selected to spread information about it.

One HEALTH COMMITTEE and one VILLAGE TREE COMMITTEE (Gram Vruksh Samiti) are formed. Gram vruksha samiti has to include 10 children compulsorily-5 boys and 5 girls. The children play effective role in spreading the message. Gram Vruksh Samiti is joint forest committee. It promotes tree plantation in village. Every village gets some part of jungle to protect.

The local experienced old people help in preparing plant/nursery calendar. That helps in income management.

The plant identification boards displayed.

The herbarium sheets are prepared for training.

SHGs of Traditional Health Practitioners are formed. They run their pharmacies. They are trained with the help of Nisargopchaar Aashram. Documentation is considered

important because a non-insitutional person is given RMP status by Govt. only after if he has a record of at least 30 years of his work.

22.4 Empowerment-

It has really made a noticeable difference in life of some vaidyas(THPs).

The resource person told that if anyone raises a question, it is understood from his side and point of view also.

These activities are made maximally for the people with their participation. They are made self reliant.

The wife of THP is given importance and due-role. A joint account of both is made for that Charak center. She has an important role in practice.

It is calculated that the obstacles will obviously come. They are taken as help for further development.

I should specially mention about Dr. Saraf's thinking. I found much positive vision in his understandings. I don't know it is theoretical or what. The philosophical interaction with him was really a rare and precious experience for me. He was much positive about the queries. He has faith in younger generations. Where to lead all these efforts?-he says- it depends on you the people. There he expressed the positive effort to bring new generations in this mission. He also revealed the difficulties while working with a rational scientific reason, especially when working at the community level. Only looking at the goals doesn't work much. We also should be aware of the traditions. We should look at the situation not from a frame, but from outside the frame, he says.

Though restricted to few ones, the most important thing I observed here is a vision using two principles at a time-respect for tradition as well as the rational scientific attitude. Even the BAIF appoints its own doctors who indirectly evaluate the work going on, give separate visits and document the process separately. A scientific research has some place.

Can the result be generalized? Can every one become a 'Lahoo Sonar'? Though it is better to keep the question open, Dr.Saraf says, "a proper policy by government is required...there should be a movement!"

As a reflection of such scientific visions, there is a community health research center (CHRC) at Urulikanchan near Pune.

It coordinates and also provides laboratory diagnostic facilities and physiotherapy to the patients of Nature Cure Aashram there. It also conducts water and sanitation related activities in the project area of BILT paper factory at Bhigwan in Pune dist. however I found this vision requires to be strengthened in pro-people direction.
The wadi project also have deep impact on health and livelihood of the people. It conducts horticultural and like activities and have created a good improvement in rural families livelihood.

22.5 Some reflections about the Javhar - one of the work fields of BAIF.

Javhar region is a tribal belt situated between Thane to Nashik, some 130 km from Mumbai in Thane dist. The region is well-known for its developmental backwardness and the so called remoteness. A lot NGOs are working here. The work of BAIF is one of the prominent.

The major tribes are warlis to west of Vikramgarh, Thakar, Katkari, and some Mahadeo koli east to it. Vikramgadh is a place 25km from the Javhar, the ex-capital of local Sansthanik. The region is part of Wada area. All this area is historically well-known for the extensive exploitation of tribal people by the feudal and landlords. Godutai Parulekar has done a historical work to built a revolutionary change in consciousness and self confidence in these tribes, especially the warlis. She has an immortal place in these tribes.

Chandrakant a local youth and also a social worker tells that it is now not that much easy to exploit the tribes. But overall the system and the state economy have a restricting effect on the development efforts of the region.

As the tribes are away from the land rights as usual, despite the scanty daily wages, their major expenses are for daily living, marriages, health and education and also highly expensive traveling. The sources of employment are shrinking very fast. Some people with having minor capabilities are turning for the small businesses like brick-kilns. But the brick-kilns are also becoming the centers of exploitation as they are taking place from the Mumbai sub-urbs up to such tribal areas. As well as they have environmental stress also.Collection of grass through hill slopes is also one conventional prominent employment. But the rates given to that grass by the traders are exploitative. They give near about Rs500 for five quintals and sell that in Mumbai for near about Rs 1200 for the same! Also as the Adivasis take advances in summer season, they have no alternative than to sale their grass to these traders with the rate which the traders say. The same thing is about the other means of wages- the milk production.

Although the overall environment is very reach in its ecological strength the weakness of the development is very weak there. But there are also a very big Multinationals like Hindustan coca-cola's bottling plant ill-famous for its environmental exploitation. Also they have nothing to do for local employment. One thing is there. To blunt the local resistance, they give large donations to capitalists-politically related trusts, which do minor things like bus shelter and note-books distribution..

The local people have no land-rights as well as sufficient money to invest in the agriculture. They also have now restrictions over the forest land use. Some struggles are taking place for the right to forest plots. Though it was not possible to get an interaction with the BAIF office-staff locally, the living and sharing with people revealed the local ground realities.No one is serious about the health and empowerment related infrastructure, except few people's representatives with transformative philosophy. Peoples are looking at them as hopes.One another thing is that the conventional rulers have organized their voters in the form of SHGs and through that some development models are being set. But that remains kept restricted to certain level. The upper casts do not allow growing the other social factors to grow beyond certain limit. Also that type of way has some inherent restrictions. One important observation about the environment was cutting down of branches (not main stem) of a lot of trees, especially of Arjun-saadada (terminalia arjuna). Here comes some question about indirect exploitation of forests by the present developmental consequences. The branches are mainly used to burn in the paddy fields for good harvest. But the drive is much commercial. It exceeds the peoples' requirements.

23.

Gender- women centered efforts

Despite being half of the humanity, the woman is the most neglected and cornered section of the society. She contributes to near about 65 percent of the labor. But she is not given a just place and treatment in the society. Discrimination, violence and oppression about her is a saga of centuries in the historical development and civilization of the humanity. So whilst traveling towards a 'gender discrimination-less' society women centered efforts is a considerable component of the health. Positive preferential approach is required about woman, especially women from the exploited Dalit and Minority sections of the society. However the move requires a well conscious effort.

Gender and Women's empowerment. –RN/RG

Gender sensitivity starts with individual level and capacity. Gender attitudes are very chemoflaging. A good example of this is our text-books. There are some commissions, omissions, and mal-importances.

Try to understand from where the differences come. Mutual understanding is important.

Visit to **MASUM** was a fair experience to explore the possibilities and necessities of women centered vision.

MASUM

MASUM-Mahila Sarvaangin Utkarsh Mandal is a Regd. Charitable Trust Organisation working with a women-centered vision in the arid zone of Purandar Taluka of Pune dist. and also in Ahamadnagar, since 1987.

It evolved from the groups formed for the empowerment of in the determinants that affect their life and to build a meaning and dignity for women's life.

It takes the deprived women mainly from the marginalized castes and minorities under its warm wings. The destitute women, the laborer women, working on daily wages came together to support each other to solve their problems and to build a unity for their rights.

The woman centered approach and trust in democratic ways may have brought them to today's achievements.

Manisha Gupte, Dr.Ramesh Awasthi, late Tanajiappa Yadav, Nirmala Sathe are some of the pillars of this mission run by rural lay women. Their joint co-ordination committee including these women takes the decisions.

The aims and objectives can be outlined as-

- Enabling the women for their employment and self-reliance. Providing vocational training and financial loans for that.
- Making them aware of their rights, constitutional rights, human rights.
- Improving their physical and mental health.
- To generate a place in society based on equity for the destitute, downtrodden, marginalized, minor section of the society. To resist the casteism, gender biases and religious divides.
- To work for sustainable development in rural Maharashtra through peoples active participation.

To achieve these goals, MASUM runs various programs. The healthy life of rural women has a central place in it.

A majority of programs directly and indirectly work for its determinants. Some of them are as following-

Lokseva Aushadhalaya (Pharmacy in the service of people.)

It makes available essential generic medicines for the people at low cost. Trained village women run these centers. These centers are functioning since 1990.

These centers are proven to be very useful for the local population as the commercialization of medicines, especially branded medicines is on an increase.

Feminist Health center-

It is situated at Taluka place-Saswad. It provides treatment for women's illnesses. Both the Aayurvedic and Allopathic medicines used. Aayurvedic medicines are prepared at the place. Antenatel care is given. But the real benefit of this center is beyond the medicine. It provides a space to express the women their feelings, problems and difficulties. It promotes consciousness in woman about her body as well as the mind. It works co-coordinately with the government health services.

Sadafuli Centers-

These are found at village level. It provides the medical service as well as the health training to selfhelp in health. The training to run such center is also provided which runs for one and half year. It provides the same space to women to express their feelings and share the problems. It helps in self health check-ups and self-medication too. It spreads the knowledge about health, physique, exercise, Aayurvedic treatment, etc. the center carries various health issue based camps. Cervical carcinoma of uterus is one important issue. For that regularly low cost Pap-smear camps are conducted. The center provides health and physical education to the adolescent girls about their body and the rights.

Tailoring class-

It promotes self reliance in adolescent girls but is also much beyond that and conveys the vision of MASUM, especially about their social as well as self mind and body consciousness.

Raanpaakhare program- this can be considered as an extension of above activity. It forms groups of boys and girls, disseminates the education of values like social awareness, responsibility, solidarity, democracy, gender equality etc, through various plays and medias. It tries to root out the psych of violence very from the childhood.

Samvaad-Domestic violence resistance and family guidance center-

It is run at Taluka place-Saswad. Extends health and support to women to resist domestic violence, injustice, exploitation. It also provides legal help. It works coordinately with other such organizations and movements.

Saathi is its same activity which works at village level. The training to local volunteers is provided in this regard.

Antiaddiction activity-

It is also taking place and de-addiction groups are being run as the issue have a great intesectoral impact- including ill health and domestic violence.

Tarang Center-

For a healthy mental development as well as treatment of psychological affections, MASUM runs Tarang center at Hadapsar with the help of specialists. It uses various methods for the positive development of the child. Parents are also included in the process.

All this requires a potent economic empowerment and unity of the activists, participants and the recipient section of the society. Forming the self help groups of the women is most important activity done. It is called as "Stridhan Vikaas Project". Near about 4000 women have came under this activity which provides them financial self-supports for empowerment, employment and development. They take their own decisions. Two women organizers from every village look over the work of SHG.

All the activities are implied through this structure. Some of the important activities are –

Tailoring class: as mentioned above.

Handloom center:

It is one of the spectacular activities. It is run by the women who were provided with training and handlooms by the 'Tricem' scheme of Govt. The product is marketed by women themselves in Pune Zilla Parishath's Savitri marketing center as well as through various sales exhibitions.

A Krushidhan Vikaas Program is also conducted. It advocates local and improved varieties of crops, sustainable and low-consumptive agriculture. The side occupation like poultry is also promoted.

A special program is being conducted for the welfare of tribal communities in Parner taluka of Ahamadnagar dist.

Rural information center at Ralegan plays a vital role in rural transformation.

Visit to **MAHILA SAMAKHYA**, Karnataka, Bangalore, with SJ Chander, resource: Kavita gave some additional information regarding this. Its basic focus is on women's health through empowerment, especially by forming the self-help groups. It is the Govts' own effort to organize the women. It is limited to 8 states. It shows -

How women can be organized through self help groups

Districts like Bellari have strong paradoxes

Govt initiated efforts also have their own policy contradictions.

24.

Community Participation and empowerment , primary health delivery and its aspects-

Community participation, especially through women, with preference to oppressed classes is important and effective. One example of such an effort is from FRCH in Purandar Taluka of Pune Dist.

Visit to **FRCH** revealed that

The health is perceived as a promotive, preventive and curative entity and not only as a medicine.

The campaigns are not like the chalo-delhi or that type, the resources say. They are basically addressed to health, environment etc. Many times they come from the thinking of the grass roots workers that is Tais.

No any specific determinant is stressed. Every part of health is given a reasonable importance. Occasionally the interventions required at community level mainly at the time of outbreaks and epidemics as like the recent epidemic of Chickengunia. Diarrhea in summer etc.

Right to information is one of the important thrust issues.

Empowerment-

The community and the community representatives are empowered in maximum aspects. The most important representation is trained health service provider i.e. Tais.

The peoples participation –

The services provided and the issues taken are generally raised by people.

It is told that, besides the health service, various activities undertaken are that the people and the health workers are encouraged to express their feelings, ideas and problems. For that various activities are conducted e.g. board writing.

The anganwadi-khelwadi promotes the health information and health, nutrition messages.

The issue of addiction is taken only if it comes from the people.

Local health traditions- are actively used in health service and people are encouraged to use them. However the use of allopathic medicines seems to be dominant one.

A special attention is given in using local anti diarrheal herb as the problem increases in the summer when there is scarcity of water.

Environment:

Various environmental campaigns, school campaigns are conducted. Camps at nearby fort Purandar are arranged at which important faculties are invited to train the participants like medicinal plants, birds, snakes, etc. Also the education of organizing a camp is given.

The TAIs

Trained village health service provider i.e. Tai is central to all the efforts in health. It has set a good model for the other organizations. Representatives of various organizations are

sponsored by their organizations to come here and learn their working and get exposure with the overall activity. FRCH has a good history in this respect.
At Parinche, FRCH started the training of local Tais in 1995 for diagnosing and treating common health ailments. Today the work has come to be a role-model for others. It is now spread over three villages- Parinche, Pangare, and Kaldari. The present batch has nearabout 40 candidate, the older one has 30 and batch before that, nearabout 10 candidates. FRCH is also have contribution in health initiatives at Ralegan Siddhi.
Criteria for selection- Semi-literate local, married, village woman who can spent some time from her daily routine work, who is respected within their community are selected.
Purpose- is to provide diagnosis and treatment of common health disorders in the area where they are scarce and expensive. It has now extended to the spread of message about environment, culture and education, public information.

They carry with them the allopathic and aayurvedic medicines, dressings and antibiotics, and primary diagnostic equipments for blood testing e.g. Hb. They also provide veterinary healthcare.

The start-up:-
Dr.N.H.Antia of FRCH a personality with a great sensitivity while working as a surgeon in Mumbai, moved at heart by the patients coming from the rural Maharashtra to Mumbai for the treatment. So he started to work on providing some basic health service at the grassroots level in villages like Parinche. As a part of that effort the present structure of the village health worker-Tai came into existence. All the health initiative is a journey of about 30years. The Parinche project has a foundation of experiences at villages like Mandva, Uran, and Malshiras.

The key factors:-

Providing the right information to the people- however technical let it be and however simple the people be- they use it with great effectiveness.

The training:-
It runs over near about 1and½year. Thrice a weak, trainees gather in the morning at a convenient place like tree, temple in village etc. with their lunch and children.
Training sessions based on discussions about theory and practical. Live exposure is given in fields.
During training they are provided with some monetary supports of Rs.20per day, 40per day when they survey in community for FRCH. For the health services Tais provide, community has to pay.

Tai's experiences:-
Learning at sessions is easy. Even diagnosing and treating after experiences is also easy. But tackling societal problems and coping with community members and families is much hard work and painstaking. Initially the villagers resist. As they pursue their motives, very often the villagers and families turn friendly and responsive, especially when their much neglected health problems get touched. Sometimes about the treatments also, initially the people do not trust but as they experience the usefulness, they trust.
Health services are not dispensed at free of costs. A very nominal fees of Rs 5(if antibiotics are given, Rs10) is charged. The Tai provides receipt and money earned is used for the village.

Structure:-
Each Tai is assigned for nearabout 50 houses near her residence. It eases the conditions.
Near about 1:3 Tais are upgraded as Sahayoginis,depending upon their experiences.

The activity mainly is based at Khelwadis- the informal schools for children or modified Anganwadis.

Allied activities:-
There are allied activities also. Khelwadi uses various forms to spread the message. It carries get together, festivals, cultural programs, personality development camps, etc. the school children and teachers play an important role in assisting the Tai.
The ecogroup is not only concerned about planting the trees but the water conservation also. Sanitization, pollution issues are also addressed.
The information service provides information to villagers about various schemes. Tais also produce their own information leaflets.
The public bulletin board provides the space for the queries from the villagers.
Libraries at centers generate interest in reading. This service is not free. But it considers the economic status of the local communities.
Small savings activities are conducted, collections starting from Rs10. loans sanctioned as per priority of the need.
Systematic documentation of all the work is done. It also helps in identifying demographic trends.

Policy intervention:-
Apart from impact on local issues, the Tai model has provided inspiration for various other people in community health.
Empowerment:-
The Tais reflect their confidence and change in their life. They have succeeded in earning some identity. There is also an increase in the consciousness to pursue further their education. They are now spreading their knowledge to others.

Pluralism of community health worker
As Ravi Narayan and Rakhal G. mentioned earlier with a Ppt presentation: A quick review of CHW in India
From Bhore committee to today's ASHA, it is a journey of acceptance of 'medical assistant' concepts and even today's acceptance of CHW beyond nurses.
Follwing things are important about a CHW-
Aims of CHW
They can do the complicated works also.
What is CHW?
Various perspectives at CHW-in the society

25.

Shelter and Housing as an important determinant of Health:-

The shelter is a strong influencing factor in any one's health. It is the home or house that protects, pampers and gives a place in society for an individual. Today the housing has become a major struggle of life for a majority of masses as the pricing of the houses are going to touch the sky. It has become impossible for common people to have a shelter in his life. The marginalized population in today's so called developmental and social processes is getting thrown out of such basic needs. It influences badly the health of an individual as well as the society as a collective. There is a strong and serious effort of thinking and acting radically on this problem at all the levels by some movements at it is closely related to the rights of the people.

Godutai Parulekar Mahila Vidikamgar Cooprative Housing Soc.,Sholapur
A history happening in Pro-people Housing!

Sholapur – a major district city of Maharashtra is famous for its droughtfullness, mills, handlooms, power looms and cottage industry. One of them being the bidi production industry, employs lakhs of workers especially women and that to from the backward classes of all the religions. The Sholapur are also known for their workers' martyrdom in freedom movement. Sholapur is also known for the impact on new economic policies producing a large number of seek small scale industries.
These workers have a great impact over society here. Now they have set a directive example in the form of Asia's probably largest cooperative housing project. It is for the bidi-workers all own by the women.
Recently keys of 10,000 homes got handovered by the hands of Prime Minister ManMohanSingh to their proud owners.
This project has caused positive impact not only on "shelter and housing" determinant of healthy society but also on other determinants like social factors, solidarity, initiatives, low cost housing, new people-accountable cooperative concept, peoples participation and a great push ahead for social security for unorganized sector. In fact, this last is being considered in present scenario, a major achievement because it will cause an impact on a very large scale through a basic thrust.

The Prime Minister said, 'this project is a model for all the workers. It should be welcomed. Due to govt's accountability to common minimum program, initiatives like National Rural Employment act have been taken, which will soon be expanded to remaining country.' He said, 'for the welfare of the workers, yet a lot to be done by which they will get benefited in their illness, old age, etc.'

This 62crore Rs. Project is an ideal joint venture of workers, state govt, and center. This 10000 houses housing project have three main clusters. A general housing unit is of 555sq.ft. Of it, 255sq.ft. is single storied R.C.C. built area. This contains a hall, kitchen and separately toilet bathroom. 300sq.ft. area is open space (with full of dreams of flowers and tender touching, healing plants to be brought into reality once they start living!).

The project also considers facility of hospital, school etc. And of course these considerations are also provided with some different concepts and perspectives! Also health hazards of tobacco and bidi are to be tackled. The govt. policy discrimination

between bidi and cigarette which favors more to cigarette are being fought and also a dream of definite rehabilitative healthy employment is being struggled for.

The strong driving force behind this historical achievement is united progressive consciousness built by citu under the leadership of people guided by Narasayya Adam master, and a women organization called AIDWA. Adam master is himself is a son of bidi worker woman and his father a mill worker. In fact, all these people have like a very big 'family' appearance and feel! That has also an importance in another respect as Sholapur is very often being targeted by the communal forces.

These people have to work hard to meet their daily needs. So the dream of their own home is really can happen only in dreams. But here the dream has came into reality and has become a role model with a sociopolitical impact.

After this achievement, the women are concentrating over the next struggle. This is aimed at broadening of the united march ahead in the participative and all inclusive development of this homogeneous community, in the interest of the working people there. The eye over the building of a health service infrastructure, as a part of it, here is also not only being visioned as mere a chemical-medical model or all burdened on this community only. Besides efforts for building hospital as a health facility there, it is being considered much beyond that.

A lot such visions are behind building such a unique model colony. That's why it was appreciated as wonderful in Geneva international convention of labor organizations. The project is being discussed in every country now.
The project is also a unique and important example of the pro-people elaboration of the govt. by working people's initiatives. It is not a thing under the name of alternative being imposed on working class totally to rise, but a good and balanced summation of overall social responsibility. Of course it is a part of such initiative. The struggle for social security for the unorganized sector is main key issue presently. What to say about medical security? Presently after contributing 50 Rs.as premium, the state and center contributes 50 and 100 Rs each to it and through it, an insurance of Rs 1lakh for accidental death, 25 thousand Rs for expenditure of wounded person is being given. But all this is too much away from realities due to various obstacles and also very inadequate. So it is a major struggle being fought.

The women's collective leadership like this is being considered as an alternative for the pro-people rehabilitation projects like that of earth-quake victims. Technological cost-effectiveness achieved by dedicated building firm of Anil Pandhe is being considered. Various 'constructive' capacities are being hoped and identified by social and socio-scientific personalities like Arun Deshpande. It is obvious and necessary to make an exception of people like Adam master to individualism, as he is the 'rock wall' behind the young bloods hard working for such a human achievement. The organizational force of AIDWA has put the 'different' social dimensions in this project, moving it to be a movement.

The shelter has a deep impact over social and individual health. It is a major determinant of health. In a vicious cycle, it has a dual role- a cause as well as an effect.

The shelter is a basic need of civilized humans, the common people. But as like the other needs, its fulfillment has became worst today, very similar to other things, due to

the highly commercialization and market based economy. The resources with respect to this are moving more and more out of the reach of common people and they are becoming more and more marginalized. We also see many people put their whole life income in making a home. All this have very negative effect on health. It is a major part of the peoples struggle for living and livelihood.

This example from Maharashatra has brought a light of hope in the eyes of crores of workers, especially the unorganized ones and those moving from rural to urban slums. This example is a solidarity beyond religion and achievement beyond god!
These really sweet cooperative homes have chosen their name as 'Godutai Parulekar Mahila Vidi Kamgar Sahakari Gruh-nirman Sanstha'-the name Godutai is after a late veteran lady who devoted her life for building a strong movement and consciousness in extremely exploited Warlis –theAadivasi peasants and landless bound-laborers. A lady that raised a movement of farmers and that too aadivasis, 60 years before with her husband Shamrao Parulekar!
Today once again the same spark of hope has glowed in the eyes of the workers!

The reason on mentioning this work here is due to two things-
One is that it has made a great impact on the lives of bidi workers. This project is not considering housing as a 'totally people's responsibility that is to be met via the market', but also the state responsibility and people participation in decision making. Another thing is that it is considering health as its major part of the movement, but not deviating from its very basic determinants.

One thing I can not resist to mention. That Jimmy Carter, the ex-president of US came to India. With the help of the some national and international NGOs and celebrities, recently he constructed some 100 houses for poor in village Malavali, near Pune. A vast media coverage was given and even being given to that thing. It is the same country-US whose strategies allover the world has resulted in the homelessness for millions! Their bombs and warheads destruct a vast sweet homes in the world, for ex. in Palestine. There is no any consideration in media about the Solapur people's efforts. Both these examples are worth to compare to find the 'tendencies' of the happenings!

26.

Some aspects in understanding the SOCIETY:

It functions like our body. Distinct parts but no part separable.
There are six main organs of society.
Social. Economic. Political. Religion. Culture, Ideology,
Dams, flyovers all are for Brahmins, kshatriya, vaisyas; not for shudras.

LESSER HUMANS: a documentary shows a very realistic picturization of scavenger castes. It reveals the situation, reactions and emotions of a community for which the society has denied even humanhood.

Article 21 of Indian constitution asks for a right to life with human dignity. Where is it ?

Social exclusion in India and the inclusion policy.

A lecture delivered by **Dr. Sukhdeo Thorat** at Pune on 19th Nov, 2006.

The citizens from pune decided to honor Dr. Sukhdeo Thorat for his selection as a Chairman of UGC. But on the background of Khairlanji incidence in Maharashtra, he decided not to accept the honor but to deliver the lecture in the same ceremony on the social exclusion and caste system in India.

He said, "Khairlanji is a tendency. Near about 23to 24thousand atrocities occur every year in India against dalits. Also the thing is that not all cases get registered. Caste related inequality is yet there. The exclusion and untouchability has taken new forms. The question is why it is there?"

Then he gave some brief information about Dr.B.R.Ambedkar's chronological analysis about caste. "Why the violence against dalits exists? Though there is a legal way to register a complaint or case against a individual, the direct violent mass attacks on dalits are rising on. The analysis of this tendency is necessary. There is constitutional equality for dalits and equal rights for dalits. Although it is so, they are restricted from using these rights. A difference is made in the temples, working places, wages, and the all society. Why it is so?"

Then he gave some characteristic of caste with references from Dr.B.R.Ambedkar's work.

1) It divides people in groups.
   It divides people's rights.
2) It divides rights unequally.
   It divides rights hierarchally
3) Caste provides mechanism to enforce the caste.
   Use of violence is justified.
4) Don't blame people, blame religion.

He told how these characteristics are necessary to be taken into consideration to fight against the caste (rooting out the caste.).The remedy should base on this.

"Gandhi did say that, untouchability has no relation with religion. But Ambedkar denied it and firmly pointed out its structural base in religion. Caste system has its base on social ideology and also some elements of the religious ideology like 'karmasiddhant'. Also we

will have to be aware that the analysis by Dr.Ambedkar is based on the politics of that time. The thinking on social exclusions came in economics in near about 1960 and even more lately to here. Babasaheb advocated the principal of individual equality/liberty in western culture. But that requires some legal safeguards (state). Here British made various laws also but in social life dalits found no rights. That's why Ambedkar required doing the Mahad satyagrah. As the law alone cant do every thing,(here comes the place of reservation also, it gives due share.) the social education is required- education not of dalits, but of higher castes.
Protection against discrimination and protection against economic exploitation is required. For the latter socialism is the answer. For its safeguards, state is required.(State socialism). But alone one sided struggle will not solve the problem of discrimination. As social and cultural behavior of people is dependent of caste, even violence is being used for that, so these cultural rules will be required to replace. Mao also was aware of this thing that, cultural norms change very slowly. We thought reservation will do everything. Reform of Hindu society is necessary. State will have to do this. Along with economic struggle, this will also have to be done. We require social engineering. Destroy believe in inequality!"

27.

2nd World Ayurved Congress-2006, Pune

Mere commercialization- in the name of Ayurved Propagation

The 2nd World Ayurved Congress (WAC)-2006 happened at Pune University. People from all over came their in the hopes for propagation of Ayurveda and the Indian systems of medicine. But the picture there happed quite different despite the large coming together of people. There was a very shameless hijacking of the govt. and people's efforts by certain powers included. In exhibition section nearly 170 companies and aspired-to-be companies participated.

The section of the free lectures was open to all but lectures arranged there were only like false analytical pravachans and all the Pravachankars were prominent personalities related only to the parent organization. These lectures were organized in the main huge and expensive, glamorous pavilion specially erected.
The inauguration ceremony of exhibition happened with the hands of Health Minister Dr.Ambumony Romdoss.
The important announcements he made there were-announcement of compilation (?) of TKDL (Traditional Knowledge Database Library), proposed formation of special planting zones for medicinal plants (very similar in all aspects with total-private-controlled s.e.z.s! Who will benefit?-only mega companies and not common people or even Ayurvedicians.). He also revealed the necessity of some scientific work for the new age. The publication of Ayusoft was suspended at eleventh hour- the conspiracy yet unfolded. The reason given after was that the fear that what to do if any one arises the objection based on patents issue. This is either ridiculous or it reveals the lack of confidence of organizers in fight in this field due to distance from the people or a conspiracy which the organizers or the

developers- CDac may know. But the same software was made available in the exhibition pandal.
One prominent physician, who propagates theist ideology and Ram but having a large corporate attitudes delivered his lecture.

On the next day (**6th Nov.**), St. Shankar Abhyankar delivered main lecture. He is one of the new generation's babas. In his speech he was not concerned with common people's ailments. He was much concerned about those who are getting food then the need. He was not concerned about those who were not getting food even once in the day. His deferring 'greed' for money also included 'need' for money. Vijnana Bharati secretary was the chair person.

All are worried about the tensions and ill health created by the diseases, as they have to encash it. But no one has to do anything about those who has lost even their livelihood in this speculative capital-led globalization. The same high class worry was found in the chief lecture of the next day **(7th Nov.)** delivered by Rajeev Dixit of Azadi Bachao Andolan.

His another important failure was falls-analysis of the Darwin! So these are the Indian followers of the non-realistic American creationists. He put himself above the Darwin. How can we go for a change in people's status without accepting the process and possibility of change? There is a major contradiction that they have to be with these new winds of scientificity but at the same time they do not want major changes as then the change in monopoly will be obvious. Also then the very basis of their considerations and arguments and will be routed out.

On the same day there was the farmers meet. It also was have to do nothing with the suicides of the farmers. The prominent presence was of the leadership of higher class. No common peasant seen any where, only some 'aspired' cash croppers, irrigated big land-holders were seen.

On the next day **(8th Nov.),** one good thing was that Prof. Edwin Cooper (kuper) revealed the necessity of scientific basis to publish Ayurvedic literatures in international journals. He is from the Oxford University's Publication dept.
The main lecture was delivered by a well established saint Swami Swarupanand. Nothing new, as usual, he hammered the same propaganda- science can not deliver the peace, only (their) spirituality and peace of mind is the way for psychological health. His subject was 'Ayurved and psychological health'. All the prominent trading personalities in this field accompanied. They damned all the 'expectations' (basic needs included!) and as usual, blamed them the cause of sorrow.

The chief lecture of the next day **(9th Nov**) was delivered by Dr. H.V. Sardesai, one of the glamorous physicians, who gives examples from Manusmruti, repetitively and projected by corporate media here. Being a doctor, his lecture was to some extent, relatively better.

On the next day, (**10th Nov.)** conference started formally.
One important session of the WAC started with, Dr. Raghunath Mashelkar, stressed on the necessity of scientific methods in Ayurveda. He outlined the govt. efforts in this field. Work on the issue is gathering speed in 6 National Laboratories. He expressed the need of studying Ayurved in biological form and identifying its strong points. He was accompanied by some computer specialists, who has a major influence in the corporate and commercial field. After using science (rather, his own selective techno-stream), to climb a higher

position in society, he is now advocating the theist spirituality. Now-a-days he is getting purposefully projected in Medias. Also persons coming from the toiling masses seen captured by the conservatives and now they have nothing to do with the real 'movement', as they do enjoy the position given by the present system controllers. Such personalities need to be analyzed and mentioned here because they make major effect on the policy.
This important session concerned about three main issues- Traditional Knowledge and the novelty, Intellectual Property, and Integrated Treatment.
The Energy and Higher Education Minister of Maharashtra, Mr.Dilip Valse-Patil announced that the separate private university of Ayurveda will come into existence after the 'Bill for Private Universities' gets passed in coming session of State Assembly (All the pro-people progressive movements are opposing this bill as it is charter for further commercialization of education.).
The common people on that day got burst on the bad and chaotic functioning of the management of the event. Media also required considering this.
One important seminar on 'Ayurved in 11th plan' and 'predetermined' Lokadalat was there. On the day, also the subject 'Ayurved- curse or boon' got discussed. That is actually to establish it either black or white- totally! All the discussions were going in a certain direction. The output remained questionable.

The next day (**11th Nov.**) was important. Two important sessions require to be mentioned are, one-'Science initiatives in Ayurveda' and the other a seminar (one by one presentation) on 'Integrative medicine' were there. Both of these were having deep shadow of commercial and negative conventional forces. Various patrons from bigger Aayur-pharma companies and allied institutions were there in session on science initiatives in Ayurveda.

Overall, there is a quest (mainly based on necessity) to give scientific exploration for Ayurvedic processes. (It can be there, it is nothing much wrong, in fact the pro-people developmental cults in Ayurveda were trying for the save, but they were getting heavily criticized even 10 years before. Also being a Medical Science and based on matter and material body Ayurveda has very good possibility for that, truly speaking it is Aayurveda's nature by default!). But near about every presenter was found to be only changing the external form and language of the subject, within some given arbitrary philosophical limitations. The presenters selected seemed to be much planned to this 'limited outlook', ultimately supporting the conventional rigidity and interests of super-naturalists. This great contradiction is there while going scientific.
The concepts which can be and required to be expressed in scientific language is the victory of science first, and the scientific ancient efforts in Ayurveda and not that of ruling super-naturalists considerations.
Influential individuals with such irrational mixture strongly advocated to bring 'Neo-theological' trends in Ayurveda! (in the sense according to them, just externally changing the appearance). One multi-patents holder personality and CEO of a big pharma strongly advocated individualization of research work and condemned the research in public sector and govt. laboratories and institutions tagging it as institutionalization of Ayurveda(another meaning!)!
At the session on integrative medicine, the previously mentioned 'mix' personality told to integrate Ayurveda to big instruments used in hospitals, as people are crazy for it!(This explains his corporate orientation as well as real 'spirit' also).

The mega-lecture series got concluded with long lecture of **K.S.Sudarshan**, introduced as chief patron of Vijnana Bharati- the convener. Very intelligently he propelled his ideologies. He told a story in which he told that Shahjahan was provided with one English physician, who applied Vaseline(? it is a trade name) to burnt skin of Shahjahan's daughter and gave relief to her. Happy Shahjahan told that doctor to ask for anything. He in turn asked for permissions and subsidies to british to trade here, and Shahjahan gave that! (We don't know what happened to Vasco-da-Gama!) Whether this is true or falls is a subject of Historians. But K.S.Sudarshan projected this 'Muslim' king and british allopath purposefully.

Next, he gave in brief the development of science in west. He projected that development 'against the church'. (ok, it may be, but he stressed it with a different meaning- very intelligently! What a duality with same purpose! And who were here against scientists and medical scientists here in ancient India? Who did boycott physicians due to their mixing in all type of people? Who established a Dharmasutra here that 'puyam chikitsakasy annam'- food of physician as impure? Who killed the scientific progress in India? Who tortured Aaryabhatta?.. a lot.). He said that all western science based on the consideration that there is no necessity of god and ultimately these science people are now saying that mind and body are interconnected. (Then what is wrong? This proves mind's material basis. Your precedents were saying that mind and body are separate! Body is 'paarthiv'-material (that even Maya!) and mind-'nonmaterial-spiritual'. He was having some major contradiction in his talk.

He also projected that herbal medicine is an obstacle in progress of Ayurveda, as according to him, Chinese medicines are based on active ingredients. **(**Recently a new cult of say is there, which tries to distinguish herbal different from Ayurvedic. Those preparations that use active ingredients of plants specifically are being tagged as herbal and differed from Ayurvedic. Actually the issue is not established scientifically yet, and there is a mixture of advances in benefits, rise in risk, and specificity, and efficacy etc. It also provides some definition of standards and scientificity. It is yet to weighed against the 'biological form' of medicine. Biological form itself has yet to be clear concept. But this concept also has some genuine experiences, simplicity etc. So the difference is not that much philosophical difference. What he is projecting from behind this is a different thing. Also we can not rise by showing others inferior.**).**

He appreciated India's geographical variety and diversity. (Then, why not to accept people's diversity and unity from within ? Why to press upon them certain vertical uniformity?)

The reason of bias over division of health budget on allopathy and Ayurveda, he told was the Health ministers this country got like Rajkumary Kaur- who was a Christian, Maulana Azad- who was a Muslim. (He specifically and clearly spoke this). (Then what they did in their rule? Who augmented the MNCs and finance capital to flow in?).

According to him the beurocracy is a major obstacle in progress of Ayurveda.

He calculated out 2011 A.D. as year of India's victory in world. (What happened to Nostradamus? And what to do with farmer's suicides?, people dying of medicine, food, unemployment?, getting vanished from this rosy frame of superpower India?).
Thus direct-indirectly he revealed all the attitudes behind happenings.
The last day of the congress (**12th Nov.**) gave concrete basis and outputs to Vijnana Bharati and its 'owners'.

Along with all the leaders projected in the World Ayurved Congress, on the conclusion ceremony social welfare minister of Rajasthan Madan Dhilawal and Gujarat's Health minister were present. Pune Resolution got passed.

From the finance collected, a 'Dhanvantary Bhavan' will be erected in Pune University. In that building a regional office of Vijnana Bharati will be started. This office will regulate and plan the Ayurved movement. To control all the work there will be joint advisory committee of Pune University and Vijnana Bharati. Next world Ayurved congress will be organized in 'Rajasthan' in Nov.2008.

And thus happened theWAC-2006.
After coming out of the hangover of the glamorous treat a large number of Ayurvedicians are now asking ..Who benefited? Wasn't it mere commercialization of Ayurveda? Does Ayurveda mean only big Pharma Company and export? When Ayurveda was so narrow minded about people's religions? Ayurveda or any material medicine is basically based on humanity beyond all the borders. Introduction of certain narrow and fanatic tendencies in such a new era have really shocked the medical fraternity.

Who is responsible for this?

Clearly the rulers are responsible for this. So openly the govt's good idea of nurturing Indian System of Medicine got hijacked and it actually nurtured different things. The AYUSH dept. got employed for strengthening different bodies, rather than nourishing the AYUSH! The fight of pro-people movements resulted in increase in health budget from six year before's 0.9% to present goal of 2 to 3 % till 2009. This money has got such a misuse in the name of Ayurveda; cheating Ayurveda's philosophical principals. Not a single word has come here against this type of process even in pro-govt. media also. Are the rulers really unconscious about this? Why they kept eyes closed? This good event also could have been arranged in real favor of Ayurveda besides such people. Besides them, there are really the movements and organizations in this country working on Health since a long history, which have made historical differences.

28.

Visit to CHRD
[Community Health Research and Development]
It is unfortunate not to find any opportunity of an interaction with Dr.Mutatkar. Dr.P.M.Unnikrishnan from FRLHT insisted to meet me to him. I indirectly have found and learned to some extent about what CHRD efforts in community health.. But I was and is much willing to get interaction with such an organization. I tried a lot, but failed to get an opportunity to get introduced with them.

29.

Rural health: current dilemmas
A discussion. At:
Indian School Of Political Economy (Bharatiya Arthvidnyanvardhini).,Pune.
Dt. 6th November,2006
Discussant- **Dr.V.Sitaramam**, M.B.B.S. Ph d. (C.M.C. Vellor.)
Preparation with: T.Krishnakumar. Ph d.IIM, Bangalore, N.J.Rao,M.Tech,Bangalor.
Rajaratnam Abel, M.B.B.S. Ph d. Vellor.

The extract of proposed discussion (as circulated before), was-

"The rural Indians with increasing income incur out of pocket expenditures related to health twice compared to the urban, while the incidence of disease is comparable. This phenomenon could indicate, worldwide, health expenses as a major threat to people at limiting incomes. The hierarchy inherent to expenditures alone did not explain the higher degree of rural expenditure on health. The phenomenon is consistent with social exploitative origins. There is an urgent need to control the number as well as quality of medical practitioners on one hand and empowerment of women in managing household expenditures on the other."

Response:

There was no clear revealing of relations with the determinants which he just mentioned i.e. exploitative origins and empowerment of women. It seemed to be just a 'conventional' or 'traditional' mentioning of these things. The time was too much short and the queries a lot. The discussion was restricted to a very restricted sector.i.e. the expenditure by rural population. No its connectivity to policy or all the structure. The considerations seemed to be much vague. The presentation was so much fast that even its strong arguments also were difficult to identify and catch. Of course that may be our shortcoming. It looked lost in complex graphical and equational presentation of even simple thing (overinstitutionalization?). I got no clear vision of what he said. There was one debate whether to take the latest round of NSS as the foundation or the trend from some of the last rounds. (It was not based on actual field work). I personally think that there is certainly difference when you show the actual mean figure in Rs or you mention it in 'percentage'. Both have their own importance in their own circumstances. When we use percentage to show the expenditure, then it has really good expression; because it gives comparison with whole or some other either expenditure or income.

There are various possibilities- If there are no public health facilities available, people will obviously have to spend more on health.

It also is related to the quantity of income.

It there is no money in the peoples' pocket then they can not spend more despite of all the things.

Some put forth the necessity of non-governmental organizations now onwards to implement health facility.

I tried to put some dimensions on social determinants of health and the responsibility of state, people's participation in the decision making and elaboration.

I thought the presentation was only having look and form of 'scholar'. My own perception is that, the health expenditure is also a major secondary contributing factor to increase the farmers' suicides.

Our selected work should also reflect our broader perspectives.

30.

Informative inputs received from AIDAN, MFC Meets and the PreNHA-2 preparatory meet.-

These events were coming together of various health activists, health professionals. It was a revealing of past present and future happenings about the health.

The AIDAAN meet (National Tb Inst.,Bangalore) was most useful as far as a view action is concerned because it addressed a very key issue from the people's immediate point of view- the access to essential drugs and drug policies.

Similarly the PreNHA-2(BGVS office, Bhopal) preparatory workshop was useful for the understanding of the context for peoples planning of the health and the Jan Swasthya Abhiayan's responsibilities.

31.

13-15 December 2006

Traditional Medicine & Right to Health For All

South Asian Regional Conference, Bangalore.

The three days' South Asian Meet on Traditional System of Medicine at Hot. Monarch, Bangalore was really a memorable and learning experience. Participants from various countries were working with different aspects and sectors in Indigenous Medicine and Traditional Systems of Medicines. They came together despite there levels of working for the welfare of the TSM and for the interest of community health.

As they shared their knowledge and work experiences and the problems, the Meet formed really kolas of the cultures and the closely associated TSM throughout various SA Countries.

The important thing to note here is that it was not only coming together and sharing concerns in TSM, but it also tried to build a great feeling of solidarity and confidence as well as pro-people consciousness in the TSM fraternity.

However the meet found to be much packed with the fast moving power-point presentations and the deep discussions on single issue up to certain level of consciousness found not that much just time. This appeared to be somehow lost in marathon. A lot issues got only superficial touch and mere mention. e.g. the evaluation of safety and efficacy of traditional medicine, the directions methods and bibliography of research, research methods and ways in TSM in today's context etc. Effort to coming to conclusion and upholding a draft of concerns also seemed to be very fast and unsatisfactory for some. Over prominence of allied activities may have added the effect.

However this can be considered obvious due to shortage of time. Despite these few shortcomings, the overall effect of the TSM meet was very encouraging as it assured a possibility of considerations for contribution by TSM for community health in new contexts.

It also created a ray of hope to fight against the new commercialization like invasions on TSM as an effect of speculative capitalist globalization. In this case this requires very well differed from the recent World Ayurved Congress. But at the same time some threatening threads may also make appearance here also, which are actually a mainstream there.

The meet was to be replicated in various other South Asian countries.

In the **inaugural session**, the experts like E.Pupulin, Maria Pia, Anu Dhindwa, Mr. Jose gave valuable inputs and guidelines for the conference and the work in future.

Then there was **a session** on revealing the condition and status of TSM in various South Asian countries –mainly Bangladesh, Bhutan, Nepal, S.Lanka and India.

Then was **a session** on

Role of TM in promoting wellbeing- views from grassroots.

This roundtable put forth the actual happening in TSM field on the front of mitigating the needs of community health.

Then **four roundtables** on four major issues happened.

1. Achievements and challenges in networking across the domains on TM in SE Asia. There was a good discussion on this issue.

2. Biodiversity and sustainability issues in communities.

3. Conducting research on safety and efficacy of different TM therapies.

This roundtable discussion was quite useful, especially the unique effort made by Dr. Tannaz and her team in showing the seasonal variation in efficacy of plants. Such scientific efforts-despite controversies are the necessities of the time for TSM. Dr. Shankaran also revealed some key issues about the trade and FDA role in relation with the subject. That requires to be taken seriously for the international campaigns.

4. Role of TM in the strategy of "Health for All"- this roundtable discussion shared the experiences and achievements and challenges. This session can be considered as the most useful. This roundtable discussed the actual application of the discussion to the welfare of the society by means of the strategy of "Health for All".

The concluding session tried to formulate the draft of voices and activities.
Dr. S.Deepak who with his team took a great pain to make this conference take place, cheered the participants of the TSM fraternity for their solidarity towards the Health for All.

Visit to Govt. Ayurved Medical College, Bangalore:
All the team that participated in the TSM Conference visited the Govt. Ayurved Medical College. The students and teaches were so glad to arrange this part of conference there in campus. They gave a grand welcome for us. It was a nice experience to share the feelings, happenings and dreams of past, present and future.

32.

A vertical decision found useful for people in Tamilnadu.

Visit to Dr.Girija's Sanjivani Ayurved Clinic, Adyar, Chennai .
It was a very useful visit. Discussions with Dr. Girija. revealed some important information about a govt. initiative to include indigenous medicines in primary health. Such an activity has taken place in Tamilnadu regarding the mainstreaming and use of AYUSH in Public Health. Govt. has taken a decision to include some 50 ayurvedic drugs to supply to the people through village health workers at sub-centers.
The decision is being implemented and the activity has already taken place.
Some 10000 VHWs are provided with training and a kit of drugs. Near about 50%of these drugs are ayurvedic and 50% siddha.
These drugs mainly focus on maternal and child health and the minor ailments routinely found.

Tamilnadu health secretary Smt. Sheela J. took the decision to include such drugs in primary health. Then she consulted the consultants like Dr. Girija and after some discussion the list of drugs was finalized.
The process took 10 years to come into existence.
Now the state govt. is procuring the drugs from a company called TAMCOLD.

There was no prominent demand or a movement from people to do such.
Despite this, people are finding these drugs useful and they have welcomed the indigenous drugs. Now the people are much satisfactory about these drugs. Some Tailam, Saubhagya shunthi are some of the drugs which are getting a very good response from people.

Some queries

No doubt the activity is benefiting a large people, but some questions still do arise.

1. The decision was much personal and top down, involving less people.
2. Despite this it has created a good impact which requires to taken into consideration for further policies.
3. It has very much similarity like the immunization program, in having a large parentage of good as well risk factors.
4. The module is much therapeutic and chemical-technical type. It doesn't think about any community at any level or at a larger domain, the importance of prevention.
5. The nature of the drugs seems much to be requiring theoretical examination and prakriti of patient etc.i.e. not easy and simple medications. The peoples related to this effort were having some of them very or totally negative about the allopathy.
6. The distribution of drug may produce some concerns about the VHWs which have a right to keep and distribute such drugs in village.
7. The procurement of drug doesn't involve any community or SHG-like or co-operative-like people's participation.

33.

The practical efforts of conservation and revival of indigenous health traditions and organic components in farming.

The impact of present days so called development is worse on the environment and agriculture. There is immense exploitation of the natural resources as well as at the same time there is strong invasion of polluting and harmful substances in virgin healthy and natural life. Such healthy and organic, near to nature traditions are now under great threat of either getting exploited, destroyed or polluted dangerously. That's why there is a necessity to work on this dimension for a healthy society. It is an individual as well as a collective responsibility. But considering the strength of the invading exploitative processes, it is required to be a strong people's movement and a part of every people's movement.

Heart-warming visit to-
Center for Indian knowledge systems (CIKS)
Kotturpuram, Chennai

CIKS is located at Kotturpuram in Chennai. This office has crated a great awareness about strengths of indigenous knowledge.
The center is not only concerned about the theory but also the practice to produce effective results.
The talk with the experienced personality, Dr. Balsubramanyam was very memorable and a friendly learning experience. He has a well and good consciousness of all the aspects of this important task, and also very frankly he passes all these values to the others.
This institution explores and develops contemporary relevance and applications of traditional Indian and Indian sub continental knowledge systems.

Some of its active initiatives include-

1. Research, training and development in organic farming.
2. Work on traditional plant science i.e. vrukshaurveda.
3. Encouraging and assisting farmers for going organic and developing market for it. Efforts also concentrate over working as resource center. It also takes a lot pains on conservation of traditional varieties of various crops and creating gene banks of such useful varieties.
4. Active propagation of traditional systems of medication and health.
5. All above fields are supported with training programs and valuable literature, developing various instrumentations. etc.

This institute I found is one of the few institutes which are much 'user-friendly' and welcoming the beneficiary to participate in running the module, without any superiority or egoistic approach. Also the approach to the issue and concern seemed to be much multilateral.

34.

20-25 December 2006

Sittlingi Tribal Initiatives

At.post.-Sittlingi, Tal-Harur, Dist-Dharmapuri, Tamilnadu.

Waiting for a bus for hours.. holding a dead baby in hands.. can you feel pains of such a mother..? That is what the rural and tribal, remote interior India's reality is.

Sittlingi post, Tal.Harur, Dist.Dharmapuri is one of such areas from interiors of Tamilnadu state of India. Situated between chitteri and kalreyan hills –eastern extension of western ghat hill, it has near about 25 villages around.

The reality of the remote Indian health is not only the peculiarity of Sittlingi. It is equally important for local peoples' efforts against these adverse situations. You will have to believe that 8th std pass village girl can give spinal anesthesia, the other can conduct a delivery and even take easily episiotomy and suture it, that too with the sense of when to do it and when not to do it!

Off course these efforts have a good guarded guidance and initiative taken by Dr.Regie and Dr.Lalita. Near to 1993 both decided to work here after one years scanning traveling throughout the country. They started with a hut-OPD on waste-land. Now it has got developed to a 20-bed Tribal Hospital with a operation theater. It's real asset is it's staff's capacities, who now requires very little help of these senior doctors to run this service.

34.1 The structure-

It works in a command area of near about 21 villages around.
There are 24 Health Auxiliaries (all women) working with base in their respective villages. These function to provide remedies for common ailments. They are provided with some 5 allopathic drugs. They also work for timely referral of a patient to hospital. Besides this, they monitor the growth and vaccination of the children.

There is one Rural Hospital with above doctors.

This hospital is provided with 14 Health workers. 13 of them are Tribal\local and having education near about 8/9th standards. But these are the main work force. They conduct the hospital as well as go regularly and scheduled visits in surrounding villages.
OPD in hospital takes place 3 days per week.
The health auxiliaries and health assistance are salaried as per the capacitance of the hospital.

34.2 Health education-

One round in six weeks covers all villages and besides providing service, it also provides the health education, topic-wise.

Every month staff meets. HW talk and training goes.
Database formation initiatives are going on. Data of every citizen is being formed. It is a social mapping activity.

34.3 Their opinions about Govt. PHC nearby-

They are only target oriented. Too much beurocratic. The staff gets indulged in reports, paper-work, meetings and unnecessary disease trainings.

This hospital is being asked to take over that PHC, but to shortage of staff, it is not being accepted by this tribal hospital. (Also very negative aspect about govt. beurocracy seems a major reason not to go for it.). However since last few days a local youth has become a doctor and got appointed to this PHC. He is much sensitive and resides in PHC. Also this hospital is giving guidance to him and a lot people have again started to go there.

Sittlingi tribal hospital co-works with govt. only on immunization program and feels better to be away from the beurocratic ways.

34.4 Basic ideology-

Conversations with Dr.Regie and his colleagues like Dr.Ravikumar. revealed the basic ideology behind such effort. The main motive is "to share knowledge with people".

About the policy interventions in peoples' sufferings, he told that, it is not possible. Why? –two things he considers.

One is that this Govt. machinery has failed and we must have some, at least IAS level officers to intervene. But.. even the interventions and initiatives taken at such a level may be defeated at micro-level by the beurocratic and clerical officials and their inconstancy on the posts (effects of transfers).

Second thing he says that, to make any difference at such a policy level is hopeless because for that you will require some great mass-based influence to do the intervention, like Aruna Roy or Medha Patkar.

He feels that it is not my work. He says, "Though at micro level and scale, here I can implement ideas and see the results, and also can change them if required."

Besides these health initiatives, some other people have joined him there to take other initiative.

34.5 Experiments in Education-

Anu and Krishna is an architect duo who has started to reside there in Sittlingi village. They stress on local resources based architectural initiatives. Also their experiments involve low-cost housing efforts. The dry toilet the constructed has become a subject of discussion and guidance.

The major thing is that all this is a part of innovative and practical, application based education to village students. They have started a get-together, playful school here. After the school times, the children and adolescent youth get hanged to this are in doing various experiments like making bamboo works, construction techniques etc. The most important thing is the rich library to which children get easy access.

The main drive behind this is that, today's formal education takes away youth from their conventional livelihoods and cultures and also fails to give other employment. So such types of practically useful education experiments are being done.

Clay modeling, bee-keeping, soap-making, chair-making, news reading and discussion are some of the other "young" activities going on here. They are basically building confidence in children and the youth.

One other such initiative is making embroidery works. As a major community around is Lambadi (Lamaani) community- a nomadic tribal community migrated from Marwar long generations before. They were provided with rich artistic dressing tradition. This tradition however, now becoming obsolete. So to revive it and also to generate a income source, Embroidary initiatives are being taken. This is found vary useful for the women.

One another important effort is in Farming. Organic farming experiments are being carried. Also the marketing efforts are being done. One important thing is that, farmers their own asked to do something for the farming as it is becoming day-by-day unaffordable. So some science based initiatives are being done.

34.6 Socio-economic structure-

The ecosystem is rich in resources. But the poverty is prevalent.
The 90% community is tribal, but a lot of them provided with some 2-3 acres piece of land received after the farm-workers act. Lambadi and Malayai communities are major.
The people are very simple and easily get cheated by the urban non-tribals. They have a decided a rule not to sell the land to non-tribals.
The main source of livelihood is farming and farm-work. And as part of whole nation's agricultural disaster, it has become unaffordable.
Debts are there.. Exploitation by urban, semi-urban landlords is there..

Vattamtala, a herbal plant is famous there as a suicide plant of Tamilnadu.. I think, this Tribal Hospital Initiative is doing a small effort in a majority aspects to save the lives from such sufferings..,though it needs some more philosophical broader views!

35.

Whilst contributing to the community moving towards health equity-

Few things to note:

Assess our inside.
Get normal!
Be democratic, listen to others
Don't raise expectations
Good qualities are not sufficient. Be skillful.
"Goodwill is not enough"

36.

Skills, and values.. An exploration

What are we doing? Why are we doing this? What is driving us? The answers make us aware of the situation and the requirements of the situation.

Values and skills required/expected-

Organization skills
Democratic ways
Constant learning
Seeing beyond the obvious

i.e. optimizing differences with peoples.

Session by Ravi on theories of psychology was a good session.

Life Skills is a newer concept in this field. Conversations with Shekhar Seshadri from NIMHANS, Bangalore and Dr.Ravi Narayan gave valuable information about this new concept. It involves understanding a context and the importance of knowledge as well as human psychological factors, Back-ground and history. Developments in history and humanity construct life skills.

Methodology:

Information based to experimental
Dealing with contexts and the contents
Generating reflections
Listing method, creativity

These life skills are not only important for one, but are major tool to fight addictions like tobacco, gutkha, alcohol etc.

They constitute a major approach to deliver a value-education and adolescent's unconscious counseling

In people's crises, disasters,

Look at peoples not as victims, treat as their right.
Local culture and psychology to be taken into consideration
Involve community, its right to decide/manage-plan/idea.
Learn from mistakes and achievements also.
Celebrate tremendous generosity and solidarity extended by others.
Land rights protection
Decentralized disaster alerting system
Experiences of grassroots level activists are important.

so, such rigorous inside and outside learning and active movement is required to achieve the goal of Health Equity.

37.

⊛ Community health fellowship-

Why?

To know more about the society, the health analogy of the society

Objectives-

To study/to learn:

Some healthcare-primary healthcare community based experiments, with reference to-

Health initiatives, determinants tressed,
Empowerment,-health economics
Organization-networking-policy intervention
Health administration, structure, vision
Pleural medicine- Biodiversity- Conservation

Learning objectives at FRLHT-

Government's efforts in mainstreaming of ISM, Policy
Organizational working methods
Empowerment, Co-operative expt, Micro-economics .

How done-

I visited various organizations, movements concerned and talked to the activists, staff, working people, the beneficiaries and saw the actual work going on. I went through a range of such efforts. I tried to find out the meaning, reality and necessities of health through the different perspectives of health in accordance with the related determinant or influential factor.

Learnings-

The journey through the community health fellowship was an excellent experience; especially the informative inputs were the most valuable among them.

The fellowship catalyzes process of socialization with outer community as well as within ourself. I tried to find out the meaning, reality and necessities of health through the different perspectives of health in accordance with the related determinant or influential factor like, Community building and empowerment, Gender, Social justice, Environmental, Housing, Cultural- local health traditions/indigenous medicine etc.

The Primary health was at the central to the consideration. In this respect, I evaluated my visits to various organizations.

In fact my objective to visit such organizations or institutions was not to evaluate them but to pick-up positive points from there. The only criterion I tried for evaluation to some extent was just to note how they treat a new comer lay person coming to them. Efforts in primary health, Biodiversity and conservation and the Biological Medicine for masses were important considerations looked for. Of course the criteria were kept relevant to and flexible to the focused work field.

It was good to know various practical possibilities and the field techniques.

-The major strength of these different efforts is the empowerment of the community,

-Despite all the difficulties, the achievement of the goal in near about every organization was considerable.

-Some of these may not be that much directly conscious about their contribution to 'health' but I studied them to know about that aspect of health and its impact on health.

-Learning from others experiments is a thing of joy and a means of finding different possibilities at peripheral efforts.

-It definitely puts additional confidence and sharpens your database.

-The destinations as well as the means o the effort to mobilize the community found varied.

-Despite the variation, the commonalities found were something like mainly service based.

-The levels of the consciousness about the motive and perspective within the organization were also different.

Organizations, Institutes visited-

6th Aug2006 to 7th Sept2006- Orientation Program, discussions and local visits
10th Sept2006 to 17th Sept 2007- studies at FRLHT, Bangalore

18th Sept2007 onwards- visits to various organizations, events-
Organizations visited in Maharashtra-
-BAIF
-FRCH (Foundation for Research in Community Health)
-MASUM (Mahila Sarvangin Utkarsha Mandal)
-Godutai Parulekar Mahila Vidi Kamgar Sahakaari Gruhanirmaan Sanstha,Solapur.
-Ralegan Siddhi
-Dr.Sukhdeo Thorat on Social and Caste issues
-2nd World Ayurved Congress,Pune

13th Dec 2006 to 15th Dec 2006-
-South Asian Meet on Traditional Systems of Medicine, Bangalore.

16th Dec 2006 to 25th Dec 2006- Studies in Tamilnaadu- Organizations visited-
-Sanjeevan foundation- Dr.Girija, Chennai
-CIKS-Center for Indian Knowledge Systems
-CHC, Chennai
-Sittalingi Tribal Initiatives

27th Dec 2006 All India Drug Action Network (AIDAN) Annual Meet, Bangalore
28th Dec 2006 to 30th Dec 2006- MFC Meet, National Tb Inst. Bangalore.

4th Jan 2007 to 6th Jan 2007- Pre-NHA2 National Co-ord. Committee Meet and workshop- BGVS office, Bhopal

8th Jan 2007 to 31st Jan- contd. Writings and studies in Maharashtra

1st Feb 2007 to 6th Feb 2007- Debriefing and concluding sessions at CHC, Bangalore, submission of Studies reports.

Other activities done-

Publication of issues of bulletin (RayatRaaj) on various important Health topics, in Marathi –

Oct 2006- **Peoples Health Charter**-

An issue that includes People's Charter for Health- translated to Marathi. It also contains various allied writings.

Nov2006- **Medicinal Plants in Primary Health Care**-

This issue contains an easy to use information on easily available medicinal herbs in Maharashtra, especially focused on the primary health care.

Dec2006- **about N.R.H.M**

An issue giving idea about the National Rural Health Mission- it's bad and good possibilities and the responsibility of watching it as well as deviating it towards the people's needs and interests.

Jan2007- **the Addictions problem**

This issue covers important topic of the severe problem of addictions like tobacco, gutkha etc. This is a collection of translations of articles from the booklet published by the Consortium on Tobacco Free Karnataka.

Feb2007-**Whither Health**-

The issue lines out the current situation of health scenario. It is focused on making common people aware of the happening about there health at various levels.

Future Plans-

-Study
-Compensating and surviving the bulletin
-Work for PHM, JSA and other Philanthropic efforts.
-Working on Traditional Systems of Medicine,
-Biodiversity and conservations of natural and social resources.
-Spreading the knowledge and information- to newer ones.