The Teardale / coti Project "Revitalizing Health for All"

Community Health Cell
Fellowship Report

October 2007 – March 2008

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1. Introduction

Beginning October 2007 and ending March 2008, I was fortunate to have had the opportunity to join Community Health Cell (CHC) as a fellow under the mentorship of Dr. Thelma Narayan. My time spent with CHC was an enriching learning experience filled with life long memories made up of the people I met, the places I visited and lessons I learned. The fellowship provided me with many opportunities to visit rural and urban health projects, conferences and access a wealth of knowledge from the CHC library.

During my time with CHC, I visited five health projects and attended numerous meetings, presentations and conferences across southern India. In addition to the field visits and conferences, I worked on the Teasdale/ Coti project 'Revitalizing Health for All: Learning from Comprehensive Primary Health Care Experiences' assisting team members with literature reviews on various comprehensive primary health care projects located in the Asian region.

This report provides an overview of my background leading to my placement with CHC, accounts my time spent as a fellow with CHC and the lessons I have learned from the experience.

2. Background

My formal education is in the field of Health Informatics with a Bachelor of Science in Health Information Science from the University of Victoria, located in Victoria, British Columbia, Canada.

I began exploring my interests in public health after I graduated in August 2006. I applied for an international internship, funded through the Canadian government, with an organization called Human Rights Internet. I received offer for placement with Health Systems Trust (HST) in Durban, South Africa. I began my internship in November 2006

and I spent six months with HST where I published a paper reviewing the international, national and regional codes and protocols governing the migration of health workers in Central and Southern Africa.

Health Systems Trust is a nationally based organization with five offices across the country. Their work is divided into four work clusters: Health Information, Community Development, Health Link and Research. I worked in the Durban office with the Health Link cluster. The main focus of Health Link's work is on producing the South African Health Review, which is an annual publication that reviews the health policy developments in the country and there implementation, as well as publishing health indicators from a community to national level. It is regarded as the most comprehensive and authoritative publication available on monitoring changes and challenges in provision of equitable and accessible health care in the country. The review is independent of the government and has international readership, each year it chooses a focus last year was Maternal and Child Health while this year's publication is on the role of the private sector with in the South African Health System. In addition to the review, HealthLink works within and outside the borders of South Africa on many issues regarding within health care systems. Specifically, I was involved with work regarding the migration of health care workers and governance structure reform.

While working with HST my main project was to publish a review of national, regional and international codes and protocols on the migration of health workers in east and southern Africa. The review was a background paper for the upcoming regional meeting of Eastern, Central and Southern African (ECSA) countries on the migration of health workers. I presented the findings of my paper at the meeting to representatives from 11 ECSA countries and researchers. The purpose of the meeting was to bring together researchers and health system representatives to discuss issues surrounding health worker migration and retention and to solidify proposals for research. Following this project, I also contributed to the publication of a handbook for the Free State government in South Africa on Health Governance Structures from the community to provincial level. This handbook was to serve as a guide to define roles and the proper movement of information

through the various channels and levels of government – from community to provincial level. It was the first of its kind in South Africa.

In May 2007, I finished my time with Health Systems Trust and left South Africa to return to Canada. In the months following, I looked into more international opportunities, particularly focusing on community-based health care. I wanted to gain exposure to what health care actually is in practice rather than what it is in print. Throughout my search for more opportunities I remained in contact with Human Rights Internet (the organization that sent me to South Africa) to see if they had any suggestions or opportunities themselves. To my delight, after a few months of searching, I was contacted by HRI and fortunate enough to receive an offer to be placed at Community Health Cell in Bangalore, which has brought me to where I am today.

Before I arrived it was my understanding that my placement was project specific involving work with the Teasdale/ Coti project "Revitalizing Health for All: Learning from Comprehensive Primary Health Care Experiences". My outlined role was to offer technical assistance to the Indian research team with the review of literature on Comprehensive Primary Health Care (CPHC) experiences of Asian countries. However, upon arriving and meeting Thelma, I learned that my role at CHC was to be expanded to take part in the fellowship scheme.

I joined the fellowship scheme with CHC during a time when it was not 'formally' in-session, therefore more flexibility was available with regards to time spent in the office and out in the field. Usually the fellowship experience is quite structured where fellows spending their first month in-house for training and then they are sent out into the field to work in areas of interest for weeks at a time.

My fellowship took different roots. I worked with two other interns, Lakshmi Prasad and Deepak Kumaraswamy, we each had separate interests and focuses during our fellowships: Lakshmi was getting exposure to community-based health care in India and applying to graduate school; Deepak was researching AYUSH integration into the public

health system; and I was working on the Teasdale/ Coti project, as well as making field visits.

3. My Time

My time spent with CHC was spread over three areas: attending conferences and presentations, performing literature reviews and making field visits. In total, I visited five community-based projects, performed six literature reviews and attended two conferences and numerous presentations.

3.1 Literature Reviews

The Teasdale/ Coti 'Revitalizing Health for All: Learning from Comprehensive Primary Health Care Experiences' Project is a global initiative that seeks to revive the Alma Ata Declaration for comprehensive primary health care. Research and training are focused in five areas: Australasia, Africa, India, Central and South America and Canada. I joined the first phase of the project documenting literature that reviews comprehensive primary health care projects in each region; I focused on the Indian/ Asian region. The goal of the literature review is to provide evidence of successes in comprehensive primary health care programs.

The literature reviews I performed included the following:

- Gonoshasthaya Kendra, Bangladesh – The People's Health Centre
- Achieving the Millennium Development Goal on Maternal Mortality. Gonoshasthaya Kendra's Experience in Rural Bangladesh
- Community-based Health Workers and Community Health Volunteers in Thailand
- An Iranian experience in primary health care, the West Azerbabaijan Project
- The costs of public primary health care services in rural Indonesia

3.2 Field Visits

Apart from my work on literature reviews my time was also spent visiting various urban and rural community-based health projects. In total, I visited five projects across 3 states: Karnataka, Tamil Nadu and Kerala.

3.2.1 Good Shed Slum – Bangalore, Karnataka

My first visit was to the Good Shed slum located near Majestic in Bangalore. We met with Gure from the Basic Needs organization. The organization works with mentally ill people in rural and urban communities to provide community-based treatment for mental illness including education for families to overcome abuse and stigma.

The issues surrounding mental health and access to mental health services in India are many. The majority of people suffering from mental illness cannot afford treatment as most of the psychiatrists are in private practice and their services are too expensive. In India, on average, there are three psychiatrists for every million people, however most are in private practice and, in some states, only one psychiatrist is in practice for the entire population. Meaning that overall people are not receiving treatment and without proper treatment, people suffering from mental illness are in constant need of care and are unable to financially support themselves or their families. Their hardships permeate to the family members that care for them. Their behaviour is often misunderstood and results in strong stigma in the community. It is not uncommon for many to believe that the person is possessed by a spirit so instead of trying to access a doctor for help the person is taken to the local religious leader for exorcism. This is where Basic Needs plays a crucial role in community based health care. They intervene and aide families to understand what mental illness is and how they can overcome it.

Basic Needs trains local residents to become community mental health workers that provide support and treatment for people living with mental illness in the community. The role of the Community Health Worker is to: survey households and identify mental

health sufferers; work with the family and facilitate access to treatment; and educate the family and the individual on what mental illness is and dispel any myths. Further to this, the health worker will regularly monitor the treatment of the patient's progress noting any medication side effects and making sure the person is regularly attending individual and group counseling sessions.

During our visit, Gure introduced us to Rani, Good Shed's local community mental health worker, she was kind enough to take us around and visit 3 households that she worked with to hear the families' stories of victories and struggles dealing with mental illness.

At the first household we met the sister of a mental health sufferer. She was the main caregiver for her brother, who suffered from mental illness most of his life. She told us that until meeting Rani she and her family had no understanding of what was wrong with her brother. He displayed very aggressive behaviours and slept most of the day. As the main caregiver, her family was not able to arrange for her marriage because taking care of her brother was the priority. After meeting Rani, Rani explained possible reasons for her brother's behaviour and provided options for treatment. The family gratefully accepted Rani's assistance and her brother began seeing a psychiatrist and attending counseling sessions. It had been a year since the intervention and her brother was currently living independently on their father's property and holding down a full-time job. In fact, it has been so successful that her family is now arranging for her marriage.

The second family we met with was equally as successful. Rani introduced us to a family of a husband and wife with three small children. The father suffered from mental illness and suffered most of his life. His wife explained that she was unaware of his illness until they were married. Soon after the marriage he began to have wild mood swings and sleeping most of the day and was unable to hold down a job.
Rani met the family when she was surveying the neighbourhood to identifying people that could be suffering from mental illness. Rani explained that her husband could be suffering from a mental illness and offered assistance for treatment. Rani took him to see a psychiatrist at the public hospital and he was diagnosed with schizophrenia. The doctor

prescribed drugs and counseling sessions and a year later he still regularly takes his medication and attends his counseling sessions. Currently, the husband holds down a job at a factory making 80 rupee/ day, enough money to minimally support his family.

The third family was not as successful. In this household, the daughter suffered from mental illness. She was very hostile and abusive towards the rest of her family. Rani intervened and took her to a doctor where she was diagnosed with schizophrenia. She was prescribed drugs and given counseling sessions. However she was not a willing patient, she would regularly go off her medication and not attend counseling sessions. The family commented on how difficult her behaviour has been and they had been resorting to beating her to stop her from acting out. During our visit Gure was making a special attempt to get her to go to her counseling sessions. Gure pleaded with her to go and told her that I had come all the way from Canada to visit her and it was my wish that she attend her counseling sessions so she will get better. This attempt seemed to work and she agreed to go to her counseling. It remains to be seen if she actually went or not.

The visit to the third household although was not as successful it showed how important drugs and counseling are to mental illness recovery. They do no work in isolation.

Basic Needs is integral to the community. Their services have transformed the lives of many families. I was very impressed with the dedication of Rani. She too had issues at home in that her husband did not like her working but she did it anyway. The pay was minimal but it was helping others that she loved.

This was my first visit to a slum and although the living conditions were dire, people were very happy and welcoming at the sight of us. We were welcomed into homes with open arms and in one the houses they even ran out and bought us a bottle of Fanta, which I assume is quite an expensive purchase for them.

Overall, the experience at the Good Shed slum was a great learning experience. As my first introduction to community-based health projects it really showed the importance of

health service intervention for the most vulnerable. The difference Basic Needs has made in the lives of the people we visited was substantial.

3.2.2 Bala Mandir Orphanage – Chennai, Tamil Nadu

The second visit was a trip to Chennai, Tamil Nadu. Lakshmi, Vinay and I travelled to Chennai to visit the CHC office and other organizations in the area. The first was the Bala Mandir Orphanage.

The Bala Mandir Orphanage was established in 1949 as a home for homeless children. Today it has grown into a leading welfare organization in Chennai and shelters thousands of children while providing child care, family welfare, education, vocation and rehabilitation programs.

The organization functions as a transit home for children providing education, counseling to children. It admits children below the age of five years that are cared for until they are ready to care for themselves in society. The accommodation at Bala Mandir houses 100 children under the age of five and 300 children five and over.

The organization provides education and vocational programmes for both orphan and destitute children that come from socially and economically deprived backgrounds. In addition, primary and secondary schools for the children are located on the grounds. The Bala Mandir Primary School started in 1952 and caters to almost 700 children. The Satyamurthi High school opened in 1961 and obtained a higher secondary school standing. It includes an English Medium Section aided and recognized by the state government. It educates nearly 700 boys and girls.

Further, the organization has two daycares, which cater to about 200 children from 6 months to 5 years, and a vocational school that provides socio economic training in the areas of carpentry, laundry, industrial training and musical/ cultural programmes.

Upon arrival we met with Mia, the director of the organization. She gave us a brief introduction about the layout of the organization and to some of the programmes Bala Mandir provides. One of the most impressive programmes is the parental education programme that teaches parents child rearing skills to both adoptive parents and parents from the community. The skills are based on childhood development techniques issued by the Government of Ontario in Canada; one of the most important things about these skills is that they highlight cultural diversity so although they are from another country Indian children and parents can identify with them.

Next we were taken on a tour of the facilities by a girl who lived in Bala Mandir since she was 5 years old. She first brought us to the ward that cared for the babies less than 9 months followed by a ward with children from 9 months to 2 years. It was such a wonderful experience to play with the babies who were crawling into the room or lying on the floor. The children come from homes where the parents are no longer able to care for them or have given them up for adoption. She finished the tour showing us the classrooms and impressive computer facilities full of primary school aged children.

Next we crossed the courtyard and visited another part of the Bala Mandir Organization called the School for Exceptional Children, which was truly exceptional. It is rehabilitation centre that provides physical and mental rehabilitation for physically and mentally challenged children. All services are provided for free and surprisingly there is no waiting list. There is a specific program that is in place for new arrivals were when the children first arrive the first few months of classes are attended with their parents at their side but as the child becomes comfortable the parents are asked to attend less to focus on their child's development of independence. The children at the school suffer from a wide range of disabilities and require special instruction and attention. Classes offered range from motor skills, such as catching a ball or touching different textures, to social interaction to yoga classes for the mothers.

I was so impressed visiting this facility, seeing the different accomplishments of all the children and the dedication of the teachers. It is a facility that is vital for the development

of these children who do not have the same advantages as most children others and need special attention to reach their potential.

3.2.3 SIPCOT – Cuddalore, Tamil Nadu

My trip to SIPCOT was the most memorable of my experiences. It opened my eyes to the field of environmental health and associated health risks. Some of my goals for my fellowship with CHC were to gain understanding of public health at a community level and gain exposure to community public health programmes. This visit did just that. I got a sense of the true scale of health risks faced by some communities and their inability to escape them.

SIPCOT is a chemical industrial estate located just outside Cuddalore, Tamil Nadu. The estate is on government land and the area is notorious for pollution. SIPCOT is categorized as a 'red zone', meaning it is the most dangerous and polluting of industrial plants and should have the highest standard of pollution control in place. Some of the industries that have plants in the area are pharmaceuticals, paints, gelatin, acids, peroxides and dyes.

There are approximately 20,000 people living in villages surrounding the chemical plants. The communities living in and around the industrial estate complain that their lands have been taken forcibly, often without adequate compensation, and that the pollution from the industries has damaged their environment, livelihoods and health. According to the villagers, the multi pronged attack on their life-support systems by chemical industries has impoverished them and ruined their health. However, Government agencies, including the Tamil Nadu Pollution Control Board and the District Collectorate, have ignored their sufferings, and in instances, even shielded the polluters.

Industries contend they have taken adequate measures to control pollution, and that the situation is not as dire as communities report. Moreover, the industries say they are a

significant contributor to the overall revenues of the state and to the economic well being of the Cuddalore villages.

However, the promise of an economic windfall means nothing if the effluents from the industry are polluting villages, killing local livelihoods and disabling the population. The effects of trickle down economics are a farce. This was made abundantly clear in talks with local villagers on our visit. The fishermen we met with explained how their fish stocks have dwindled away to almost nothing. In terms of rupees, they said that they use to earn 1000 rupees per day before the chemical industries were built and now they are lucky if they get 50 rupees. This was the same case for the farmers as well. They said their land was too polluted to grow anything and their livestock was sick or dying from drinking the water and eating the grass.

We visited the communities with Arun, our guide and translator. He worked with an organization training local villagers as environment monitors to record daily air pollution levels. The mission of this organization is to empower communities to fight industry and government by collecting evidence that proves the effluents from the plants are polluting the land, water, air and affecting people's health. This crusade is by no means easy. With government on the side of industry, industry only concerned with profit and pollution regulation and control taking away from profit ensuring the health and livelihood of the surrounding villages not even a blip on the radar screen.

There are 17 chemical plants that operate on SIPCOT land and some are completely illegal, operating without permit and penalty. The levels of pollution are apparent the minute you breathe the air, smell the dirt or see the water. Incidentally, during our visit the pollution levels were so high that Arun experienced severe burning in his eyes, lips and throat due to repeated exposure. A different smell in the air is associated with each plant (it is how the monitors are able to tell where the pollution is coming from). For instance, the gelatin plant produces a dead body smell. Other smells by plants include rotten eggs, feces, nail polish and rotten cabbage. Some of the villagers reported that

they get smells from 3 out 4 of the wind directions. The air pollution is out of control and it is the environment monitors job to record it.

The local villagers, as environment monitors, capture air samples of pollution when they perceive the levels to be high – a 7 or above out of 10. With the help of Arun the samples are sent to California for testing. The findings from the lab were staggering. In one batch they tested they found 12 chemicals at levels 345 times higher than safe limits. Of the 12 found – 11 targeted the eyes and the skin, 10 target the central nervous system, 8 target the respiratory system, 5 target the kidneys, 4 target the liver, and 2 the peripheral nervous system.

It's clear the villagers are at risk. It's astonishing that the companies and government deny the health effects of pollution even though after one short visit I was experiencing breathing problems. The community faces a David vs. Goliath battle and they require all the advocacy and assistance possible.

Future study and work in this field has inspired me. I believe everyone has a right to live and raise a family with clean air, water and food. Big business or economic interests should be regulated by the government for the health and safety of the people and if this is not happening it is up to the people to fight for their rights. Of course, this battle requires vast resources and determination but the importance of protecting the rights of the most vulnerable is paramount to any amount of money or power.

3.2.4 Zero Waste Centre – Kovalum, Kerala

My last visit with CHC was to the Zero Waste Centre in Kovalum, Kerala. Kovalum is a tourist destination attracting loads of tourists from all over India and the world. They come for the idyllic beaches, small shops and fantastic restaurants however; it is what they leave behind that is the problem.

Kovalum originally was an idyllic fishing village located 12 kilometers south of Trivandrum. The economy was diverse and self-sufficient. Almost the entire population worked in primary and secondary industries including in fishing, paddy cultivation and palm and coconut-based industries. Access to water and sanitation services was plentiful. Water came from open wells, ponds and streams and household waste was almost all organic so it was easily composted or burnt in the fields.

It was not until the early 1970s that the problems began. The Department of Tourism and Indian Tourism Development Corporation began to explore Kovalum as a tourist destination. They felt Goa was becoming over-populated and tourists should be attracted elsewhere. In the 1980s the tourist boom began in the area. Numerous illegal hotels and shops were being constructed however the local panchayat did not want to stop what it deemed such a good thing even though the community did not have the infrastructure to support it. In early 1990s, the Government of India intervened and put a stop to the development giving the Kovalum beach area the highest protection under the Coastal Zone Regulation. This meant no new buildings, drawing of groundwater or dumping of waste was prohibited within 200 meters of the High Tide Line.

This designation abated the development for a few years until 1995 when a second boom began and the demand for charter holidays led to another spurt of illegal developments. The Tourism department simultaneously focused on building up the infrastructure by building roads, pathways, lighting and water supply. However, nothing could be done to deal with the vast amounts of waste that were being generated daily by the 55,000 to 140,000 tourists that began to visit the area over the years.

By and large the tourist growth in the area was unplanned and there for the infrastructure was not sufficient for the demands. Restaurants and hotels used septic tanks for their sewage which contaminated groundwater. Poor waste management services lead to the burning of inorganic wastes, such as disposable plastics, which exponentially increased with the tourist demand for drinking water. Beaches, ponds and cliffs were being littered

with waste and the air was being polluted burning it. The small village of Kovalum was slowly being buried under the foreigners' waste they left behind.

So, in 2001, an organization called Thanal decided to intervene with their Zero Waste initiative. Thanal is an environmental NGO based out of Trivandrum, Kerala and they recognized the mounting need for recycling programmes and saw an opportunity to generate income by using materials, such as plastics, paper and coconut shells to make useful artisan items to sell to tourists. Since its inception, the project has grown to include not only recycling and reuse of solid wastes but also enterprise development, women economic empowerment, organic farming and community capacity development through the education of primary school children.

My visit began meeting with Sujatha, a woman who has worked with the Zero Waste since its inception. She sat with us for about an hour and a half sharing her personal story, the change working with Zero Waste has brought in her life and the activities of the organization.

The main focus of Zero Waste is to recycle excess waste and make useful products however combined through that aim they also strive to provide economic empowerment for the woman of Kovalum and education on responsible living to the children. The day we were visiting there were two groups of women working on projects.

One group of three women, who were administrators, were quality checking stacks of paper bags made out of recycled newspaper. Sujatha explained that no hierarchy exists in the organization and that when help is needed to get orders out everyone chips in. A second group did not work for Zero Waste but was instead using the space for their own micro-industry. They were using tailoring discards to make quilts and patchwork throws.

Zero waste puts a lot of their efforts into community leadership and enterprise development programmes where women are able to form groups of up to 6 people and come in to use Zero Wastes space and resources to create and sell items. In total there

are 2 – 300 hundred women involved with the Zero Waste Programme and in 5 years they have seen a 400,000 turnover in profit. However, more importantly they reduced waste dramatically and improved livelihoods of many woman in the village that were previously unable to gain income.

In addition to the products, Zero Waste has lobbied restaurants and resorts to segregate their wastes into organic and non-organic to fuel bio-gas plants. Three plants were installed in Kovalum. The first was at the Institute of Hotel management and Catering Technology. After a few hiccups in the process the plant now diverts nearly 300 kg of biodegradables daily and saves the institute 5000 rupees per month. Soon after the success of the first, two more were installed – one at a hotel and a second by the Lighthouse beach. The hotel biogas plant fuels the hotel's generator while the lighthouse plant provides electricity for the beach front.

Overall, hearing the stories, seeing the products and meeting the people showed an incredible positive impact Zero Waste has had on the community. Walking around you do not see plastic bags, as they have been banned, and there are recycling signs everywhere reminding tourists to place garbage appropriately. But the best indication of Zero Wastes victories over garbage is visiting another tourist destination just north of Trivandrum called Varkala. Garbage littered the beach and cliffs there. People had no understanding of recycling and in some instances I witnessed locals throwing bottles off the cliffs into the oceans. However, it is hard to blame the locals for these acts as there is no education or services for garbage management and they are in desperate need.

Zero Waste was a very positive experience for me and proves the need for responsible tourism and with a little organization and initiative some negative aspects of the tourist trade can become quite positive.

3.3 Conferences

Throughout my fellowship we were given opportunities to attend different meetings and conferences.

3.3.1 National Bioethics Conference – Bangalore, Karnataka

The second annual National Bioethics Conference was held in early December in Bangalore and CHC was involved with the event. One of our main roles was to facilitate the Student's Forum that launched the event. For this we planned activities that attracted 160 medical students from 10 colleges across Bangalore to participate in three scheduled activities: Debate, Mad Ads and an Art contest.

It was my role to organize and run the art contest, which challenged the students to choose a medium of painting, cartooning or collage to create a piece of work that illustrated a major ethical theme affecting the provision healthcare in India today. The student's work was judged on the clarity and creativity of their message illustrated in the three respective categories.

The activity garnered a lot of enthusiasm with 82 participants signing up for the event. The collage contest was by far the most popular with 35 teams of two, followed by painting and cartooning, which both saw 6 participants each. The major themes addressed by the students were:

- Corruption in the healthcare profession;
- Brain drain in the health care profession;
- Medical care has become technocentric;
- Publicity in the healthcare profession; and
- Learning on patients- ethical, social and moral issues.

Over two hours the students worked enthusiastically and tirelessly to cut, paste, draw or paint a masterpiece exemplifying a contentious health issue faced not only by themselves as future doctors, but society as a whole.

The finished works of art were hung for viewing and judging in the halls of the conference centre, each one carrying a strong message that reflected the true creativity of young minds. It was obvious that each piece of art was a winner however only one from

each category could be chosen. Our guest judges, esteemed artists themselves, carefully examined the gallery of student art and chose what they deemed were the best of the best.

Overall, the other two events, mad-ads and debates, were a success as well. I was truly impressed with the medical students' creativity and enthusiasm.

Over the next three days the NBC was held and attracted delegates from all over the world. I had the opportunity to attend a couple presentations. Issues that were discussed included access to medicine and TRIPS, Public Health Ethics and HIV/AIDS. I learned a lot from listening to the panel discussions and one of the more interesting discussions I felt was on ethics in public health. Public health ethics focuses on the population rather than the individual and therefore the benefits of vaccinations and other interventions have larger consequences and more issues to consider. It is an area that I would like read more about.

3.3.2 Climate Change Symposium – Mumbai, Maharashtra

The next conference I attended was a climate change symposium put on by the Delhi Platform in Mumbai. I came across the opportunity to attend through an email at work. I was really interested to go to the conference because I wanted to further explore the field of environmental health and see where my interest lies.

The symposium was two days long and the intent was to bring together an internet based group of climate change activists, scientists and researchers to agree upon a charter of action for the Delhi platform. As a new addition to the field the set-up of the meeting and presentations were very well done.

The first day was spent explaining the science behind global warming and climate change. Presentations were given by scientists and many discussions were had clarifying the facts. Then the meeting moved onto presentations that exposed the myths of climate change. There was definitely a lot of controversy in this area.

The next day we heard presentations from Tamil Nadu fishermen who gave us anecdotal proof of climate change and then the group looked at a way forward or possible solutions for the mounting crisis.

It was an incredibly enriching experience and what was so special about it was that it focused on how climate change and global warming are affecting communities, economies and industries not just how technology can change it. This social perspective is often overlooked in platforms while this meeting put it at the heart of their discussions. It was definitely I took away from the meeting and will be able to pose to others in future discussions.

4. My Journey

My time spent with CHC was definitely positive. I gained so many experiences that I wanted to have and did not know I was going to get. Upon arrival I thought that I was primarily going to work on literature reviews and sit behind a computer like in most of my other internships but the opportunity to join the fellowship and experience public health programmes in action was irreplaceable.

One of the main focuses of the programme is to understand the importance of the social determinants of health in providing health care. Now this I knew before coming through my text books and teachers but I was never able to put a face to it. So field visits not only allowed me to understand it better but showed that the efforts of public health programmes had a huge impact at a community level, which is probably the biggest lesson I learned. That may sound a bit obvious but my exposure to public health has been at such a high level such as government statistics and research articles that the human face of public health was not known to me. CHC gave me the human face and the positive benefits about work in the field.

To list all the things I have learned is not something I can do but the overall effect of taking part in the fellowship has sparked a renewed interest in public health with special

interest in environmental health. The fellowship has narrowed my interests and set a path for future studies.

5. Conclusion

To finish, I would like to deeply thank all the staff at CHC for all their kindness and support. The organization is relentless in their drive to educate and advocate in public health. In particular, I want to say a big thank-you to Thelma, Vinay, Rakhal, Sukanya and Victor for making my fellowship and stay so welcome and fulfilling. India was definitely a learning experience!

I am now in the process of applying for post-graduate most likely to the University of Western Cape in Public Health. I hope to see you all in the future and stand with you in solidarity for equity in health.