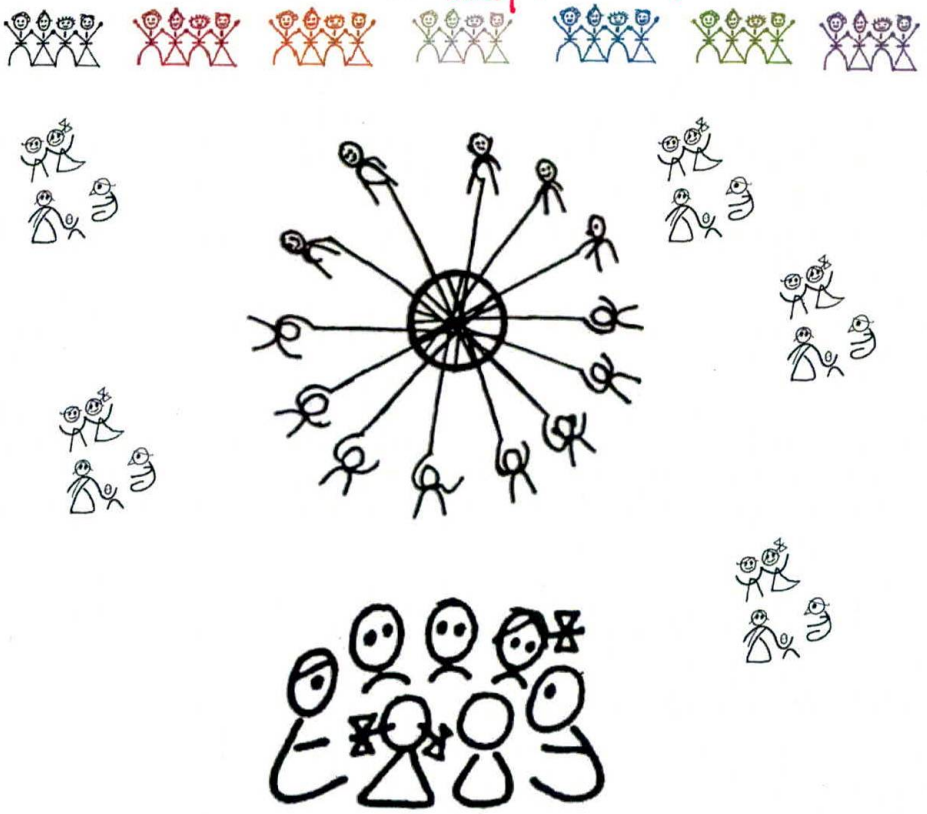
2015-16

Community Health Learning Programme

A Report on the Community Health Learning Experience

CHLP 2015.23/FR 169

SHWETA GUPTA



School of Public Health Equity and Action (SOPHEA)

sochara
building community health

Society for Community Health Awareness Research and Action

In A Slum Nearby

Community Health Learning Programme

Dec'15- May'16

Mentor: Dr. Thelma Narayan

Shweta Gupta

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Acknowledgement

I am very grateful to SOCHARA for giving me the opportunity to experience the Community Health Learning Programme (CHLP). These six months have been very enriching and inspiring. I am from a very different sector of Textiles and Garment Manufacturing. The insight I got in SOCHARA about the social sector, non profit, non- government organizations is very impressive. It has helped me build on my value base and ideology. It has also encouraged me, confirming my thought process.

I would like to thank Dr. Thelma and Dr. Ravi for designing this wonderful programme the way it is. I would like to thank Dr. Thelma for giving me valuable insights whenever I reached out to her in times of doubt.

I would like to thank Mr. Chander for challenging my thought process and forcing me to think out of the box. His discussions have made me stretch my limits. Thanks to Mr. Mohammed for great insightful lectures on rural and urban community health. Thanking Brother Kumar for his friendly approach and companionship in good times and bad. We enjoyed all the field visits we made along with him as facilitator. Adithya, Anusha and Rahul have inspired me to think differently from the mainstream and tread my path courageously to live a more socially relevant and fulfilling life. They have acted as very good examples in this direction.

I also want to thank all the fellows for giving me varied experiences by sharing their field experiences, life in general and their hometowns.

I would like to thank Swami for his most quiet demean our and valuable knowledge on books, Maria for her perseverance and sincerity, Mr. Victor for his smile and dedication and Matthew, for his cheque slips. Thanks to Hari Bhaiya, Tulsi Bhaiya and Joseph Bhaiya for the hot teas and snacks, Vijaya Akka and Kamala amma also for the clean campus and cute 'good mornings' ☺.

Shweta Gupta

CHLP Dec'15 - May'16

1.1 Why did I join CHLP?

Dalai Lama says -' This world does not need any more successful people, it needs more spiritual and social crusaders for its cause'.

My personal ideology has changed over a recent period of three to four years. I am looking to work with something which has social relevance than for anything which yields personal success. I left my job in July 2015 to pursue teaching as a career. I have spent thirteen years of my life, dedicating it to my passion of design technology. Now I am financially independent and want to do something which has larger impact.

I have a post graduate diploma in Fashion Technology and have worked with export fashion brands. I have experience as merchandiser for producing readymade garments for brands in Britain and Germany. The challenge to connect with people and achieving targets in time kept me on toes for all these years. But somewhere in the process, I lost interest in being competitive and in the rat race. I think sometimes it was a calling from a higher level.

1.2 How did I join SOCHARA?

I was sitting at home for four months before joining SOCHARA. Tired of working in a corporate set up for thirteen years and uncertain about what I wanted to do in the future, I visited SOCHARA in December. I had visited SOCHARA earlier but was able to meet Victor only.

I met Chander this time. We discussed at length my background, opinions and knowledge in general. As I discussed with him, I could relate to him . His value base of questioning and critiquing the mainstream lifestyle and counter cultural arguments impressed me. I could relate to his beliefs of not being materialistic. Not only his value base but also his understanding of how to work in the field with an attitude of equity was inspiring, I have worked in the private sector for thirteen years and only my first job has reflections of an equitable environment and nurturing atmosphere.

Also, his discussion on how to acquire a convivial attitude of critiquing mainstream ideology was interesting. I could relate to him as I see myself inclining towards value-oriented lifestyle. This change in me has been there for two to three years.

I attended some sessions and liked them. Aditya was talking on Environment and Water crisis. Rahul conducted a session on theme recognition and interpreting data. The fellows discussed the themes as per their research topics. I was interested to know more about the research topics. In the months that followed, I read Dimentions, attended sessions on understanding health, read books like 'Rakku's Story' and 'Red Book'.

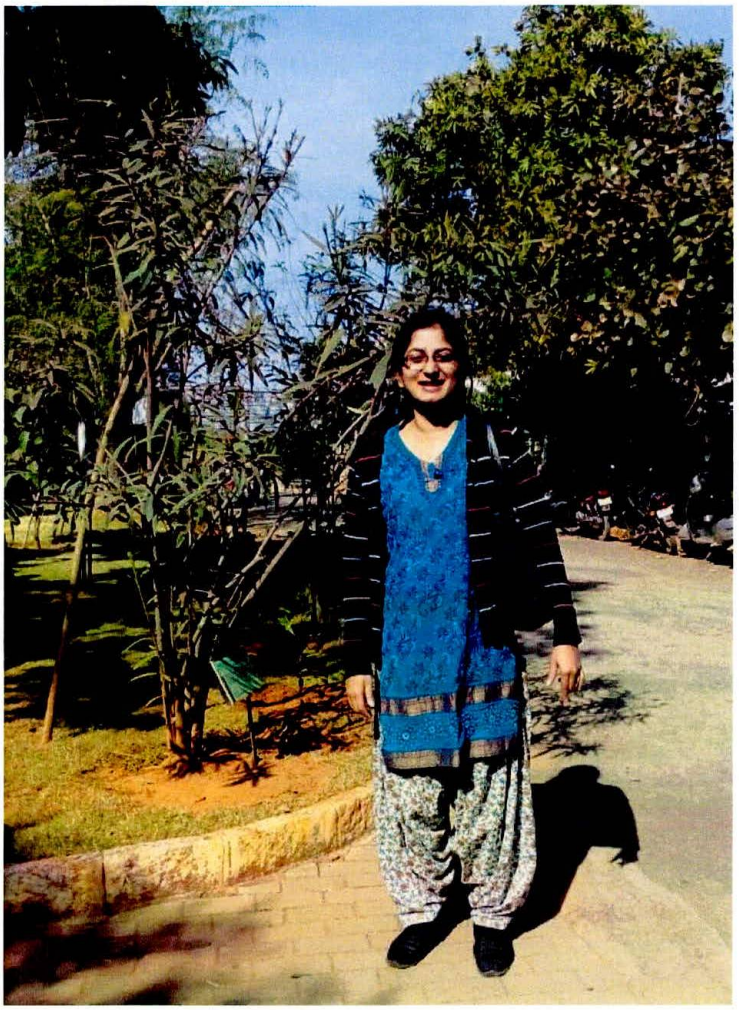
1.3 Statement of Purpose

1/To sensitize myself to the fact that health is a right for every individual and should be available to every individual.

2/To reach out to community and interact with them on their social norms and culture.

3/To understand the group in terms of their physical, mental and social well being and problems.

4/To equip myself to be able to aid the group in their issues and problems.



Pic 1.1 Myself

2.0 CLASS SESSIONS

Community Health has a wide scope and a learning programme like CHLP has a wonderful and detailed approach to it. The enriching class sessions took us from political aspects like globalization and pharmaceutical patents to biomedical aspects like first aid. We also covered areas as vast as public speaking and project proposal writing skills. We understood how Public Health Movement and the Assembly carved the path of advocacy in India and International level.

2.1 Pharmaceuticals and government policies by Dr. Ravi Narayan

The famous comment from legendary physician Rudolf Virchow- "politics is nothing but medicine on grand scale" stands true for the state of health in developing countries. The Infant Mortality Rate, Maternal Mortality Rate and Total Fertility Rate are on a rise due to economic deprivations, disparities in life styles and helplessness of the target group. Biomedicine understands body as a machine and "disease" as disturbances from external pollutants which have to be fixed. Tuberculosis is considered the 'disease of poverty'. Illness results in poverty due to regular hospitalization and loss of wages due to absenteeism.

Multinational companies enter new markets at meager investments and siphon millions in the name of technical know hows , high technology and profits They disrupts public sector in the countries and include patents which drains common man's tax money. The multinationals and government policy are giving up on public sector and pushing them indirectly to close factories. The Ministry of Drugs acts like any other Ministry of Industries and not as a means of providing cheap and accessible drugs to the needy. The government policies and Patent Acts are changed basically to help multinational overtake the market.

A strong campaign should be started to counter handle and to

1/ to make a comprehensive drug policy for drug use

2/ to enable production of drugs within India

3/ To avail generic drugs free of cost for government health organization.

4/ To develop a methodology for making and implementation of essential drugs.

5/ make no changes in Indian Patents Act , 1970

6/ encourage research and development for new drugs in government institutes

7/make international bodies to change IPA regime for manufacturing of essential drugs.

8/revive public sector! All government purchases to be made from public sector units only.

9/renewal of registration of all essential drugs

10/control all promotional methods used by manufacturers

11/Reduce the price of all essential drugs and keep them in controls

2.2 First Aid by Sheela Rajagopalan

First Aid is the first help provided to a needy, injured or sick person. Fundamental purpose is to help and keep the person safe till he gets medical help. Primary concern is the safety and secondary is whether the victim is fine to move or not. The objective is to preserve the life and prevent the condition from worsening and deteriorating. When you call for professional help, provide the address . Control the crowd

The mnemonic to administer first aid is RAP---ABCH

R-Responsiveness

See whether the victim is conscious/ Touch the shoulder and ask if he is alright? Ask if needs help. If they say no, one should not proceed further. But if there is no response, we go ahead with next step.

A-Activate Emergency

Dial for 102-Emergency medical services and keep following points under consideration during the call- 1/ tell your name 2/ talk about the emergency and condition of the patient. 3/ mention the location and landmark.

P-Position

Only reposition the victim if the victim is in further danger in their present location. If there seems to be spinal injury do not move the victim. If it seems to be life threatening, one should move ahead.

A - airway

Check the airway or the breathing. Put the finger and feel the breath, chest and abdominal movement. If the airway is blocked, the reasons could be –food, dentures, tongue or vomit. Clear the block by putting two fingers in the mouth and sweeping. The fingers would make the person feel gagged and the block will come out due to pressure.

Heimlich Man oeuvre-The universal sign of choking is the person not coughing and both his/her hands are on the neck. So the man oeuvre is administered with a fist inward and upward push at the soft part of the stomach below the breastbone.

Opening the airway for an unconscious person should be by hyper extending the neck and keeping it in the same position for some time.

B-Breathing- See, feel and touch

C-Circulation

Three fingers at the Carotid artery (side of windpipe on the neck –check on one side only)

Injury may result in bleeding that may be:

Arterial bleeding –bright red and comes in spurts. One should put tight pressure, tie it tightly and transport the patient immediately.

Venal blood – is oozing and darker in colour. If veins are cut it does not have effect immediately but the patient should be taken to a hospital.

CUTS AND WOUNDS

If piece is lacerated inside the body, it should not be pulled out . If it is a large wound, it can be washed with water. In case of minor wounds apply pressure to stop bleeding and bandage it.

BURNS

First Degree- below the skin area and is painful

Second Degree- when the burn is up to the dermis. The skin becomes spotty and blotchy

Third Degree—up to muscle and bones, discoloration, skin is charred

Gaping wounds should not be washed. Blisters should not be opened as it may cause infection. Acid burn should be washed with plain water

ELECTRIC SHOCK – Remove the source using non conductors.

FAINTING

It is because of variation in blood pressure, the brain does not receive enough blood. It is a compensatory mechanism. Keep the legs on an elevated platform. In normal case , eighty percent of the oxygen and blood is taken by brain but if does not receive enough blood and suffers, the brain is dead, whereas the organs recover from a shut down.

HEAD INJURY AND CONCUSSION-

Skull is like a box and brain is a soft tissue inside. Any bleeding remain inside and swelling or clot pushes the brain tissue. This gives symptoms like projectile vomiting due to pressure increase, loss of mental coherence and stomach ache.

NOSE BLEEDING- Pinch the nose and lean forward slightly. Apply ice pack application.

FACTURES-

Bones may stick out	Compound Fractures
Some pieces attached	greenstick fracture
Into number of pieces	comminute fracture

In case of fracture make the person rest and apply RICER

R-Rest ; I-Ice ; C-Compression ; E-Elevation ; R-Referral

Do not rub any ointment and apply padding to the support with scales, notebook

HEART ATTACK – There is an acute pain in shoulder, jaw and back. There is indigestion in minor cases. Attacks are due stopping of blood to the heart. Nitroglycerin tablets are given during heart attack

Hypertension- you may get a stroke or a partial stroke. Paralysis of brain vessels of opposite side of the brain

Snake /Scorpion/Bee Bite- Venom attacks the nervous system. Nerve and muscle connection is lost and Neurotoxins affect the body. Ante- venom breaks the neuro toxins. I f it is a local bite, abacus also may be formed.

Bee Attack- allergy and anaphylaxis reaction, rashes, spasm in respiratory tract (constriction)

The session with Sheela was very helpful both as a Community Health Worker and a person. I would feel more in control in hour of emergency. I learnt before any action in such situation it is important to have patience and a cool mind. I was also learnt how various parts of our body function or malfunction because of an accident.

2.3 Community Health – In search of alternative processes

> Community health is defined as a process of enabling people to exercise collectively their responsibilities to maintain their health and to demand health as their right. It is could extend further by adding that the community health process would involve increasing the people and communities own autonomy over their health and over the organizations that can prevent ill health and promote health.

Primary healthcare – refers to interventions that focus on the individuals or families such as hand washing, immunization, circumcision, personal dietary choices and lifestyle improvement.

Secondary health care – refers to those activities which focus on the environment such as draining puddles of water near house, clearing bushes and spraying insecticides to control vectors

Tertiary health care – refers to those interventions that take place in a hospital settings such as intravenous or surgery

The success of community health programmes relies upon the transfer of information from health professionals to the general public using one to one or one or to many communications

2.3.1 Community medicine

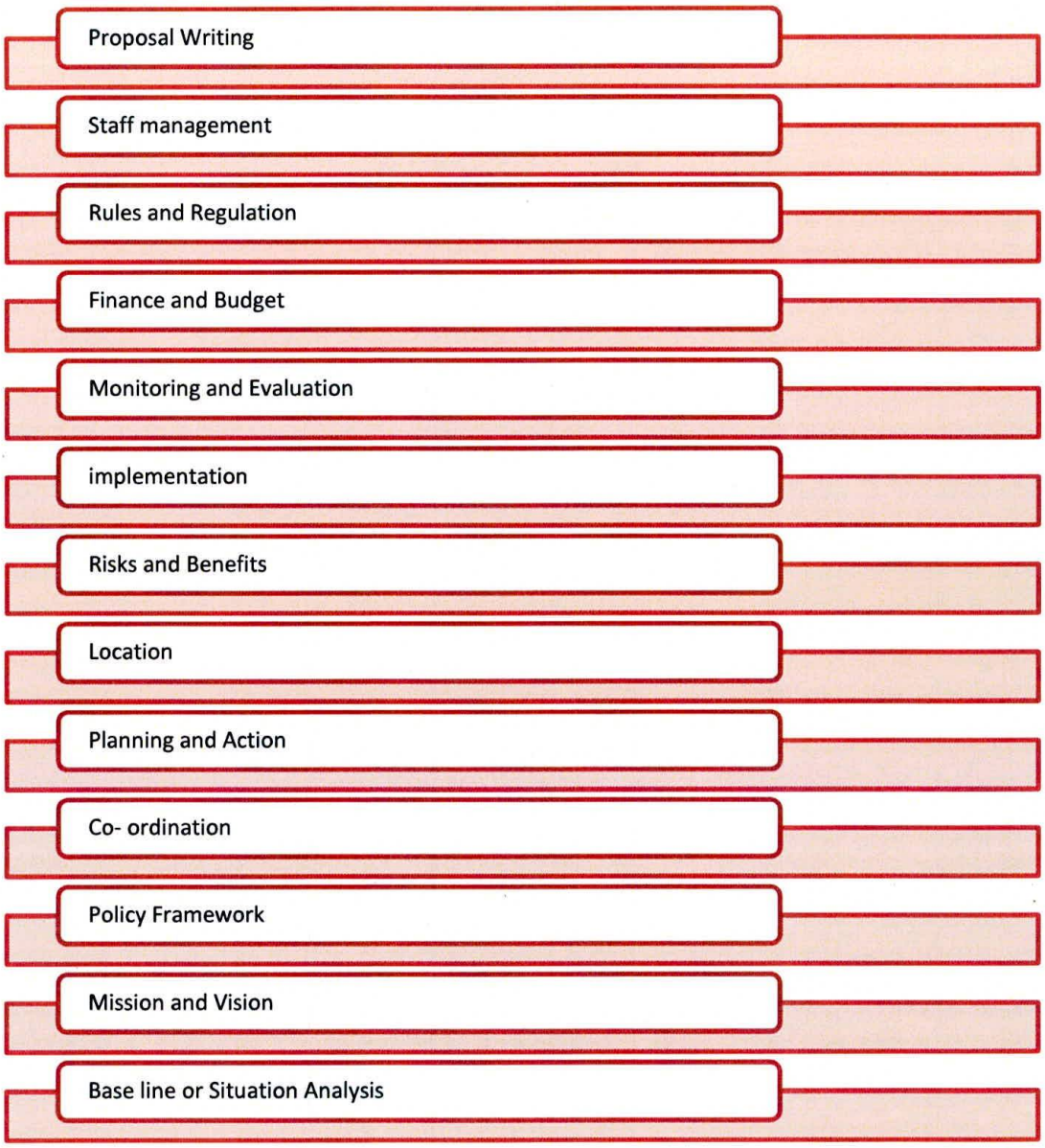
Wikipedia redirects to public health which is defined as the science and art of preventing disease, prolonging life and promoting health through organised efforts and informed choices of society,

organizations, public and private communities and individuals. It is concerned with threats to health based on population health analysis. The dimensions of health can encompass a state of complete physical, mental and social well being and not merely the absence of disease and infirmity. Public health incorporates the interdisciplinary approaches of epidemiology, biostatistics and health services. Environmental health, community health, behavioral health, health economics, public policy, insurance medicine and occupational safety and health are important sub titles

Community medicine is mostly extension of hospital system in organization method of functioning teamwork .True to medical roots, many of these projects for instance continued to distribute not only drugs but vitamins, vaccines and food with the same dependence creating mentality. There is an internalized value system of hospital and community based extension of a medicalised form of health.

2.4 Project Management by Mr. Chander

When we talk of Project management the following come into our mind



Project proposal- needs to have a mission and a Vision. It has to have a baseline or situation analysis of present so as to reach out to it after five years for re-review. To have a logical framework approach, the following are important –the objectives, intervention, strategies, goal, budget, evaluation, outcome, output/impact and sustainability

To write a project proposal, it should have a

Title

Introduction

Background

Goals which will have -Objectives, Strategies and Activities. These goals should be Specific, Measurable, Achievable, Relevant and Time Bound. The goals need to have evaluation indicators, Process Indicators, Outcome Indicators, systematic monitoring and Periodic assessment.

The logical model for proposal writing is first having the Inputs listed out, activities listed out and then the proposed output with outcomes and Impact. The proposal should be innovative, relevant, demonstrating expertise, feasibility, enthusiasm. It should be written in simple, straightforward language. It must be research based. Ideas should be clearing presented, should be backed with statistics and research. There should not be used of flowery language. The narrative and the budget should correspond on objectives and goals

Project management is possible through collective or consultative efforts. Time is non changing variable. The data resources are reviewed through Peer review processes. The philosophy is stated clearly before implementation. Training of staff for principles, objective and material for the programme is done

Budget for travel, materials, salaries for the staff is planned. Time line and log frame analysis for key actions is chalked down. Recruitment and referee check for all staffs is a must. The team members need to be updated all the time on changes and material for the programme. Organizational policies, Recruitment policies are to reviewed and revised time and again.

While communicating to the donor the truth about challenges need to be clearly mentioned. As mentioned earlier the implementation plan and expenditure plan needs to match. Internal reviews, Mid- term and year end are very necessary. The team retreats for motivation of the team members are also to be considered in budget. The project management team have to keep tending the project like gardeners

Similarly communicating with the community and the governance body of the location has to be straightforward and clear. The reality of the expectations has to be time and again communicated to them. The beliefs and actions to be taken on day to day basis has to be internalized.

2.5 Communication by Mr. Magimal Prakashan

Communication by a person is seven percent Verbal, 38 percent Modulation and 55 percent non verbal. The person's body language and behaviour at the moment affects the communication a lot. The distance of five feet from the body is interpersonal distance and touch, eye to eye contact reaches a person. Inter personal attraction (IPA) and physical proximity aids a lot on communication.

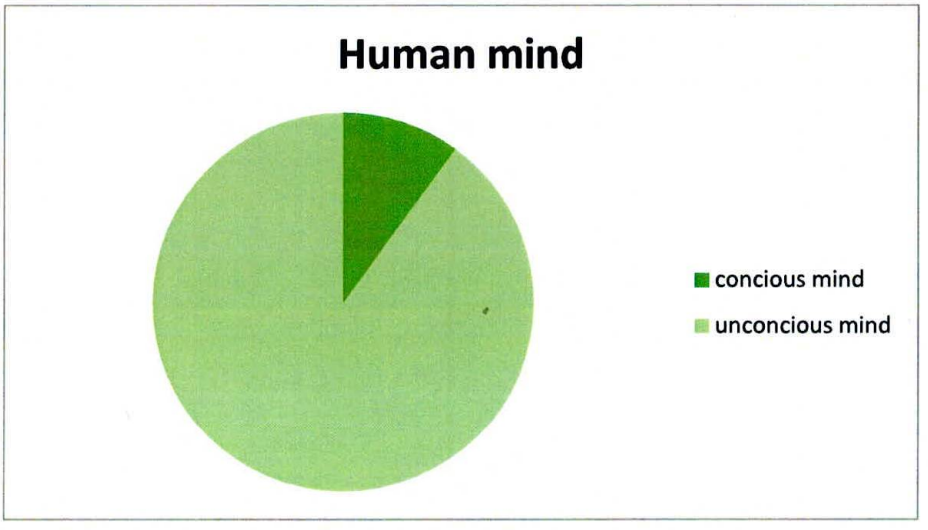
By six years of age, the personality of a child is fixed and only can be modified by counselling. Describing the learning cycle on a child, through a bicycle learning task, initially the child is unconscious and incompetent in cycling. After a week, he is conscious about cycling. Yet another week , he is conscious and competent about cycling. After cycling for sometime cycling becomes unconscious activity and competency prevails.

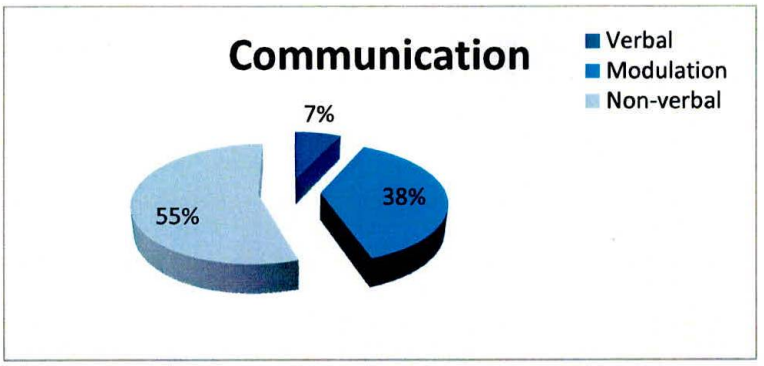
A human mind is ten percent conscious and ninety percent unconscious. The negative thoughts embedded in the mind result in lack of self confidence and change can be made through meditation and yoga. If the person gets in touch with unconscious thoughts the negative thoughts can be erased. Negative thoughts can also be removed by personal reflection and positive interpersonal communication.

The life is depended on relationships which in turn are depended on ability to communicate. To develop a skill to debate is possible through practise. To be able to identify, promote and use your talent and confidence and not succumb to others opinions is the key. Complete involvement is required with full Focus, Involvement and a Goal. Involvement comes from passion for the task. The five senses should be kept sharp and clear as they are ones gateway to mind.

The left brain represents success as it is for reasoning, questioning and arguing. It is related to letters and numbers and is the conscious mind. The Right mind is related to happiness. It is creative. It relates to songs, dance, drawing, playing, laughter and develops more options, solutions. It is the unconscious mind and is intuitive and imaginative.

We need both success and happiness. For a change, we need Knowledge, Attitude and Behaviour. Attitude is a personal conviction which is strong. Behaviour takes over you once attitude is formed. Our job is to change the attitude of the community, live, eat, and identify with the community.





2.6 Sanitation and India by Mr. Prahlad I.M.

From times immemorial, man has built toilets for convenience and cleanliness. Civilizations of Mesopotamia and Indus valley have proofs of latrines holes at bench height and squatting levels. Ancient Palaces in Jaipur have toilets with windows at sitting heights. Flush Toilets also have architectural remains in many monuments around India. Indus Valley civilization had a very well planned drainage system.

Division of labour in the society led to class divisions and age old ramifications of untouchables and Harijans. Even today most of these Harijans work as Night Soil collectors and Scavengers in villages and towns of various states including Karnataka. They have being carrying Night soil as their forefathers. They expect their children to be doing the same in future.

Sanitation does not only mean building toilets but also laying the sewer lines and drainage system up to the septic tanks. The drainage pipes are either lost means need repair and are not reaching the septic tanks. Sewage collector vehicles still collect the excreta sludge and dump it in rivers, lakes and other water bodies. Sewage treatment plants are not prevalent in cities. Using treated sewage as fertilizer is also not a regular practice in India. Individual septic tanks are solution to this complex issue. But government needs to push it and make it essential part of their sanitation plans.

Seventy three percent of the rural India still goes for open defecation. People especially women find it very uncomfortable and get up early or wait till evening to relieve themselves. This leads to various colon and rectum prolapses. Shovel in one hand and water vessel in other is the practical solution for rural India until we have toilets for all. Urban poor also face these uncomfortable situations due to unavailability of proper sanitation facilities in slums. Drains and lake sides are lined in the mornings with people squatting for shitting outside slums.

Eco San toilet in Tamil Nadu is a positive approach and ultimate solution to disposing of faecal matter. The commode pot is expensive compared to Indian commode. Urine and faecal matter is collected separately and used after treatment for fertilising fields with nitrogen rich manure. The faecal matter and urine mixed with cow dung and kitchen waste can also

produce biogas for household use. The slurry or the solid part can be used to fertilize the fields.

2.7 Mental Health and Rehabilitation by Dr. Janardhan

Impairment is loss of bodily functions and Disability is flaws coming in day to day functioning of body which are mainly due to environment and mostly is curable.

Mental Illness is due to chemical changes in brain and is curable whereas mental retardation is since birth or during gestation or in first three years and is non curable. Brain Development starts from first fifteen days inside the womb and goes on upto three years of age. 95% of the development happens in first three years and rest happens over the coming years.

Differently-abled people are called so as they are capable of doing things which normal people may not be able to do like blind have very good concentration and can do caning for hours together which a normal person may not be able to do. A mentally challenged person can sit and make paper bags for a long time where as a normal person may not be able to do.

Disability sector comes under state and there is a big debate whether the disabled should be given 1000 to 1500 INR as pension. It is adequate for disabled who need hospitalisation and support like physiotherapy for limb correction, counselling for schizophrenia. But for disables who are trained, capable and leading normal lives . My personal experience shows it sometimes lead to laziness and delinquency.

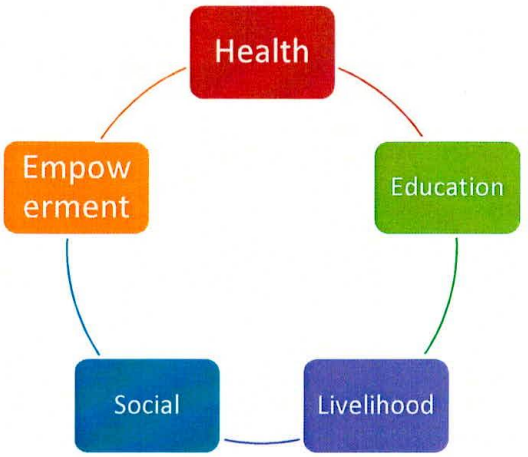
2.7.1 Community based Rehabilitation

It is a strategy for enhancing the quality of life of disabled people by improving the service delivery for their empowerment. Ten percent of the people in the world are disabled. Eighty percent of these people are in developing countries. Five percent of India has disabilities where as there are only forty two mental hospitals with total of twenty thousand bed strength. One percent of the population of India is severely ill that is somewhere 12 million.

Institutional Rehabilitation (IR) for these people is not possible due to short supply. Community Based Rehabilitation is tailor made and not essential as in institutional rehabilitation. The cultural setting is ignored in IR and essentials are imposed. The objectives of CBR are to improve the physical and mental abilities of the disabled. It is to make them access regular services and opportunities, promote and protect the human rights of people with disabilities. It is also to reasonably accommodate them in their own environment for e.g. scribes for blind, hourly breaks for mentally ill at work.

CBR MATRIX – Aspects of Development

Fig 1.1 Aspects of Development for person with mental disability



Levels of Mental Disorder-

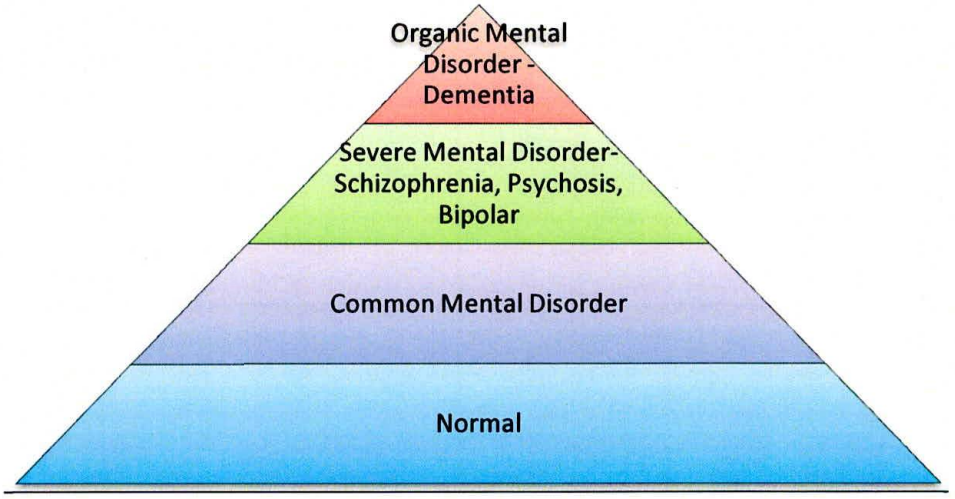


Fig 1.2 Levels of Mental Disorder

Dr. Janardhan was very communicative and threw regular questions to the fellows to think and stretch their limits. Thorough interaction between fellows changed perspectives about disability and impairment. We learnt mental illness like other illnesses needs treatment but Indian health care system is not equipped to handle it at present. It is a very important point to note that any kind of social stigma makes the issue complex. There is a lot that can be done when it comes to CBR. Rehabilitation within community is more natural, cheap and quickly adapts to the requirement of the disabled. Community Health worker can act as a link between the disabled and the community, between disabled and the organizations aiding his development. The community health worker should have an objective approach to get the best services for the disabled.

3.0 FIELD VISITS

CHLP was not limited to class sessions but we also attended conferences, seminars and had field visits to understand the scope of social sector, to meet people in the field and have new experiences. The visits were very informative and motivating. Medico Friends Circle had a lasting impact on me for its genuine spirit and integrity.

3.1 Foundation for Revitalization of Local Health Traditions

My perception of Ayurveda has been too constricted with doubts on its usage and prevalence only with pockets of society adhering to it due to ancestral knowledge or local health tradition. (daddi ma ke nuskhe). A trip to FRLHT put a dent on this image severely. The extensive work done in conservation and research of Ayurveda and health traditions here is commendable.

On a chilly January morning in Bangalore we started from SOCHARA at 7:30 a.m. A stop for breakfast near a Petrol pump and half an hour trip from there beyond Yelahanka , we reached the destination by nine. After checking into the rooms, we rushed for the sessions to begin. We found out there was still some time to start the sessions; I caught up with a quick breakfast of hot idlis at the canteen. Beautiful garden and forests till the horizon; the sight was very pleasing to the eye. The serene environment and peaceful location of the institute added to the experience. The scrumptious food and friendly staff will be cherished in our memories for a long time to come.

3.1.1 Trans- disciplinary University

The aim of the university is not to find one pathway but how to bring about various disciplines together to find the solution to a disease. It is also to scientifically validate the various local health traditions of Indian states

3.1.2 Indian Health Heritage

TDU aim is to determine the importance and examples of Local Health Traditions. There is

1-The Codified Knowledge – the written knowledge about Ayurveda and

2- Non –codified Knowledge- folk traditions and oral traditional transmission within a community

Medical pluralism approach to reach the ultimate goal of health and well being of the patient is a constant endeavour here. AYUSH has stood the time tested challenge from allopathic practitioners to be still being used in various sections of the society.

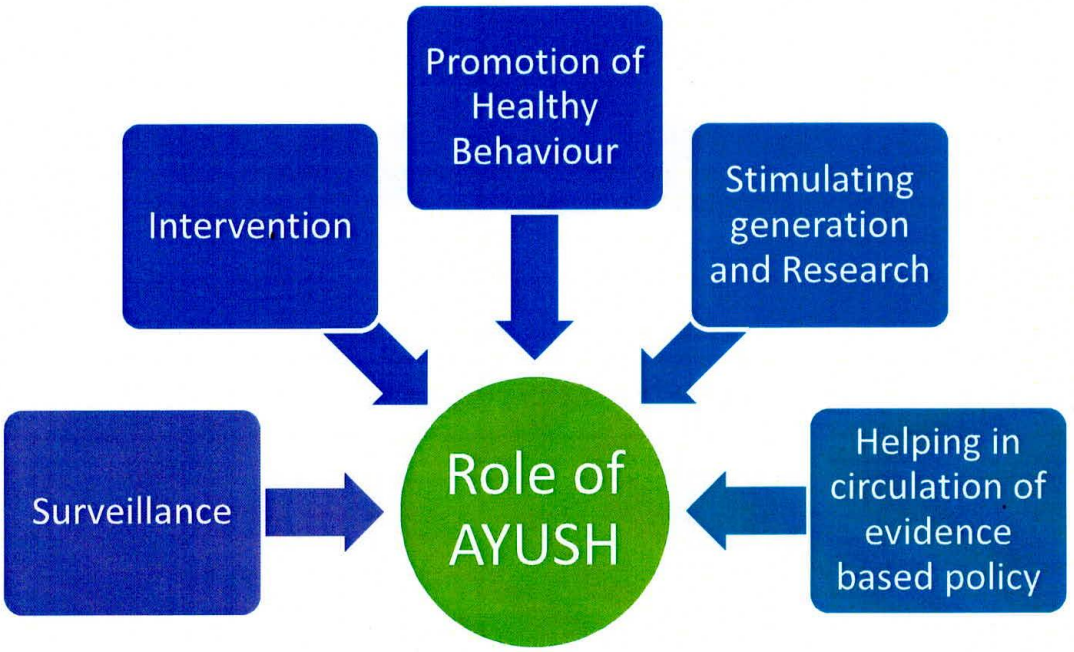
And Sva-rigpa-Tibetan medicine in Himalayan region

Fig 1.3 Disciplines of Ayush

3.1.3 Role of AYUSH in Public Health

Keeping the preventive, promotive and curative aspect of the medication into consideration, the disease is prevented and managed by

_Fig 1.4 Role of AYUSH



3.1.4 Health Challenges

India has a double burden of communicable as well as non communicable diseases being prevalent. The communicable disease is present in 53% of all diseases. The re-emergence of infectious disease is also very prevalent. There are higher rate of IMR and MMR in the country. Six percent of GDP is lost due to premature deaths and occurrence of preventable illness

3.1.5 Challenges in access of drugs

No purchasing power –The Ayurvedic medicines are difficult to access and are expensive for people from Rural areas.

Debts – Prior or ancestral debts stop the people from accessing treatment so they sometime forego treatment. The shortage of human resources at procurement level and also practitioner's level is a big challenge. The cultural issues in family or society also play a role in medication the patient takes

Ayush Systems develop and sustain health by Balance diet, seasonal dietary changes, interaction of physical, body and mind. It promotes and propagates the causes and remedies of ill health

Some figures and Facts –

GDP of India- 2 trillion USD i.e. 120,00,00,00,000,000 INR

Public health expenditure- 1.1% of GDP – 1.32 Trillion

Population of India- 1.2 billion

Average per head expenditure by Govt' Approx 1000 INR (1 trillion/1billion = 1000)

3.1.6 Positioning AYUSH in Public Health Domain

Through Health care systems

Through National health programmes

Through community self sufficiency, strengthening and empowering Traditional Healers

Enhancing awareness and provisions of resources

3.1.7 Folk Traditions: Healers in India

General Practitioners

Traditional Bone Setters – 60,000

Birth Attendants – 7, 00,000

Poison Healers – 60,000

Veterinary Practitioners –

Traditional Ophthalmologist

There are 5000 species of plants, several hundred animals, metals and minerals used for health care For example,

Hepatitis B & C-Phyllanthus ansarus

Jaundice- Phyllanthus ansarus

Sepsis in deep cuts – Cow's Urine

Enhance Breast milk- Asparagus

Malaria & vector borne diseases- Alstonia Scholaris

Mehendi- Lawsonia inermis- cooling agent and anti –fungal

Dental Health - Neem – Azatica Indica

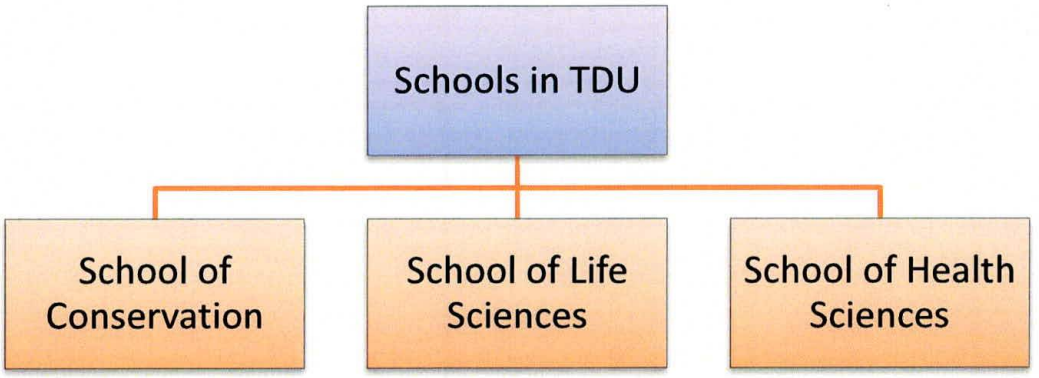


Fig 1.5 Schools of TDU

3.1.8 School of Conservation

A huge library of Herbarium files, plant products for at least 1550 plants from all over India is placed in the library. The part of the plant used for medicinal purposes are stored with their vernacular names and state which they are found. The plants with same vernacular names but different scientific origin are separately mentioned and charts and posters are illustrated to educate audience.

Data Base for 1550 species of plants and herbs with all information from regional language, vernacular names, how to prepare decoctions, how to administer the decoctions, how does the plant look, how does the usable part look like.

3.1.9 School of Life Sciences

The research done here are path breaking and exemplary to the truth and scientific credibility of local health traditions. The use of dashamoola for back pain and lumbar spondylosis is well known.

The use of coppers for sterilization of water inoculated with cholera bacteria is big discovery in the way of safe drinking water. The use of amla as catalyst in absorption of food fluids in the alimentary canal (increase in BMR) is emphasized through life size posters in the research centre. The test is done on Bacillus bacterium found in alimentary canal lining inside. Pomegranate and black grape are rich source of Iron shortage of which results in anemia in women and children. Taking amla rich source of Vitamin C improves the absorption of Iron which is sometimes major reasons of iron deficiency

3.1.10 School of Health Sciences-

I-AIM will continue to pursue the ideal of service and non profit, sincere concern for the care and well being of each individual patient and continue to take interest in the professional progress of each and every member of our staff. Our Healthcare offerings include:

Panchakarma

Yoga

Physiotherapy/Rehabilitation

Birth Centre

Punarjeevan

BPMT

Diagnostics/MHC

Acupuncture

Speech Therapy

Integrative Medicine

Naturopathy

OT/MOT

Pain Management

Pharmacy & Medicine Prep

The hospital is 150 beds with 25 % of the beds for the poor .Panchakarma is performed on the patients as per the requirement and ailments attending to.

3.1.11 Accreditation and Certification of Prior Learning for traditional Health-

It was a programme started to recognise the fourth tier and essential part of the Health system, the traditional healers. A special task force on Health and Family Welfare, Govt. of Karnataka identified Folk practitioners. The folk Healers were recognised for minimum standard of competency in theoretical and practical domain of selective streams of practise. The certification was through IGNOU

3.1.12 Traditional Herbal Prophylaxis for Malaria

There are almost 198 million people affected by Malaria every year and almost 5, 98,000 deaths in the country because of Malaria. The drug used for malaria is Primaquine and Atovaquone but the traditional practices for Malaria Prevention are three months of medicine administration. The malaria vector more prevalent in June and July during and after monsoon

Pic 1.2 Foundation for Revitalization of Local Health Traditions

3.2 Medico Friends Circle, Raipur

Speakers from different fields'- doctors, social workers, health workers spoke their hearts out. They spoke on concerns which affect not only the marginalized people but also our neighborhood.

There were people from sections of the society which are aware and actively working for the betterment of the present and the future of the community. Doctors like Dr. Ravi Duggal and Siddhartha Agarwal are working with communities for years and are very sound in their knowledge of community building and their health aspects. Activists like Jasodhara and Deepti have worked with marginalized enough to sound their plight on any stage.

The topic of discussion this year was 'urban poor and their Health'. There were nineteen papers included in the Bulletin talking about from identity and entitlements for poor to solid waste management in urban areas. All the issues were current and pressing. The speakers were talking very openly and without any inhibitions.

Some of the papers which I followed well are –

Ensuring Identity and Entitlements of India's Urban Poor

Cultural lens matters while Thinking Urban Health Inequity

Urban Solid Waste and its Management in the 'Swachh Bharat 'Era

Urbanization, Inequity and Health in India: a Landscape

The atmosphere was very convivial and the seniors and juniors sat together to talk about any issue under the sun pertaining to community health and development. The sessions were from 9:30 to 6 in the evening. The breakfast, lunch, dinner and tea was provided for. We stayed there for three nights and three days. We left on the fourth day. We travelled by train and the journey was twenty four hours both to and fro.

3.2.1 Urbanization, Inequity and Health in India: a Landscape

Definition of "urban" is population over 5000, with 400 people per sq km. Availability of roads, water supply, robust transportation system and communication through phones and internet is major characteristic of an urban area. The facilities may be good or bad. Schools, hospitals, government offices are easily available. There is almost 30 % of India's population who lives in urban areas.

Inputs are from people - Laxmi Kutti, Ravi Duggal , Veena Das, Prabir Chatterjee, Devika Nambiar, Siddharth Aggarwal and R Srivatsan.

When a forest is cut, i.e. deforestation is done for agriculture; community is looking at their economic growth per se. But when agricultural land is converted to urban housing or village

a mutation happens. When the city starts to grow from a town or village, pollution and migration result in further congestion and commotion.

The city is a source of employment for rural youth who are inflicted with agrarian distress like landlessness and lack of non-farm employment. The sources of employment are many in urban area , right from domestic helpers, cooks, hawkers, laundry man, security personnel, to sex workers. But the trade offs of living in urban areas compared to rural is very complex and difficult. Yet the rural youth's desire for urban life is universal, Media, television and advertising play a major role in building dreams for more fruitful urban life. This is supported with image and status of the individuals returning from urban areas with different clothing, dispensable cash, liberatory ideas and increased confidence increases their hopes.

Lot of migrant individuals still depend on village for food (rice bags) and depend on cash from city. The farming like digging wells and buying insecticides require cash.

Also the unfamiliarity in the city gives the sense of privacy for an individual. The city of 'Tsunduru' is an excellent example of urbanisation. The massacre in 1991 resulted in ten people dead but led to the development of cities like Guntur, Vijayawada and Hyderabad. The rural political ideology confronts the democratic imagination of city. The more educated people mix up with lesser educated, Dalit and other marginalised sections. . The caste and gender relationships start to relax in city environment.

Post independence, Nehru proclaimed dams and factories as new Temples of progress. Rural and agricultural development was intended to provide cheap food and be self sufficient. First few decades, were planned considering this logic. But in the eighties the government started to withdraw from rural development. Loans for insecticides, farming subsidies started to be less and less. This resulted in more migration from rural areas. Villages were abandoned with people looking for better pastures in urban life.

Even changes in urban health policies and labour laws resulted in informal labour flooding the lower cadres. In 2004, plant manager of Jindal plant said, they would get 30,000 people daily from villages to run their factories. Hoards of people from rural areas left villages under pressure of debt repayment. The roles of women in care economy are further inflamed due to no attention to their labour.

The new idea of 'Smart cities' emerges as an intention to provide structured markets for capital and beautification of cities. The poor of the city suffers displacement under these schemes of Municipal Corporation.

Health as a concept is not present for urban poor. Unsteady employment, unawareness, inadequate food, cramped living conditions, no sanitation adds to the risk. Increasing accidents, hazardous occupation, pollution and fatigue make their body and mind susceptible to various illness and diseases. Double burden of livelihoods and domestic work and less nutrition make women more prone to illnesses.

Most of the population of urban poor is not covered under ESI. The government health care is thought to be poor in quality and private health care is too expensive. The primary health care is rarely available whereas the tertiary health facilities are full of consumers. Schemes like RSBY and Arogyasri do not cover bulk of costs.

These schemes are supposedly free but actually the poor end up paying more as out of pocket expenditure than they would have paid without insurance. These rather help corporate hospitals and only increase cost for the consumers.

"New actors" in form of Self Help Groups of women from Mahila Arogya Samiti has shown small but definitive possibilities of change. They have used informal networking for strengthening their resources in a structured form.

Discussion- There are hidden cities in every town; number of people in villages and cities as per consensus are not correct e.g. Koliwada in Mumbai. And migrants are the reason for something called "floating cities" where people live in two places on a rotational basis. Ideally, state believes in decentralising and giving the power control to villages and towns, but there is a wide gap in practice. Capitalism commits that there would be large amount of jobs in the market but again it seems insufficient in reality.

3.2.2 'Culture' Lens Matters while thinking urban health inequity

Basti or Jhopra is generally represented by small shanties with garbage strewn, children playing and uneducated quarrelling on the streets. It s culture is defined by its customs, habits and geography of group of individuals

Culture is defined as "way of life" or the knowledge shared by group of people and transferred from generation to generation. The working definition of culture is the commonly shared ideas and symbols within basti, and their translation into everyday behaviour and practises.

The research paper is on role of culture in urban health of a basti in Surat . The population of Azad Nagar – Rasulabad basti from Bhatar ward is 8537 people. Surat is ideal for the research as the migrant population is the highest in this area. The methodology of the study is participant observations of day to day behaviours and practises, open end interviews and group discussions.

The explicit cultural factors are based on religious and Migration backgrounds. The migrants are from Maharashtra, Bihar, Rajasthan, Karnataka and Andhra Pradesh. Religion wise they are mixed Hindu, Muslim and neo Buddhists. The festivals are major sources of expenditure which are mostly in monsoon season. Religious customs are related to diseases such as skin irritation due to wearing burkha. Congested rail travel and journey to native place and return are associated to health issues.

The different ethnic groups mix with each and practice their religion or customs in these bastis. The neo Buddhists population in Rasulabad formed separate Ambedkar nagar . Other communities have separate place of worship. The religious harmony is visible in day to day life of the residents but the basti is dangerous in times of riots. The nuclear family structure motivates people to gather during religious festivals. This basti structure affects the working of non government organizations for community health, Mahila Arogya Samiti and cooperation of basti dwellers

The language Gujarati and Hindi used majorly in public sphere. In schools also Gujarati and Hindi is more prevalent. The same languages were used also in Health Seeking Behaviour by the population. The health workers were able to manage with these languages until the customer was Telugu or Kannada. Understanding of diseases was expressed in popular language. It is seen that when most of convening materials were in Gujarati, it was used in very less degree by the population. The garbage dumps, plastic bags and use of smartphones by the youth was a regular feature in the basti

The implicit factors such as behaviour of Health workers, the psychological perspective of elders towards health seeking and past experience of Disasters were helpful for maintaining health post disasters. Most of the rag pickers were women. They were very susceptible to skin diseases and animal bites. The burden of domestic work was persistent in spite of load of 'earning" jobs for women.

It is concluded, that cultural aspects contribute to the disease burden in the basti. Cultural competence is defined as awareness of the cultural factors that influence another's views and attitudes and an assimilation of that awareness into professional practise. The behaviour of the health workers has to be improved and m-health should to be promoted by use of Smart phones

3.2.3 Urban Solid Waste and its Management in the 'Swach Bharat ' Era: An overview through Public Health and Equity Lens

Solid waste is the material reality of life resulting from Human consumption and developmental activities. It is a burning issue and needs to be dealt with at the earliest. Various communities' life and working conditions are affected by the waste solid management. Urban India generates 1, 00,000 MT of waste per day today and become the responsibility of municipal cooperation.

People whose livelihood is dependent on the waste suffer the most. They are affected by occupational hazards such as animal bites, mosquito bites and skin diseases. Injuries due to sharp materials, toxic chemicals and hospital wastes are very prevalent. Lot of NGOs are working in the direction to organize these workers and support their needs such as Kudumbashree in Kerala, Swach cooperative in Pune.

The garbage collection in cities is majorly in elite colonies and the slums have no arrangement for it. The garbage along with drain water becomes the hub for rodents, dogs

and flies. The threat of ill health resulting from the waste looms large on the living spaces of urban poor. The streets emanates bad odour and land is getting poisonous. The garbage is dumped in landfills and there are various anti dumping movements against them.

The leach ate percolation from the dump sites affect the groundwater and makes them poisonous not fit for drinking. The incinerators burning the solid waste emanate poisonous gases making the air and the area not fit for breathing and living. Usually, the lands around the landfills are deemed not fit for living thus the land rates go down. The compost made of unsegregated waste is of no use so the compost is dumped back in landfills and spreads bad odor. Waste Management is there since the colonial era with municipal Health officer responsible for all social determinants of health along with waste management.

Technological interventions are carried out at all levels of waste management right from waste segregation at source to disposing of waste and resource recovery techniques. But due to shortage of funds these interventions are highly compromised. Swachh Bharat Abhiyan has failed to produce positive results. The intervention those have been successful are the decentralised and far away from the existing mainstream models.

The public health and equity angle of the matter should be promoted to access better and definite results. The importance of Health and Equity in managing solid waste should be emphasized. The office of Municipal Health officer should be strengthened in second and third tier cities. Technical and financial support to their office is must. For the recyclers to be successful it is important that the waste is successfully segregated at source. The informal recyclers do not fall in the purview of government so non government organisations and waste worker collectives need to work on policies. Social aspects of waste management should be taken into consideration while planning.

3.2.4 Ensuring Identity and Entitlement of India's Urban poor by K.R.Anthony

When the urban poor are essential part of the urban productive economy why are they treated as illegal, unwanted and undesirable? Their caste, class, identity and occupation make them socially excluded. The legitimacy of their dwellings is questioned time and again. They are exploited everyday by police and underworld goons. They are result of migration due to failure of rural economy. They should enjoy the amenities which other citizens of the city enjoy as they are internally displaced population of this country only.

Following steps can be taken to ensure the urban poor get their entitlements and avail to opportunities. The birth Certificates and voter's ID are easy to make and are received in time. Aadhaar cards are also available at periodical enrolment. BPL cards, Caste certificates, residence proof are difficult to get. So is the case for LPG connection and PAN cards. The LPG and telephone connections are difficult to get as the address proof is not available

Enrolment of pregnant women into Anganwadi for antenatal and postnatal care is good source for getting into government records. Availing the emergency services also help in empowerment. To take lead, in times of crisis helps in reducing damage by timely

interventions. "Crime mapping" of vulnerable areas and time, help women and children from unwanted accidents. By empowering women financially and avoiding debt trappings and indebtedness, a neighborhood group can be build through responsible banking which boost micro enterprises and marketing of goods produced by them.

Mapping of Habitations of Urban poor and mapping of resources institutions like hospitals, government schools, PDS centers and identifying uncovered areas of habitation and bringing this disconnect to the attention of Municipal authorities is an essential exercise. Launched in 2013 with in 942 cities and towns above 50,000 populations, the National Urban Health Mission is a concrete step taken to ensure right to health of the urban poor

Discussion -1/ the packaging for all processed products are biggest sources of solid waste generation. The waste to energy technology is not viable option and is also not environment friendly.

2/ For identity purpose the RSBY cards can be used in many states. In Malapuram, Palakkad, a special manual is printed in Malayalam informing all the 145 services provided by the state. As having entitlement and availing the services are two different things, proper understanding of the services provided is ensured by this manual.

3/Culture and customs give a community an identity which is beyond documentation. Identification has adverse effect on the community also like for rag pickers in Delhi the identity create huge barrier to access facilities

4/ The police in Delhi and Trivandrum map pocket of settlements for violence against women and children to ensure safety. It also gives better understanding of the areas to do Caste mapping and profiling during communal riots.

5/ PDS ration cards maps people without any discrimination and cover almost everyone below poverty level, giving them an identity to avail other entitlements

6/PAN card is only available for people who are paying taxes and is only for privileged higher class

7/ Solution for Solid waste management is composting at source and segregating the non-biodegradable waste.

8/ Packaging is the largest generator of solid waste especially packing for junk food. The lead from the batteries leaches into soil contaminating it. The food grown on such soil reach the consumer and affects brain development due to such hazardous waste.

9/The opinion of waste is my right and if you want it you have to buy it from me is the way to go. Waste to energy is a myth and not a sustainable solution for the problem

10/ Technology today is well equipped to map people living in an area but certification is a problem

Fig 1.3 Medico Friends Circle

3.3 Qualitative research Analysis, Kristu Jayanti College

We started in the morning at seven thirty from home and met Suresh at Silk Board. We went in Suresh's car to Kothanur . It was thirty to forty kilometres away, on the other end of the city. We got lost two times and went back to the same route. Finally we reached the College. It was a huge building with a sprawling playground with interdisciplinary curriculum.

Kristu Jayanti University at Kothanur near Hebbal is an autonomous organization under Bangalore University with a sprawling campus. It provides courses in all disciplines from science to Humanities. It is an institution managed by CMI Fathers. It has been reaccredited with 'A' grade by NAAC. It has been rated 16th Best Commerce College, 22nd Best Science College and 24th Best Arts College nationally. Regionally, it is rated third best commerce college, 4th Best Arts College and 5th Best Science College as per the India Today, Nielsen Survey, 2015. It has also been awarded 'Best College Innovation-Assocham Skilling India Awards 2015.

The Chief Guest for the two day programme was Dr. G.K. Karanth, who having a background in Qualitative Research and Commerce spoke beautifully and gave enriching insights on the topic. As per him, qualitative data is which goes between, beyond and behind the gross data collected on field. If the quantitative data is spread, qualitative is found in between.

3.3.1 Perspective Building and Philosophy of Qualitative Research by Dr. CMJ Bosco

The Qualitative Research is done with a group of methods like in-depth interview, observation and through collecting artifacts and documents. Qualitative research is non numeric, textual data which when analyzed properly leads to authentic conclusions. The observation can be participatory or non participatory. When an in depth interview is taken it of course is to study the participant. Artifacts and documentation is an important aspect of Qualitative Research

The qualitative and quantitative Research is similar as both are empirical, scientific and systematic in approach. Both solve a research problem i.e. give relief from an unwanted stressful situation. Both the processes follow the same procedure and add to the knowledge.

Qualitative and quantitative researches are different. Qualitative is not controlled and is open system research. Qualitative is descriptive whereas Quantitative is about measurement. Qualitative is dynamic whereas Quantitative is based on stable reality. The change in Qualitative Research can be described whereas the change is the result in Quantitative research. Qualitative research is a tool in itself whereas Quantitative research has standardized tools. Field work is very important in Qualitative Research and it gives an inside view whereas the Quantitative research gives an outside view. Qualitative research gives explanations and hypotheses whereas the Quantitative research gives predictions and starts on a hypothesis. The combination of both forms of research is inevitable. We can start with Qualitative or Quantitative and end with the other.

The specialty of Qualitative Research is that it happens on face to face communication with the participants. It needs observation skills and correct vocabulary. It describes events which are difficult to measure. It is an empathetic understanding of the situation. It never disturbs the natural events and is based on triangulation (verifying one data with another).

The uses of Qualitative Research are in Sociology, Cultural Studies, Social Work and intervention studies. It is used also in clinical settings and anthropology studies. It is used in all pilot studies, autobiography, evaluation studies and Psychology. In all places where measurement is not possible or the measurement is invalid Qualitative Research comes to aid.

There are three types of people one comes across while doing Data Collection. The Gatekeepers who give permission to proceed with the research like parents, guardians, managers and head of the companies whose permission is taken to go ahead with the interviews or the observation in their organization. The key informants are mostly the friends of Researched as they give maximum third party information about the participants. The Study Participants who provide the real data and information about the research are role players of the research.

The various records used in research are field logs, Descriptive notes, Analytical Notes, Video Records, Photo Records and documentation (artifacts). Qualitative Research must be objective and not influenced by the researcher's subjectivity. But it is highly impossible of being free from any subjectivity. The self is expressed now and then due to ethnicity and due to seeking justice. Researcher may express subjectivity due to his community influence and may be due to his personal interests. Other people's reaction in the vicinity, also affect the data collection and also the researchers or participants relationship to the situation or person.

The ethical aspects are equally important in the qualitative research. The protection of the Study Participants, respecting their dignity, their right to remain anonymous should be confirmed. The researchers should not play dual role and Pseudonyms for confidentiality is very important. The participants should be remunerated properly for the contribution.

There are risks involved in the doing Qualitative Research for example, emotional Bracketing, Physical risks are also involved especially at isolated places, witnessing dangerous acts and revealing secrets by the participants. This all may lead to group clashes if the situation are not in control and result into adverse consequences. The researcher must maintain distance and should not entertain any closeness or intimacy with the participants.

The trust and genuineness of the Qualitative Research can be improved by prolonged engagement, triangulation and also Peer debriefing. Members can check among themselves after returning from field. The situation can be assessed by doing a Negative Case analysis or being a devil's advocate. The role of the Qualitative analysis is an artistic one. Translating the field experience for the reader is the goal. It is also as an interpreter so as to know the real meaning and last but not the least it may also play a transformer's role by narrating the

illness of the society. The Qualitative Research examples we come across every day are newspapers, TV Interviews and police Records like FIR

3.3.2 Observation and In Depth Interviews- Dr. G.K.Karanth

The objectives should be clear while making observations. The observation can be both participatory and non participatory. The researcher should develop a rapport and empathy so as to become a part of the landscape. The language and tone used to communicate plays a major role. Researchers should be sensitive to the local customs and should not take anything for granted. He/ She should mark the re-occurring patterns very carefully as cycle of events. While talking to women not having eye contact can be an important rule for male researcher. Special care should be taken while using the vocabulary to get the desired result.

The interviews can be structured or unstructured. Specific skills are required to conduct an in depth interview. There should always be consideration that you may get answers to questions you never thought of. The data has to be coded carefully so as it may not be orphaned on later stage. Minimum sensitivity should be applied to develop it in right direction while codifying. And most important to let the participant speak

3.3.3 Focus Group Discussions- Dr. R. Nalini

She started her discussion taking examples of Focus Group Discussion of Adolescents' mothers which was a culturally specific, homogeneous group. Mothers of Autistic children were another group which held myths among themselves like the problem will solve after marriage. It was interesting to talk to them how these children handle puberty.

The FGDs as a process started in 1940s for Market area research but it was in 1950s that Robert K Merton coined the word. The main difference between the FGDs and In Depth Interviews is In depth Interview may lead in a direction and have one point of view whereas the FGDs may result into varied ideas being handled at the same point. For example, an FGD with Tea planters in Munnar about a redundant building resulted in a beautiful idea of vocational training centre for youth. A repeated FGD on the same point result in new ideas emerging. A FGD has to be pre planned and it cannot happen in a natural set up.

The type of group affects the point of discussion to great extent. The participants should be carefully selected and should not be more than six to ten. Facilitator should allow permissive environment to all members to participate. Moderator should have only mild control over the group. He/She should cajole the members to get the information. He/ She should have adequate knowledge about the topic. He/ She should have excellent listening skills and should be able to handle logistics. He /She should not get distracted and should have ability to involve shy participants. He/ She should be good at rapport building and dress appropriately. Throughout the session, the moderator should remain a neutral person.

The FGDs should be interactive and smooth. All members should be cajoled to talk if there appears a break in the topic. The experts and dominant participants should be handled

carefully and so is the case with ramblers. The moderators should be able to identify the saturation point when the answers get repetitive.

3.3.4 Case Studies

It was Lepelle Engineer who first discussed about Case studies. Now it is the most often used method. I t used purposive Sampling. Because of its uniqueness it is used by medical professionals and psychologists. The difference between case study and a case work is that in case work the client is the focus and client approaches for the study. In case study researchers go in search of cases which are intensive, unique and cannot be generalized. Case study is an in depth analysis and an important method for qualitative analysis. The case study is done in natural environment where as an experiment is done in controlled environment. The case study is Heuristic and inductive.

3.3.5 Ethnographic Research and Participatory Research Action- Lovelina Little Flower

Ethnography is mixed methodology and is an art and science of describing a group or culture. Ethno stands for people in Greek. It has its roots in Anthropology and Sociology. It has shaped from cultural Anthropology with emphasis on writing about culture. From 1920s to 1950s, the studies emphasized on single case studies but in 1980s the emphasis was on educational ethnographies, In 1997 the first publication of writing on ethnographic study came out.

The features of Ethnography are to study the context in which the subject live and work and avoid manipulating the phenomena under investigation. The research has to be longitudinal. It should be collaborative and should involve the other participants. It should also be interpretative i.e. analysis of the data should be possible. It has to be organic. The interaction between questions, hypothesis, data collection and interpretation should be possible.

The study starts with deciding on the project. It moves ahead with asking ethnographic questions, collecting, making records, analyzing data and writing ethnographic data. Ethnography can be realistic in which the report is in third person as the objective view of the subject. It can be case studies as a single unit of study. It also can be critical ethnography

Participatory Research Action became famous in latter half of the twentieth century. I t is to investigate reality to change it in simple terms. PRA has to be practical. Collaborative, Critical, Emancipating, reflexive and self directed. PRA helps in qualitative or quantitative analysis. It is focused on social change and understands the experience and the culture of the population group.PRA is very useful in a community's organizing process for a social worker. The advantages are increased feeling of participants' ownership of process and increased likelihood that the data would be used.

3.4 'Idioms of Distress' – Domestic violence, Vimochana

I got flowers today

It wasn't my birthday or any other special day

We had our first argument last night and

He said a lot of cruel things that really hurt me.

I know he is sorry and didn't mean the things he said

Because he sent me flowers today!!

I got flowers today

It wasn't our anniversary or any other special day

Last night he threw me into a wall and started to choke me.

I t seemed like an nightmare I couldn't believe it was real

I know he must be sorry

Because he sent me flowers today!!

I got flowers today

And it wasn't mother's day or any special day

Last night he beat me up again

And it was much worse than all the other times

If I leave him? What will I do? How will I take care of my kids?

What about money? I am afraid of him and scared to leave.

But I know he must be sorry

Because he sent me flowers today.

I got flowers today

Today was a very special day

It was the day of my funeral

Last Night he finally killed me

He beat me up to death.

I f only I had gathered enough courage and strength to leave him

I would not have gotten flower today!!!!

Courtesy Fedina

.....and that's why one needs to speak out. Domestic violence is one topic which is so out of place for today's educated society. Men who indulge in such behavior need to rethink about their stand on how they identify themselves with the environment around them. Women today are equal partners in all aspects of life from equal pay checks to changing nappies. These men need to be sensitized on the fact that women are not sidekicks in their lives but a complete individual who are very much capable of living full lives on their own. The more said about the topic is less.

We reached Vimochana at quarter to three. Dona welcomed us into the conference room which I later realized was their library also. Aishwarya Thakur the presenter is a second year psychology student from Christ University. There were activists and interns from Vimochana, employees of Vimochana, lady from Amnesty International, an actor/ director, a human right activist and people from other NGOs. After a round of introduction for almost twenty people we started with the presentation

Aishwarya discussed her six cases, their background, their employment status, their off springs and their support system. Her study was on effects of Domestic Violence on physical, mental, psychological health of women. She stated that headache, fever, mental disturbance, nausea and vomiting were common psychosomatic problems prevalent in women suffering from Domestic Violence. She said two out of six women fled from their husband's house reaching breaking point of no return. They reconciled and returned in few cases but went back also in all the cases.

The discussions after the presentation were very lively. The cases were consulting therapists in two cases. They were blaming themselves for the situation in eighty percent of the cases. One of the participants pointed out that there are three stages to a Woman undergoing the issue of Domestic Violence. The first stage is when the woman blames herself for the situation – the turmoil she goes through if she would have reacted differently in a given situation in the past is draining for her psychology and unnerving. The second stage is when she blames her near and dear ones , her immediate environment for her situation. The third stage is when she sees the flaws in the society at large but by now the situation is out of hand. The woman has been through unnerving situations and has had lot of mental stress.

Aishwarya knows only English and Hindi and she had a limitation of not being able to capture the phrases from participants because it is in their First language, Kannada. She has very interestingly named her presentation 'Idioms of Distress'. She also could not enlarge her sample size as there was very little time offered by her college to collect data. It was also discussed how law interprets the plight of a woman in a divorce petition. Someone said there

is no forgiveness in the process it is only a cycle that the battered woman goes through which is considered by the outsiders or the court as reconciliations.

Darshana the lawyer stated that if the women gives second chance to her marriage and returns to her husband's house, the matter is considered solved by the court. And reoccurrences of the issue is considered as fresh case. Darshana mentioned she has to usually add a paragraph or two with lines stating that husband and wives thought of giving themselves second chance and so were together but it did not work. Dona mentions that the law has to be more human and subjective to lives of a woman. When Darshana mentioned that judges differ in their opinion and accordingly their course of judgment, Donna questioned that if, judge's subjectivity is considered why not the petitioner's. Courts have to be more sensitive to women and deal more amicably considering the families are involved

3.5 ICT in community- Silver Jubilee Seminar, St. John's

We started the workshop with game to understand communication as energy. We had to address the person on our left with folded hands and say 'Zip' , person to the right with folded hands saying 'zap' and anyone in the circle with folded hands saying 'zoom'. In reality People forgot which direction to say 'zip' and which to say 'zap'. For 'zoom' as the person was at a distance two adjacent people responded at once or no one responded for a while at all. It was good icebreaker.

We started the discussion, talking about role of technology in making communities far and wide more aware. Someone mentioned how technology was a big help to sensitize people on Patents during the patent regime in India. Dr. Naveen Thomas picked up the issue of Television ads being a strong tool in disseminating social messages. But clarity of information and mood of the advertisement is very important. Ads for Nirodh (pyar hua , ikraar hua-Raj Kapoor, Nargis)was disapproved for lack of clarity. Recent ads for Cancer due to tobacco were also scary and not appreciated. The baritone of the voice over in ads reflects lot of trust for example Amitabh Bachchan's voice

Sabyasachi Das presented on GPS being used to monitor people on field. He started by talking about disconnect of knowledge there was in earlier times in community due to caste and religion. Technology has helped this gaps vanish. Internet has made knowledge or information available to everyone. Conventional means of data in our field were ANM, Ashas and community health workers. Data then had to further analyzed manually or were fed to computers for further analysis. But the modern definition of data is more flexible and with more features. For example now for a DOTS programme, in a clinic serving 10,000 population, the data can be collected and analyzed before the person falls sick. The high risk patients can immediately be identified and administered drugs. So there is real time communication and intervention possible now.

Mapping of Community Health Worker is done with Google fusion Table Data base. There different color codes for different health worker. It removes any chance of overlap and

mapping shows actual positioning of the worker. It is very user friendly interface. The challenges are government implemented it without comprehensive understanding. Other challenge is that government schemes are very vertical in nature like separate TB worker, separate malaria worker so there are huge chances of data getting duplicated

Suresh from Sochara Chennai presented on use of SMS to develop a Panchayat Report Card. He started by saying communication is a cycle and has to be two way. He briefly mentioned on Communitisation process. He mentioned 446 panchayats using SMS technology. The animators were trained to send SMS which colour codes for an answer. Hundred animators were trained for the purpose out of which fifty animators had no prior knowledge of using SMS facility. They were trained and within three days they started sending SMS without any errors

Animators used to send SMS which was received by centralized server. For example if there are ten questions, the SMS may send something like ggggr yyrr, where the g is green , r is red and y is yellow. Like this a detailed data about the village was collected and a report card digitally generated for a Village called Panchayat Card. Even real time communication was done on SMS. For example, whether the doctor is present or not in the PHC could be communicated by large number of health workers by ten o'clock in the morning.

Then Suresh's team came up with the use of Photo Gallery / Photo Voices project. They explained the innovative use of photo technology in three districts. The issues represented in the photo galleries were-

1/Poor maintenance of Village Latrines

2/ Story of a Special Need Child – Nitish

3/Medical Mobile unit not being positioned in the centre of the village

Photos were taken by the community members. The digital cameras were provided by the trainers. The members were trained and inputs were given in respect to the quality and theme of the photos by the trainers. It had very good response. I t was equivalent to storytelling. It aided positively in community mobilization and dissemination of information.

The challenges were that it was not possible to take a photo from top (bird's eye view). There were quick solutions from the community and the process was fastened. So, it was difficult to monitor and sustain the follow up. The spectators tend to be the same people every time. The limitation was the cost of the camera and need of an educated person to print the banners and set up the final presentation. The success of the project was that Nitish was enrolled in the primary school with government aid. The mobile unit was set in the centre of the village.

3.6 Jeevaniya Ubhaya Samridhi Kendra, Lucknow

I visited the organization on 28th of April. Visiting FLRHT in January had given me huge insight about local traditional medicine. It has peeked my interest a lot as I see myself moving towards home made traditional remedies as a lifestyle pattern.

Dr. Narendra Mehrotra is working on organic food and farming products for fifteen years now. He was also publishing editorial magazines in Hindi called 'Jeevaniya 'in eighties and nineties . The publication has stopped for some time now due to various magazines. It talked about medicinal uses and farming products. Medicinal plants to be used for antenatal and postnatal care , hair care , skin care, farming solutions, various skin and joints cures were mentioned .

Dr. Mehrotra has taken two farms on lease and is growing all kind of vegetables and pulses. He is doing cross farming with ridge gourd growing along with bottle gourd, maize growing along with moong. His understanding is that to grow plants requiring less water along with plants requiring more water. Some plants release nitrogen in the soil whereas others soak in the nitrogen with the nutrients. He does not use any kind of chemical fertilizers for growing the crops. Only cow dung and urine is used, mixed with soil to grow crops.

He also has area designated for Vermi compost, where all the farm waste is disposed. It is mixed with water and manure and put in shade to develop into manure within a period of three months. There is a vessel placed in one corner of the compost area to collect compost water which is sprayed on plants as per requirement. Regular water is supplied to plants in rows as per the requirement. The land is ploughed by bullocks. Seed sowing is done manually. For irrigation the underground water is pulled out using bullocks and bore well. Moong, maize, mint, okra, beans, and potatoes are grown. Cow fodder is also grown on a large patch.

There is a produce of half to one kg of above vegetables from the farm every two to three days. A family of farmer is living in the farm tending to cows, farm, fodder and manure on daily basis. They live on the farm and take care of the water supply, putting fertilizer, regular tending and managing the leaf compost. Organic pesticides 'Brahmastra' is used for insects and pests. The leaves are boiled and solution is prepared to be sprayed on the plants.

Cow dung, cow urine and bacteria culture is mixed to prepare special kind of manure which binds with soil to develop more nutrients rich bacteria as a result helping in better growth of plants. The manure should not be kept in sun as the bacteria and nutrients of the manure are lost due to sun light.

Dr. Mehrotra has a small packaging and grinding unit below his house in Daliganj. He has a pulveriser and packaging set up for all kind of ingredients. The unit is maintained very well and labeled properly for everything. Regular grinding and packaging happens here for the dry products. Farm produce come every three days to segregated and sorted and sent for sales.

I also joined him on Sunday to sell the organic products at OMAX gateway community near Ambedkar University. We reached there at seven in the morning. Products from flour, five grain flour, sattu , turmeric, honey, rose water were displayed on tables. Powder of neem, ashwagandha, tulsi, sunthi and other medicinal plants were also packaged and kept. Organic manure, brahmastra (herbal pesticides) and jaggery of different flavour was also displayed.

Twenty to thirty people came to see the products. As the tables were displayed near the milk counter, lot of people coming to buy milk came and saw the products. There were also a number of sales for the products. We also distributed pamphlets to make people aware of various organic products. Organic products do have a demand and people are getting more and more aware of the products. The products are up to 20% more expensive than the regular products but people slowly understand the long lasting benefits of the products.

I would really like to join Dr. Mehrotra in his endeavor, if possible, as my interest in vegan lifestyle and organic products is peeking up with everyday. This day to day crusade to bring people back to original products and spreading knowledge to connect to genuine may be tiresome but very satisfying for Dr Mehrotra. I spoke to his daughter and wife. They hold the same opinion. The module is not profitable as Dr. Mehrotra, himself mentions but his passion drives him to move forward every day.

Fig 1.4 Jeevaniya Ubhaya Samridhi Kendra

3.7 Solid Waste Disposal by Private Contractor, Grace

Perishable goods take lesser time to decompose so they should be segregated and put separate from other products. We went to Grace to understand how the solid waste collected from homes is segregated and sent to recycling units. It is very important to keep wet waste away from solid waste to be able to recycle the solid waste. As mentioned above solid waste take very long to degrade and must necessarily be sent to recycling units for further usage. But if the wet waste is mixed with solid waste it lowers the quality of the articles and they become useless and un- recycle able.

Batteries and plastic bags along with wet waste leech poisonous chemicals and result in soil pollution. Dry waste is unable to degrade and is left in the landfills to rot. It super urgent and important, that all solid waste goes to recycling units and not dumped in storm water drains and road sides.

Grace leases the BBMP shed at the cost of 25000 per month. They have waste collectors who go to apartments and houses collecting solid waste and bringing it to the shed on trucks and Lorries. The manager at the shed mentioned the articles are bought at a price as no one gives it free of cost. But contractor who comes to my apartment for collecting waste takes everything free of cost. My apartment association informs that the contractor has mentioned, if the waste is segregated properly they may pay the association also. But the quality of waste segregation in our apartment is not upto standard.

The manager in the shed gave us rates of various articles being bought and then being sold. The recycling unit buys the articles from shed at a cost. The Lorries, waste collectors salary, shed rent are all arranged by Grace. They have agreement with BBMP on regular segregation and transfer of solid waste to recycling units.

The workers in the shed segregate plastic bottles, glass bottles, milk packets, paper cartons, paper bags, plastic containers, poly bags, styrofoam and other waste and sell it separately at different rates. The workers have no gloves or boots. They disagree to wear anything as it is hot and handling articles is difficult. Some people come to the shed to give away their segregated waste. The workers are paid by the manager and are Grace Employees. They have an ID card given to them by Grace mentioning their address and occupation. Mr. Bosco says it helps them in further entitlements

Giving it a serious thought , are not big FMCG companies responsible for production of all this packaging let it be plastic bottles of Pepsi and Coke, shampoos , sauces, masalas or beauty products. Should they be not made responsible for disposal of these articles also? With their kind of financial capabilities, these big players if made accountable can help to a big extent on this urgent issue. They can manage recycling units; can be made accountable of proper disposal and recycling of these articles.

Yet another thought which I strongly feel about is MY WASTE IS MY RIGHT. It is attitude a responsible citizen can acquire to this urgent issue. The wet waste can be biodegraded at

home or at the apartment level. Solid waste sent to their right place either by selling to the contractors (who send it positively to the recycling units) or directly give it to the segregation shed/recycling units. Nothing goes as rubbish from our homes.

3.8 Wheels of Destiny- N.S.Hema

Mental inability and economic vulnerability is something we all come across in our day to day lives. But physical disability celebrated to its complete strength is something new to me. N.S.Hema's book 'Wheels of Destiny' is kind of fete in that direction. Smooth narration and matter of factly views on the atrocities, the life throws in one's direction are the strength of the book.

Theory of Karma says if one falls and gets hurt in the football field, he experiences an initial negative Karma but if he learns from it and changes the negative karma to a positive karma, the life becomes enriching and motivating. If the person moves ahead and writes a book how to play football safely, he creates a positive karma. He not helps people play safe football but also earns from selling the book.

I know it is easier said than done. Hema's life is a story of grit and strength. She just did not sit there thinking she is a disabled but went ahead and learnt to live a fruitful life and taught other disabled to do the same. In course of life others came along and helped her achieve her dreams and in turn getting their own fulfilling dreams.

How a family grapples with the uninvited turn of events when young Hema is inflicted with polio and how they learn to accept to help and take care of Hema along the way is very humane. Hema as a child, does not understand the seriousness of her disabilities. Her mother suffers stoically the entire situation and stands like a rock of strength with her daughter. Superstitious remedies and religious rituals by the relatives to cure the disability add a touch of humor to the otherwise simple narration.

Hema being from economically strong background had support in her growing years in coping with the disability in a clinical way. Broad minded parents and supportive friends help gain an open minded approach towards world and to her disability. She has her own share of hurdles while growing up, in education, mobility and social skills. She is not open to people till her first trip abroad.

Skills like gardening, singing and painting keep her busy in her growing years. She meets Jawaharlal Nehru when he visits Bangalore and gets an autograph on his painting. Hema is an introvert in early age but is surrounded by her cousins and sisters for company. She also has servants to take care of her with her hair and dressing. Her father prepares for her life ahead with making the house mobility friendly, thinking of ways to keep her occupied. They even let her elder sister stay in Bangalore for her studies as her mother is occupied with Hema.

The point in her life when she has to decide between walking and wheelchair is very moving. It has to be an independent decision and a very difficult for an individual. We able-bodied people take so much for granted and cannot assess the possibility of walking freely without support as a boon. Hema made the decision out of sheer incapability to bear the pain anymore.

Her trip to London alone was also a big step forward in developing her personality and exposing her to problems which she dealt on her own. Similarly, running of APD as a fully fledged enterprise or a rehabilitation centre was another tough decision to be made for Hema. Also unionization of the enterprise, brought up hands on, was not a pleasing experience for Hema.

4.0 FIELD EXPERIENCE- BANGALORE SLUMS

Mentor- Dr. Thelma

Field Mentor- Roshini Lobo

Pic 1.5 Foundation for Educational Innovation in Asia

4.1 Thode se sayahi odhare dedo (can I borrow your strength?)

Othaee thi kalam ki

Siyaahi ke saang

Dil ke sehme armaan

Mukth hawa mein ghul jaayenge

Per sayahi ka selab

Tu aise nikla ki

Doobte jate hain

Fir bhi uberte jate hain

Ki behate jaate hain

Fir bhi kinaroon per pehunchete jate hain

By Shweta Gupta

(Translation from Hindi: Here sayahi(ink) has been personified as human strength. It says, I thought of drawing some strength to wash off my remorse and sadness in heart. But I myself am so shocked seeing(the flow of) my strength, that it is like every minute I drown the other minute I bob up out of the water, every time I am caught in the waves , I am also touching the shores. Basically the journey in itself is full of josh and enjoyable)

The above ode is to the Activists or the Animators of FEDINA. Their tireless work to empower the vulnerable and the poor either through motivation or through entitlements is praiseworthy.

Foundation for Educational Innovation in Asia (FEDINA) is a network that empowers the marginalised, the oppressed and the poorest of the poor to demand their rights. They fight by informal sector workers, dalits women, small farmers and landless labourers as well as slum dwellers.

I was with Fedina for an internship for a one month and ten days. I went to Field visits with Activists of the organization on most of the days. I also attended their monthly staff meetings, executive committee meetings and union meetings. My objectives for the internship were to understand the working of a non government organization and their involvement with the community.

The vision of the organization is that-'We believe that the most effective way to fight oppression is to enable the vulnerable people to become actors in their own emancipation.'

Their area of operation is a network all over South India especially Karnataka, Tamil Nadu, Pondicherry, Kerala and Andhra Pradesh. It is based in Bangalore (Head Office), Kolar Gold Fields, Chennai, Pondicherry, Mysore, Wayanad, Kanyakumari, Bijapur and Tirunelveli.

FEDINA is a Non Government Organization into unionization of

Domestic Helpers - MAAKAYU

Garment Workers

Construction Workers - AAKU

Senior Citizens - AIYAKATA

It is a trust registered in 1983. It was recognized by the Government of Karnataka, Home Ministry in 1985. It is also authorized to receive Foreign Funds in 1985, under the foreign Contribution Regulation Act (F.C.R.A).

4.1.1 Organisational Structure

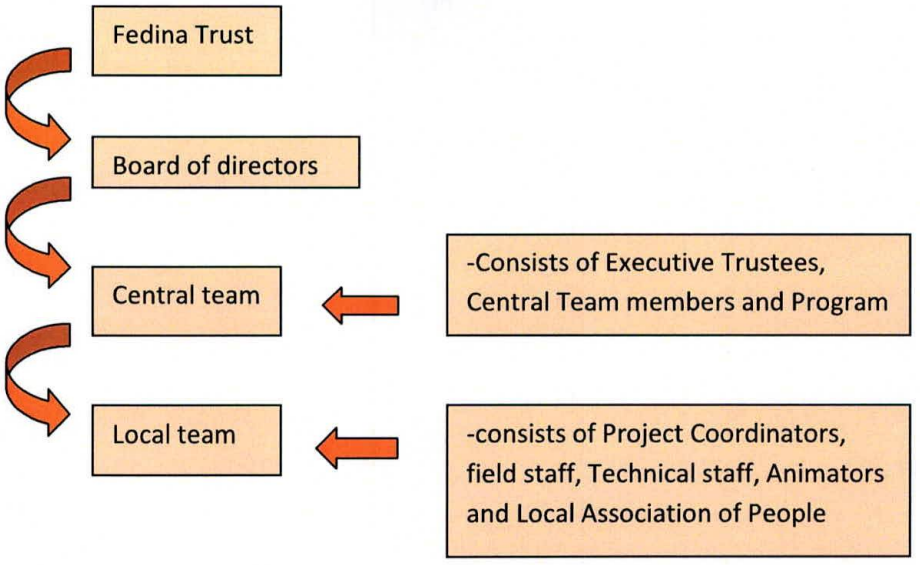


Fig 1.7 Organisational structure

4.1.2 General Objectives of the organization

The General Objectives of the organization is empowerment of the marginalized like Dalits, Vulnerable Workers, Poor Women in urban /Rural Areas, Slum Dwellers and Tribal. Specific Objectives are –

1/Build Capacity of Member groups, promote and defend rights and implement co-labour rights as defined by ILO convention

2/ Land Acquisition for marginalized communities and enabling people to get productive assets and develop them

3/ Gender Equality- promotion of women's rights and women's participation in political and administrative institutions

4/ Training and human resource development

5/Availing Government's economic and welfare programmes for community development institutions

6/Promoting savings and credit initiative like Self Help Groups(SHGs)

7/Providing health, economic and social support services for women and children- building and consolidating a sound preventive health system in the community.

The inception of FEDINA was along with two other organization- People's Tree and ICRA. After 1996, the real focus was on welfare and empowerment where empowerment was defined as presence, animation and constitution of groups.

Fedina is supported by TDH, CCDM, MDI, CFD and Action Aid. They are finding it difficult finding funders and cutting down expenses as a reason. They support 23 groups in South of India through Social Action Network

4.2 The shadows of my life.....OR MIRRORS !!!!

After seven days of field visit, I sit here writing an experience so varied, a story full of grit and strength of humans full of *josh* (vigor). I have not been more than five kilometers away from my house in koramangala, but have visited parallel lives very different from ours. Lives of people who live in our shadows, for whom our houses are their workplaces. Their lives are spent making our house spic and span, rearing our kids, making our food, stitching our clothes, building our roads and houses and also struggling to live their lives on the fringes. They have their homes on shady corners of our colonies, their children if ever they go to ill equipped government school, their employment and old age as uncertain as ever.

These men and women live so close to us yet they do not figure in our day to day life. They are like shadows which are there but still not there. Their living conditions, dangerously affect ours but we don't bother. Because, out of sight is out of mind. Their source of drinking water, sanitation, electricity and solid waste disposal behaviour affect our sewage, drainage and other pollution levels. They are our fellow citizens but we don't bother about the fact that this abysmal disparities in lifestyles play on their psyche. The economic class is the new caste system in India. The ability to speak in English divides young people and their employability.

We may be educated but wise, we are not. If we don't strengthen these people sooner or later, the above issues would loom so large on us that we would be unable to ignore them. The drains that choke near their living areas are connected to our storm water drains. We breathe the same air, we use the same roads and we get the drinking water from the same source.

WE NEED TO ACT SOON!!!!!

As a good citizen of society we should also be sensitive to the fact that everyone has a right to be safe and healthy. All of us should be able to live a life of dignity and have access to clean food, environment and working conditions.

Animators from FEDINA helped me realize this need. They go across barriers and break the ice with new people in no time. With their experience, they talk to the point and discuss issues as remunerations, housing conditions and daily nutrition with ease. They are able to deal with tough contractors and house owners making the marginalized aware of their rights. Tough deliberation with managing Directors, commissioners and Mayors, strong leadership

and enterprising nature to support the cause help them solve an issue. Asserting their rights effectively as a Union is their forte.

I tried to compile the work of an activist in the lines below. They do much more than what is mentioned below but just to get a bird's eye view of their work

4.2.1 Roles and responsibilities of Animators /Activists-

1/ Identify new groups of people, who are marginalized, oppressed and aid them in unionization and empowerment so as their voice is heard and respected. Making them aware of their rights and entitlements, unionizing them in order to tackle centralized policies at legislative level and state level

Reflection- I got an excellent example while visiting the field with Muni. He had identified a new construction area near Domlur before hand. We reached the site by one in the afternoon. Muni asked the security guard and then the contractor to be allowed to talk to the labourers. But they denied without a thought. Muni and Muthu discussed and altercated with authorities for forty five minutes. It was of no use. Finally, we just walked to the construction site and discussed with the labourers about their working conditions and rights. Within fifteen minutes, the security guard asked us to vacate the premises. On the way out, we saw two families working on brick making in one corner of the site. We spoke to them and understood that all their money is kept with the contractor. They get 500 INR per person per week as nutrition allowance. The case was worse with their earlier contractor in Surat, where they left their money on the assurance from the contractor and a sheet of paper with some calculations. Muni informed them on their complete income in the last contract, rights as per the Indian law and asked them to call him.

Pic 1.6 Brick Kiln Workers at construction Site, Domlur

2/Regularly conduct house visits, Street meetings/Area Meetings, to be well versed with the situations in the settlement. Make participants aware of current affairs, monthly events by their union and other unions, reiterate rights of the participants and motivate them.

3/Visit Union office- on leadership training and executive committee meeting to understand the Union proceedings for the coming month.

4/Meeting at apartments or factories - to understand the owner's/employer's attitude/situation, to communicate with them the Union/Workers rights at workplace. The Employers have to understand Union as a force/pressure group rather than a group of vulnerable and weak workers

5/Conduct events collectively with other Activists- Protests, Demonstrations, lobbying, advocacy, etc.

6/Conduct campaigns with agendas in respective sectors

7/Visit government offices with different issues to achieve definite results- To think smartly and work on difficulties faced to be able to achieve results finally.

8/Keep record of new membership and renewal of membership. Issue membership cards to the candidates. This way activist are able to keep record of members in their area

8/ Generate simple reports on regular basis on their own work and activities to create a work log for everyone's reference.

4.3 Reflections on my field experience keeping in mind the Axioms of Community Health

1/Rights and responsibilities

2/Autonomy over health

3/Integration of Health with other developmental activities

4/Building decentralized democracy at community level

5/Building equity and empowering community beyond social conflicts

6/Promoting and enhancing the sense of community

7/Confronting bio medical model with new attitude skills and approaches

8/Confronting the existing super structures of medical health care to be people and community oriented

9/A new vision of health and health care and not a professional package of actions

10/An effort to build a system in which Health for All can become a reality

Visit to slums made me understand the role of a community Health worker in these areas, among people. Health comes easily to educated people and it is a habit by the time one is an adult. For uneducated, illiterate the importance of health is lost in their day to day struggle to fend for themselves. Sense about nutrition, sanitation and clean habits is something handed down to them from parents but most of them are wary to follow them and adhere to them.

Curative and preventive aspect of Health is not affordable for them unless it is through government hospitals and social trust. For a slum dweller to understand health as a right and responsibility and practise it is possible but need constant efforts. To exercise this right is difficult for them as their little understanding and lack of education is a hindrance. Doctors and health care professionals do not take them seriously. Autonomy over health would be the next step which needs even more efforts from all partners. The means, the knowledge and the support is invisible. Community Health worker can play a very big role in empowering the individual.

Integration with developmental activities is restricted to government schemes and entitlements. Sandhya Suraksha Pension Scheme, RSBY and Bisi oota scheme attract lot of dwellers and aids in holding meetings and gathering people. But discussion on health and any kind of health action is missing. The activists rarely discuss health issues in any possible aspects. The link workers from the nearby PHC go around the slum. But it is mainly to inform the dwellers on immunization. ASHAs would be joining the PHC in near future. As most of the dwellers are migrants, there is no tertiary health care system (local traditional healers).

It is heartening to see that some of the dwellers are aware and empowered to lead in these meetings. Fedina has played a big role in setting up unions and community hubs in these slums which operate on their own. But any kind of discussion on health is rare as mentioned earlier. The activists say they are not community health workers so they are not entitled to do it. These participants of meetings are mothers and Homemakers and such discussion would be engaging for them.

Promoting equity and empowering people is done well by the activists. Natural leaders do come out in front and are active. But the class rift among the dwellers and specifically their employers is very visible. Sense of community is absent also which is obvious the moment there is a case of domestic violence in the street.

I could spend only two days at the PHC. It has been adopted by the Philomena Hospital in past six months. There are positive changes in the slums after their intervention. There are more footfalls on immunization day and diabetes day. Link workers do good work related to immunization like reminding mothers at work about immunization day and awareness on importance of immunization.

4.4 Tenth March – protest within the BBMP premises

The day resonates in my heart with following words by Pastor Martin Niemoller

First they came for the Socialists, and I did not speak out

Because I was not Socialist

Then they came for the Trade Unionists, and I did not speak out

Because I was not Trade Unionists

Then they came for the Jews, and I did not speak out

Because I was not a Jew

Then they came for me-and there was no one left to speak for me

.....and so we should speak out whenever the case permits. Construction workers, Domestic workers and Senior citizens came together on 10th to demonstrate in front of BBMP main office for midday meals for senior citizens. These senior citizens have worked for almost forty years of their lives in unorganized sector, sloughing off to make life better for privileged. As construction workers , domestic workers, hawkers , auto drivers, plumbers , carpenters , security personnel and many other small occupations they have spent their youth making ends meet and fending for their children. Most of them are migrants from Tamil Nadu and Andhra Pradesh. State has to look after this aging population and offer them some relief. It is their right being a part of productive population of the city for four decades.

Unionization and freedom of speech are fundamental Right of citizen of India. Under Right to equality, Right to freedom, right to life and Right against exploitation the suppressed and vulnerable have right to lead a dignified life. It guarantees civil liberties such that all Indians can lead their lives in peace and harmony as citizens of India.

Sreedevi (co coordinator) and I reached Domlur settlement in the morning to collect people for the protest. I was full of josh for the day. But a lot of people who promised a day earlier to come with us had gone for work, so we could only collect eight people for the protest. The difficult part of making an union work is to make people who are assembling realize, accept and agree that collective dialogue is a proven, successful way to achieve results for vulnerable. We decided to take company car to BBMP with the eight workers. I prepared a quick list of people with their signature. We got into the two cars and left for BBMP.

'Right to freedom-Which includes freedom of speech and expression, assembly , association or union or cooperative movements , residence and right to practise any profession or occupation, right to life and liberty, protection in respect to conviction in offences and protection against arrest and detention in certain cases'

I was very intrigued by the proceedings of the day. As we reached BBMP, we saw more workers from different areas waiting for us. There were around seventy to eighty people; we had three tempos and drivers also. There were construction workers and Domestic workers who had come to support the senior citizens. We pulled out the canvassing materials – flags and slogans, posters out of the cars. After distributing the material to the workers we marched to the BBMP main office gate. There were other groups protesting also (like street vendors for their right to designated area in replacement to footpaths). At the gate, we rallied and raised slogans for four hours almost. The animators one by one took to stage and spoke for the need to midday meals for elderly. Sloganeering went on for long, we expected the mayor to come and talk to the leaders.

'Right to equality-Which includes equality before law , prohibition of discrimination on grounds of religion, race, caste ,gender or place of birth and equality of opportunity in matters of employment, abolition of titles.'

Right against exploitation- Which prohibits all form of forced labour, child labour and traffic of human beings

It was my first experience to participate in a protest. The elderly were very enthused about sloganeering. They kept the momentum up for two hours. Mary amma and Vasanthamma, their leaders were very vocal. They were interviewed by a reporter and a TV Channel. Around 1, we picked up the sloganeering as there was no response from the other side. As the time passed the elderly got exhausted and were not able to handle the sun. At last, commissioner came around two to talk to the protestors. He agreed to do something about the issue. He asked for one month to start the campaign. We were all very excited and happy.

'Right to life-which gives the right to live with human dignity. This included rights such as right to clean environment, water, education, health , livelihood, shelter and basic amenities that the state shall provide'

Around three two police vans came from the near station and warned us the call off the protest or they will be forced to take us to the jail. The protesters decided to break for the day. We had lunch arranged by Fedina on the BBMP grounds. Then people started to get into the tempos and leave. Tabassum one of the animators had brought five construction workers to support the protests. As they left, with forty workers huddled in the tempo, it was a sight to see her sitting with all her burka and bag in the front seat. **Aaj ki Naari , Sab pe bhaari** ;-)

The protest was on tenth of March and by twenty eighth, the commissioner had confirmed of sanctioning four crores for Bangalore region for mid day meals. The start date is yet to be decided and the legislative council would advise concerned officers to consider starting a similar scheme for the entire state. It was very good news for all senior citizens who attended the protest on a hot and sultry day.

It is a learning and affirmation for me, that our constitution not only lays out the laws but also enables us to stand for our rights. FEDINA's working as an organization is an eye

opener for me. They have a lateral organizational structure. It is impressive, the way they are using the laws and rights as stated in the constitution to empower the oppressed and vulnerable to achieve a dignified life for them.

I also learnt that policy making is not only the job of bureaucrats sitting in Mahapalika or legislative councils. We as common public also can affect the opinions and judgments of policy makers.

Highlighted material- courtesy Wikipedia

4.5 Rajendra Nagar Slums

Slums as per me are areas with tin shade, wood and cloth/ tarpaulin houses not made of brick and mortar. Rajendra Nagar looks like Economically Weaker Section mohalla. It is self sufficient in terms of grocery shops. Xerox shops , vegetable carts and even an office to get all ID cards and entitlement cards. They also help with RTE at a cost. Every house has water and electricity. Most of the dwellers are second generation migrants from Tamil Nadu and Andhra Pradesh. There are some North Easterners also. Some transgenders also live here.

Maryamma is sixty six years old. She is senior citizen leader in Aiykata, the Fedina's union. She lost her husband at a very young age. She worked as construction worker, domestic worker and then as a helper at marriage hall for eighteen years. She is not working for three years now . She has four children – boys are drivers and girls are domestic workers. Her native is Kolar Gold Fields. For general sickness, she goes to private practitioner, Dr. Narayan in Rose Garden. She has no age related health issues.

Gulabo, is a Domestic Worker with two daughters studying in Urdu medium and two boys studying in English Medium. We had Vigilance Committee meeting at her house. Only conclusion of the meeting was confirmation of a dispute (family) in the street. The women mentioned nothing about the domestic violence in any house in the area.

Fedina has two unions in the area. One is for domestic Workers and the other for Senior Citizen. APSA also has a Domestic Workers Union in this slum. There are two government schools, one mosque and one church. Rajendra Nagar is a recognized slum. Men work as drivers, carpenters, sales boys in malls, shop attendants and auto rickshaw drivers. Women mostly stay at home; work in malls as cleaners, domestic workers and sale attendants. Lot of people have built their own houses with Rajiv Awas Yojana. Fedina aids Senior Citizens with pension under Sandhya Suraksha Pension Scheme.

Reflection-The domestic violence Vigilance meeting is conducted on the regular basis. There are very few cases identified but discussion at regular intervals empowers women and orient them of any possible case in the future. There are two lawyers, Veena and Bhavana who attend these meeting and counsel the women present.

4.6 Domlur Settlement

Most of the women staying here are domestic workers and husbands are auto drivers and small shop owners. The settlement is on the inside end of the Domlur colony. Like Rajender Nagar here also people live with a hope of better future economically. There are only two or three rows of single rooms with attached toilets. People speak Kannada, Tamil and Telugu.

The settlement has rows with lanes and small sixty square feet rooms with family of four living together. Vasanthamma has been living for thirty years doing domestic work. She has four children and is smart enough to gather people. She went for the Senior Citizen protest on tenth . Her house is very well kept with TV, Refrigerator and fans. She would be staying in a relatively larger house with two rooms. She may be fifty years old. She is going to private hospitals for general sickness and to Bowring Hospital for all other treatments.

Rukmini amma stays in a nice one storeyed building with she staying below and family staying on first floor. She has a cow, which gives five litres of milk in a day. She gives the milk to the cooperative. She is senior citizen leader and takes care of the house and cow all alone.

This settlement has water problems. It only comes in the morning two hours that too, if the electricity is there. Lakshmi a domestic worker gets up in the morning to fill in the water in varied sizes of containers, she has collected for the purpose. Water may come on alternate days or may not come for days. Same is the case with electricity. People take both rice and chapatti. Women were drying wheat which they told would take to grind and make chapattis.

Nadiya, is another domestic worker who lives in this settlement for fifteen years now. She lost her husband last year to mental illness. He committed suicide. Nadiya in Hindi means river. But, Nadiya's life is as empty as the water vessels in this settlement. It is really difficult for her to fend for her children. She is sending them to private school. She herself has studied till seventh standard in government school and speaks good English. Hope Nadiya's children are getting good education. She is unaware of the racket the private schools are running in the name of good education.

4.7 Siddhartha Nagar, Madiwala

As we enter the settlement, we see boxes fixed, near every door. I come to know it is water connection given by the last cop orator Manjunath Reddy. So, now everyone has water connection and of course Manjunath Reddy is the corporator. The settlement has narrow alleys. People are living in one room with attached bathroom. Area is self sufficient with shops nearby. People weave flower garlands for additional livelihood.

Khairunnisa is somewhere near sixty five years old. She goes to Cauvery Hospital for checking her blood pressure and sugar. She prefers to go to the private hospital as nurses and doctors treat her well. It is closer and goes on her own. They (doctors and nurses) speak in

Kannada, Hindi and English. She has three sons working as auto driver, lorry driver and one is in catering business. She is watching TV when we visit her and has an Aquarium.

Next we go to a house of construction workers, Varalaxmi. She is weaving garlands and children are watching TV. Varalaxmi offers us tea or juice to drink. She asked Tabassum, the activist to fill in the Labour card form. Tabassum explains me; it is similar to BPL Card. The children may get scholarships and loans for marriages. Varalaxmi gets all the documents required such as account number, PAN book. Varalaxmi sends both her children to school.

In this colony lot of people are not happy with Fedina, as they have not received their entitlements from the organization. Lilyamma is a member for quite some time but has received no pension from Fedina's help. Her husband paid an agent to get the pension started.

Reflection- This is an observation that though it is one of the objectives of Fedina to provide health services for women and children- building and consolidating a sound preventive health system in the community. Activists are not taking it up with the workers in their meeting. Of course, proper orientation and training is required in this area. Also, the dialogue and meetings are generally focusing on entitlements and availing government's welfare programmes to the community. General understanding on preventive health care can be very engaging discussion for these slum dwellers who are homemakers and mothers also.

4.8 Baiyasandra, Sanjay Gandhi Hospital, Jayanagar

Baiyasandra is a cluster of three storey buildings built by the government and given to economically weaker sections to live in. Most of the women here, are domestic workers in Jayanagar. Some women have been working for thirty years now and have proper electricity water and toilet facilities. Bahadur is a community leader in the settlement. Lot of people go to Bahadur to get the ID cards and pensions. Sometimes he keeps the documents for a month or so and does not return the documents in time. Akshaya Patra people come for Mid day meals to the government school in the vicinity

The Bisi Oota Campaign has a lot of supporters here. We had a senior citizen meeting in one of the houses. Lot of women were present in the protest on tenth. Members gave their opinion on the protest day. The BBMP approved the mid day meals agenda on twenty eighth of March. It was a big victory for the senior citizens after two regular protest one in October and one now in March. Fedina had put posters all over Baiyasandra before the protest.

Women also make chapattis out of jowar and ragi. Otherwise, the staple food here is rice. They work as tailors as an additional livelihood for the house.

Government and civil body is active in these low income neighborhoods. Akshaya Patra as already known is run by ISKON all around India. They have almost 24 kitchens. The organisation is affiliated to Government of India and also funded by Axis Bank. Women are

empowered in this community and contribute to the household income. Most of them are domestic workers for many years

4.9 Old Baiyapanhalli

Old Baiyapanhalli near the railway gate is a settlement under litigation. The government may ask the settlement to be evicted as they are coming up with some other building or public property. The residents are not getting the land registered in their name. As I am only talking to the women I do not get the complete picture of the case. The people here have taken loans with the help of Fedina to build houses. The loans are from Habitat for Humanity to Fedina at Zero percent interest. Fedina gives these loans without any pre requisite of ID cards. The loan is for three years. But, as the people are unable to pay it gets extended to five to six years.

The residents belong to Hindu and Muslim faiths. They speak Kannada, Tamil and Hindi. We sat on house footsteps talking to women waiting for water. Gayathri, the activist talks to Domestic workers and informs them about the protest on the tenth. Here also women go to private practitioners for general illness, Bowring Hospital or Cox town for delivery and health camps for age related issues. Doctors from Help Age India come fortnightly to check patients of older age. They give medicines for fifteen days. Some of patients are examined at home also. The street meeting are held and cases like domestic violence, leadership of Domestic worker union is discussed.

I meet Nasreen s in this settlement. She is forty years old muslim women with six children. She is married to a Tamilian Hindu. She stays a ten by ten square feet house in one of the lanes. She earns eight thousand per month as a Domestic worker. She has gone to government hospital for her deliveries and send her children to government schools. She wished to send them to private school. She is very particular about her children's nutrition. She follows proper regime for the food with non vegetarian two times a week. The children are from nineteen years of age to six years of age. She has dry fruits, snacks and sweets stored in her room and feed the younger ones on regular intervals. She maintains the surroundings well and keep the utensils only on the tables. She gets the drinking water from separate source where there they get Cauvery water and stores it properly.

Reflection- Health is a habit. Small approaches towards cleanliness and nutrition for infants and children below three years go a long way keeping them away from malnutrition and infections. Tuberculosis and Cholera can be kept at bay by following small health practises regularly.

4.10 Jankipuram Layout

It is similar to Rajender Nagar slum when it comes to size of houses and people living. Some fifteen thousand households are there next to railway line. Muslim community lives here also

in a good number. Selvi, the activists talks both in Tamil and Telugu. Women are drying wheat, ragi and jowar in the sun. They make mudde or chapattis from out of it.

Laxmi amma visits NIMHANS for cure of her younger son's mental health problem. She believes in Sai baba and is very religious. Her husband is an alcoholic and does nothing. She is happy with the money she is earning. She only worries about her daughter who is of marriageable age. We also met the senior citizen leader chatting to other women. She offers us 'kanji' to drink. She is very happy with the protest on tenth. People tell there is a health camp every Thursday but no one knows who conducts it. People go to Gosha Hospital for delivery and private practitioners for general sickness.

Reflections-Language comes as the biggest challenge at field. Muslim community is easier to converse for me. As they know Hindi. Their understanding of health is absence of illness. The understanding of economic class rift is deep seated. Largely people live in these slums with a dream of living economically better life sometime in the future. They are eager to learn and very hard working. They clearly mention that private sector in health is money spinning mills and would not care for the infirm.

4.11 Conclusion

Fedina activists' involvement with target community is commendable. Activists do more than two hundred house visits in a month. They comb their designated communities' minimum of one time in a month. We interns get a thorough understanding of the community as we travel with activists to various parts of the city. Involving more interns and getting feedback would complete the communication loop for Fedina. It would also give Fedina an outsiders' view to their work. More discussions with interns about their organisations would help bounce new thought processes and induce out of box thinking. Activists' involvement with other NGOs would expand their minds and make them understand their social environment more. Opening up about their organization would also open up their opportunities with fund raising. Wishing Fedina the best in their endeavour !!

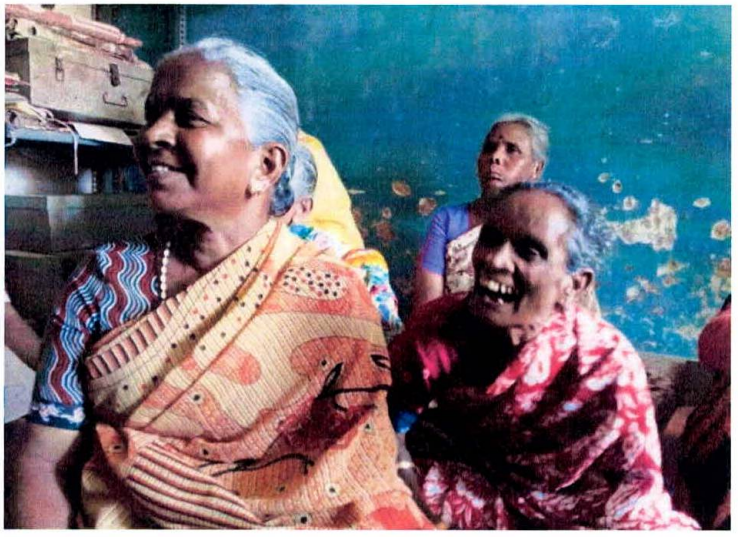
5.0 APPENDIX

5.1 Lifespan of Litter - Solid Waste Disposal

Litter	Life Span
Aluminium Foil	It does not biodegrade
Soda Bottles	Forever
Glass Bottles	1 million years
Styrofoam	More than 5000 years
Monofilament Fishing Lines	800 years
SanitaryPads	500- 800 years
Disposable Diapers	500 – 600 years
Plastic Bags	upto 600 years
Plastic and pack covers	450 years
Aluminium Can	200 to 500 years
Batteries	100 years
Tin Cans	50 to 100 years
Rubber Boot Soles	50 to 80 years
Leather	upto 50 years
Nylon Fabric	30 to 40 years
Plastic Film Container	20 to 30 years
Lumber wood	10 to 15 years
Cigarette Butt	upto 10 years
Milk Cartons (plastic coated)	5 years
Plastic coated paper	5 years
Wool clothing	1 to 5 years
Rope	3 to 14 months
Paper	2 to 5 months
Cotton Rag	1 to 5 months
Orange peel	2 to 5 weeks
Card board Box	4 weeks

Courtesy- Grace

5.2 Photos



Pic 1.7 Maryamma, Senior Citizen Leader, Rajendra Nagar Slum

Pic 1.8 Fridaus. Activist,Fedina, Rajendra Nagar Slum

Pic 1.9 Senior Citizens, Rajendra Nagar Slum

Pic 1.10 Protest at BBMP Premises

Pic 1.11Mitanin meeting , Raipur

Pic 1.12 Tabassum, activist at Sidharth Nagar, Madiwala

Pic 1.13 Vasanthaamma, domestic worker union leader and Rukminiamma, Senior citizen union leader

Pic 1.14Doctors at Rajendra Nagar PHC

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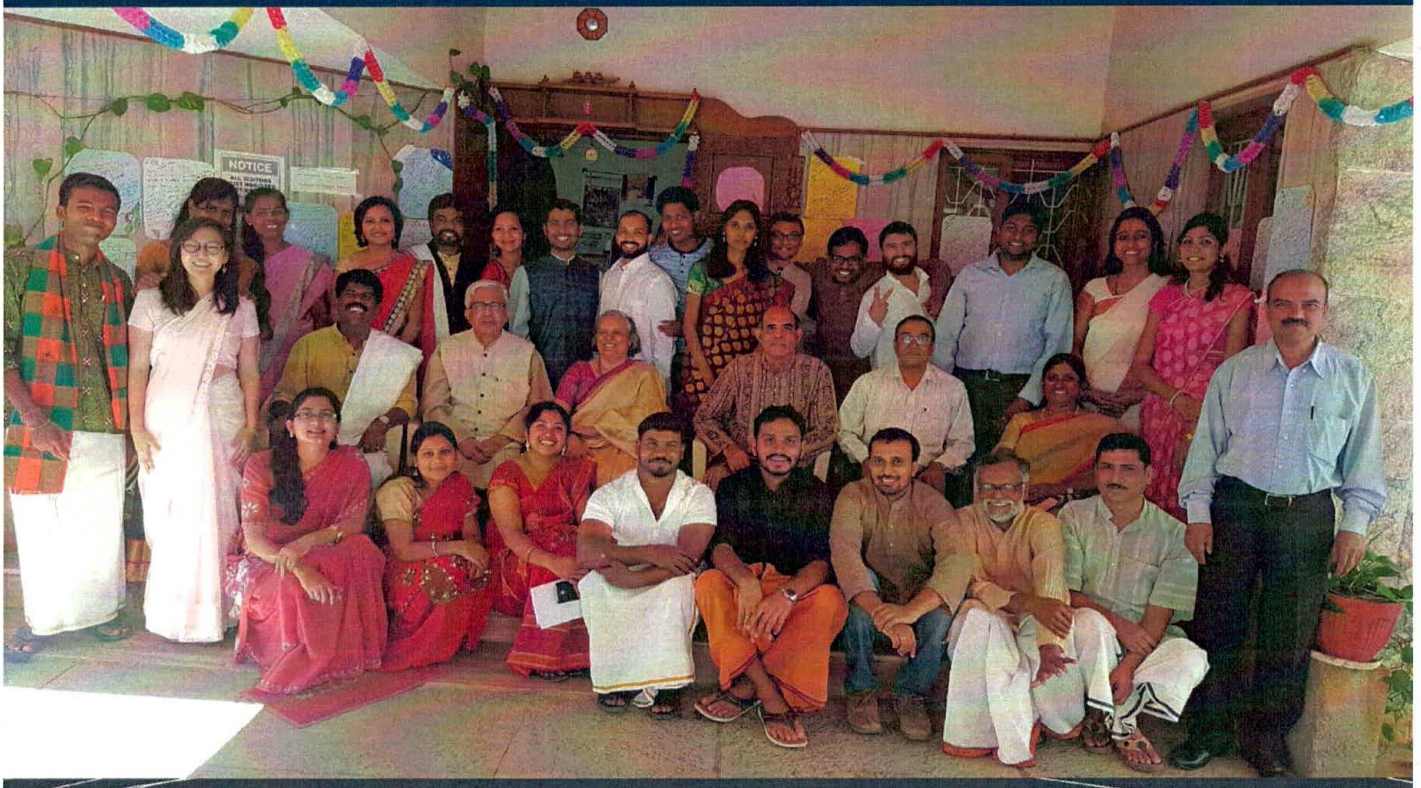

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