



**Community Health Fellowship
A Report on the Induction Programme
SEARCH, Gadchiroli, Maharashtra
15th to 21st January, 2009**

Introduction

Public Health Resource Network entered a new phase with the launch of the Community Health Fellowship programme. The induction programme for the Community Health fellows was held on the campus of SEARCH, Gadchiroli between 15th and 21st January, 2009. This induction programme was jointly organized by Public Health Resource Network (PHRN) Society for Education, Action and Research in Community Health (SEARCH) National Health System Resource Centre (NHSRC) and ICICI Centre for Child Health and Nutrition (ICCHN). The fellowship programme covers four states, namely Bihar, Jharkhand, Orissa and Rajasthan. A total of 40 enthusiastic fellows (Rajasthan: 15, Bihar: 9, Jharkhand: 8, and Orissa: 8) have been selected for this programme. The programme in Bihar, Jharkhand and Orissa fall under the purview of PHRN, while the Rajasthan fellowship comes under SEARCH.

Public Health Resource Network through this fellowship programme envisions

- Support to NRHM with a special focus on community processes
- Support to the network of community health workers, public health activists and leaders in India

Objectives of the induction workshop:

1. To introduce the fellows to Public Health concepts with a focus on improving community processes, community health capacity building and strengthening of the public health system
2. To provide a space where activists in Public Health and other social movements would come and share their experiences with the fellows
3. To discuss in some detail the individual and group action research that the fellows would undertake in their respective states to address various community health issues

Participants

In addition to the newly selected fellows, resource persons at the induction programme were (see annexure 1 for details):

- Members of the Public Health Resource Society led by Dr. Vandana Prasad
- The NHSRC team led by Dr. Sundaraman
- The SEARCH team led by Dr. Abhay Bang
- Members of the ICICI Centre for Child Health and Nutrition (ICCHN) led by Ms. Sarover Zaidi
- Dr. Narendra Gupta (Prayas, Rajasthan)
- Mr. Manish Singh Gaur (Aravali, Rajasthan)
- Dr. Suranjeen Prasad (CINI, Jharkhand)
- Mr. V.R.Raman (VHRC, Jharkhand)



- Dr. Rajini Vaid (PFI, New Delhi)
- Mr. Biraj Patnaik (Principal Advisor, Office of Supreme Court Commissioner on Right to Food),
- Ms. Sudha Sundararaman (General Secretary, AIDWA)
- Mr. Balram (Activist, Right to Food)
- Mr. Gurjeet (BGVS, Dhanbad)
- Mr. Gangaram (Activist, Right to Food)
- Dr. Dhananjay Prabhakar Kakde (CEHAT, Mumbai)
- Mr. Samir Garg (Right to Food)

(Most of the above play significant roles in PHRN)

State Health Resource Centre (SHRC, Chattisgarh) team led by Dr. Kamalesh Jain helped in the one-day field visit to the villages and rural health facilities in the neighbouring state of Chattisgarh during the induction programme.

Venue

The SEARCH campus is located in Gadchiroli in the lush forests of the Vidarbha region, Maharashtra. The SEARCH campus built to resemble Gandhiji's ashram also incorporates elements of a tribal village. It harbors a tribal-friendly hospital, a community health research center and a training center. A team of 40 staff members of SEARCH live on the campus. SEARCH operates in 123 villages in the Gadchiroli district.

SEARCH provided excellent stay and food for the participants at Shodhgram, the Head Quarter Campus of SEARCH. The participants were also invited to participate in community activities such as daily All-religion-Prayer in the evening and Shramdaan and Yoga in the morning.





Introducing the Induction programme

Day one began with an introduction to the Community Health Fellowship Programme. Dr. Abhay Bang welcomed the participants and introduced them to the motto of SEARCH. Dr. Vandana Prasad gave an introduction on the fellowship programme to the participants. She also added that the induction programme would bring more clarity about the fellowship programme among the fellows. Furthermore, the induction programme would help PHRN analyse the skill set present in the fellows and familiarize them with resource materials and reference material. The programme would also help the fellows understand various aspects of public health including government policies, programmes and strategies so that they can work in tandem with the government machinery. The emphasis was on the urgent need for initiatives such as this fellowship programme, given the current crises in public health. The fellows and resource persons got a chance to interact as part of the introductions. Participants were asked to write a few lines about themselves on a piece of paper and pin it to their chests. This acted as an icebreaker and gave people conversation starters.

The introduction was followed by sessions by Dr. Abhay Bang and Dr. Vandana Prasad. Dr. Abhay Bang in his session spoke about the genesis of SEARCH and its roots in the Gandhian movement. He also elaborated on the initiatives engaged and milestones achieved by SEARCH in action, training and research in community health. He also underlined the need for such institutions/organizations and stressed on his belief that they should be located amidst the most needy and vulnerable populations. Dr. Vandana Prasad conducted her session in an interactive fashion. Her session was focused on introducing concepts in public health and also on various approaches, perspectives in understanding public health. She also explained the goals and objectives of community health fellowship. Her session also engaged the fellows in group work. The group work was aimed at helping the fellows understand different approaches to public health.

In the post lunch session, Dr. Sundararaman and Dr. Narendra Gupta gave their presentations on crises in Public Health and NRHM. Dr. Narendra Gupta presented on the topic “Crises In Health Care Sector”. He explained how to understand health differences among populations and pointed out the differences in health care status among different countries. He also spoke on the inverse health systems that are unfair to the vast majority of the population. Dr. Sundararaman began his session introducing the fellows to some of the concepts, terms in public health, and the skewed development of health services in India and then he moved to the crises. He highlighted how the Structural Adjustment Programme put forth a recommendation on reduced state expenditure on health and how this recommendation has led to the current crises. Meanwhile, the introduction of selective primary health care, he believed moved away from the Alma Ata declaration of “Health for All”. He then elaborated on the concerted efforts of public health movement and the evolution of National Rural Health Mission. He outlined the goals and objectives of NRHM. Through a presentation on NRHM, Dr. Sundaraman presented a picture of hope in the face of the current crises in public health. A case study on the success story of Tamil Nadu by Dr. Padmanabhan underlined the importance of increased/adequate state expenditure in health sector and the need for innovative ideas to achieve public health goals.

NRHM and its contents

Day two had a session on the theme, NRHM and the constraints it operates under. The session was chaired by Dr. Vandana Prasad. The session began with clearing some of the conceptual doubts that the fellows had raised. It was followed by a brief presentation on NRHM by Dr. Sundararaman. He elaborated on three cardinal approaches of NRHM and they were



Decentralization (now district level planning has begun), Setting Standards (to achieve at least minimum standards) and Architectural correction (health sector reform should be brought). He explained that through these approaches some of the problems plaguing public health system could be overcome.

Dr. Sundaraman's presentation was followed by a debate on the constraints within NRHM. The charge sheet on NRHM was adopted from Peoples Alternative Health Plan, People's Rural Health Watch Report and Common Review Mission Report. Ms. Sulakshana Nandi, Dr. Padmanabhan, Dr. Sundararaman and Dr. Vandana Prasad participated in the debate. Ms. Sulakshana Nandi presented the constraints within NRHM from the people's point of view. Her observations were on issues and concerns in ASHA selection, User fees, poor quality of ante-natal care, Rogi kaliaan Samiti, Janani Suraksha Yojana, District Health Action plans, and decrease in budgetary allocations. Her concerns were supported by similar views from other participants. Dr. Sundararaman and Dr. Padmanabhan recognized the constraints and spelt out some of the initiatives that NRHM has currently undertaken to address the problems. He concluded on the note that NRHM is not an issue/problem- but can be seen as a way out of the crisis in the health sector.

After the debate, Mr. Arun Srivastava presented the ASHA matrix.

- To understand how many ASHAs are made/chosen versus the required number?
- What kind of training is imparted?
- How many training days are mandated for the ASHAs?
- Drug kit distribution to the ASHAs?
- The process of implementation has varied across states deviating from the written frame work. For instance under JSY, the money for travel was not given to mothers who were at a distance of 2-3 km from the facility though there is no such citing in the framework. Therefore the knowledge of the framework becomes very important to understand the practices at the ground level.
- Constitution of State ASHA mentoring group- advisory body- which will mentor the implementation of the ASHA group. If the state group is formed one can go ahead and constitute the district level ASHA mentoring group.
- Constitution of State ASHA Resource Centre
- Monitoring and support system
- Monthly meeting for ASHA which can help in various processes.
- The quality of the monthly meetings.

In the second half of the day, there was a session on the theme "Community Processes in NRHM". The session was chaired by Mr. Raman. The first speaker, Dr. Tushar Korgade, put forth SEARCH experiences in community processes. He talked about the tribal friendly hospital established by SEARCH. The tribal friendly hospital has incorporated many of the tribal elements in order to allay any apprehensions and subsequently it has attracted many patients. He also mentioned about organizing tribal assemblies where current issues are discussed and future plans are made. Similarly, SEARCH identified alcoholism a major problem among the tribal population and has fought against it. SEARCH has identified malaria, backaches and diarrhoea as some of the major health problems among the long population and he showcased some of strategies that are being successfully implemented to alleviate the problems. He also described some of the facilities and tasks the hospital has taken both in its premises and through its outreach programme.



The next session was on the scope and challenges of community participation under NRHM - An analytical overview of NRHM community processes in the special concept of community health fellowship initiative. Mr. Raman also touched on the fact that the Alma-Ata declaration has recommended community processes. He briefly gave some conceptual orientation on the terms community, different levels of community participation, different forums for community participation and enhancing community participation. He then drew the focus to the avenues NRHM has provided for community participation. He specified nine areas where there could be community participation. He then moved on to the Mithanin programme. He discussed various community health programmes that had preceded Mithanin. He brought out the differences Mithanin programme had from its predecessors, both in conceptual and operational terms. He then described the design of the training programmes for Mithanins. He mentioned the success story of cascade model of training. He also felt that at a larger level the programme could be pegged for various empowering initiatives and subsequently social change amongst the rural community.



Technical sessions and Field visit

Day three included two technical sessions in the morning. The first was on Women's Health by Dr. Rajni Vaid. The second was on Child Health by Dr. K. Anthony and Dr. Abhay Bang. The theme discussed by Dr. Rajni Vaid was on issues of women's health at the district level. She listed the health problems that affect a majority of women. She substantiated from NFHS III data that none of the health problems have reduced but in fact are increasing in absolute numbers. This indeed highlights the unaddressed problems of women in this country. She explained the difference between the terms 'sex' and 'gender', and also pointed out that many of the women's



problems have been pushed down in the process of gender mainstreaming. She also pointed out the piece meal response by the public health system in dealing with anemia and malnutrition. She also presented some of the major causes of maternal morbidity and mortality. She touched upon issues like unavailability of proper preventive and promotional health information. Dr. Anthony also added on the need for verbal autopsies of maternal deaths so that the community can be sensitized.



The second technical session was begun by Dr. Abhay Bang. He premised his presentation on the evolution of the package, Home Based New Born and Child Care. Child deaths due to lack of adequate medical care especially in backward and rural areas has been one of the major health problems of the country. HBNC was designed as a community based solution to the problem of child deaths. He explained to the fellows about various experiments SEARCH has been doing in Gadchiroli. He informed about Arogya Doot, Community Health Workers (who are selected after consultation with the community) and delivery of health care at door step. He also referred to the classic Lancet paper on HBNC and the successful replication of the model in various parts of the country. He also clarified that the CHWs were not replacing the ANMs since the services that are rendered by former are not performed by the latter and moreover, the CHWs were just filling the vaccum. He also added that the success story of HBNC in reducing child mortality and morbidity has led the GOI to formally adopt it as a model in the 11th five year plan for reducing IMR. He characterized the programme to be cost effective, highly efficient, taking up the rights of the child and being successful where there are no doctors.



Dr. K. Anthony's presentation on child health highlighted some important statistics that reveal poor health status of children in India. He focused on the need for improving new born child care. He advocated exclusive breast feeding for first six months, complementary feeding after six months. He also underscored the importance of intervention among malnourished children with calorie dense foods. Dr. K. Anthony's presentation brought out the child health problems and efficient ways of combating those problems through preventive, promotional and simple curative actions.

Later in the day, the fellows made a field visit to the villages where Home Based Newborn Care Programme by SEARCH is being implemented. They got first-hand knowledge of the HBNC programme through their interaction with the villagers and community health workers. There was a feedback session on the same day upon returning from the field visit.



Debates and Working with Systems

Day four had three sessions. The morning session was a debate where four themes were hotly debated and discussed by ten resource persons. The debates were moderated by Dr. Sundararaman. The themes were related to contemporary issues in Public Health. Every debate topic was followed by an elaborate question and answer session where the fellows participated enthusiastically.

The four topics that were discussed are:

- The 1st topic was on *Vertical vs. Horizontal programmes*. Ms. Savitha and Mr. Haldar spoke for decentralization while Mr. Arun Srivastav represented the NRHM point of view.
- 2nd topic was on *User Fee*. First the concept behind user fee was briefed with participants. Mr. Ashutosh spoke on side of user fee while Ms. Shampa spoke against user fee.



- 3rd topic was on *Public provider of services or private provider with public financing*. Mr. Ganapathy spoke in favour of private provider with public finance while Mr. Rafay spoke in favour of public provider of services.
- 4th topic was on *Technical assistance: Externally funded, consultancy based and diffusion model, or internally funded, institution based and capacity building model*. On this topic Mr. Ashutosh and Mr. Rajiv spoke in favour of external support while Ms. Sarover spoke in favour of internally funded support.

The second session in the afternoon had Mr. Biraj Patnaik and Dr. Suranjeen Prasad elaborating on “working with systems” from their own experiences and giving insights from their work. Mr. Biraj Patnaik explained to the fellows the nuances of advocacy and lobbying. He classified different types of advocacy and the different approach used for each type of advocacy. He also highlighted the *dos* and *don'ts* in any advocacy work. He defined advocacy as a form of data collection to bring a position change by informing people, media/institutions/judiciary/elected representatives/bureaucracy. Further, advocacy is negotiation between real and ideal situation and bridging the gap. He also spoke on the need to have short term and long term goals in advocacy. Dr. Suranjeen’s presentation was based on an interaction with the fellows on advocacy and working with bureaucracy. Dr. Suranjeen argued that one needs to build visible credibility with the system either as an individual or as representing a group for any effective advocacy work. He premised advocacy on the notion of credibility/reputation and believed only such strong characteristics could lead any advocacy.

The third session was on the theme “working with social movements” by Ms. Sudha Sundararaman, Dr. Dhananjay, Dr. Sundararaman, Mr. Balram, Mr. Gangaram, Mr. Biraj Patnaik and Mr. Samir Garg. This session highlighted the public health movement and how it works with other social movements and also their inter linkages. The movements that were discussed were health, tribal, women’s and right to food movements.

Jan Swasthya Abhiyan

The first presentation was made by Dr. Dhananjay and it was on Jan Swasthya Abhiyan/Peoples Health Movement. His presentation traced the history of JSA from the Alma-Ata conference. Dr. Sundararaman also contributed to the presentation since he is associated with the movement since its initiation in India. The presentation focused on the progress the movement/network achieved through its various assemblies at Dhaka, Kolkata and Bhopal. The JSA has been a coalition of various groups coming together in doing active advocacy and lobbying towards achieving the ideals of the Alma-Ata resolution. JSA has been at the forefront in the evolution of NRHM and also pushing hard for making health a basic right of the citizen. The people’s health charter is a document that has been formulated by JSA. The document reflects the vision of the JSA. JSA also being a rainbow coalition has been a forum where various other rights based movements and groups come together.

Right to Food and NREGA

The second presentation was on Right to Food and by Mr. Biraj Patnaik. He brought out the linkages between Right to Food and Right to Health. He highlighted the various achievements of the Right to Food movement and he spoke at length on tackling poverty and starvation through programmes like ICDS and NREGA. Mr. Biraj also presented various strategies used in this regard. The third presentation was by Mr. Ganga Ram and Mr. Balram. They spoke on some of the common myths about the tribal population. Unlike it is commonly understood, the tribal population have agricultural land and for centuries they have been practicing very sustainable agriculture and producing sufficient food. However, in modern times their land and other



productive resources have been capsized leading them to suffer from absolute poverty and starvation. They focused on the tribal movements linking it with the Right to Food movement and subsequently NREGA. Mr. Balram indicated the rampant corruption in implementing NREGA programme and highlighted on the need for social audits. Social Audit as a process is different in different societies. It begins with planning, implementation, monitoring and evaluation processes. The key role of any democracy is in appreciating and encouraging social audit. Social Audit is not a way to find the fault of the systems and nor is it policing but it is an evaluation of processes. According to Mr. Balram, Social Audit is one of the proper ways of exercising democracy in a society.

Adivasi Movement and Women's Movement

The fourth presentation was on the Koriya Adivasi Movement by Mr. Samir. Recognizing that water, forest and land are integral part of tribal life, the movement protected the forests by their social mobilization. They started with organizing meetings than protests against deforestation and built a pressure up to central government to save the forests. The fifth presentation was by Ms. Sudha on All India Democratic Women's association (AIDWA) and the organization's fight for women's right. She pointed out that women's equality is a right and she wanted the fellows to understand that the whole structure premised on male domination should move towards gender equality. She does not envisage it as just a project for some changes in the system. She wanted preventive laws against many crimes on women to be properly monitored and implemented. She dwelt upon issues like domestic violence, child marriage, intra-family equality, dowry, and reproductive rights.

Community Based Monitoring

The final presentation was by Dr. Dhananjay on Community Based Monitoring (CBM). Community Based Monitoring has received recognition with NRHM, however, the practice of CBM has been well prevalent in various parts of the country for various facilities, programmes and schemes. With examples from Maharashtra and Madhya Pradesh, he demonstrated the CBM processes. He explained how calendars are prepared, tours organized, programmes prepared, distributed to the villagers, pasted on walls for everybody to see and sign. He then brought out some of the significant changes CBMs were able to achieve. CBMs bring people closer to civil societies and the government system. The CBMs have led systems to function better, deliver more and punish corrupt officials. He also pointed out certain shortcomings such as the fact that the CBMs did not evolve naturally from people but was conceived by foreign funded rights based organizations and therefore there has an issue of sustainability. Secondly, many of the organizations that are involved with CBMs get backlash from the government.

Later in the day, in his closing remarks, Dr. Sundaraman- specified four broad outcomes of the fellowship programme. They are:

- work along with health system, people's organization and people's awareness
- Strengthening at field level
- Networking with other organizations
- Personal outcome- research paper.

Field-work in Chattisgarh

Day five was a full day of field work in the adjacent state of Chattisgarh. The SHRC team from Raipur coordinated the visit. The fellows led by Mr. Raman left for Chattisgarh early in the morning. Dr. Kamalesh Jain and Mr. Avinash Loomba joined the fellows in the field. The fellows were divided into four teams and each team visited a different block. They visited a PHC, a CHC, a sub-center and a VHSC/swasthya panchayat. They also joined in a Mitandin



cluster meeting and a meeting of Mitanin facilitators. Discussion on Peoples Alternative health Plan and the District Health Plan was the theme for the visit. There was a check-list of things to see and points to discuss prepared for each site that was provided to the fellows. They could relate what the Peoples Alternative Health Plan has to state about these issues to what the District Health Plan could propose as solutions.





District Health Action Planning and the Fellowship deliverables

Day six had two sessions that involved plenty of group interaction. The first session was on District health action planning and it was chaired by Mr. Raman. Dr. Ganapathy started the day with the objectives of the session. The session highlighted district health planning and group work was done to learn the practical aspects. Mr. Haldhar Mahto and Mr. Rafay Khan gave a brief presentation on DHAP. They introduced the planning process and elaborated on tools of planning. The presentations elaborated upon

- a) Why district health plans
- b) Components of district health plans
- c) Levels of planning (the levels of planning was dwelt elaborately with examples explaining setting of goals, objectives, strategies and activities) and finally
- d) Evaluation of DHAPs.

After the presentations, the fellows were divided into four teams and with the help of programme coordinators these teams engaged in group exercises in the district health planning process and finally each team made its brief presentation. Before the groups presented, Mr. Raman presented a log frame made by him to highlight the need for the involvement of the CHF's in understanding the district health plan. He spoke about the depth of knowledge required, the participatory process involved and the constraints in the formulation of a DHAP. Log frame is a tool to logically position the desired activities. Log frame is not a rule but a tool for help.

The second session was chaired and handled by Dr. Suranjeen Prasad. This session was on the deliverables that are expected from the community health fellows. The session was briefly introduced by Mr. Arun Srivastava and then Dr. Suranjeen Prasad took it forth in an interactive fashion. He asked the fellows to list their expectations, fears and anticipated gains from the fellowship. The fellows were given five minutes to put these thoughts to paper. This session was aimed to answer many questions the fellows had. After a long discussion with the fellows on their deliverables, expectations and fears, there were still many issues that needed further thought. Dr. Suranjeen informed the fellows that going forward Dr. Ganapathy would address any questions the CHFs may have regarding expectations. In the discussion about the activities to be done in 1st quarter by the fellows, the following topics were covered-

- Rapid appraisal of the district
- Getting to know the various players in the district
- Positioning yourself within the system
- Assisting in the preparation of the PIP(2009-2010)
- Going through the books-1,4,7
- Identification of the area of interest

Rapid appraisal of the district-

- Collect secondary data on district- social, economic and cultural, compare the DLHS-2 and 3
- Collect data on health institutions-
 - HSC/PHC/CHC/District hospital
 - Money disbursement- RKS and VHSC, Untied funds
 - Number of VHC, ASHA



- Money disbursement of untied fund to villages
- Training of ASHA
- Number of AWC and primary schools
- Village profile- of any 3 villages with diverse background

Dr. Suranjeen explained why it was necessary to have a firsthand understanding of the community and the health situation in the district. He also asked the state teams to take up participatory rural appraisal session.

Village profile-

- Disease burden- PRA tools seasonality charts
- Health seeking behavior- 2 near deaths/deaths amongst under 5 (last 3 months), 2 near deaths/deaths amongst women (last 1 year)
- Nutrition- a case study of 2 children in grade 3 or 4
- Resource mapping- through social mapping, formal and informal service providers
- VHSC/VHC- is there a village plan, how it was prepared and if not why?

- Untied fund-received (issues and problems), effective utilization, decision making person, accounting person
- Getting to know- health officials at district and block level, other related departments, CSOs and local representatives
- Positioning yourself- DHS, Mentor org, PHRN, Movements or others
- Assisting the district PIP-working with DPM, CMO etc
- Going through PHRN books- 1, 4, 7, 10 and their implementation
- Identify topic for specific intent.

The session ended with concrete short term plans for the fellows for the next three months.

Feedback session

Day seven was the final day for the induction programme. The session began with brief presentations by the programme coordinators on the work PHRN is involved with in their respective states. Specific achievements and challenges faced were also highlighted. The rest of the session was devoted to feedback. An analysis of the feedback received from the fellows was presented by Mr. Raman. The data was keyed in and analysed by Mr. Haldhar Mahto, Dr. Ganapathy Murugan and Ms. Saveetha Meghanathan. Spontaneous feedback was also encouraged. The session was chaired by Dr. Abhay Bang. The session took an emotional turn with the fellows thanking and saying good bye to one another. The induction programme was concluded with a small valedictory ceremony.

Night meetings

The seven day induction programme had plenty of night meetings where the programme coordinators took stock of every day happenings and planned for the next day. Dr. Sundararaman spent almost every evening meeting with the fellows, giving a patient hearing to their doubts and answering their queries. Mr. Nishant Bajpai meticulously managed the finances and logistics for the induction programme from PHRN side. Mr. Tushar Yarmal did the same from SEARCH side.



Songs

The lighter moments during the induction programme were when there was passionate singing by Mr. Gurjeet. Apart from Mr. Gurjeet there were other enthusiastic singers too who kept the mood upbeat throughout the programme. The fellows organised an eventful cultural night on the sixth evening which was a high point in their team spirit.

