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Society for Community Health Awareness Research and Action (SOCHARA): Philosophy, work approach and impact

Adithya Pradyumna

Background

The journey of SOCHARA began almost 30 years ago in 1984 when few young doctors and their allies from other profession moved beyond a medical college and stepped outside to evolve an alternative approach to health, healthcare, and well-being rooted in the community. This experiment (then termed as “Community Health Cell”) has eventually resulted in the development of an innovative resource centre with a community of professionals and activists who facilitate community health with an equity, rights and social determinants of health perspective.

SOCHARA has been termed as a “catalyst”, as the main approach to work has been through the creation of networks and linkages, and working with campaigns and movements that bring the “public” back into public health and the community into the public health discourse. The staff and society members of SOCHARA are involved in community health action, policy advocacy, action research, learning facilitation and documentation at local, national, regional, and international levels. While the team itself has approximate 23, technical and 15 administrative staff members. SOCHARA actively harnesses a wider circle of support, which includes previous fellows, staff members, short-term interns, associates, and well-wishers, all of whom are held together by SOCHARA’s philosophy and a commitment towards “Health for All”.

Vision and Mission

SOCHARA is registered under the Karnataka Society Registration Act 17 A, 1960. The objectives are as follows:

- To create awareness of the principles and practice of community health among all people involved and interested in health and related sectors.
- To promote and support community health action through voluntary as well as governmental initiatives.
- To undertake research in community health policy issues, including strategies in community health care, health personnel training, integration of medical and health systems.
- To evolve educational strategies that enhance the knowledge, skill, and attitudes of persons involved in community health and development.
- To dialogue and participate with health planners, decision-makers and implementers to enable the formulation and implementation of community oriented health policies.
- To establish a library, documentation and interactive information centre in community health.

SOCHARA units and work areas

Growing from a small team of four members located in Bangalore, the organization now has branches in Bangalore, Chennai, and Bhopal and therefore has a national presence. In each state, the unit is connected and works alongside community based organizations from several districts, and also with local state level governmental representatives. All units of SOCHARA are now part of the broader umbrella of SOPHEA.

The units in Bangalore (the Community Health Cell active since 1984, and the Centre for Public Health and Equity active since 2008) are focused on training young health professionals and activists through the Community Health Learning Program, strengthening the network and capacity of voluntary organizations working on the broad theme of “Health for All” through research, policy advocacy and action, and policy research from an equity perspective respectively. There is also thematic focus of individual staff members on mental health, AYUSH policy, medical education, health systems, privatization of health care, globalization, urban health, environmental health and sanitation and social exclusion.

The unit in Chennai (Community Health Cell Extension Unit), which was initiated following SOCHARA’s involvement in the tsunami disaster relief efforts in Tamil Nadu, was initiated in 2008.
The team has been integrally involved in strengthening the network of groups working towards “Health for All” in various districts, and also as the state nodal NGO for the Community Action for Health project under the National Rural Health Mission.

The unit in Bhopal (Centre for Public Health and Equity) was initiated in 2009 to increase focus on Madhya Pradesh (due to its relatively poor health systems, capacity, and indicators). The unit functions as a resource centre for health to strengthen local systems and networks, and also conducts a two-year fellowship program, the Community Health Fellowship Scheme that is the only masters’ level community health program in Hindi in India.

**Key network associations**

SOCHARA has facilitated and participated in the building and strengthening of several networks from local level to international level. Several advocacy and action processes are facilitated through these networks.

“The People’s Health Movement and the People’s Charter for Health provide a significant expression for alternative ‘from below’ to the present globalization, privatization, and commercialization of health coming “from above”

The People’s Health Movement (PHM) is an international network of organizations working towards “Health for All” and was initiated in 2000 due to goals of the “health for all by 2000 AD” not being met and because of impact of globalization and privatization on increasing inequity in society. Besides being one of the founding members of the PHM, and hosting the global secretariat between 2003 and 2006, SOCHARA has also actively participated in the initiation of these networks at local, state (Janarogya Andolan in Karnataka and Makkal Nalvalva Iyakkam in Tamil Nadu) and national (Jan Swasthya Abhiyan) levels as well. The People’s Health Resource Book in India in which SOCHARA was a contributor - covers five key areas - globalization and health; revitalization of primary health care; basic needs; health vulnerable groups; and commercialization of health care and continues to be a reference manual for health activists around the world.

Through these networks, several groups have been brought together and have facilitated capacity building on health and advocacy to improve health systems. Through the People’s Health Movement, SOCHARA is also associated with allied initiatives such as:

- International People’s Health University (IPHU) - which hosts courses on health, equity and rights for young health and development professionals from around the world.
- Global Health Watch (GHW)- a publication which serves as an alternative to the World Health Report which is evolved through contributions by academics, researchers and health activists from around the world.
- WHO watch- which scrutinizes the various processes and outputs of WHO which may have an impact on global and national health policy and process.

As the Secretariat of the Global PHM, SOCHARA had helped organize the International Health Forum at the World Social Forum in 2004, in Mumbai and the second Global People’s Health Assembly in Cuenca, Ecuador in 2005. The first GHW and the first training program of the IPHU were also organized during this phase.

**Key initiatives and contributions**

- **Community Health Action**: Previous experiences have ranged from involvement with the victims of Bhopal Gas Tragedy, but also with marginalized groups such as street children and slum dwellers in 1995. Other key initiatives include:
  - Women’s health empowerment training was conducted in five districts of Karnataka along with Mahila Samakhya in 1999.
  - Tsunami disaster response was organised in Tamil Nadu in 2004.
  - A campaign on the right to primary healthcare was facilitated in Karnataka in 19 districts (as part of JAAK).
  - The Community Action for Health project focuses on six districts in Tamil Nadu to strengthen the communitization and monitoring processes of the NRHM through the training and regular interaction with 100 community level animators linked to around 4000 villages.

- **Learning facilitation**: Since 2003, SOCHARA has, through various phases and experiments, pioneered learning programmes in community health through formal and flexible fellowship linkages. Five characteristics of these learning programmes are the pedagogical framework of interactive, participatory and experiential learning; social-economic-political-cultural-ecological analysis; ‘inside’
and ‘outside’ learning; communityization oriented learning; equity, rights, health systems and social determinants oriented learning (CHC, 2008). This programme builds on various past experiences, including a vernacular training programme called “Health for non-health groups” conducted in 1994.

- The Community Health Learning Programme in Bangalore admits 20 fellows each year for a year-long programme conducted predominantly in English for applicants from all over India. Preference is given to those coming from marginalized communities showing an enthusiasm for working with communities. Knowledge, attitude and skills to work with communities (including documentation and basic research skills) are focused upon.

- The programme in Madhya Pradesh, as was mentioned before, is MP specific and aims to strengthen the practitioner dimension of the fellows, and towards making them resource persons for facilitation of community level processes of the NRHM.

- Community Health Environment Survey Skill-share (CHESS) is a network of organizations and communities working towards environmental health justice for pollution impacted communities. As part of this initiative, several workshops have been conducted to build capacity in understanding health, health impacts, and epidemiological methods of documentation. Some collaborative research and advocacy projects have been taken up with communities in Tamil Nadu and Karnataka.

- **Action Research:**
  - Comprehensive Primary Healthcare: Between 2007-2010 SOCHARA hosted the Asian hub of the multi continent study titled ‘Revitalising Health for All - Learning from Comprehensive Primary Health Care’ of the People’s Health Movement conducted with the University of Ottawa, Canada and the University of Western Cape, South Africa. Research partners include BRAC and Gonoshasthaya Kendra in Bangladesh, Aga Khan University in Pakistan, Future Generation in Arunachal Pradesh and Emmanuel Health Association (with its hospital in Bihar) in India and a project on health workers in Iran.

- Social justice in health: Between 2010 and 2013, SOCHARA hosts the research advocacy, training cum action initiative entitled ‘Social Justice in Health’ which is studying the framework and process of health movements and campaigns and the multiple pathways through which health rights are realised.

- **Policy engagement:** Building on past policy engagements with the states of Karnataka, Orissa and Chhattisgarh the society is deeply engaged presently with the:
  - Health Task Force: Member in Karnataka and evolved the Karnataka Integrated Health Policy adopted by the cabinet. Similarly contributed to the Orissa Health Policy.
  - National Rural Health Mission – part of Task Forces - ASHA mentoring group, Indian Public Health Standards; and medical education; Member Advisory group for Community Action (AGCA), and some Common Review Missions.
  - Planning Commission – Primary health care, 12th Plan AYUSH Steering Group.
  - Public Health Mission Group of the Karnataka Knowledge Commission

- **Research and evaluation:**
  - Facilitated studies on: Strategies for social relevance and community orientation of Medical Education; and Health Policy Delphi
  - Jubilee Evaluation of Catholic Hospitals Association of India (1992); State Health Resource Centre
and the Mitanin Programme in Chhattisgarh; and Jan Swasthya Rakshak in Madhya Pradesh.


- **Solidarity:**
  - In the form of participation in governance:
    - National Health Systems Resource Centre
    - Public Health Foundation of India
    - Basic Needs India
    - Medico friend circle
  - As part of advisory committees
    - National Institute of Malaria Research
    - Regional Occupational Health Centre
    - Institute of Ayurveda and Integrated Medicine
    - British Medical Journal

- **SOCHARA Library:** The Community Health Library and Information Centre (CLIC) is an integral part of SOCHARA and has served as a resource centre for those at SOCHARA (fellows and staff members) and from outside (students, researchers and activists). It has books and journals on various subjects connected to ‘Health for All’ and health determinants. It is now moving to full digitization and a learning centre initiative linked to the SOCHARA website.

### Governance at SOCHARA

The Society consists of a general body of members from multiple disciplines, wide experience and commitment in community health. There is also a seven-member Executive Committee. The Society is the supreme authority and endorses all the proposed decisions and developments of the Society. The executive committee looks after the work of the society and provides the necessary supervision and control.

### The web of interaction

A very significant achievement of SOCHARA has been the development of a network of linkages, partnerships and a web of interactions based on trust, respect, friendship and commitment to Health For All.

The Society members include public health professionals, epidemiologists, mental health professionals, social scientists and social workers and professionals from the disciplines of nutrition, management, statistics, pharmacology, from institutions as diverse as NIMHANS, St John’s National Academy of Health Science, Karuna Trust, Action for the North East Trust - Assam, , Holy Cross Sisters - Hannur, Institute of Public Health - Bangalore and so on.

Field mentoring organisations for our fellowship programmes have included: Tribal Health Initiative, Sittilingi; ACCORD-Gudalur; SVYM-HD Kote; VGKK- BR Hills; Jan Swasthya Sahyog and SHRC, Chhattisgarh; SEARCH, Gadchiroli; Prayas, Rajasthan; SATHI- CEHAT, Pune; Mission Hospital – Bissamcuttack, Orissa; CINI, Kolkotta and Jharkand, ANT, Assam, and over 18 civil society / NGO partners in Madhya Pradesh and many others.

Along the way, SOCHARA’s work has been supported through various funding partners, which includes government support; trusts and foundations in India; education, research groups and trusts and foundations abroad; apart from small donations from friends.

### In Conclusion

- SOCHARA has built through all its activities over two decades, a new paradigm in community oriented public health action. This has included some new concepts outlined in several SOCHARA publications and papers.

  - **Community Health** - a process of enabling people to exercise collectively their responsibility to their own health and to demand health as their right...this involves the increasing of the individual, family and community autonomy over health and over the organization, the means, the opportunities, the knowledge and the supportive structures that make health possible”, (CHC, 1987)

- **Community Health axioms** include - rights and responsibilities; autonomy; integration of health and development; building decentralized democracy; building equity and empowerment; building community; confronting biomedical model with new attitudes, skills and approaches; confronting health care super structure to be more community oriented; moving from technological fixes to new val-
ues and systems and linking health to social justice movements (CHC, 1987)

- **A paradigm shift** is needed which focuses on communities rather than individuals; on psychosocial, cultural, economic and political factors rather than only physical and pathological determinants; education and social processes rather than only drugs and vaccines; empowerment and autonomy building rather than only social marketing and service provision; and recognizes people and communities as active participants rather than as patients and beneficiaries. (CHC, 1989)

- “...a strong countervailing power – a health oriented movement initiated by health and development groups, consumers and peoples organizations, that will enhance the role of the community, patients, consumers and the people in the entire debate on reform in the health and medical sectors.” (VHAI, 1997)

- “The concept of a ‘Social Vaccine’ which includes cross cutting, horizontal and holistic initiatives and programmes for enhancing action within communities and health systems to address the social determinants of health.” (Baum et al, 2009).

This new paradigm remains its most important contribution. Thirty years on, based on the wide experience of community health, SOCHARA is now since 2012, evolving into a practitioner oriented School of Public Health Equity and Action (SOPHEA). While facilitating grounded community health practitioners it will continue to promote provoke and inspire the main stream public health to recognize equity, rights, and action on social determinants as core themes in the years ahead.

Visit: www.sochara.org; www.cahtn.in; www.cphe.sochara.org; www.communityhealth.in; www.phmovement.org; www.ghwatch.org; www.iphu.org; www.copasah.net; www.mfcindia.org; for more information or to contact us.

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**References**


2. Community Health Cell. Community Health in India. Health Action; 1989

3. Voluntary Health Association of India. Independent Commission on Health in India Report, New Delhi: VHAI; 1997

