

CFHI Scholarship Report

Public Health and Community Medicine in Delhi Program

April 2010



Introduction

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- **Program: Public Health and Community Medicine, Delhi, India**
- **Dates: April 2010**

Report on the program

Overview

I thoroughly enjoyed the Public Health program. In terms of daily routine, we would generally be out from about 9 – 4, but this varied from day to day – sometimes we would leave earlier and get back earlier. Each morning we would meet Sanjay and then get transport to the site, usually a rickshaw. Sometimes we would stay at one site for the whole day and have lunch there. Other days we would go to a different site in the afternoon and either have lunch out somewhere or come back to the apartment for lunch. After finishing the program each day we would either go back and relax at the apartment or do some sightseeing. In the evenings, we would have dinner at the apartment and might go to the internet cafe, to a market or to see a film etc.

We went to an extremely wide variety of sites, which was excellent. We spent time with a lot of different organisations working on many different issues. In addition to spending time at the organisation's main sites within Delhi, we also went on quite a few outreach visits with the organisations. These trips were very enjoyable as we were able to experience life in some villages and towns surrounding Delhi. We also spent 1 week in Chandigarh. This week was very well organised and the town was a nice contrast to Delhi.

In addition to the program, there was plenty of time for sightseeing in the evenings and weekend. The structure of the program gave an excellent balance between spending time at sites and having time to do touristy things and visit other areas of India. The first weekend we visited a Bird Sanctuary south of Delhi and did a bicycle tour of Old Delhi. The second weekend we visited Jaipur and Agra and the third weekend we went away to McLeod Ganj.

Diary excerpts giving a sample of sites visited and what we experienced

Week 1

- We spent week 1 in Chandigarh with an organisation called SWACH, which has a variety of projects including women and child health, MSMs, sex workers and adolescents.

Tuesday 6th April (Chandigarh)

- Went to a local government run general hospital where ICTC is. ICTC = place where get tested for HIV + other STIs + get counselling and education
- Met with counsellor and she told us about what they do - see roughly 60 people/day + pre test + post test counselling

- Saw lab. People just had to queue up outside a window and have blood taken right there and then test done. The lab was of a very different standard to labs at home e.g. slides of blood all over surfaces, sharps bin just open on the floor etc.



- In the afternoon we went to a drop in centre for female sex workers (FSW).

- This was a great visit! Met with ~ 5 peer group educators (sex workers who are officially involved with SWACH project and educate other sex workers) + beautician + counsellor. We asked them lots of questions e.g. why that profession, their worries, whether family knows, about the FSW they educate – if want to talk to them, if use condoms, if willing to go to ICTC



- They asked us lots of questions back – about our healthcare system, about sex workers, about marriage.

Wednesday 7th April (Chandigarh) - Visit to rural area where the Adolescent Health Project is in place

The Adolescent Health Project aims to create a friendly environment so adolescents will use the health services. It has been implemented in 100 villages in Yamunanagar, Haryana. It uses peer group educators – 1 male and 1 female from each



village. These peer group educators are trained by SWACH and then other adolescents from their village can ask their health questions to them.

- We had a traditional welcome at the village and everyone was very welcoming and friendly. We sat in on a monthly educational meeting with the peer group educators from a variety of villages.
- We went to village leaders house for lunch, which was really nice and the food was great.



Week 2

Monday 12th April, Sulabh International – social service organisation

In week 2 we spent time at Sulabh, a fantastic organisation! Sulabh is a social service organisation which aims to free scavengers from their role of cleaning and carrying human excreta and bring them into mainstream society (scavengers are extremely segregated from society, they are the bottom caste and are known as the untouchables). In doing this, it has created new toilet technology (2 pit toilets) which has been installed in many homes and communities in India and is now spreading worldwide.

We entered Sulabh and it was like a whole different world! We came off the crazy Delhi street into a calm, clean and green space. We went straight to a lounge and sat and had a drink and met the founder of Sulabh – Dr Pathok.

We then went to their morning assembly. We went into a large assembly room where there were lines of women and men standing up and a small stage at the front. They have this assembly every morning and do a special welcome when guests are here too. We were directed to go and stand on the stage along with the founder and staff of Sulabh! Music was turned on and the whole hall started to sing – a hymn about Sulabh and living life well. We were then welcomed to Sulabh by Dr Pathok and given garland and a scarf.



Sulabh International centre for action sociology

This place has a school, a vocational training centre for scavengers and a school for urban slum children

- School. Takes 60% scavenger children and 40% 'normal'. Most schools don't take scavenger children – they didn't want to make it 100% scavenger children otherwise it would become known as just a scavenger school, instead they wanted to integrate scavenger children with 'normal' children
- Vocational training centre - trains people from scavenger families, aged 16 – 25 in vocational skills so can then get jobs doing these things rather than going back to scavenging. Areas can be trained in = computing, electronics, beauty, sewing, embroidery, tailoring fashion design, shorthand



Sulabh toilet museum

- We had a tour around the toilet museum. The guy talked through the world's most ancient toilets – about 4,500 years ago and how this idea has got lost and not passed on to a lot of people. We looked at a variety of different toileting methods and technology through the ages e.g. toilets in the form of sofa or books. And then modern day toilets e.g. sinks ones in UK, shower cleaning ones in France, transparent ones in Switzerland.
- We then looked at various technology for dealing with toilet waste – biodegradable bags, toilets which burn the waste, toilets which dry to waste to use as fertiliser

Sulabh toilet technology

- Essentially, to release scavengers from their work and social discrimination a new toilet design was needed. Traditional toilets were bucket toilets, where waste goes through the toilet hole into a bucket below. Before sunrise the scavengers have to go around the houses empty the buckets and clean the toilets. Then they carry the waste on pans on their head to the emptying place.
- Subabh's founder, Dr Pathok, created a new toilet style – the 2 pipe, 2 pit toilet. Waste goes out of the toilet in a pipe and into a pit dug into the ground behind the toilet building. There are 2 pipes and 2 pits and at any one time only one pipe is open so one pit is filling up. Each pit is designed to last a certain amount of time depending on



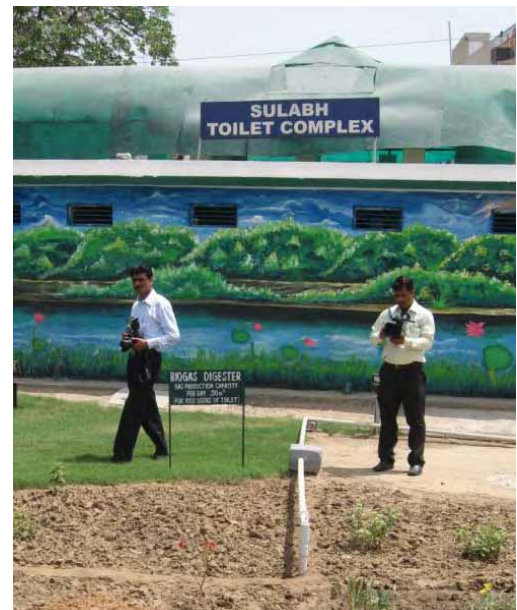
the use level, minimum 2 years. Once the pit fills up the other pipe is opened and the other pit fills up. The filled pit is covered and left for the 2 years. During this time the waste dried and bacterial activities removes smells and it becomes harmless. The pits are also designed with wholes around the edges so gases from the waste can escape. After 2 years the pit can be emptied and the waste used as fertiliser. This pit can now take over from the other pit that is now full. Water is used to flush the toilet each time it is used – just 2 litres poured down using a jug. These toilets are adaptable to the local resources – the pits can be made from clay, stones (in hilly areas), and wood (in forest areas). Also the design of the toilet building is flexible depending on individual budget



- These toilets have been very successful. Over 1.2 million have been installed in India homes, over 7500 toilet blocks have been installed for community use. Also Sulabh has started to expand to other countries e.g. 5 blocks installed in Kabul, Afghanistan and working with various African countries

Thursday 15th April – outreach with Sulabh to the town of Alwar

- We went on outreach with Sulabh to the town of Alwar, 3 hours from Delhi, where they worked to free the scavenger women in Alwar of their work and reintegrate them into society.
- In terms of reintegrating the scavengers, Sulabh initially took a group of 28 scavenger from Alwar. They spent time training them in other vocations and they have now been integrated back into society. Sulabh organised a toilet conference in Delhi, which many international people and organisations visited. At this conference the scavenger women did a fashion show where they appear on stage alongside top models who were wearing clothes they had designed. After this conference, the scavenger women and Dr Pathok were invited to attended a UN conference in New York. At this conference the scavenger women spoke and a similar fashion show was also done. While in New York a photos was taken of Dr Pathok and the women in front of the status of liberty – this photo signified their liberation. Once back in India, a meal was organised in Alwar with the scavenger women and the upper caste families whose toilets the women used to clean – this very especially significant, as eating together with other people signifies equality between these people.



- We then went to the Sulabh centre in Alwar where all the ex-women scavengers work. Sulabh has freed 3 'batches' of women and now there are about 150 in total freed and working at the Sulabh centre. Sulabh trained them in different skills and they work in Alwar doing this + continuing their training and selling their produce.



- They all wear blue Saris (which is like their work uniform) and this signifies their liberation. They all looked very pretty.

- We went around the centre and saw all the different things they were doing. Making saris by hand – it was amazing! They had a big piece of material held stretched out and they were putting the beads and sequins on my hand. There were women being trained in beauty treatment and henna.

- Upstairs was the food production centre! They were making popadoms (which we had with our lunch on Monday at Sulabh) and thin noodle things (which you boil and have with milk). We saw how the popadoms were made and then watched the women rolling them out. We had a go but we weren't very good! After rolling them out they are put outside on the balcony to dry.

- Other women were making small balls of cotton wool with a stalk, which are used in temples. They are dipped in oil and then burn, like candles. This is quite symbolic as when these women were scavengers they were not allowed in temples at all. But now they are and the temples are even using the produce they make.



- After looking around the centre we saw a lady. She was in the original batch of ladies = she went to New York with the group to the UN etc. We asked about how her life has changed, how people used to treat her before, what her children are doing - they are all in school :)

- Then 3 of the ladies who were doing henna in the beauty room came and gave us some henna on our hands, which was really pretty!

Week 3

- During the program we spent a few days with Sahara and visited all their different project sites. This organisation works with drug users and has a drop in centre, a risk

reduction centre (e.g. needle exchange, ulcer dressings), a men's rehab and a women's and children's rehab. It also has a care home for HIV positive patients.

Tuesday 20th - Sahara women and children's rehab

The centre is for rehab for female drug users and they can bring their children too. It is set up to work alongside the men's rehab as Sahara were finding that many whole families are drug users and so it was no use just having a men's rehab.

It seemed pretty nice and had quite a few rooms. We met one of the people in charge and had a brief introduction but then the yoga class was starting so she said we should go and join in! It was my first yoga experience!

Afterwards we continued to chat with the lady and looked around the centre. The ladies come for a 6 month period although they often don't stay the full time. They are on a rehab program and also get taught other skills. The charity has outreach workers who actively go and find drug users to get them to come to rehab. The females in the centre also help them



locate other drug users. While at the centre the ladies have counselling sessions about drug abuse and risky behaviour etc. They also have yoga sessions to give them some exercise. And they have classes giving them other skills e.g. making jewellery, making bags, making candles. These are sold to visitors who come (there is a small shop) and also during festival times they set up stalls. The women also have responsibilities such as cooking and cleaning

- At the centre there is also a crèche – this is for the local community for young children. It's quite popular and there's a long waiting list. The children have a relatively structured day but with lots of play time. They are taught some basic things e.g. alphabet. And they learn structure and discipline e.g. sitting and eating together, go to the bathroom. There is also a school for children of the women in the centre and for other children from the local community.

Sahara men's rehab

It is the same principle as the womens rehab. Men come and stay there for detox and then rehab. They have a very structured day – early morning walk, breakfast, counselling, bible study, food, football etc. Again the have counselling about drugs and safe practise. They are also given detox medication by a doctor. The program is for 3 months but some stay less, some stay more. They are given responsibilities e.g. cleaning, cooking and given money to buy the food for a week - this is to test them and see if they can handle having money or whether they will just run off and use it for drugs. The centre has dorms, the main room for counselling and bible study etc, kitchen, a roof top (where they have their weekly coffee nights and dance) and the main office for Sahara is on the bottom floor.

- We then chatted to the guys that were there for a bit – there were 6 or 7 of them in the main room and they were split into 2 groups having a debate on a certain issue and

coming up with counter agreements. We went around the circle and they each gave us their story – their history and how they came to be at Sahara.

Week 4

- In the last week we spent time at Venu Eye Institute, an eye care hospital with private and subsidised departments. It has an outpatients department, a operation theatre and it does outreach to many villages around Delhi.

Thursday 29th - Outreach with Venu in a village about 2 hours from Delhi

When we arrived at the outreach site we were given some food, it was so good!

Then the Venu doctors and optometrists set up their equipment in a couple of rooms. We sat in with a doctor – he does outreach once a week and the rest of the week works at Venu in Delhi. He said most patients he would see at outreach would be cataract patients. If he could manage the condition with medicine he would, if not they would go to Venu for surgery.



- He saw a lot of patients! We couldn't understand what was going on as it was all in Hindi and there wasn't time for him to stop and explain the cases. It was still interesting though just watching what he was doing and seeing all the people.
- After seeing the doctor, the patients who needed surgery when and had their blood pressure, blood sugar and eye pressure checked in another room. If they were all ok they could go to Venu and have surgery. If not they were advised to see a doctor to get medicine to sort the problem out (e.g. high BP), then when Venu next come to this area (1-2 months) they might be able to have surgery then.
- Once they had finished seeing everyone there were about 25 people to go to Venu for surgery. It is such a good service. A bus comes and gets them that day, drives them to Venu, they stay over night, have their surgery and then come back the next day. All of this + meals are provided for free.



Reflections on my experience:

How do you see yourself as a healthcare worker now? How does “service” fit into your future career?

I still see myself becoming a doctor. The experiences I have had in India have increased my interest in many areas of medicine. I feel that 'service' will definitely fit into my future career. I would like to work abroad with underserved communities for a period of time once I am qualified, for example for an organisation such as Doctors Without Borders.

Did this experience improve your medical/health education? If so, how?

It definitely improved my global health and public health education, giving me an understanding of many of India's public health issues and how to overcome these issues. In terms of medical knowledge, I learnt some things to do with HIV/AIDs and TB but most of the program emphasis was on public health rather than specific medical cases.

What impact did this experience have on you and your future work? What are your goals and aspirations?

The experience further increased my interest in infectious diseases. It also confirmed by desire to spend some time working abroad with underserved communities once qualified.

What insight did you gain on issues of international health and underserved communities in other countries?

I gained a lot of insight into issues of international health and the associated health programs that underserved communities have. As the program focused on public health, we spent a lot of time discussing such issues. I gained insight into the wide variety of issues there are facing underserved communities and how many of the issues are interlinked e.g. lack of safe drinking water and lack of hygienic toilets leads to further health issues. We were able to visit a lot of underserved communities and experience their problems first hand. We were also able to see how organisations were working to deal with these problems and how effective their work was. As we spent time with a lot of different organisations, it was interesting to compare the different approaches and strategies that they used.

