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Samagra Arogya

From Welfare to Care

ARUVU COLLABORATORY

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A narrative report tracing the SDoH through collaborative engagements in Vandse Cluster from September 2023 to March 2025

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First Edition 2025

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1. Community needs for overall wellbeing and how they experience Social Determinants of health.

2. People-centric interventions that ease the pressures and experiences of social determinants.

3. GPs and PRIs centred around wellbeing and introducing systems to learn and adapt to newer governance systems that are more attuned to the place.

4. Increased participation of communities in Local Self-governance

SA Collaborator Organisations: Aruvu Collaboratory, KHPT, Vandse GP Cluster

Compiled by: Abhiram Jois, Adhavan Sivaraj, Archit Dhiman, Ayush Jagadeesh, Eshwari R, Naveen Bagalkot, Sangeetha R, Shreyas Srivatsa

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Bidar, Channapatna, Chennai, Kundapura, Yelahanka

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Summary of Engagements

Samagra Arogya is a long-term place based engagement focusing on decentralized approaches to understand and address local manifestations of Social Determinants of Health (SdoH) that affect holistic well-being. Piloted in the Vandse cluster of Kundapura, Udupi district, this initiative covers seven Gram Panchayats: Vandse, Idur-Kunjadi, Hemmadi, Hakladi, Chittur, Aluru, and Keradi. All SA actions are carried out through the 'structure of engagement' co-developed by the transdisciplinary team of Samagra Arogya - to learn and visiblise the differential needs of the communities; co-designing people-centric interventions with communities and Gram Panchayat; creating situations to learn, adapt and advocate newer governance systems attuned to the place and its people in the GPs.

The project is anchored by key collaborators: Aruvu Collaboratory LLP, Karnataka Health Promotion Trust (KHPT), Rural Development and Panchayat Raj (RDPR) Government of Karnataka, and academic partners such as Manipal Academy of Higher Education (MAHE).

Samagra Arogya began in the Vandse GP cluster in September 2023, and continues to grow in place. This narrative report presents outcomes and reflections of the work done in two phases from September 2023 to March 2025.

The first edition of the report is structured as follows:

We describe the background and motivations of Samagra Arogya before listing the objectives of phase 1 and 2. This is followed by the guiding axioms, SA structure of engagement, and a detailed listing of all the actions carried out within the engagements which includes place-based Glossary of SDOH, and Catalogue of Methods & Artefacts.

Subsequently we outline the way forward to phase 3.

Background

It was in response to the need for decentralisation of governance on one hand, and convergence of Social Determinants shaping health on the other to usher holistic health at the Grama Panchayat level.

Samagra Arogya became a pilot initiative in the 'Vandse GP cluster' area of Kundapura, Udupi district comprising of a cluster of 7 GPs which include Vandse, Idur-Kunjadi, Hemmadi, Hakladi, Chittur, Aaluru and Keradi gram panchayats.

This cluster has been selected considering the unique socio-cultural context of the region, which differs vastly from KHPT's experiences in northern and southern districts of Karnataka. Additionally, the current GP leadership is active, and have undertaken progressive initiatives in the area on issues of livelihoods, waste management, gender equality and quality education. The GPs are also implementing the Grama Arogya initiative and have expressed their intent to develop more holistic community participation approaches for securing the health of the local communities.

Motivations

Ensuring healthy lives and promoting well-being remain vital to building prosperous societies and 'healthy' economies, as evidenced by the long-term effects of the Covid-19 pandemic, which devastated health systems globally and threatened already achieved health outcomes. To achieve these health outcomes, therefore, requires any government effort to expand towards more holistic community health and well-being. While there exists several noteworthy efforts through flagship public programs through various ministries and line departments towards achieving our national and international health targets. However, barriers at the conceptual, implementation and sustenance levels stop these programs in realising equitable holistic health. Primarily the barriers are driven by;

A lack of consideration of the socio-cultural, political and historical factors of marginalizations that acutely shape an individual's health,

Parallel implementation of national programs both within and between departments leading to duplicated efforts and fragmented reach and service delivery, due to lack of synergy between departments like health, education, livelihoods and women and child development (WCD), and social welfare, and

An absence of spaces that nurture people's participation at the primary level of governance, leading to poor ownership by local communities.

A paradigm shift in approach is needed to overcome these barriers, guided by the following two principles:

- Convergence of SDoH that are currently viewed as separate entities/verticals of health and development, both in the way programs are conceptualized and also implemented.

- Decentralization of health governance – Equip the GPs with full capacity to intervene as primary and preventive healthcare facilities, such that the burden of the state is that of care.

Objectives

The overall objectives of Samagra Arogya are as follows:

To empower village self-governing institutions, i.e. Panchayati Raj Institutions (PRI) to design, implement & drive in a participatory manner, locally relevant initiatives that address specific social determinants of health (SDoH) and enable health equity, holistic health and wellbeing at the community level.

To facilitate GPs' procedural and financial autonomy required to pursue their formal mandate for people-centered, rights-based, multisectoral welfare initiatives.

To enable a perspective shift on the role of the panchayat: from welfare to that of care at the primary level of governance.

We envision each PRI to be an autonomous, decentralized entity that carries out a continuous and sustained practice driven by participatory action research to understand the historic and emerging needs of their communities, and plan and iteratively implement interventions.

In order to realize these objectives, we envisioned Samagra Arogya in three phases, as follows:

Phase 1: Setting up the Structure (Aug 2023 to Mar 2024 - 8 months)

Phase 2: Stabilizing the Structure (April 2024 to March 2025 - 12 months)

Phase 3: Scaling out the Structure (April 2025 to October 2026 - 18 months)

Objectives of Phase 1

The primary aim of Phase 1 was to enable the selected GP cluster to be able to carry-out participatory action research and evolve local interventions addressing SDoH in close participation with the GPs and other community stakeholders.

We aimed to enable, within each GP, an iterative practice of,

- Understanding and mapping how specific social determinants of health (SDoH) manifest in the communities and their practices, and

- Devising solutions and interventions towards health equity, through a participatory engagement with the communities.

Objectives of Phase 2

In phase 2, the key objectives were as follows:

To integrate and embed the Samagra Arogya structure within the Vandse cluster through enabling community led infrastructuring (that is, conceptualising, designing, constructing, operating and maintaining of infrastructure) with a primary focus on understanding and addressing specific manifestations of SDoH.

Focus on SDoH that shape the following concerns (some of which were emerged from Phase 1 as key case-studies, but open for other concerns and not limit to:

Sneha Clinics & Adolescent Wellbeing, Tribal Settlements, Sanjeevini Sanghas , Fish Markets, Daiva Practices

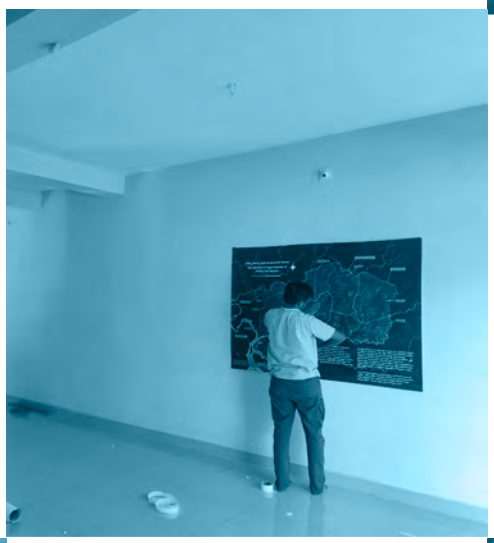
Exploring and establishing cluster level inter-relationships to enable a GP cluster level approach to Samagra Arogya.

Establishing learning and advocacy outcomes through explicit and careful documentation and structured workshops to enable scaling of the Samagra Arogya structure to other GP clusters.

Learning from Below

Knowledge Production as Living Practice

Culture As Catalyst



Place Based Actions

Support Over Solve

Axioms

At the core of Samagra Arogya is an attempt to bring about a systemic shift from welfare-based to care-based governance in our Gram Panchayats through responding to locally manifested SDoH in Vandse cluster. This we think is possible through a structural shift that creates situations and infrastructures for increased participation of people and communities residing in the GPs, in addition to the PRIs. Given the long history of democratic decentralisation, recommended in 1957 later receiving the constitutional status in 1992 there are several provisions yet the local politics is accustomed to the beneficiary frame of the state and union governmental modes of governance. Negotiating and fostering a systemic change has to factor in these local politics of the GPs and lived realities of communities by acknowledging and actively developing alternative approaches and modes of engagement to respond to SDoH.

On the other hand the members of SA collaborative (Aruvu + KHPT) come from varied practice-research backgrounds with few members from Kundapura region to translate and relate to the everyday experiences of SDoH being discovered by the collaborative. A set of axioms guide the SA collaborative and our collaborators in vandse cluster to make choices and setup processes using the SA structures. These axioms should be read along with the on-ground discoveries and learnings at different stages of an engagement making it relevant to use at the beginning, midway or milestone is reached. In phase 03 these axioms can be deliberately mapped by the transdisciplinary working groups(refer to the section on Way forward).

Knowledge Production from Living Practice

Everyday living and practice is a space for knowledge production. Our endeavor is to bring these multi-modal ways of knowledge production into processes of co-creation in our network. This axiom has/will guide in the following engagement actions,

02-COMN	Community Network Infrastructure Prototyping
02-SARC	SA Resource Center Programming
01-MCFM	Making Meenugarike Kalakriti, system maps and lived experience repository
01-MCFM	Reviewing Meenugarike Kalakriti in Fish Markets and Fish Cooperatives
01-MCAP	Interviewing Farmers and identifying cropping patterns
01-MCAP	Understanding the work of Krishi Sakhis
01-MCSS	Listing and documenting Women Entrepreneurs supported by Sanjeevini Sangha
01-MCGP	Interviews with GP members and officials
02-GDF	Framing GDF
02-GDF	Reframing GDF
02-GDF	Knowledge Production GDF
02-GDF	Public Engagement GDF
02-MPEA	Mapping Patient Journeys of ABArK
02-MPEA	Co-constructing Lived Experience Repository of ABArK with ASHA workers
05-LSYN	Learning Synthesis 01
05-LSYN	Learning Synthesis 02
05-LSYN	Learning Synthesis 03

Place-based Actions

The idea of a place encompasses many things, where the process of knowledge production is a result of 'living'. We have found value in repeatedly engaging long-term in a place-based manner This axiom has/will guide in the following engagement actions,

02-COMN	Community Network Vision
02-COMN	Community Network Network Design
02-COMN	Community Engagement over the Network
02-COMN	Community Network Deployment
02-SARC	SA Resource Center Vision
02-SARC	SA Resource Center Programming
01-MCGP	Creating a directory of GP Presidents and VPs
02-CPC	Codesign for CPC

03-CPC	CPC Taskforce
02-CPC	CPC Institutional Collaborations
03-CPC	CPC Need Assessment
02-CPC	CPC DSS
02-GDF	Fostering Network of Local Mentors GDF
02-GDF	Knowledge Production GDF
02-GDF	Public Engagement GDF
01-MCGP	Creating an atlas for the panchayats
05-LSYN	Learning Synthesis 01
05-LSYN	Learning Synthesis 02
05-LSYN	Learning Synthesis 03
02-DSS	DSS sketch - SA Drishti dashboard

Learning from Below

Disciplines and practices have reached a stage where problems and issues only find partial responses. We believe communities have a tacit understanding of problems, challenges and constraints that are experiential. We see our platform as a space for co-learning and learning from below. This axiom has/will guide in the following engagement actions,

01-MCFM	Observing Fish Markets
01-MCFM	Making Meenugarike Kalakriti, system maps and lived experience repository
01-MCFM	Reviewing Meenugarike Kalakriti in Fish Markets and Fish Cooperatives
01-MCDP	Field visits to understand Daiva practices
01-MCSS	Stories of Sanghas
01-MCGP	Interviews with GP members and officials
03-PBG	Populating Place-based Glossary of SDoH
03-CPC	CPC Kriye Sabhe
02-GDF	Framing GDF
02-GDF	Reframing GDF
02-GDF	Knowledge Production GDF
02-GDF	Kick Starting GDF
02-GDF	Public Engagement GDF
01-MCTS	Observatory Visits to Tribal Settlements
01-MCTS	Participatory Mapping of Tribal Settlements
01-PGSL	Envisioning the PGSL in the cluster
01-PGSL	Mapping the cluster
02-MPEA	Mapping Patient Journeys of ABArK
02-MPEA	Public Engagement with ABArK Journey Maps

02-MPMW	Collecting Mental Health Stories with ASHA workers of Vandse
01-MCCP	Learning Case 02 - What are the nutritional practices embedded within the food practices in the Tribal settlements in Coastal Karnataka?
05-DEMO	KHPT Core team Demo Engagement
05-LSYN	Learning Synthesis 01
05-LSYN	Learning Synthesis 02
05-LSYN	Learning Synthesis 03
02-DSS	Interactive Prototyping led discussions with GP members for Decision Support System
01-MCSC	ASHA's workers knowledge on Sneha Clinics and Adolescent Health

Support Over Solve

Our world has several problem solvers who focus on isolating a problem and finding an opportunity to 'solve' it through various means. We want to instead build support systems, (infra)structures or objects. This axiom has/will guide in the following engagement actions,

02-COMN	Community Network Vision
02-COMN	Community Network Network Design
02-COMN	Community Network Infrastructure Prototyping
02-SARC	SA Resource Center Vision
02-SARC	SA Resource Center Makeathon
02-SARC	SA Resource Center Programming
02-SARC	SA Resource Center Setting Up
01-MCAP	Interviewing Farmers and identifying cropping patterns
01-MCAP	Understanding the work of Krishi Sakhis
01-MCSS	Listing and documenting Women Entrepreneurs supported by Sanjeevini Sangha
01-MCSS	Stories of Sanghas
01-MCGP	Creating a directory of GP Presidents and VPs
02-CPC	Proposal Drafting for CPC
03-CPC	Learning Visit for CPC
02-CPC	Codesign for CPC
03-CPC	CPC Taskforce
02-CPC	CPC Institutional Collaborations
03-CPC	CPC Sabhe
01-MCTS	Participatory Mapping of Tribal Settlements
02-MPEA	Co-constructing Lived Experience Repository of ABArK with ASHA workers
02-MPEA	Collaborative design of ABArK Guidebook and Videos
02-MPMW	Co-conceptualisation of Community-based Mental health intervention

05-DEMO	KHPT Core team Demo Engagement
02-DSS	Review and training support for House Hold Review.
02-DSS	Co-envisioning of GP Dashboard

Culture As Catalyst

Communities and their micro-contexts are sites for cultural production. We want to use culture as a catalyst to build relationships within our network. This axiom has/will guide in the following engagement actions,

02-SARC	SA Resource Center Programming
01-MCFM	Observing Fish Markets
01-MCDP	Learning Case 01 - What can we learn from the Daiva practices about social cohesion?
02-GDF	Framing GDF
02-GDF	Reframing GDF
02-GDF	Knowledge Production GDF
02-GDF	Public Engagement GDF
01-MCTS	Learning Case 03 - What are the reforms in Karnataka between 1970 to present have helped communities to break out of caste-based oppression?
01-MCCP	Learning Case 02 - What are the nutritional practices embedded within the food practices in the Tribal settlements in Coastal Karnataka?

Structure of Engagements

The structure of engagement consisted of five critical working groups. Three of them, namely, Place based observatory of SDoH, Care based interventions, and Learning Adaptation & Advocacy, drove the engagements in the Vandse cluster, while the other two working groups, Research ethics & refusal, and Project strategy & administration offered support to enable the first three working groups.

WG1: Place based Observatory of SDoH

The SDoH are mostly dynamic and manifest differently depending on the locatedness (socially, historically and geographically) of a populace. A one-size fits all approach is not desirable. A place-based observatory of social determinants is a critical care infrastructure that we aimed to set-up, to continuously sense, survey, map, observe, document, archive, learn, reflect and explain the regional diversity of practices, communities, ecologies and organizational systems in the Vandse cluster, further informing the participatory actions of care based interventions, highlighting learnings, types of advocacy and adaptation needs of the GP and associated PRIs to shift from welfare to care state.

A key action of the Observatory involves understanding and exploring specific "Micro contexts". Micro-contexts are specific sites that enable us to understand issues, concerns, and practices shaping social determinants of health in these places. Each Panchayat region offers specific micro-contexts, which become the contexts for participatory action research. However, there will be unique differences across these practices in each of the panchayats (or villages and localities) they are situated in.

Other actions include:

1. Participatory mapping of localities, settlements and communities, including geomapping.

2. Scoping collaborations and building trust in different micro-contexts to co-produce artefacts that are of use and matter to community members.

3. Sharing the research findings in the form of concerns, issues, opportunities to engage with the GP members as well as the community stakeholders and public.

4. Co-creating local knowledge archives such as,

- Biodiversity register with an intent to record community based traditional knowledge of more-than-human relationships.

- Place-based archive of community-led health practices.

WG2: Care based Interventions

Care based Interventions is a working group that actively builds networks with specific communities and individuals, and drive a collaborative practice of iterative prototyping.

The Working Group 2 identifies and explores possibilities for enhancing or changing the current settings towards making them more equitable for holistic health. It works with the observations, insights and findings from the Observatory, even as they are being explored, to prioritize with the communities what problem areas to work on and find solution possibilities. The key actions are:

1. Work closely with WG1 to understand issues and opportunities to conceptualize and prototype relevant interventions at the local level.

2. Evolve the interventions at the GP level through iterative prototyping and implementing them and gain feedback.

3. Engage with the community stakeholders through creative methods to drive the iterative conceptualisation and prototyping of the interventions.

4. Engage with WG3: Learning Adaptation & Advocacy with requirements for advocacy with the Gram Panchayats as well as district and state levels of governance.

WG3: Learning Adaptation & Advocacy

In order to implement any suitable and relevant intervention, there is a need to create an environment which supports learning and understanding, while enabling transferability and advocating for policy level changes. WG3 works on creating resources and activities to support and translate the work of WG1 & WG2 into policy action. The key actions are as follows:

1. Advocacy through workshops and training of the relevant RDPR and GP members for buy-in of the structure and for continuation and sustainability, including advocating for procedural and financial autonomy.

2. Enabling WG1 to translate the research into actionable insights and inputs, and supporting for devising actionable solutions and interventions.

3. Working with WG1 to formulate / reframe current local accountability structures.

4. Working with WG4: Research ethics & refusal to design and utilize learning content and modules for the RDPR, GP members and local actors.

5. Consolidate and create adaptation guidelines for GPs in order to learn, evaluate and maintain - 1) Observatory of SDoH and 2) Care-based interventions.

02 03

WG04: Orientation, Research Ethics & Refusal

The local communities are co-producers and co-owners of the information, data and knowledge they provide. This working group focuses on orienting the SA team members and community actors to place-based approaches, and foster ethical knowledge practices that are centered on the above principle. The key actions are as follows:

1. Orientation of the SA team from KHPT and Aruvu to cater to the envisioning and needs of working packages.

2. Foster ethical research practices at all levels in line with working axioms, and the institutional code of ethics of KHPT and Aruvu.

3. Formulate working guidelines, fostering responsive, site-relevant evolution, based on the specific settings of research in and with the communities.

4. Enable safe data practices, and protection of vulnerable communities.

WG05: Coordination, Reporting & Management

WG5 focuses on coordinating all the interlinked components of the different working groups to drive overall coherence, alignment with larger goals and objectives, and synthesized deliverables. The key actions are as follows:

1. Overall project management and coordination across the working groups.

2. Staffing and resource allocation and management of budget.

3. Facilitate periodic oversight and feedback at all levels.

4. Responsible for reporting and strategic utilization of the project documentation.

5. Fund-raise for sustainability and scale-out.

04 05

Shifting Structure from Phase 1 to Phase 2

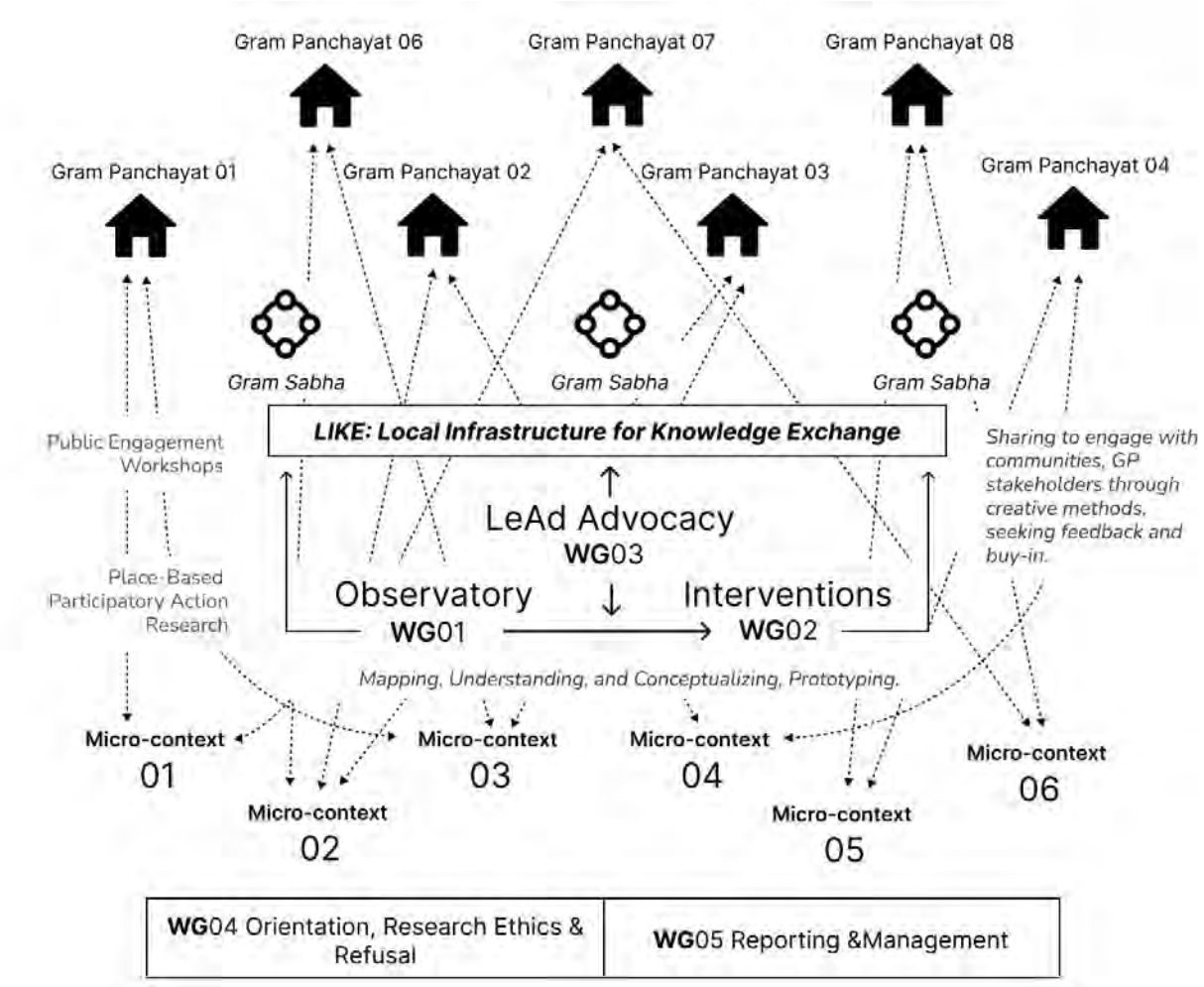


Figure 1: Structure of Engagement in Phase 1

The structure of engagement shifted from Phase 1 to Phase 2. In phase 1, the structure was held together by the working groups that brought together transdisciplinary expertise across key collaborating organisations and from the GP areas (figure 1). In phase 2, the working groups dissipated and clearly defined interventions took central space. The interventions took on a form of 'engagements' where specific actions from the three working groups drove them forward (figure 2).

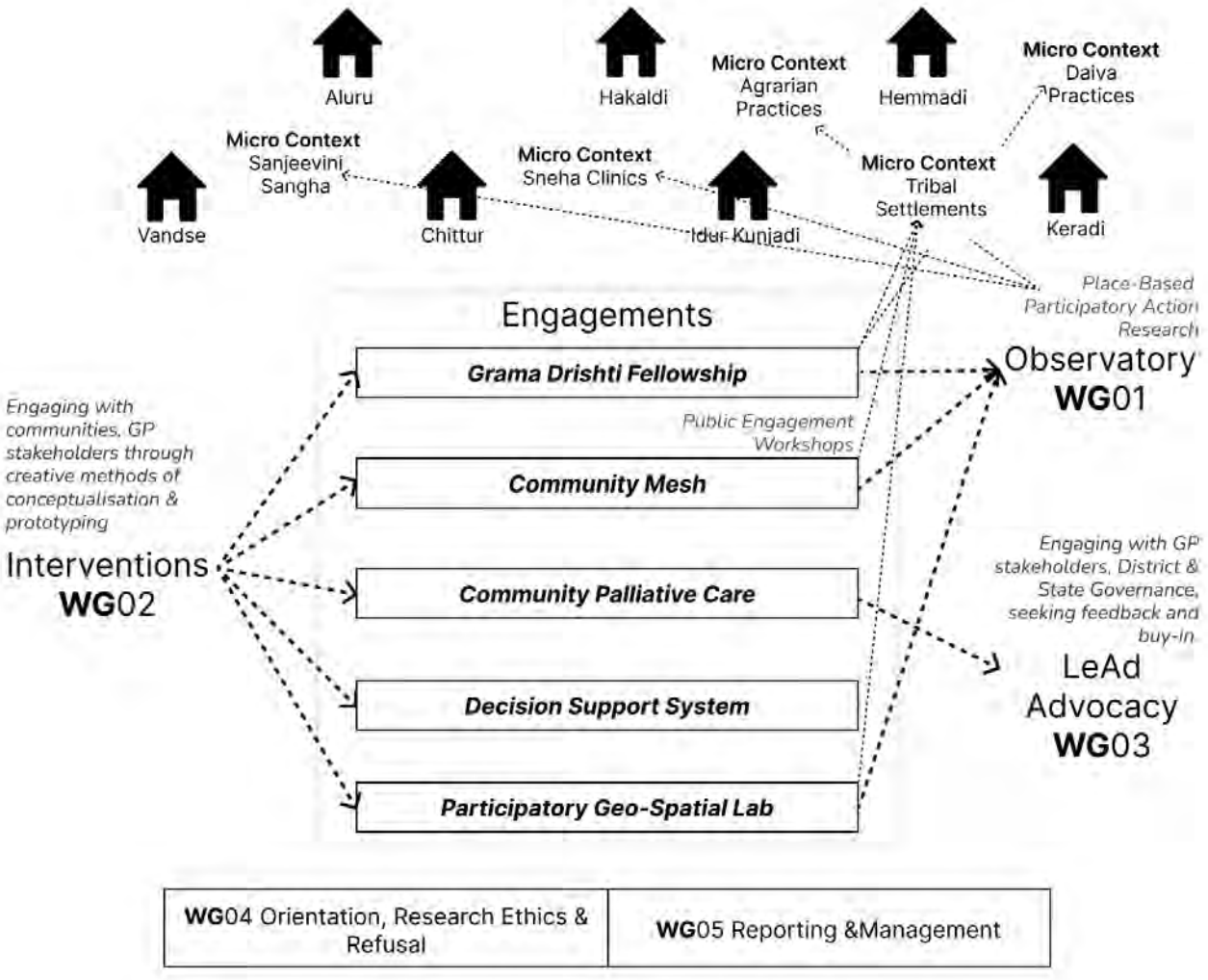


Figure 2: Structure of Engagement in Phase 2.

01
Observatory

List of Engagements

Phase 01

01-MCFM	Micro-context Exploration of Fish Markets
01-MCAP	Micro-context Exploration of Agrarian Practices
01-MCDP	Micro-context Exploration of Daiva Practices
01-MCSS	Micro-context Exploration of Sanjeevini Sanghas
01-MCTS	Micro-context Exploration of GP Histories
01-MCGP	Micro-context Exploration of Tribal Settlements

Phase 02

01-PGSL	Participatory Geo-spatial Lab
01-MCCP	Micro-context Exploration of Culinary Practices

01-MCFM

Micro-context Exploration of Fish Markets

climate, livelihoods, gender, caste

The Fish Market engagement explores the dynamic socio-economic conditions of the fishing communities in Gangolli. Focused on capturing the intricacies of the fishing process, it documents the livelihoods of those engaged in various aspects of the fishing industry, from fish loaders and sellers to boat operators and women engaged in fish trading. The engagement provides a vivid account of the fishing season, boat types, and daily routines of the community, offering a nuanced understanding of their challenges and resilience.

Field visits to Gangolli demonstrated the rhythms of life at the fish market, where large Persian boats, 370-engine boats, and smaller fishing boats operate. The fishing season, spanning October to March, sees the harvest of popular fish varieties like Bangda, Boothayi, and Koduvai. Workers, including women, play vital roles in unloading and selling fish, showcasing the community's reliance on this seasonal livelihood. The use of advanced tools like fish finders shows the blend of traditional practices and modern technology in the fishing industry.

Through immersive observations, the engagement emphasises the cultural and economic significance of the fishing industry for the region. It captures how the fish market acts as a hub of movement, enabling social connections and serving as a critical source of income for many families. By documenting these experiences, the engagement brings visibility to the fishing community's contributions and highlights the importance of sustainable practices in preserving their livelihoods.

01-MCFM-01

Observing Fish Markets

#LearningFromBelow

Collaborators:
Yogesh, Ashwin, Shreyas & Mythrayi

Guides:
Girija, Geetha, Jalaja, Vasanthi

Description
This action involved observing and initiating conversations with fisherwomen at Hemmadi fish market. This led us to them agreeing to let us accompany them to the ports and make further observations. This helped us learn about the daily routines, auction dynamics, challenges, and business struggles that fisherwomen have to face.

Process
During our first interaction with fisherwomen in the Hemmadi fish market, we had asked the women if we could accompany them and observe their routines the following day. They had shared that they commute to the ports in Kundapura, Gangolli and sometime Malpe to procure fish. With their agreement, we decided to accompany one of them who goes to the Kundapura port the next day.

The following day, there was a slight change of plan. Since we somehow missed to go to Kundapura port as decided, we improvised and travelled to Gangolli port. There we saw one of the women we had met the previous day in Hemmadi. She seemed happy to see us and showed us around the port and the processes as we helped her with her chores.

During our time on the port, we made several observations. We closely observed the process of auctioning. We also made observations about the people on the port and the various activities they were participating in. Some of these observations gave us ideas of further engagements or provocations.

We also got to know much about the lives of our collaborators - their familial relationships, their livelihoods, their cuisine, health practices, challenges and struggles among other things.

01-MCFM-02

Making Meenugarike Kalakriti, system maps and lived experience repository

#LearningFromBelow
#KnowledgeProductionAsLivingPractice

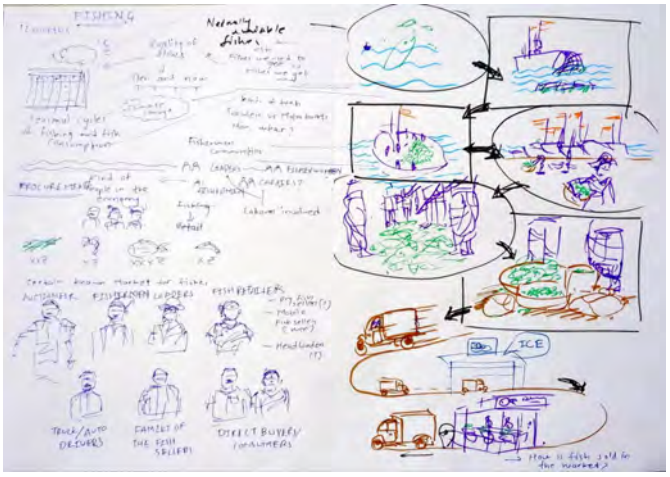
Co-creators:
Ashwin, Mythrayi & Shreyas

Learning artefacts with the fisherwomen got us to think, reflect and recognise the need to address the social determinents manifesting in their everyday working conditions where they earn their livelihoods - the fish market, its ways of access, and the physical labour involved. Another thing that we think of the challenge presented in the market in the form of home deliveries of fish by motorbike owners.

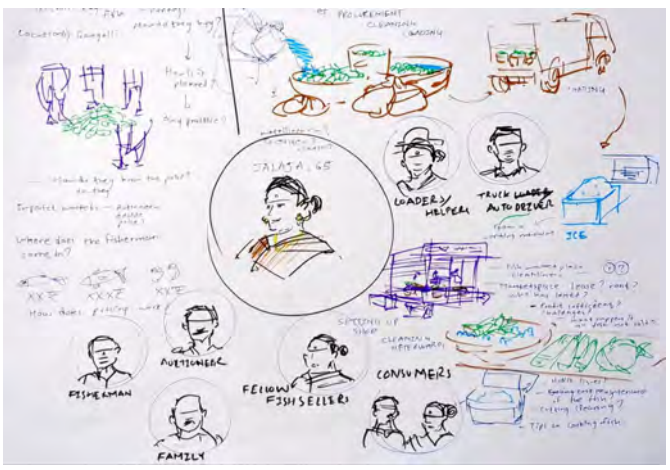
Outcomes
These observations and conversations left us with many thoughts and ideas about engaging with fisherwomen further. Our observations in port left us with a vague understanding of the process and actors involved in the fish market. While our conversations with collaborators gave us a few possible descriptors that can be populated in the Place-based glossary of SDoH with further engagements. This exercise was also very important for us to break ice with the fisherwomen and initiate conversations.

Description
This action focused on synthesizing insights from previous conversations in the form of artefacts that can help us further learn more about the micro-context. After multiple iterations we created an artefact based on the observations and interactions we had with fish market women. Iterations for the artefact captured the details of the daily lives of the fish market vendors and their journey from the port/ market to the local fish market.

Process
Following the previous action, we started to wonder if we could facilitate an activity with the fisherwomen to know more about the skills and knowledge they possess. We were curious about the kind of insights we could learn from them about how they maintain, sell or consume the fish. We also imagined other provocations like - How does the quality of the fish affect selling?



From what we had gathered from our visit to Gangolli port and shadowing the fisherwomen at Gangolli and Kundapura, we put together a sketch of flows. We sketched out the flow from the fishes being acquired to maintained to sold at the market. We tried to put out provocations from each stage of the process, things which were interesting, things we wanted to know. For example, the seasonal availability of fishes and



its impact on sales and livelihood. We also plotted the various actors that we saw involved in the process.

We first looked at it from a general perspective; how an outsider sees a Fisherwoman acquire fish, clean and maintain the quality, sell the fish at the fish market. Then we brought out the Fisherwomen at the forefront and tried to look at the inter-relationships between the various actors and the fisherwomen.

Another idea for the artefact included a zine where in we could follow a certain narrative that we saw with the fish business and follow it up with the fisherwomen at Hemmadi market as an artefact in the making. We put together our provocations on each instance of the narrative. The narrative itself was based on our assumptions and observations made through shadowing the fisherwomen and secondary study.

Outcomes
As a direct outcome of this process, we were able to initiate learning more about this microcontext by artefacts with our collaborators, in this case, the fisherwomen. The process also helped us to put together all our thoughts from previous engagements. Both the artefacts were created with intents to learn and understand different facets of this ecosystem. With these artefacts, we had the materials required to continue our engagements and conversations with the fisherwomen.

01-MCFM-03

Reviewing Meenugarike Kalakriti in Fish Markets

#LearningFromBelow
#KnowledgeProductionAsLivingPractice

Collaborators:
Shruthi, Shreyas, Ashwin & Mythrayi

Annotators:
Girija, Geetha, Jalaja

In reviewing the artefacts, we touched upon various SDoH with regards to fish selling livelihoods. In narrating the histories of their families, the fisherwomen shared how the livelihood is passed on from mothers to daughters. They also shed

Description
Now that we had created artefacts documenting some of our observations, we went ahead and shared these with our collaborators in Hemmadi fish market. By doing this, we intended to invite annotations, comments and collaboration from the fisherwomen in learning about this ecosystem. We synthesized our observations into two tools: 1) a system flow diagram mapping fish procurement, preservation and sales processes with key actors; and 2) a narrative zine capturing field insights as conversation starters.

Process
As we began to share our artefacts with the fisherwomen, they readily and openly started to narrate the processes, systems and actors that participate in this ecosystem. They verbally annotated over the artefacts by telling us of various non-direct actors like helpers, loaders, ice-sellers and auto-rickshaw drivers that play an important role in the system.

They also shared with us various nuances that we had missed in our observations while looking at our drawing and sketches. From illustrating how body language is used by buyers during the bidding process in auctions to sharing the struggles and challenges they face due to the businesses of motorcycle vendors, they helped us see and understand the system more clearly.

We had many questions to ask them as they shared more details. As the conversations went on, the fisherwomen also had questions about this process and our work in general. When we shared with them how our work is in relation to understanding the health practices in this place, they shared much local knowledge about different kinds of fish varieties that are considered to be very healthy options. They also shared details about species that they personally prefer to cook for themselves and their families. On a lighter note, as we began to wrap up our discussion with them, one of them pointed out how the bangda fish we had drawn in one of the artefact was not very accurate.

light on how there have been changing patterns in the quality and quantity of fish being caught.

Outcomes
As an outcome of this process, we were able to learn nuances and details about various aspects of the fishing ecosystem. This was also a way for us to explore co-creating artefacts with the collaborating fisherwomen. Three direct outcomes of this exercise were: annotated version of the fish market ecosystem, narrative zine with annotations and an audio repository of recorded conversations with our collaborators.

01-MCAP

Micro-context Exploration of Agrarian Practices

gender, caste, income, nutrition

The Agrarian Practices engagement works with the evolving agricultural landscape in the Vandse cluster, where farmers tussle with declining yields, depleting soil health, and water scarcity. This endeavour explores sustainable solutions by bridging traditional wisdom and contemporary practices, seeking to co-learn from small and large-scale farmers in the region. The engagement's basis lies in understanding the lived experiences of farmers across seven gram panchayats, reflecting the interplay of social, environmental, and economic factors shaping cultivation patterns.

Farmers in the region primarily grow areca nut, coconut, and paddy, while smaller farmers cultivate vegetables like ivy gourd, brinjal, and flowers such as jasmine. However, the excessive reliance on Green Revolution technologies has resulted in soil erosion, rising costs, and diminished returns. While some farmers are interested in natural farming, apprehensions regarding its economic viability and the challenges of transitioning away from chemical fertilizers remain significant barriers.

This engagement also investigates the socio-environmental impact of monoculture farming, where areca nut and coconut have increasingly replaced paddy due to labour shortages, water challenges, and market demands. Meanwhile, human-wildlife conflict, worsened by deforestation, adds another layer of complexity, with monkeys and wild boars frequently raiding crops.

By documenting oral narratives, creating visual journey maps, and designing farmer-centric tools, Agrarian Practices foster a participatory platform for knowledge exchange.

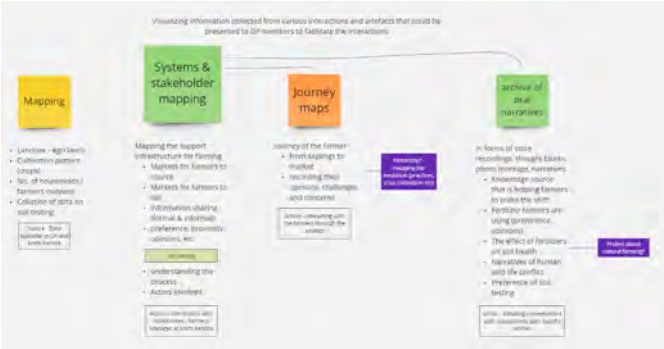
01-MCAP-01

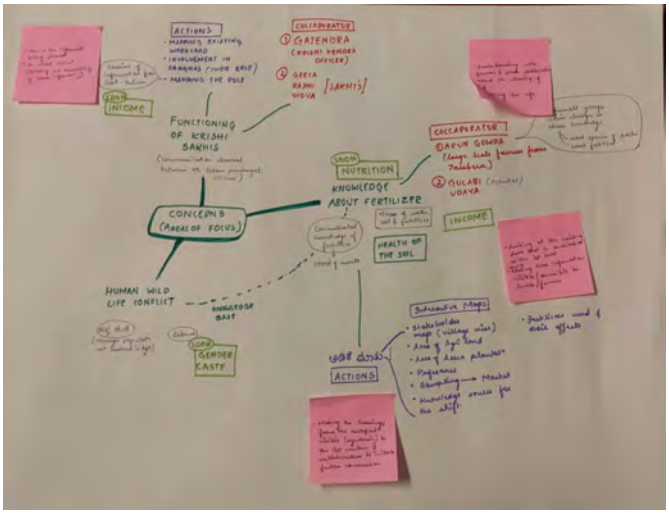
Interviewing Farmers and identifying cropping patterns

#SupportOverSolve
#KnowledgeProductionAsLivingPractice

Collaborators:
Yogesh S, Shruthi Naik, Shreyas, Sahana,

Description
The region largely has two kinds of farmers: one, small scale farmers who cultivate vegetables like Ivy Gourd (thonde kaayi), Binjal (badane), Cucumber (soute) and flowers like Jasmine and chrysanthemum. Two, large scale farmers cultivating cash crops like areca nut (adike), coconut (tengu) and cashew (geru). Though the farmers in the region largely depend on green revolution technologies (we have interacted with the farmers from Hosur of Idur Kunjyadi, Tareberu and Hakrur of Aloor, Keradi and Vandse of the seven Grama Panchayats in Vandse cluster) there is an onset of disillusionment towards these technologies. We have engaged with these families to understand their cropping patterns, concerns and knowledge about their practice. This has been done in the form of video journals and synthesised system maps.





WG 2 Care based interventions had not explored the possibility of working with farmers and labourers in the region, this will be explored in phase 3.

Process

The synthesis of our engagement with the agrarian families has directed us towards three important areas to focus inorder to be able to conceptualise a holistic health program and also to be able to identify SdoHs - type of cultivation, agricultural labour, human- wild life conflict.

We have learnt that due to labour shortage and water shortage farmers are opting for monoculture farming. While labor shortage is due to high rate of rural-urban migration and the current pay scale that doesn't match up to the inflation, water shortage is due to environmental, political and social factors. The region doesn't have any infrastructure to store water and neither any plan to use the existing water bodies. The availability of water, thus, isn't equal across the villages. Farmers cannot cultivate paddy or sugar cane which are labour and water intensive crops. The large farmers (more than 5 acres of land) who were cultivating paddy and sugar cane for commercial purposes have already given up or are preparing to give up these crops and are choosing to cultivate areca nut.

Areca nut is the main crop that is cultivated now. This trend has been active in the region for six decades now.

This monoculture farming and the surge of using green revolution technologies both promoted by the state and choice of the farmers especially in the case of areca plantations (small scale farmers cultivating vegetables, fruits and flowers also have been using these technologies but the scale of the usage is much lesser) and increasing deforestation have had an adverse effect on the soil health. We are informed that the soil erosion has been at all time high, making cultivation of any crop difficult to the farmers in the higher altitudes. Along with this the deforestation has worsened the human-wildlife conflict.

These networks of social and environmental factors that is determining the cultivation in the region led us to conceptualise, Adike Maatu, an artefact that uses adike (areca) as a window to talk about the change in the pattern of cultivation, human-wildlife conflict and agricultural labour. This artefact is a collation of multiple artefacts in form of illustrations, maps and narratives. Each of these artefacts are made in collaboration with Panchayat Development Officers of all the seven panchayats, Data Officers, Farmers, Agricultural Labour, Krishi Kendra and Krishi Sakhis.

Collaborators on board:

1. PDOs of Idur Kunjadi, Aloor, Keradi and Hemmadi are informed about our idea of collaboration.
2. Krishi Sakhis: Geeta from Hemmadi, Rajani from Idur Kunjadi and Sujata from Aloor.
3. Arun Gowda, a farmer from Aloor and Gopala Shetty a farmer from Idur Kunjyadi.
4. Gajendra from Krishi Kendra, Vandse.

Outcomes

Video and audio interviews were made into journals that documented their crop, labour and cultural practices. Out of these interviews the synthesis of our engagement with the agrarian families has directed us towards three important areas that have been identified as SdoHs - type of cultivation, agricultural labour, human- wild life conflict.

Learning Reflections

WG 2 Care based interventions had not explored the possibility of working with farmers and labourers in the region, this will be explored in phase 3.

01-MCAP-02

Understanding the work of Krishi Sakhis

#SupportOverSolve
#KnowledgeProductionAsLivingPractice

Collaborators:
Shruthi, Sangeetha, Yogesh & Shreyas

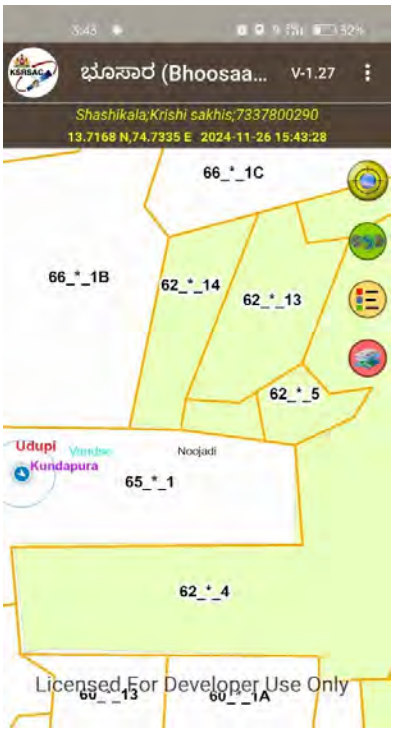
Guides:
Sasikala, Geetha (Krishi Sakhis)

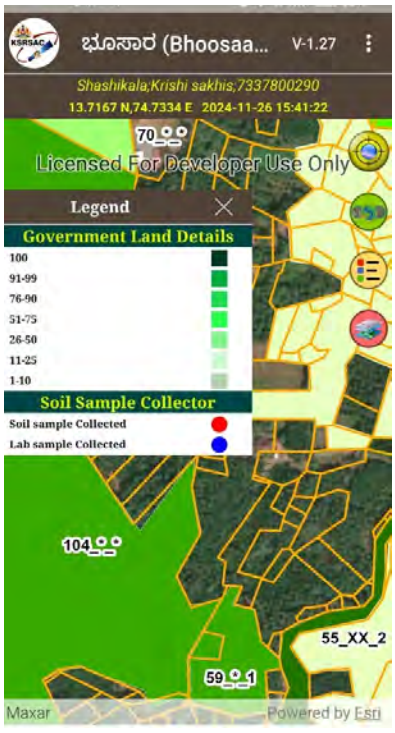
Description
Krishi Sakhis take up a very important undertaking with respect to farming in the region. To learn and understand their work was an important aspect of exploring the micro-context of agrarian practices. This action highlights some of the learnings from accompanying two Krishi Sakhis in the field.

Process
We got in touch with two of the Krishi Sakhis and decided to accompany them in field for a day. As we met them in the area they were going to work in, we walked along with them as they visited various farming sites. Initially, we were looking for paddy fields but since there were no such fields in the vicinity, we accompanied them to meet with a farming family growing areca.

As we made conversation with the family and explained to them our work, the Sakhis began to take samples of the soil. We got to learn that there are specific monthly targets they have to fulfill as parts of their jobs. They were using a mobile app which seemed to be centrally controlled and maintained by official governmental bodies. We also tried the application by making entries with them. The screenshot of the application interface are pasted below.

We learned about another aspect of their work in one of the meetings we attended in the Krishi Kendra in Vandse. Over there, a group of Krishi Sakhis expressed their feelings towards how the farmers sometimes respond to them as they try to go about their work. The example they gave was of record-keeping. As part of their work that have to maintain records of farmer deaths in order to stop PMKY aid. They expresses how many times when they're collecting information over the phone, people are not very kind to them.





Outcomes
As an outcome of this action, we were able to more closely understand the roles and responsibilities of Krishi Sakhis with respect to farmers in the region. A glimpse of their tools and processes helps us imagine possibilities of co-creation learning artefacts and place-based infrastructures like the PGSL in the future.

01-MCDP

Micro-context Exploration of Daiva Practices

gender, caste, social cohesion

To understand the Daiva and the cultural landscape micro context from the lens of certain focus areas, which are outlined as follows-

Practices- The observatory working group has unpacked some of the layers in the cultural landscape of the Vandse cluster. Daiva and the modes of worship emerge as a key element in the landscape. To understand the importance and complexity of Daiva, we have dissected the practices into- modes of worship; Daiva aradhane; Darshane; Bhuta kola; Genda seve; Aata; Kambala?

People- This focus area includes the different performers and communities.

Places- Locations where the events take place are of key importance as large groups of people gather for events that take place. These places have immense cultural value, and are of historical importance to the local people. Maranekatte Devasthana; Daivada Manegalu; Daivasthna; Aatada Mane, are some of the places that we have identified.

01-MCDP-01

Learning Case 01 - What can we learn from the Daiva practices about social cohesion?

#CultureAsCatalyst

Collaborators:
Shreyas, Summaiyya

Learning Cases *are a scaffolding artefact for the Observatory working group. They are imagined within a specific microcontext listed in the Observatory. Each learning case will present a structure in the form of provocative questions and the premise for the same. It will be used with community collaborators to find directions for actions by the Observatory.*

Description
In phase 02 we explored the possibility of producing learning cases using thematic focus to the identified microcontext. From the conversations in the field it was becoming apparent that Daiva practices is an integral part of the region which holds relationship between people of different caste and communities. In Vandse cluster too these practices exist. We decided to produce a learning case for Daiva Practices microcontext based on working groups learnings in the observatory with desk research from several disciplines while we use Social Cohesion as a conceptual/thematic frame. This gave us directions for learning exploration on Daiva Practices in Vandse Cluster.

Process
Our discussions began with arriving at a shared understanding and expectations from the learning case. We prepared a reading list for Daiva Practices as well as Social Cohesion.

Purpose of the learning cases: the learning cases will serve as an underpinning for those who work in the field in Vandse and aid in understanding the culture in the coastal region of Karnataka in specific reference to the Daiva practice. The cases would also serve as an internal guide to understand the realities of the field better by corroborating the learning cases through field interactions .

Structure of the learning case:

1. Establishing the concept of social cohesion- the learning case will illustrate the meaning of social cohesion and bring about the various definitions of social cohesion which could include sociological definitions, of various scholars.

2. What are the instances of manufactured social cohesion? How has it evolved over time differentially? Are there an organising structure that maintains aspects of social cohesion?

3. A brief background to the Daiva practices- this section would entail historical evolution of Daiva evolution the various kinds of rituals, belief systems and so on.

We imagine the learning case will be used for multiple kinds of engagement -
1) Observatory working group can use it to co-design actions; 2) can be used as part of practicum in the Gram Drishti Fellowship; and 3) Integrate with a GP Atlas produced based on lived experiences and plural knowledge of the place held by settlers in the region.

4. How does Daiva practice contribute to social cohesion- this section initially will establish a link between social cohesion and Daiva practices and examine if any of these Daiva practices, rituals, believes, both in its concrete and abstract sense contribute to social cohesion?

5. Are there factors that are antithetical to social cohesion in Daiva practices? - use the literature to substantiate the section and cite instances and anecdotes.

This structure will be used to do the compilation and writing a synthesis of the learning case. Following the synthesis a note on how to use the learning case will be produced stating different ways of its use with clearly stating the limitations or boundaries of the cases. The observatory can use the practice-based framework (Orchestrating from disciplines, Tacit Knowledge of communities, and Lived realities) to develop specific engagements within a chosen microcontext.

Outcomes
In phase 02 we developed the structure of the learning case. Notes from research has been compiled without any synthesis. In phase 03 we can have members from the transdisciplinary working group to further develop the learning case.

Social Cohesion revolves mainly around three core aspects: a sense of belonging, social relations, and an orientation towards the common good.

Quality of social cooperation and togetherness of a collective, defined in geopolitical terms, that is expressed in the attitudes and behaviours of its members. A cohesive society is characterised by resilient social relations, a positive emotional connectedness between its members and the community, and a pronounced focus on the common good

The first ideas around social cohesion can be traced back to the writings of Ibn-Haldun in the 14th century. In particular, Ibn-Haldun put forth the idea of asabiyyah, which has often been translated as group feeling or social cohesion. He presented asabiyyah as a mix of unity and group consciousness. Central to his theory was that ruling dynasties or civilisations will eventually be replaced as the ruling classes became less concerned with maintaining asabiyyah and more concerned with preserving their status.

01-MCDP-02

Field visits to understand Daiva Practices

#CultureAsCatalyst
#PlaceBasedActions

Collaborators:
Yogesh, Sahana, Mythrayi, Ashwin

Description
The main intent behind understanding the practices associated with Daiva is to understand the historicity of the practices and getting an idea of the different people and communities involved in the practices. We would then be able to engage with each of the actors and scope out narratives. To understand SDoHs that can be connected to the focus areas:

Caste Experience-The different performers and actors associated with the Daiva practices belong to different caste based on their occupation. The priests usually belong to the Poojari caste; the Bhuta Kolas are performed by the Panara communities. We must probe into this to understand if some of these occupations are generational practices in families and commninities or there is a change in the occupations. Another topic to be explored is the social stratification and it's influence on the way of worship. Some narratives have emerged from our engagement but more work needs to be done.

Genda Seve at Maranakatte

The journal entries are a rich documentation of various SDOHs overlap with Daiva practices. It discusses the involvement of men, women younger generations, various communities etc. Building an interactive Daiva map with the community can act as a good artefact to introduce people to the idea of SDoH and how it manifests in various micro contexts.

Gender- Historically men have been involved in most of the practices associated with Daiva. We would however want to understand the role of women in the families and communities of the performers.

Income & Livelihood- Looking at livelihood Priests, Kola performers, Yakshagana artists.

Process

1. Documenting the different practices taking place, esp. around Sankranti (mid of every month)- Kolas, Gendaseve, Yakshagana performances, mandala seve, etc.

2. Identifying and conversing with key collaborators (ex Temple Priests, Patres that perform the darshane, Panara communities who perform the kolas, Yakshagana artists, The dancers and people playing the musical accompaniments during the events)

3. Locating some other Daivadamane in the region and gaining more insights on the practices from Sunitha and Jyothi (Vandse local co-ordinators)

4. Chart a workflow for the engagement and collaborative exercises that will happen on field

Visit to Horbobbariya temple in Barandadi

In Barandadi the 'kola' has been performed at the temple. It is also called Panara aata. The event takes place around 12-16 March every year, and hundreds of people from around and afar come for the festivities/ habba that places there.

Visit to Panjurli temple priest's home and visit to temple

The priest said that the temple has existed for more than 400 years. He was unsure of the exact time period but he called it 'Puratana Gudi'. There are about 54 deities, he said, the main deity being Naga Brahma. Shankar Pujari patiently listed the different deities- Koti Chennayya, Panjurli, Bobbariya, Hai Guli, Maidalathi, Dottekaal thikku, Haliamma, Kudoorthikku, Avatarathikku, Jogdevaru, Innur Hai Guli, Hanar Hai Guli, Maasti, among many others.

Morning Visit to Maranakatte

The team set out for the visit to Bramhalingeshwara temple at Maranakatte at 8 a.m. Fielders had heard of the *Jaatre* and the Genda Seve happening at the Bramhalingeshwara temple. Fielders intended to visit the place and have a first hand experience of Sankranti in Maranakatte. They heard that Sankranti spanned for three days; 14th, 15th, and 16th of January.

Outcomes

The main outcome from this process were the detailed accounts and field notes from the various visits. The team also had a plan of making the below artefacts which did not happen

1. Picture cards- The artefact will evolve from this stage to picture cards with stories/ narratives of the people associated with the practices. The picture cards will be primarily in the form of prints.

2. Interactive Map- is a digital map that allows the viewer to explore and learn about the different places of cultural importance to the local people of the region. The map would contain a brief description of the place and the cultural practices that place, either in written text or pictures. The artefact will be co-created with the communities and record the lived experiences in the region.

01-MCSS

Micro-context Exploration of Sanjeevini Sanghas

gender, livelihoods, mobility, financial knowledge

Sanjeevini Sanghas, established as women's self-help groups (SHGs) under the National Rural Livelihood Mission (NRLM), strives to enable entrepreneurship and self-reliance among rural women. Operating across multiple gram panchayats in the Vandse cluster, these groups include a diverse membership: from Scheduled Castes and differently-abled individuals to transgender members, reflecting a commitment to inclusivity.

However, their journey has been fraught with challenges, specifically in accomplishing the primary goal of economic empowerment through self-employment and sustainable businesses.

A critical focus of the engagement is to explore the barriers that hinder the success of entrepreneurial ventures within these sanghas. Many women continue to rely on loans not for enterprise but for personal needs, and attempts at collective businesses have often sputtered due to a lack of leadership, business understanding, and marketing infrastructure. For instance, a tailoring unit set up during the COVID-19 pandemic was initially marked as a success but later collapsed under financial strain and poor planning. Women lacked essential knowledge, such as procuring fabric at wholesale prices, resulting in unsold stock and significant debt. The experience left many members hesitant to take risks or pursue new ventures without external guidance and support.

We engage deeply with the Sangha members to document their experiences and reimagine pathways toward sustainable self-employment. Women share aspirations for initiatives like areca plate production and homemade culinary products, but logistical hurdles and limited confidence pose significant barriers. By facilitating co-design sessions and mapping the local market landscape, the engagement tries to bridge these gaps. Actions include facilitating women with training tailored to local contexts, nurturing a sense of community within the sanghas, and advocating for systemic support in areas such as marketing and procurement.

Beyond economic goals, this engagement emphasises the cultural and social dimensions of women's conditions. Many members express a preference for male leadership in businesses, reflecting deeply entrenched gender norms. By having open conversations on these dynamics and promoting confidence among women, the engagement imagines a future where sanghas are not just financial instruments but a space for a holistic franchise.

01-MCSS-01

Stories of Sanghas

#SupportOverSolve
#LearningFromBelow

Collaborators:
Shruthi, Sahana, Shreyas & Yogesh

Description
With this action, the intention was to learn and document the various sanghas, more widely known as SHGs within the 7 GPs. We did this primarily by facilitating a series of workshops for sangha members across different village areas. Through co-creating learning artefacts, we were able to document the working models of these sanghas, the reasons and motivations for women to become members and some of their challenges and struggles.

Process
We began our process with getting in touch with the VRM for the Hemmadi Sanjeevani Sangha. We shared about our work and our intentions of learning more about the various

sanghas in the region. She suggested we join in for the upcoming Gram Sabhe where all Sanjeevani Sangha members will also be there.

In the meantime, we also met the MBK (Main Book Keeper) from Hemmadi and created a learning artefact with them to learn about the structure of the Sanghas. We learned in this process that the sanghas are meant to empower women towards small scale entrepreneurship and self-employment. We also learned that despite efforts from government and panchayat, there is still reluctance shown in participating by women.

To delve into this question and learn more about sanghas, we planned to meet sangha members and do similar artefacting exercises. We facilitated co-creation of these learning artefacts by sharing a list of questions as prompts. These sessions took place in Hemmadi, Aluru, Idur Kunjyadi and Keradi. We were joined by around 10-12 women from different sanghas in each of these sessions.

Outcomes

The process helped us document information about various sanghas, their respective wards and their members. Beyond the information, we were also able to initiate conversations about motivations of the members to join the sangha, the working structures and hierarchies as well as the challenges that the members face.

01-MCSS-02

Listing and documenting Women Entrepreneurs

#SupportOverSolve
#LearningFromBelow

Collaborators:
Sangeetha, Archit, Vidya

Guides:
Jalaja

Many entrepreneurs operate within informal networks, making it crucial to create platforms that amplify their voices and work. We learnt that the women had a tough time with procuring raw materials because of the locations of the wholesale markers.

Description
The objective of this initiative was to identify, document, and showcase women entrepreneurs who have been supported by the Sanjeevini Sangha in the SA cluster. By mapping their entrepreneurial journeys, we aimed to highlight their contributions to the local economy, the challenges they navigate, and the impact of community-led support systems. This documentation serves as a valuable resource for knowledge-sharing, mentorship, and potential future collaborations.

Process
We worked closely with Sanjeevini Sangha members to identify women who have started or expanded their businesses through their support. We conducted interviews, field visits, and documentation to gather insights into their businesses, motivations, challenges, and growth trajectories.

We were able to reach out to women entreprenuers from Hemmadi, Hakladi, Idur Kunjadi, Vandse and Aloor from the Samagra Argoya Cluster. The MBKs (Master Book Keepers) and LCRPs (Local Community resource person) were our point of contact who took us to meet the women. In this process, initially they would take us only to meet some of the successful women entreprenuers of their sangha. So we were not able to meet any women who were in process of settling up their business or struggling with their business. This was a bias we faced by following this method of depending on the Sangha employees.

The process of building a structured repository of their stories began in September and continued through November. During the interviews, we focused on key thematic areas, including the history of their entrepreneurial journey, their motivations for starting a business, the impact of Sanjeevini Sangha's support, and the challenges they currently face.

The entrepreneurs we met met were into different kinds of businesses such as tailoring, making holiges, rasam pudis, handmade jewellery and bags.

Outcomes
A comprehensive list of women entrepreneurs in the Sanjeevini Sangha cluster was made with details such as the name and place of the entreprenuer, if they are a member of a sangha, kind of business, along with recordings and photos.

During the process of the meeting the entreprenuers, we also met the MBK and LCRP to plan an activity session with the members of Sanjeeviji Sanghas of Vandse.

01-MCTS

Micro-context Exploration of Tribal Settlements

caste, livelihoods, mobility

In the Vandse cluster, there are several pockets inhabited by people belonging to the Scheduled Castes (SC) and Scheduled Tribes (ST). The Schedule Castes mainly include people from Adi Dravida, Hasala, and Samagara communities. The Scheduled Tribes consist mainly of the Marathi Nayaks/ Naiks and the Koraga communities. However, the Koraga community are categorised as a Particularly Vulnerable Tribal Group (PVTG). This sub-classification of the Scheduled Tribes was done by the Indian Government so as to improve the population and the living standards of the tribal groups.

These settlements are located far away from the Pete (village centre), where all the facilities are usually located. The access roads to some of these settlements have patches of concrete road in some places before entering the settlements while the others are access through narrow muddy tracks on hilly terrain. The development or plan for development of roads to the remote settlements has been inconsistent and this is visible on ground. Due to limited road access these remote settlements are cut off from accessing basic resources or infrastructure. Road access seems to be on top of the priorities for development in some of these hamlets. The women and children are the most affected by the lack of infrastructure as they have to either walk long distances to access facilities or rely on a male member in the family or village, who have a personal vehicle to get to places. The communities living in these settlements travel to Vandse, Kundapura, or beyond for any health related issues, and not the in their own GPs.

The ST communities particularly are dependent on the forest resources for a variety of needs like building materials, livelihood, and other socio-cultural needs. The forest dependencies are however, limited. Due to the close proximity to the forest areas, there is wildlife encounters in some of the hamlets, making it challenging to live and work in some of the areas. Animals like Bison, tigers, leopards, monkeys, spotted deer, wild boar, some varieties of snakes are seen either attacking the cattle or domestic pets like dogs.

01-MCTS-01

Learning Case 03 - What are the reforms in Karnataka between 1970 to present have helped communities to break out of caste-based oppression?

#CultureAsCatalyst

Collaborators:
Sheyas, Summaiyya

Description
In phase 01 of Samagra Arogya the observatory kept going back to understanding several patterns related to land holding, location of tribal hamlets, SC colonies and movements in the larger kundapura region. We wondered if movements of the oppressed castes had any presence in Vandse region. In the process we also recognised the need to understand the historical context of reforms that took place as a result of movements in the 1970s Karnataka as an orientation case for SA team. In this learning case we began constructing a historical timeline from available literature and newspaper articles.

Outcomes
Here are some excerpts from the references presented as is in this action.

By mid 1970s, Karnataka was a cauldron of mass movements. This groundswell led to the establishment of the DSS in 1977 and B Krishnappa was unanimously chosen as its convenor. Its constitution was released in 1984, and drawn up by leaders like B Krishna...

In phase 03 it might be useful to have a dedicated team to produce the learning cases to orient the members working in the field and factor in the regional and historic contexts in which Samagra Arogya is envisioned as a long-term enagagement to shift from welfare to care-based local self governance system.

From late 1970s to early 1990s, the Dalit movement in Karnataka came to be regarded by those in power as the only political opposition worth taking seriously.

Backward class movement gained constitutional provisions under the leadership of Dr Ambedkar and this extended social, economic, political and judicial equality to all. The basic rights were specified under articles 14,15, 16 and 29 Justice Mither Committee report gave a comilus to the backward classes to make use of facilities extended. In 1958 government passed a statement and mark 75% reservations for backward classes. ST and ST's in educational institutions. The Supreme court declared this as invalid stating no particular 58 see www.worldwidejournals.com yardstick was followed. The second effort by the Mysore Government in 1959 was invalidated again for want of proper yardstick. The Nijalingappa Government appointed Mysore Backward Groups committee in 1960. As per the Balaji and other student's v/s state Supreme Court verdict, the government gave up dividing backwards based on caste.

Along with other points the annual income (less than 1200 rupees per annum) was added in 1963 and run order was passed. Accordingly, 15% was reserved to SC's 3% for ST's and 30% for the OBC. This reservation reduced from 68% to 48% and was in practice till Havanur commission.

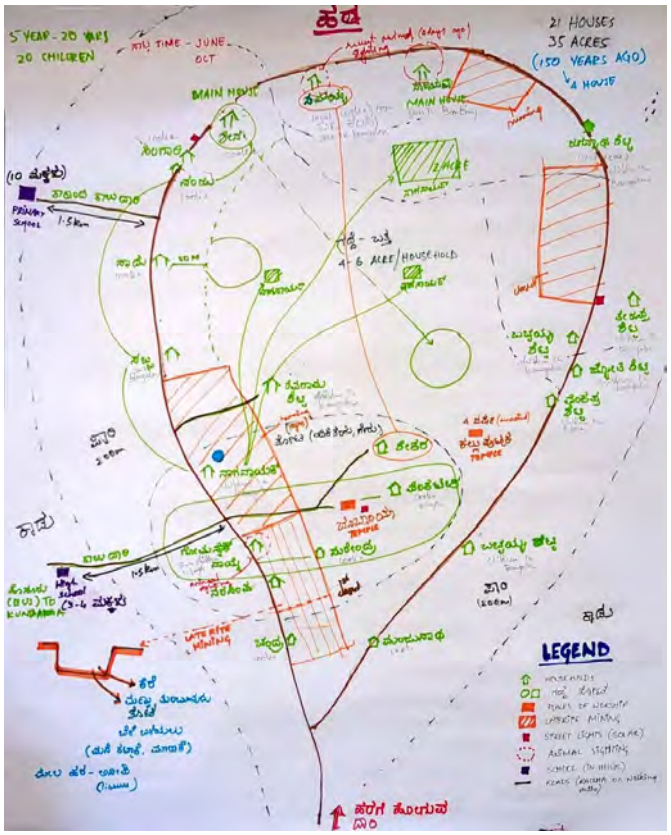
01-MCTS-02

Participatory Mapping of Tribal Settlements

#SupportOverSolve
#LearningFromBelow

Collaborators:
Mythrayi, Yogesh, Ashwin, Subramanya, Shreyas

Description
The Intent of participatory mapping is to capture the collective vision for their settlement for the future, which can used to prepare proposals for development to assess the present condition of the settlements and the people residing there. The potential output of data gathered from this exercise can be taken forward in the form of workshops or learning engagements with the local communities, GPs and PRI stakeholders.

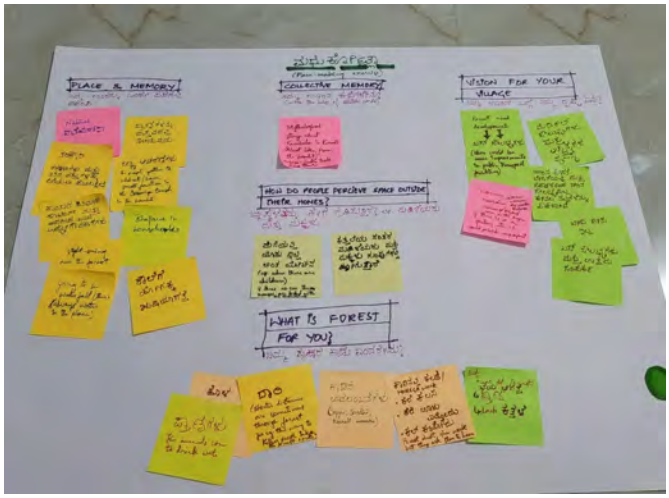


We must continue the engagement and transition into a placemaking exercise, which would set the ground for co-visioning some of the outputs (at various stages), and synthesize the data we have gathered together. This can be taken forward with the communities to design workshops or learning engagements with GPs and PRI stakeholders for facilitating intervention programs.

Process

The participatory mapping exercise entailed mapping out the number of households within the settlement and their immediate surroundings; connection of the settlement with the village and the surrounding places (capturing information like where people go to work; where they go for resources; where they go for schools, hospitals, etc); rural commons; understanding their livelihoods and living systems; connection to land (looking at farmlands within the settlements; historicity; severance of connection with land for various reasons?)

After the first round of participatory mapping exercise with the local community in Hara, where we got some information on the households, families, land, accessibility, existing infrastructure i.e. kaccha roads, and street lighting, places of worship, laterite mining, etc. This exercise has helped assess the present situation of the hamlet and has also helped in initiating conversations around the problems areas.



Outcomes

Hand drawn map of the tribal settlements- The initial form of the artefact is done through participatory mapping (has been attempted in one of the tribal settlements in Keradi), which records the communities' spatial knowledge. The map pieces together the households which form the hamlet and the immediate surroundings that has a community hall, anganwadi and a temple. The map also shows the different elements with boundaries of the households in detail.

Map of Madhukotla- Interactions and continued visits to Madhukotla helped us develop connections with the people there. Since it is a small hamlet comprising of 5 households the idea of a large-scale hand drawn map capturing the smaller details worked well. The map making exercise was a collaborative approach where we created the map with the locals while understanding the spatial layout of their hamlet with them. The artefact that emerged out of this exercise not only resulted in a participatory mapping exercise but also was a catalyst for conversation about their land and surroundings.

01-MCGP

Micro-context Exploration of GP Histories

governance, infrastructure

01-MCGP-01

Creating a directory of GP Presidents and VPs

#SupportOverSolve
#PlaceBasedActions

Collaborators:
Yogesh, Uday Kumar Shetty, Rajesh Devadiga, Sudharshan Shetty, Shruti

Description
This action focused on creating a comprehensive directory bearing the leadership history of the Gram Panchayats over the past twenty years. The directory lists presidents and vice-presidents, capturing their terms, names, and contact details. The initiative, executed in collaboration with community stakeholders such as Mr. Rajesh Devadiga and local Panchayat contacts, was carried out as an institutional memory for the Panchayats and a learning for us. By documenting this historical data, the directory provides a reference point for future governance, enabling continuity, collaborations, transparency, and community engagement.

Process
The process of creating the directory was comprehensive, ensuring data accuracy and completeness. Initially, our efforts were directed toward gathering and mapping the necessary information by compiling initial lists from various sources such as Mr. Rajesh Devadiga, the Keradi PDO/DO, and existing Panchayat records.

We cross-verified names, tenure details, and contact information during our field visits, which helped us identify gaps, particularly for Panchayats like Chittur and Idur where records were incomplete. Once the data was collected, we organized it into a structured spreadsheet, grouping the information by Panchayat and categorizing it by president and

01-MCGP-02

Interviews with GP members and officials

#LearningFromBelow
#KnowledgeProductionAsLivingPractice

Collaborators:
Yogesh, Uday Kumar Shetty, Rajesh Devadiga, Sudharshan Shetty, Shruti, Shreyas

vice-president lists was done. The directory was created to be an informative artefact that had all the essential contacts at one place.

Outcomes
The directory now carries a consolidated record of leadership in the Panchayats, featuring contact information, names, and tenure. The document is available online for access.

Description
As part of our observatory, we involved engaging directly with Gram Panchayat members to capture their oral narratives regarding their tenure in office. This action was carried out to document their experiences and reflections on the Panchayat Raj's evolution. Interviews were carried out in collaboration with the KHPT team and Mohan Chandra. GP members shared insights from their terms in office, including community initiatives, infrastructural improvements, and personal reflections on leadership. The objective was to collect stories that reflect the local governance journey to understand successes and the learning curves for future reference and field action.

Process
The process began with identifying key GP members including current and past presidents and vice-presidents from all seven Panchayats. A preliminary mapping exercise was conducted to ensure representation from Vandse, Idur, Chittoor, and other GPs. As part of planning and coordination, we reviewed existing contacts provided by Mr. Rajesh Devadiga and Keradi PDO/DO. Followed by scheduling initial meetings and coordinations with local community leaders for support. The interviews are transcribed and documented.

Outcomes
The interviews resulted in a collection of oral histories that capture the grassroots governance experience in the Panchayats. Jalaja Shedti, one of the GP members, during her interview, emphasized the strong community support she experienced during her leadership. Reflecting on her tenure, she tells us, "During 2021-22, when I was the president, the villagers provided excellent cooperation. They harbored no ill feelings, and I did not face any difficulties." This instance informed us how the community's backing fostered an environment of trust at local governance.

Learning Reflection
- Strengthened ties between local leaders, community members, and our collaborative teams.
- Emphasis on accurate transcription and translation was crucial.

Way Forward:
- To enhance digital archiving of narratives.
- Plan follow-up sessions with different actors at the local scale for additional insights in Phase 03.
- Continue building trust and maintaining regular updates with the Panchayat for continuous long term engagement.

01-MCGP-03

Creating an atlas for the panchayats

#PlaceBasedActions

Collaborators: Ayush, Shreyas, Adhavan

- ***Udupi is most famous for its Lord Krishna temple***, 'Sri Krishna Matha', which was founded by the Vaishnavite saint Madhvacharya in the 13th century and is located in the city of Udupi.

- ***Kadiyali Sri Mahishamardini Temple*** where Goddess Durga is worshipped

- ***Anantha Padmanabha Temple*** located in Perdoor village, Udupi district where Sri Anantha Padmanabha is worshipped

Description

Compiling an Atlas containing important geographical, historical, cultural, and economic info regarding the 7 GPs of the Vandse Cluster. Includes key information regarding Udupi district, Kundapura Taluk as well as the 7 GPs of the Vandse Cluster. The Atlas will give a brief introduction into the District, taluk, and dwell into the 7 GPs of the Vandse Cluster as well as give an insight into Samagra Arogya and its objectives.

Process

- Started off by conceiving a 'dummy set' of what the Atlas should look like. It was produced to be a template for what the GP Atlas should contain and what the finished product should look like.

- Then conducted secondary research on Udupi district, Kundapura Taluk, and the 7 GPs of the Vandse Cluster to gain a broad understanding of the landscape and important practices of the region. This included secondary research on topics such as history and culture of the region, population metrics and demography of the region, economic practices and public infrastructure within the region, as well as commerce and industrial practices within the region.

- Conducted primary research within the Vandse Cluster to procure information specific and relevant to the 7 respective GPs. Conducted interviews of key GP staff including Panchayat Development Officers (PDOs), Village Accountants (VAs) and other GP members to gather information relating to ward and settlement boundaries, infrastructure (Public and Private) within the GPs, agricultural patterns and land usage in the GPs, and relevant socio-cultural information of the 7 respective GPs.

- Then conducted a mapping exercise of the 7 GPs. Mapped public owned infrastructure, which included Anganwadi Centers, PHCs, GP buildings, Banks, Government schools, and other public owned building in the 7 respective GPs. The mapping exercise was carried out through the 'Every Door' app which is linked to Open Street Maps (OSM).

- Will conduct a thorough mapping exercise of the ward boundaries and settlements within the wards of the 7 respective GPs on the Every Door app. The maps collected will feed into the existing compilation of data, and together will form the GP Atlas.

Learning Reflections

1. Learnt that Udupi District as a whole is historically and culturally similar but by no means the same as Kundapura Taluk or the other taluks within the district.
2. The Vandse Cluster thrives on collaboration, mainly that of the SLRM initiative, and the cluster is commercially and culturally very significant to the region.
3. Learnt that while the 7 GPs of the Vandse Cluster may be geographically quite close to each other, they vary quite a bit when it comes to their agricultural and economic practices.
4. While conducting the mapping exercise of the public infrastructure within the 7 GPs, it was noted that each GP has its own priorities and objectives in terms of how they want to serve the residents of their own GPs. A few of the GPs may prioritize education and health, while the others may prioritize industry and commerce to serve the relevant needs of the residents of the respective GP.
5. Upon consultation with the PDOs and VAs of the 7 GPs, it was noted that including information relevant to the lay man or the average citizen would be best to reach our target audience for the GP Atlas.

01-PGSL

Participatory Geo-spatial Lab

mobility, infrastructure, discovery of place

The Participatory Geospatial Lab (PGSL) is a dynamic space envisioned as a nucleus for collaborative mapping, storytelling, and spatial discovery. Entrenched in the idea that the stories, rhythms, and cultures of a place are shaped by its people, Mandala counters conventional notions of mapping, which are often dominated by state-led or top-down approaches. Rather, the Lab seeks to build tools and methods that allow communities to represent their knowledge, histories, and landscapes in ways that resonate with their lived experiences.

In Kundapura, Mandala explores how different demographics engage with space and place. Youth in this region interact with their surroundings in ways distinct from adults, often influenced by technology and mobility. Mandala's engagement in Kundapura investigates these dynamics through three primary modes: scaffolding documentation, enabling local discovery, and building local ability. Through documentation, Mandala captures stories about agriculture, seed conservation, and the impacts of policies like the Kasturi Rangan Report. For local discovery, it focuses on mapping ward boundaries, biodiversity registers, and community landmarks, fostering a deeper understanding of the neighbourhood. As a scaffold for local ability, Mandala works on empowering communities to create their own maps, bridging the gap between people and formal governance systems.

One such example is working with Hara, where we conducted participatory mapping exercises to better understand Hara's layout, resources, and community dynamics. This process involved residents in identifying key features of the settlement, such as homes, fields, and green spaces, and documenting their relationships with the surrounding geography. This mapping exercise also revealed the unique circular layout of Hara, with homes positioned along the periphery and agricultural spaces at the centre. The participatory mapping effort provided valuable data and presented a possibility for the community to articulate their spatial experiences and preferences.

01-PGSL-01

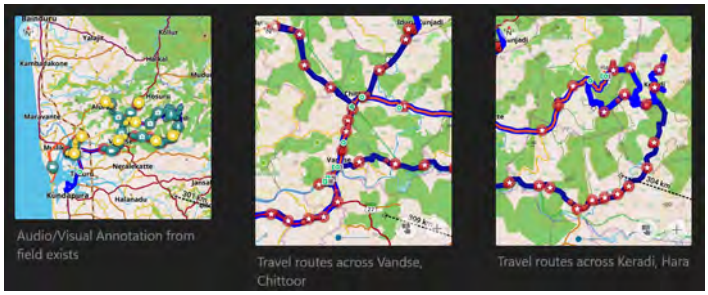
Envisioning the PGSL in the cluster

#LearningFromBelow

Collaborators:
Adhavan, Harsha, Shreyas

Description
The geography of the cluster necessitates us to consider the terrain, the space, the geography and the scales of distances in the region. People's holistic wellbeing is linked to their spatial location, which in this case is complicately layered with difficulty of access due to the nature of the terrain.

Process
To understand the spatiality of the place, based off of people's knowledge and understanding of various geographies, we undertook transect walks across Hakladi-Aloor, Hemmadi-Hakladi, Keradi, Vandse and Aloor. These walks were across settlements sometimes and at other times inbetween fields and forests. This culminated in an observation table that looked corely at the various outcomes of the unique spatialities that people lived in. Some of these indicators we tabulated were travel for education, travel for leisure, the scales and sizes of landholding and mining. This was augmented by trialling QField on the ground, this allowed us to record observations on land-use/holding



Audio/Visual Annotation from field exists

Travel routes across Vandse, Chittoor

Travel routes across Keradi, Hara

The manifesto was not shared or worked in collaboration with. The panchayat must be involved to see how they can work with maps structurally. While we imagine collaboration, access and accessibility to tools and common application maps must be improved. In collaboration with the fellowship and schools in the region, we must work with local exploration and learning programmes to improve local knowledge and have institutional support and learning from indigenous knowledge

patterns, mining etc. osmAnd (another mobile map and navigation application) and Geolocated audio-visual recordings are being trialled as part of orientation and alternative mapping practices.

Outcomes
We developed a manifesto for various of how the Participatory GeoSpatial Lab can engage in the cluster.

This is an excerpt from the manifesto:

There exists relationships and knowledge shared between the people and the place that does not cross into the age-technology-young people demography. There must be an engagement with the youth and younger people to investigate this phenomenon: to understand what is space and place for the youth and how differently it is engaged with as opposed to adults.

At the same time, the *learning outcome from these demo engagements* must be for us to understand how to *facilitate local spatial discovery and understanding through technology and maps.* Maps enable global discovery and wonder: Going to Udupi, or maybe a temple, or somewhere else not through public transport, the distinction between global discovery and local discovery is crucial here.

With the specific context of Kundapura and Samagra Arogya in mind. Three modes of engagement are being imagined for the PGSL, primarily in collaboration with existing engagements.

As a scaffold for documentation for the Observatory

As a scaffold to enable local discovery

As a scaffold to build local ability

01-PGSL-02

Mapping the cluster

#LearningFromBelow

Collaborators:
Adhavan, Ayush, Sangeetha

Description
The cluster is not represented well on either Google Maps or on OpenStreetMaps. What is represented is largely of tourist or commercial interests. Maps must represent more than that for residents to find use in their own spaces. These include non-human concerns like the ecology of the region that is not at all represented on maps. The non-existence enables the possible abuse/overuse of resources in the region. This has also become crucial to enable Palliative Care services in the region. Mapping was done in various stages to improve, enable services and represent the region better.

Process
While the Karnataka GIS websites contain some level of information that were originally collected for one scheme or the other, they are not of good quality. Their quality also reflects that they were primarily made to monitor, not to contribute or work with people in the region.

Google Map is primarily used by people in the cluster to share locations. But these locations exists as links, not on the map. People cannot add their own neighbourhoods or ecology on the map.

Once we realised that KGIS data was not good enough mapping of roads and buildings/large settlements was done through satellite imagery. Heavily wooded forest areas were mapped to improve the understanding of the topography. It was also crucial for us to map regions of agriculture and streams that exist in the cluster. This was also done through satellite imagery.

To map the locations of households for CPC, and make it easy for members of Samagra Aargoya to access Panchayati Raj institutions, we are in the process of mapping crucial landmarks in hamlets, villages and panchayats.

Outcomes
OpenStreetMap is an accessible and contributable map that does not have vested commercial interests. We used OpenStreetMap that gives an open lisence and thus allows us to use data from OSM for the interests of the GP without having invest considerable amounts of money or resources.

Learning Reflections
While we have been able to map considerably from satellite imagery, to map crucial landmarks, we need to work with community members across hamlets in Keradi, Idur and other hard-to-access panchayats. Not to say that we need to work with other panchayats as well.

01-MCCP

Microcontext Exploration of Culinary Practices

nutrition, livelihoods, climate

Description
The second learning case was drawn from the Tribal Settlement microcontext. The observatory working group had carried out participatory mapping in few of the tribal settlements such as Dheeti, Meldheeti and Madhukotla. One of the aspects of the mapping was their linkage to the surrounding biodiverity and ecological setting. Within this there were few mentions of food practices that are directly linked to the tribal communities and their place of residence. As we focused on the care based interventions we identified a learning case that can be paralley developed which can be used in the fellowship and subsequently as part of the Observatory.

Process
Similar to learning case 01 we began the work with references that gives the broader context within which this learning case is situated. The approach was to look at the nutrition practices in the satte of Karnataka and then specific to the Coastal Karnataka region. Here we discussed the ecological segregation of the state developed by Women's Museum team at Karnataka Akkamahadevi State Women's Univeristy which were as follows - Bayalu (grasslands), Bisilu (semi-arid), Kadalu (coastal) and Male (rain). Vandse cluster is at the cusp of Malenadu and Coastal region. Such an orientation was felt essential prior to looking at the food practices specific to tribal settlements in Vandse cluster as culinary practices have varied forms regionally.

Outcomes
An abstract of the learning case was prepared in phase 02.

This case contain information regarding the various foods consumed by the people of Karnataka in terms of the nutrition and in terms of their dishes which is a typical diet. Each state or for that matter, even people people follow typical diet which is subject to the available vegetation, climate and the cooking method which is applied.

01-MCCP-01

Learning Case 02 - What are the nutritional practices embedded within the food practices in the Tribal settlements in Coastal Karnataka?

#CultureAsCatalyst

Collaborators:
Shreyas, Summaiyya

Learning Cases *are a scaffolding artefact for the Observatory working group. They are imagined within a specific microcontext listed in the Observatory. Each learning case will present a structure in the form of provocative questions and the premise for the same. It will be used with community collaborators to find directions for actions by the Observatory.*

In phase 03 we need to look at the interdependency of Geogrpahy, Climatic variations and availability of food sources to understand the diet preferences of tribal communities and among them women in particular.

Karnataka has huge diversity, food is just a part of the diversity. The people of coastal Karnataka follow both a vegetarian and non- vegetarian diet. Among the non-vegetarians, around 80 percent of the people consume fish daily. Fruit consumption is high. 69 percent Curd and greens are obligatory for lunch and dinner. Non-vegetarian had had a dietary influence on women. Occurrence of obesity was less. The nutritional status of the people depends on the class which include labour or working class. People from the labour class could be classified into daily wage earners and monthly paid and the nutritional in take depended on the type of payment. The nutrition of the people also depends on income, education and location.

Prabhat and Khairunissa
The diet includes fish, par boiled rice which is considered to be more nutritious than raw rice. Gruels made from cereals which is eaten for breakfast with pickle and thick curries. This diet followed lies adjacent to the highland of the Western Ghats that have thick vegetation, thereby different variety of fruits and vegetables are available. The region is experiencing a rapid growth of water-based industries an consequent spurts in population, these characteristic make the region different from other parts of the Indian continent.

There is not much data and literature on the dietary practices of women in coastal Karnataka. Pulses are also consumed. Milk is consumed scarcely in the women who are of the labour class. The frequency of pulses is less among non-vegetarians. of traditional foods in Karnataka. Some popular dishes of the region include coconut and coconut oil which form an integral part of coastal Karnataka. Dosas and Idlis which are found in the temple streets in Udupi. The Gassi or gravy prepared with chicken, meat or fish is eaten with rice. dishes like saru, a dish like rasam, Huli a dish of vegetables accompanied with Lentils made with different spices and tempered with coconut curry leaves and asafoetida. (Patakatti).

02 Care-based Interventions

List of Engagements

Phase 01

02-MPEA	Mini Project: Easing AbArk Journeys
02-MPMW	Mini-project: Mental Wellbeing

Phase 02

02-COMN	Community-owned Mesh Network
02-SARC	Samagra Arogya Resource Center
02-GDF	Grama Drishti Fellowship
02-DSS	Decision Support System

02-MPEA

Mini-project: Easing AbArk Journeys

care, infrastructure, health

02-MPEA-01

Mapping Patient Journeys of ABArK

#LearningFromBelow
#KnowledgeProductionAsLivingPractice

Collaborators: Sahana , Geeta, Naveen, Girija, Sumtira, Ratna, Jyothi, Sujata, Rajesh

Description
The focus was to understand how patients and their families in the cluster have been navigating the systems of healthcare, pre and post hospitalisation, and their experiences of seeking and availing the Ayushman Bharath Arogya Karnataka (ABArK) insurance benefits.

Early on in our conversations with the GP presidents, Uday Shetty and Rajesh Devadiga had mentioned that getting the beds at Kasturba Manipal Hospital for ABArK card-holders was always a challenge and the patients / their families reached out to the elected members of the GP to help them get a bed and treatment. Hence we decided to first map the journeys and through the mapping understand and visualise the key touch-points as well as challenges, barriers and success stories.

Process
We drew from the method of journey mapping utilised in service design. We made portable formats of the journey based on our reading of literature to understand a standardised journey of a patient from home to PHC to tertiary and referral hospital.

Geeta and Sahana access the patient households with the help of ASHA workers. The team carried a set of prompting questions on a foldout of the format to map the journey of a single patient.

At each households, the team mapped the specific movements made by the patient and their families across the different phases of diagnosis and treatments with a particular focus on the challenges, gaps and breakdowns in the journey. The confusions, back and forth of communication, and any other actions that were done to make the system work were mapped explicitly.

A key learning is the role played by the ASHA workers in not only giving access, but also actively taking part in mapping of the journeys, and helping in identifying key gaps from their experience. ASHA workers carry immense knowledge about the lived experiences as well as a sense of duty and care for the community. It is important to formally recognise and include them as a key collaborators going forward in Phase 3.

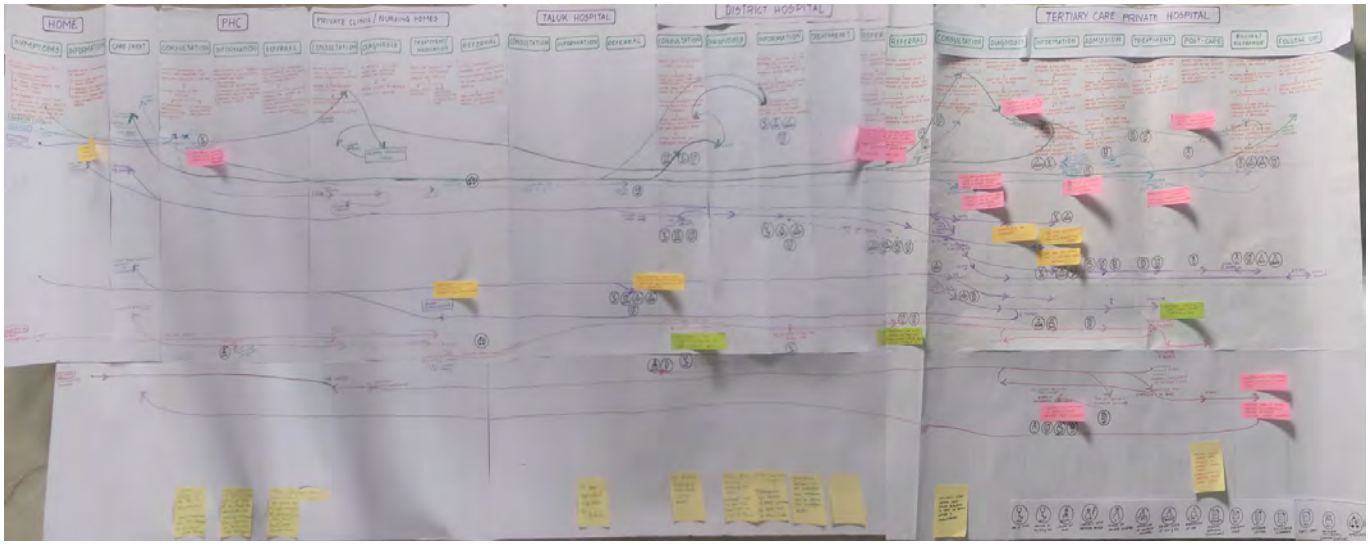
Outcomes
The outcome of this process was an in-depth understanding of the patient experiences, gaps, challenges and areas of interventions in the form of touch-points. Another key insight from the public exhibition was to understand the involvement of GP members in supporting people to claim ABArK scheme.

This was all captured by the Service Blueprint.

Learning Reflections

1. A key learning has been the role played by the ASHA workers in not only giving access, but also actively taking part in mapping of the journeys, and helping identifying key gaps from their experience. ASHA workers carry immense knowledge about the lived experiences as well as a sense of duty and care for the community. It is important to formally recognise and include them in the project as a key collaborators going forward in Project 3.

2. The visualisation of patient experiences even as they were being talked about and shared by the patients and families helped to contextualise the information and drive the conversation to identify specific issues, offering a key narrative frame to recollect and share and inviting the patients, families and ASHA workers to collaboratively add, annotate, and edit at the end of the conversation.



02-MPEA-02

Co-constructing Lived Experience Repository of ABArK with ASHA workers

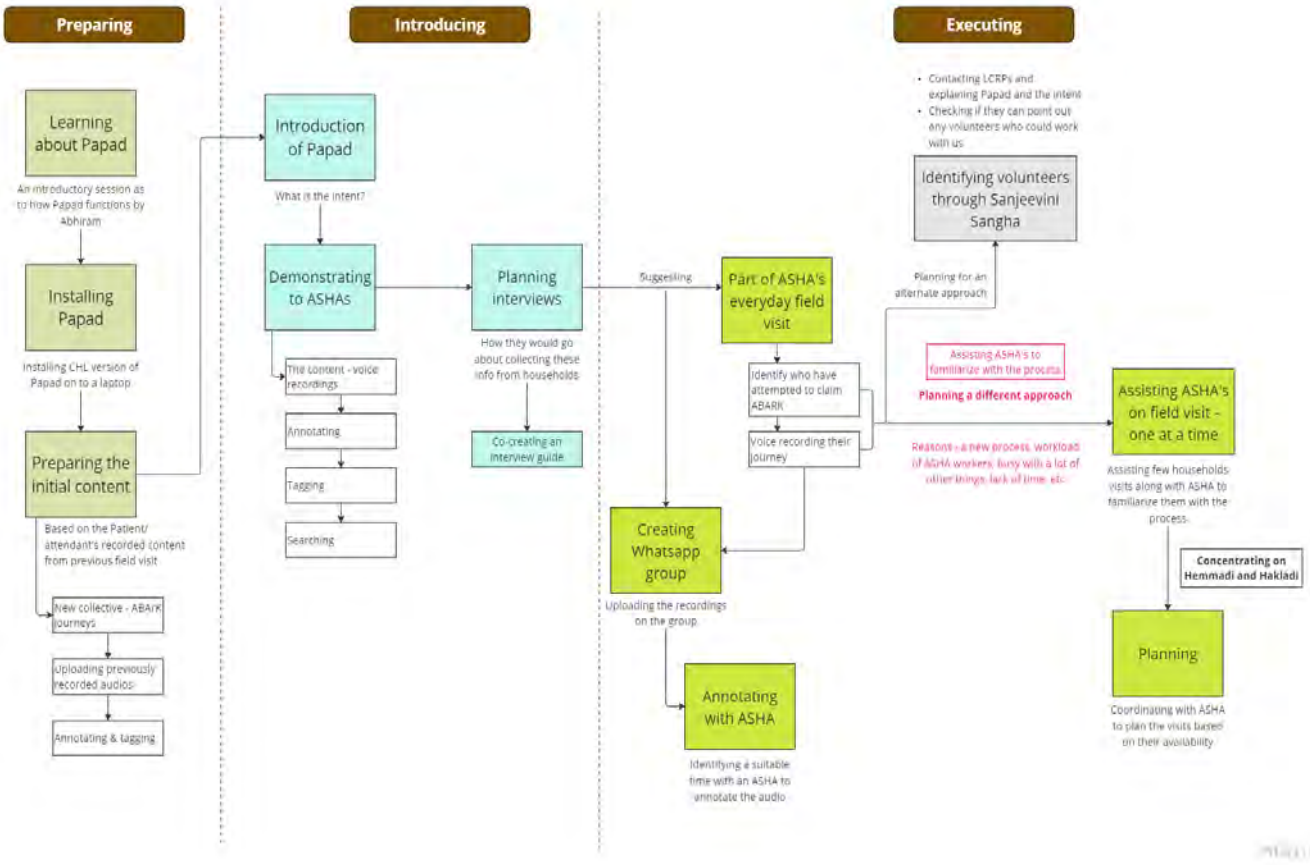
#SupportOverSolve
#KnowledgeProductionAsLivingPractice

Collaborators: Sahana, Naveen, Girija, Sumtira, Ratna, Jyothi, Sujata, Vatsala, Satish, Abhishek, Nisha, Deepa, Divya

Description
The lived experiences of patients and their families offered deep knowledge not only about the challenges with accessing healthcare facilities and ABArK services, but also about the range of ways Social Determinants of Health shaped their access.

Hence we decided to co-create and build a digital repository of patients and families lived experiences. Furthermore we imagined this as a community owned resource that could enable the GP members to gather qualitative narrative evidence to advocate for better healthcare facilities.

We utilised the existing tool of Papad, built by Janastu - Servelots, that enables creation of a searchable audio database along with metadata and annotations.



Going forward, in Phase 3, it is important to formally consider the women frontline workers as experts of lived experiences of the community and see them as a network of experts and collaborators to co-design and shape care based interventions.

Process

The process was divided in two phases of collaborative work:

- On-ground interaction involves identifying the households in the region and recording the journey of those households who have attempted to claim the ABArK scheme – which will be carried out ASHAs.

↗ Annotations emerging from Papad influencing SDoH

Aa Name	Description	Factors influencing SDoH
Decision making for major surgeries	The doctor said there is no other option for this but to have an operation. They did not want to get the operation done as people around told them not to and could cause problems. They decided to approach alternate medicines like ayurveda hoping it could be cured through medicines. They delayed the operation for 5 years and spent 3 lakhs in total and the condition worsened.	hesitation for surgery, Community opinion, Ayurveda, Decision
Lack of interest from Private hospitals	The doctor at Manipal told us Ayushman will be difficult. After we requested he told us to get letter from DH. Since we didn't know the process we had to roam around a lot	Importance in private sect..., Knowledge of scheme
	They didn't tell us the process initially. For first four days when we got admitted we didn't know anything. We started panicking when we realized the BPL amount couldn't be claimed. Later we had to pay for four days and then the hospital told us about the referral process.	Lack of clarity, Knowledge of scheme
Lack of information	If we had know of referral process before, entire treatment would have been free of cost. We had to pay for angiogram and then got the referral process done. Going to Manipal directly was a mistake.	Knowledge of scheme
Response during emergency	I started having pain in my chest and there was no one at home then, so i called a relative of mine who stays nearby. Luckily he was home and he quickly called for an auto and took me to Vinay hospital.	Reaction, Support
	When I got the news I rushed to the hospital immediately with little money in hand. I hadn't carried any original cards with me. The next day I asked my husband to get it from home and then submitted to the helpdesk	Reaction, Support
Preparing for the treatment	Going to Manipal is expensive. Even though the treatment will be through ABArK, there will be a lot of other expenses like food, travel, other hospital	financial planning

- The off ground process is annotating and processing the content that is being shared by the participants – which will be carried out by CHOs and other collaborators in few GPs.

It also involved exploring ways to synthesize the emerging knowledge that could be presented to different stakeholders within the community.

The team recorded and uploaded a sample lived experiences on the repository with ASHA workers in multiple field visits during the journey mapping actions. Over specific group sessions at the PHC and H&W centers, the audio experiences were annotated by the ASHA workers and CHOs, leading to a detailed understanding of challenges, potential solutions as well as links to SDoH.

Outcomes
1. The Digital Repository, which due to reasons of research ethics is currently hosted at Aruvu server and not made available publicly.

2. Series of Annotations contextualising SDoH

3.ASHA workers were overloaded and it was difficult to follow up with them to do the annotations. Hence it was thought of involving other frontline workers such as Sangha workers and Krishi Sakhis. We continued this approach in CPC in phase 2

02-MPEA-03

Collaborative design of ABArK Guidebook and Videos

#SupportOverSolve

Collaborators:

Sahana, Naveen Bagalkot, Geeta Mahalingpur, Girija, Sumtira, Ratna, Jyothi, Sujata, Vatsala, Satish, Abhishek, Nisha, Deepa, Divya, Abhiram

Description
Through multiple feedback and suggestions it was decided that an ABArK Guidebook along with descriptive videos would be helpful to support and ease the navigation of the healthcare system by the patients of the cluster.

The guidebook was created through multiple iterative design of content and form, in close collaboration with the CHOs, ASHA workers, Medical Officers, and the GP members.

Intent of the guidebook:

- A book which will contain all the information related to ABArK in one place

- Server as a reference to ASHA workers and GP members to guide people about the scheme

- An information booklet to create awareness among the locals of the specifics of the scheme (hospitals, treatments, process of availing, contacts for information etc)

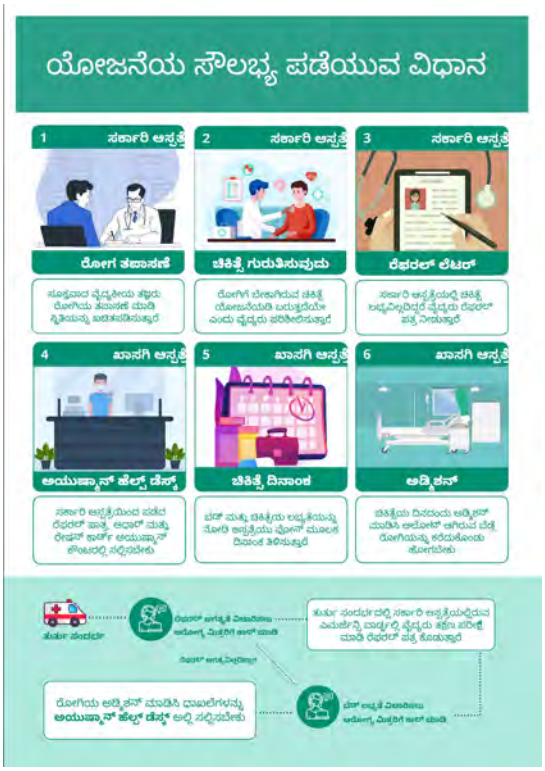
- To bridge the very noticeable information gaps between health professionals, Front line workers, GP members and the local people.

Process
An iterative consultative process driven by prototyping was followed.

Working with CHO and ASHA workers

We created the first draft of guidebook based on the information gathered during the mapping of journeys and secondary research, and engaged with CHOs and ASHA workers in group discussion and feedback. These discussions

were structured with specific prompts to get more specific and the right information as well as the form of the guidebook can take that is more appropriate and usable. In particular the focus was to gather feedback on:



The issue was very close to Rajesh Devadiga, and some of the other GP members. They drove this collaboration and brought the GP systems as sites to gather feedback. In this way it was a close collaborative intervention. Going ahead in Phase 3, we need to foster such collaborative actions, where the creation of a tangible output iteratively helps stakeholders to contribute and also bring their concerns to the discussion.

- Relevance of the information

- Readability of the information

- Advice/ guidance they would give to a new patient

- Information that needs to be added/modified

Gram Sabhe at Aluru.

Following this round of feedback, a second version was created and then shared with larger public through the Gram Sabhe at Aluru. It was a combined Sabhe of Mahila and Vikala Chetanara Samanvaya Grama Sabhe. The session was led by the GP president Rajesh Devadiga, and the team shared the guidebook and the related videos. Specific feedback was given about missing information and the guidebook was received very well by the participants of the sabhe.

Meeting with Dr. Tejashwini at DHO office

Following this interaction the team met with Dr Tejashwini at the District Health Officer's office with the copy of the guidebook. Dr Tejashwini made technical corrections and updated the processes. The final copy was hence ready to be shared with public

Outcomes
The illustrated guidebook with linked explanatory videos

02-MPMW

Mini-project: Mental Wellbeing

health, information

02-MPMW-01

Collecting Mental Health Stories and Conceptualising Community based Mental Wellbeing Intervention with ASHA workers of Vandse

#SupportOverSolve
#LearningFromBelow

Collaborators:
Sahana, Naveen Bagalkot, Dr. Ilham Ashraf, Pramila, Vanitha, Saroja

Description
The focus of the action was to understand the nuances of mental wellbeing prevalence and lived experiences in the community through the experiences of ASHA workers. Furthermore, we wanted to understand the ASHA workers own understanding and awareness of mental health and their imaginations on how to identify and address mental wellbeing issues at the community level.

Process
Two sets of focus groups with three ASHA workers of Vandse PHC drove the action.

The planning for the two sessions was shaped by the initial discussion with Dr. Rajini, the Deputy Director, Mental Health, Department of Health and Family Welfare, Government of Karnataka. We planned the fist session focused on holding a review of the mental health screening tools by the ASHA workers, followed by discussion on ways to do the screening at community level. We also planned to get their feedback on certain interventions ideas such as tele-manas and others suggested by Dr. Rajini.

First Focus Group

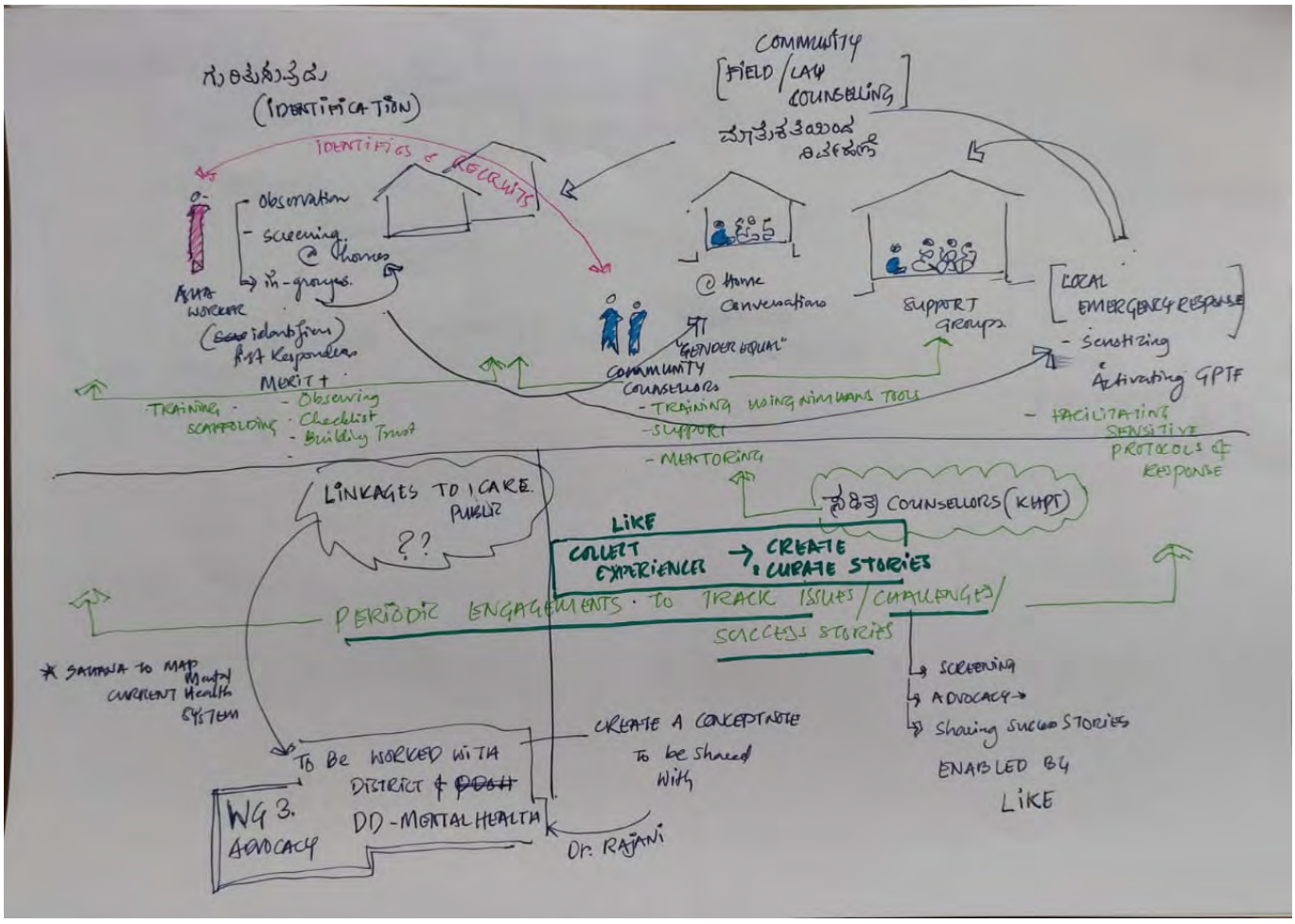
During the first focus group discussion, the ASHA workers did not consider the screening tool to be aligned with the social values, and thought it will carry stigma to be using it in the form it is currently. Furthermore, they took over the discussion to share their lived experiences and stories from the communities of mental distress and linked it to local manifestations of SDoH.

Second Focus Group

We followed the first session with a session of conceptualising a community based mental health

intervention. The ASHA workers identified different ways to do community-based identification and screening of people who need mental health support and connect to the existing mental health systems. We also identified ways to strengthen the health system. The result was a proposed system map.

All Name	Narrative	Factors influencing well	Category	Response from community	Narrated by
Newly married women	Newly married woman comes to stay at husband's house. Soon after when husband migrates for work, she feels lonely at the in-laws place. Turns to social media to seek companionship and leaves home at mid-night	Male migration	Married woman New couple		FGD with Vandse ASHA
Husband Left	After the husband left the wife is burdened with child care and parents. Soon after her father died she had suicidal thoughts and attempted it with her child.	Financial burden	Married woman Single mother	Came to ASHAs notice and helped her seek financial support from VRW	FGD with Vandse ASHA
Husband abuse	Husband was an alcoholic and had suspicion on wife. He had locked the wife and the children in house for 3 months. He was even suspicious of a male cat	Alcohol & substance abuse Domestic violence	Married woman Mother Children	ASHA found her and with the help of GP got the police involved. The husband has been getting counseling in Udupi and is feelin slightly better	FGD with Vandse ASHA
Desire for child	Married woman over 30 was pressurized to have a child from both the sides of the family. She was not allowed to hold any new born baby as it is considered ill fate. She was always angry.	Infertility Social stigma Family pressure	Married woman	with great effort adopted a child	FGD with Vandse ASHA
Desire for male child	Pressure on the pregnant woman to give birth to a male child. Even more so if the first child is a girl. If given birth to another girl child, the women is subjected to casual taunts by friends and family. This is more prevalent in landed/ uppercaste families	Gender preference Family pressure	Married woman Pregnant woman Nursing mother		FGD with Vandse ASHA
Single man above 30	Men when they don't find employment, a job matching up to their qualifications or women to get married, they disconnect	Unemployment Alcohol & substance abuse	Single man		FGD with Vandse ASHA



Outcomes

1. A repository of Mental Wellbeing Stories, linked to SDoH that helped us to co-imagine a community based intervention.

The role played by ASHA workers in this action was not that of data collectors or giving access to community, but as experts of communities lived experiences and their contribution was also in the conceptualisation of a potential intervention. It is important to formally recognise and include them as a key collaborators as part of Transdisciplinary Working Groups for engagements going forward in Phase 3.

2.System map and concept note.

Trust based screening and identification

A combination of ASHA workers, Sanjeevani Sangha Workers, Krishi Sakhis, and other frontline workers will be trained to identify any markers of mental and emotional distress in the households when they do their routine visits via subtle, but trained observations.

The identified people will be marked up to a group of Community Counsellors / Barefoot Counsellors, who are trained to initiate non-stigmatic conversations for screening and follow-up with the identified people in their homes.

Escalation, Follow-up, and connected care

The community counsellors will escalate and connect to the public mental health system, and helpline, if and when required. They will also involve GPTF (as police presence is sometimes needed in domestic violence and abuse situations). They will also follow up on the prescriptions and recommendations.

Peer and community support groups

Peer-Support groups will be activated by the Community Counsellors at the Sanghas and any other places where people gather regularly for other work / discussions. Community counsellors will hold engagement, and other activities of bringing mental and emotional wellbeing such as listening circles, support groups etc at these places. These activities will also be driven by sharing of lived experiences and success stories in a non-stigmatic manner.

Recruitment & Training of Community counsellors

These will be young people from the community, who will be identified and recruited by the frontline workers. A team of mental health experts will train the counsellors in screening, lay counselling and other aspects of community-centric mental wellbeing and care. The counsellors will get hands-on training with the frontline workers in building community trust, and managing social and cultural expectations and stigma.

Periodic check-ins and support and scaffolding mechanisms to be in place.

02-COMN

Community Mesh Network

infrastructure, agency, mobility

Hara, a small tribal settlement known for its distinct geography and vibrant community life, faces significant infrastructural deficits. Poor road access, unreliable network connectivity, and a strained relationship with the local Gram Panchayat, Idur Kunjyadi, have left the community underserved. Despite receiving electricity only a decade ago, water shortages persist, and limited public transport exacerbates a sense of neglect compared to larger nearby settlements like Hosur. These challenges have fueled frustration among residents, who have made repeated but largely unproductive attempts to engage with local governance and file RTIs for basic amenities.

The Mesh project emerged from a desire to collaboratively address these issues by connecting Hara through locally rooted technology solutions. Conversations with the community, held at the Bobbariya Temple, revealed a strong interest in improving infrastructure, accessing government schemes, and fostering connectivity within and beyond the settlement. From these discussions, the idea of a community-driven wireless mesh network took shape. Designed as hyper-local digital infrastructure, this network would enable residents to share knowledge, communicate, and manage local resources without reliance on external internet access. Public terminals could serve as repositories for local recipes, family archives, digital media creation, and even small-scale e-commerce, reflecting Hara's unique identity while also considering practical needs.

This participatory approach stresses the importance of community ownership in infrastructure building. Engaging residents as co-creators, the project encourages technical skill development and ensures the sustainability of the network. Discussions in Hara have already sparked collective imagination around what such systems might look like and how they could serve the settlement's evolving needs. The process strengthens local capacities and highlights the possibility of technology as a bridge to participatory democracy, allowing communities to take charge of their narratives.

Through this project, we seek to build a model of community-owned infrastructure that redefines technology as a tool for collaboration. This initiative aspires to imagine a future where localized learning networks grow organically, rooted in the lived realities of the people they serve.

02-COMN-01

Community Network Vision

#SupportOverSolve
#PlaceBasedActions

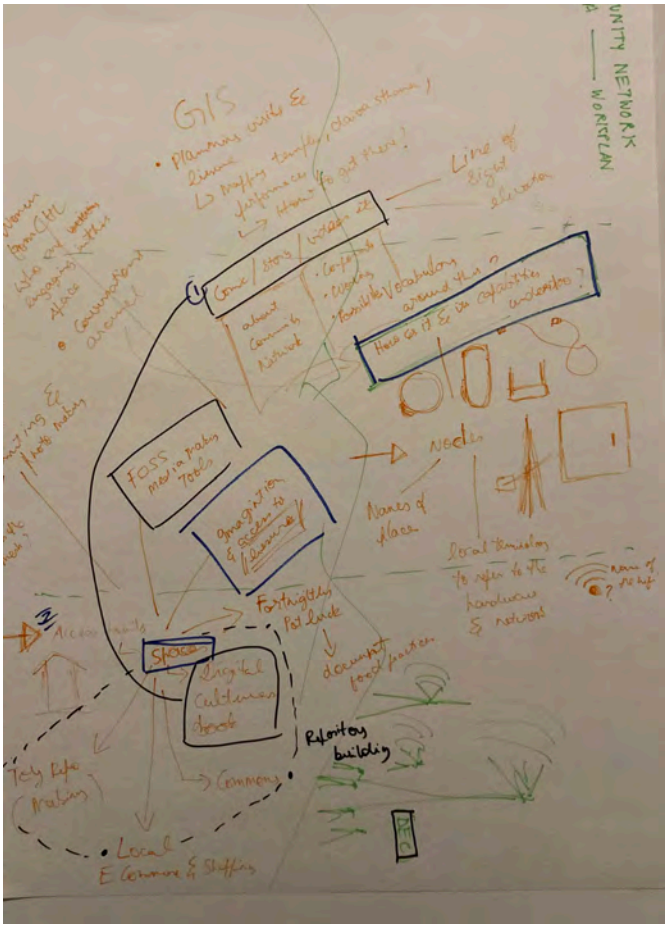
Collaborators: Abhiram, Archit, Shreyas, Naveen

Description
The remoteness of some of the tribal settlements in the region had put us in a thinking trail about connectivity, mobility and civic participation for the communities affected. The community network in Hara was envisioned as an exercise in co-creating locally responsive infrastructure as a way of supporting communities in remote geographies.

Process
For the visioning exercise, we began by referring to the documentation of various visits and engagements that our team has had with communities in tribal settlements (Hara, Mel Dheeti, Keradi) in the previous phase of the project. Their learning artefacts like journals, participatory maps, observational notes helped us get a glimpse of the context.

Our own personal motivations and curiosities about internet, networks and situated technologies informed our process of thinking about engagements in Hara. On one hand we were motivated by the challenge that the remoteness of the geography presents, and how can we explore network infrastructure as a response to that. On the other hand, we

As we reflect on our visioning process, we are encouraged to think of ways that could have invited the community to more actively participate in this visioning exercise. We also underline for ourselves, the need to constantly keep going back to the vision as a way to keep our actions in the field grounded. This has not been the case for us as we were constantly thinking of meeting the goals and timelines we had set out for this engagement. This also left us with little room to build the kind of relationships needed for co-creation with a community.



were very curious to think of ways that the community starts participating in this infrastructuring process.

As we began to pen down some of these thoughts for ourselves, we also had the chance to visit Hara. Visiting Hara in the month of September amidst last rains of the season, we saw many colors and heard many stories in the place. There was a rich diversity of flora in people's houses, common grounds as well as the surrounding forest area. We also observed the many community-built structures like water channels, ponds and quarries in the hamlet. Some of the families we initially spoke to also shared with us histories of their families and the community as well as the challenges they face while living in Hara.

Our initial visits to Hara helped us learn a little bit more about the context by being in it. Our learning artefacts from these visits also became a way for us to break ice with the community and initiate conversations about the possibilities of a community network. These perspectives that we got from the field helped us with grounding the idea of a community network. We were motivated to think beyond just the technological aspect of the community network. How does a community network start to address the needs of a community in socio-political and cultural aspects? How do local, offline mesh networks support communities in making their worlds visible? How can there be community ownership of the network infrastructure? These were some of the questions we started asking off of our process as we moved forward.

Outcomes

An important value that emerged for us from the visioning exercise is that the community network infrastructure is something we co-build with the community and not for the community. Our vision for the CN also highlights the need for community ownership as well as processes that help us co-imagine the network in ways that are place-based.

02-COMN-02

Network Design

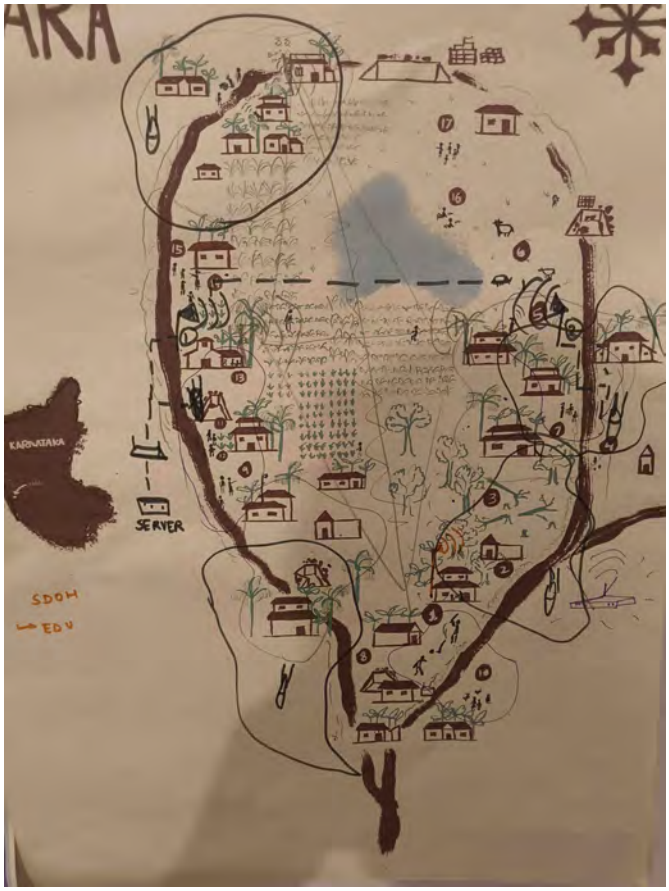
#PlaceBasedActions
#SupportOverSolve

Collaborators: Shashank, Srivatsa, Sri Lakshmi, Sri Manya, Mandara, Archit, Abhiram

Description
Network design was a crucial part of the process while imagining the CN in Hara. This is where we made important decisions about how the network will be set up while collaborating with the community. Apart from the sociological aspect of this process, there is also the technical component of deciding the kinds of tools and devices needed which are best suited for the context in Hara.

Through multiple rounds of field visits, in-situ prototyping and discussions with the community, we arrived at a network topography design for the first phase of the CN in Hara. This exercise helped us think through the technicalities of the infrastructure as well as initiate conversations with the community on the kind of support we would need from them.

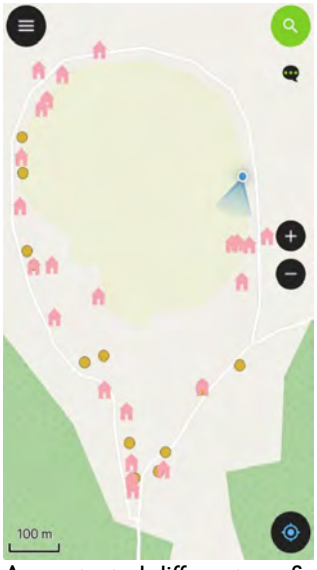
Process
The process of deciding the network topography began from the early stages of our discussions. We began by mapping people's houses and their built form, common grounds, daivasthanas and other built structures. We used PGSL infrastructure for making these initial observations.



In subsequent visits, we started to initiate conversations with the community about what kind of devices we will be needing for setting up a CN and whether they would be ready to host these in their houses. We also invited young people in the community to do transect walks with us around the hamlet. With these transect walks, we were able to get a more clearer picture of everyday activities in the different spaces. The walks also helped us figure out line of sight, which is crucial for some of the technical wireless equipment we were planning to use for the set up. There were a few challenges that came up for us especially in the area which have dense vegetation, but with the help of our collaborators infield, we were able to come up with multiple possible configurations for setting up the nodes that make up the CN.

Through an iterative process and help from the community, we were able to gradually move away from a top-down CN set up process to one which is more bottom-up. While building close collaborative relationships with the kids in Hara, we were able to imagine work-arounds to set up a network connections in places where it seemed more difficult to do so.

In-situ prototyping was another aspect of this process. Often times, we would take devices with us to Hara, and prototype directly in the field. At times, the younger people in the hamlet took interest in our activities and joined us to help.



As we tested different configurations for the network, we were constantly rethinking and adjusting our plans based on how conversations and relationships emerged for us in the field. The network design is very much reflective of these relationships.

Outcomes

As a direct outcome of the process, we were able to arrive at a network set up plan which was more practical in terms of scale and more feasible considering how our relationships have emerged in the field. The network design process also helped us in trying and testing various technical devices in field and arrive at a configuration which works well for the Community Network.

02-COMN-03

Community Engagement over the Network

#PlaceBasedActions

Collaborators: Abhiram Jois, Archit Dhiman, Shashank, Sri Laksmi, Sri Manya, Mandara

Description
An essential component of the CN in Hara has been the process of ownership that the community starts to take of the infrastructure. Demo Engagements have been a useful tool for us to create spaces for community participation. This has especially been true for the decisions surrounding the nature of content hosted on the network. Over multiple conversations and discussion with a group of kids in Hara and at times, their parents, we have explored ways of engaging with the network with the community in Hara.

Process
Demo engagements were imagined as a parallel track to the infrastructuring process. For every small bit of infrastructuring would be demonstrated and shared with the community through a planned engagement.

Stories from Hara
For the first engagement, we set up the Stories from Hara artefact to be accessible wirelessly through a portable battery-powered Raspberry Pi. We shared the artefact with the people in Hara and demonstrated ways that they can access this on their own phones without the need of the internet.

As a result of this, people annotated and added more stories to the artefact. For example, the kids invited us to see a water channel that the community had made themselves and narrated the flow of the water from this channel to a nearby river stream in Keradi. Another annotation was through telling the trees and plants nearby people's houses.

Locally-available Repositories
There were multiple instances where the group of kids expressed their imaginations of the content made accessible via the network. Some expressed interest in learning drawing and crafts-based activities, while others expressed interest in accessing media content like films and songs.

Taking these into account, we have gradually setup locally available repositories which anybody can access by connecting to the offline network. These include a repository of story books made available by Pratham Books, a toy repository made available by Arvind Gupta, and instances of offline Kannada Wikipedia articles deployed using Kiwix.

As we continue to build the infrastructure, we have begun to parallely engage with the kids using these repositories in a consistent and recurring manner.

A major challenge that came up while engaging with the community over the network was the access to enough wifi-enabled devices.

Media-making over the network
Another facet of community engagement over the network has been media-making. This includes the various stories, anecdotes, knowledge(s) that the community makes visible over the network. The intent is to set up tools on the network to make these engagements possible.

Through demo engagements, so far we have set up tools for drawing/whiteboarding and another tool to share place-based stories using audio/video input. Both these tools and their set up over the network have evolved gradually from the conversations we were having with our collaborators in Hara.

Outcomes
These engagements have been very useful for us in co-building some of the CN infrastructure. Through constant prototyping and demonstration, we have been able to set up two servers using Raspberry Pi devices. These servers host the content and tools that emerged from our conversations with our collaborators.

The two servers also host content which is of distinctive nature. While one of the servers brings content from other parts of the internet and makes them available in an offline network. The other server is essentially a repository that is populated by the people in the place. In the future, we plan on doing demo engagements that utilize both these servers based on the context.

02-COMN-04

Community Network Deployment

#PlaceBasedActions

Collaborators: Kirana, Aruna, Shashank, Mandara, Sri Lakshmi, Sri Manya, Prajwal, Srivatsa, Subramanya, Shobha, Girish and other residents of Hara

Description
The deployment on the community network is happening in various stages with trial, error, repair, rebuilding, experimenting and learning. It was always important for us to not impose or deploy things which feel alien and forced. Over continued collaboration with various members of the community we have been learning, unlearning methods what a network enables, what technology means and how it is used. Technology carries its politics of access, ownership, algorithmic biases and exclusion. We are trying to enable access to technology in a way that is aware of the context and is culturally owned and sensitive.

Process

Sanchari.local
Sanchari is a raspberry pi computer with an inbuilt hotspot that is most connected to a power bank or an adapter. The raspberry pi computer runs various services capable of different things. These services are self hosted and do not require the internet at all times to function. Any device in that vicinity that connects to this hotspot can access these services or repositories.

We took this device to Hara and encouraged the children and residents to connect to it on their devices and access the stories from Hara website and even Jellyfin. From our visits we understood that the form factor might work in the given environment but we still failed in our efforts to communicate the idea of a network and the possibilities of locally served media and repositories on the MESH.

A response we got from one of the residents was "How is this different from downloading things on to a pen drive". The main challenge in the place remained lack of network coverage and this in no way improved that. We understood that we need to populate the sanchari with repositories

We've come to understand that infrastructuring in Hara is a slow process because of how dynamic the place is. Any form of top down hurrying or force fitting infrastructure has been resisted or failed. Deploying technology, particularly network technology in an eco sensitive zone has it's own challenges when it comes to ownership and accountability for anything that is situated there. It becomes very important to work closely and slowly with collaborators on ground to create infrastructure that supports over solves. We need to get into a rhythm of things and events for this to sustain.

further and also varied interfaces to interact with so distinguish its capabilities from that of a static archive.

Community Terminal

First terminal was setup in Hara with sanchari.local pi hotspot and a pi with desktop. This was setup at Sri Lakshmi and Sri Manya's house. We did a brief intro and orientation into how to use the library and the network to Shobha, their mother.

The public terminal came with its challenges however. One day after setting up the terminal, the SD card in the pi went missing. We started getting calls with people ensuring when their house will get a computer. It almost got perceived as a ghar ghar computer type scheme. At this stage it became important for us to clarify the intent of the network and restate ideas of public and community owned infrastructure.

By the time we could come back with another sd card for the pi, a dog had bitten and broken the monitor. The terminal was rendered fully unusable. This made us realise that we need more understanding and co design better ways of public computing.

Setting up first two nodes

Once the mesh network was re designed. We setup 2 nodes at the southern region of Hara, one was in Sri Lakshmi and Sri Manya's house and the other was in Shashank's house. We used AC mesh to wirelessly connect these 2 points. It was slightly challenging because of the dense tree cover and it made us realise that we'll need more nodes that are closer to each other.

Outcomes

We were able to setup the first two nodes of the community network. We were able to prototype and build a locally available web server. We used the network infrastructure to facilitate various demo engagements.

02-SARC

Samagra Arogya Resource Center

infrastructure, agency, information

The idea of the Samagra Arogya Resource Centre in Vandse emerged through many discussions and reflections on how to create a space that holds, displays, and also extends the work done across two phases of the project. It was imagined as a dynamic and interactive space where the community and our team, together could co-learn, collaborate, and build on existing knowledge. The vision was not only to document, but to make this space be resourceful with charts, banners, illustrations, maps, a dedicated learning space, and a multimedia archive. This space will allow for continued engagement, where people from the place could interact with different materials and have conversations around health and governance.

The process of shaping this vision began with team discussions, looking at similar learning spaces, and mapping out what elements were needed.

A plan was thought upon, drawn, outlining the physical layout, all the materials to be housed, and ways in which the space could be kept active and relevant to the community. The idea was to ensure accessibility, making all the content visually engaging, and having a space where people felt comfortable participating. Once these core ideas were in place, work began on curating materials, designing spatial layouts, and preparing for the next steps.

It is now a physical resource center, envisioned to bring together local members, research, and artistic expressions in a way that is open and engaging.

02-SARC-01

Make-a-thon

#SupportOverSolve

Collaborators: Harsha, Sangeetha, Ayush, Abhiram, Archit, Vidya, Eshwari, Adhavan, Shruti, Shreyas, Naveen

Description
Once the vision for the Samagra Arogya Resource Center was in place, the next step was to co-create and co-produce all the materials that would define our space there.

For this, a three-day make-o-thon was organized from november 13th to 15th, at our Yelhanka Nodal Center. The goal was to create engaging, informative, and interactive knowledge-sharing artefacts that would be displayed at the resource center in Vandse.

Process
During the make-o-thon, all of us, in teams of two worked on specific artefacts; each day of planning, making, discussing, showing, and telling. A multimedia archive of Samagra Arogya was curated by Adavan, eshwari, and Shruthi, gathering all the visual and textual material from past work across the two phases.

A spatial mock up of the resource center, an inventory list, and banners were co-created by Harsha and Sangeetha to visualize how the space would look and function. Visual narrative cards explaining the structure of Samagra Arogya and a list of all the engagements were designed by Ayush and Abhiram to make our work easily understandable. Archit and Vidya docused on making existing artefacts interactive, such as the Fish Market Ecosystem and the Hara Map.

The process of imagining the space reinforced the importance of co-creation. It informed us that a resource center is not only about having a lot of resources or materials, but also about ways people interact with them.

Learning Reflections

By the end of make-o-thon, the resource center had taken a clearer shape. The artefacts produced documented our work journey and invited engagement and participation from the community. The joy of making together, discussing, and refining ideas helped us strengthen the sense of collective efforts. It reinforced the idea that creating knowledge is a collaborative process.

Each artefact was shaped by multiple perspectives, making the center more inclusive and representative. The next step is to ensure that these materials remain interactive and relevant, allowing for continuous additions and updates.

02-SARC-03

Resource Center Programming

#SupportOverSolve
#PlaceBasedActions

Collaborators: Harsha, Sangeetha, Ayush, Abhiram, Archit, Vidya, Eshwari, Adhavan, Shruti, Shreyas, Naveen

The programming showed us how a space co-imagined for the community would look like and different ways community could interact with it. Moving forward, SARC is to evolve, by bringing in new outlooks, inviting more community-led programming and ensuring that it remains a space for active learning.

Description
With the artefacts co-created and the vision set, the resource center was set for programming, to figure out how the space would be used, how people and the community would engage with it, and what activities would keep it active. The objective was to ensure that the resource center was not only a exhibition, but a dynamic space for collaborations, learning, and knowledge exchange. Some of the key aspects of this action involved understanding the spatial usage, finalizing the inventory, and further refining the artefacts and the spatial mock up created during the make-o-thon.

Process
All the artefacts, interactive illustrations, maps, multimedia archive, and the visual cards explaining Samagra Arogya's work were completed, printed, and prepared for display. Discussions were held on how to have the local members and community could engage with the space meaningfully. With everything coming together, the focus shifted to setting up the space and making it fully functional.

Outcomes
One of the earliest meetings included an introduction to the project and schematics of CPC system that were developed in the past, in collaboration with KHPT and MAHE.

The resource center is open to exploring different ways of using, from hosting workshops to community meetings, learning sessions, and exhibitions. This action was crucial in shaping the long-term vision of the center.

Learning Reflections
The programming showed us how a space co-imagined for the community would look like and different ways community could interact with it. Moving forward, SARC is to evolve, by bringing in new outlooks, inviting more community-led programming and ensuring that it remains a space for active learning.

02-GDF

Grama Drishti Fellowship

biodiversity, environment

Grama Drishti Fellowship is a place-based learning program exclusively designed for the youth and adolescent populace living in the seven GPs of Samagra Arogya cluster. It is our endeavour to build and foster a learning environment that enables the young people in the GP cluster to actively participate in ushering holistic health for/with the communities in their Gram Panchayat regions. The fellowship aims to develop among the youth the capabilities to identify and address how local socio-cultural, economic and political factors affect health and wellbeing through active collaboration with local governance systems and community stakeholders. Grama Drishti fellowship is a platform for youth and adolescents of the region to work on joint efforts to advocate for their region.

Grama Drishti fellowship is anchored within the Place-based Observatory of Samagra Arogya, our multi-year long, ongoing initiative in the region of Kundapura.

Following are the core objectives for the fellowship:

1. To enable young people of the region to understand social determinants of health locally and address them through creative practice and engagement with the local governance structures and stakeholders of the place.

2. Create a supportive environment where one can experiment, lead collective actions that enriches creative confidence among the fellows to understand their place and people.

3. To promote collective experimentation with emerging technological infrastructure which will contribute to community participation in local governance.

4. Fostering the abilities to work with and learn technological approaches of qualitative and quantitative data collection and visualisation, as well as abilities of understanding and sharing with community members.

02-GDF-01

Framing GDF

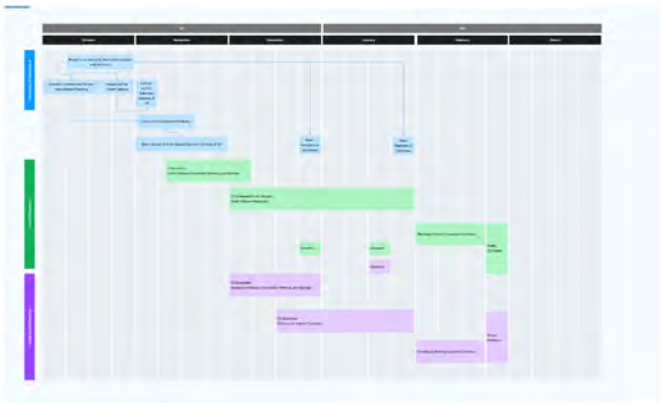
#LearningFromBelow
#CultureAsCatalyst
#KnowledgeProductionAsLivingPractice

Collaborators: Suresh, Geetha, Vatsala, Pramila, Mamatha, Shanthi, Nagarathna, Shruthi, Mallika, Naveen, Shreyas Sangeetha, Shruthi

Description
The Grama Drishti Fellowship is a place-based learning initiative designed for youth and adolescents from seven Gram Panchayats under the Samagra Arogya initiative in Kundapura Taluk, Karnataka. The fellowship provides a platform for young individuals to explore the Social Determinants of Health (SDoH) through collaborative, community-driven engagements. It aimed to develop local leadership by equipping fellows with skills to analyze and address health and well-being concerns through participatory governance. Fellows engage with local mentors in the 7 GPs, governance structures, and technological tools to co-create knowledge and interventions. By fostering co-learning, creative experimentation, and community participation, the fellowship enables young people to build sustainable, locally relevant solutions. The program includes interactive workshops, structured learning modules, and hands-on practicum experiences that empower fellows to contribute to local governance and well-being initiatives actively. We envisioned the fellowship to have catergories

1. Adolescent fellows
2. Youth fellows

Our major learning was to go back to place-based research approach. We had learnt a lot about the place from the observatory work and household review. Migration is very high this region especially for academics and better employment opportunity. So the kind of approaches we tried did not align with the place and the people as it became very hard find any youth fellows who were willing to learn and spend time with us.



Process

All the process which were planned was with youths in our mind. So the plan was to start the youth fellowship first and conduct boot camps for selection adolescent fellowship. The youth fellowship was initially for 3 months, allowing fellows to engage deeply with their communities while developing essential research and problem-solving skills.

The recruitment process involved outreach through local mentors, schools, self-help groups, and Gram Panchayats, with online applications and workshops used for shortlisting, prioritizing marginalized groups. Orientation introduced fellows to Samagra Arogya's principles through immersion activities, governance interactions, and participatory research exposure. Learning modules included primers on Social Determinants of Health (SDoH), governance, and place-based learning, along with electives in digital mapping, oral history, and advocacy tools, complemented by peer-based discussions and study circles. During the practicum phase, fellows explored specific micro-contexts, collaborating with mentors and communities to document lived experiences and create public knowledge artefacts. The program was designed to end with peer reviews, a collective synthesis of findings into a Place-Based Glossary of SDoH, and a public exhibition to engage local governance and wider audiences.

We met all of collaborators on field to onboard them as mentors which was followed by co-deisgn session with 7 active mentors. They contributed to the idea of the fellowship and shared their suggestions too. This was the process we designed for the fellowship, the design phase started in October with ideation of the structure and the core values of the fellowship for the facilitators and the fellows.

Outcomes

In this process we met with different kinds of challenges. The major challenge was we could not recruit any youth fellows. The age group 18-24 in Kundapura were either studying or working and most of them have migrated to other districts and states. Even the local mentors could not find us any fellows and around the end of November most of the mentors became unresponsive. We produced a handbook with the structure of the fellowship, we created posters, google sheets and spread the word along with these materials to recruit the youth fellows.

02-GDF-02

Re-framing GDF

#LearningFromBelow
#CultureAsCatalyst
#KnowledgeProductionAsLivingPractice

Collaborators: Anuja, Geetha, Suresh, Shruthi, Sangeetha, Naveen, Shreyas

Through direct consultations and continuous collaboration, especially when working with small groups of three local mentors we were able to develop a deeper understanding of the local context. Having all the text in Kannada definitely made a huge difference when we were reviewing the project because in the earlier handbook most of the content was in English and in academic language.

Description
The Grama Drishti Adolescent Fellowship engages children in documenting and showcasing informal and traditional knowledge systems in seven Grama Panchayats of Kundapura Taluk: Hemmadi, Hakladi, Keradi, Chittur, Vandse, Idur Kunjadi, and Aloor. The fellows, aged 10 - 17, will work on projects focused on oral histories, food traditions, biodiversity mapping, and village history. These projects are designed to capture lived experiences and preserve cultural heritage through various mediums such as writing, illustrations, and recordings. Local mentors and the Samagra Arogya team will guide the fellows in executing their projects. Each project will follow a structured timeline, ensuring well-documented outcomes in the form of books, digital archives, and exhibitions. The fellowship aims to empower youth by providing them with the skills to research, document, and present valuable community knowledge.

Process
From our earlier process we understood that the fellowship have to make sense to the mentors and the our fellows. We started our work with them by January. There were many ideas which emerged in the codesign session with the 7 local mentors. The ideas which were contributed by them were fleshed out in January.

The four ideas of local mentors we fleshed out were:

1. Herbal Garden, Herbarium
2. Daiva Stories
3. History of the name of the village
4. Karavali Recipes

We decided to create a skeleton for these projects from the ideas of the mentors. Daiva stories got ideated into Daiva Story book which can be illustrated and written by the adolescent fellows with the guidance of their mentors. The idea of Herbal garden transformed into Herbarium which will be a collection of local herbal plants along with their uses. The idea 'history of name of the village' emerged into history of the village so fellows can only understand the history of the name of the village but delve into the history of the village and different kinds of communities living there.

Along with the briefs of the projects, the weekly plan was also outlined for 6 weeks till the end of April 1st week.

We also organised a Samagra Arogya Exhibit at the Kesaru Gadde event which was organised the Prerana youth group. The youth group organised the event by inviting government schools in Byndoor schools. This was a grand platform which gave visibility to the work done by Samagra Arogya.

On the 28th of January the members working on the fellowship participated in the Consultation Workshop organised by KHPT in Mangalore and it was an opportunity for us to network which organisations working on adolescents and women's health in Kundapura and Managalore.

Outcomes
1. Reflective Report - Kesaru Gadde - From our Samagra Arogya Kesaru Gadde event we prepared a reflective report which captured the details of the event and our reflections.

2. Project Briefs - The projects briefs were completed in english and Kannada along with the weekly plan for facilitation.

3. KHPT Consultation Workshop - Notes from the one day workshop organised in Mangalore.

4. We made four posters with the sketches depicting the core of the projects for each project and a poster which collates the fellowship for the SA Resource Centre.

02-GDF-03

Fostering Network of Local Mentors GDF

#PlaceBasedActions

Collaborators: Anuja, Suresh, Geetha, Shruthi, Sangeetha

Through this process, we have learned that sustained engagement and flexibility are key to building strong networks of local mentors. While some collaborators became less involved over time, others emerged as committed partners, reinforcing the importance of working with those who are interested and have already been active in their community. Writing project briefs in Kannada and reviewing them with mentors helped bridge communication gaps and ensure alignment.

Description
We aimed to build a strong network of local mentors who could support and guide youth fellows in their place-based learning journeys. Recognizing the importance of community-rooted knowledge, we engaged with experienced people who could provide mentorship and facilitate deeper community connections.

Process
We made the project briefs first and took them to the mentors. We tried reaching out to all the 7 mentors and even tried to onboard new ones who were interested and have been our collaborators. Many of them did not have the time and interested. So we decided to work with those mentors who are also interested to work with us. So we wrote the project briefs in Kannada and reviewed it with them.

The three active local mentors who nominated and introduced the fellows to us were

1. Geetha - Krishi Sakhi, Hemmadi
2. Suresh - Librarian, Hemmadi
3. Anuja - Sanjeevini Sangha President, Keradi

Geetha was initially a highly responsive collaborator and played a key role in introducing us to two fellows in Hemmadi. However, over time, she expressed limited familiarity with the fellowship and gradually became less engaged.

In contrast, Anuja was a new collaborator whom we officially onboarded in this phase, though we had been in touch with her during Phase 1. Her prior knowledge of our work allowed for a smooth transition, and she readily embraced our approach, quickly identifying two fellows in Keradi.

Suresh has been one of our longstanding collaborators, with our partnership continuing from Phase 1 to Phase 2. Given this sustained engagement, our focus in this phase was on introducing refined methodologies and facilitating the process in collaboration with him.

Outcomes
This process has strengthened trust among our collaborators, expanding our networks and opportunities. Suresh has committed to connecting us with a local kannada journalist from *Udayavani -* a Kannada newspaper to help publish information about the Samagra Arogya and Grama Drishti fellowships, increasing their visibility. While Geetha has become somewhat distant, we believe she remains approachable for any fieldwork or resource needs. Meanwhile, Anuja has been highly supportive, and the two fellows she introduced are on the path to becoming more active with us, opens up further possibilities for engagement and collaboration.

02-GDF-04

Knowledge Production GDF

#LearningFromBelow
#PlaceBasedActions

Collaborators: Anuja, Suresh, Shruthi, Sangeetha, Eshwari, Pranav

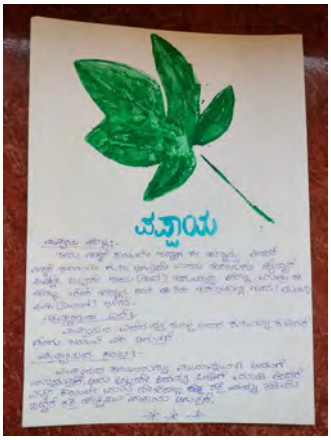
Description

The engagement with adolescent fellows in Hemmadi and Keradi focused on oral history, creative documentation, and place-based learning. By incorporating activities like story reading, mapping, herbarium printing, and oral history interviews, we aimed to encourage fellows to explore their surroundings, document their cultural heritage, and develop their creative thinking. These sessions were conducted in collaborative spaces such as the Hemmadi Library and Anuja's home in Keradi, and some of the fellows' home allowing flexibility based on accessibility and community participation.

Process

From February fellows engaged in various activities that combined storytelling, documentation, and mapping. Story reading sessions introduced them to Kannada folklore and cultural narratives, sparking discussions on language differences between spoken Kundapura Kannada and written Kannada.

The sessions highlighted the importance of accessibility and contextual learning. Fellows were more engaged when activities connected to their daily lives and environments. The process of oral history collection, documentation and knowledge sharing. However, challenges included transportation difficulties, and external interruptions, such as random participation during structured sessions and year end examinations.



The fellows in Hemmadi participated in a mapping exercise, identifying key locations based on their daily lives, such as schools, playgrounds, milk cooperative, bus stand and health centers. This exercise helped them visualize their village from a personal perspective, linking geography with lived experiences. Meanwhile, in Keradi, fellows explored herbarium printmaking, collecting and documenting medicinal plants while learning about their cultural and health-related uses.

We had a focused session on 'Creative documentation and Oral Histories' on 22nd in Hemmadi Library. Fellows from Keradi commuted to the library to particpate in the session. The session began with a round of introductions. In the first activity the fellows engaged in a **close reading** of excerpts from a short story by Suvarna Chellur. They were encouraged to notice small details, discuss their observations, and reflect on the voice behind the words. This exercise helped them engage critically with the text and appreciate different storytelling techniques. After a short break, the session resumed with a family tree-making activity, where fellows mapped out their family connections, learning to organize and visually represent relationships through guided discussions.

Oral history interviews encouraged them to record local traditions, festivals, and medicinal plant usage through storytelling with elders.

Outcomes

- Herbarium Prints: Fellows documented medicinal plants through painting and printmaking, capturing local botanical knowledge along with written text about the plant and it use use in the region.

- Daiva Stories: Oral histories around Daiva traditions and rituals were written and Bhootas such as Bobbarya and Panjurli.

- History of the Village: Fellows mapped and documented significant places based on the stories they heard. Fellows from Keradi documented about Moodugal temple and Maranakatte temple. Fellows from Hemmadi documented how 3 religious places church, temple and mosques co exist in their village.

02-DSS

Decision Support System

information, agency, institutions

02-DSS-01

DSS Sketch - SA Drishti Dashboard

#LearningFromBelow
#PlaceBasedActions

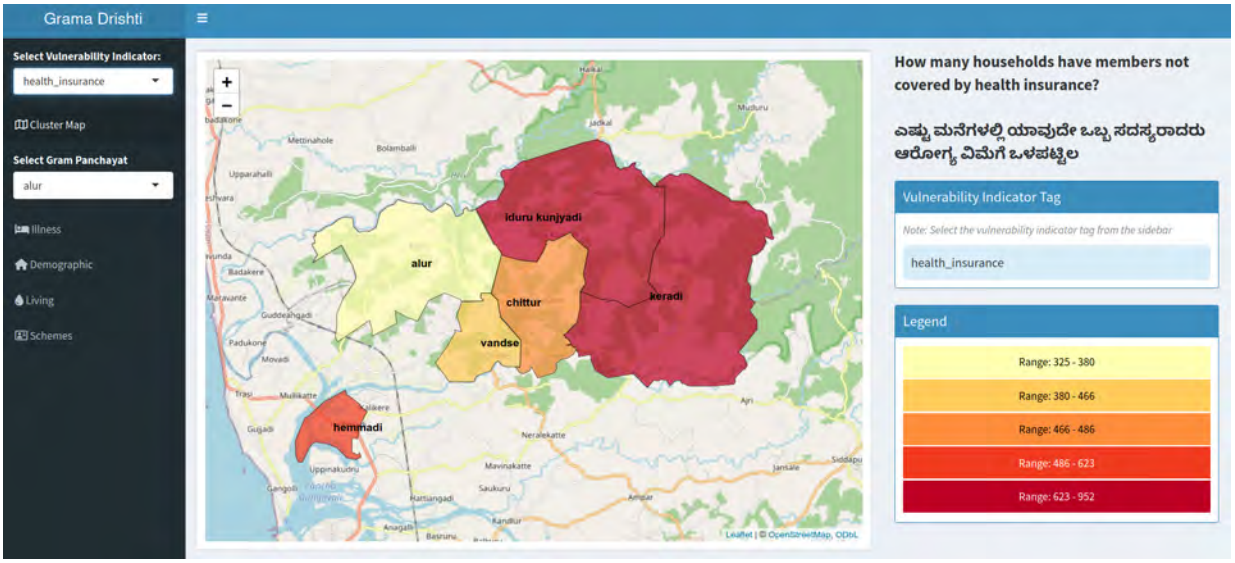
Collaborators: Abhiram, Naveen, Micah, GP Presidents, vice presidents and PDOs across all 7 GPs

Description
A version of the DSS is actively being imagined as an integral companion to the CPC. In the context of CPC, it is a way to look at the data being collected from the need assessment, create patient profiles, design care plan and update it as it is being carried out. It becomes a way to enable members of the community to participate, inform and lead various aspects of the care in CPC. The DSS has emerged over multiple co design sessions, sketches and feedback.

The major early stage iteration of the DSS involved creating a dashboard to visualize insights and charts. The prototype was a dashboard that shows insights and visualizations of data collected from household review conducted in the community. This was done to understand how the GP members view data, its uses, and the kind of language that is used to question, infer and articulate understandings from it.

Process

GP Dashboard Co design and Prototype
The starting point of the DSS was the co design sessions conducted by Naveen with the GP members. This was a session looking at the data coming in from the household review and understanding the process of questioning data to get insights and aid decisions. A prototype for insights and visuals that emerge from questioning was created at https://kundapura.budibase.app/app/household-review-dashboard-vandse-panchayat#/hh-dashboard. This became the starting point to imagine a version of the GP dashboard that creates questions around data points, their intersections etc.



Building v1 of the SA Drishti Dashboard

We built a version of a dashboard to use as an artifact to have conversations with GP members. The main aim of the artifact was to understand what is the kind of data that is usually present in the GP, what sort of decision making it aids and what other uses for data exist. The SA dashboard built consisted of insights and numbers from the household survey. They have the following features -

1. A Gram Panchayat specific dashboard with visualisation of data collected from the household reviews

2. Household review data organised and visualised across four categories 1.e. Illness, Demography, Living conditions and Schemes.

3. A cluster view with data geo-tagged and visualised on a map. This view shows the number of records collected from each village

Demo and visit to 7 GPs in the cluster

We visited all the 7 GPs and demonstrated the sketch of the dashboard. The main conversation questions were:

1. What is the use and possibilities with existing data?

2. What is the additional form of data that could be added?

3. What is the role of a dashboard like this in a GP? How will it aid in public governance?

Feedback, ideas and suggestions

The primary use the data was being used in the Panchayats to fill up reports and documents when there was a requirement from RDPR or other institutions. Data is used in allotment of schemes as well. The approach to data is fairly direct in terms of its uses. A lot of the feedback was around adding additional data sources. These include ASHA workers Anganwadi workers Sanjeevini Sangha, Krishi Ilakhe. Pashu Ilakhe Aranya Ilakhe Kandaya Ilakhe, Sahakara Ilakhe. Data from panchatantra panchamitra, panchayat development Index portal.

There was also imagination of a more comprehensive dashboard was being done where the facets of how public would interact with this dashboard was also being done. This Involved Including links to different form and applications that people can download and apply to avail benefits and schemes from the panchayat. There was also a question about whether it would be possible for GP members to see these requests on the dashboard in the panchayat. There was also some insight on understanding overlaps of data to aid decision making. For example, the president told that there should be a way to see how many SC/ST people do not have pucca houses or how (many them do not own land etc.) This aligned with the vision we had for the DSS to begin with.

In more actionable ways, there were some improvements and changes suggested for the dashboard itself. This involved making it accessible at the GP computer and on the phone. A method to add additional data to this as well.

Outcomes
1. Version [1.1] implementation

2. Planning a cluster meeting to add sources to the Enquiry List. This is a list of departments, data questions and data providers such that it could be used as an entry point to further investigate available data in each GP

3. Acquire data from all Panchayats in the cluster from one or two data sources in the Enquiry List

4. Planning a version [2.0] with additional data obtained

02-DSS-02

Participatory review and training support for Household Review

#LearningFromBelow
#PlaceBasedActions

Collaborators:
Liyakhat, Arin, Mallika, Elizabeth, Sunitha, Jyothi, Shreyas, Naveen, Mohan Chandra, GP presidents, GP vice presidents, Uday Shetty

Description
Household Review is a participatory review of all the households in the seven gram panchayats through a quantitative survey that enables the GPs to create a vulnerability index for their GPs and include this data in their planning mechanisms and allotment of resources.

Process
KHPT framed the review format through sourcing and synthesising multiple standardised survey formats. The process that followed the framing of the survey tool involved a series of iterative review of the tool, selection of the reviewers by the elected gram panchayat members, orientation of the reviewers and continued support till the review was completed.

The process was kicked off on 14th September 2023 through a workshop introducing the idea of 'Samagra Aarogya' and the significance of GP members carrying out Household Review. The survey tool was reviewed by the GP members, and a tentative list of reviewers from each ward was made. The team followed up with the members after the workshop to finalise the names of the reviewers. The efforts was to involve the GP member of each ward to be the reviewer, however as it is not their practice, the task was left to frontline workers, namely ASHA, Krishi Sakhis, LCRPs etc.

Engaging the GP members and the reviewers in review of the format of survey and the questionnaire was a very important step in getting them interested in the idea. Here we attempted to involve the stakeholders in the process of reviewing and further exploring possibilities of using the data.

On November 2 and 3, 2023 the household reviewers were introduced to the survey tool and their feedback was considered to design the digital application. We also engaged with them in an activity of collectively imagining dashboards for the use of GPs, from the data collected.

This was followed by a detailed GP wise session of onboarding and troubleshooting on 10 and 17 November 2023, based on pilot data collection. The teams then went about the reviews of all the households in their respective wards. During this phase we facilitated and coordinated between the reviewers and the data team at KHPT to troubleshoot and resolve technical issues.

Outcomes

1. Detailed household profiles along 35 indicators for 8030 number of households across the GP cluster that became the baseline data to co-create and imagine multiple data products such as a GP Dashboard, GP Atlas, etc.

2. The Household review enabled us to build working relationship with the GP members and frontline workers across the cluster.

02-DSS-02

Participatory review and training support for Household Review

#LearningFromBelow
#PlaceBasedActions

Collaborators:
Liyakhat, Arin, Mallika, Elizabeth, Sunitha, Jyothi, Shreyas, Naveen, Mohan Chandra, GP presidents, GP vice presidents, Uday Shetty

Description
Gram Panchayat Dashboard is envisioned as a physical-digital dashboard that collates and helps a range of stakeholders within the panchayat to visualise data to make planning and other relevant governance decisions. We took the data from the household reviews as the base to co-imagine, sketch and iteratively prototype the dashboard and its potential use cases.

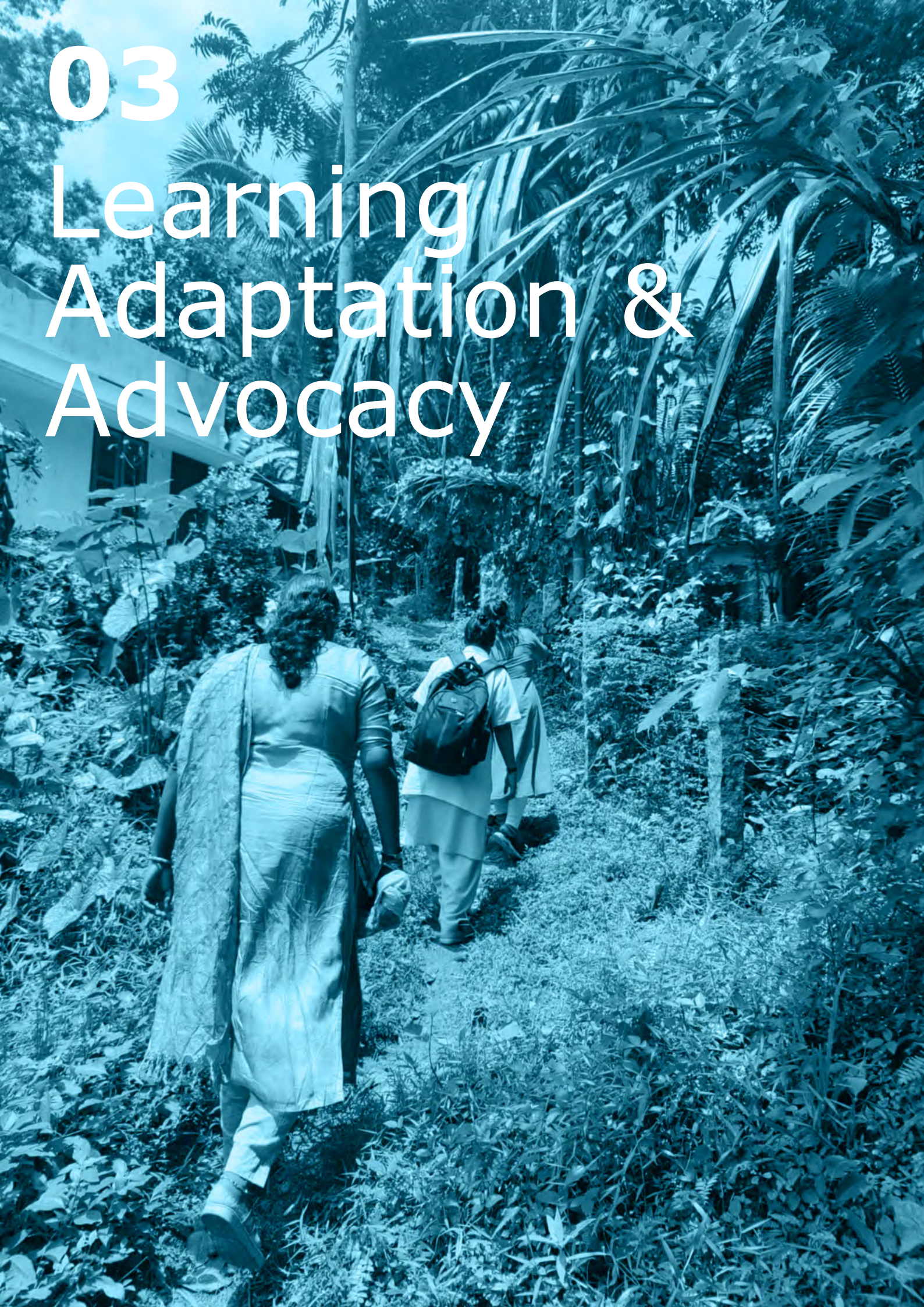
Process
The process started in parallel with the House Hold Review action. On 2nd and 3rd November 2023 we facilitated a co-design session with the GP members and the household reviewers to imagine the paths from data collection to visualisation and uses of the data for GP planning. This enabled the GP members and the reviewers to imagine the use of the data they collect and understand the importance of doing so.

Later in May and June 2024, we worked with the household review data to create an interactive sketch on Budibase as well as printed GP data profiles.

May 27th, 2024 we facilitated a discussion with the EO, GP presidents and PDOs of the 7 GPs of the Vandse cluster through the printed GP data profiles, regarding the Household review data and the possibilities of the GPs having access to the digital data. We noted their feedback on the data visualizations, which informed the GP Dashboard process.

Outcomes
1. Cards for Co-Speculating and imagining the GP Dashboard.
2. The interactive sketch visualizing HouseHold Review data.
3. The main outcome of the process was conceptualising of the Grama Drishti Decision Support System as a GP owned data infrastructure enabling ground up participatory governance and decision making.

Learning Reflections
Efforts to include the GP members and other stakeholders in the process of imagining and envisioning the role, form and purposes for a data dashboard enabled us to conceptualise a more relevant form of decision support system. This process gave us glimpses of advantages in fostering multi-stakeholder participation at the GP level, which we need to foster more strongly in Phase 03.



03 Learning Adaptation & Advocacy

List of Engagements

Phase 01

03-PBG	Place-based Glossary of SDoH Descriptors

Phase 02

03-CPC	Community Palliative Care

03-PBG

Place-Based Glossary

nutrition, livelihoods, climate, market, income, migration, gender, caste, infrastructure, mobility, agency, occupational health, institutions, information

03-PBG-01

Populating Place-based Glossary

#LearningFromBelow

Co-creators: Shreyas & Sangeetha

Annotators: Shreyas, Sangeetha, Yogesh, Mythrayi, Sahana, Padmini, Naveen, Archit, Adhavan, Eshwari, Abhiram, Vidya

Description
Social Determinants of Health are a menu of indicators to understand the living conditions having an impact on health and overall wellbeing of an individual, household and/or community. We created place-based glossary of SDoH in Samagra Arogya to recognise the differential experiences of people living in Vandse Cluster, hence the need to understand how each community or group of people experience SDoH differently. It lays the foundation for the place-based actions, that are co-imagined with GPs, community members, frontline workers, and people who are actively engaged in the developmental works in the GP areas.

The Place-based Glossary of SDoH is populated retrospectively based on the on-going engagements through Observatory and Care-based Interventions. The glossary comprises of descriptors, description on its identification, microcontext where it was identified, social factors/ indicators, and the level of system.

Process
An operational framework for place-based manifestation of SDoH is non-existent, especially one that enables participatory ways of learning and responding to SDoH. We setup the ground through SA structure of engagement in phase 01. In this phase the main focus was on learning (within a set of micro-contexts) about community practices, building relationships and artefacting that capture the intersection of SDoH. The working groups made these visible through documentation, journalling (using thick description), workflow and artefacts that emerged from each of the actions as part of the engagement within a microcontext.

An illustration of the Place-based Glossary of SDoH was used to demonstrate and explain the process of preparing a list of engagements by the working groups during [learning synthesis 02](https://www.notion.so/Learning-Synthesis-02-1c2f2a1a5b738013bcaaec6035b6965a?pvs=21). Given the action-based approach in SA the glossary is linked to the Demo Engagements, combined they become the operational framework to respond to the manifestation of SDoH.

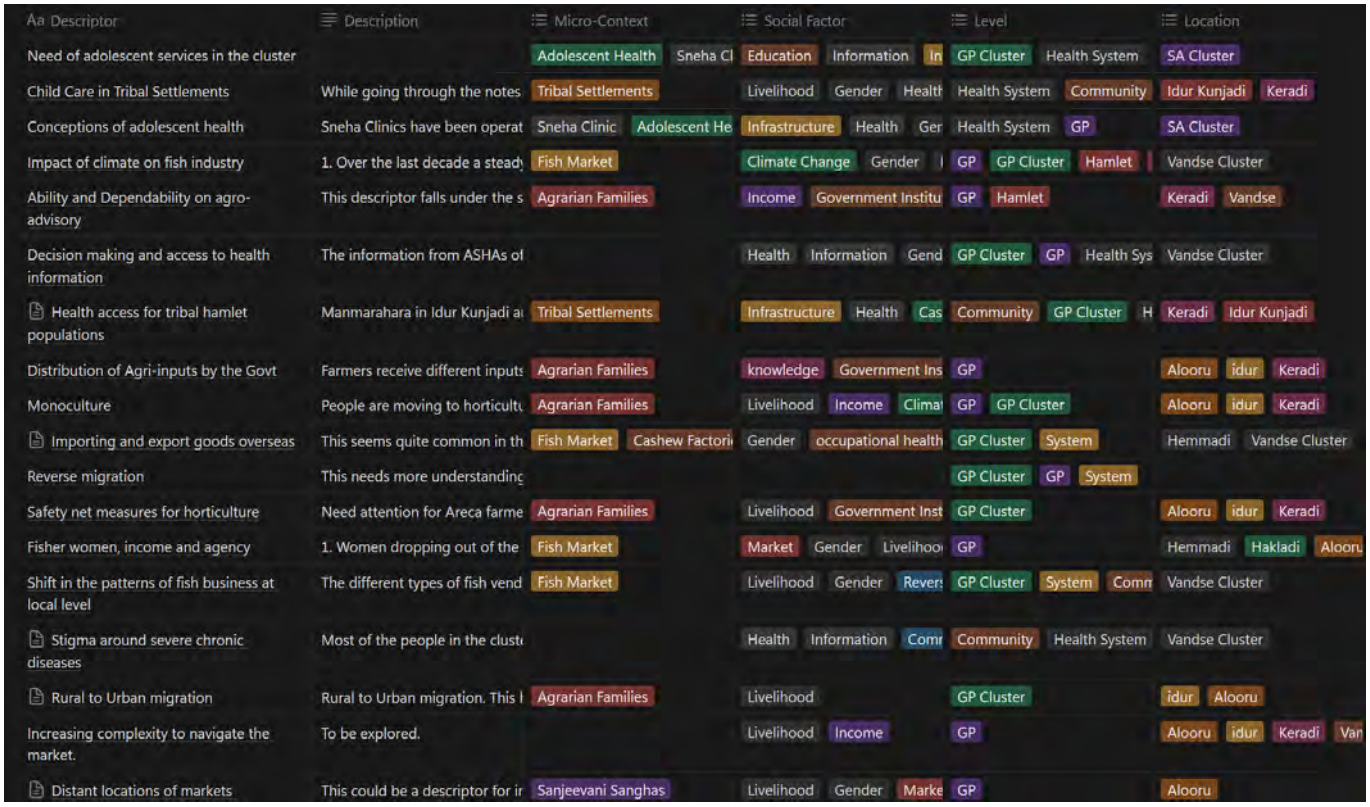
Framing of the Demo Engagement:
The framing of Demo Engagement is explained below and takes the form of a table (database) named 'List of Engagements'

- Engagement based on Descriptor(s): A descriptor is the manifestation of a certain SDoH in a micro-context. An example of a descriptor is 'Leased Selling space in Fish Market' which has an impact on the people leasing it and buying from there. An engagement to deliberate on the impact of the Leased space on the wellbeing at different levels (Individual, community, system etc) can enable LeAD Advocacy and an outcome can be actionable item.

- Descriptors: The place-based glossary of SDoH has to be referred to select the descriptors from a given micro-context.

- Description: The written description of the engagement should be based on the learnings and catalog of mini-projects housed in the observatory. It should explain why the engagement is about the place and not limited to our intentions.

- Demonstration type: Through each engagement we can introduce the structural elements. Hence the demonstration types can be on Learning, Advocacy and Adaptation.



Descriptor	Description	Micro-Context	Social Factor	Level	Location
Need of adolescent services in the cluster		Adolescent Health, Sneha Cl	Education, Information, In	GP Cluster, Health System	SA Cluster
Child Care in Tribal Settlements	While going through the notes	Tribal Settlements	Livelihood, Gender, Healt	Health System, Community	Idur Kunjadi, Keradi
Conceptions of adolescent health	Sneha Clinics have been operat	Sneha Clinic, Adolescent He	Infrastructure, Health, Ger	Health System, GP	SA Cluster
Impact of climate on fish industry	1. Over the last decade a steady	Fish Market	Climate Change, Gender, I	GP, GP Cluster, Hamlet	Vandse Cluster
Ability and Dependability on agro-advisory	This descriptor falls under the s	Agrarian Families	Income, Government Institu	GP, Hamlet	Keradi, Vandse
Decision making and access to health information	The information from ASHAs of		Health, Information, Gend	GP Cluster, GP, Health Sys	Vandse Cluster
Health access for tribal hamlet populations	Manmarahara in Idur Kunjadi a	Tribal Settlements	Infrastructure, Health, Cas	Community, GP Cluster, H	Keradi, Idur Kunjadi
Distribution of Agri-inputs by the Govt	Farmers receive different inputs	Agrarian Families	knowledge, Government Ins	GP	Alooru, idur, Keradi
Monoculture	People are moving to horticultu	Agrarian Families	Livelihood, Income, Clima	GP, GP Cluster	Alooru, idur, Keradi
Importing and export goods overseas	This seems quite common in th	Fish Market, Cashew Factori	Gender, occupational health	GP Cluster, System	Hemmadi, Vandse Cluster
Reverse migration	This needs more understandinc			GP Cluster, GP, System	
Safety net measures for horticulture	Need attention for Areca farme	Agrarian Families	Livelihood, Government Inst	GP Cluster	Alooru, idur, Keradi
Fisher women, income and agency	1. Women dropping out of the	Fish Market	Market, Gender, Livelihoo	GP	Hemmadi, Hakladi, Alooru
Shift in the patterns of fish business at local level	The different types of fish vend	Fish Market	Livelihood, Gender, Rever	GP Cluster, System, Comm	Vandse Cluster
Stigma around severe chronic diseases	Most of the people in the clust		Health, Information, Comr	Community, Health System	Vandse Cluster
Rural to Urban migration	Rural to Urban migration. This l	Agrarian Families	Livelihood	GP Cluster	idur, Alooru
Increasing complexity to navigate the market.	To be explored.		Livelihood, Income	GP	Alooru, idur, Keradi, Van
Distant locations of markets	This could be a descriptor for ir	Sanjeevani Sanghas	Livelihood, Gender, Marke	GP	Alooru

- Micro-context: Tag the micro-context(s) where a certain descriptor was identified.

- Venue/Location: We can deliberate on the relevance of the location where the engagement will be facilitated. These need not be limited to GP offices or any other enclosed spaces.

- Collaborators/Co-facilitators: An engagement can comprise of members from each working group, KHPT experts, GP members and community members.

- Date of engagement: The date of the engagement to be decided based on the availability of collaborators and participants.

- Engagement Status : An indication to the stage of development and facilitation of the Engagement can be updated regularly.

- Updates: to mark the progress of putting the demo artefacts and engagement plan in place by the engagement anchors.

- Comments: to add suggestions / ideas for the engagement anchors and team by others.

Outcomes

A database of descriptors is generated from all the engagements from phase 01 & phase 02. These descriptors will be used by the transdisciplinary working groups in phase 03. This makes phase 03 actions directly and deliberately finding ways to respond to SDoH as experienced by diverse set of communities and groups in Vandse Cluster.

02-CPC

Community Palliative Care

health systems, information, care, infrastructure

The Community Palliative Care (CPC) engagement under Samagra Arogya represents a collaborative and inclusive approach to healthcare delivery. It is designed to provide holistic, patient-entered care to individuals facing life-limiting conditions in rural and semi-urban communities. By integrating medical, emotional, and social support, this initiative addresses critical gaps in healthcare, ensuring that vulnerable populations receive compassionate care.

The CPC project operates at the cluster level, encompassing seven gram panchayats to optimize resources and enhance coordination. Key services include home-based care and support, delivered through a network of healthcare professionals, community volunteers, and Asha workers. A unique feature is its emphasis on training volunteers and caregivers, enabling them to perform essential medical and psychological care tasks.

This project also integrates with local governance and healthcare systems to maximize impact. Panchayats allocate a portion of their budgets for palliative care, supported by government health grants and community contributions. Link centres act as connection points between patients and care providers, and regular home visits ensure accessibility for bedridden or isolated individuals. The CPC project embodies a pioneering model of community-led healthcare. Its participatory approach, focus on capacity building, and integration with local systems ensure sustainability and scalability. By addressing the medical, psychological, and social dimensions of palliative care, the project fosters a culture of empathy and collective responsibility.

03-CPC-01

Proposal Drafting

#SupportOverSolve

Collaborators: Nethravathi, Uday Shetty, Govardhan, Rajesh Devagida, Sudarshan Shetty, Ravindra Shetty, Subash, Geeta Avinash, Arun, Naveen, Mallika, Shruthi, Sangeetha, Shreyas

Description
The SA cluster was selected for the pilot intervention of CPC considering the unique socio-cultural context of the region, which differs vastly from KHPT's experiences in northern and southern districts of Karnataka. Additionally, the current GP leadership is active, and have undertaken progressive initiatives in the area on issues of livelihoods, waste management, gender equality and quality education. The GPs were also implementing the Grama Arogya initiative and expressed their intent to develop more holistic community participation approaches for securing the health of the local communities.

Process
The proposal drafting for the community palliative care in the 7 Grama Panchayats of the SA cluster started in the month of May 2024. We had a half-a-day session at the Vandse Grama Panchayat office with 10 GP members representing each GP. Most of them were presidents and vice presidents of the GPs and their inputs along with the SA team was developed in the proposal.

Outcomes
The proposal consisted the concept of how CPC can be implemented as a cluster level intervention for 10 months as a pilot. We planned to have a multi-disciplinary team which will provide care to the community and the multi-disciplinary team will undergo trainings for capacity building with the support of district and state institutions. These were the services which were decided to be offered by CPC

One key learning from this process was the importance of co-designing the intervention with GP members and other stakeholders. The discussions highlighted the need for integrating palliative care services with existing healthcare and social welfare initiatives to ensure sustainability.

1. Geriatric and Palliative Care

2. Mental and Emotional wellbeing

3. Post- Surgical Care

4. Nutritional Care

5. Financial Sustainability

6. Pain management

We also discussed about the infrastructure which will needed to implement the service. The infrastructure listed were mostly medical accessories, diagnostic machine, office space, vehicles and ambulance. The budget was also reviewed and finalised.

The institutions which will involved in this process of imagining and executing the pilot project were decided to be Grama Panchayata, Samagra Arogya, Pallium India, Kasturba Medical College Manipal and the local networks in the community.

The proposal draft was reviewed by the GP members, PDOs, Aruvu Collaboratory and KHPT and was submitted to the RDPR in the same month the proposal started.

The session first started with what are the different kinds of people who will be needing the services and what are those services. People are discussed if the service should be charged or for free of cost. The idea of having committee for this initiative also emerged and the budget was drafted with GP members approximately sharing how much funds can be allocated from different means apart from RDPR funding.

03-CPC-02

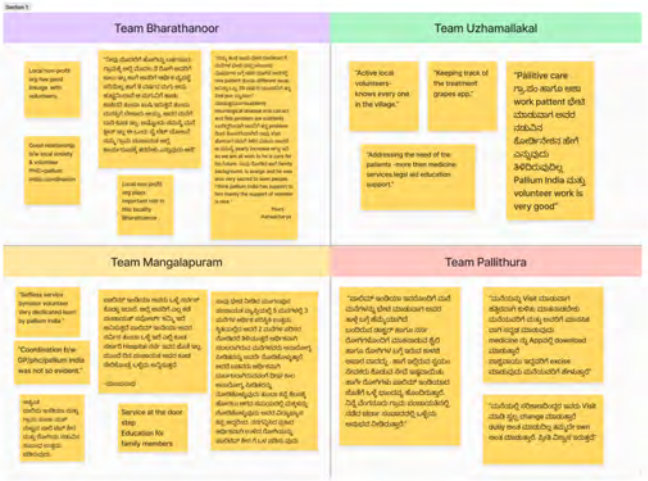
Learning Visit

#LearningFromBelow

Collaborators: Sudarshan Shetty, Nethravathi, Geetha, Asha Acharya, Singari, Jayanthi, Manjunath, Poornima, Susheela, Sathish, Elizabeth Joy, Sangeetha R, Vinay, Sunitha, Vidya H P, Pallium India

Description
Samagra Arogya Cluster organized an orientation visit to Pallium India in Thiruvananthapuram, Kerala, aimed at learning and adapting innovative palliative care practices. The visit to pallium India Thiruvandhapuram happened from 22nd July to 24th of July, 2024. A team of 15 members participated in interactive sessions, hands-on workshops, and field visits to understand the operational model that integrates clinical services, community volunteer networks, and government partnerships. The visit provided insights into Pallium India's comprehensive approach to delivering home-based geriatric and palliative care, from establishing link centres to training local volunteers. This exchange was designed to foster a cluster-managed intervention model that leverages local resources while ensuring quality, compassionate care to marginalized populations. The initiative also intended to inspire collaborative strategies for strengthening palliative care at the Gram Panchayat level in Kundapura.

Process
The team's itinerary was designed to capture a full view of operational strategies at Pallium India. On arrival, the team attended a comprehensive orientation session that outlined the organisation's history, funding mechanisms, and service models including inpatient, outpatient, and home care provisions.

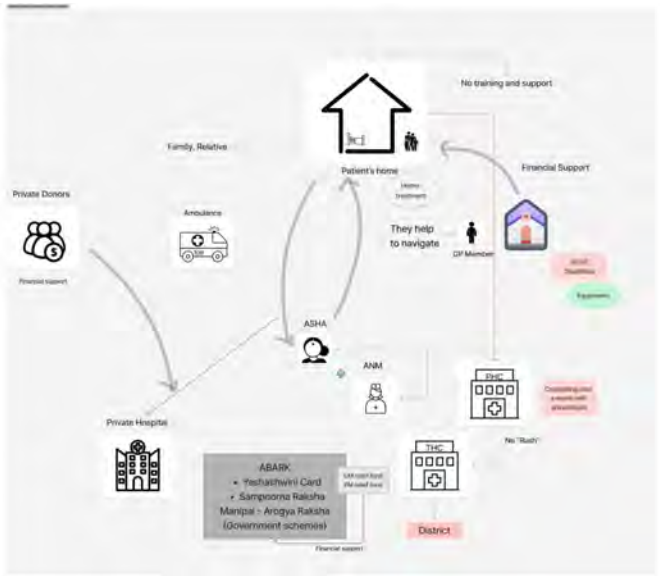


Day 1 was dedicated to an immersive visit at Venganoor Panchayat, where the group interacted with local governance leaders and the palliative care team. They observed how the Panchayat, with a dedicated team of nurses, volunteers, and doctors, integrated Pallium India's model into community outreach. The session covered the establishment of link centres, financial planning, and the critical role of government funds in sustaining services. Detailed discussions highlighted how a minimum 5% budget allocation ensured the continuity of care through community resources and government grants.

Day 2 focused on home care visits. The team split into four groups to accompany care teams across diverse settings—from peri-urban areas to remote villages. They witnessed the delivery of comprehensive services, including medical consultations via the "My Grapes" app, telehealth support, and holistic care encompassing mental health, rehabilitation, and vocational training. Additionally, the delegation observed how technology and coordinated teamwork enhanced care delivery, despite challenges such as resource limitations and connectivity issues.

Outcomes

The visit resulted in a repository of practical outcomes including a series of images, annotated diagrams, and detailed lists of best practices. Key achievements comprised a clear mapping of the clinical service delivery process, documentation of the integration model with local governance, and a step-by-step guide for establishing link centres. The visual outputs captured the dynamic interactions during home visits and the operational flow within palliative care teams. These outcomes now serve as a comprehensive resource for designing a cluster-managed intervention model that can be adapted for the Gram Panchayats.



Learning Reflections

The orientation visit to Pallium India provided invaluable insights into the operational aspects of community-driven palliative care. One of the most significant learnings was the effectiveness of a decentralized, community-managed model that integrates government support, volunteer engagement, and medical expertise. Observing how Venganoor Panchayat successfully allocated a dedicated budget for palliative care reinforced the importance of securing financial sustainability within Gram Panchayats in Kundapura.

Overall, this learning exchange reinforced the potential of adapting Pallium India's model to our context in Kundapura.

03-CPC-03

Co-design Session

#SupportOverSolve
#PlaceBasedActions

Collaborators: Sudarshan Shetty, Nethravathi, Geetha, Asha Acharya, Singari, Jayanthi, Manjunath, Poornima, Susheela, Sathish, Elizabeth Joy, Sangeetha R, Sunitha, Vidya H P, Pallium India

Description

Beginning from May 2024, there have been many discussions and sessions to imagine the Community Palliative Care initiative with people from the cluster. This was at various levels, designed over several sessions with the elected members of the Gram Panchayat, the ASHA workers, Health Center personnel, and other state government representatives of health like the DHO/THO. This has resulted in the panchayats organising a task force that has spear headed the CPC initatiative along with institutions like KMC, PSPH and MAHE. The objective of the co-design session-01 is to take up three aspects of the Palliative Care intervention as a follow up to the proposal submission and learning visit of the working group to Pallium India.

They are also in tandem with the expressed desire from the GPs to launch the Palliative care as a cluster-based service by 1st of November 2024 on the occasion of Karnataka Rajyotsava.

The three aspects covered in this session are,

Selection of Care Recipients & Services: Identifying the prevailing nature of conditions of care recipients and respective services to be made available.

Institutional co-operation for CPC: Identifying the existing PRI, Departments, CSOs and NGOs relevant to the requirements of Palliative care services to be included in the co-design of the protocol, resources, infrastructure and services.

Cluster-based Operation & Sustenance: Deliberating on the existing provisions to the GPs in Karnataka to operationalize the Palliative care services in Samagra Arogya cluster.

May-June 2024	Collaboratively drafting the proposal for Community Palliative Care by Samagra Arogya Team and Panchayat presidents
June 2024	RDPR budget of 1 lakh allocated
July 2024	Learning visit to Pallium India, Kerala in Bharathanoor, Mangalapuram, Uzhamallaikal, PallithuraA team of 15 members comprising the SA cluster and the SA group visited Pallium India from the 22nd to the 24th of July, 2024. This visit was organized to foster learning about the best practices in palliative care.
August 2024	The primary objective of this study trip was to gain a comprehensive understanding of Kerala's successful palliative care model, with particular emphasis on its implementation at the Panchayat level and the involvement of Pallium India in it. Members from the RDPR, KMC, Aruvu, KHPT and DoH&FW visited
August 2024	A full day preparatory workshop for the Community Palliative Care (CPC) Co-Design session happened in Yelahanka Nodal Centre with members of Aruvu on 13th August, 2024.

This codesign session has enabled the GP members to express their thoughts freely to the SA team. It has led to critical conversations on usage of methods, and the support needed for the GP.

This kind of critical conversations seem to appear at highly dense/ pressured times. We must find healthier ways to understand the concerns of the GP and work with a better pace of feedback and learning.

Outcomes

- Three broad kinds of care were decided on: Home-bound, Bed-bound, Hospital-Bound

- In the pilot phase it was deliberated on which kind of care recipients and services to be prioritised. The services to be largely linked to the following places of care: Home based, PHC/ CHC (including Day care), Government Hospital, Private Hospital

Care will be provided to:

Elderly individuals, whether they live with family or by themselves, People with disabilities, which could include children, individuals with mental health conditions, or those with mobility challenges.

Beneficiaries/Care recepients can be identified at the ward level based on the data and information alreay available with ASHA workers, members of SHGs, ward officials, and the Yogakshema group.

Assessment and Screening:

Assessment and screening can happen based on the HH review and self review. This can be carried out by social workers, health officers, and medical practitioners.

Health screenings can be conducted for conditions such as diabetes, cancer, epilepsy, COPD (lung disease), HIV, physical disabilities, and malnutrition in children.

As a second part of the session started with the discussion on Palliative care operation (Committee formation & finance management) & sustenance. Here the decision to include CMO from the Kundapura General Hospital, which is the Taluka headquarters. It was also suggested to establish an MoU with KMC - MAHE. The Taskforce came into existence from this meeting. A total of 52 people participated in the meeting.

03-CPC-04

CPC Sabhe

#SupportOverSolve

Uday Kumar Shetty, Asha Archarya, Shreyas, Adhavan, Abhiram, Eshwari, Sangeetha, Vidya, Shruthi, Naveen, Mallika and Dr. Swaroop.

The District Health Officer, all Program Officers, CHO, PCHO, and Asha workers of the H&FW department, Presidents, Vice Presidents, and PDOs of Grama Panchayat, MBK of the Sanjeevini Sangha, Samagra Arogya team lead and members, and Pallium India team

Description

CPC sabhe is a collaborative approach to setting up the Community Palliative Care at the GP level in vandse cluster. This meeting was conducted to co-develop a pilot for Cluster-based Community Palliative Care service in Vandse cluster. It took place on 18 December 2024.

Process

On the 5th December, Shreyas, Naveen and Vidya planned and facilitated a planning session at the Yelahanka Nodal Center of Aruvu Collaboratory with Dr Swaroop of KHPT, and Uday Shetty, GP member Vandse, and Asha Acharya, GP President, Iduru Kunjadi. Based on the suggestions by Uday Shetty and Asha Acharya, we decided to call it and conceptualise it not as a 'co-design' session, but as a 'Sabhe', CPC Sabhe.

The meeting had the following sessions:

1. Revisit chronology of collaborative activities.

2. Drawing a system diagram with components of CPC envisioned in Vandse cluster

If the CPC sabhe was conducted as imagined it could have lead to a clearer shared vision and consensus on a lot of aspects particularly in the need assessment and care plan. The fear of things not moving forward led to decision making and logistical advances leaving the vision behind. Discussing the need assessment tool in detail could have helped later misalignments in expectations from the need assessment and how it directly must corelate to care planning.

3. Structuring of the Co-design Session (Patient Identification, Assessment, care plan (medical/clinical+mental health+social determinent), service needs, Decision Support System etc) and related prompts

4. Participant list for the codesign session 02

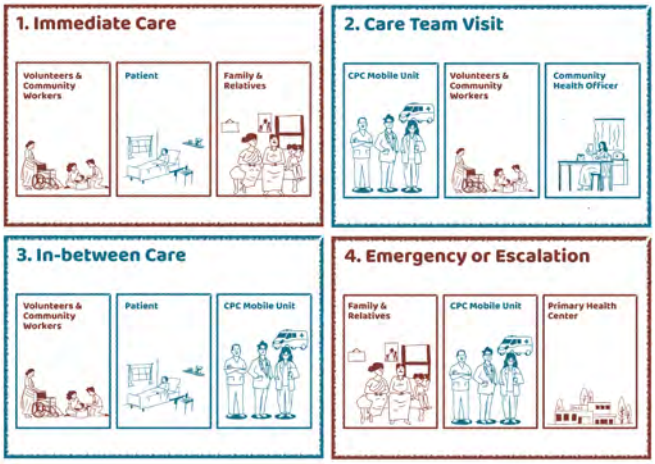
5. Grouping for the participatory sessions

6. Pallium India visit to Vandse and hosting plan by CPC Task Force members

The first draft of the plan was prepared in this session. We shared the plan with Mohan, CEO KHPT on the 16th, and changed the sessions on detailing out the need-assessment plan as it was decided that the need-assessment will be done directly by MAHE with some support from the GPs. Shreyas and Vidya coordinated with the team from MAHE along with Dr Swaroop, and the CPC taskforce to get the final plan and participant list for the CPC Sabhe.

Facilitating the CPC Sabhe

The Community Palliative Care Meeting was held on December 18th, 2024 at 10 am at Shreeya Conventional Hall, Market Road, Vandse. It was facilitated by Shreyas, Adhavan, Eshwari, Vidya, and Naveen along with Mallika and Dr. Swaroop from KHPT. We had prepared a set of materials to enable the discussion, particularly for care-design and review of need-assessment forms. But the structure of the Sabhe was changed, and a sense of urgency was brought forward by the DHO, we could not use these materials. However, we believe these will be important materials to engage and activate the community members as well as GP members to drive the initiative from the perspective of the community.



Outcomes

1. CPC Care Workflow

2. Overview & Invite

3. Need-Assessment Cards

4. Screening Tool Cards

03-CPC-05

Kriye Sabhe

#LearningFromBelow

Collaborators: Naveen, Vidya, Abhiram, Dr Swaroop, Dr Vibha, Liyakhat, Need Assessment team, Dr Kirthinath, MAHE, Aruvu, KHPT

This was a session which brought out various aspects of SDoH in the context of palliative care. The assessment of various kinds of needs highlighted and brought out different aspects of health. Some determinants highlighted were caste, access to education, family dynamics, stigma or taboo against discussion of certain topics, access to healthcare resources, availability of transport and connectedness of places etc.

Description

Kriye sabhe was a session with Asha workers, GP volunteers and Need Assessment team. This was conducted as part of the need assessment training program. The main intent of the sabhe was to involve the community and the need assessment team in thinking of ideas, anticipating challenges and co designing aspects of the palliative care. The three aspects were - Patient identification, need assessment and care plan.

Patient identification: Patient identification involved discussing how the Asha workers have already identified the patient line list, how this process can be continued and the role of community and community volunteers in identifying the patients.

Need Assessment: Need assessment discussion was around how the need assessment can be conducted, what the challenges are, how and what questions can be asked to the patients and caregivers.

Care plan design : Care plan design involved looking at what the role of different actors are in providing palliative care. This involves the mobile team, caregiver, community volunteers etc.

Process

Vision of the Kriye Sabhe: The vision of the sabhe came from the plan for the CPC sabhe. Kriye Sabhe was initially included as a part of the CPC sabhe. Given below is an exerpt from the planning document.

CPC Karya/Kriye Yojane Sabhe: In this session all the participants will be divided into groups to propose an action plan for one of the components, which the planning team decided as Patient Identification Plan. The action plan for the Patient Identification across 7 GPs needs to be commonly agreed upon. The outcome of the session will help us to begin ground work.

Time	Activity	Facilitation
10:00 - 10:15	Inaugration	Vidya HP
10:15 - 10:30	Welcome & Introductions	Naveen Bagalkot
10:30 - 11:00	CPC Overview	Naveen Bagalkot
11:00 - 11:30	Need Assessment Overview	Dr Swaroop & KHPT team
11:30 - 1:00	Group Discussion Sessions: Role of Community Members in CPC	Naveen Bagalkot, Vidya HP, Shruthi Naik
	Patient Identification	
	Need Assessment	
	Care Services	
1:00 - 1:15	Closing & Vote of Thanks	Vidya HP

Facilitation of the Kriye Sabhe: The Sabhe started with inauguration, introduction and orientation. After which a brief overview of CPC and Need Assessment were given by Naveen and Dr Swaroop. The crux of the Sabhe was the group activity that happened after. All the participants were divided into 3 groups. Each group worked on all three aspects i.e Patient identification, Need assessment and Care plan. The cards that were created for the CPC sabhe were used in this session.

Outcomes

Suggestions and guidelines for carrying out patient identification, need assessment and care plans. Each segment had clear highlights of community specific actions and considerations to keep in mind at different stages.

Participant list of people who could be potential collaborators

Charts from group discussions with the suggestions.

03-CPC-06

Need Assessment

#PlaceBasedActions

Collaborators: Naveen, Shreyas, Vidya, Abhiram, Dr Swaroop, Dr Vibha, Liyakhat, Need Assessment team, Dr Kirthinath, MAHE, Aruvu, KHPT

Description

The need assessment was the second step in the community palliative care program. The first step involved patient identification which was primarily done by the ASHA workers. There was a line list created from the details collected by asha workers and given to PHC. This consisted of around 300+ patients across all GPs. The plan was to then conduct a need assessment to assess needs across social, emotional, financial, caregiver domains. The need assessment structure was created by KHPT led by Dr Swaroop in close collaboration and suggestions from KMC, Dr Naveen Salin etc. The different members of the need assessment team were trained and the needs assessment was conducted for 4 days. Over 60 patients were assessed in the first phase. The information collected from the needs assessment helps create personalized care plans for each patient.

Process

The proposal highlighted the following steps in the proposal which laid out the base for a need assessment.

1. Designing and implementing the protocols for identification and onboarding of Beneficiaries and their specific needs, based on specific criteria arrived at during the planning phase.

2. Identifying existing old age homes and other service providing facilities that are aligned with this initiative in the region

The domains that must be taken into consideration was also mentioned as per the guidelines of WHO

The World Health Organization (WHO), in 2002, defined Palliative Care as "an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual".

Training for the need assessment

A training for the team that conducts the needs assessment was held and Manipal. This included people from KHPT, Aruvu, KMC, Prasanna school of public health.

Day 1: Meeting with Asha workers, community volunteers and need assessment team

The first meeting was done at Samagra Arogya Resource Center in Vandse. The main intent of the sabhe was to involve the community and the need assessment team in thinking of ideas, anticipating challenges and co designing aspects of the palliative care.

Day 2 and 3: NA tool training at KMC with NA team

This discussion included details of each tool being used in the needs assessment, how their scores are calculated, how screening is done for palliative care, run through of the application and a mock session.

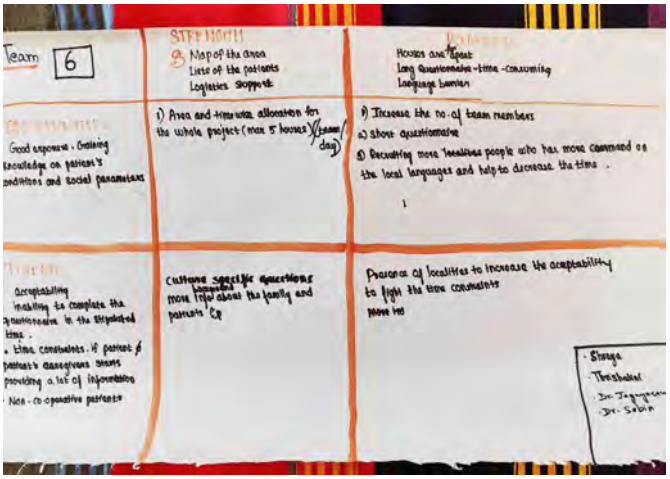
Day 4: Test NA for feedback at Vandse

A test run with the application was conducted in Vandse with the need assessment application in Vandse. The various teams shared their feedback and changes to the tool.

Phase one of the Need Assessment

The first phase of the need assessment was conducted with 66 patients between March 05th and 10th. This was done across various panchayats by the need assessment team, with onground support and cordination from Asha workers, Aruvu and KHPT. However, upon further feedback on the length of the form and nature of a few questions, it was paused to be revised with changes suggested by Panchayat members and other stake holders. There were concerns also raised around the relevance of certain questions to the care plan.

The main reflection is around the involvement of the community in the framing of the questions and the tool. An Asha worker or a CHO would have insights on how to ask these questions in the context of the community. This particularly manifests in social, emotional, spiritual, financial-toxicity profiling. The tool and questions involve a lot of time and hence language, cultural context becomes more of a barrier.



Outcomes

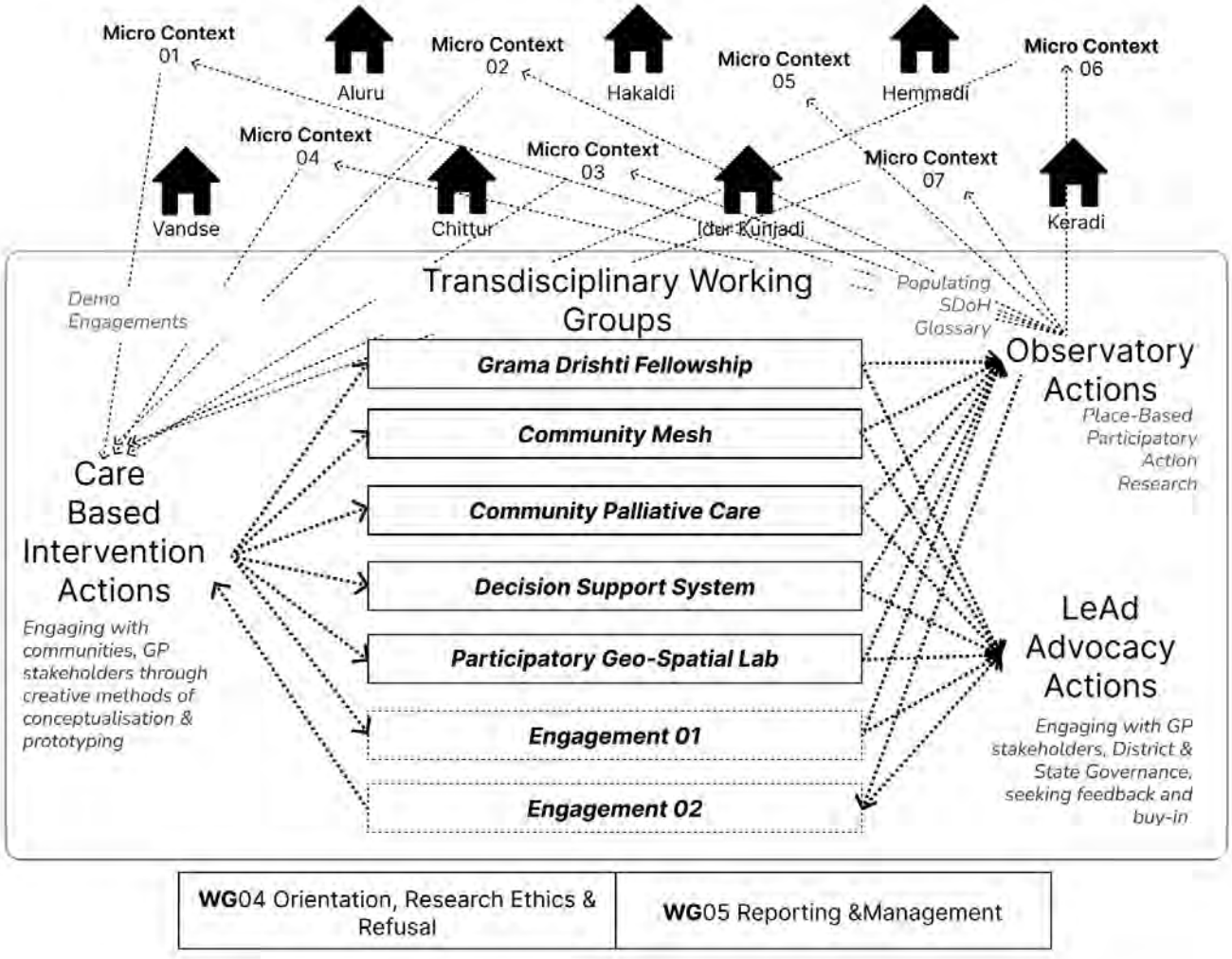
1. Assessment of 66 patients

2. DSS guidelines and suggestions

3. Need assessment format and tool

4. Annotations and suggestions from GP members and other key people involved

Way Forward


Micro Context 01
Aluru
Micro Context 02
Hakaldi
Micro Context 05
Hemmadi
Micro Context 06
Micro Context 04
Vandse
Micro Context 03
Chittur
Micro Context 07
Keradi
Demo Engagements
Transdisciplinary Working Groups
Populating SDoH Glossary
Grama Drishti Fellowship
Community Mesh
Community Palliative Care
Decision Support System
Participatory Geo-Spatial Lab
Engagement 01
Engagement 02
Observatory Actions
Place-Based Participatory Action Research
Care Based Intervention Actions
Engaging with communities, GP stakeholders through creative methods of conceptualisation & prototyping
LeAd Advocacy Actions
Engaging with GP stakeholders, District & State Governance, seeking feedback and buy-in
WG04 Orientation, Research Ethics & Refusal
WG05 Reporting &Management

Structure for Transdisciplinary Collaboration

A key reflection that emerged through project 1 and project 2 is the important role played by a close-knit transdisciplinary team working in the place. Transdisciplinary expertise includes not only the experts from Aruvu, KHPT, and MAHE, but more importantly, the expertise of lived experiences and knowledge of the communities, which was particularly held by frontline workers and other key members of the communities.

Another key reflection has been that specific engagements with direct connection to the matters-of-concerns of the people of the place hold better potentials to embed themselves and sustain over time. We saw this in the ABArK journeys in Project 1, and in the Community Palliative Care in Project 2. While both were care based intervention engagements, they engaged also with actions of the observatory.

Summarizing these reflections we suggest that going forward in project 3, the structure of engagement is held by Transdisciplinary Working Groups (TDWG) anchoring specific engagements. Each TDWG will have the necessary expertise, including community members and / or frontline workers as key decision makers shaping the engagement. Each engagement will perform all three forms of actions: Observatory, Care Based Interventions, and LeAd Advocacy. This we believe will embed the structure in more depth, enabling ownership and sustenance of the Samagra Arogya approach.

Place-based **Glossary of SDoH**

The Social Determinants of Health (SDoH) are mostly dynamic and manifest differently depending on the located-ness (socially, historically and geographically) of a populace. A one-size fits all approach is not desirable especially when the interventions are focused on the SDoH. A place-based observatory is a critical care infrastructure that we are co-envisioning to continuously sense, survey, map, observe, document, archive, learn, reflect and explain the regional diversity of practices, communities, ecologies and organizational systems in the 7 GP cluster that shape health and wellbeing.

The place-based observatory of social determinants will inform the participatory actions of Samagra Arogya in the form of interventions, highlighting learnings, types of advocacy and adaptation needs of the GPs and associated PRIs to shift from welfare to care state.

Descriptor	Description
Shift in the patterns of fish business at local level	The different types of fish vendors include the local fish market vendors; motorcycle/ vendors, and head loaders. The local fish market vendors who lease out a market space in the GPs and head loaders are mostly women selling fish, while the motorcycle 1. There are various types of fish vendors and except for the two wheeler vendors, most of them are women. They are traditionally stationed at these markets leased out by GPs and also the head loaders (women) who are of the region. 2. Due to Post pandemic the reverse migration has lead to more actors choosing fish business as a viable option compared to income earned in cities. With their greater agency and resources they are able to purchase vehicles (which are subsidized by the dept. of fisheries). 3. The newer ways of marketing is male dominant and women are not able to adapt to the new trends in the business. 4. Demand for fish in decline - variety in meat options, change in culinary preferences in younger generation. 5. Fish business are inherited by the women in the families in the matrilinear community (Moghaveera, Karve). Therefore women inheritors did not consider education to be a priority, but that is shifting as the younger generation are prioritizing education and looking for other opportunities. 6. Younger women are employed at fish processing factory for export business.
Reverse migration	This needs more understanding…
Fisher women, income and agency	1. Women dropping out of the fish selling business, because it is increasingly less viable compared to other fish vendors. What happens to the women and their health, quality of life & livelihood of who have dropped out? (opportunities, agency, dependence) 2. Other sources of income have opened up for the fisher families due to younger generation migrating to places for different jobs. 3. Fish vendors who are older women do laborious work, have age related concerns and lack of health prioritization.
Impact of climate on fish industry	1. Over the last decade a steady decline of quality and quantity of fish is deteriorating therefore directly impacting their income and cost of fish 2. Regulatory restrictions of fishing certain species (sharks, dolphins, turtle meat). Fishing ceases during monsoon and the fish vendors buy back from the Malpe export. 3. Hot weather impacts breeding, availability and harvest of crabs, molluscs, clams and fish 4. Flash floods due to accumulation of silt in water bodies. It has disturbed the eco-system of fish. (need to dig more). Blockages in the estuary leading to restricted fish movement. 5. Water pollution
Importing and export goods overseas	This seems quite common in the region. The fish processing unit and the cashew factories are setup specifically to import the products abroad. These factories have women as labourers, in majority who work under less than ideal conditions which can have negative health and other repercussions.

	Level	Micro-Context	Social Factor
	Community, GP Cluster, System	Fish Market	Caste, Education, Family system, Gender, Income, Livelihood, Market, Reverse migration
	GP, GP Cluster, System		
	GP	Fish Market	Agency, Gender, Livelihood, Market
	Community, GP, GP Cluster, Hamlet, Ward	Fish Market	Climate Change, Gender, Livelihood
	GP Cluster, System	Cashew Factories, Fish Market	Gender, occupational healt

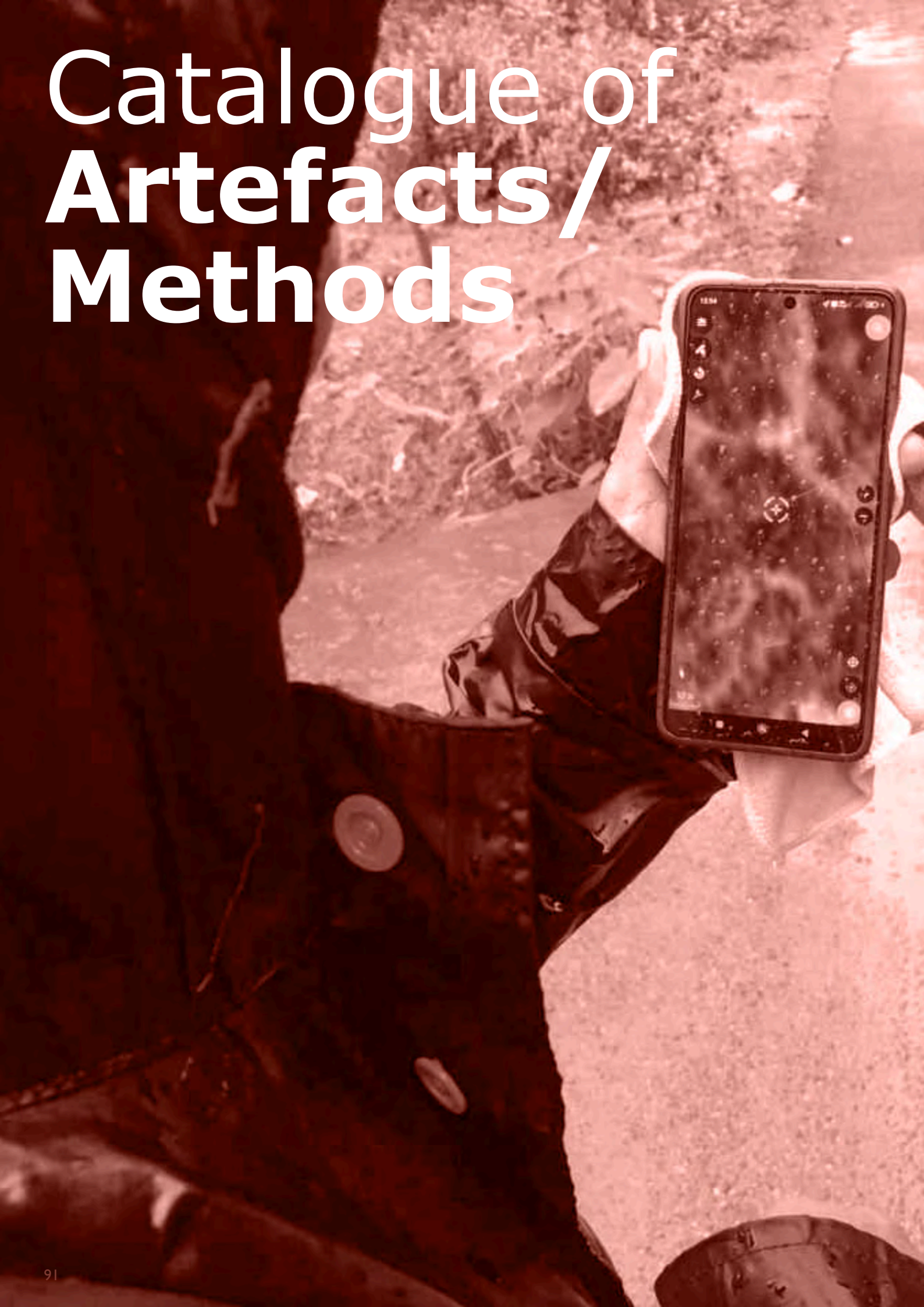
Transition from farming to horticulture	A huge number of farmers have left behind paddy cultivation and are moving towards areca nut and coconut plantations. This is due to a range of factors: shortage of ground water, labour shortage (due to rural to urban migration increasing labour costs), increase in animal-human conflicts, reduction of income from paddy, and dependent on govt agri-advisories. Hence there is decline in farming and increase in plantations. This is bringing about the following changes we have observed: increase in usage of chemical fertilisers, increasing complexity to navigate the market, changing gendered employment (paddy provided employment for male and female persons but areca employs mostly male persons) (there could be more).
Monoculture	People are moving to horticulture and also just growing areca because it is more profitable and involves very less labour compared to paddy cultivation. The shift is happening due to the income promise that the areca makes. The climate change factors like change in rain patterns and decrease in water availability has reduced the scope for poly culture.
Natural fertiliser v/s chemical fertiliser	The farmers who have recently switched to cultivate areca, prefer chemical fertilisers due to the belief that the yield would be better. However the farmer who have been cultivating areca for more than a decade are wanting to use natural fertiliser. They feel that, - The soil's quality has depleted because of chemical fertilisers, and they have to get top soil from other places. - Krishi Kendra is giving out information and subsidies for "Kottige Gobbara" / "Sawayava Gobbara". - The farmers and farm labourers experienced allergies and other health issues due to handling chemical fertiliser and pesticides (a documentation of these will be good). They are already using fertiliser made of their own with cow dung, leaves and goat droppings. So they are slowly shifting to natural fertiliser with very minimal chemical fertilisers. However, they are concerned about the yeild.
Rural to Urban migration	Rural to Urban migration. This happens in all the GPs and the it is hard to spot the younger generation in the villages. With this we can anticipate that the farming and horticulture could reduce in the future. There are some men who come back to the village just for a month for the harvest of areca but would work in other cities/states.
Safety net measures for horticulture	Need attention for Areca farmers. They shift from paddy to areca without fully being aware of the process which is required for areca plantations. Government schemes which are particular for horticulture need to promoted among the farmers.
Ability and Dependability on agro-advisory	This descriptor falls under the social factor of data-driven advisories coming from various govt and non-govt institutions. It might be connected to available safety net mechanisms to farmers. As a consequence this burden might get transferred to the farm labourers too. This can be one of the critical dialogues that can be linked to the wellbeing of peple associated and directly depending on farming/ agriculture as their main source of income. Hence connects to Income too.
Distribution of Agri-inputs by the Govt	Farmers receive different inputs in cash and kind to practice agriculture and reduce input costs. The quality and availability of such inputs has direct impact on the soil health, livestock, crop choice etc. This links to the social factor of Soil & Climate variations.
Mobility - Transportation	The cluster does not govt. buses to travel between the villages. Most of the buses are private and frequency is also less. This makes families/women who are economically weaker to lack mobility. Those families who have car and bike are sorted.

	GP, GP Cluster	Agrarian Families	Climate Change, Gender, Income, Livelihood
	GP, GP Cluster	Agrarian Families	Climate Change, Income, Livelihood
	GP, GP Cluster	Agrarian Families	Income, knowledge
	GP Cluster	Agrarian Families	Livelihood
	GP Cluster	Agrarian Families	Government Institutions, Livelihood
	GP, Hamlet	Agrarian Families	Government Institutions, Income, knowledge
	GP	Agrarian Families	Government Institutions, knowledge
	GP Cluster, System		Gender, Livelihood

Distant locations of markets	This could be a descriptor for infrastructure. Some villages and GPs have weekly market. Otherwise many villages in the GPs do not have markets and people have to travel far to find one.
Health access for tribal hamlet populations	Manmarahara in Idur Kunjadi and Deety in Keradi are two tribal hamlets. These hamlets are located far away from the other GPs and junction. There is no pucca road connectivity to the hamlets. This hinders the movement of the people.
SLRM at Maranakatte	An initiative by the Vandse SLRM team to have different dustbins for different kinds of waste with posters all over the temple premises. GPs come together during these festivities and are able to execute their SLRM concepts in areas near temples.
Stigma around severe chronic diseases	Most of the people in the cluster prefer to maintain utmost secrecy of a family member suffering from severe disease (like cancer), as it affects the marriage prospects of the younger generation in the family. This hinders them from reaching out to people that could provide information to aid the treatment.
Decision making and access to health information	The information from ASHAs of any health related schemes are always given to the women in the house, but men or the migrated population take charge in availing them. The houses of daily labours are locked during day time and don't come into contact of ASHA workers. This is challenging as the information doesn't get transferred, which affects the decision making structure - as men are most often the principle decision takers.
Increasing complexity to navigate the market.	To be explored.
Need of adolescent services in the cluster	Sneha Clinics have been operationalised by PHCs in this region but it has stopped working few years back and nobody knows why it stopped working. There is curiosity to unpack why it stopped working and the need of a system for adolescent health in this region.
Child Care in Tribal Settlements	While going through the notes from Madhukotla, Hara, Mel Dheeti it is clear that most of the people are leaving early in the morning for work and some of them are also out of station. So it is not clear how they handle child care. Are women staying back to take of the children? or are they taking them along to work? do they use Anganwadis or depend on their old family members. It is crucial to understand this as it could determine child safety, education and also the role of women in child care.
Access to public transporation infrastructure for remote hamlets	Coming from engagements in Hara, a tribal hamlet in Idur Kunjyadi, there is a realisation that remote settlements do not have access to infrastructure needed for daily access to work or resources. This intersects with access to private vehicles and public transportation access. This also determines access to distant places of education. Fellows of the Grama Drishti Fellowship are unable to come to a common poiint
Mining and its livelihood implications	Mining has been observed in Hara and from Vandse, Chittoor to Keradi along the way. It intersects with a livelihood relationship between the land, residents and market interests in mining. Miners and mining apparently make the soil cultivable, and thus the community benefits, this needs to be understood in detail. How does this affect the soil's qualities, the nature of the flora and affect fauna in the region?

	GP	Sanjeevani Sanghas	Gender, Livelihood, Market
	Community, GP Cluster, Health System	Tribal Settlements	Caste, Health, Infrastructure
	GP Cluster	Daiva	
	Community, GP Cluster, Health System		Community perception, Health, Information
	GP, GP Cluster, Health System		Gender, Health, Information, mobile populations
	GP		Income, Livelihood
	GP, Health System	Adolescent Health, Sneha Clinic	Gender, Health, Information, Infrastructure
	Community, GP, Health System, System	Tribal Settlements	Gender, Government Institutions, Health, Infrastructure, Livelihood
	GP, Hamlet, System	Tribal Settlements	Agency, Education, Gender, Livelihood, mobile populations
	GP	Tribal Settlements	Income

Catalogue of **Artefacts/ Methods**



Participatory Knowledge Mobilization: The Demo Engagements facilitated structured interactions between Gram Panchayat (GP) members, community stakeholders, and governance actors to co-create and operationalize place-based solutions.

Action research framework

SA Collaborators, Aruvu Team
2024

The Demo Engagements introduced participatory governance concepts through contextual micro-engagements, linking Social Determinants of Health (SDoH) to community realities while also fostering inclusive decision-making practices.

Contextual Taxonomy Development: The Place-based Glossary of Social Determinants of Health (SDoH) for the SA Cluster was developed through direct engagement with micro-contexts across multiple Gram Panchayats (GPs)

Ethnographic Concept Mapping

Aruvu members, SA Cluster Collaborators
2024

The glossary contextualizes SDoH through community-specific descriptors derived from lived experiences across SA Cluster GPs, supporting localized health interventions and participatory policymaking.

Co-Speculative Facilitation through Visual Tools: A deck of cards as a participatory tool to facilitate co-speculation with Gram Panchayat (GP) members and PDOs.

Participatory Speculative Frameworks

Aruvu Team, GP members, PDOs
2024

The deck of cards facilitated collaborative discussions with GP members and PDOs about stages of data management, linking abstract data points to real-world implications. This speculative engagement helped them to envision practical, locally informed uses of Household Review Data.

Participatory Community-Centered Co-Design: co-creating artefacts with the community through facilitated engagements, building contextual understanding through mapping, oral histories, and visual storytelling.

Collaborative action research

Community Collaborators — Subramanya, tribal settlement residents, and fish market vendors. Local GP Members and PDOs — Udhay Shetty, Goverdhan Jogi, and other Gram Panchayat representatives, KHPT Core Team and Aruvu Team Members
2024

The artefacts generated show collective knowledge gained through participatory engagements, illustrating community representation and advocacy. The participatory mapping of Hara, fish market timelines, and the agro-infrastructure mapping were designed as co-produced knowledge systems that enabled nuanced understanding of socio-economic and spatial dynamics in the Vandse GP cluster.

Field-Based Immersive Engagements and Observational Learning: direct engagement with local communities, in observing and learning about specific local practices and occupations.

Documentation through Observational Practices and Storytelling

Vidya, Shruti, Harsha
2023-2024

The method emphasizes learning through immersion in local contexts, where first hand experiences allow for the gathering of data not just through interviews or surveys but through sensory engagement and personal interaction. This method is rooted in participatory observation, helping to see how local practices and occupational patterns contribute to larger cultural, environmental,

and economic systems. In the example of the fishing process, detailed observations about the types of boats and fishing practices were made through active participation and engagement with the community.

Participatory Geospatial Lab (PGSL) Engagement for Local Discovery and Spatial Narratives: facilitating local discovery through maps and spatial narratives.

Interactive Mapping and Local Spatial Discovery

Adhavan, Harsha
2024

The method emphasizes the creation of a participatory space where community knowledge is visually mapped and shared. It is grounded in local engagement and the use of both digital and physical mapping tools, such as the PGSL, Every Door app, and open-source platforms like QGIS.

Community-Based Participatory Engagement for Adolescent Health and Palliative Care: to discuss initiatives related to adolescent health, palliative care, and other community welfare efforts, through participatory tools such as illustrated prompts and open dialogues, facilitating understanding and involvement.

Community Mapping & Outreach

SA team, SHA workers, GP members, women entrepreneurs, and local health professionals, PHC doctors
2024

The interactions and engagements involved talking to various community members and professionals about adolescent health and palliative care. Tools like illustrated prompts were used to create conversations and gather insights. These engagements have led to a deeper understanding of local health challenges and areas for intervention.

Community-Engaged Data Collection for Atlas Development: Gathering geographical, economic, and cultural data from the local Panchayat Development Officers (PDOs) and Village Accountants (VAs) of Hemmadi, Hakladi, and Vandse GPs.

Contextual Mapping & Data Gathering

Ayush
2024

The visits involved engaging with local administrative officials across three GPs in Vandse cluster to collect data for the GP atlas. Each meeting provided insights into the geography, economy, and cultural makeup of the respective GPs, to understand the area's socio-economic landscape.

Community Engagement & Participatory Mapping: collection and mapping of permanent features - trees, public buildings, and bus stops.

Capacity-Building & Mentorship

SA Collaborators, ASHA workers, community mentors
2024

The meeting and activities focus on recruiting youth fellows from the SA cluster for mapping workshops, which combine manual and digital tools to map permanent infrastructure. The goal is to develop leadership and mapping skills within the local community, helping fellows identify and address regional concerns.

Community-Led Educational Planning: Participatory consultation for curriculum development, mentoring, and community

Participatory Framework

Vatsala (CHO), Geetha (Krishi Sakhi), Pramila (ASHA Worker), Suresh (GP Librarian), Mamatha (LCRP), Nagarathna (MBK), Shanti (MBK), Aruvu members
2024

integration for youth and adolescent fellowships.

Community mentors gathered to discuss goals, structure, and mentorship roles for the Grama Drishti Fellowship. Participants shared local insights, cultural resources, and project ideas.

Participatory Health System Development: Collaborative planning and consultation meetings with ASHA workers and PHC medical officers for palliative care implementation.

Consultative Framework

Uday Kumar Shetty (PC Task Force President), PHC Medical Officers (Alooru, Vandse, Hakladi, Gangolli, Keradi), Vidya H.P. (Samagra Arogya), ASHA Workers from seven GPs
2024

Organized PHC-level meetings with ASHA workers and medical officers to design patient identification, data collection, and palliative care integration under Samagra Arogya.

Integrated Community Health Governance: Design and co-creation of a decentralized palliative care system involving GP-level administration, healthcare institutions, and community participation.

Integrated Action Plan

Vandse GP Cluster (Presidents, Vice Presidents, Members), Zilla Panchayat Udupi, DHO, KHPT, Aruvu Collaboratory, MAHE, Pallium India, and local health institutions
2024

A comprehensive proposal writing for a cluster-level palliative care pilot in seven GPs of the Vandse cluster, emphasizing collaborative governance, health infrastructure, and community-driven care services.

Collaborative Policy Development: Integrated governance, healthcare, and community efforts through task force meetings, workshops, and inter-agency consultations.

Participatory Policy Framework

Vandse GP Cluster, Zilla Panchayat Udupi, DHO, THO, PHC Medical Officers, KHPT, Aruvu Collaboratory, MAHE, and Pallium India
2024

Co-created a palliative care framework for Vandse GP Cluster through multi-level collaborations between government, healthcare, and community actors.

Participatory Health Systems Design: Co-created a cluster-based palliative care model through collaborative workshops, site visits, and policy discussions.

Engaging and Distributing, Participatory Systems Mapping, Situated Learning Infrastructure

Vandse GP Members, Aruvu Team, PHC Representatives, KHPT Experts, Dr. Kirthinath (KMC Manipal), Ms. Swaroop (KHPT) 2024

Designed a community-centric palliative care model integrating healthcare, social services, and grassroots governance.

Agrarian and Horticultural Practices: Documented traditional flower cultivation, labor dynamics, and economic sustainability in Hemmadi.

Capturing and Composing

Vidya, Shruti, Sangeeta
2024

Explored Sevanthi flower farming, focusing on economic viability and cultural significance in temple offerings.

Craft Production and Micro-Enterprise Mapping: Investigated local pottery, spice production, and tailoring enterprises through field visits and interviews.

Mapping, Small-Scale Economic Networks

Vidya, Archit, Prathima, Rashmitha, Prema & Prasanna
2024

Documented craft production processes, market challenges, and socio-economic contexts through direct site visits and informal conversations with producers.

Socio-Economic and Self-Employment Mapping: Documented operational structures, roles, and entrepreneurial challenges in Sanjeevini Sanghas.

Community Economic Practices Documentation

Vidya, Shruthi, Asharani, Rashmitha, Prathima, LCRPs, Sanjeevini Sangha Members
2024

Explored the roles of community-driven self-help groups (SHGs), women-led economic initiatives, and grassroots market systems through interviews, participatory mapping, and site visits.

Socio-Cultural Documentation: Conducted oral history interviews, explored traditional agricultural practices, and documented cultural heritage through conversations and site visits.

Community Knowledge and Cultural Heritage Documentation

Vidya, Shruthi, Local Elders, Farmers, Community Members
2024

Collected narratives on migration stories, social customs, spiritual practices, farming methods, environmental conservation, and religious rituals.

Community-Led Network Mapping: Conducted participatory mapping and site exploration for network nodes through guided community walks.

Network Infrastructure Mapping

Vidya, Shruthi, Abhiram, Archit, Local Residents
2024

Explored settlement topology and mapped potential network points based on field visibility and household placement.

Ethnobotanical and Cultural Surveys: Documented plant use, cultural rituals, and local oral histories.

Cultural Resource Inventory

Aruvu field team and Hara Locals
2024

Mapped traditional plant knowledge, rituals, and indigenous cultural practices.

Technical Field Surveys and Community Dialogues: Mapped potential network node sites and conducted feasibility assessments.

Technical Feasibility Report

Archit, Abhiram, Kirana, Locals
2024

Explored line-of-sight feasibility and possible network node placements.

Informal Interviews and Observational Mapping: Explored community settlements through immersive interviews, site observations, and environmental mapping.

Oral Histories and Spatial Documentation

Archit, Abhiram, Vidya, Shruthi, Subramanya, Kirana, Local Residents
2024

Documented everyday narratives related to community history, religious practices, and socio-economic challenges.

Participatory Walkthroughs and Local Conversations: walks to explore community spaces, understand social dynamics, and document lived experiences.

Ethnographic Field Study

Archit, Abhiram, Vidya, Shruthi, Kirana, Local Residents
2024

Multiple thematic walks were conducted, focusing on public spaces, transport, network coverage, and children's play areas.

Participatory Mapping and Contextual Conversations: Field visits involving mapping, sketching, and interactive discussions on telecommunication and built environment.

Ethnographic Mapping Document

Aruvu field team, local residents
2024

Mapping settlement infrastructure, engaging locals about network challenges, and exploring socio-economic contexts.

Participatory Mapping and Relational Observation: Exploring built environments, ecological landscapes, and local infrastructure through mapping, sketching, and journaling.

Ethnographic Documentation

Aruvu field team, local residents Shashank, Subramanya, Parvatamma
2024

The visit explored Hara's landscape, built environment, and community life through mapping, visual documentation, and interviews.

Community Mapping and Relational Inquiry: Documenting settlements, mobile network coverage, and informal conversations to establish community relationships.

Ethnographic Documentation

Aruvu field team, local residents of Madhukodla, Anganwadi representatives.
2024

The visit explored settlements in Dheeti, focusing on mobile network coverage, community relationships, and potential mesh network nodes.

Community Network Development Vision: Conceptualizing and drafting a comprehensive proposal for the community network initiative.

Community Network Design Framework

Aruvu team and Hara members
2024

A comprehensive vision for a community network that supports local connectivity and social learning.

Community Advocacy and Public Infrastructure Negotiation: Local stories as advocacy tools to highlight infrastructural neglect and mobilize for public action.

Advocacy and Public Mobilization

Aruvu team and Hara members
2024

Community-driven storytelling to address infrastructural challenges.

Embedded Technological Learning: Collaborative technological learning through direct site engagement and participatory co-design.

Situated Learning Infrastructure

Aruvu internal team, Hara community members
2024

Learning through building mesh networks and digital artefacts in real-world contexts

Participatory Mapping and Artefact Creation: Local narratives, spatial mapping, and artefact production emerged through community workshops and interviews.

Strategy Development and Capacity Building, annotative reflection

Mythrayi, Ashwin, Chandravathy, Subramanya, Satish, and Hara community members, Abhiram, Archit
2024

Collaborative mapping and artefact creation sessions centered around the Bobbariya temple as a public gathering space.

Embedded Digital Knowledge Ecosystem: hyper-local digital tools and services built for and with the community using FOSS and participatory methods.

Knowledge Exchange System

Aruvu team, community representatives
2024

Designing digital platforms supporting lived experiences, government interface systems, and participatory decision-making.

Community-Driven Mesh Network Development: site mapping, stakeholder engagement, and participatory planning for a community mesh network.

Participatory Network Infrastructure Design

Mythrayi, Ashwin, Abhiram, Archit, Subramanya, and local residents like Satish and Chandravathy in Hara and Iduru Kunjadi hamlets.
2024

Community-led planning for mesh network development to address connectivity issues and local infrastructural neglect.

Discussions on Practices and Sustainability: Areca Nut and Coconut Cultivation

Synthesizing knowledge

Shruti, Krishna Poojary, Shashikala
2024

Details practices such as fertilizer use, seasonal crop spraying, and water resource management for areca nut and coconut farming.

Direct Oral History Collection: Reflection on Farming Practices

Narrative archive

Shruti, Krishna Poojary, Shashikala
2024

Captures Krishna Poojary's decades-long experience in paddy and areca nut cultivation, discussing transitions from traditional to modern farming practices and the introduction of new crop varieties.

Reflective Interviews on Adolescent Education: Explored sensitive topics like menstrual health, relationships, and mental well-being through conversations with women and ASHA workers.

Annotative reflection

Shruti, Nagaratna
2024

Gathered reflections on sensitive topics like relationships and mental health among adolescents.

Scenario Analysis for Sneha Clinics: Analysed scenarios related to Sneha Clinics' functionality, engagement challenges, and potential future strategies.

Scenario modelling

Shruti, Nagaratna, Vandse Medical Officer, Sasikala
2024

Examined barriers and proposed strategies for Sneha Clinics' revival.

Community Knowledge Mapping: Recorded insights from ASHA workers and Panchayat members about adolescent health initiatives, Sneha Clinics, and their challenges.

Community mapping

Shruti, Nagaratna, Panchayat members, Vandse Medical Officer
2024

Mapped community health knowledge and perceptions of adolescent health resources.

Intergenerational Narratives: Documented generational perspectives on adolescent health and family dynamics, including parental advice and evolving societal norms.

Comparative analysis

Shruti, Nagaratna, Local women, ASHA workers
2024

Explored generational differences in menstrual health knowledge and practices

Adolescent Health Needs Assessment: Engaged with women and ASHA workers to discuss the need for Sneha Clinics and their impact on adolescent health education.

Needs assessment

Shruti, Nagaratna, Vandse Medical Officer, ASHA workers
2024

Assessed the decline in Sneha Clinics and their relevance today.

Oral Histories Collection: Interviewed women aged 35+ with adolescent daughters to capture narratives about menstruation, lifestyle changes, and social norms.

Narrative archive

Shruti, Vidya
2024

Collected oral histories on menstrual practices, rituals, and lifestyle transitions.

Field Challenges and Documentation: Identified systemic and logistical barriers, such as lack of awareness about Sneha Clinics and inconsistent participation, through field observations and conversations.

Diagnosing

Shruthi, ASHA workers, GP members
2024

Documented barriers like lack of Sneha Clinic awareness and low participation.

Demo Engagement Planning: Planned pilot engagements with Meena Club and school programs to explore adolescent health education themes.

Prototyping

Shruthi, Hakladi Primary School, ASHA workers
2024

Proposed pilot engagements to revitalize adolescent health education.

Exploring Collaboration: Identified potential collaborators like young CHOs, school teachers, and MBKs to support adolescent health initiatives.

Connecting

Shruthi, MBKs, CHO Vatsala
2024

Identified collaborators to strengthen adolescent health initiatives.

Community Health Narratives: Developed thematic patterns from ASHA workers' and school teachers' inputs on adolescent health and hygiene practices.

Synthesizing

Shruthi, ASHA workers, GP members
2024

Synthesized inputs on menstrual hygiene, nutritional education, and adolescent counseling.

Interviewing and Documentation: Conducted interviews with ASHA workers, CHOs, and school staff to document their experiences and perspectives on adolescent health education.

Archiving

Shruthi, Vatsala (CHO), Hakladi Primary School HM
2024

Collected testimonies on adolescent health education and Sneha Clinics' cessation

Mapping Knowledge Sources: Engaged with ASHA workers, panchayat members, school teachers, and health officials to gather insights on Sneha Clinics.

Mapping

Shruthi, ASHA workers, Panchayat members
2024

Conducted field visits to understand the status and relevance of Sneha Clinics across seven panchayats.

Iterative Prototyping and Feedback Loops(makeathon): Collaborative ideation and development of SARC resources, refined through daily reviews and feedback.

Iterating

Naveen, Shreyas, Makeathon participants
2024

Employed iterative prototyping over three days, refining mock-ups for SARC resources through collaborative feedback and reviews.

Information Design Mock-up(makeathon): Designed a physical information display system that uses micro-contexts to explore SDoH, demo engagements, and related themes.

Exhibiting

Abhiram, Ayush
2024

This system highlights interconnected health contexts and practices within SA, encouraging visitors to explore and learn through interactive displays.

Online Archive Mock-up(makeathon): Created a prototype of an online Kannada multimedia archive to showcase SA engagements, envisioning its dual use as a projection in the resource center and a potential website.

Archiving

Aadhavan, Shruti, Eshwari
2024

Developed an online Kannada multimedia archive for showcasing SA engagements, designed as both a projection tool and a standalone website.

Spatial and Interactive Design Mock-up(makeathon): Conceptualized a cluster resource center with interactive spaces, including physical maps, a projection room, maker spaces, and other creative zones.

Arranging

Sangeeta, Harsha
2024

Designed a spatial model for the SARC, including interactive spaces like projection rooms, maker zones, and physical maps.

Prototyping Artefact Display(Makeathon): Collaborative design and production of visual and artistic representations of past engagements, such as Kundapura fish market stories and the Hara interactive map.

Representing

Archit, Vidya
2024

Developed visual and artistic prototypes for artefact display, reflecting key engagements in Kundapura, such as the fish market and Hara interactive map.

Situated Observation and Documentation: The Makkala Sabha was attended and carefully documented, with attention to how the event unfolded.

Situated Mapping

Vandse Government School children, - Vandse GP President, Vandse GP Vice President, Vandse GP Ward Member, Police Head Constable, Namma Bhoomi representative, Arogya Ilakka representative, PDO, Uday Shetty
2025

The Sabha served as a platform for knowledge exchange and civic education. Children were engaged on topics like 1098 and 108 helplines, digital habits, addiction, public safety, and access to welfare schemes. Officials responded with explanations, guidance, and encouragement. The presence of institutional representatives lent credibility, while the involvement of children as anchors and participants enabled dialogue.

Collective Voicing of Demands by Children in a Public Forum: Children were invited to express their needs and concerns openly.

Ethnographic Assemblage

Vandse Government School children, - Vandse GP President, Vandse GP Vice President, Vandse GP Ward Member, Police Head Constable, Namma Bhoomi representative, Arogya Ilakka representative, PDO, Uday Shetty
2025

They raised issues such as broken infrastructure, absence of a high school, lack of playground facilities, water scarcity, and inadequate garbage management. Requests were presented verbally and through handwritten letters. The segment revealed varying degrees of confidence, with some children repeatedly speaking up and others relying on peers to voice their concerns. The Mahila Sabha that followed saw low participation and little engagement, prompting concern about the withdrawal of older women from such civic platforms.

Iterative Project Introduction and Local Mobilisation: Fellowship team revisited Sanjeevini Sangha members to reintroduce the revised project through informal, relational engagements.

Community-led orientation and relationship-building

Shruthi, Bagyarathi, Nethravathi, Sangeeta
2025

During a visit to Idur Kunjadi, the team met with Bagyarathi and Nethravathi at the Panchayat premises, where ongoing

administrative work shaped the rhythm of the meeting. Despite Bagyarathi's willingness, her multitasking due to workload created barriers to a focused conversation. Nethravathi, though familiar with similar programs like Namma Bhoomi, was hesitant about her sons' participation due to concerns around commuting.The session revealed systemic pressures faced by women leaders, and the importance of designing low-commute, village-based engagements to enable participation.

Sensory Encounter and Place-based Rapport Building: Engaging with community members in domestic and agricultural settings to foster trust and explore shared interests.

Participatory field immersion

Shruthi, Bagyarathi, Nethravathi, Sangeeta, Anuja
2025

At Anuja's home in Keradi, the team was invited indoors where hospitality was extended through a kokum drink. Anuja's interest in the herbal garden and local storytelling projects emerged organically during conversation. The visit expanded into a stroll through her areca and vegetable garden, where embodied experience and dialogues. Anuja also offered to introduce potential student participants from the local PU college, reflecting her comfort and willingness to mobilize locally. Observations about extended school hours revealed community attitudes toward schooling and childcare in remote areas.

Navigating Gatekeeping and Local Endorsements: Attempt to mobilize fellows through an institutional ally at the community library

Relational field strategy

Shruthi, Suresh (Library Coordinator), Sangeeta
2025

During a visit to the community library, Suresh greeted the team warmly but expressed hesitation when asked to connect them with youth for the restructured fellowship idea. Although he appreciated the idea, especially the Daiva Stories project, he offered institutional alternatives like school visits and Makkala Sabhas instead of personal introductions. The session reflected the limits of allyship. Casual gendered comments during the conversation also revealed implicit cultural attitudes around mobility and women's presence in public space.

Informal Networking and Community-led Referrals: Leveraging household visits to activate local social networks and informal referrals through trusted acquaintances.

Social network mapping

Geeta, Shruthi, Suresh (Library Coordinator), Sangeeta
2025

In Hemmadi, a visit to Geetha's home evolved into a relaxed veranda conversation while she completed chores. Geetha expressed limited direct involvement due to her sons' ages but extended support by calling a local art teacher. Despite his initial reluctance, Geetha negotiated a meeting on the team's behalf. This interaction illustrated how everyday domestic settings can serve as key moments of informal negotiation and how trust within social networks enables new connections, even when initial resources seem unavailable.

Trust-Building through Familiar Channels: Revisiting familiar local actors, sharing restructured briefs and posters to reintroduce the project with cultural sensitivity. Emphasis was on not calling it a fellowship and instead framing it as documentation of traditional knowledge.

Participatory Orientation and Reframing

Suresh, Geeta, Sangeeta, Shruti
2025

Revisiting community actors who have institutional or relational influence helped reintroduce the project using a softer, knowledge-easy language. Suresh acknowledged the potential of Daiva stories. Geetha, although unsure initially, took an active step by connecting the team with an art teacher.

Door-to-Door Relationship Mapping: Conversations at homes were strategically oriented to seek introductions, not recruitment, allowing for community-led pathways of identifying fellows.

Community Mobilisation

Shruti, Sangeeta, Geeta
2025

The method relied on relational mapping finding 'who knows whom' rather than direct recruitment. The call with the art teacher, though initially uncertain, opened a thread to more meaningful future interactions. The slow and situational negotiation allowed for soft introductions without overwhelming participants.

Ground-Up Consent Building: Visiting children's homes with them, explaining the projects to parents in-situ, giving printed briefs, and co-framing conversations as a way to preserve knowledge and explore creativity.

Participatory Ethnographic Engagement

Shruthi, Sangeeta, Suresh, Sonakshi, Manaha, Shoba (mother), Shabana (mother), Surjith, Sajith, Shivkumar, other families,
2025

This method created a shared space between children, parents, and facilitators. The setting (doorsteps, verandas) allowed for fluid, respectful conversation. Shruthi's role in listening and explaining helped establish credibility. Spatial contrasts (small rented homes) also revealed socio-economic nuances affecting participation.

Shared Accountability with Local Anchor: Suresh offered to take responsibility for hesitant parents, expressing personal faith in the children's talents and offering to mediate.

Collaborative Community Facilitation

Suresh, Sangeeta, Shruti
2025

The team acknowledged hesitation and used local anchors to take shared responsibility. Suresh's offer to mediate reflects the strength of long-term relationships and community trust built around the library. His support extended to showcasing existing creative outputs (drawings, videos), reinforcing the library's role.

Collective Resource Kit Distribution: The fellowship kit was shared as a single, common resource rather than individual kits, recognising that the children were working as a group.

Situated Infrastructure Building

Shruthi, Suresh, Children, Sangeeta
2025

The material distribution reinforced shared ownership and collaborative working. Children's engagement with materials (like feeling the thickness of paper) demonstrated how sensory interaction with tools can evoke joy and curiosity. This act of shared distribution deepened the commitment to collective work. Suresh's enthusiastic involvement strengthened local anchoring.

Facilitated Group Division and Role Assignment: Suresh divided the children into two working groups, one for History of Hemmadi and one for Daiva stories.

Situated Participatory Structuring

Suresh, Children, Sangeeta, Shruti
2025

The group division was pragmatic but also revealed underlying social and gender dynamics. Girls were more drawn to local history; boys to Daiva stories. The facilitator noted pre-existing squabbles between the genders and considered experimenting with mixed-gender groups in summer school.

Relational Grounding Through Panchayat Dialogue: An unstructured but intentional visit was made to Alooru to meet GP President Prathima and Rajesh Devadiga.

Relational Mapping

Vidya, Shruthi, Rajesh Devadiga, GP staff, PDO, Alooru
2025

The visit allowed for understanding both spatial transitions (relocation of GP to community hall) and political undercurrents (hesitancy around discussing SC communities). The mention of Koraga families in Narkali and Harkur offered entry points into land marginalisation and potential topics for health equity. Discussions also signaled possible resistance and silence around caste, requiring sensitive and patient navigation.

Re-introduction of Artefacts and Posters: project briefs and posters were shown again, prompting enthusiasm for the Daiva stories project.

Dialogic Engagement through Artefacts

Shruthi, Suresh, Adolescent Children, Sangeeta
2025

Artefacts like the sunboard and digital posters became narrative devices that facilitated project re-entry. Children's reactions created ease and affirmed familiarity with the local context. The facilitator's role as a guide (almost like a school teacher) helped translate ideas into interest. Suresh played a pivotal role in selecting children and narrating the project.

Informal Anchoring via Local Women Leaders: The visit to Hakladi's Sanjeevini office allowed for a relational check-in with Krishi Sakhi Sashikala and Nagarathna.

Feminist Inquiry

Shruthi, Nagarathna, Sashikala, Sangeeta
2025

The space of the Sangha office enabled a warm, care-based dialogue signified by the updates about ongoing local events. Sashikala's narrative about selling Ayush products opened up reflections on how women's labour and networks get entangled with commerce, stigma, and technology (online vs offline trust). Though no immediate leads were confirmed, the meeting reinforced relational trust and offered insight into layered social geographies. The conversation moved fluidly across topics from children's availability, family dynamics, previous Ayush product selling experiences, to perceptions of safety in nearby areas like Jatkal and Bhatkal.

Visual Identity Making and Collective Mapping: The children had started creating a logo for Hemmadi GP with drawings of mosque, temple, and church, reflecting a symbolic unity.

Participatory Visual Research

Suresh, Hemmadi Library Children, Shruthi, Sangeeta
2025

The visual artefacts (logo) and experiential learning (Panchayat visit) reveal how early immersion, symbol-making, and shared

imagination work together. The GP logo, with its syncretic symbols, becomes a subtle and powerful gesture toward collective belonging and pluralism, emerging organically from the children's own expressions.

Adaptive Field Navigation through Shifting Priorities and Local Constraints: Despite interruptions caused by tab synchronization work, limited transport, and extreme heat, the plan to visit fellows in Keradi was carried through.

Responsive Reframing

Shruthi, Anuja, Nidhitha, Chaaya, Chaaya's grandfather, Sangeeta 2025

Across the day, the group moved between logistical demands and deepening engagements with fellows. The materiality of kits, emotional temperatures, and acts of hosting shaped how conversations unfolded. Resistance to identifying elders for history-sharing also exposed how social memory is unevenly distributed or selectively withheld. Meanwhile, Chaaya's readiness already having written about her 'devaru' temple showed how self-initiated knowledge is powerful even before facilitation.

Reconfirming Rhythms of Participation at Hemmadi Library: Despite earlier messages about exam-time limitations, an in-person visit to Suresh at Hemmadi library led to renewed possibilities.

Situational Opportunity-Making and Support

Children, Sangeeta, Shruti, Suresj
2025

This interaction shows how physical presence and informal tone (rather than formal follow-ups) can revive momentum. By physically showing up, trust was reaffirmed, space was visualized anew, and ideas expanded. Rather than waiting for ideal conditions, the fellowship adapted to rhythms of exams, parental consent, and infrastructural possibilities.

Situated Participatory Mapping with Girl Students in Hemmadi: A loosely guided mapping exercise using chart paper and local prompts helped initiate spatial memory work among children.

Participatory Spatial Memory Mapping

Shruthi, Suresh, Hemmadi Library Girl Students (5 children), Sangeeta
2025

Beginning with a few anchor locations (library, school, panchayat), the session allowed children to add places meaningful to them such as the milk dairy, clinic, houses, and bus stand rather than only formal institutions. Attempts to include government buildings were gently declined, revealing a gap between formal infrastructures and lived experiences. The session demonstrated how local mapping can function as both a spatial and emotional cartography. The confusion at the start shifted into enthusiasm when mapping began with familiar references.

Contextual Story Reading with Local Language Digital Archives: A Kannada story reading session using a Raspberry Pi device loaded with folk and children's stories.

Embedded Oral and Digital Pedagogies

Abhiram (tech setup), Suresh, Shruthi, Fellowship Children, Sangeeta
2025

Children read together in a group, starting with curiosity and interest. While the session began with participatory reading, it shifted into a more rigid format due to adult intervention, as Suresh insisted on louder reading and modelled aspirational writing (IAS, English-medium dreams) which the children then copied. Despite this, the story on dreams sparked an opening for future creative exercises. Though the facilitator's controlling presence limited imagination, the session demonstrated the children's receptivity to layered storytelling, setting the ground for future dream-mapping or self-narrative work.

Collaborative Herbarium-Making through Locally Known Medicinal Leaves: A guided garden walk and collection activity facilitated by Anuja.

Situated Ethnobotanical Documentation

Shruthi, Anuja, Niditha, Chaaya, Sangeeta, Suresh
2025

This activity combined material exploration, local ecological knowledge, and visual documentation. Anuja's role was vital as a local expert, guiding the fellows and anchoring the activity in lived health practices. By listening, documenting, and experimenting with leaf printing, the session made links between art, science, and storytelling. The process was bodily, relational, and speculative, relevant to the fellows' interest in health and herbal traditions.

Home-based Ethnobotanical Printing and Oral History with Family Elders: Conducted a second round of herbarium work with Chaya's family in Bellala.

Intergenerational Oral Knowledge Gathering

Shruthi, Chaya, Chaya's mother and grandfather, Sangeeta
2025

This included experimenting with oil paint leaf prints on black paper and recording traditional knowledge shared by her grandfather and mother. As they discussed the significance, use, and sourcing of medicinal and festive leaves, they offered names and contexts of plants not available in their garden. The grandfather shared practices like drinking a ground leaf decoction during Deepavali. The session blended artistic documentation with oral traditions.

Collaborative Story Listening and Family Interview Mapping: The session began with a recorded Kannada story played on a laptop, followed by a reading and discussion facilitated by Eshwari.

Oral history Mapping

Fellows from Hemmadi and Keradi, Eshwari, Shruti, Sangeeta
2025

The method blended language learning, reading comprehension, and relationship mapping through peer-led discussions. The comparison of dialects and written Kannada created space for critical reflection on local language and culture. Though the session was briefly disrupted by non-participating children being added without context, core fellows remained engaged. The family tree exercise supported interviewing skills and structured storytelling, while the homework extended the method beyond the library into their homes.

Field Immersion and Observational Study: Visit to the SLRM (Solid and Liquid Resource Management) Unit in Vandse to understand decentralized waste management systems

Situated Fieldwork

Uday Kumar Shetty, Vidya, SLRM
2025

The field visit helped understand the evolution of a zero-budget grassroots waste management initiative into a large-scale, government-supported, cooperative-registered model. The method allowed for tracing material flows (55-category segregation, zero-waste goals), innovations (biogas, black soldier fly composting), and social dynamics (worker dignity, community buy-in). Conversational and reflective documentation supported this ethnographic observation.

Participatory Public Health Mapping: Multi-pronged approach combining health education, oral histories, community committee revitalization, and volunteer-led interventions to activate local community health networks.

Participatory Action Research

Vidya, Naveen Bagalkot, Local Health Institutions, Sanjeevini Sanghas, Lions Club, Rotary, SHG members, Gram Panchayats of Alooru, Iduru Kunjadi, Chittoor
2025

Methods included home visits, SHG and youth group mobilization, and health camps to co-develop a grassroots palliative care model. This initiative focused on recognizing community-specific health issues such as Endosulfan-related conditions, and strengthening healthcare accessibility in interior forested areas. Cultural practices, food, geography, and spiritual beliefs were all considered as intersecting factors in shaping local health systems. The artefact represents a locally-grounded, holistic care framework embedded in palliative thinking and neighborhood-based service models.

Collaborative Health System Co-Design: A planning meeting was held to structure the CPC Sabhe (Community Palliative Care Sabhe) sessions.

Participatory Co-Design Session

Uday Kumar Shetty, Asha Acharya, Dr. Swaroop N, Shreyas Srivatsa, Naveen Bagalkot, Vidya H.P, Abhiram Jois, Mallika Bidappa
2025

This meeting was foundational in creating a locally adapted facilitation structure for CPC Sabhe, a series of sabhes for community co-design session focused on patient identification, care implementation, and service systems. It outlined component-specific prompts and grouped participants to work toward consensus-driven action plans. Emphasis was placed on participatory planning, collective decision-making, group-based problem-solving, and contextual translation of health governance models. Sessions were divided into Nirnaya (decision), Vimarshe (deliberation), and Karya Yojane (action planning), each enabling layered engagement.

Distributed Implementation Planning through Multi-Level Health Governance Dialogue: The CPC Sabhe representatives from the Health & Family Welfare Department, Panchayati Institutions, grassroots women's collectives, palliative

Community Governance Workshop

Uday Kumar Shetty, Dr. Swaroop, Mallika, Dr. Keerthinath Ballal, Shreyas Srivatsa, Naveen, Aruvu SA Team, Asha workers, CHO, PCHO, GP Presidents and PDOs, MBKs (Sanjeevini Sangha), Pallium India, KHPT, KMC
2025

care specialists, and other teams to deliberate and co-decide on key operational components of the community palliative care program in Vandse.

This sabhe finalized the structure of the CPC Need Assessment process and anchored its implementation in local governance. The meeting produced a cross-sectoral plan involving digital tools, capacity-building, and decentralized teams. It formalized the use of health cess for CPC budgeting pending ZP CEO approval and initiated steps toward forming a local Palliative Care Trust. The use of ward-level and GP-level actors, including Asha and MBK workers, positioned community actors as primary agents in this care model.

Institutional Alignment and Capacity Mobilisation: Stakeholder meeting facilitated to formalise institutional roles, gain alignment on pilot goals, and commit human and infrastructural resources for a palliative care needs assessment in 7 Gram Panchayats under Samagra Arogya.

Participatory Planning

Dr Sharath K Rao, Dr Padmaraj Hegde, Dr Judith Noronha, Dr Cherian Varghese, Dr Avinash Shetty, Dr Naveen Salins, Dr Ashwini Kumar, Dr Kirthinath Ballal, Mr Uday Kumar Shetty, Mohan HL, Dr Swaroop N, Aruvu team
2025

MAHE agreed to depute 3 doctors, 6 nurses, and 3 MPH students to conduct the needs assessment; training will be led by Dr Naveen Salins. MAHE offered to provide free hospice referrals and support caregiver course design. A non-financial MoU will be signed between KHPT, MAHE, 7 GPs, and RDPR CEO. The session clarified ASHA's supporting role, with the assessment led by trained teams. This meeting was a pivotal step in activating resource and policy alignment for the pilot.

Collaborative Planning and Resource Allocation: Pre-assessment task force meeting to finalise patient lists, delegate ASHA roles, plan routes, and align on budget, volunteer teams, and MoU terms.

Participatory Planning

KHPT team, Aruvu team, CPC Trust members
2025

The TF meeting scheduled for 9th Jan 2025 aims to finalise volunteer names, budget needs (vehicle, food), MoU considerations, and members of the Needs Assessment and guiding teams. The guiding team will be trained and assigned ward-wise responsibilities. A key step includes preparing a list of patients to assess, which enables logistical planning and prior intimation by ASHAs. The team also discussed using tools like QField or OSM for route mapping, potentially supported by Adhavan and Abhiram. This stage builds the foundation for systematic and inclusive rollout of the NA across the 7 GPs.

Iterative Coordination and Public Integration for CPC Groundwork: Ongoing review and follow-up of institutional, logistical, and community-level actions for operationalizing CPC.

Stakeholder Process Design

Vidya, Uday Kumar Shetty
2025

The discussion covered unresolved tasks such as finalizing the MoU, securing full patient data from PHCs, collecting volunteer lists, and reinforcing responsibility among PDOs. It also talked of the creation of public awareness campaigns through ward members and health task force committees, and the need to involve diverse community groups in Samagra Arogya. Concerns about gender representation in the CPC trust were raised. Steps to compile ASHA/CHO contact lists and collaboratively create route maps were initiated.

Formal Institutional Deliberation for CPC Systems: District and Taluk-level officials, Panchayat leadership, health workers, and partners reviewed CPC progress, finalized MoUs, discussed incentive models, and endorsed legal formalization through society registration.

Policy Design and Strategic Consensus Building

CEO (Zilla Panchayat Udupi), DHO, DVBD officer, THO, NCD consultant, EO (Tq Panchayat), Senior Health Inspector, Presidents, VPs & PDOs of 7 Vandse GPs, CPC Task Force, Aruvu Collaboratory, KHPT, MAHE team
2025

This meeting brought together all institutional stakeholders in the Vandse cluster to collectively shape the CPC framework. They reviewed need assessment tools, finalized financial incentives for ASHA workers (₹50 per household + TA/DA from KHPT), and agreed to split the MoU into two documents, one specific to CPC society and another covering broader Samagra Arogya goals. The CPC MoA draft was reviewed and slated for legal finalization.

Immersive Demonstration and Deployment: Revisiting the community with updates on the offline mesh, demonstrating content on physics simulations, Kannada Wikipedia, storybooks, and videos through the Sanchari Pi.

Demonstration and Installation

Archit, Sangeetha, Abhiram, children of Hara; Sri Lakshmi's family
2025

The visit reintroduced the Sanchari local setup with new resources, presented through live interactions using laptops and a Pi server. The demonstration became a mode of mutual testing and reflection, inviting children's responses and evaluating the continuity of trust. Sangeetha led storytelling with digital books, while others interacted with simulations. The community made conceptual links between local climate (evaporation of lake water) and physics simulations, showing embodied understanding.

Observational Re-orientation and Environmental Sensing: Walking through the hamlet to gauge shifts in mood, dynamics, and physical environment.

Sensory and Environmental Mapping

Archit, Sangeetha, Abhiram, children of Hara
2025

Observations of children's hesitation, absence of usual greetings, silent spaces, and a dried-up lake revealed seasonal and emotional transitions in the community. The walk helped reorient to a changing place and informed a shift in tone for later engagements.

Ground-Up Infrastructure Setup Using Minimal Tech Stack: The team assembled and installed a minimal Raspberry Pi-based desktop terminal in one home in Hara. This included setting up a monitor, Raspberry Pi 4, keyboard, mouse, SD card, adapters, and peripherals. A second Pi (sanchari.local) was configured to host locally stored repositories (Kannada Wikipedia via Kiwix, toy-making videos, and pHet simulations).

Infrastructuring, Prototyping

Abhiram, Archit, Shruthi, Vidya, Vibha, People of Hara
2025

This marked the first working implementation of the broader mesh network plan. The setup allowed the team to test offline resource access via local networking. Browser-related issues during setup were resolved on-site. The successful deployment of sanchari.local showed the feasibility of a lightweight, reproducible infrastructure design.

Relational Consent Building through Situated Conversations: The setup process involved seeking permissions and explaining the vision of a shared, public-access terminal to Sri Lakshmi and Sri Manya's parents.

Situated Learning Infrastructure

Abhiram, Archit, Shruthi, Vidya, Vibha, Sri Lakshmi's family, Subramanya
2025

Initial hesitations around technology and shared responsibility were gently navigated. Sri Lakshmi's mother expressed willingness to support children's access and requested a contact number in case of issues. Peripheral conversations around healthcare needs and mobility sparked new ideas. The team reflected on concerns of accountability in case of damage and the need for clearer consent from surrounding houses.

On-the-spot Troubleshooting and Ethical Grounding: Upon discovering the SD card was missing, the team conducted careful, non-confrontational inquiry

Distributed Responsibility

Archit, Shruthi, Sri Lakshmi's family, Kirana, Abhiram
2025

This event highlighted vulnerabilities of small hardware deployments and the friction that can arise in community tech setups. The team's approach showed care in navigating speculation, managing relational dynamics, and maintaining momentum without rupture.

Prototyping through Test Deployments: Before going to Hara, multiple rounds of test networking were done at YNC and Zed Collective.

Speculative Infrastructure Design

Naveen, Abhiram, Vidya, Shruthi, Archit, Anagh, Kirana
2025

These speculative testing are a vital to reflect collaborative thinking and iterative prototyping. The AC mesh devices were preferred for their wireless meshing capability in short-range scenarios, making them ideal for dense clusters. The team grounded their design in both terrain knowledge and field observations from earlier visits.

Community-led Reframing of Infrastructure: Jalaja's family refused to host a mesh node, citing concerns of responsibility, lack of use, and the need for familial approval. A key insight emerged around anxieties tied to forest regulations, installing visible devices could invite questioning from officials.

Risk-sensitive relational redesign

Jalaja and family, Shruthi, Archit, Abhiram, Prajwal, Srivatsa, Naveen, Anagh
2025

The team responded to the resistance not with persuasion, with empathetic reframing. They decided to scale back and redraw a 6-house mesh topology based solely on houses with existing rapport. This led to a leaner, less visible network. The event also seeded the idea for a printed info-kit or booklet to support community articulation in regulatory encounters.

Oral Place-based Mapping with Children: Using OSMAnd on two phones, children guided Archit and Adhavan through their yard and surroundings, identifying trees and plants using local names, sharing culinary and medicinal uses, and offering personal anecdotes.

Participatory Mapping

Archit, Adhavan, 6–7 children from Hara, Shashank and Sri Lakshmi
2025

Though Terrastories was planned, its technical delay led to a quick pivot to OSMAnd, showing how flexible tooling supported community voice. The walk became a multimodal mapping session and set the foundation for importing these insights into a future Terrastories instance. The moment was as much also about language-learning and trust as it was about spatial data.

Parallel Track Planning: Infrastructure and Media Making: In a reflection meeting, it was agreed that infrastructuring and community demo-engagements must happen as parallel, interwoven processes.

Distributed Infrastructuring

Naveen, Abhiram, Archit, Adhavan, Shruti, Hara Kids and Parents 2025

The metaphorical photo shared (a corridor of coconut trees and dirt paths) captured the push-pull of the global-local dichotomy. The planning of a server architecture that mirrored this global offline repositories (sanchari.local) and place-based repositories (like a future hara.local) is itself a critical design artefact. Community ownership would grow not from technical infrastructure alone but through local media that made the community's world visible.

Community Mesh Installation and Infrastructure Reorientation: Technical limitations leading to discussions on powering future mesh devices via public infrastructure like electricity poles

Mesh network prototyping

Archit, Adhavan, Abhiram Jois, Sri Lakshmi, Shashank, Shashank's family, Mandara's family
2025

This entry marks a turning point in mesh deployment where technical setup is layered with governance imagination. The move from private to public node placement opens up questions of sustainability, access equity, and long-term care of the infrastructure. The use of electricity poles as potential sites also roots the idea deeper into infrastructural realities.

Collaborative Demo using Locally Hosted Drawing Tool: This engagement was designed around children's curiosity to draw and collaborate using the mesh network infrastructure.

Children-Led Infrastructure Imagination

Archit, Adhavan, Abhiram, Children of Hara
2025

This demo engagement was an effort in understanding learning between imagination, play, and local digital infrastructures. The whiteboard was a social interface that helped children experience collaboration within a mesh network. It foregrounds how curiosity-driven engagements can inform the design of offline repositories.

Thematic Server Configuration using Raspberry Pi 4 Devices: Two local servers, sanchari.local and kathegara.local were imagined and configured to serve distinct but complementary functions within the community network.

Participatory Speculaion

Archit, Abhiram, Children of Hara
2025

The metaphor-driven design of sanchari.local and kathegara.local illustrates how infrastructure can be situated, symbolic, and responsive. The servers are narrative tools each grounded in metaphors understood and imagined along with the community. Sanchari, envisioned as a traveler, curates external, internet-origin content adapted for offline use. Kathegara, the storyteller of the place, focuses on local content creation, storage, and sharing. Each device runs multiple services hosted on designated ports, such as Kiwix for Wikipedia, Kolibri for children's books, Terrastories for oral histories, whitebophir for collaborative drawing, and papad. alternate for audio annotation. This framing supports access and ownership with imaginative co-participation. The ports and tools selected indicate a hybrid of content consumption and production, indicating the CN's orientation toward both learning and local knowledge-making.

Thematic Reading Circle via Offline Digital Library: A curated repository of Kannada children's books (sourced from Pratham's open repository) was set up on sanchaari.local using Kolibri, a tool for offline education.

Offline digital learning

Archit, Eshwari, Sangeeta, Children of Hara
2025

The engagement was designed as a recurring reading circle where children could read aloud thematically grouped stories (starting with places and cultures), followed by group reflections. This artefact showcases an evolving model of digital reading as community authorship. It begins with accessible, curated content and moves toward participatory storytelling. Although this session didn't involve children due to timing, the team engaged with Shashank's mother, who shared stories around health, pregnancy, and education in Hara. These conversations hinted at how reading sessions could organically lead to story-sharing as well.

Our **Collaborators**

Name	Place	Occupation
Girija	Alur	ASHA worker
Jyothi	Hemmadi	ASHA worker
Sujata	Idur Kunjyadi	ASHA worker
Sumtira	Keradi	ASHA worker
Ratna	Keradi	ASHA worker
Pramila	Vandse	Asha Worker
Vanitha	Vandse	ASHA worker
Saroja	Vandse	ASHA worker
Kirana	Hara	Catering
Satish	Hakladi	CHO
Abhishek	Harkur	CHO
Deepa	Hosur	CHO
Nisha	Idur Kunjadi	CHO
Vatsala	Hemmadi	CHO - PHC Sub Centre
Subramanya	Idur Kunjadi	Community Member
Shoba	Hara	Community Member, Mother of student
Jyothi	Hara	Community Member, Mother of student
Dr. Sathish Acharya	Udupi	District Ayush Officers
Dr.I P Gadad	Udupi	District Health Officer
Arun Gowda	Alur	Farmer
Gopala Shetty	Idur Kunjadi	Farmer
Geetha	Works in Hemmadi, from Gangolli	Fisherwoman
Girija	Works in Hemmadi, from Gangolli	Fisherwoman
Jalaja	Works in Hemmadi, from Trasi	Fisherwoman
Uday Kumar Shetty	Vandse	Gram Panchayat Member
Asha Acharya	Idur Kunjadi	Gram Panchayat President
Rajesh Devadiga	Aluru	Gram Panchayat President
Ravindra Shetty	Chittoor	Gram Panchayat President
Nethravathi	Hemmadi	Gram Panchayat President
Sudharshan Shetty	Keradi	Gram Panchayat President
Arun Shetty	Iduru Kunjadi	Gram Panchayat Vice President
Goverdhan Jogi	Vandse	Gram Panchayat Vice President
Gajendra	Vandse	Krishi Kendra
Rajani	Alur	Krishi Sakhi

Sujata	Alur	Krishi Sakhi
Sashikala	Hakladi	Krishi Sakhi
Sasikala	Hakladi	Krishi Sakhi
Geetha	Hemmadi	Krishi Sakhi
Prathima	Aloor	LCRP - Sanjeevini Sangha
Preethi	Vandse	LCRP - Sanjeevini Sangha
Sumathi	Vandse	LCRP - Sanjeevini Sangha
Nirmala	Vandse	LCRP - Sanjeevini Sangha
Suresh	Hemmadi	Librarian
Nagarathna	Hakladi	MBK - Sanjivini Sangha
Shanti	Hemmadi	MBK - Sanjivini Sangha
Dr.Ram	Vandse	Medical Officer
Pramoda Shetty	Aluru	Member
Jayanthi	Chittoor	Member
Ashoka	Hakladi	Member
Manjunath	Hakladi	Member
Raghavendra Kotari	Keradi	Member
Narasimhanna	Hemmadi	Member - Namma Bhoomi
Dinesh Shetty	Udupi	Member - Prerana Youth Group
Manoj GS	Not from the cluster	Pallium India Rep
Anjali Krishnan	Not from the cluster	Pallium India Rep
Dr. Arjun Devarajan	Not from the cluster	Pallium India Rep
Roopa	Alur	PDO
Sushila	Chittoor	PDO
Satish	Hakladi	PDO
Riyaz Ahmed	Hemmadi	PDO
Sudhakar Shetty	Idur Kunjyadi	PDO
Narayana Banashankari	Keradi	PDO
Poornima	Vandse	PDO
Divya	Hakladi	PHCO Hakladi
Dr.Kirthinath	Community Medicine Dept, KMC	Representative
Mamatha		Sanjeevini Sangha
Shanthi		Sanjeevini Sangha
Nagarathna		Sanjeevini Sangha

Bagyarathi	Idur Kunjadi	Sanjeevini Sangha MBK
Nethravathi	Idur Kunjadi	LCRP - Sanjeevini Sangha
Anuja	Keradi	Sanjeevini Sangha President
Shree Manya	Hara	Student
Shree Lakshmi	Hara	Student
Shashank	Hara	Student
Prajwal	Hara	Student
Srivatsa	Hara	Student
Sathyanarayan	Hemmadi	

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