Community Health Learning Programme

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Elderly and Community Health

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Why I wanted to do the Community Health Fellowship

Before I start writing on '**Why I wanted to do the Community Health Fellowship'** I wanted to write something about why I came to joined for Community Health Learning Programme, we are three girls in our family and my father was the only earning member of my family and he looked after us nicely and he did everything for us. I saw my father in my childhood he worked hard for our family and when I saw him one thought came every time in my mind, study well and when I grow up I wanted to stop him going for job and give everything for my parents what they wish in their life. The only thought makes me to help my study growth. My schooling, graduation and Post graduation everything I did in Trivandrum. But every time I saw my classmates they came from different districts and states and stayed in hostel, I also wish to study outside the state and I want to stay in hostel, these are my childhood thoughts carried through the Post graduation time also. But in Post graduation I got seat in my same college I did my graduation. Then I thought that my last hope also gone, so this was my end of education period and I only knew about my small world that is my family I never try to think beyond that, I didn't get time to think about others, my routine is only from college to home and home to college. In a traditional Indian society women have lots of limitations in their life, especially in Kerala they are still following the customs and tradition, so my family also is a part of it.

But I also started to think about others; in my M.sc classes we had a visit to an old age home "Sancta Maria convent". There I saw 25 old women thrown out from their houses or neglected by their children. I tried to interact with them, I really felt so bad when I heard their stories and I thought that we went there just for a part of our studies and used them for our study purpose after our works finish we come back, so I don't want to be like that, so My friend and I started going there and made a voluntary group. Monthly we visited them and we served food for them and eat with them and spent time with them. I was really happy when I was with them, so I also started to think about my 'old age home'. My ideas and knowledge are very low and I wanted to learn more, that time I was working as a dietician in a clinic, I am not getting satisfaction from my job, because all richer people are my clients, and they over eat their food and came to me for weight reduction, there also they spent a lot of money for losing their weight. I thought many people are living without enough food in their life and died from starvation, but what I was doing is wrong for me. That time my professor Dr. Sithara Balan called me and introduced me this course. But I was not confident to join, my English language was a little barrier for me, but my Ma'am boosting me to join that is why I joined. Since I was from M.sc background I wanted to learn more about "Community Health".

My learning objectives

Broad objectives:

Deepens ones commitment towards community based action in promotion of healthy living among the elderly by developing advanced competencies in working for initiating effective community action for meeting the community health needs of the elderly population in the future.

- To understand the community and the participation of community to solve their problem
- To understand the elderly people from the community. (distribution of elderly population in state/ district, health status, quality of life, magnitude of the problems of the elderly, needs, problems, healthy practices… family support, self care abilities etc..)
- To explore and gain deeper understanding of the existing elder care services, programmes, schemes for the elderly (family, community, PHC, CHC, institutional facilities, day care centers, old age homes.
- To explore communities knowledge about health care practices.

Key Learning from my collective sessions

My journey starts in SOCHARA from a lay person to become Community Health Professional, a major role made by my facilitators and their session makes me to think and reflect. First I came I have language problem to understand the sessions and after few days I tried to pick up the class. As a lay person in the field of community health very difficult for me, when I started to immersed fully I am very interested. Then I realized that passion and interest is very important for a person to commit in their work. First I heard the word from my collective session was "Health for all". That was very interesting for me; in Kerala health status is much better when compared to other States. Then I thought that Kerala also a state in India and why health status is different. Our literacy rate is high and all are educated people and women literacy is very high in Kerala.

Then I learned that health status is vary from region to region, States to States and urban posh to urban slums all things controlled by our 'social determinants of health'.

❖ The Alma Ata Declaration and NRHM frame work

It was an International Conference on Primary Health Care. It was done in USSR In 1978. It was unanimously adopted by all WHO member countries at Alma-Ata in the former Kazakh Soviet Republic in September 1978. It also accepted that Health is a fundamental human right, and that was the first time all the government of the world accepted the declaration. The declaration says that Primary health care is essential care. And the methods and techniques are made universally accessible to individuals and families in the community through their full participation and the cost that can affordable to the community. People participation was very important and the

declaration says that ‘Health for all’ in 2000 AD. It created a common concern to all countries both developing and developed countries.

The basic importance of Alma Ata declaration was Health for all and reduced the gap between the developing countries and developed countries. The people can the right to participate in the planning and implementation of their own health. Primary health care was the only key loop to attain this slogan Health for all. It was the first level of contact with the individuals, families and community in the National Health system and bringing health care as close to them. My personal reflection was the declaration main aim was Health for all in 2000 AD, now we are in 2014. Why was not achieved and it was the mistake done by the people or the stakeholders or developed countries.

We had a session with Dr. Thelma on Health as Human Right. It was really an interesting session talks about the activist get together and not only the medical professionals all activists in the different sectors who are very interesting in the Health for all concepts. The people health movement committed to health for all in a large global civil society network of health activist which support WHO policy for Health for All. The seventy five countries of 1454 health activist met in Bangladesh and to discuss on the challenges of attaining Health for all.

Dr. Thelma spoke about GOBI-FFF, Growth monitoring, oral rehydration, breast-feeding and immunization--female education, family spacing and food supplementation (GOBI-FFF) are a selective package of World Health Organization primary health care strategies recommended by UNICEF. It was investigated in rural villages. The principles of GOBI-FFF were increasingly practiced by the community and health personnel. Breast-feeding is widespread, most carers know how to make oral rehydration solution and the children’s are being weighed regularly, it reduces the child mortality (up to 20000 a day). The last three like female education, family spacing, and food supplementation for women.

NRHM frame work made me to understand about the ‘Communitization’ it is one of the five pillars of NRHM and the others are human resources, governance, flexible finance, and management. It is provide accessible, affordable and quality health care to the rural communities’ especially vulnerable sessions. The main goals of NRHM was reducing IMR and MMR, universal access to public health such as women and child, water and sanitation, immunization and nutrition, communicable and non-communicable diseases, comprehensive primary health care. The main achievement of NRHM was reduced IMR to 30/1000 live births and MMR reduced by 100/ 100000 live births. The NRHM goals definitely made changes in the life of rural poor and I saw Tamilnadu Communitization process as an example for that.

‘Health in all policy’ 8th Global Conference on Health promotion, countervailing power is the role of civil society and social movements in catalyzing ‘Health in all policy’, its avoid harmful health impacts, and to improve pupils health and health equity. The approach is founded on health-related rights and obligations. It assists leaders and policy makers to integrate considerations of health, well-being and equity during the development.

Role of Civil society in Health in all Policy

- Representing the voice of pupil
- Advocacy and lobbying
- Watchdog role
- Research and policy analysis
- Communication
- Involvement in horizontal government mechanism
- Involvement in multilevel governance
- Horizontal and vertical networking

❖ Learning to work with community

To work with community is not an easy job and my facilitators taught me that if we go to a community don't go like an expert and think they are the experts and we are like listeners or observers. Mr. Chander took the session and he did few activities to which information is very important to understand a person. He connected with our family backgrounds, values, culture and beliefs, likes and dislikes goals for the future, problems, experience. The Chinese poem was very interesting for me; it is really helpful to learn work with community without any barriers.

"Go to the people

To live with them

To learn from them

To start with what they know

When the work is done and the people will proudly say we have done these ourselves"

A community health worker should start from this level and it is very important for community development. We didn't understand everything about the people in the first sight and they also not believe us or accept us. Its takes time we start to interact with them, we will interact with them, and we think that they are the experts and starts from their level and point of view. Work with them and finally we can say we all are joined together and done with ourselves.

❖ Role of NGO/ Voluntary organization and civil society in Health and development

Mr. Chander took the session for us, he talks about how an NGO or voluntary organization run through and civil society and non-governmental organization have been contributing to public health for centuries. In more recent years, however, they have grown in scale and influence and are having profound impacts on health. People, as part of the civil society, form the core of health systems. They use health services, contribute finances, are care givers and have a role in developing health policies and in shaping health systems. In all these respects, there is growing

pressure for public accountability and increased response to inputs from civil society. The manner in which the state responds to these changes and extent to which civil society actors are recognized and included in health policies and programmes.

I understood about NGO and Voluntary organization how it's run through and what are the procedures followed for that. Trust of the people is very important for an NGO/ voluntary organization and the welfare department. Vision, mission and objectives are other important things. And a particular geographical area wanted for locating it. Some norms and regulation are followed, staffs are essential in the administrating session and other official and non-official staffs. Funding is very important for an NGO, from the government, charitable, and other local government.

I think the session was very useful for me to my future plan, before I came here my ideas and knowledge are scattering and after attending each session new thoughts and aims came to my mind. I don't know anything about NGO/ voluntary organization, how to start, what are the procedures nothing in my mind. The session really helped me to clarify my doubts and it will definitely increase my knowledge.

- **Medical pluralism and community paradigm shift (Dr. Ravi)**

Pluralism means 'many'. It is a multiple heading system. India is an example for this with the present of various medical system, both scientifically called Allopathy and traditionally known as the AYUSH- Ayurveda, Yoga, Unani, Siddha, Sowrigpa and Homeopathy.

He also talks about the three types of medical system all around the world. Home medicines, local health traditions and dai's remedies. These systems are easily available in the nature, but they are neglected and not known about their useful means towards health.

After few years another 'A' is also come with 'AYUSH' and it will become 'AAYUSH' that is Allopathy he talks about the benefit of them working together (all medical system) and changing the concept of National Health Mission to National Integrated Health Mission, the function of all type of medical system in working together for a better health of the living beings.

My personal reflection was Allopathy is wide spread in India and the rest of other medical system like home medicines, local health tradition and Dai's remedies are not recognized much. If they are not there our grandfather and grandmother survival is not possible and they contributed a lot but the only worries for me was they are not in the health system now a days.

Paradigm shift

Medical model	Social model
Individual	Group/community
Patient	Person or people
Disease	Health
Providing	Enabling
Drugs technology	Social process
Professional control	Community control (demystification)

What I understood from this table was medical model to shift into society model. If the people came for treatment not treat them like a medical model and treat and helping them. And not think like individual health or a person health, the health for all community or a group of people. Not treat them like a patient and they are peoples. Shift from disease to health, not think that they are affected from individual diseases, it is the overall health of the community. Providing is easy and enabling them to understand about the problems and their participation is very important. If they came with any health problem we gave them drugs and sent them back, if we sit with them and aware them why this drug is used and how many times it's used make them to aware about and empowering them to control their own health is very important. Community takes their own responsibility and their participation makes them to control their health by their own and make them aware and not control them like an expert and treat them like they are the experts and they have the power to take their own health than professional control.

- **Social determinants of health**

When I came to SOCHARA for the interview I remembered Dr. Thelma asked me what is health is. As an M.sc student I definitely know the WHO definition, I explained her "Health is a state of complete physical, mental and social well- being and not merely the absence of disease". And as nutritionist I know health means lack of vitamins and minerals, lack of nutritious food, lack of awareness about nutritious food. I never think beyond that before I came here. As an individual I know about health means doctor, patients, diseases, hospital. I came here and attended the session every time one word came social determinants of health, then I concentrated more on that I also understood health is not only affect the lack of nutrition, it's not a disease, not only physical, mental and social well-being it covered lots of other things like housing, education, early marriage, poverty, unemployment, lack of sanitation etc. As a lay person in this field to become a community health profession I cross this type of issues and various social determinants understood from my facilitators and to my field work.

- **Documentary on Rakku's story**

  Rakku's story really touched my heart, after watching the documentary we discussed- why that lady lost her child?

  - Lack of caring from the parents, both is working and the child under the care of her 5 year old sister.
  - Infection causing diarrhea
  - Lack of access to health care
  - No income leading to delayed access to the appropriate treatment
  - No coordination of various sectors
  - No support from anybody
  - Government bureaucracy and corruption

It was quite clear that even a simple case of diarrhea has complex determinants of health behind it. We all are trying to treating the disease and not think about the social determinants of health. If we want to achieve 'Health for all' first we want to clear all the social determinants of health from our community, curative part also important. But everybody give important to curative part not for social determinants of health.

- **Women's health/ domestic violence and abuse among women**

Ms. Shani session helped me to understand about women's health and them facing the problems throughout their life. When I was listened her class I only understood the theory part when I went to the field I saw the reality I learned from my theory class and some women's issues I also contribute my presence. The over alcoholic use or illness of the bread winner of the family every

responsibilities came to women's head in the women who face poverty, the poverty in the family forced the women to forget their own health and work for their family. Violence and alcoholic are the emerging thing to affect the women's health and it will affect their mental health, and leads them to attempt suicidal thoughts. If the poor women have to work outside as a domestic worker or construction worker and she want to work for her family also, that over burden makes her to forget her own health and she serve all the food for her family members and she went to the bed with her empty stomach. Nobody in the family thinks or asks anything about her health or well-being. Shani session will really helped me to connect it with my field experience.

- **Occupational health and Environmental health:**

Dr. Adithya took the sessions for us to understood occupational health has created several determinants of health, including risk factors from their work place like it leads to circulatory diseases, accidents, respiratory diseases, stress related diseases and communicable diseases and others. FEDINA also working with construction workers and domestic workers, they are migrated from different places because of their unemployment, low wage and lack of basic amenities. The migration was the strategy adopted by the family to escape from poverty. They don't know their rights and their programme, if they are doing risk jobs like manual scavenging and mining they don't know the government banned or not. They are not aware about the ILO act or anything, what are benefits they get from that. I got an opportunity to worked with the organization working for occupational health also one of their strategy. Employment and working conditions in the formal or informal economy embrace other important determinants, including, working hours, salary, workplace policies concerning maternity leave, health promotion and protection provisions, etc.

- **Environmental health**

Environmental condition in slum area

When we plan to work with the community, environmental health is an important strategy. If a community doesn't have good environmental condition and then that was the breeding ground of all the diseases and health issues. Most of the people are not aware about those issues and they have limited land or lack of sanitation or drainage system. In their fast life make them to forget about their health or their surroundings.

Mr. Prahlad session helped me to understand about Sanitation as big issue and in the both villages and urban slums in Bangalore people go for open defecation and it affect the environmental health, gender issues, affect the mental health of the people also. Our fellow friend Ganesh took the topic for his research related to sanitation and mental health of the people makes me to understand more about the issues in the village side and it creates gender issues and women's are more affected by this practice and the men's are strongly believe in their customs and tradition makes them to restrict to build the toilet near to their house and adolescent girls, women and elderly people and disability people are more affected from this issues and that makes them depressed and divorce, domestic violence and suicidal thoughts were happened.

From my own experience, in my field visit we went to the Siddhapura slum located behind the NIMHANS, and there was 700 household and they don't have toilet in their home. The government constructed six toilets for men and six for women's and they paid monthly for the usage. When I interacted with people they says that most of them are prefer open defecation, because in the night time very difficult for them to reach the public toilet and it was not comfortable for the women to go alone in the night. There is no social security the place was not good to walk in the night. If the pregnant women's complained a lot, they have a tendency to go to bathroom in between but in the morning they have to walk a lot to reach the public toilet and they are shy to go outside for urination in the morning and they control and it will create urinary infection and other health issues for them. I am wondering that if the government have funding and all, but in rural area people are strongly believe in their culture and tradition, but came to urban slums they have limited land and from that they can construct only one room and that was their kitchen, bedroom everything was that room and they don't have additional land for construct their toilet. I understood that women are more affected than men when we take any issues. The men's searching relief from his alcohol and their also the women are affected from that. They are more vulnerable in the community and they need special attention to relief from their condition.

- **Health Economics and Globalization**

Mr. Prasanna introduced us to the important new concepts of health economics and globalization. Health economics is the economics of health care. We learned how health is a market failure and the need to go beyond the efficiency argument and instead, adopt the equity argument. We were introduced to the five types of health financing –

tax-based, external funders/loans, out of pocket expenditure, insurance and user charges. The three principles that health financing must satisfy are risk pooling, cross subsidy and solidarity. We also had a separate session on community based health insurance (CBHI). Comparing the different health systems across the globe, we understood that a tax-based public health insurance system is the most efficient and ensures universal access to health care.

❖ **Sam Joseph's Institutional design and system building**

The session helped me to understand about the community and how to work with community people. The community people are the experts and they have their problems and they have the solution also, we just identified from them. My favorite part of the series of lectures was going to the community and using our knowledge on systems building, we did social mapping and causal loop diagram to identifying the problems faced by the community and to understand the needs of the community.

❖ **Research Sessions**

The session helped me to understand more about both quantitative and qualitative research. During my post graduation I had an experience in quantitative research, but in CHLP I learned more detailed about quantitative research from Mohamad Sir.
Qualitative research is new for me, but Sabu Sir taught us to conduct qualitative study, in-depth interviews, focus group discussion and various analysis methods also he taught us. The research session was really useful and informative for me. I remembered Mohamad Sir Words "Research is the best way to understand the community".

❖ **Johari's window**

Mr. Kumar took the session for us, that was an interesting session we sharing our positive feelings about our fellow travelers. I remembered one my friend told that she was very happy after the session and that day she slept well because she recognized herself from others. I also feel the same thing, negative about others we can easily share, but positive feelings are very important we know about that person and give some positive energy to them it will improve themselves and their carrier also.

❖ **Transactional Analysis (T A)**

It was new learning for me; we learnt a framework to understand why there are problems in various relationships. From that framework we mostly expect to be treated like Adults but we have to face either parental or childish behavior from that point the problems will start.

❖ **Knowledge Translation**

Knowledge translation means using of findings in research and translates to the participants, policy makers, NGOs, etc.

During my field internship I did a study on "social isolation and quality of life of the elderly women in urban slums of Bangalore". Learning from class about knowledge translation I realized that my study will be useful for the staff of FEDINA for advocacy and for more action to be done for welfare of the elderly. The findings from my research will also be translated by the FEDINA team to the participants (elderly) for further discussions, reflections and action to be taken.

Field visits

1. Urban slums of Bangalore (Ejipura and Siddhapura)

Slum visits helped me to understand about the living condition and what are different problems faced by the people. The Ejipura slum visit was my first field visit and I saw the people's living in a very pathetic situation and when we started to interacting with the people they told their problem and how they are migrated from their place and how the life was before and now, what are the changes happened. We talks with one old lady and she came their before 30 years and the place was not good for living and the girl children dropped their education because the social condition was not good. Water and electricity was a big problem, and now she really feel that changes social condition changed and the number of houses were increased and electricity was not an issue. But now also water is a problem, and her son's all are got married and her daughter still not married because she was not educated and the alliance people asked her qualification and if they know she was illiterate they stopped the alliance. Now she works as a domestic worker. After the mother told everything her eyes filled with tears and I thought that poor living condition and all burden in life the women is the vulnerable population to adjust with everything and definitely need a special attention in their life. Gender issues, alcoholism, poverty, unemployment, early marriage, land issues, water and sanitation etc are the various social determinants affect their health and well-being.

Siddhapura slum situated behind the NIMHANS hospital and nobody can identified there is a slum. We had difficulty to enter the slum, because the people defecated outside and the place was very unclean and untidy. They don't have toilet in their houses and the government built public toilet for them, six for men and six for women. They are migrated people fr4om Tamilnadu and they migrated here and they don't have property document and the government threatening them to leave the place. There are 700 households in that slum approximately. They paid for public toilet and from the interaction I understood that most of them go for open defecation, they complained that the toile was constructed in the entrance of the slum and the people who lived little far was very difficult go in the midnight. There is no social security for the women and post light was not working properly and the women are very scared to go in the midnight. The sanitation was a big issue there and if they are willing to construct toilet also they don't have place to construct all are

living in a one bedroom house and the house also not enough for the family members to live and then how they give importance to sanitation and environmental health. The place was the breeding ground of many diseases and the people complaints that dengue, cholera, malaria are the common diseases now and before. Mosquitoes are very high here, there was no drainage system and all dirty water holding here and there was no space for water to go. It will create lots of health issues and people are aware but their limitation or their fear to ask anything about the government, because the property was not for them and it makes them to live in the poor environmental condition. There is an Anganwadi for the children and that was not properly build and now that is attached with the temple. They don't have land rights and the politician's came and told them to stopped the construction of Anganwadi, the land case was in the court and they are scared if the Anganwadi and other institutions came here it is very difficult for them to shift them from here. The basic education, land rights and sanitation everything was question mark for the people and they don't know if they leave the place or not.

This slum visit is an eye opener for me and makes me to more interested to works in urban slums, in my place I never see like this type of slums and I thought that I can learn more from here. From Madiwala to Jakksantra travelling time also I saw lot of people with disabilities, leprosy, old age people, children's begging and they don't bother about their education, sanitation, health nothing. But their hunger makes them to do like this.

Urban slums of Bangalore

2. **Association of People with disability (APD)**

This past November and December I worked at the Association of People with Disability, also known as the APD. The APD consists of a school, nursery, physiotherapy and speech therapy units, an early intervention unit, prosthetic manufacturing sites, and a horticulture department. It is a Bangalore- based organization that started in 1959 for children and adults with various types of disabilities- primarily physical disabilities like cerebral palsy, spinal cord injury, developmental delay, and speech and multiple disabilities. The coverage extends to Tumkur, Kolar, Koppal, and Haven districts. The director of the APD Hema, she was the inspiration for me and after the visit she spends some time with us. She also a disabled person and she told that she never feels guilty about her disability. She makes an institution for the disabled people and her words says that disabled is disabled and I never want to change the word to differently abled and really want to give the message to the community that they are also productive people for the future and they can also contribute many things for the family and their society when they are disabled also. I really admired by her words, and I got chances to spend the people who are really think differently for their community development and I improved myself and my knowledge also improved.

Association of people with disability (APD)

3. Basic Needs India (BNI)

About Basic Needs India, I heard from Guru Sir, he is the programme co-coordinator of BNI. For me mental health is treated by psychiatric doctor or people want institutional care otherwise they are like that only. After I attended his sharing I learned a new method community mental health approach that was very interesting for me. To aware the community peoples not only the affected people they gave training to both the people affected with mental illness and their care takers also. They make a group and them working on the livelihoods to improve their health, family health and make them

productive. Mental health is not affected with only by birth, any accident or injury. It's also developed from the living condition, poverty, unemployment, attitude of neighbors they feel insecure, and various social determinants will affect their mental health and their only the problems will start and it will first affect their physical health and productivity and slowly they leads to mental illness. From my fellow traveler Job he also interested in community mental health and he was the part of DMHP programme, I learned from him also about the programme. Working with mental health we can feel lot of stigma, mental health means the local word people used was "he/she is mad or loose" for them mental illness is those words. So first we trained the community and through them we can empower the whole community. But I am not opposing the medical part that is also important. I like the paradigm shift works together, for example both biomedical models to social model, the doctor can become both, then it will works I feel. In both are very important in community mental health community participation and institutional help.

4. Visit to Primary health centers

Mr. Karthik took a session on IPHS (Indian Public health Standards). From that I know about sub-centers, Primary health centers (PHC), Community health centers (CHC). I don't know anything about these three before I came here; I know my place General hospital, family and welfare department and medical college. I don't know which category these are. The session was really a new topic for me and I ask question also everywhere is like that or only in Karnataka? Then he explained more about that, I think the doubt was only for me, but in the afternoon I talk with my Meghalaya friends they are also unaware about the health system in India. We are in the doubt and the theory class completed we got the opportunity to visit the Primary health centre located in Dommasanthra. The visit makes me to clear my doubts and I saw like this hospital in my place also, we call them like in our place 'small hospitals' and I don't the PHC, CHC nothing in my mind.

As part of our Community Health Learning Programme we have a visit on Primary Health Center (PHC) in Dommasanthra. Duty doctor is absent that day, and in her absence Block Health Education Officer explained about the structure and functions of PHC. There are two doctors one medical officer and one lady doctor, she is conducting deliveries. This PHC have 20000-25000 thousand populations from the village. And they treat all kinds of disease and mainly focused on pregnant women's and children's. They conducted immunization for children, and they took delivery on free cost. ANM'S (Auxiliary Nurse Midwives) are posting there to help the doctors and nurses, in their absence or any emergency cases ANM took the delivery, if any critical conditions or they can't manage they prefer to district level hospital. It is 40Km far from there. And they arranged free ambulance 108 to the patient. Block Health Officer trained the ASHA workers, and doctors gave them basic knowledge about diseases how they identified, how to prevent etc. ASHA workers are selected from the particular community and they visit every house from their community to analyze the houses, their source of income, etc. collecting some data of the

surrounding village, and they kept in document, they conduct programmes of ante-natal care, family planning counseling, prevention of communicable diseases, vector borne diseases, water borne diseases, leprosy, HIV etc. Drugs are also free for the patients.

Infrastructure of the PHC

One OPD room, medical officer, lady medical officer room, labor room, injection room, family welfare room, store room, block health officer room.

Challenges

Transportation is very difficult and also the availability of doctors. Because the PHC is located in a village and it is very far from Bangalore, so the doctors are not willing to go there. Politicians are also creating many problems.

5. **FRLHT (Foundation for Revitalisation of Local Health Traditions)**

FRLHT started in 1991. The vision of FRLHT to revitalise Indian medical heritage
We are divided into different groups and each group select one topic. Shanti and I are in the 'Documentation' group. Dr. Ravi told us to learn more about each group topics and share their understanding.
The Foundation for Revitalisation of Local Health Traditions (FRLHT), Bangalore is a dedicated centre of excellence on medicinal plants and traditional knowledge. Over the past 14 years, FRLHT has been spreading action and research on various issues related to conversation and management of medicinal plant resources.

Documentation process in FRLHT

Objectives:

- To ensure the traditional practices
- To help in getting to know as when required the methods and usage of medicines.
- With only present knowledge had in a person difficult to promote to others so the documentation is done.
- The centre makes the collection of data which helps in giving data based information to the future.
- Provide technical support in documentation of traditional knowledge.
- To get information they have state- institute committee.

Curriculum development cell

- They have manuscripts of 500-600 years old ago. The writing are in metallic carvings-citrine oil preserve it.

- They collect manuscripts from manuscripts library, local healers, and religious leaders and from households.
- They use pooja and not very sure what in there actually in it.
- Scan the manuscripts- they translate to Sanskrit and from Sanskrit to English.
- Approximately they have got 8000 species of herbal plant n all over India.
- They show the references, the word that is used in different books.
- They also give the reference where the word come from, where it grown, synonymous.
- They have done the computerization for the past 18 years.
- They have the institutional website and the details about where the plant available and grown.

Challenges faced in documentation:

- People are not willing to give due to lack of knowledge.
- Convincing the people is very difficult. It takes for about 2 years to get what they require.
- It is also difficult for them to go and find out where the manuscripts available.
- Some people are not willing to share the information that they have the transmission is tough.

The visit was very informative and we never listening to our grandmother's home remedies or any medicinal plant or syrup we are not aware about that. Any health issue come we go to allopathic doctor or medical shop buy any medicine and swallow. I never followed about our home remedies or local health tradition. The visit was very helpful for me to understand this is also a curative part of medical care to social care. Participating both medical and the community to bring change in heath system.

6. **NIMHANS well being centre**

   NIMHANS centre for well-being which was inaugurated at BTM layout. This centre mainly to fill the gap between the biomedical model to community model and it's mainly for the urban poor and the other people who want an institutional service or care. The visit was really helpful for me and I ask some questions related to my area of interest elderly people, we know the old age is the age of elderly developed loneliness, depression, some sort of stress and it will affect their mental health. If they are poor and illiterate or from the marginalized community they don't know what happened to them and they don't know what to do, how to cope up the situation. Any help from this centre the elderly people can access from here, they have registration fee. The elderly people in urban slums don't bother about their physical health because of their poverty and nobody willing to help them, then how they come forward to improve their mental health or well- being?

   The centre offers the following services on different days of the week (Monday – Saturday)

- Stress management among professionals, college students, homemakers, family with young children
- Prevention and early treatment of smoking and other forms tobacco use
- Prevention and advice regarding alcohol related concerns
- Enhancing positive mental health
- Mental and behavioral health for persons with medical illness including diabetes and cardiac problems
- Marital enrichment services for couples
- Parental counseling
- Training and workshops on preventive mental health for school and college teachers on life skills and counseling
- Healthy parenting
- Peer support and training for medical professional on mental health

7. Sakalwara Community Mental Health Centre (Anekal Taluk)

Our 10th batch fellow got a chance to visit the Sakalwara PHC, initially they started as a PHC and they have the normal OPD and psychiatric treatment and meditations. Now they changed to community mental health centre, they do lot of community level works also. I saw the hospital for those people are affected with mental illness in urban areas. First time I saw the PHC also interested in community mental health in rural area. They regular follow up the people who are affected with mental illness and rehabilitated also.

8. Headstreams Women's mela & children's summer camp

Headstreams is an organization run by the X fellow of SOCHARA and he was the first batch fellow in the CHLP programme, his name was Naveen Thomas. He works for livelihoods by forming SHG for women. They conducted women's mela for the women's working with SHG. My reflection on that programme was the women were really enjoyed and they contributed their full participation in the mela and they danced, sing songs. They have lot of problems in their homes also; they forgot everything and each group performed their best. They bring their children's for this programme and the kids are very happy they saw their mother's are performed and its very important for the kids, in their childhood they imitate their parents and if they saw their mother struggles everyday its affects their childhood, but this programme would help the children's also to learned from their mother and their skills. The other thing I noticed the home remedies script performed by the Headstreams team and it was very useful technique they used to spread the health education for the people in the simple way. The visit was both enjoyment and informative.

The same team conducted summer camp for the children's living in slum area. For me summer camps means the parents in the high class family had job, in the summer vacation they want to send their children to the summer camp, because they have their works and they won't leave the children alone in the house and the summer camp will improve their skills and knowledge also. They spend lots of money to send their children for the camp. In my childhood I also like to go to summer camp, but my mother she is not working. Then it's not necessary for us. But I am very happy to saw the kids from poor family also enjoying summer vacation with their peer groups and they trained the children's and developed their skills and knowledge. We never bother about the women's in slum area also working more than the women living in posh area. They don't have time to spend with their children also, because of their all responsibilities of the family forced them to work hard and forget about their own health also. The women working in the IT field spend the time in her work place was more than the women in the slum area work as a domestic worker or other works. She covers 6-7 houses per day and I really appreciated the Headstreams innovative programmes for women's and children's. After I saw their activities I also planned something for my future work my knowledge and concepts were improved day by day I really feel that from my SOCHARA one year experience.

9. Tamilnadu visit

Trichy visit was a memorable experience for me; we a group of fellows went to visited the community action for health. I saw the community participation and people are well aware about their rights and they demand also. VHSWNC (Village Health Sanitation, Water and Nutrition Committee) the community people took initiative to monitor health services from the sub-centers, PHC, and CHC, they monitor cleanliness of the village and the water tank, and they check the Anganwadi nutrition programme for children's, pregnant and lactating mother. Every Panchayat have untied fund 10000Rs, and that was used for the water tank cleaning and the d3evelopment of poor people from the village. The money is controlled by the panchayat president and the VHN (Village Health Nurse) and the community people have the right to monitor the untied fund also.
The other thing was the Animators they are like ASHA and they are people who work under the grassroots level and organize people for the committee. They under the VHN, the Animators arranged the meeting in the community and for that meeting they called Panchayat president, community people, VHSWNC, and the VHN. They discussed the programmes for the pregnant women, children and also they discussed about water and sanitation, nutrition, health everything. We got a chance to attend that meeting, and I saw that one whole community (women) came for that meeting and from that discussion I understood that they are well aware about their rights and responsibilities. There is no gap between the health system and the people. I learned that from the higher post that is government to the grassroots level is individual, family and the community who works

together and have good coordination and participation we can definitely achieve ‘Health for All’

10. Protest against GM foods

This was my 4th time I am the part of the protest, it’s really a great time for me to demand for our rights and helped others for their rights also. Our rights and responsibilities are there, but if we are not aware or not demand we never get anything, because due to the bureaucracy and government corruption. There was a session before the protest and the farmer Percy Schmeiser. He chose to grow natural cotton and later was arrested for having seeds patented by Monsanto in field. The bees, butterflies, and wind pollinated the cotton and therefore Mr. Schmeiser was arrested. Monsanto is patenting seeds, insecticides, fertilizers and causing many farmers to lose a lot of money. The story really touched me and sometimes the government forgets their own corruption and take advantage to the poor people life and they are unaware about their rights and policies and the government give over burden to them. They are poor people and they don’t know how respond also, but if they get guidance or awareness from any people then they started to come forward and give voice for their rights.

11. Visit to Mugalur Manasy clinic

St. Johns medical college conducted several projects in Mugalur Training Centre. Mr. Chandraseker explained all the services that are conducted, who are the financial supporters, and what programs are offered. They cover totally 142 villages, but only 21 villages receive all round services. In the Mahila Mandals project under the Mahila Vikas project, the main aim is to empower women. If they want health services they have to have money. The project also works for the social discrimination of health by empowering the women and teaching income generating activities. For example, poultry, phenoyl making, tailoring, etc are all offered.

There are total of 12 health workers in the project and they are all trained from the St. Johns medical doctors. The training location is the St. Johns Hospital in Bangalore. The health workers are the daughter-in-laws and they have a minimum qualification of passing 10th standard. The daughter-in-laws personally know the village people and after training, come back to their original village. The village health workers have strong relations with the village people and they teach the people essential tasks and frequently follow up on the health status of the people.

All the health workers are involved in all projects, but they specialize in certain projects. Asha Dhawini project (ENT project) means eager to sound. Five health workers concentrate

in this project and they cover the entire village population for deaf and dumb people. They first go to the village and find out who is affected by any hearing problem and after noting them down, they instruct them to go to the clinic and check-up. Christopher Blinden Mission in Germany funds the project.

The community based rehabilitation (CBR) program provides wheel chair and continuous therapy under the CBR project.

All the activities above are covered in four PHC's: Dommasanthra, Sarjapur, Angondanahalli and Lakkur, which are all government PHCs. Mainly, ENT and ophthalmology (cataract operation) are provided to the people at a very cheap cost. Glasses are also provided and the organization gives vaccination and immunizations through the PHCs.

Mental health project (Manasi) is supported by the Rotary Club and in the project, the health workers go to the particular village and ask questions to find out who is affected my mental illness. Some of these questions are, "Are you happy? Are you sleeping well? Do you have any tension? Do you have any fear? etc." They ask the community in general and then they ask families. They then inform them of the Mugalur center Manasi project and give them information about the project. Everyone who comes to the clinic is above thirty years old. 15-25% of all the people that come are elderly and usually have a memory loss problem (amnesia, dementia Everyone who comes to the clinic is above thirty years old. 15-25% of all the people that come are elderly and usually have a memory loss problem (amnesia, dementia). Usually patients receive a book but these mental health patients are directly recorded by the hospital so they do not get stigmatized in their community. Also, most of the patients tend to lose their books so during the monthly consultations; the village worker will directly tell the patient that he/she has a check -up due.

The maternal child health project (MCH) focuses on mother and child health healthcare. They provide vaccinations, immunizations, assist with delivering, and a drip for basic stomach problems.

PREPARE (Primary preventions of cardiovascular disease and adherence to medicine) covers 15 villages. All the people in the program are 35-40 years old and they are indentified and then treated. Some of the treatments include blood pressure check-up and blood sugar levels. If there is a problem, they will directly be treated.

UNIT OF HOPE is a program for disabled children below age 14. For one day, all the doctors stay in one room and treat the disabled child by giving all the tests so the family doesn't have to travel from place to place. They believe the children are the future so they should be well treated.

Reflection: I really enjoyed the experience and learned a lot about the services and activities offered. For the UNIT OF HOPE program, I feel they should include all age groups because everyone deserves a future. When I asked the gentleman why he doesn't include the elderly

disabled groups, he responded by saying they are not going to achieve anything more and only the children are going to prosper and change our society. I felt bad and hope there are some other organizations that help the mentally or physically disabled elderly because they also deserve a happy and healthy life.

Learning from workshops and seminars

I. Workshop on Clinical Establishment Act

Dr. Abhay talks about the major issues to be discussed relevance of private medical sector regulation. He showed a picture of elephant and horse. The horse represents the public health system and the elephant represent the private health system. The private sector growing rapidly and the private sector showing the commercialization of health care, exploitation due to excessive/irrational medications and how to deal with the massive growing of private sector and it's a debatable issue. Then he talks some challenging issues they faced:

- No focus stand for accountability
- No entitlements or blinding obligations
- No legal frame work
- Lack of public will

The main themes of the workshop

- To identifying and documenting major problems of the private medical sector
- Analyzing current status of regulation in states
- Direction forward for regulation
- Concerns of smaller and non-profit providers
- Context of nation CEA and need for modified state CEAs
- Campaign experience
- Plan for action in various states

The workshop was very useful and informative the audience asked questions and shared their experience about both public and private hospitals. The rapid growth of private health sector crate a huge crisis in the health system and the salary offers in private hospitals makes the doctors shift from government to public. The health system grows from service providing to commercialization. If the doctors are not in the public hospital also they are doing private practicing in their houses for their additional money. Our great grandparent's period we know from them only government hospital provide the health service and most of them are depend on local healers or traditional birth attendants. The system fully changed now, we can see that change, and everywhere private hospitals and private practioners clinics were growing rapidly. The lack of care and facilities in the public hospital makes the people depend on the private health sector. I feel that not only in the

health sector, everything become under the hands of private companies for example in our childhood we have only one channel in our television, now a day's how many channels all are private channels and it influence the people a lot. From that one channel people used to see the news, health information, films etc. Now the competition of the channel they makes new serials and new reality shows makes the people to forget about news channels or any other good information.

Political influence also a lot for the shining of the private sectors. And another reason was anything provide free the people think that there is no good quality, services are not good, the medicine was not good, the doctors and staffs are not good like this type of perceptions people developed by themselves and they influenced by the high-tech well established buildings and the look and treating of the staffs makes the people influence a lot. All are they advertising themselves. Finally the hospital bill makes the people led to other diseases.

II. The National Workshop on the "Social Justice in Health"

The workshop included both theoretical and reflective information. They focus on certain topics such as urban health, mental health, Environmental health and Privatization of health care. And they discussed the approaches and pathways used to address the social determinants of health in different parts of the country. Finally took the initiatives and action at several levels from individual to families, community and at larger policy level.

During the workshop discussion session I was in 'urban health' group, I was very interested to join that group, because my field work I planned to work in the urban slums. The workshop was very useful and informative for me, before I go to the field I get a good session on 'urban health'. The speakers of the 'urban health' session were Mr. Chander, Ms. Sudha, and Dr. Prem mony. The group discussed about how urbanization happened, and what the challenges are in urban health. One by day slums have increased in number, the overcrowding, poverty, poor sanitation, and health problems such as infectious diseases, non-communicable diseases, affect their mental health etc.

The policy for urban health is relatively neglected, and the focus has always on reproductive health and rural health. In urban areas ill health and health system is lacking and people are not much aware. Advocacy for urban health is much lesser. If people are in the healthcare and services like BBMP, BDA, BWSSB, they all play important roles, but the coordination and communication between these stakeholders is poor. Privatization of health care also a problem in urban health, the staffs are contracted base and the contract base staffs get very low wage and that makes them less productive. Weak contracts, poor monitoring, the main thing is out-of-pocket expenditure is very high and that is not affordable for the poor. Private hospitals misuse government incentives for providing free treatment for the poor.

These are the lesson I learned from the workshop, and I realized the reality from my field work. They all are shared from their experience and I also found something I taught from my theory

classes I connected with my field work. The workshops and the sessions from my collective session gave me knowledge and my field work helped to find out the reality.

III. KARGERICON-2013 (Geriatric Conference)

St. Johns hospital conducted three days annual conference of the Karnataka state chapter of the Indian Academy of Geriatrics. In the conference they spoke about the health problems of the elderly and the identifying solutions to challenges in geriatrics. During the conference they spoke about their outreach programmes for senior citizen like rural clinic, home based health services and institutional care. They discussed about various problems faced by the elderly people from both rural and urban community. The PG medical students also present their paper related to elderly health.

IV. Medico Friend Circle (MFC) meeting

We are not just going for the MFC meeting. We went or its 40th celebration. Before Ravi sir give us class about MFC. So I am not much interested in the MFC, because the name also MFC 'Medico" I thought anyway that's medical people get together or something. I was excited in the first day lots of cultural programme, everything in my mind. First we went there everybody sat in floors and some are laid down and everybody interacting each other. We don't feel like we are from outside. We-feeling is very important, if we feel comfortable and become friendly came from this we- feeling. There I felt everybody not shows that they are seniors or they know everything about MFC we are lay person like they welcome us nicely and talk with us, took pictures with us. First day all are in a get together mood and they welcome their senior's 1980 members and they share about them. I saw lots of dedicated person in their life.

First day all are very friendly talking and enjoying the 40th anniversary and the second day for the presentation they are arguing, raise their voice when they commenting, debating each other. Really I feel both friendliness and when came to the feedback and suggestion they are very strong in their points and they are ready to fight also. Everybody behave like youths. I remembered Mira Siva's introduction she says that 'my name is Mira Siva and I am very young person than all of you, like that type of talks they gave positive energy to the groups.

I already mentioned i think they only talk about health and disease. Because before I attended this type of seminars conducted by doctors they mostly use the technical terms and words I can't followed that. But my understanding was viz., in MFC they discussed about manual scavenging. Low caste pregnant women, poor's health.

And the interesting topic they raised in 40th meeting was social discrimination in health. For me it was really useful and informative meeting. Personally I learned many things.

Time in the field

My field works I did in Bangalore the organization name was FEDINA (Foundation for Educational Innovation in Asia). That's really a great time for me to works with FEDINA. For my interest to work with 'elderly people' my facilitators introduced this organization for me for my field work. FEDINA is the only organization working with elderly population in larger level in Bangalore and they have the senior citizen group 'Akhila Karnataka Vayovrudhara okkoota' (AKVO). They have other unions also like domestic workers union, construction workers union, SHG group, senior citizens group (Aikyatha group). First two months I got the chance to work with this entire group and it's really a grateful experience for me.

FEDINA aim was 'To empower the margialised to demand what is rightfully theirs'.

About FEDINA:

FEDINA (Foundation for Educational Innovations in Asia) a secular non-governmental, non-profit organization, was established in the year 1983 with its headquarters in Bangalore. FEDINA was authorized to receive foreign funds under the Foreign Contributions Regulation Act (FCRA) in 1985.

FEDINA works towards the empowerment of the marginalized groups of our society, tribal's, dalits, poor women, small farmers, landless laborers and informal sector workers and slum-dwellers in the South Indian States Karnataka, Tamil Nadu, Kerala, Andhra Pradesh and Pondicherry.

FEDINA'S strategy

Consciousness- raising

Building awareness about their rights. FEDINA undertakes a number of consciousness raising drivers for marginalised people such as meeting, conventions, campaigns, seminars and street plays.

Forming people's organization or member groups

FEDINA helps build people's organizations to negotiate with upper castes, landlords, land owners, employers, elected representatives and appropriate authorities for their rights and for economic and welfare programmes aimed at their upliftment.

Capacity building

The organization supports and fosters numerous programmes such as meeting, training, campaigns and networks for building capacity to build negotiation skills.

Implementing socio-economic activities

FEDINA implements activities that engender equality of marginalized people among members group. It promotes women's rights, economic and social rights, equal wages etc.

Training of staffs

To achieve its objectives, FEDINA conducts periodic trainings for its staff by orgainising training of trainers, exposures, session on social analysis, and course on planning, project implementation and monitoring methodologies.

Unionisation for labour rights

FEDINA's first priority is the implementation of the ILO convention on core labour rights viz., right to form unions, right to collective bargaining, right to equal wage for equal work and fight against forced labour. Its helps informal sector workers to form unions that are able to negotiate with their employees and with the state, to ensure that labour rights are not denied them. The unions supported are garments and textile workers union, Beedi workers union, agriculture workers union, domestic workers union.

Right to work (employment guarantee)

FEDINA helps persons below poverty line to demand that states provide both work and remuneration. Its helps such person taps into and thus achieve a wider reach for programmes such as the implementation of employment guarantee programmes at panchayat level.

Access to land for landless

Dalit's having been socially denied land rights were allotted land by the state which is known as panchami or depressed class land while displacing tribals, the state by law has to give land for livelihood and habitation. Both panchami land and tribal land cannot be sold to others as per the PTCL Act. FEDINA support legal aid and negotiations with government and landlord in this regard. Its third priority is to enable dalits, tribals, and slum- dwellers to acquire land and titles so that they exercise their right to property.

Fighting discrimination against dalits specially in daily life

FEDINA opposes discrimination against dalits and fight for equal treatment of dalits, to ensure that they are not affected by acts of discrimination in daily life viz., entry to teashop, entry into temples, access to drinking water and access to common resources, isolation, insults in the names of caste, etc.

Opposing violence against women

FEDINA opposes and organizes resistance of women against domestic and social violence, dowry death and harassment, rape, murder, all forms of abusing work environments and also female foeticide.

Helping groups obtain access to government programmes

Its helps ensure that benefits from government schemes are accessible to and availed by the intended target groups. This includes programmes such as pension for senior citizens, housing programmes and special programmes for women and children.

Fostering programmes within groups and networks

FEDINA catalysis programmes and initiatives by people in member groups. The programme supported by FEDINA are land acquisition and developing their productive assets viz., land, building and consolidating a preventing health system in the community, promoting self groups (SHG), housing, providing legal aid and legal helpline, providing community based sanitation infrastructure and decentralized waste water treatment system especially for poor settlements in urban and semi-urban areas.

Learning from field work

Time in the field was the grateful memories in my life, I remembered my first collective session my facilitators took sessions on community, community understanding, health etc. The first two weeks are wondering weeks for me, I thought I am in a new world. I didn't understand many things. As lay person to community health professional journey an important role made by my field experience and my facilitators. I learned in the theory classes, the practical experience I got from my field. I can say my field work was really informative and enjoyment. It's taught me many new lessons; I never face in my life.

Loose fear about Police station and protest

I am the only person who went to the field very last moment, after lots of searching and struggling I also got an organization FEDINA, I had lot of excitement and eagerness to go to the field and also want to learn about community. I went to my organization; every time I went with my

facilitators for my field posting for different organization I face many problems. Sometimes they are not allowed me, they asks someone's orders or letter pad, sometimes went to the bus stop and call the organization people they says that, they are busy come later. I remembered Karthik Sir told me don't feel unlucky, better luck next time. After all those struggles I went my organization FEDINA, the first day I remembered Usha mam told me, one domestic violence case was registered and all staffs are going to police station, you can't join today. I am very disappointed finally I reached one organization, and then also… Mam looked my face and told me if you are not fear about police station come with us. That time I am willing to go anywhere, because I wanted to start my field work. I said her I am not fear about police station; I am also interested to come. But I my life that was the first time I entered the police station. I make myself very strong and acted like these are nothing for me. Actually I am very fear about police station. That incident makes me to lose my fear about police station. I saw that all are women staffs who fight for the right of one woman. They talks loudly and rudely in front of the police inspector. I also got courage and inspiration from them. Why we scared to come for police station, they are appointed for our security. That was the first new lesson I learned from my first day of my field work. After the police station visit was really becomes my part of life throughout my field work.

Another thing was protest that is another new lesson for me. People rights and responsibilities are there, but if the people are poor or marginalized people from the society, government also close their eyes and ears and put them in struggles. I learned from my organization that best way is we demand our rights and we remember them we are aware about our rights. One of our strategies is to aware people about their rights and the best way for getting our rights was demanding and protesting. I am also the part of many protest conducted by FEDINA, for the people's rights. Their works are in right-based approach. First protest I remembered for the 'domestic workers rights' I am very shy to stand in front and telling the slogans. But that also become a part of life throughout my field work, I lose my shyness and I also joined with them, stand in front and demanding for our rights. The field work really changed me as a new person and also started to think with the people's level.

Sympathy to empathy

That was a good learning for me I learned from my facilitators from my collective session and realized the truth from my field work. To Working with elderly people really an emotional barrier for me. I want to prepare myself from emotional things. I had an experience to works with elderly who are under the institutional care. This was the first time I work with the elderly people in slum area. First I saw them or heard their problems finally they started crying, I also emotional with them. I don't know what to do, my ideas are scattering and I have only one aim 'old age home'. I listened one old women problem and suddenly in my mind one idea came my 'old age home', and then it continuous my interaction with every elderly people I realized that one way or other way all are depressed or they feel loneliness and they are not happy in their life. In their old age also they have lot of problem they faced in their day today life. So I started thinking about my facilitator's words we developed 'empathy' not 'sympathy'. Yes that is very true they don't want

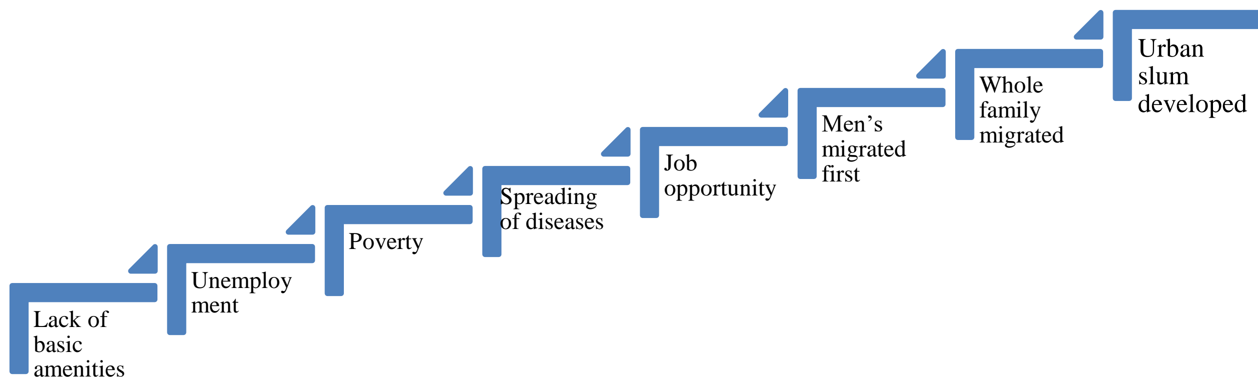
sympathy, they want the people who understand them, stand with them and do something for them. I learned that “Sympathy is not permanent emotion” we just listening them and show our emotions of their poor condition. But “Empathy is a permanent emotion” we listening them sincerely think like them and do something for them.

Learning from my community

My field area was in urban slums of Bangalore. Migrated people and other poor people living together in area of city, the building are in bad condition, narrow and faulty arrangements of streets, lack of sanitation and water facilities, lack of primary health care, education, poverty or any combination of these factors which are the social determinants of health and safety.

My community is group of people living in a limited land. They migrated from Tamil Nadu and struggled a lot. They are unaware of their resources and took some time to become aware and work through poverty in different levels.

How migration happened



History of my community

Past History: Most of the people are migrated from Tamil Nadu (Thiruvannamalai & Velloor). Most of them are migrated before 25- 30 years back. Before the places are like forest area, everywhere plants and trees and very little number of houses. Then after one by one came and settled. The migration into the urban centers exposed them to ecologically vulnerable areas which were the breeding ground of many diseases. The area was uninhabited initially and was completely unclean where people used to dump garbage. During the rainy season water used to seep into the house disease like fever and cold was the common thing for children. Disease like cholera, malaria is very common. The social condition so unsecure that the respondent felt it very unsafe to send children to school, especially the girl children's. Land issues are the main problem they are very scared, because they don't have document of their property. There is no electricity or water facilities, the shops and hospitals are far from their place and transportation

Present History: Forest settings were cleared and household were increased. People stopped the waste dumping with the help of the local leaders. Basic amenities like electricity, transportation and water available. Interacted with elderly people I understood lots of change happened, but the youth are not, in their point of view they want more changes, the water coming twice in a week, that also not good for drinking purpose. They buy water from outside for their daily cooking and for drinking. Hospitals and shops are available near, but they are not satisfied from public health services.

Middle age population and children's population is high and female ratio is higher than male. SC ratio is high. Both males and females worked as construction workers, women's went for domestic work also. 80% people are below poverty line, most of them don't have BPL card. The girl children dropped their education, because before there was no social security and if the parents went for job they are alone in their house. They don't have care takers at the early age they loved somebody from the same area and got married. Boy children got influence from their peer group and they started substance abuse from their childhood, their father also an inspiration for them.

Most of the houses are Kacha (90%), and 10% is semi pakka. If some people are become economically good they don't like to live in this slum, they search new houses and go from the slum. After marriage the alcohol abuse or the illness of the bread winner of the family makes the women takes all responsibilities in their head and that makes them to forget their own health and works for the family. The life time of poverty, unsafe working conditions, the use of alcohol to numb the pain of heavy job increases the health vulnerabilities and reduced the productivity of the male slum dwellers. Coupled with the low productivity and the age related discrimination, they face increasingly irregular access to job and low income since their late 40s. As the male's income falls women, despite their domestic work, are increasingly forced into paid job to supplement the reducing income of the male.

Learning from my evergreen heroes

During my childhood days I received love and care from my grandmother. So I like elderly people from my childhood as well. I spent time with my grandmother than others. So elderly people are my evergreen heroes and I thought I want to do something for them.
I was really feel grateful to works with elderly people and I remembered their words 'in old age we want someone who love us, care us or give attention for us, but there we failed'. I thought this is not only one elderly person problem. The whole world elderly people face the same problem, so I was very confused during my first two month field work- what to do? Only old age home concept was in my mind. But I got answer from Ravi Sir session and from my field organization FEDINA, "community health approach for elderly". I only think about the elderly people who thrown out from their family, but I never think the elderly people who struggled if they have everything also. If I build an old age home I can help few elderly people, but I changed it to "community health approach for elderly" I can include all elderly people from my community.

My overall learning

My overall learning is very big, as lay person to community health professional is my first insight and I recognized myself and I can improve my personality and knowledge. First time I came to SOCHARA I need translator, but now I could present myself that is the big achievement for me. So my facilitators and my friends helped me so much throughout my one year journey, my SOCHARA is also a spoken English class for me. I came here I have only one ambition my old age home' after I attended Ravi Sir class and from my field experience I can changed it for 'community health approach for elderly'. The best thing I learned from my Director Thelma Mam is, the role and responsibility of an efficient Director, and the other thing is she understands us and encourages us to work with our area of interest. My ideas and perception changed I also started to think differently. I was very calm person when I came here, but my facilitators trained me to become reflective. I lost my shyness and I can present my ideas and reflections in front of the audience. In communication session Krishna Sir told us if you learned many things from your field or in collective session, but if you can't present yourself with confident all is waste. That very

important point he mentioned my SOCHARA taught me many things and it was really a great opportunity and realized me “Who I Am”. Throughout my one year fellowship I saw many dedicated people like my facilitators and other guest lectures, they all are resigned their reputed jobs and working for ‘community health’ then I started to think ‘why I not’.

My team mender Sabu Sir helped me a lot for my research and gave good guidance for me, both in the field and research. Encouragement is very important for a person’s future growth, he encouraged me throughout my work and it will increase my efficiency. My field organization FEDINA, it’s a good basement for me. I learned how to do community mobilization and how to work with community from my Mender Usha Mam, Sreedevi Mam, Sebi sir. If I want any clarification about my field work my mender she sat with me and gave good direction for my works, and her ideas and thoughts helped to improve myself. Field workers (My akka’s) are my professors in my field; every time I told them you are the ‘unrecognized community health facilitators’. They are the experts in community health than others.

My expectations were far exceed these past one year and I have accomplished all my goals or objectives that I had for the upcoming year. I am grateful for being a part of the organization and plan to be involved in health projects and work for elderly in the future.

PHOTOS

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