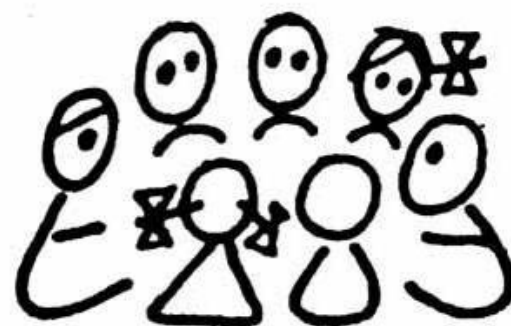
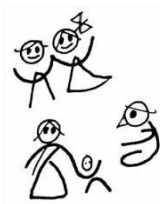
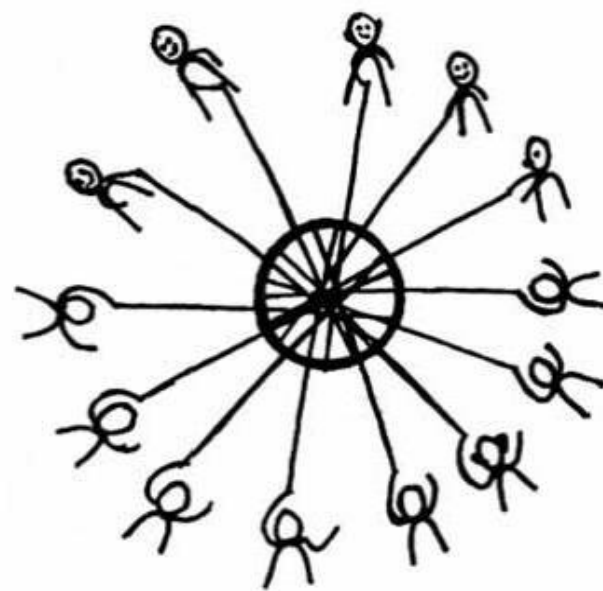


2022-23

# Community Health Learning Programme

*A Report on the Community Health Learning Experience*

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# **PART -1**

## **COMMUNITY HEALTH LEARNING PROGRAMME (CHLP) - LEARNING JOURNEY**

### **SECTION 1: INTRODUCTION**

From Community Health Change makers Confluence to writing the project report, it was a rich- informative journey. Individuals from a different background is what makes CHLP different from others. The journey has given me in other topics changes in my professional as well as personal life. As a clinician, I used to give focus on the medical model, but MPH and CHLP have changed the way we look at any community. Understanding the basic principles community health makes to spread branches and its deep understanding. The live sessions and the group assignments are not only informative but also helped in increasing our soft- skills.

### **WHY DID I JOIN THE FELLOWSHIP?**

During my post-graduation period, I came to know about SOCHARA from my professor. Also, he has explained the immense learning experience the CHLP is providing. I could not be a part of the program in 2021. Later, I came to know more about the program through my colleagues who were part of the 2021 batch. Then I re-applied in 2022 and got an opportunity to be a part of CHLP -2022. The values and learning culture it provides was different from any other program. The mentor-mentee program will be an advantage for professional growth. I like to learn new things, and this was a great opportunity to enhance my MPH knowledge and skills.

### **SECTION 2: LEARNING OBJECTIVES AND AREA OF INTEREST**

#### **Learning objectives**

Learning can be of different dimensions. Deep-rooted learning is important in every field, I think so is in community health. CHC has made me realize the vast areas we can explore in community health. And everyone can contribute little to their community's growth at different levels. For that deep understanding of the different aspects of community health is important. So, I would like to focus my objectives on

1. Increase my critical thinking skills in domains like how to implement a particular model in our own community and at the same time appreciate the diverse socioeconomic, behavioural, and sociocultural factors in that community. Programme managing is one of the important roles, a public health professional has to play. I hope CHLP will add to my knowledge of program management. All live sessions are giving new channels for thinking and critical appraisal. Every example of different community works is a model for different programs.
2. Increasing the basement of program management using evidence-based strategies.

- To apply my academic knowledge in public health and traditional medicine for the upliftment of the community on a deeper level and to understand the challenges of that.
- To increase my confidence in communication skills and network building.
- To have in-depth knowledge of community mental health.

## **AREAS OF INTEREST**

### **Women's health especially in rural areas**

I would like to focus more on women's health. As the WHO definition says I would like to focus on all its dimensions. I come from a rural area and I have seen many women don't even take care of their acute health ailments. They focus on the family and their negligence may end up in hospitalization. Out-of-pocket expenditure is one thing that increases their negligence in health. I would like to focus on giving awareness of their right to health and making them aware of the importance of prevention and healthy living.

My other areas of interest include

- Mental Health
- Community health priorities post-pandemic
- Environment and Health
- Traditional medicine and community health

## **COVID IMPACT**

The pandemic has made us live in the new normal. It has affected all of our lives in different ways. Due to these factors, I have included COVID prevention through Ayurveda in my project. It has not only impacted us physically but also mentally. It has also disrupted many regular aspects of life including physical exercises. COVID 19 has still ongoing health impacts. Evidence shows that post-COVID symptoms are also worse. Brain fog, insomnia, fatigue are few among them.

## **SECTION 3: REFLECTIONS ON THE MODULES**

The reflection of the modules are a comprehension of the learning and critical analysis on the topics. Also, I have tried to apply the learnings on my project and other professional experience.

### **Module-1**

#### **Axioms of community health**

ASHA (Action for Securing Health for All) - Axioms of community health and how it works on the activities of ASHA. It is a community health and development society presently operating in 21 different slums of Delhi. The team is led by Dr. Kiran Martin.

### **Rights and Responsibilities**

- 15 women from community were selected by some leaders and the Asha team to be trained as
- Community Health Workers.

### **Autonomy over health**

- With the help of Mahila Mandal brought about a change in their health practices and a greater confidence in their own ability to bring about change.

### **Integration of health and development activities**

- Public authorities have provided health centres, community latrines, water points, roads, drains, building for the polyclinic and other facilities beyond ASHA's resources.
- Day care centres, Children's club, Adult literacy
- Housing up gradation project
- With the help of municipal authorities -water taps, tube wells, reservoirs constructed.

### **Building decentralized democracy at community and team level**

- Supervision of the activities by Mahila mandals.
- Vocational training programs- hand pump maintenance.

### **Building equity and empowering community beyond social conflicts**

- Municipal cleaners are supplemented by within the communities whose salary is paid by them

### **Promoting and enhancing the sense of community**

- Slum development committee composed of informal leaders and other interested members was
- formed to discuss and get involved in community development issues

### **Confronting the biomedical model with new attitudes skills and approaches**

- A four tiered referral system

### **Confronting the existing super structure of medical/ health care to be more people and community oriented.**

- Informal leaders in the community are selected for preventive, promotive and curative care

### **A new vision of health and health care not a professional package of actions**

- Home visits in case of TB follow up and motivate for drug compliance

### **An effort to build a system in which Health for All can become a reality**

- Morbidity survey showed decrease acute respiratory illness.
- Better environmental conditions and regular garbage disposal , improved water supply- better
- community awareness

## **Module -2**

### **SEPCE (Social, Economic, Political, Cultural, Ecological) DETERMINANTS OF HEALTH**

Understanding the concept in deep changes our perspectives about community and health. The concept has deep roots in history. Ignoring primary healthcare and focusing more on secondary and tertiary aspects have resulted in health disparities. The community health cell of SOCHARA has focused on the social paradigm. The introduction of the primary health care approach and the Srivastava Report all are connected to it. The People's Health Movement was also responsible for putting the social determinants of health on a global agenda.

Alma Ata Declaration 1978- Health For All. Equity in health and Community Participation. The People's Health Movement 2000 put forward Health as a fundamental human right. Global neo-liberalization has impacted the health of the community in various ways. The paradigm shift involves a shift from a biomedical-oriented one to a community-focused and values effective community participation and focuses on SEPCE. Equity should be present in any community-oriented programs etc., since then only social justice is imparted. For example, when it comes to economic policy, the global workforce mainly belongs to low and middle-income countries. So, inefficient labour policies affect them badly in terms of non-protection from occupational hazards, bad work environment, etc.

CSDH- is important for health equity and reducing health differences among various levels. Conceptual framework and SEPCE Analysis both play an important role in community health. We can apply the Dahlgren and Whitehead framework to know the interaction between individuals and health. For example from that framework, we can say that there can be an interaction between genetic factors, and the environment as determinants of health, including mental health.

Socioeconomic and political context include how easily someone can access healthcare, education, a safe place to live, and nutritious food. I have tried to apply SEPCE analysis to my dissertation topic.

## **Anxiety among college students in relation to COVID 19**

COVID 19 Pandemic has increased the levels of anxiety among college students.

| Social   | Economic  | Political                                | Cultural   | Ecological                   |
|--|---|--|--|------------------------------|
| Gender<br>Age<br>Socioeconomic status<br>Barriers to mental health care access | Financial constraints in accessing mental health care<br><br>Educational scholarships delayed | Poor access to public mental health care | Mental health as a stigma<br><br>Cultural upbringing | Negative parenting practices |

### **Module-3**

#### **COMMUNITY HEALTH CHANGE-MAKERS CONFLUENCE**

##### **POWER WALK**

The power walk game was a realization of how we would be feeling having power and powerlessness. It is standing in someone's shoes. I hope everyone present there has changed their perspectives in one way or another about how social class, economy, and gender all make us walk forward or backward in different life situations. The discussion following the game also made to know everyone's thoughts about the game. It was a sad truth that people who are powerless stand in that state due to things that are not in their hands. And there is also no right to harm or snatch the holdings from those who have power. Also, the game is an encourager for those who are suppressed and challenging those that dominate. And it is important to understand the relational nature of power and unequal power relations. The people who are having less power or are powerless and are made to move backward in society need to be given opportunities so that they can also make steps forward. And there are many abuse and exploitation based on the power dynamics. And discrimination is based on age, gender, ethnicity, disability, etc. Equity and social justice are the factors to be considered here.

##### **MONSOON GAME**

I belonged to group one in the game and was one among the group who have many fields. The thoughts and feelings the game gave everyone were wide-reaching. It also made me think how selfish we all play in different roles in our lives and we didn't give even our

small holdings even for those who are most needed. Also, it made me realize the fact that every farmer should have some people to guide them in selecting the crop and how much it is needed to sow. And this will bring a huge impact on their lives. The importance of different government schemes and how they will make their lives better, if properly used is also a point to remember. And these schemes are actually their rights and each of the needed people should be well aware of that. The situations depicted in the monsoon game I still prevalent in our society in one way or the other. The people who represented the unprivileged as explained although it was a game the feeling they had was huge and we should think of the real-life situation of the people who are going through this. The game should be played in different privileged communities so that they can understand and can bring at least small changes.

#### **Module 4 - Right to health**

Rights mode can be a claim and charitable mode as a sort of giving and take. The rights of people are universal. International agreements ratified by National government should be constitutionally guaranteed, then only it can be useful for the people. The people should demand for rights. Health is a social goal. When considering health as a human right we should take both determinants of health and the right to health care.

Prioritizing health needs is important in public health action. Accountability forms a major part of access to health or social determinants of health. 'The dream of public health is of minimizing preventable death and disability which is also the dream of social justice'. Also. Over-reliance on the biomedical model is not beneficial to the community. Dual loyalty potentially entails a conflict of interest.

A human rights-based approach is critical to addressing growing global health inequalities. Not only are the health professionals accountable for human rights. Exclusion from social systems and inequalities in health and development forms an obstacle in realizing the full human potential. For the realization of health for all integration of human rights approach to public health is necessary.

The responsibility of individual health workers toward the realization of human rights is not well portrayed by the rights-based framework. It is also important to note that ethical codes need to integrate stronger human rights language if professional self-regulation is to be more effective. Also, there are many examples from our current scenario where the whole responsibility is upon the shoulders of the health professionals. In the case of a socio-economic rights violation, it is very difficult for the health professional and in some cases, there is a failure of the Govt. to fulfil its obligation. But at the same time, it needs to be considered the institutional factors that lead to a conflict of interest.

It is seen that the human rights-based approach forms a framework for the development of many policies and programs. Policymakers rather than acknowledging health as a right, considers policy-making to be evidence-based. Also, best policy decisions come from evidence-based, rights approach etc. framework than considering health to be merely a service. And it will be more beneficial to the community. In many situations, the front-line workers are not able to make a decision by themselves. The rights-based approach cannot be applied. They are bound to the systems surrounding them. But, many times the situations end up blaming them only.



## **People's Health Movement(PHM) Perspective:**

The promotion of equity plays a central role in the human rights approach. Thus, removing the health-damaging effects of poverty and marginalization. It is important to protect and empower all people. And, it is important that everyone has the right to participate in the decisions which affect them. Also, that participation must be active, accessible, and meaningful. PHM helps in making the power distributed equally and that power is used to address health issues. Nowadays, especially in the private sector 'health is a commodity, but it should be considered a right.

2 types of tasks are mentioned for the global health movement.

- Tackling the right to all underlying determinants of health
- Strengthening the right to health care

When we take the case of the COVID 19 pandemic, the commercialization of healthcare has impacted many communities. And we have seen that even in many developed countries the imp. There was a need to support different types of issues like water, sanitation, housing, etc., and the most suitable one was taking the leadership. Example- when we take poverty to be an issue impacting health and apply the HRB (Human Right's Based) approach, three types of analysis can be carried out:

- Situational analyses- Inequality, marginalization, hunger, malnutrition, and poor health care systems, these causes can be placed in hierarchical order.
- Capacity analyses- in a broad way we say society is responsible for poverty, the system, which includes govt, inappropriate policies, and poor administration.
- Analysis of and liaison with accountability agents- In the case of poverty liaison at local, state, and central levels can be taken.

These analyses should be carried out by involving representatives from the community. So that they can be aware of their rights.

RTHHC (Right to Health and Healthcare) campaign- The major focus was to achieve quality health care. PHM and its vision has strengthened RTHHC. Three phases were:

- Preparatory phase
- Documentation and analysis phase
- Regional assemblies and subsequent analysis phase

The participatory approach of RTHHC is beneficial for the community and it compliments PHM. When the participants are from diverse backgrounds, the outcome can be far-reaching. Also, it is very important to analyze the local context to have a concrete responsibility. What we can apply in one context or community may not be applicable in another.

## **Module 5 &6 Social Determinants of Health**

An equal emphasis on social determinants of different health and disease conditions is needed to respond to that situation on the social dimensions as well. Understanding the social

determinants of health for that community promotes greater equity in health in a spirit of social justice. When health is viewed as a social phenomenon it can be linked to broader social justice. The social determinants of health play a much bigger role in influencing a person's health, making up major part of the contributing factors.

The condition in which people are born, grow, live, work, forms the social determinants of health. While considering the health indicators, Kerala is better than many other states. But, it is high time it should focus on addressing the health inequalities, especially in tribal areas. Also, research should focus on these social determinants and how can we overcome this health inequalities.

### **Module-7 Comprehensive Primary health care approach**

Alma Ata, 1978- the primary care approach put forward in this declaration is a scientific one. Provides promotive, preventive, curative, and rehabilitative care. It includes 8 components. Primary health care must be accessible to all and should have an inclusive approach. There should be enabling and empowering rather than just providing. People should be participants and not beneficiaries. Empowering marginalized people can make a great impact on their lives. The community should participate as a whole. For the success of primary health care, appropriate health technologies also play an important role. 'Kudumbashree' in Kerala is an example of intersectoral collaboration. These community volunteers have been used by the health system in the past for creating health awareness in their respective communities. It was been planned to utilize the services of these Kudumbashree members in the future to spread awareness regarding TB and HIV/AIDS and also for conducting vulnerability mapping. In the case of many organizations, Community Health Workers play a key role in different aspects.

Primary health care is the key to the attainment of the goal of Health for All. The challenges in primary health care include, the primary health care facilities were very much underutilized. Also, the NCDs burden is growing. Exclusion and marginalization were also there. Ayushman Bharat – 2018. Two components – PMJAY and Health and Wellness centers. Every public health professional should be able to contribute or participate in health and wellness centers. Health and wellness centers provide different facilities to the community. Outreach services and home visits of the team members etc. Mid-level Health providers offer an expanded range of services close to the community. Health promotion is one of the key features.

### **Comprehensive Rural Health Project – Jamkhed**

Women from the community are trained for positive change in the community. Village health workers play an important role in preventing diseases to a large extent. Over the years, due to CRHP overall health indicators were better than national averages. The mobile health team also plays an important role in community empowerment. The hospital and training center also plays an important role in providing quality ensured and integrated services to the community. The services provided are also cost-effective. With the help of CRHP, the community health workers also help the empowerment of self-help groups. The adolescent girl's program is also a good initiative by the CRHP. These help the girls to fight against

social injustice and gender inequality even in a small way. Helping hand initiative was another successful initiative by the CRHP where women, especially the marginalized ones, will have financial security for themselves and their families. Preschool program is especially for the low-income community and children coming from slum areas and they were provided with at least two nutritious meals and also a habit of starting school at an early age. Through appropriate technologies, many of the community members who are disabled have been provided with artificial limbs, etc. Safe water and sanitation are one of the main components which ensure healthy and quality of life in the community. The organic farming initiative not only provides food support for the community but also provides income generation for stigmatized women who have diseases like HIV and who are victims of violence. Self-sufficiency is one of the important hallmarks of CRHP. It forms a model that can be adopted in many situations.

### **Module-8 Equity in Health**

Creating equal opportunities for health, and bringing health differentials down to the lowest level possible is important. Also, it is significant to meet health and healthcare needs equitably, through different forms like health insurance schemes. Policies and decision-making of health care systems impact in forming equity in health. Also, the concept of health equity is broad-based and its meaning remains sometimes unclear.

### **Module- 9 Health Systems in India**

The public health systems in India are more decentralized . During the COVID time, health emergencies have questioned the strength of the country's public health system. Only if the public health system is stronger, can it provide equity in health to the community. Not being able to afford even easily treatable diseases like fever, common cold is really scarier for the poor. Most developed countries, even though they have a universal healthcare system in place, do not offer free healthcare services to their citizens. Bringing quality primary healthcare at the doorsteps of people who cannot afford to seek healthcare at private clinics or private hospitals is the need of the hour.

### **Module- 10 Pluralism in Health care in India**

Medical pluralism is widely practiced in India. During the first and second wave , I had the experience of giving preventive and treatment for COVID patients, and have been grateful to be a part of the AYUSH task force. The Government of Kerala started 1206 Ayur Raksha Clinics and associated Task Forces across the state in April 2020 to improve the reach and penetration of Ayurvedic preventive, therapeutic and convalescent care strategies for the COVID-19 pandemic<sup>5</sup>

As a part of the CHLP project I have applied my knowledge in the AYUSH system for the needs of the community and also given them guidance to use many home remedies as immunity enhancers and for general well-being.

Also, folk healers form a rich history of the traditional health systems. Documentation of the knowledge they pass is important.

### **Module -11 Universal Health Care and Universal Health Coverage**

PMJAY was embarked as a step towards Universal Health Coverage (UHC). UHC ensures all people have access to quality health services- including prevention, promotion, treatment, rehabilitation, and palliation, without financial hardships. It's also high time we focus on reducing the burden of out-of-pocket expenditure as India marches down the path of UHC.

There should be a focus on providing high-quality primary health care through public health services. There is also a need to consider the drawbacks researchers and policymakers pointed out in improving public health services. Rational uses of medicines are also important. Thus, reducing over-dependence on medicines and antimicrobial resistance.

### **Module -12 Understanding Voluntary Health Sector**

- The communication that takes place in a village health workers convention is rich and often results in knowing the soul of the community.
- Out of pocket spending is a great villain in the life of the people.
- The initiative by NANI to propagate the importance of breast milk and even making the producers rethink about the making of breast milk alternatives is worth praising.
- Production of essential drugs within the country is important and it should be prepared for epidemics or even pandemics with its resources.
- Mobilization of resources is important in every campaign.

### **Ramakrishna Mission in Health Services**

- Renunciation and service were the focus.
- Service shouldn't be for the benefit part but it should be unselfish.
- In their principle health is being equated to well-being and it is not mere physical health.
- Providing health services to inaccessible areas is also important.
- Health education is a way of being a pipe turn offing one rather than a floor mopping one
- The different medical institutions of Ramakrishna Mission form a great service to the community.
- Spiritual and medical practice are hold hand in hand for serving humanity in a better way
- Centralisation and decentralisation is important especially in times of crisis.
- Attitude, Skill and Knowledge makes a service more beneficial to the community.

### **Millath Relief Trust**

- Pandemic has taught us many things. The way we all overcame it is to rethink about health being a priority more than anything else.

- Case study has shown that some logical changes in the protocols have created a good result for the patients and it is important that we should be knowing the situations rather than blindly following the protocols.
- Capacity building and improvisation is needed in any emergency situation like pandemic to cope with the challenges it throws.
- Misinformation was all over there, which has created more dilemmas. It is also important to address them.
- No awareness about COVID appropriate behaviour
- Overcoming the barriers caused by religious beliefs are also important in health care services.
- The lessons learnt from the pandemic can be incorporated in many situations and bring a good change.

### **Reflection on Christian Spirituality of Social Commitment**

- The health personnel should listen and learn from the community.
- These organizations play an important role and act as a catalyst in the community
- Training health care personnel especially for rural health care programs and promoting community health programs.
- Empathy and equity is the basis of the commitment.
- Health is not only a biomedical issue and it is beyond that.
- It is also mentioned that critical social reflection is backed by a faith dimension and courage of conviction leading to concrete actions.

### **Sustainability**

- Sustainability of the voluntary health sector is much needed, otherwise the vision and the programmes put forward will become in vain.
- Local support and solidarity will help in this regard.
- Community empowerment is a way to sustainability.
- Community representations decrease the gap existing.
- Learning from the failures can often be more significant than the appreciation of success, though this is seldom done.
- Different factors influence sustainability.

I think the sustainability of civil society is its major success. I have seen some organizations failing to keep it. And we include community participation; it is seen to be more sustainable. Monitoring and evaluation done at proper intervals have shown that it leads to sustainability.

### **Module -13 Food and Nutrition**

Healthy food and adequate nutrition are required for bringing up a healthy community. Unhealthy eating patterns are the main cause of many NCDs. During my project work, I noticed that improper food and nutrition have brought many diseases in that community.

Lack of nutrition is bringing up anemia and other diseases, which can lead to many further complications.

Food and nutrition education has a significant role in promoting access to adequate quality and quantity of foods for households and communities. Health education and food and nutrition resources have positively affected individuals' food choices.

### **Module – 14 C- WASH**

The WASH program focuses on long-term prevention and control measures for improving health, and thus reducing poverty, results in improving socio-economic development, and responding to global emergencies and outbreaks of life-threatening illnesses. It plays an important role in reducing the rate of infections. Lack of WASH poses further health risks for women. They are more vulnerable to this. For example, during pregnancy, it may cause many health challenges. It is also important in maintaining menstrual hygiene and related issues.

### **Module – 15 Women's Health**

Understanding the social construct of gender is important especially in a country like India. Gender norms often make people have difficulty making many choices.

In the case of maternal health, when we take organisations like ANANDI, it explains that, it takes a village to save a mother's life. 20% of global maternal death takes place in India. And this number is too high. And this indicates that in society maternal health is not a priority. Also, maternal health is not at all an individual issue, it is an issue of society. Early child marriage often leads to anemia and it is one of the leading causes of maternal death also it occurs due to hemorrhage. Every maternal death is a violation to the right to life of women. Insufficient facilities at the PHC and transportation difficulty play a role in this regard. Lack of awareness regarding antenatal care and diet is prevalent. Also many pregnant women suffer from low Hb, and high BP. Institutional deliveries are less.

Although poverty affects every gender, women are much affected. According to WHO, poverty tends to yield a higher burden on women and girls' health due to, for example, feeding practices (malnutrition) and use of unsafe cooking fuels (COPD).

Through my project, I got more understanding of women's health and how it influences the health of a community. Empowering and giving awareness on health is important. Evidence shows that women face diverse and unique health concerns across the lifespan which may affect their overall health and wellness. Healthy diets, exercises, regular health check-ups, access to affordable health care, etc, make them unchallenging.

## **Module - 17 & 18 Mental Health**

Post-pandemic has given us more focus on mental health, which may be due to more people being affected or increased awareness of mental health. Though there is still stigma on it and it is not that much-given priority as a physical health concern. It's important to provide mental health awareness in a community. Community-based services can lead to early intervention and limit the stigma of treatment.

In the case of urban communities and young adults, they are becoming more accepting of mental health problems and more supportive of people with issues. They are more aware of common mental disorders such as depression and anxiety and are more willing to talk to health professionals and seek treatment. At the same time, it's also important that emergency mental health conditions are given attention.

When it comes to the case of suicide, millions of people suffer severe grief or are otherwise profoundly affected by suicidal behaviours. Each suicidal death is a public health concern that profoundly impacts those around them. By raising awareness, reducing the stigma around suicide, and enabling well-informed action, we can decline instances of suicide around the world.

## **Module -19 Communicable diseases**

The spread of communicable diseases often causes public health emergencies. So, it is important to check the rapid detection of disease outbreaks and potential public health emergencies occurring in migrant centres or hotspots of that disease and to contribute to prevent cross border health threats.

Knowledge and awareness on different endemic and epidemic diseases of theta region, can help the community in preventive as well taking early interventions. Working with communities defined by location or some other shared interest, these interventions may be important in assisting equity and reach of communicable disease control.

Although we are still fighting for the prevention of COVID, there is a need to focus on the prevention of other infectious diseases also. Local government can play an important role in this. Personal hygiene and clean surroundings should be regularly monitored. Regular cleaning and chlorination should continue.

## **Module 20- NCDs**

NCDs or lifestyle disorders are causing a new burden to public health. The disability caused by NCDs are huge. So, it's important to prevent and control them. Change should come from implementing better policies, and health programs. Kerala, although the diabetic capital, the state has set models in prevention by creating NCD clinics, BMI monitoring systems, screening programmes etc.

It's also important to create meaningful engagement of people living with NCDs. In many states, there are many barriers in accessing equitable health interventions, especially in the case of NCDs. During the pandemic and post-pandemic NCDs prevention has been lagging behind and there has been cases where even surgeries for NCDs has not been given prior choice.

## **Module- 21 Palliative Care**

Kerala sets a good example for the community palliative care model. It continues to provide great support for patients with advanced diseases and disabilities. It aims to advance the quality of life among people with life-limiting conditions and their families through a holistic approach. The need for integrating palliative care into primary health care ensure wider and fairer access to people with malignant conditions, comorbidities, etc. At the same time, it is important to maintain sustainability in palliative care to get maximum benefits for the community.

In the Kerala model, many of the services are enabled through community-led projects at free of cost. One of the important advantages of the model is its cost-effectiveness and community-based approach which is ideal for a country like India. Voluntary efforts with multidisciplinary teams mostly lead the palliative care services in Kerala. These voluntary groups were also helpful even in times of COVID vaccine awareness.

## **Module -22 Climate change and health**

Climate change is affecting human lives and health in many ways. Increased respiratory and cardiovascular disorders, injuries, and premature deaths are associated with extreme weather conditions, shifts in the prevalence and regional distribution of food- and water-borne diseases and other infectious diseases, and threats to mental health.

It is also seen that there is a difference in the magnitude of the effect of climate change for different communities. It is because of differences in exposure to climate hazards, sensitivity, and ability to adapt. Groups at increased risk include those with low income, immigrant groups, Indigenous peoples, children, pregnant women, elderly, vulnerable occupational groups, persons with disabilities, and persons with comorbidities.

## **Module-23 Health Technologies and Innovations**

Health technologies and innovations result in reducing errors, preventing adverse drug reactions, protecting patient privacy, and improving overall care. It also provides multiple benefits in research and policy-making by tracking and reporting of data, also in many other ways.

Recent innovations like telemedicine have given greater benefits to the community. Moreover, some patients delay consulting a primary care physician until their condition becomes emergent. Telemedicine services enable individuals to seek care more quickly, comply more readily with treatment plans, and avoid hospital admissions.

COVID-19 vaccination has been one of the greatest health innovations of the decade. Without the vaccine, natural herd immunity could not have been adequate to restore society to its existing condition, and it would have resulted in an extreme fatality.



## **Module -24 Communication for health**

Communication for health is challenging and at the same time most significant in public health. To change knowledge, attitude and practices is an important step in public health management.

The backbone of the CHLP action project was communication for health. Through health awareness, education programs, the benefit of all these are acquired only when proper communication is passed to the community. It is not only about sharing knowledge but also changing attitudes, practices, and behavior for that objective. Communication should be a two-way process, and acquiring feedback at each level makes the process beneficial for all the stakeholders.

## **Module -25 Globalisation and Health**

Economics is a science of scarcity and health economics determines the price and the quantity of limited financial and non-financial resources devoted to the care of the sick and the promotion of health. Since human wants are unlimited, but resources are limited and finite. Economics is as much about benefits as it is about costs.

Also, choices in health care inescapably involve value judgments and many of the simple rules of market operation do not apply in the case of health care. Consideration of costs is not necessarily unethical.

## **Module 26- Child Health**

Children are significant to a country's present and its future. It is important to end child deaths which are preventable and promote the healthy growth and development of children. Exclusive breastfeeding, immunization, and proper care during illness all result in a child's healthy growth and development. Clean air, water and sanitation, and safe places for play and recreation are also important for young children to explore and learn. It is important that communities address their collective commitment to children, specifically to their health.

Policies, health education, and health services available are required to make an enabling environment in which children can lead a healthier life. It is also seen that healthy children are more likely to become healthy adults. For example, childhood obesity often leads to many other NCDs in the future.

## **Module- 27 Project Management**

The way projects are planned and implemented follows a sequence beginning with an agreed strategy. The project management in healthcare is different from others and it needs to be participatory – demand driven not command driven. Project management is crucial for achieving the desired results in an effective manner. Before beginning the project it is

required to review the local condition and relevant documents. There are a variety of tools available for decision makers to use when choosing a project; root cause analysis, cost-benefit analysis, etc are among them. To get the benefit of the advantages and minimize the impact of the disadvantages, careful planning is required.

### **Module- 28 Proposal writing and Fundraising**

Proposal writing is significant as it helps to convince the reader why the project is valuable and your competence in that area. While the primary purpose of the proposal is to help secure funding for the organisation's interventions, it is important to understand that the proposal document has other critical functions.

Proposals secure an organisation's funding. The proposal must convince the donor that the need the organisation has identified is essential and has the capacity and the right approach to address the needs, achieve good results, and ensure accountability. A poor quality proposal, or a proposal that misses the submission deadline, may result in that particular organisation missing out on important funding opportunities.

### **Module- 29 Health Movements, Social Movements and Social Change**

The goals of the social movements are to change the economic or social conditions for people excluded from the mainstream. A movement is not the same as a single-issue organizing or policy campaign. The focus should be multidimensional, multi-sector and multi-issue.

Health movements like the tobacco movement had good results; they challenged the hold of the powerful tobacco industry on public policy, industry, media, and even the scientific and medical establishment in order to advance its product, inflicting great harm on people.

It is important to distinguish outcomes related to movement building from impact outcomes related to the movement's activities.

### **Summary of the Reflections**

The blended learning programme (weekly live classes with recordings made available) has helped in refreshing the learnings. Also, through each module it helped us to know how each sub-topics on community health is applied on different social contexts. These models are inspiring and we can apply them in our own contexts depending upon the changes needed. The first few modules focus on the basic principle of community health, later modules focuses on the application of these principles for different community health issues. The modules highlights on the importance of health equity and rights.

The vast range of topics from palliative care to climate effects on health, covers different aspects of community health. Through the learnings of the module, it helps to understand in deep about the social paradigm of community health. The group learning for different modules and assignments helped to know different perspectives of topic same topic. I belonged to group 2, and we often had weekly meetings which helped us in clarifying doubts, deep learning.

## **Mentorship Process and reflections**

Adithya Pradyumna was assigned as my mentor. He is a faculty member at Azim Premji University, Bangalore, and an environmental health researcher. His research and teaching interests are in environment and health, epidemiology, health vulnerability assessment, mixed method research, and environmental health ethics.

When I shared my area of interest in women's health and other objectives, he provided me with resources that helped in understanding more about the root causes and background of gender discrimination, health disparities, etc. Stories about organizations like ANANDI were inspiring.

Burns report – based on a study conducted by Adithya Pradyumna in association with SOCHARA and Vimochana was a detailed study on burns cases especially in Bangalore. It was a gender based analysis on epidemiology of burns and help to understand the real experience of the burn cases and their challenges. Reflection- Burns are more common in women – mainly due to suicide and homicide. The study highlights the need for further improvement of the management of burns at peripheral centers. Also, on how the burns disfigurement affects the victim both mentally and physically. The study also throws light on gender- based violence. The status of women in society, patriarchy, lack of education, and unemployed status. Other associated factors include family responsibilities, extramarital relations, power relations, rights, sexual abuse, alcohol, and personality.

For the project purpose, I have been communicating about project updates on a regular basis and this has guided me throughout the process. During the idea draft presentation, I got many valuable comments for my work from his side. Before starting the report writing, we had a short meeting and have been helpful in resolving the queries. Also his critical analysis about the reflections and project process has helped me a lot. I am grateful for his support throughout the programme.

## **PART -B**

### **SECTION 4: COMMUNITY-BASED HEALTH ACTION REFLECTION PROJECT**

#### **TITLE:**

***WOMEN'S HEALTH THROUGH KUDUMBASHREE***

#### **BACKGROUND**

Kudumbashree is the poverty eradication and women empowerment program implemented by the State Poverty Eradication Mission (SPEM) of the Government of Kerala. Kudumbashree is essentially a community network that covers the entire State of Kerala. It consists of a three-tier structure with Neighbourhood Groups (NHGs) as primary level units, Area Development Societies (ADS) at the ward level, and Community Development Societies (CDS) at the local government three-tier level. The thrift and credit activities at the grassroots level through the formation of saving groups are a common feature

of Kudumbashree. It has made a huge contribution to socially empowering the women of Kerala. The micro-enterprises undertaken by the women's neighbourhood group in Kerala strengthen the community bonds. It is this network that brings women to the Grama Sabhas and helps them bring the needs of the poor to the attention of the local governments. So, giving awareness to them in terms of health, especially women's health can reach to many members of the community.

As there are different barriers to women's health, poverty and gender discrimination, form a higher burden. The health of women and girls is of particular concern because, in many societies, they are disadvantaged by discrimination rooted in sociocultural factors.<sup>1</sup> Unequal power relationships between men and women, social norms that decrease education and paid employment opportunities, an exclusive focus on women's reproductive roles, and potential or actual experience of physical, sexual, and emotional violence are some of the sociocultural factors that prevent women and girls to benefit from quality health services and attaining the best possible level of health.

The action project was done in a Kudumbashree named, Dashami. It is working at Kannur district, in a place named Kizhunna paara. As it was a short term project, depending upon accessibility and I was more aware of their previous activities and organised meetings conducted by them.

A cross-sectional, study on microcredits benefits in Kerala, shows how SHG participation can help protect poor women against exclusion from health care and possibly aid in promoting their mental health<sup>4</sup>. So, through my project, I acted as a catalyst for enabling them in giving importance to their health and making use of healthcare services.

### **SWOT ANALYSIS OF THE KUDUMBASHREE NAMED DASHAMI**

The analysis was conducted during the introductory sessions of the project and arrived at these points.

|   |  |
|---|--|
| <p><b>STRENGTHS</b></p> <ul style="list-style-type: none"> <li>● Good group dynamics</li> <li>● Experience in finance management through micro-credits</li> </ul>       | <p><b>WEAKNESS</b></p> <ul style="list-style-type: none"> <li>● Their own health is not a priority</li> <li>● Fewer activities in the group related to health care services</li> </ul> |
| <p><b>OPPORTUNITIES</b></p> <ul style="list-style-type: none"> <li>● Funds and schemes from local and social government</li> <li>● Great support from family</li> </ul> | <p><b>THREATS</b></p> <ul style="list-style-type: none"> <li>● Increased out of pocket expenditure</li> <li>● Less awareness in women's health</li> </ul>                              |

## **AIM AND OBJECTIVES**

Since an action-reflection project starts with a concept, perception, or idea that has been developed, rather than starting with a fixed hypothesis. When I communicated with them regarding my background in health and regarding my project, they were curious to know more about the project and how it can help them. After the first meeting and during house visits, they begin to share their health issues and what were the difficulties that were preventing them from accessing health care.

### **AIM**

- Empowering the members in terms of health- decision-making about their health and health issues, communication about their health with their partners, control, and autonomy.

### **OBJECTIVES**

- Making them aware of the public healthcare facilities that they can rely upon for their health issues. As it was an action-reflection project, the awareness and knowledge about the healthcare facilities will help them to know more about the facilities available for various diseases. This in turn helps them to choose the needed facility in future and leads to better health practices.
- Addressing some of their health issues through Ayurveda.
- Preventive approach to COVID through Ayurveda and public health measures. Acknowledging their understanding of health and COVID prevention, giving evidence-based knowledge. As action-reflection is a continuous process, enabling them to conduct health- related activities and camps in future also.

## **COMMUNITY-BASED ACTION**

The meetings were conducted regularly from August- November in the community library in Kizhunna Paara (Kannur district) apart from the house visits to the members. The district Kudumbashree mission often carries out different programmes and events.

The methodology included:

- In the introductory sessions, they were explained about the project. Written consent was taken from the participants by providing them informed consent form and participant information sheet. Also, consent was taken for documentation and photographs. They are assured that all personal information is kept confidential and will be used only for research and study purpose.
- Following all the basic guidelines while conducting a research.
- Understanding the health issues through introductory meetings, house visits.

- Planning the sessions, by literature review, referring WHO and AYUSH protocols, by ministry of AYUSH.
  - Translating the materials to Malayalam before each session. The sessions were delivered in simple local language, as most of them includes medical term. Some of the materials were also circulated through WhatsApp, for their future use.
  - Also, involving in their regular meetings about microcredits, for having more relationship with the community and understanding the group dynamics.
  - Feedbacks were taken before each session begins, also about how the last session helped them and how they have incorporated their learnings in their daily life. Also at the last session, general feedback was also taken about the whole session. I used to take short notes of the feedback they are giving in the sessions. And after each sessions, I used to elaborate the notes.
- 
- Identifying the community, i.e., the Kudumbashree self-help group. And each step is grounded in the needs, issues, concerns, and strategies of the self-help group.
  - Mapping of context through SEPCE analysis.
  - Applying the axioms of community health at each step.
  - Building upon the strength and addressing the issue (women's health-related).
  - Using the collaborative and participatory method and focusing on long-term results. And it will be sustainable.
  - The members of the Kudumbashree participating in the project and developing outcomes that they can use to make changes in their own communities.
  - Through community-based action involves partners in the process of taking action or the next steps.

## **SECTION 5: ACTION PLAN AND ENGAGEMENT PROCESS**

The Kudumbashree self-help group, named Dashami has 20 members. I have focused mainly on the ten members of the group. As it was a short – term project and during the sessions on project guidance and orientation it was advised to focus on a small number of participants to make the process more participatory and uncomplicated.

From the literature that emphasizes the situation of women in many communities, the need for giving importance to women's health and awareness of women's health arises.

To take a project through which I can use my clinical and public health knowledge was a great opportunity as an aspiring health professional. The ways through which Kudumbashree came was a transformation in the community especially focusing on women from the ground up. The decision to do my project on Kudumbashree was mainly because of their approaches like holistic, participatory, and women-oriented. The Dashami Kudumbashree mainly focused on micro-credits. Its innovative poverty reduction approach is implemented through local self-government.

### **Introductory meetings:**

To know more about the workings of the SHGs and understand their common health issues, introductory meetings were held in the last weeks of August and the first week of September. It helped in understanding the needs of the community. As a resident of that area, I was familiar to a few members. So, I had a brief introduction about myself and my professional background. They were curious about things like, how they will be benefited from the project. The first introductory session, was clearly an ice- breaking session.

The second introductory session focused more on understanding the health issues they were facing and how they have managing that. Health issues due to lack of proper nutrition, especially iron deficiency were present in a few members and others mentioned, their daughters also suffered the same. Also, they were effected with problems to physical inactivity, lifestyle disorders.

Before the next session, house visits to few homes were done. It made them more engaging to the project and they shared more about them. It helped to get to know about the health and living conditions of the members and also about the elderly members of the family. OA was a common issue and there was an elderly woman who needed medical attention. I have suggested few health services which will help them. The house visits, also helped in building good rapport.

Before beginning the topic discussions, had done a session to make them aware of the topics planning to be covered in the session. With the completion of introductory session they were more aware of the project goals and they were explained about the process and consent obtained for taking photographs and for documentation.

### **Women's health and need to focus on them:**

The resources for taking session was mainly based on WHO. The presentations were done in the regional language Malayalam. They were introduced about what health means. And it is also explained what all things are included under the term women's health. General measures to be taken for well-being. Why should we focus on women's health?

The members were quite surprised to know how the factors they ignored in their daily life are contributing to unhealthy living. The challenges women faces in their health management. It is also explains the causes of ill-health women faces especially in our country.

The need for healthy aging is important. Thus, giving importance to the quality of life rather than just age. The significance of healthy eating has been explained. In the session, the importance of regular exercising and the benefits it brings to our life has been described. Most of them have not been doing any exercises and one or two members do not regularly practice yoga. They were mentioning lack of time for focusing on their needs. They consider it as secondary. Due to other households and involvement in other activities, they often avoid doing any sort of exercises.

From the introductory sessions, it's understood that some of the members have been taking medications both allopathic and AYUSH for common diseases. So, it is important to make them aware that they have been taking them in proper ways like continuing or stopping

the medicines only with the advice of the concerned doctor. And usage of antibiotics in the correct way.

They have also been given ideas about the early detection of disease and how it will help in the prevention.

### **Anemia and its precautions:**

It would be of great importance if the project can bring changes to the life of family members also. Many of the participants have teenage daughters, and in the initial discussion, they mentioned about the symptoms of anemia. So the focus was on how we can manage and prevent anemia.

The participants were explained about anemia and its symptoms in detail. They have been given awareness about how anemia is a global health concern and how it adversely affects the health of the population, especially in children and pregnant women. It is mentioned how improper treatment or management in anemia can lead to even mortality of the infant and mother. The causes of anemia and normal range of haemoglobin have been discussed in the session. The participants explained proper treatment of the cases with medicines, and taking iron-rich foods. The importance of folates, copper, vitamin B12, and vitamin c in preventing anemia is also discussed. They were advised to visit modern or ayurvedic doctors depending on their choice.

By the end of the session, getting to know more about the disease and the signs and symptoms. The participants gave feedback that some of them showed symptoms and they also showed concern that some of their family members also have the symptoms. They were advised to check haemoglobin. They tested the hb from a private clinic nearby and some of them tested in ESI hospital nearby. The importance of different sources of food which can help in preventing anemia is also explained.

The test result showed six (including the family members) of them had lower Hb levels than the normal range. Two of them came for consultation, and I prescribed them Ayurvedic formulations for the symptoms. Others have taken consultations in the PHC and nearby private clinic.

### **COVID Prevention:**

Before the beginning of each session, a review and reflection about the previous classes have been discussed. For the session for COVID prevention, I have referred to the WHO website and protocols published by the AYUSH ministry.

The COVID-19 pandemic has created a global health crisis posing an unprecedented public health emergency. Effective management to address this infection is still evolving and attempts are being made to integrate traditional interventions along with standard of care. Ayurveda and Yoga can certainly play a pivotal role to augment preventive measures provided in the guidelines by Ministry of Health and Family Welfare (MoHFW). The current



understanding of COVID-19 indicates that good immune status is vital to prevention and safeguarding from disease progression. Continuing with prevention methods and enhancing our immunity is important. Many people are adversely affected by post-covid symptoms. So, following the recommendations are important.

The hygienic measures are relevant till now, as it not only prevents COVID infection but also makes us protective against general viral diseases. It is mentioned that the guidelines should be followed by every person in the family and children and persons with comorbidities should be given extra care.

Ayurveda put forward different daily and routine regimens, which help in maintaining a healthy life and enhancing immunity. It also mentions many formulations which can be prepared from home and all are great in prevention and immunity boosting. These points were explained in detail in the session. It is important to create a platform for back-and-forth communication. There was a good discussion about COVID and how it affected them and then moved to how we can prevent them through Ayurveda and WHO guidelines.

### **Ayurveda and women's health:**

It's high time that we focus on pluralism in health, so that it can help in developing the health systems and community health. Ayurveda have vast areas which can help with many women's health issues.

On National Ayurveda day (October 23<sup>rd</sup>), I found it fortunate to take session on different Ayurvedic formulations that can be used as home remedies. These have been proven as immunity enhancers and preventive medicines for many degenerative and nutrition disorders.

### **Menopause and women's health**

Since some of the participants were around peri-menopausal age and in the initial meetings they discussed some of the issues related to the menopausal period. They mentioned physical symptoms, such as hot flashes, and emotional symptoms of menopause which were disrupting their sleep, lower energy, and affecting emotional health. There was a lack of knowledge on why this is happening. It is explained about when menopause usually happen? How will one know whether they are in the perimenopausal period?

They have been given awareness about how hormones cause these issues. Also, after menopause they are at risk of getting certain disease conditions. It was advised to take steps to protect health and relieve the symptoms shown. In the session, they have been explained that some may find that changing their eating habits and getting more physical activity can help. Others may need medicine to help relieve their symptoms.

### **Awareness about Health care services:**

It's important to have access to quality and affordable healthcare services. In Kerala, public healthcare services are far better compared to other states. But, it is also important to ensure that the community is wisely using the healthcare services for their ailments and other services. For that it's needed to have knowledge about the services available within their

accessibility. The project was done in the district of Kannur, which has access to PHCs, Family health centres, CHCs and district hospital and medical college. Within the district, a mother and child hospital with well-equipped facilities competing with a modern private hospital is present. In the session, the details of the services available for the different health conditions were explained in detail.

## **SECTION 6: IMPACT OF THE COMMUNITY HEALTH ACTION**

The topics covered includes- general awareness of health, introductory session on women's health and the need to focus on them, the importance of physical activity, yoga, anemia and its precautions, ayurveda and women's health, COVID prevention through Ayurveda and also the WHO guidelines, menopause and women's health, awareness about health care services. Apart from this, house visits were also done to know about the health issues of family members and to develop more communication with the participants. The focus was on 10 members of the SHGs.

- Made the members aware of their health rights.
- They begin to address their health care needs.
- Small changes in their daily routines, such as making time for exercise and healthy eating. Before each session, they explained their feedback on the previous session and how they incorporated the learning. As the members were present near my location, I could witness some changes, including the morning walk.
- Including good sources of healthy foods in their diet. They have explained how they will keep a small portion of fruits, milk etc., to themselves while providing for their children.

Awareness about decreasing out-of-pocket expenditure in health services and increasing the reliance on public health care facilities. One of the members explained how she had asked if she had symptoms of anaemia to a doctor while she went to take a booster dose for COVID. Most of them have consulted in PHC for the management of low HB.

### **Reflections:**

It is important to take into consideration, the context and background of the participants involved in the action project. The action plan should also be in a way that it detail precisely what is required for the community. Also, to give awareness to that community, the community should be understood from its physical, social and economic dimensions.

The main aim of the project was to empowering the members in terms of health- decision-making about their health and health issues, communication about their health with their partners, control, and autonomy. Critical reflections and feedback made to understand more about the community and include more aspects on next session.

Also, discussion with my mentor on project idea and project progress paved way for more learning and critical analysis. It is significant to build good rapport with the community; a good relationship with the community is one of the main strengths of a community action project. And, the community is not a passive recipient of knowledge but they should also be involved actively in the construction of knowledge needed for their growth and improvement.

## SECTION 7: PHOTOGRAPHS



- The sessions focused on women's health and their health issues.



- The members' were regular in attending the meetings.



- They documented the important part of the session.

## Ayurvedic formulations


 ഭാരതീയ ഹിംസാ രാജ്യത്ത് നാം അന്തർ ആയുർഷ് വിഷൻ ആയുർവ്വേദ കേന്ദ്രങ്ങൾ അസോസിയേഷൻ ഓഫ് ഇന്ത്യ

**7-ാമത്ത്**  
**ദേശീയ ആയുർവ്വേദ ദിനാചരണം**  
 23 ഒക്ടോബർ, 2022


**ലാജ തർപ്പണം**  
 ആവശ്യമായ സാധനങ്ങൾ  
 1 തണ്ണികരതൻ (കുഷണങ്ങളാക്കിയത്)  
 2 പൈനാപ്പിൾ (കുഷണങ്ങളാക്കിയത്)  
 3 കർക്കണം  
 4 മലർപ്പൊടി

**ആയുർ രുചി**  
 ആയുർവ്വേദത്തിന്റെ രുചിയെക്കുറിച്ച് ആവേശം പങ്കുവെക്കാം

**തയ്യാറാക്കുന്ന വിധം**  
 കുഷണങ്ങളാക്കിയ തണ്ണികരതൻ, പൈനാപ്പിൾ, കർക്കണം എന്നിവ മിക്സറിയിൽ അടിച്ചെടുത്ത് ഉപയോഗിക്കുക.

**തൂണങ്ങൾ**  
 1. തർക്കാരയ കുരുവി  
 2. ഹിംസാദണ്ഡം  
 3. ദംഗിക്കാൽ എളുപ്പം  
 4. നാം അന്തർ പൊങ്ങ ഉപയോഗിക്കാം

  
 National Ayurveda Day  
 ദേശീയ ആയുർവ്വേദ ദിനം



**SECTION 8: ANNEXURES**

**PARTICIPANT INFORMATION SHEET**

I am Athira M, a fellow at the Community Health Learning Programme of SOCHARA, would like to conduct a community-based action project on the self-help group, Kudumbashree. The study is conducted as a part of the fellowship programme. The findings are used only for academic purposes. You are invited to participate in the above-mentioned project. As a part of this, you will be asked to participate in discussions and classes mainly involving women’s health. And the lessons learned from them can be utilized in your daily life and in the self-help group. The project is scheduled for three months, from September 2022 to November 2022. There are no major risks for you by participating in this project. By participating in this project, you will help the investigator to understand the activities of Kudumbashree, also about the health perspectives of the members. There will not be any monetary or material compensation for you for participating in the survey. The information obtained from you may be used for analysis. All information collected from you will be kept confidential. No personal identifying information will be revealed to anyone. Participation in this study is entirely voluntary. You may withdraw from the study or refuse to participate at any point. In case you have any doubts or questions, you can contact the investigator.





Date:

Participant's Initials: \_\_\_\_\_ Participant's Name: \_\_\_\_\_

Date of Birth / Age: \_\_\_\_\_

(iv) I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s) [ ]

(v) I agree to take part in the above survey. [ ]

Signature of the Participant: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signatory's Name: \_\_\_\_\_

Signature of the Investigator: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Study Investigator's Name: \_\_\_\_\_

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athiram798@gmail.com

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## SUMMARY:

The nine months of learning journey was indeed a rich experience. It not only provided a theoretical knowledge, but have made us to critically think about the community health in different aspects. The reflective learning and the curriculum covers every dimensions and made us informative about the topics in deep. As I am an MPH graduate, what makes CHLP different is that, it takes examples and contexts mainly from the Indian background.

CHLP team provides us a good learning environment and makes us to explore more within ourselves. The mentorship programme provides us a guidance throughout the course of the learning. The learning module and assignments provides a platform for reflective and informed discussions.

The community action project, with learning in and for community requires a special relationship between the researcher and the community. And the project was the application of the knowledge learned through the programme. Here, the community is not only a palce for research, but also a place where community needs are addressed and improving their quality of life.

## REFERENCE:

1. WHO- Article on Health Topic- Women's Health
2. The National Institute of Environmental Health Sciences conducts research into the effects of the environment on human disease.
3. The Ministry of Ayush, a ministry of the Government of India- AYUSH protocol on COVID 19
4. Devika J. The 'Kudumbashree woman' and the Kerala model woman: Women and politics in contemporary Kerala. Indian Journal of Gender Studies. 2016 Oct;23(3):393-414.

5. Joseph SM, Iyer DS, Pillai RV. Ayurvedic Response to COVID-19 Pandemic in Kerala, India and Its Impact on Quarantined Individuals—A Community Case Study. *Frontiers in public health*. 2021;1541.
6. Kadiyala S. Scaling up Kudumbashree--collective action for poverty alleviation and women's empowerment. 2004.
7. Raghavan VP. Micro-credit and Empowerment: a study of Kudumbashree Projects in Kerala. *Ind. J. Rural Development*. 2009;28:478-9.