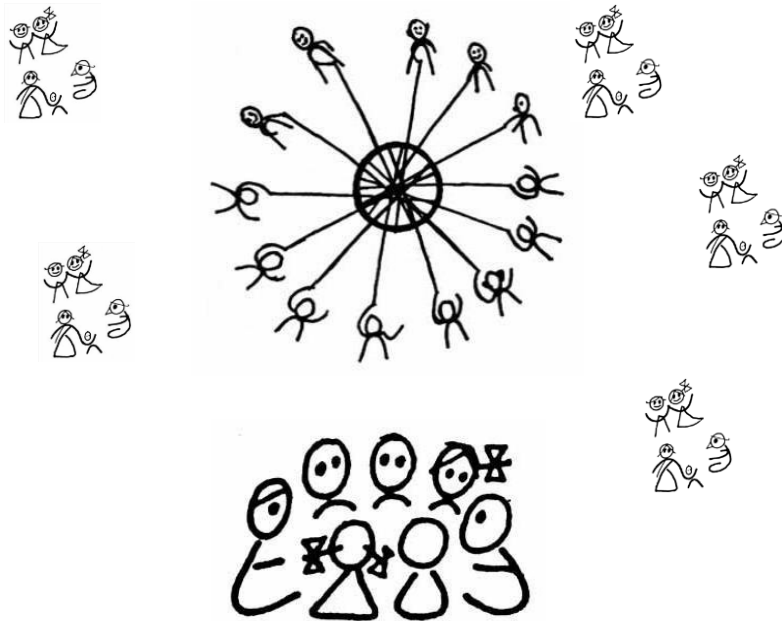# Community Health Learning Programme

A Report on the Community Health Learning Experience

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Society for Community Health Awareness Research and Action

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ACKNOWLEDGEMENT

First and foremost, I would like to express my deep and sincere gratitude to my mentor Karthikeyan K, who guided me and who have been a strong constant support throughout my Journey from the beginning to till date. His expertise in the Disability area and enthusiasm in the research have been of great value to me.

I would like to thank all my facilitators and fellows who made my learning journey fruitful. I would like to thank my Project team member G. Shirisha for her support and contribution to the Project. I would like to thank my stake holders i.e. Chairman (Empowered Committee for Differently abled persons University of Hyderabad), Dean (Students Welfare University of Hyderabad), Psychological counsellors University of Hyderabad. I would like to thank students who have participated in the Project and made it successful.

Last but not least I would like thank my colleagues, friends and family members who have been the pillars of support throughout my CHLP fellowship journey. A big thank you to all of them!

PART- A

COMMUNITY HEALTH LEARNING PROGRAMME JOURNEY

INTRODUCTION:

To shortly introduce myself, I am P. Sriram Yadav pursuing Ph.D. in Public health under the supervision of Dr. Ajitha kata from the School of Medical Sciences, University of Hyderabad. Currently I'm working on my PhD thesis topic titled Profiling Disability among Diabetic Elderly population of Telangana, India.

A Farmer's son from a rural village to a Ph.D. research scholar, I'm from a rural village of Telangana where Illiteracy is high, basic sanitation levels are low, Quality of education is scarce, and there is only one school in a village and only one Teacher for all the classes. I have done my schooling In a Telugu medium Government School till my 10th standard. During my school days, I was inspired by various social reformers and their emphasis towards the right to education and women empowerment. My Father recognized my skills and passion towards education, He took a step forward to afford me a quality education and he joined me in a private English medium college. A happy little boy who was roaming in the village enjoying life suddenly his life turned miserable after joining in an English medium school. He faced many difficulties and criticism throughout in understanding language, coping up with the classes, staying away from family. But honestly, this was the best phase of my Life that turned my weakness into strength. I have done my Masters in University of Hyderabad which has diverse culture of Students from various backgrounds this time period has given me the best opportunity and brought out the best version in me. I had a strong passion to empower people from rural areas and make them have a good access to basic facilities like Drinking water, Good meal a day Education for children. When I was sharing my thoughts with my friends one of my friend recommended me we should have a basics of community health and we have a learning fellowship program in sochara they teach us various aspects of community and they does a lot of work in the community based on various community health models. Soon after that conversation I looked up sochara on Google it gave me clarity about what is CHLP program what are we going to learn from it. I have read fellowship journey shared by fellows on the website. I felt I'm at the right place to learn. Here I'm writing my fellowship Report with lots of gratitude.

Disability, Rural development and Health care have been my area of Interests. Due to Poor sanitation and hygiene I have seen my own People struggling and Suffering with Infectious diseases and it taught me importance of basic sanitation and Hygiene in the community how important it is to educate people and make them aware. COVID 19 is the best example which taught us Community plays a key role in Preventing diseases and various other aspects like COVID 19 vaccination, Following COVID appropriate behavior etc. Various internships during master's period have given me insights about common man's problems and how important social determinants play a key role in health. Working in world health organization during Immunization Programs has given me rich experience and community house to house visits has given me a better idea of people perceptions and problems. I had a strong intuition to always try and find out something new or a solution to the existing problems in Health care and it has led me to pursue my Ph.D. in Public health.

Childhood experience and learnings from each stage of my life mainly seeing my own people struggling has led me forward to study hard and giveback to society. I really wanted to be a torchbearer for encouraging quality education and affordable quality health care in rural areas. CHLP has accelerated my learning journey by bounds and has rekindled my interests in various topics.

WHY DID I JOIN THE FELLOWSHIP?

I wanted to join the Community health learning program of Sochara because it gives a deep insight about community health and to understand and assess health realities and to know more about COVID 19 and post COVID 19 and Indian public health. This program would help me explore the social paradigm of community and public health based on community needs and to understand ground level problems faced by the community. I would consider this opportunity to build my career in public health and gain Research experience. I'm willing to learn more about community health and Research methodology and to know more about Disability and Rural health, Nutrition and looking forward to explore other areas of public health.

Over all, I felt that the community health learning program from Sochara would be extremely helpful through my further journey and meeting and seeking guidance from the renowned mentors from sochara would be very helpful for my research journey. This fellowship program would give me knowledge about research and build a strong foundation in public health during community projects and gives me an opportunity and additional experience to work. I wanted to join this fellowship because I wanted to give my time to serve the society and learn new skills and get hands-on experience dealing with projects mainly to learn new things. 9 months Mentorship and constant learnings are the most interesting aspects of as a Public health scholar I would love to imbibe the quality and respond to the Needy immediately. My future goal would be working with community and Public health system. It could be an excellent opportunity to learn new things and meet people of various backgrounds and progress forward.

I had vague ideas on how health care system ought to be such as health care means both preventive & curative aspects going hand in hand, health care has to be demystified, medicalization of health should stop, appropriate technology was the answer not the mindless introduction of new technology, health care must be a service not a commodity, privatization & capitalist led globalization were responsible for the current crisis in health care, Public financing & control of health care was the key to answering this crisis & re-orientation towards society. But to put it in short, I had all the ingredients to make me a health activist, but the only key link that was missing was a sense of direction on how to go about it.

I considered it as a great opportunity to learn more about the various challenges, factors affecting the growth and development in this sector. I perceived it as a chance to understand in depths the knowledge and various collaborative areas of interest of community health and its applications in daily life. As a student, I considered this as a fellowship which could also solve many doubts and could give me a complete picture of the various topics under community health.

WHAT WERE MY LEARNING OBJECTIVES AND WERE THEY MET?

My area of interest:

- Disability
- Palliative care
- Geriatrics
- Non communicable diseases
- Communicable diseases
- Rural health
- Indian health care system
- Nutrition

My learning objectives are:

- To know about the Indian public health care system
- To know more about social determinants of health care in Indian public health care system
- To strengthen the concepts of community health
- To learn and understand the multidimensional concepts of health
- To know about research methodology and about various public health projects in Indian health care.

My CHLP journey enlightened to a variety of health-related issues. My learning goals were met, and I gained a multifaceted perspective on the Indian health care system. Every module what we have been taught is very uniquely and systematically designed.

The illustrative examples have been very helpful and critical in explaining the concepts and breaking the monotony of the theory.

My areas of interest were Disability, Geriatric health, Non-communicable diseases, rural health and Nutrition. All my interests and objectives were met with both the practical applications and theoretical learning. It was a good portal for understanding the ground reality and the learning encourages me to initiate my peers to come forward and join this fellowship.

Going to the grass root level to understand the field aspects is important as this fellowship has rightly granted me throughout the learning period in the form of assignments and community action reflection Project. All the key takeaway points learnt from module have helped me in my research work when working with marginalized communities.

MODULE LEARNING:

Every module has a key message to take away it was user friendly explained in a simple language focused on Diverse concepts. Axioms of community health, community health Approach were very new concepts to me which gave a clear picture of the community health. Modules that interested me more were Comprehensive health care, Palliative care, Nutrition, Social determinants of health, Biomedical waste management, mental health. Palliative care module learning was extremely helpful for me my research work was on working with elderly people during my work palliative care module learning was very helpful now I could talk about palliative care educate them about it and importance of palliative care for the needy. It taught me importance of end life care and addressing patient emotional and spiritual concerns, and those of the caregivers.

My learning from Social determinants of health module played a key role. How social determinants of health poverty education and many other determinants played a key role in health care access utilization in the community. Community health approach module opened up new horizons and created a rich experience in the CHLP learning program. Many modules gave me a concept of health as a holistic concept like family structure, culture, attitude socioeconomic status were equally important. My prior knowledge during mph have helped me a lot in various modules and gave me a better clarity on various modules. Work life and balance with CHLP was easier in the starting as days went it was really tough to balance out with research work and CHLP fellowship but I could manage it with the help of LMS. The best part is even we miss live session all the live sessions were recorded and uploaded in the LMS. LMS was very helpful for me during my free times and I could go through all the materials and additional videos provided so that I'm on Pace.

As I'm a PhD Scholar working with marginalized communities and elderly project experience was very helpful it helped me gaining hands on experience. Although our learning was through modules community health action project filled the gap of missing factor of community experience.

Best Part of CHLP was encouraging attitude being empathetic during hard times and they encourage us to cop-up with modules at individual pace. Some days I was very hesitant to talk due to introvert behaviour and language barrier. As days passed by now I'm able to ask my doubts get it clarified. Project management, Proposal writing and Fund raising modules will be extremely helpful in my research career it taught me a simplistic art of how beautifully to write a proposal with key focus.

MENTORSHIP PROCESS:

I am extremely fortunate to be working with Karthik Sir as my mentor. He described disability to me and shared his extensive community experience. I have an experience in research projects but Sir taught me about community action project and community engagement and community felt needs. We gain a sense of the real world and a better understanding of how things work in practice through experience. I think that experience, helped me a lot.

I was able to complete the job thanks to all of the suggestions he provided. One trait I picked up from my mentor Karthik sir is that he welcomes all viewpoints and approaches them with patience. My main takeaway from the CHLP learning program is that if we put what we have learned about the community into practice, even in a small town, we can see significant changes in the health and welfare of the community and we will be taking a step closer to our shared goal of health for all. Because improving the health of a community and an individual is the ultimate goal of all of this learning.

PROJECT LEARNING AND EXPERIENCE

At the outset as I think and begin to recollect my experience throughout the journey, I see myself filled with gratitude for having been through this fellowship. It has helped me to grow as a better person both personally and professionally. It has been a lot of learning through each module step by step.

I feel lucky to be among the students who have been enrolled for this fellowship. Module by module the picture kept getting clearer through the journey. Interconnected topics were placed in a systematic manner to enable more focused and conceptual learning. I see myself finding it hard to put in a nut shell all the learning as an indicator of the immense depths through the vast topics that we have been exposed to through the fellowship.

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Hearing other student or fellow doubts, the facilitators explaining the relevant topics related to the topics granted us an integrated learning on the whole. It was a great benefit in terms of the knowledge, time and resources put into utility through the journey. Additional learning material and video lectures have really help me a lot in my Professional career and even in the research projects. CHLP journey taught me how to balance between studies and work life.

TAKE AWAY FROM CHLP AND LOOKING AHEAD -WHERE DO I GO FROM HERE?

My CHLP experience widened my perspective to a variety of health-related issues. My learning goals were achieved, and I now have a comprehensive understanding of the Indian healthcare system. Each module that we have completed has been carefully and distinctively designed. There is a takeaway message in each and every module. The first few modules have provided me with a wide overview of community health and set strong conceptual foundations for that field. The best aspect of the social determinants of health module is the SEPCE analysis, which is expertly demonstrated with examples from real life.

I am a much better person now than I was before this nine-month fellowship, both professionally and personally. The fact that all the companions and facilitators were so amiable and treated everyone like friends was one of the best unique aspects of Sochara. I'm grateful for the chance to interact and learn with individuals from different backgrounds.

Another distinguishing feature of Sochara is that they encourage fellows to participate and speak in their native language. If a fellow finds it difficult to express themselves in English, they are encouraged to speak in their mother tongue or whatever language they are most comfortable with. My learning goal for the CHLP programme was to gain a better understanding of health in order to do deeper and more meaningful work.

As a Ph.D. student, I can already begin to see the impact and the applications being put into use in projects and in real life. I will definitely put all of the learning and takeaway into use as I further my journey and take up more projects. This has definitely been a good chance to prove my mettle. As I receive more opportunities and projects in the field of community health and its related areas I humbly hope all of the knowledge and learning fructifies and we as a community see the better outcomes of this whole comprehensive fellowship in the form of better health as rightly stated by the WHO. Lastly I would like to once again be thankful to my facilitators, mentors and peers who have all made this a wholesome journey that has been so impactful.

PART- B

CHLP COMMUNITY BASED HEALTH ACTION REFLECTION PROJECT

TITLE:

Mental health and well-being of the students with disabilities: Barriers to accessible and inclusive education at higher education level, Telangana

BACKGROUND:

The University of Hyderabad is the community we have selected, it is one of the premier institutes in India. Here students from various different backgrounds come here for Education and progress in life. Every year students from various states in India are selected through a common entrance exam conducted by the Indian government and are given admission based on the Indian government reservation policy.

University of Hyderabad, a Central University established by an Act of Parliament (1974), is a Unitary University situated at Gachibowli Hyderabad. We do not have any Study Centres or branches or Campuses or Affiliated Colleges elsewhere. UoH, one of the major institutions of higher education in India is largely devoted to postgraduate studies and is widely known for its excellence in research and for its distinguished faculty.

The University has built up a reputation for providing high quality academic training, and has been recognized through a number of awards: PURSE, given by the Prime Minister of India, a grading of A, which is the highest, by the National Assessment and Accreditation Council (NAAC). The University is counted among the top 100 in Asia in many of its academic areas of study

The University of Hyderabad has adopted the policy of reservation as per Government of India and UGC orders. Reservations are being provided to the extent of 5% for PWD students in admission and hostel accommodation.

Principle investigators: Sriram and Shirisha

Sriram is a PhD Public health scholar working on Disability and Shirisha is a Mph Student from University of Hyderabad. We worked together as a team both the members have equally contributed in the Project. Shirisha worked on students with Visual impairments sriram worked on students with Physical disabilities.

Target group of population: Students with disabilities.

According to the world health organization, Disability is part of being human. Almost everyone will temporarily or permanently experience a disability at some point in their life. Over 1 billion people – about 15% of the global population – currently experience disability, and this number is increasing[1]. Disability can harm the quality of life and is an important health indicator that can have a heavy social impact with long-term institutionalization and increased use of medical care. According to the third edition of the survey by the NCPEDP 0.56 % of Disabled students studying in higher education system to the total students[8]. The Persons with Disabilities Act stressed equal access for higher education. Bal Swaasthya karyakaram (RBSK), Sarva Shiksha Abhiyan (SSA), Inclusive Education of Children and Youth with Disabilities (IECYD), Inclusive Education of the Disabled at Secondary Stage (IEDSS) and Teacher Preparation in Special Education (TEPSE) are highlighted as significant steps taken by the country to ensure maximum opportunity for persons with disability. However, many of these programmes focus on early identification, intervention and school care and do not open the doors to higher education. University Grants Commission (UGC) through a scheme of Higher Education for Persons with Special Needs (HEPSN) brought a new beginning in the field of higher education for people with disabilities with the salient objective as equal opportunity offices at all universities which will offer disability support services.

However, the implementation of programmes and schemes was not highly successful in India, and hence students with disability (SwD) entering into the higher education campuses were faced with multiple, insurmountable difficulties. Reports of various problems such as course content, trained staff facilities, accessible environment, social stigma, negative attitudes, resources, educational policy, legislations, schemes, assistive technology and devices as well as the examination and evaluation process affecting SwD in India entering higher education

Government of India has launched various schemes and Legislations for Disabled people for their welfare and Development, but many disabled people lack adequate knowledge about the existing government schemes and Rights of Disabled people. This project plan supports the implementation of measures that are designed to meet the rights of persons with disabilities, as enshrined in the Convention on the Rights of Persons with Disabilities, in particular Articles 9 (Accessibility), 11 (Situations of risk and humanitarian emergencies), 12 (Equal recognition before the law), 19 (Living independently and being included in the community), 20 (Personal mobility), 25 (Health), 26 (Habilitation and rehabilitation), 28 (Adequate standard of living and social protection), 31 (Statistics and data collection), 32 (International cooperation) and 33 (National implementation and monitoring). It also supports Articles 4 (General obligations), 5 (Equality and non-discrimination), 6 (Women with disabilities), 7 (Children with disabilities) and 21 (Freedom of expression and opinion, and access to information).

Disability can harm the quality of life and is an important health indicator that can have a heavy social impact with long-term institutionalization and increased use of medical care. According to the third edition of the survey by the NCPEDP 0.56 % of Disabled students studying in higher educational system to the total students.

People with disabilities are at higher risk of mental health issues as compared to their non-disabled counterparts. According to a study done in 2018, around 32.9% of adults with disabilities experience frequent mental distress (Anxiety, Depression and Stress). The frequency is almost 5 times more as compared to adults without disabilities.

Understanding the link between disability and mental health is important for University psychologists and guidance counsellors, faculty, and special education personnel who are in a position to provide targeted opportunities for social and emotional learning and to ameliorate the potential for marginalisation and isolation. It related to mental health in students with disabilities, with a focus on understanding potential pathways between disability and mental health difficulties and examining the evidence for effective universal and targeted interventions. There is need for mental health promotion in Higher education to incorporate targeted approaches for at-risk students within the context of universal, whole-university approaches, and in particular to consider the mental health needs of students with disabilities.

University students are a special group of people that are enduring a critical transitory period in which they are going from adolescence to adulthood and can be one of the most stressful times in a person's life. A review of psychological distress among disabled students found a high prevalence of depression and anxiety, with levels of psychological distress consistently higher than in the students without disability. It is important to identify the needs of disabled students, which not only affect their health but also their academic achievements at different points of time in their study period

Rationale of the project:

Disability is also a human rights issue because adults, adolescents and children with disability experience stigmatization, discrimination and inequalities; they are subject to multiple violations of their rights including their dignity, for instance through acts of violence, abuse, prejudice and disrespect because of their disability, and they are denied autonomy. Disability is a development priority because of its higher prevalence in lower-income countries and because disability and poverty reinforce and perpetuate one another. Poverty increases the likelihood of impairments through malnutrition, poor health care, and dangerous living, working and travelling conditions.

Disability may lead to a lower standard of living and poverty through lack of access to education and employment, and through increased expenditure related to disability

Most of the students in higher education suffer from mental health problems. Moreover, if different kinds of new barriers are created between them, the mental condition of these students. If there is so much mental inconsistency among the students with disability and the students without disabilities will more face depression, anxiety and stress. So if this incompatibility occurs between both able and disabled students, there must be a difference in their mental state. But what is the difference and what is the significance of it? There are less research papers in higher education to clarify this idea. There was few evidence investigating the prevalence, frequency and severity levels of depression, anxiety and stress among university students. Therefore, an attempt was made to investigate the mental health problems in this sample. There is a need of change in the attitude of the society towards the disabled, as well as the disabled people also need to change their own attitude towards themselves. There is a need of much more research in this phenomenon to explore it in a better way

Objective of the intervention/ community health action initiative:

The main aim of this study is to promote mental health and wellbeing among students with disabilities and to live happily in disability friendly campus.

The scope of the project is a world in which all persons with disabilities and their families live in dignity, with equal rights and opportunities, and are able to achieve their full potential.

The overall goal is to contribute to achieving optimal health, functioning, well-being and human rights for all persons with disabilities.

OBJECTIVES OF THE PROJECT:

1. To Enhance Disabled friendly Accessibility and Inclusion in the Higher education level
2. To Educate and create Awareness on Existing Government schemes and Facilities provided to Students with disabilities
3. To find out the rate of prevalence of depression, stress, anxiety among the students at higher educational level
4. To sensitise the students without disabilities, highlight the need for physical, informational and service accessibility and adoption of inclusive attitude, policies and practices.

STAKEHOLDERS OF THE PROJECT:

1. University of Hyderabad Administration
2. University of Hyderabad Empowered Committee for Differently abled persons
3. University of Hyderabad Dean Students Welfare
4. University of Hyderabad Psychological counselors (Male and Female)

COMMUNITY ENGAGEMENT PROCESS:
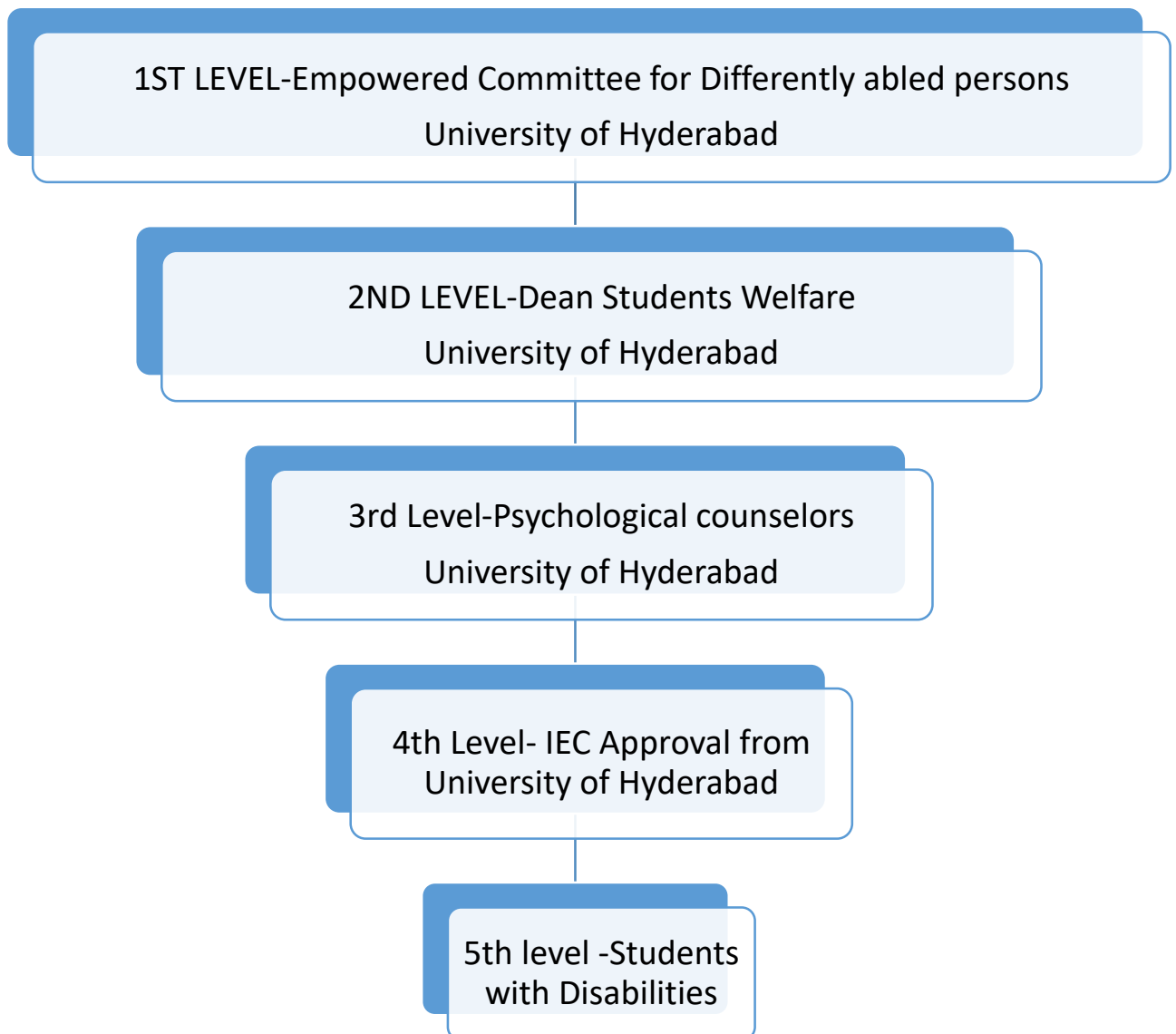
We had 4 community visits to the community

1st visit:

This visit we made an Effort to Build Rapport with the community we introduced ourselves we explained the purpose of the visit and what we are doing what is the motto behind the Project .In the first meeting with a group of 20 People we made a casual discussion about since how long they were in campus what is their academic background what are the major changes observed in the campus before COVID 19 and after COVID 19 Pros and cons.

2nd visit:

This visit we were familiar to them they were bit friendly with us so we interacted with them about how was their experience in campus. Do they face any difficulties in classes, Hostels or Food courts or any other places in the campus .our campus is closed for 2 years due to COVID 19 we asked questions regarding how was campus before COVID 19 and after COVID 19. This visit we asked about what are community felt needs we made a list of them

Before 3rd and 4 visit we approached various departments in university to seek Permission at all levels.

1ST LEVEL-Empowered Committee for Differently abled persons
University of Hyderabad

2ND LEVEL-Dean Students Welfare
University of Hyderabad

3rd Level-Psychological counselors
University of Hyderabad

4th Level- IEC Approval from
University of Hyderabad

5th level -Students
with Disabilities

There is an official committee in university of Hyderabad for Differently abled Persons called ECDAP (Empowered committee for Differently abled Persons. This committee has chairman and governing body which works for the welfare of Students with Disabilities. This committee includes professors from various departments altogether they work for a motto of welfare of students with Disabilities.

We approached the chairman of the committee to discuss about the Project. He was very positive about the project and he told it will definitely benefit to the students as we will get data about our positives and negatives we will work on our negative aspects and we will strengthen it .He gave us few instructions and suggestions to go further .His suggestions were to obtain informed consent and follow ethical guidelines and to maintain Privacy confidentiality of each participant .He told us to Meet the ECDAP receptionist she will give us a list of students with Disabilities so that it will help us .He told to meet Dean students welfare to obtain Permission.

Meeting with Dean of students Welfare:

We met dean of student welfare we told him EDCAP Chairman sir has forwarded us to you .We explained in-brief about the Project .We had a lengthy conversation he told us very interesting things about university achievements towards the welfare of Students with Disabilities and he told us UoH awarded for improving the cause of accessibility, for the differently abled National Centre for Promotion of Employment for Disabled People (NCPEDP) has awarded the University of Hyderabad the NCPEDP emphasis universal design awards 2016 in category C (Companies and Organizations) along with organizations such as Indigo Airlines, the National Informatics Centre and SAP Labs, in recognition of the exemplary work towards the cause of accessibility and thus ensuring a life of equality and dignity for the differently abled. He encouraged us and Meeting ended with a Positive note.

Meeting the University Counsellors:

There are two counsellors in University of Hyderabad Psychological unit who works and counsels students for the welfare. They take part in various mental health and wellbeing activities in the University. We have briefed them about the community health Action reflection project they will play a key role in mental health objective of the project.

After taking all the Permissions Mentioned we went for the third and four visits we interacted with students with Disabilities.

No of Students interviewed: 38
- Out of 38 Students 18 students were Students with Visual Impairments
- 20 Students were with Physical Disabilities.
- In-depth interview and Focus group discussion are the Methods followed to collect data about what are community felt needs.
- Focus group discussion has been done at the Final visit to Finalise community Priorities.
- 2 Focus group discussion one for the students with visually impairments and one for the Students with Physical disabilities.

Students with visual Impairments Focus group Discussion:	Students with Physical Disabilities Focus group Discussion:
No of Participants: 8	No of Participants: 12
Moderator: Shirisha	Moderator: Sriram
Notetaker: Sriram	Notetaker: Shirisha

Results of focus group discussion : Everyone Participated expressed their views in terms of academics, Hostel activities ,Health care Facilities ,Life after covid 19, Access to Library ,Food courts, Social relations, Behaviour and Attitude of their colleagues and other students with them. Finally Focus group discussion ended with a note they except Empathy towards them not Sympathy. This Focus group discussion has led us to frame objective about sensitisation of students without disabilities to make them aware through blind fold walk on world white cane day. Students with disabilities expressed their views about Accessibility of services in the campus we(Shirisha& Sriram) along with the other students we have listed out all the commonly used areas like canteen ,library ,classrooms, food court whether they are Disabled friendly or not ?Various students have participated in it.

COMMUNITY IMPLEMENTATION:

- Sensitization to Students without Disabilities has been done through a blindfold walk on world cane day to create awareness in the community.
- **Process:** Major Key role played in organising Blindfold walk was by Dean Student's welfare and ECDAP (Empowered committee for Differently abled Persons) chairman and team.
- They have circulated poster to all the departments and made sure that People are Aware about the Date, Time and Venue Prior information has been given to all the students.
- Many students have participated there were Student volunteers who came forward to help they helped in blindfolding and made sure that road is free from vehicles.
- Almost 30 minutes there stopped vehicles and kept road free of moving passengers.

- Dean of Students welfare commenced it the walk went on soothingly many students expressed their feelings how difficult it is to walk for a few minutes with blindfolded they understood how their colleagues would feel – it Really made my day when I heard their feelings and sense of Awareness among them a small change in one person also would help the Needy is the Major Lesson I have learnt.
- Soon after the Session All the Students and Professors who Participated in the Walk gathered in the conference hall Dean of student's welfare have addressed the gathering he gave a small speech and shared his views. The Session Ended
- Educating about various government schemes and facilities to students by an expert with the help of dean student welfare association.
- Campus library reading room food courts hostels mess every place has been monitored to assess whether all the areas which commonly used by students are disability friendly or not a detail report has been written and will be submitted to DSW (Dean Student's welfare).
- Assessing mental health status among students with disability and submitting it to university which helps many students access Counselling services and talk to the needy when in need.

IMPACT OF THE COMMUNITY HEALTH ACTION:

- This project played a key role in addressing community needs it worked as platform to express community needs
- Blind fold walk have created awareness to all the people in the community.
- Session on Existing schemes and programs provided by the government of India to PWD students had a major impact.
- University committee have positively responded once the detailed report is submitted they will definitely work and address and Promote Mental health and wellbeing among students.

COMMUNITY-BASED ACTIVITIES

1. Organized a Blindfold walk
2. Create awareness and implement Disability friendly exercises
3. Conduct an awareness program with psychological counsellors on mental health
4. Monitoring the university whether it is Disabled friendly or not along with disabled students
5. Organizing a Seminar or workshop to awareness on career opportunities and PWD fellowships
6. Conduct an awareness walk for an accessible and inclusive environment

PHOTOGRAPHS:

Awareness program conducted in university of Hyderabad to stdents

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ANNEXURES

Study Title: Self Esteem, Anxiety, Depression and Stress among students: A comparative study between students with disability and students without disability at higher education level, Telangana

Consent Form

Participant's Initials: _____ Participant's Name: ____ ____

Date of Birth / Age:_____

(i) I confirm that I have read and understood / explained the information sheet dated _____ for the above study and have had the opportunity to ask questions. OR I confirm that the information sheet has been read out to me to my understanding and I have had the opportunity to ask questions. [ ]

(ii) I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. [ ]

(iii) I understand that the Sponsor of the survey, others working for the survey, the Ethics Committee and the regulatory authorities will not need my permission to look at my records both in respect of the current study and any further research that may be conducted in relation to it, even if I withdraw from the trial. I agree to this access. However, I understand that my identity will not be revealed in any information released to third parties or published. [ ]

(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 or Legally Acceptable Representative:_____

Date: _____/_____/_____

Signatory's Name: _____

Signature of the Investigator: _____

Date: _____/_____/_____

Study Investigator's Name: _____

Signature of Impartial Witness: _____

Date:_____/_____/_____

Name of the Witness: _____

UNIVERSITY OF HYDERABAD
INSTITUTIONAL ETHICS COMMITTEE DECISION LETTER

IEC No. Application No:	UH/IEC/2022/401	Date of review	30-11-2022
Project Title:	Self Esteem, Anxiety, Depression and Stress among students: A comparative study between students with disability and students without disability at higher education level, Telangana		
Principal Investigator/ Co-PI:	PI: Patlolla Sriram Yadav CI: Dr. Ajitha katta		
Participating Institutes if any	----	Approval from Participating Institute	----
Documents received and reviewed	Protocol & ICF		
In case of renewal submission of update	----		
Decision of the IEC:	Conditional Approval Duration: One year from date of approval		
Any other Comments Requirements for conditional Approval	Permission from DSW and ECDAP committee and study tools and methodology details to be provided		
Members Present	Dr. A.S. Sreedhar, Dr.P. Uday Kumar, Sri. A. Madhava Rao, Dr. M. Srinivas, , Prof. B.R. Shamanna, Dr. M. Varalakshmi, Dr. Deepa Srinivas and Dr. M.K. Aruanasree		

Please note:

a. Any amendments in the protocol must be informed to the Ethics committee and fresh approval taken.

b. Any serious adverse event must be reported to the Ethics Committee within 48 hours in writing (mentioning the protocol No. or the study ID)

c. Any advertisement placed in the newspapers, magazines must be submitted for approval.

d. If the conduct of the study is to be continued beyond the approved period, an application for the same must be forwarded to the Ethics Committee.

e. It is hereby confirmed that neither you nor any of the members of the study team participated in the decision making/voting procedures and declared conflict of interest.

Chairman	Member Secretary	Convenor
(Dr. A S Sreedhar)	(Prof. B.R. Shamanna)	(Dr. M. Varalakshmi)

To

The Chairman
Empowered Committee for Differently abled persons
University of Hyderabad
Hyderabad

Sub: Seeking Permission for Research Project which is done on University of Hyderabad students with disability and without disability

Respected Sir,

I, Patlolla Sriram Yadav Pursuing PhD Public Health from School of Medical Sciences, University of Hyderabad with Reg no: 19MUPH05, I am planning to conduct a study on University of Hyderabad students Titled - **Self Esteem, Anxiety, Depression and Stress of the students: A comparative study between students with disability and students without disability at higher education level, Telangana** under the Supervision of Dr. Katta Ajitha, Associate professor, School of Medical sciences. All the information will be collected only after obtaining informed consent from the student. Information will be kept confidential and will be used for academic research purpose only.

To perform this project I require permission from you sir, so I request you to grant Permission to do this Research project on University of Hyderabad students

Thanking you sir,

Yours sincerely

P Sriram.
(Patlolla Sriram Yadav)
PhD Public Health
19MUPH05
Mail ID: 19muph05@uohyd.ac.in

Forwarded
6/01/23

Dr. Katta Ajitha MD,Ph.D
Associate Professor
School of Medical Sciences
University of Hyderabad
Hyderabad-500 046. TS. (India)

Permitted to undertake this student
Undertaking all necessary precautions
& Ethical consideration.

CHAIRMAN
EMPOWERED COMMITTEE FOR
DIFFERENTLY ABLED PERSONS (ECDAP)
UNIVERSITY OF HYDERABAD

To

The Dean Student's Welfare
University of Hyderabad
Hyderabad

Sub: Seeking Permission for Research Project which is done on University of Hyderabad students

Respected Sir,

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To perform this project I require permission from you sir, so I request you to grant Permission to do this Research project on University of Hyderabad students

Thanking you sir,

Yours sincerely

P. Sriram.
(Patlolla Sriram Yadav)
PhD Public Health
19MUPH05
Mail ID: 19muph05@uohyd.ac.in

Forwarded
06/01/23

Dr. Katta A.... MD, Ph.D
Associate Professor
School of Medical Sciences
University of Hyderabad
Hyderabad-500

Recommended

DEAN 01) 2023
STUDENTS WELFARE
UNIVERSITY OF HYDERABAD
HYDERABAD-500046, T.S. INDIA.

DSW-309
6/1/2023

THANK YOU