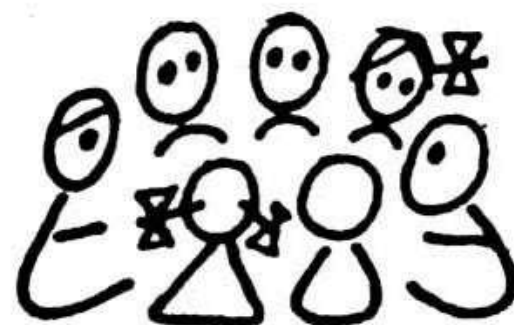
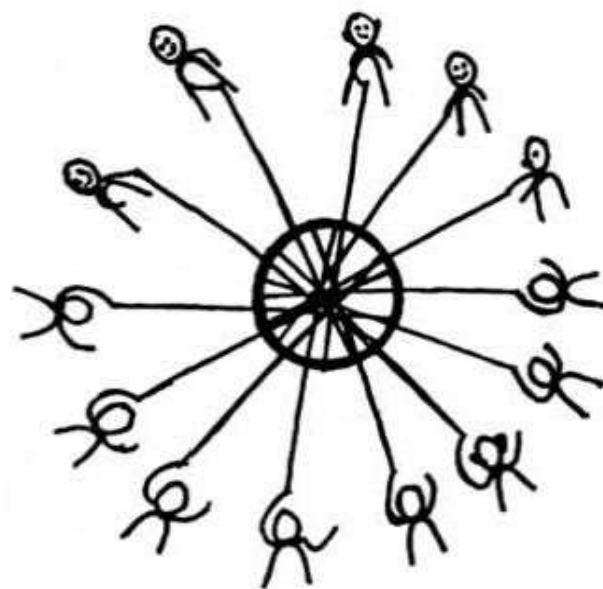
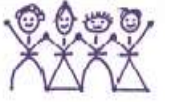
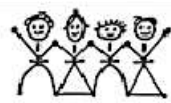


Community Health Learning Programme

*A Report on the Community Health Learning Experience*

**AABIDA ABSHARI  
KURICKAL**





## **PART-A**

### **Introduction**

#### **-Why did I join the fellowship?**

I am a post-graduate scholar pursuing a Master's in Public Health from the Central University of Kerala. I'm learning about the theoretical part of public health issues, current scenarios in India and globally, their statistics, methods to do epidemiological research, public health economics etc. I joined this course very passionately. But getting theoretical knowledge suffocated me. I was very eager to get some pieces of knowledge from experienced ones regarding the ground reality, their experience sharing about the ground reality, successful models to improve the public health of marginalized populations etc. meanwhile one of my friends recommended the CHLP and its way of providing learning experience as he was a part of previous cohort. I felt CHLP is a better option for improving my enthusiasm.

#### **-What were my learning objectives, and were they met?**

I would like to use this community health learning programme to improve my Community networks and develop my skills to outreach my presence as an individual or as a team for taking forward the underrated or marginalized sections of our Society (tribals, or socio-economically poor, culturally underdeveloped), giving more Priorities to girls and women among them, through promoting their education, giving Vocational pieces of training, skill development, independent earnings, better accessibility and affordable healthcare, by that, enhancing their quality as well as quantity (in terms of life span) to lead a fruitful life without stigmas and taboos.

#### **-Learning from modules and how I applied the learning in my work.**

Learning through modules is very helpful because they are organized professionally, and I can apply that during my study while selecting my dissertation topic, approaching people, etc.

#### **-Reflections on the use of the LMS, videos and participation in live online sessions.**

I felt LMS was having some glitches and was not that user-friendly. If they can update it technically, it will benefit upcoming fellows. The videos are very informative, but some are a bit lengthy. I felt difficult to attend some online sessions due to timing.

#### **-How was a balance between work, life and the CHLP maintained?**

Academics from the MPH course and the CHLP assignment together made some difficulties. Sometimes I didn't get time to watch videos and attend live sessions, especially during my exams. But while watching recorded sessions, I felt I missed some worthy and knowledgeable discussions.

### **-Project learning experience**

The best part of CHLP is the interventional project which they recommended as a part of the learning experience. As I mentioned, one of my learning objectives is regarding the marginalized sections of the community. I used to take the population where economically they are scattered as upper middle class, middle class and lower middle class in which the first and last groups are more which creates a substantial disparity among determinants of healthy life. I worked to know the general health issues faced by that community, to help them achieve the "health for all" process and provide them with a way to access affordable healthcare.

### **Take away from CHLP and Looking Ahead -Where do I go from here?**

#### **Takeaways**

- How to do Intervention in community health, especially with a sizeable socio-economic disparity.
- Mentorship
- Networks
- Knowledge about the ground reality
- Improved understanding of public health
- Communication skills

Looking ahead to meeting all fellows face to face and continuing the network for a lifetime. I can apply the learnings from CHLP in my life and work

## **PART B**

### \_\_\_\_\_ Community-Based Health Action-Reflection Project

1. Background (can include information about community, community SWOC analysis / situational analysis etc.)

The community I have chosen was Srambiya Bazar, near Pallikkal Bazar, situated in Malppuram, one of the most populous district of Kerala. Economically they are scattered as upper middle class, middle class and lower middle class in which the first and last groups are more which creates a strong disparity among determinants of healthy life. The poorer stays as such who finds their bread and butter through their coolie works majorly.

2. Objective of the intervention/ community health action initiative

- a) To know the general health issues faced by the community
- b) To help them in achieving the process of "health for all".
- c) To provide them the way for accessing affordable healthcare.

3. Description of the intervention and implementation, community engagement process

Through the having interactions with the vulnerable groups and finding their problems and looking for the possible solutions that I can contribute from my side.

Through that journey what I have experienced from their talks was the difficulty in accessing the treatment (both in terms of accessibility and affordability).

The group I have chosen includes Elderly, Women, Children and those with stress related issues (The entire population was socio economically poor, minority class, whose means of breadwinning was MGNREGA and coolie; that too in a rural area of Kerala).

Since I have an experience of working as a Physician in a private Ayurvedic Hospital near the targeted area, with my connections with stakeholders such as my hospital management, a club in that panchayath, a govt. Aided school and the local body I have conducted a Medical Camp for the enlisted samples.

My other friends and colleagues (Specialists in Gynaecology, Mental Health, General Medicine, Paediatrics, Renal Medicine) gave them screening, diagnosis, treatment in the form of internal medications (all free of cost).

The follow up will be taken care of with my Friend working in that hospital (She is also an Ayurvedic Physician), on a monthly basis if any one needed. And also if someone has any financial crisis they are referred to nearby Govt. Ayurveda Dispensary where the entire treatment is free. Anyhow their access to treatment will be ensured.

Also a Yoga training session and an awareness class on Diet was also taken.

The whole financial arrangement was taken fully by the Manager of my hospital and the advertisement and community involvement by the concerned club.

#### 4. Impact of the community health action

Around 100 of community members have been participated in the medical camp; got consulted in various specialties. Weekly they have been provided with follow-up care. Each specialist doctors were been giving consultations weekly once. Those facing financially hardships in an extreme manner was redirected to Govt. dispensaries. So the community got an idea of how to and where to seek treatment before the disease gets its complicated form. The community got benefitted with the importance of screening, diet plans at least in case of most prevalent NCD's like in DM, HTN,DLP and the general training of YOGA.

#### 5. Learning and Reflection

The most important reflection I have gained is the unequal distribution of healthcare services in terms of accessibility and affordability. The main cause for this is the financial constraints the people have and at some point it is the lack of awareness of the institutions providing the services, the packages offered by the governments, the ongoing insurance packages, etc. The increased OoPE make the population fall into poverty. The need of policy implications and proper dissemination of the services to grass route level is needed for equitable distribution of health.

