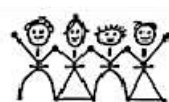
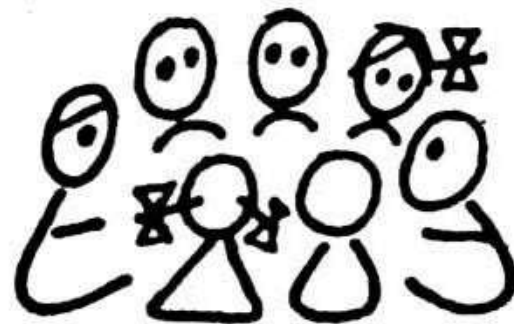
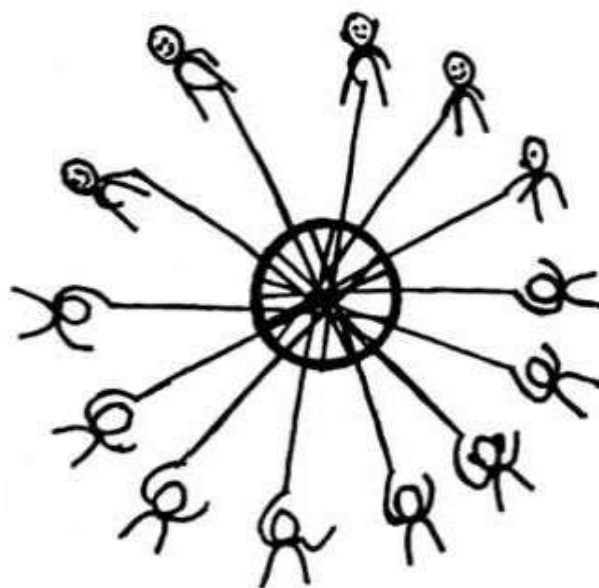


Community Health Learning Programme

A Report on the Community Health Learning Experience

Fellow Name



**School of Public Health Equity and Action
(SOPHEA)**



Society for Community Health Awareness Research and Action

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PART-A

1.Introduction

A little about myself as most of you know me by now, my name is Zahra, married and a mother of 3 children. I have done my Graduation- B.Com, Bangalore University. Post Graduation- MSW(Masters in Social Work), Raipur

I am associated with PROJECT SMILE TRUST an NGO since 2015 designated as Project Manager. Project Smile Trust has been helping the most vulnerable and marginalized communities for over 10years. I have lead projects such as empowering and skilling the women, women hygiene drive, etc.

I have also lead a team of 40+ helpline volunteers during the Covid-19 Pandemic. I am also part of a crises management team named ERT(Emergency Response Team) and Mercy Mission comprising of social workers, Doctors, media associates, and other health care workers and NGO's. These teams were designed to help people impacted by Covid-19 challenges such as free oxygen supply, concentrators, ambulance support, hearse services, hospital bed booking, negotiations with hospitals on high bills and mental well being and 2nd opinion on critical cases.

I have been also facilitated by Dettol as a Covid Warrior& Hero.

2.Why did I join the fellowship program?

My focus has always been to provide sustainable relief and holistic development for communities with an aim to empower them, so they can break the vicious cycle of poverty and become contributing members of the society and nation at large.

Along with my ongoing responsibilities as a social worker, my intent for joining the fellowship program was to broaden the spectrum of my knowledge and exposure to our current state of community health and its grey areas.

3.What are my learning objectives and were they meet?

As a public health worker my objective in community-focused care was also to enhance healthcare services and patient outcomes in targeted populations. By applying public health theory on a local, personalized level, community I would like to cater services to a specific demographic and bring a sense of wellness to communities that would otherwise lack proper access to care.

Yes, apart from being a social worker my objective also to engage in community health been met and I shall continue to serve & identify how variables related to socioeconomic status — such as income

levels, nutrition, crime, health, and other resources impact people and also determine how the community's medical and educational resources contribute to people lifestyles and what improvements are called for.

Areas of interest:

- *Palliative care
- *Skilling of the vulnerable and marginalized women
- *Environment health
- *Mental health
- *Child health
- *Women health
- *Community health post pandemic

Personal learning objectives:-

#My future aim is to be part of all types of community outreach in providing better community health to the most needy and deserving.

#I also like projects such as empowering and skilling the women at Government correctional homes. To enhance individual s with skills for a dignified livelihood and help them to become ready for a wage or self-employment and become economically independent.

My focus has always been to provide sustainable relief and holistic development for communities with the aim to empower them, so they can break the vicious cycle of poverty and become contributing members of the society and nation at large.

#As a public health worker my goal in community- focused care will be to enhance health care services and patient outcomes in targeted populations. By applying public health theory on a local, personalized level, community, I would like to cater services to a specific demographic and bring a sense of wellness to communities that would otherwise lack proper access to care.

I also would like to engage in community health and identify how variables related to socioeconomic status- such as income levels, nutrition, crimes and other resources- impact people and also determine how the community's medical and educational resources contribute to people lifestyles and what improvements are called for.

4. Learning from modules and how I applied the learning in my work. Reflections on use of the LMS, videos and participation in live online sessions.

It's been an experience by itself and a wonderful one. I learnt so many things I never knew and that too in detail and I feel there is so much more to learn and explore. Each module by itself was so interesting and engaging that it made me see at things in a diverse way.

I attempted and actualized many modules in my work as well.

The modules that interested me the most were:-

- ❖ **Palliative care**
- ❖ **Mental health**
- ❖ **Child health,**
- ❖ **Food and Nutrition,**
- ❖ **Health systems in India,**
- ❖ **Understanding Community Health,**
- ❖ **Women health**

Palliative care

- Palliative care is a crucial part of integrated, people-centered health services. Relieving serious health-related suffering, be it physical, psychological, social, or spiritual, is a global ethical responsibility. Thus, whether the cause of suffering is cardiovascular disease, cancer, major organ failure, drug-resistant tuberculosis, severe burns, end-stage chronic illness, acute trauma, extreme birth prematurity or extreme frailty of old age, palliative care may be needed and has to be available at all levels of care.
- It is estimated that globally only 14% of patients who need palliative care receive it; to achieve Sustainable Development Goal 3, working towards universal health coverage, countries have to strengthen palliative care services. WHO works with countries to include palliative care as a key part of their health systems. To improve equitable access to palliative care services, emphasis is given to a Primary Health Care approach. Assessment tools have been developed to measure progress made. Strong partnerships are in place to develop and implement technical guidance, to strengthen capacity and to disseminate information. 78% of adults in need of palliative care live in low- and middle-income families.
- It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual.

Key facts

- Palliative care improves the quality of life of patients and that of their families (adults and children) who are facing problems associated with life-threatening illness that are facing challenges associated with life-threatening illness, whether physical, psychological, social or spiritual. The quality of life of caregivers improves as well.
- Each year, an estimated 56.8 million people, including 25.7 million in the last year of life, are in need of palliative care.
- Worldwide, only about 14% of people who need palliative care currently receive it.
- Unnecessarily restrictive regulations for morphine and other essential controlled palliative medicines deny access to adequate palliative care.
- Adequate national policies, programs, resources, and training on palliative care among health professionals are urgently needed in order to improve access.
- The global need for palliative care will continue to grow as a result of the ageing of populations and the rising burden of non communicable diseases and some communicable diseases.
- Early delivery of palliative care reduces unnecessary hospital admissions and the use of health services.
- Palliative care involves a range of services delivered by a range of professionals that all have equally important roles to play – including physicians, nursing, support workers, paramedics, pharmacists, physiotherapists and volunteers — in support of the patient and their family.
- Although it can include end of life care, palliative care is much broader and can last for longer. Having palliative care doesn't necessarily mean that you're likely to die soon – some people have palliative care for years.

Primary goals-

1. Relieve pain and other symptoms.
2. Address patient emotional and spiritual concerns, and those of the caregivers.
3. Coordinate patient care.
4. Improve patient life during illness.
5. End-of-life-care

My Implementation

His son took him for an overall checkup and in an x-ray a doctor detected something not ok so he asked to get further investigations done. Once the investigations were done Mr. was detected with cancer stage 4 of the lungs,, and his family felt shattered as the doctor gave him 3-6 months of time to live. Mr. X had never fallen sick and was a very active person all his life. He was detected with primary cancer of the lungs which usually is known as a smoker's cancer and to my surprise Mr. X had never ever smoked a cigarette in his life.

Treatment of radiations was started and every time he had a session he would stop eating of drinking anything as he was in a lot of pain. Dr. did their best to ease his pain and give him the maximum comfort they could. He started getting into depression as he couldn't walk about any more as the cancer had affected his spinal cord, and he had become depended on his family. He stayed in the hospital for almost 20 days then the doctor said to take him home as nothing more could be done as treatment.

Implementation:- the family setup a hospital bed at home so it would be easy to make him sit up on it, got an air/ water bed so that no bed sores would happen, a wheelchair all this was done to relieve pain and other symptoms. A counselor was called to address patient emotional and spiritual concerns, and those of the caregivers.

Current Situation:-He was diagnosed with cancer on may 29th and passed away on June 29th exactly a month later, but his family made sure that everything was comfortable for his right till the end and did their best in whatever way possible.

Mental health

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

A few causes for mental health problems?

- ◆ childhood abuse,
- ◆ trauma,
- ◆ neglect.
- ◆ social isolation
- ◆ loneliness.
- ◆ experiencing discrimination and stigma
- ◆ Including racism.

- ◆ Social disadvantage,
- ◆ Poverty or debt.
- ◆ Bereavement (losing someone close to you)
- ◆ Severe or long-term stress.
- ◆ Having a long-term physical health condition. causes mental health problems?

Importance of mental health

- mental health makes us more vulnerable to certain physical health problems, such as heart disease, stroke and type 2 diabetes. Nurturing our mental health can also help prevent the development of mental illnesses. Good mental health helps us have a more positive outlook and enjoy our lives more.

My implementation

Post completion of my training program facilitated by Late Dr. Thekur on Mental Health, I have been able to work on my emotions better when it comes to my family & my work. I got a better understanding about empathy, to be patient listener while maintaining a non-judgmental mindset. Over a time of practicing these skills I have been able connect well with all types of individuals specially during my work(got correctional homes for women) and understand what they have been or are going through

Case study:- Mrs.X aged 26 was sent to the women correction correctional home, as she used to indulge into prostitution to support her financially needs. Since she had been separated from her children she had been showing signs of depression, which has resulted in violence towards other women in the correction home.

Intervention:- As I had some basic skills which I learnt during my module I implemented it and I listened to what she had to say , I felt she had no confidence in herself and felt guilty of what she had done. Made her feel important that her family her children need her specially her children need her. Made her look at the positive side of life and helped her overcome her guilt and built her confidence in herself so as to she can make a change and difference in her life. I realized that all she wanted was to confide in someone who would listen to her patiently, mainly being non judgmental and biased.

Current Situation:-after attending the beauty course provided to her during her stay at the correction home and with the support few local NGO's she is happily now residing in a large city with her two children and a small beauty parlor to support them. A few small cosmetic companies support her with samples to sustain her business. She also contributes her time to counsel the residents of shelter/observation homes and motivates them towards setting expectations for a new life.

“ I am happy for getting a second opportunity to live a dignified life with my children”- Mrs.X.

Child health:-

This module has enhanced my knowledge and skills on health education, which is of high priority to me and was very helpful for me as I worked closely with a special needs child and a T.B affected child the slums . Having 3 children of my own I know how important child health is to a parent. It broadened

my knowledge and understanding , stimulated my thinking and made me think critically, by introducing me to new ideas.

Prior to taking this class, I had more of low to medium knowledge and skills about child health competencies, but these have greatly improved. Although I had previous knowledge of the theories and the PRECEDE-PROCEED model, it was more of a surface understanding and not in depth. The competencies that I think I made the most impact with will be discussed in the course of this paper.

This course was a theoretical and practical-based experience which enhanced my understanding. By learning about each phase of the PRECEDE-PROCEED model and applying it to our proposed program, my understanding increased. Taking one the assignments in class, where I reviewed literature in order to identify the scientific evidence from literature of our topic ‘sexual violence on campus’, I was able to meet both MCH and health education competency through application. While conducting the social/epidemiological assessment, I conducted interviews and distributed surveys, through this, I was able to assess the needs and resources of the focus population by using basic quantitative and qualitative research methods.

The Maternal And Child Health Bureau Strategic Plan

The Maternal and Child Health Bureau strategic plan during the years of 2003-2007 developed training for the preparation of national leadership for Maternal and Child Health field and develop ways to improve the overall health of the maternal and child health population. How the bureau planned to achieve that was by strengthen the Maternal and Child Health knowledge and support scholarship within the field by proving graduate education to develop interdisciplinary public health leaders nationwide.

Maternal and Child Deaths during Pregnancy

Growth and development of the infant. Most maternal and child deaths occur during late pregnancy and the first year of the child’s life respectively.⁴ Estimation by World Health Organization (WHO) in 2011, worldwide, approximately 3.5 million women die every year during pregnancy and delivery; almost 1000 a day. Almost 99 % of maternal, newborn, and child deaths occur in low and middle income countries.⁵ About 20% of global maternal death and 25% of child deaths occur only in India.

Health Promotion Strategies Used By Nurses As Guidance For Assessment And Alleviation Of Risk Factor For Diseases

Health promotions are strategies used by nurses as guidance for assessment and alleviation of risk factor for diseases (Potter et al.,2009). A maternal health nurse provides specific screening, teaching, counseling and risk preventing tools to achieve optimal health of mother and child during the postpartum period. Postpartum is a period of both physiological and psychological changes. The mother’s adaptation such as, changes in parental role ,family ,body image, physiological changes after child birth

The Developmental Stage And Health Needs Of The Baby

Health needs of the baby were assessed, both her weight and head circumference measurement were at the 25th centile indication no weight loss which gave mother reassurance. This information is vital for babies born with low birth weight such as baby A are more likely to die from Sudden Infant Death Syndrome (Carpneter et al, 2004). Baby was also developing, thriving and feeding well with no concerns. The health visitor also remained mother about immunization as recommended in Healthy Child (2009).

My Implementation:

Case Study:- Child A was the third child of her parents and was a special child staying in the slums of Audigodi. Her older siblings too were just like her and passed away at the age of 5. Child A was staying in a joint family with 12 people in one house with a single window for ventilation and out of the 12 members 7 of them were infected from T.B. including child A.

Intervention:-During this module I learnt about this child and visited their house, interacted with the family and help them get in touch with a T.B. officer of their area so as to they attain all the facilities provided to them by the government and the T.B. department.

Current scenario:-Post this learnt that the family started taking medication and now only 3 were found to be infected post treatment and were getting better. With the help of an NGO relocated them to a proper ventilated house and continue to support them with monthly ration.

FOOD AND NUTRITION

Importance of nutrition

- Good nutrition is very essential for health, growth and development.
- There is a close relationship of nutrition with infection, immunity, fertility, maternal and child health.
- Malnutrition in children is an important problem affecting about 50% of children under the age of 5 years.
- Obesity an increase problem in children and young adults
- Relation of nutrition with non-communicable diseases-dualities, heart disease, hypertension and cancer.
- There is a close relation of nutrition wit immunity and infection.

Nutrition is an important key to learn and understand in your life while you get older. Many people do not know the proper diet and exercise to keep their body healthy and strong. Throughout this module, I have learned information on different kinds of vitamins, carbohydrates, amino acids and other helpful diets. After reading and logging my dietary log for a week it has helped me re-organize my diet and health. I have learned about how to personally manage my exercise and diet and I am seeing some good results because of what I learned from this class. I started to see what I was missing in my diet and started to know what quantity and quality was for your diet. I also took a leap into my family health history to see what I need to change .

My implementation:/case study:-

Situation :-As I come from a large family which comprises of many senior citizens, youth and children of which my senior citizens in my family suffer from hypertension and diabetes. The youth and the young ones rely mostly on junk food or an unhealthy meal during the school/ college hours.

Intervention:-Now having learnt about the importance of good food and nutrition during my CHLP LMS, I have been successful in convincing most of the women folks on the importance of healthy and nutritious food for all age groups in my extended family.

Current situation:- This initiative has just begun over the last couple of weeks and I hope will be a success for all age groups within my extended family

Health system in India/ Determinants Of Health

- A healthy community benefits every person in it. And community health is one means of achieving a healthy community. The field of public health aims to protect and improve health by addressing the structures and systems that define a place—and by supporting the people who live and work there in making healthy choices.
-
- Inadequate access to basic healthcare services such as shortage of medical professionals, a lack of quality assurance, insufficient health spending, and, most significantly, insufficient research funding.
- One of the major concerns is the administrations' insufficient financial allocation.
 - Types of Case Studies
 1. Collective case studies: These involve studying a group of individuals. ...
 2. Descriptive case studies: These involve starting with a descriptive theory. ...
 3. Explanatory case studies: These are often used to do causal investigations.
- Determinants of health are a range of factors that influence the health status of individuals or populations. At every stage of life, health is determined by complex interactions between social and economic factors, the physical environment and individual behavior. They do not exist in isolation from each other.
- The Public Health Agency of Canada has identified 12 determinants of health as follows:
 - Income and social status
 - Social support networks
 - Education and literacy
 - Employment/working conditions
 - Social environments
 - Physical environments
 - Personal health practices and coping skills
 - Healthy child development
 - Biology and genetics endowment
 - Health services
 - Gender
 - Culture

My implementation:/case study:- A 64-year-old man Mr. L with a number of health issues comes to the hospital because he is having trouble breathing. The care team helps resolve the issue, but forgets a

standard treatment that causes unnecessary harm to the patient. A subsequent medication error makes the situation worse, leading a stay that is much longer than anticipated.

Unfortunately, Mr. L suffered a seizure, a complication that could likely have been avoided if he had received all of the ordered anti-seizure medications.

Intervention:- Did a crowd funding and raised money for the treatment of Mr. L, as he had exhausted all his saving.

Current situation:- Mr. L is back home but not in a movable condition and dependable on his family for everything, just for not receiving the right kind of treatment on time.

Community 's Health :

This is important because it invites thinking about action by the community itself. It reflects a sense of community ownership. The community members see particular harms to children as the community's problem and responsibility.

A healthy community benefits every person in it. And community health is one means of achieving a healthy community. The field of public health aims to protect and improve health by addressing the structures and systems that define a place—and by supporting the people who live and work there in making healthy choices.

According to what I have understood Community health is a medical specialty that focuses on the physical and mental well-being of the people in a specific geographic region.

A community's health is a reflection of the health experiences of its members. Family health has a critical role in improving the health of the community by empowering families to lead a healthful life, as well as facilitating a family's access to needed resources. The purpose of this is to discuss the various roles of family health in my community, as well as the assets their position provides.

My implementation:/case study1:-

Situation :-In the community that I work there are multiple challenges that are faced on daily basis so our overall goal should be on building and strengthening community health movement in India.

As I work with the women in government correction homes the challenges we face are vast, hygiene is the one to be addressed on priority. girls and women don't get proper hot water to bathe, no clean toilets and because of this they develop infection and cold/ fever. Food is also not enough at times and hence they get weaker and immunity reduces. They fall sick very often. Things they are allocated in budget books are not received them. Unfortunately, basic needs, necessities and rights are taken away. No proper regular medical checkups done for them. They share same blankets and thus more chances of catching infection and viral etc.

Implementation:- Understanding the situation I had to raise funds to meet the basic hygiene needs of these women. Held many sessions on educated the women on basic hygiene, cleanliness, do's and don'ts. Have taken sessions on educating them on the above topics and brought about awareness on personal health and care.

Current situation:-Lower infection rates, better hygiene, overall a much better and cleaner place to live in.

Women health:-

- Women have a unique set of health care challenges and are at higher risk of developing certain conditions and diseases than men. The leading causes of death for women include heart disease, cancer, and diabetes, all of which could potentially be treated or prevented if identified early enough
- One of the most important aspects of women's health is reproductive health. Each month, your body goes through a complete hormone cycle, so when something is off or is unbalanced, it affects your entire life, whether you realize it or not.
- To improve women's health, we need to address issues related to reproductive health, maternal deaths, malnutrition and non communicable diseases; through quality and affordable health services under universal health coverage.
- Increases environmental awareness in the communities where women live, work, play, and worship to significantly affect their overall health. WHA provides environmental awareness as it relates to health outcomes for women.
- If we talk about Today's scenario, many women are still facing the issues like gender discrimination, sexual abuse and harassment, education, child marriage, and what not? Women are elevated to the position of goddesses in India.
- Here are some of the most prevalent health concerns impacting women, and what you can do to manage your risk:
 - Heart disease. Heart disease is the No.
 - Stroke. Each year stroke affects 55,000 more women than men.
 - Diabetes. ...
 - Maternal health issues.
 - Sexual health.
 - Breast cancer.
 - Osteoporosis., etc

My implementation:/case study:-

Situation :-As me being a part of women's wing in Project Smile Trust, I have actively lead and been part of a team of volunteers, for a women's hygiene drive focusing the women who live / reside in the most unhealthy pockets in and around Bangalore.

These large population of women migrant workers who reside with their families in unlivable areas infested with garbage, clogged water, open toilets , etc

Our survey team came back with shocking results specially pertaining to women safety and health . The women and young girls practice a very conventional old method of managing themselves during their menstrual cycle, which has lead to many being highly infected or frequent infections, and other related illness.

Implementation:-Having said the above, a planned drive was organized by myself along with a few more women colleagues and medical experts to educate these women on the importance of menstrual health .a few co-operates also joined to supply essentials such as:- disposable /re-usable sanitary napkins

and cloth, menstrual cups, razor blades, sanitizers, soaps, savlon, toothbrush, tooth paste, panties, , etc were made into a hygiene kit and distributed to them.

That shall be required for their future use during their menstrual cycles .It is an ongoing effort to keep reminding them on the importance of healthy life styles by maintaining hygiene in their families.

Current situation:-Post the drive women have learned the facts and how important their health is and have adapted to a better life by making the required changes. Lower rates of infection and health issues in them.

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

As we started our fellowship program things were cool and calm and exciting as we were just out of the covid -19 pandemic fear. So work was more from home . but as days , weeks and months went by things started getting tough and hectic.

Earlier I would work only 2 days a week so it was all well balanced but then had to stop work from home and get back to 5 days a week or sometimes even 6 days which turned out to be a chaos, as managing home, kids, family, work and CHLP altogether. I felt I would not be able to manage the CHLP course but with the help of SOCHARA team and my mentor I got the confidence and started attending the classes which were of great interest. Yea sometimes I did miss a few of the live sessions due to work and family. The only thing that was most challenging for me was to read the modules as I'm a poor reader, but I learnt a new technique called Google lens which helped me listen to what was written. I could listen to the reads instead of reading it. I enjoyed watching videos. Another challenge was to write down or make reports as I'm a person who talks a lot but when it come to writing I go blank. The COVID-19 pandemic has triggered one of the worst jobs crises. There was a real danger that the crisis will increase poverty and widen inequalities, with the impact felt for years to come.

My experience during Covid -19

After catching sleep for barely an hour on the previous day, I woke up at 3am am to eat before my Ramzan fast begins, after which I was back to answering calls from people seeking help. My experience as a helpline volunteer at Mercy Mission and a member of Project Smile Trust, an umbrella organization, comprising 20 NGOs dealing with COVID-19 related emergencies in Bengaluru.I have been a volunteer since June 2020, but that month in particular has been especially devastating, to say the least.

Here I am sharing what a day in a volunteer's life looks like.

After catering to the callers' every need — including food, transportation, plasma donors and money — continuously for six months, there was some respite coming our way, as the number of corona virus cases had started dwindling. By December, the calls had reduced dramatically, and in January, we were all hopeful that we could put the disastrous year that 2020 was behind us.

However, towards the end of March, the calls increased and as April set in, I couldn't shake the feeling that we were marching towards impending doom. This time, the demand from people was shocking, and the tone of desperation clung to the air. They wanted beds, oxygen cylinders and ventilators.

Unlike the first wave, teenagers and elderly alike were now calling us, begging for healthcare facilities. On a daily basis, I hear COVID-19 infected patients gasping for breath or someone saying their oxygen levels are dropping as they speak.

As a mother of three children and a daughter of octogenarian parents, I am scared, but watching frontline health workers as they toil hard every minute of their lives, when they could be sitting at home with family, gives me the strength to answer every call and make sure needs are met without delays. Every second is precious — people have died by the time we could call them back with updates.

I feel like I am watching dystopia unfold in front of me; there is chaos, morbidity and a feeling of helplessness.

By now, my kids, Zayan (13), Namira (9) and Naira (4), have understood what their parents are doing. They know when things are falling apart. My youngest one will come and hug me or Zayan will offer to note down the details. While I am not happy with the idea that they have to see this apocalyptic situation, I am glad they are learning to be empathetic and thoughtful from a very young age. Meanwhile, my husband, Naseem Akhtar, who has donated plasma 4 times, comforts and helps me cope with the crisis. On any given day, I get an average of 300-400 calls, along with hundreds of messages. I feel a heightened sense of guilt for not being able to take every call. My phone is constantly buzzing, and since Naseem is also a volunteer, we cannot spend much time with our kids.

From 1 April to 18 April calls received on the Mission's helpline increased from 40 to a whopping 722. We had been taking calls on 24X7 shifts. Most people are reaching out for oxygen cylinders, hospital beds and remdesivir injections.

Every time someone pleads or breaks down on the phone as they watch their loved ones struggle to breathe, it takes a toll on my mental health. I get callers who are so frightened that they struggle to even frame a sentence. When I sense hopelessness in a caller's voice, I spend an extra minute just to give them some hope. By the time some callers reach us, they have lost all their strength because of being turned away from everywhere. I've counseled people who prefer ending their lives than seeing their family members die in an undignified way.

The level of incompetence aside, there is still a lack of awareness of the illness. Even at this stage, I have to tell callers why wearing a mask is important. Due to the tedious admission process or chaos, an individual loses their sense of logic. People have been grappling with something as basic as identifying the nearest hospital.

The situation is far worse for senior citizens who live alone, or whose children stay abroad. There was an elderly couple who called me at 1 am for a bed. They wanted to shift to a hospital with an ICU facility from a COVID-19 centre, but hospitals refused admission as the husband was 87-years-old. While I was arranging for the bed, I realized that a lot of prefer choosing to focus on younger people. I broke down that very moment as my parents are of similar age and my dad is diabetic. I imagined my parents in place of them and it was harrowing.

In another case, two women were trying to leave from a COVID-19 centre after their relative's saturation became low. The patient was nearly 80-years-old, and the hospital staff informed me that it looked like the women were just abandoning the patient.

If, on one hand, we are seeing an apathetic attitude towards the elderly, on the other, we see inspiring stories as well. A food delivery executive offered to deliver a cylinder to an elderly couple quarantined at home on our request. He took the risk of switching off his tracker since they are not allowed to deliver anything besides food, solely out of humanity.

Every time we are able to arrange a COVID-19 related resource, all the sleepless hours, breakdowns, and tragic news disappear. The heartfelt gratitude from callers makes my day.

The past couple of weeks during the covid -19 pandemic have shown me the kind of humanity that I never thought was possible. I see strangers overlooking their differences and coming together as one unit to solve the crisis. My heart swells with pride knowing we are in this together.

Every life is precious and no one is invincible. So, I would urge everyone to stay at home, as we are all carriers of coronavirus, which means we can be partly responsible for our loved one's death. And this is one guilt you don't want to carry around for life, was my message to people.

5. Mentorship process and reflections

My mentors name is, Edwina Pereira, R.N., M.N., Medical Law and Ethics, {PG Dip} retired in 2019 as Executive Director- Child First Foundation, a budding NGO focusing on promoting child safety, wellbeing and health. She was Director - Training in International Services Association, INSA India with over 30 years of facilitating public health, development, child protection, HIV, gender and evaluation in several countries. She is a Health Management graduate of Global Health Action, Atlanta, USA. She dreams of a world where all children grow to their full God given potential happily. She is a National Trainer for NHSRC's Comprehensive Primary Health Care programme. She is a National Mentor in the pilot Community Health Officer's Mentoring Programme managed by CMC Vellore and NHSRC. She is a trainer facilitator for promoting inclusion of people with sexual and gender diversity in varied settings including churches. She facilitates development of child safeguarding, gender inclusion, TQM, HIV workplace policies and guidelines for government, non government and faith based organizations. She is a CRY Research Fellow. She lives in Bangalore with her spouse, mother in law, two children, their spouses and her granddaughter.

Edwina has been a great source of support for me as initially I hardly connected with her to be frank it was just formality sake I had thought but from the moment I spoke to her there was ease and comfort , and she's an amazing listener. She encourage me all the time and kept motivating me to say I'm the best and am doing my best .

She always kept in touch with me and kept messaging and calling me even if I missed her call or didn't reply to her messages .

She explained to me in details about things I didn't understand and motivated and guided me a lot during my fellowship and encouraged me to complete my work and not to hesitate to ask for help.

I never expected to write reflections or make a project report and had given up as I felt I couldn't write but she pushed me and said I can do it and here I am writing my report all thanks to Edwina.

Karthik who has been a great support throughout this fellowship. I have never hesitated to reach out to him for anything whether related to CHLP or not and he has always smiled listened patiently and helped out. Things wouldn't be the same if he wouldn't be around. I connected with him right from the beginning and I'm sure it will go a long way.

Janelle Fernandes sessions were interesting and I liked the way she would get out the SEPCE/SDH in most of her explanations . she made learning easy and interesting. Janelle has an amazing way of explaining things in a very easy manner to understand and with examples.

I met her personally during the CHH CONFLUENCE, she was just like a friend that I knew from ages ago, and more like family to me apart from our fellowship discussions we would talk about our families and kids too.

I would like to start off by saying I miss Radhika, she was such a sweet person who took care of us so well during the confluence. She was extremely helpful and easily accessible to make sure we were comfortable and our requirements were taken care of. She understood us and was like one among us and never made us feel like an outsider.

In short from teaching to being a friend philosopher and guide, facilitate learning, mutual growth and understanding.

6. Project learning experience.

- Enabling communities and community health providers for health action.
- The project contributes to building awareness and to improve on medical and social care of the marginalized population.
- I was initially confused as to what topic do I do my project on. I had more than 1 topic on mind and didn't know which one to choose. I was highly confused and didn't know if I was picking the right one.
- Edwina my mentor guided me in finalizing the topic of my project and I am glad I choose to do a topic that's really close to me and something I was working on for a very long time, finally I got to implement it and get to the depth of it through this project.
- I named my project " **Hope and Beyond**".

- I have been working with juveniles/inmates of observation/correctional homes in Bangalore. The program focuses on special needs of young women who have been caught in immoral trafficking and other illegal acts defined as per law. This project aims at concerns of these residents in order to make the correctional facility a place that gives them a second chance to build upon and hope for a better future, by providing them with different skill development certified programs.

- They face a lot of health issues .

- These project helps the residents to unload the current emotional hurdles of the past and empower with a positive approach to a new beginning once they are out in the free world.

- Initially it was extremely difficult to make them come and attend the classes and build trust and confidence with them, once this was achieved things became easier as I got to understand their mind set and what they were going through and to help them in building confidence in themselves and overcome their fears and make goals and achieve them.

- We had a batch of 23 girls who had come from different state homes located across different cities from Karnataka. Training was provided to them along with personal one on one interview facing techniques and as a result the a proud moment was when 11 girls were absorbed by Savage, 3 by Biocon and 1 by Anganwadi teacher.

- My experience during this project was that never underestimate any individual no matter what situations they are in, just keep motivating them and encouraging them to move ahead in life and not stop. As my focus in this skill development project was to help focus on skilling and empowering with a positive approach to a new beginning once they are out in the free.

- There were many hygiene related and health issues, mental health issues, for which awareness and knowledge was given and explained how to overcome it and stay healthy .it made me happy as these girls move ahead in life

- Group and communities that experience discrimination and exclusion resulting in little control over their lives and the resources available to them- due to unequal power relationships across economical, social, political and cultural dimensions.
 - Eg:- Women , people with disabilities, sexual minorities, schedule caste and tribes, elderly population, children, migrants, etc
 - Accountability lies with all.

7. Take away from CHLP and Looking Ahead- Where do I go from here?

- CHLP has giving me a different approach to look at things, the way this programme was designed and executed was amazing. Each module was an exception by itself , we had qualified experienced facilitators who were extremely compatible and made learning so interesting and easy that our sessions always went over time. All our quires and questions were answered and given in detailing we never expected.
- We had a great team of co learners and fellows which bonded really well and helped each other in whatever way they could. each person I interacted with were outstanding and an example by themselves, each one out here is so talented and experienced , it was amazing to know about them and the work done by them. sometimes listening to their stories or discussions I used to be in awe that people like this also exist in today's world.
- CHLP- SOCHARA has taught me to learn values, knowledge, attitudes and skills that are required for community based public health actions requires an alternative teaching learning methodology {PEDAGOGY}. It calls for great experimental and group/ community based learning self-directed learning and learning through study-reflection-action cycles.

Develop a critical mass of community health practitioners cum activists with scholarship, competence and commitment to work towards **HEALTH FOR ALL**:-The SOPHEA Vision. Along term process!!!!

- I started my career as a teacher way back in 2005. It was in the year 2015 I realized that I was more of a community service person post which till date I enjoy being connected with community service.
- My focus has always been to provide sustainable relief and holistic development for communities with an aim to empower them, so they can break the vicious cycle of poverty and become contributing members of the society and nation at large. Over the last two years, It has been overwhelming beneficial as I got better practical exposure to the current status of community health in our society during Covid-19 pandemic.
- As a public health worker my goal in community-focused care will be to enhance healthcare services and patient outcomes in targeted populations. By applying public health theory on a local, personalized level, community I would like to cater services to a specific demographic and bring a sense of wellness to communities that would otherwise lack proper access to care.

- I also would like to engage in community health and identify how variables related to socioeconomic status — such as income levels, nutrition, crime, and other resources — impact people and also determine how the community’s medical and educational resources contribute to people lifestyles and improvements
- To develop some of the basic skills required or at least be able to recognize what skills are required and the develop on them and improvise it. thus, finally I may be able to decide how to pursue my career further and in depth and what field.
- Will definitely stay in touch with SOCHARA and look for guidance from them at every step , last but not the least would like to thank each and everyone out here a few I have mentioned:- Dr. Ravi Narayan, Dr.Thelma, Dr. Prithvish, Dr. Denis Xavier, Guru, Prasanna, Suresh, Chander, Janelle Fernndes, Radhika, Karthik, Uma Chaitanya, Maria ,Mallesh, Ranjeetha.

PART B

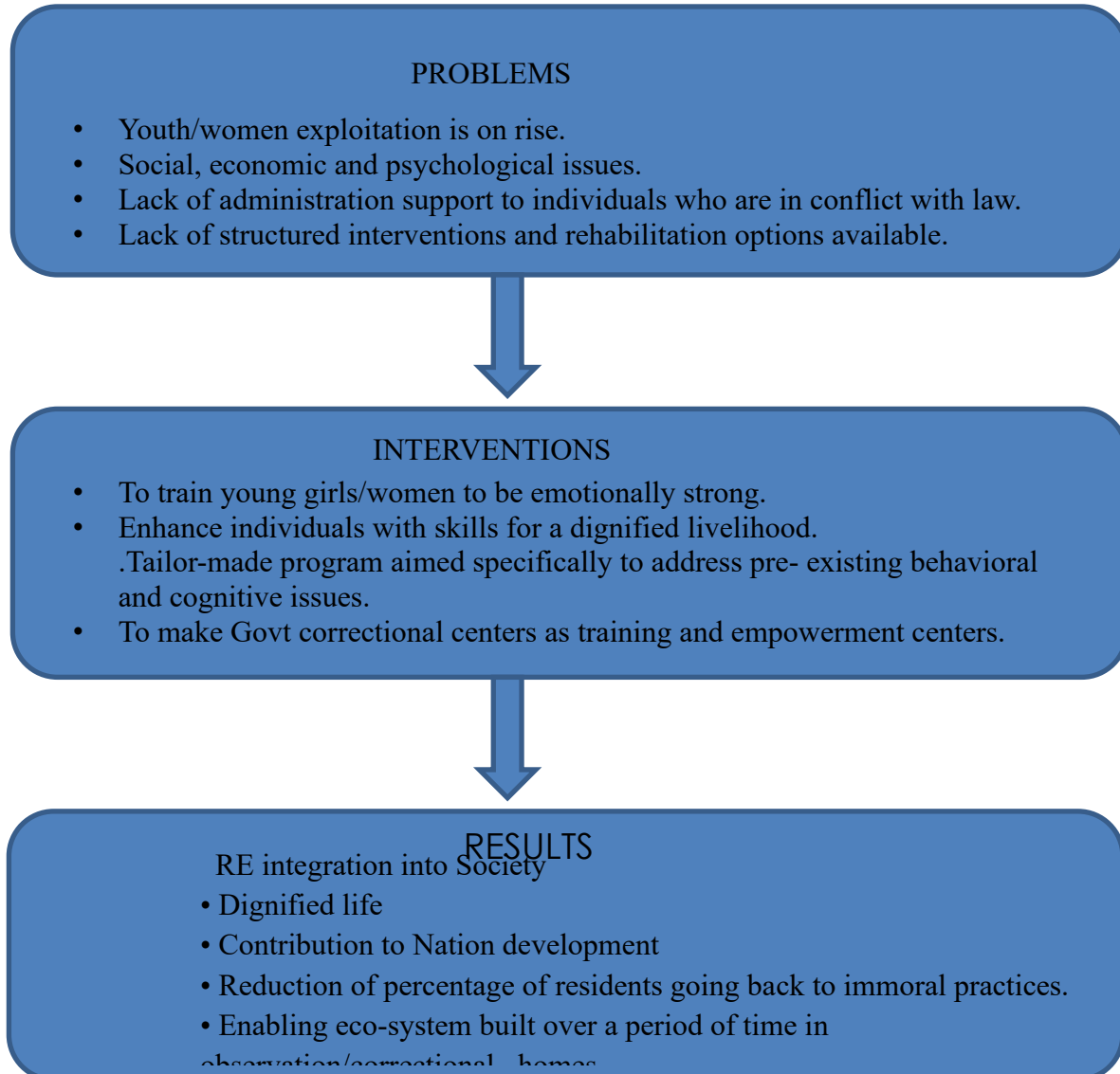
Skilling Women at Govt Correctional Facilities

Collaboration with Women & Child Welfare Department-Government of Karnataka

Summary

As a Program Manager working with a non-profit organization, my focus has been to provide sustainable relief through skilling and a holistic development for these women.

Although it is commendable that the government has provided such facilities for the development of the women, a serious fallacy is to be noted, is that these women are given minimal training during their stay, the training enable them to integrate in the society such that they do not fall back into the same vicious circle of petty offences. The aim of correctional facilities is to train these young women to become responsible adults. Although global research studies indicate that strategically planned intervention programs can strongly reduce overall recidivism rates among juvenile offenders, unfortunately inadequate attention has been paid to their personal growth and development.



Also, unfortunately, due to no efficient mechanism to deal with social reintegration, most of these women fall back into the same patterns. Therefore, it is imperative that progressive correctional home reforms in the above stated areas take place, for the development of these women.

Our employability skill development programs are designed to suit the learning requirements of residents of such homes. The program helps the residents to build their potential to become ready for a wage or self-employment and become economically independent.

Our programs are designed by experts in partnership with International Skill Development Society(ISDS) and District Legal Services Authority(DLSA-Nagpur).

SWOT ANALYSIS

STRENGTHS

- Potential residents
- Collaboration with NGO's or like minded
- Infrastructure with in-house resources
- Administration support

WEAKNESS

- Separation from family
- Low self confidence
- Poor physical health
- Weak mental health

THREATS/ CHALLENGES

- Over crowded residents
- Violence
- Mental Abuse
- Lack of administration support
- Unhygienic surrounding

OPPORTUNITIES

- NGO's intervention
- Planned skilling opportunities
- Emotional and physical health programs
- Creating safer societies

Courses currently offered

Course A Basics In Beauty Therapy & Hair Styling / Advance In Beauty Therapy & Hair Styling

Duration: Approx 4 sessions per week (each session 2-3hrs)

Trainers: Sessions shall be facilitated by subject matter experts with min 10yrs experience

Topics Covered:

- Basic Hygiene
- Cleanliness
- Oil Massage
- Shampoo and Conditioning
- Moisturizer
- Facials
- Manicure and Pedicure
- Threading
- Basic Make-up
- Hair Styles and Braiding

Course B -Basics Spoken English

Duration: Approx 4 sessions per week (each session 2-3hrs)

Trainers: Sessions shall be facilitated by subject matter experts with min 15yrs experience

Topics Covered:

- Spoken English: Letter & Sound Association
- Syllables and words
- Sight Words
- Constructing Sentences
- Grammar Et al.
- Tenses in Sentences
- Listening Skills & Comprehension
- Reading Skills and Comprehension

Communication:

- Voice Modulation
- Intonation
- Proper Pronunciation
- Building Confidence to Speak
- Eye Contact and its Importance

Etiquettes:

- Body Language, non-verbal communication
- Table Manners
- Phone Etiquettes and its Importance

Role-play:

- Teacher – Student
- Employer – Employee
- Attending Interviews

Course C -Digital Literacy

Duration: Approx 6 sessions per week (each session 2-3hrs)

Trainers: Sessions shall be facilitated by subject matter experts with min 5 yrs experience

Topics Covered:

•Introduction to computers

(Importance, main parts, special keys, cyber crime and security, etc)

•common computer terminology (Hardware and software, paint, Microsoft word, internet, creating and saving a file)

• Computer performance and content (different types of computers, types of communication,\ educational and entertainment programs and their uses, common functions on an operating system, minimum requirements for a software)

• Computer operating system (detailed explanation on windows 8 and above, work with windows 8 interface within programs, manage files and Folders in windows explorer)

• Computer handling and career opportunities (perform basic files operations, role of memory, identify the different career opportunities available for a computer literate person, importance of computers with regard to career)

Stakeholders



- **Women and Child Welfare Development Department –Government Bangalore-** The major thrust of the programme of the department of women and child development is to ensure the all round development of children and empowerment of women. The department aims at economics development and integration of women into the mainstream of economy, equity and social justices. The strategy adopted for the programmes in the areas of women’s development involves empowerment of women through awareness generation, education and greater emphasis on skill development and income generating activities. So as to enable women to enhance their earning capacity and status in life.



- **ISDS- International Skill Development Society** operates various skills development, empowerment & training programmes, focusing largely on women and youth. The initiatives aim to improve the employability of different population including Juveniles, school drop-outs, destitute women, differently abled, semi-skilled and unskilled workers. ISDS skills training programmes are implemented as integrated components of livelihood and community development and education projects as well as stand-alone projects. Programmes include handling basic office automation, fire and safety, basic computer literacy, beautician training, tailoring and handicrafts. Besides providing skills training, ISDS also work to facilitate skills training through linking beneficiaries to external initiatives by NGO’s, companies and the government.



- **Project Smile Trust-** We are a non-profit organization endeavoring to bring smiles upon people’s faces in hope that Lord Almighty may smile upon us. We are a group of individuals from different walks of life united for the goal of serving humanity with dignity, care, love , compassion and most of all to bring a joyful smile to people’s faces.

- **Vihaan-** Vihaan works at the grassroots to fight human trafficking and other forms of exploitation by protecting those who are vulnerable and making every effort to prevent the crime from taking place. We provide survivor’s access to legal support leading to justice and partner with frontline organizations to provide women, men and children with futures that are safe and secure.

Social Integration:

- We strongly believe in success of any intervention can only be measured by positive end results. Here upon successful completion of training 11 girls have been absorbed by large organizations and designated as sales, production unit staff and a few as anganwadi teachers.

Gallery-







IN COLLABORATION WITH:



IN PARTNER WITH:



CERTIFICATE OF COMPLETION

THIS IS TO CERTIFY THAT

_____ has successfully completed the course in _____ and has been awarded with Grade ___ in the month of _____ 2021

Mohammed Ummer
Project Smile - Managing
Trustee

Yashaswini G S
Project Smile - Joint
Managing Trustee

Nischal B H
Deputy Director
Women & Child Development
Department

Arshad Tanvir Khan
President
ISDS

IN COLLABORATION WITH:




CERTIFICATE of Completion

Supported by Intel

This is to Certify that _____ has successfully completed
Basic Digital Literacy course from September 2021 to December 2021.



Mohammed Ummer
Project Smile - Managing
Trustee



Yashaswini G S
Project Smile - Joint
Managing Trustee



Nischal B H
Deputy Director
Women & Child Development
Department



Zahra Ali Akhtar
Project Manager





WWW.SMILECAREFORALL.ORG

Project Smile

PROJECT SMILE - HEALTH & HYGIENE

17TH NOVEMBER 2018

We believe every community deserves to live in clean, green space. We're calling for volunteers to help create a society where everybody has a beautiful place to live.

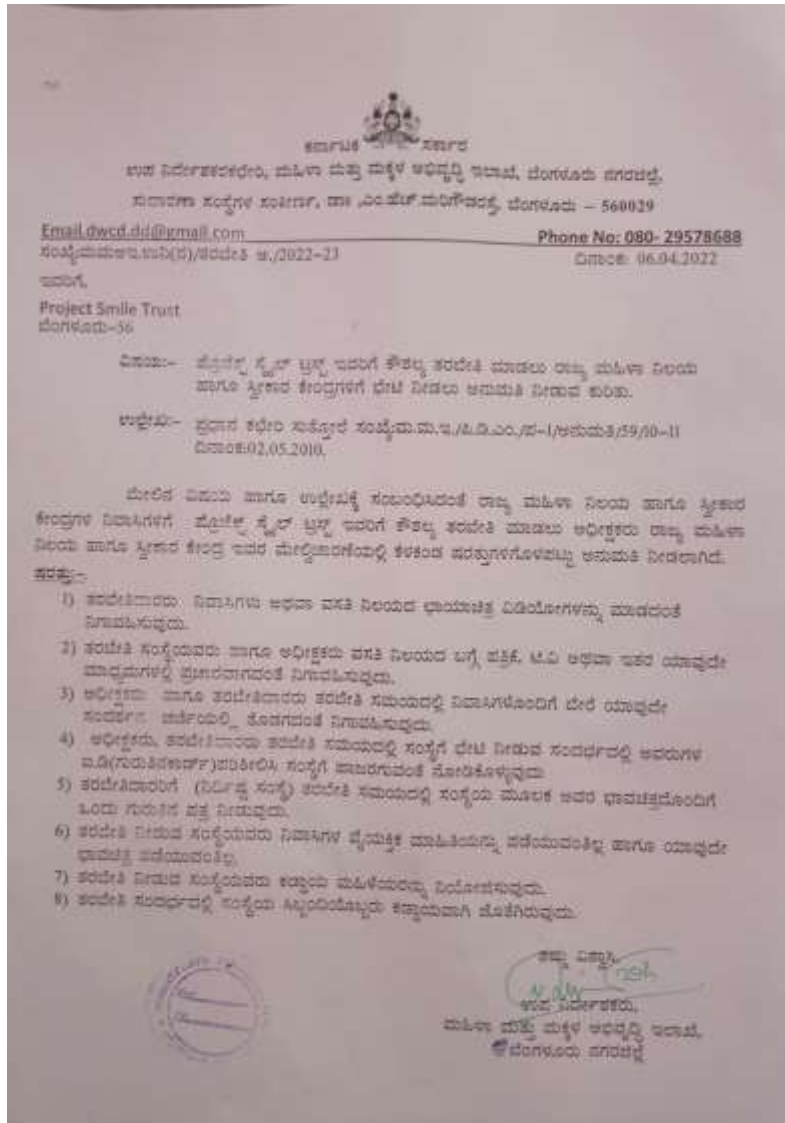
Under our community outreach projects, our team intends to create awareness, clean the surroundings and provide support to local volunteers. In association with Oasis International School, Project Smile has decided to conduct the below-mentioned activities.

| | | |
|---|---|--|
| SLUM CLEANING | AWARENESS THROUGH A SKIT | MEDICAL CAMP |
| At PROJECT SMILE, We believe in helping members of the community to keep their surroundings clean by raising awareness about cleanliness and also clean the area. | Oasis International School Children will be performing a skit to create awareness and help send across a message on the importance of Cleanliness | This camp will focus on detection and treatment for illnesses, provision of health education and spreading awareness about health habits.. |

Location: #15 Boopsandra Main Road near State Bank Bangalore, Bengaluru, Karnataka 560094, India

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THANK YOU