PREVENTION IS BETTER THAN CURE

CHLP - FELLOWSHIP FINAL REPORT - 2022-23

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By

PHILOMINA CHERUPLAVIL

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ACKNOWLEDGEMENT

Life is a journey and we meet many people on our journey. Some remains in our life, some pass by, some touches our lives, some walk with us to reach the goals in life. I am humbled and grateful to Dr. Ravi, Dr. Thelma, my Mentor Dr. Rajaram, all my facilitators and the pillars of CHLP Mr. Karthikeyan, Radhika, Jenelle, Radhika, Uma, Ranjitha, Maria and my co-fellows. It was unbelievable to think fellowship online program would happen with so much impact. I dedicate this fellowship program to my only brother who left us for his heavenly home, who always encouraged me to face challenges in life and work for the good of others. SOCHARA- Community Health Cell is a powerhouse where everyone finds a home to enter, to learn, interact, discuss, receptive people with open hands and hearts, eco-friendly place attracts one again and again. This is the beginning of my new journey with SOCHARA to the poor and marginalized. To become voice of the voiceless. I am ever grateful to the government personnel who extended their hands with me, the frontline workers, village community who cooperated with me. I am grateful to my beloved parents who always taught me to be sincere and truthful, My spiritual guide and my best friend Fr. Abraham Karukaparambil, Monsignor Joseph Antony, my sisters, my superiors ,friends and well-wishers who accept me as I am and help me to explore my hidden talents despite my struggles and difficulties and they always stood at my side to achieve the goal in life.

PART A

A GENERAL OUTLINE ON COMMUNITY BASED HEALTH ACTION

REFLECTION

Introduction

I, Philomina Cheruplavil hail from Thamarassery, Kerala. I am a religious sister since 1990. Since 1989 I am in Odisha. So to say Odisha has become part of my life and the people of this have become mine. In 1999 I have completed my General Nursing with Midwifery from Christian Hospital, Berhampur and in 2004 completed the Diploma in HIV/AIDS and Family Education from Indira Gandhi Open University (IGNOU). I had been rendering (health care) my service in Cuttack, Balasore, and Gunupur in Odisha and Ranchi in Jharkhand. I was also privileged to work in Vatican City for 7 years as the dining room in-charge of Santa Martha. It was one of the greatest grace-filled years in my life to be closely associated with Pope Francis. Past three years (2019-2022) I was associated with the social wing of the diocese of Berhampur, Odisha. I was handling a project, "Community Health Promotion "in 7 gram Panchayath of Mohana Block in Gajapati District, Odisha. The project was covering 106 villages. Our focus was on:

Though I was working in the community with the "community health promotion" I was never getting the satisfaction/ finding the impact on the lives of the community. At times people were not interested, even sometimes they gave more importance to their routine life. I was at the point of losing my hope and enthusiasm. It was in a way of compulsion people responded. It was at that time I got the information about SOCHARA through my Director, Fr, Joseph Valiaparambil. I then responded the mail of Karthik and there was the positive response from him which helped me to join SOCHARA without any delay. When I came to know what SOCHARA is and the objectives with which the organization work I was impressed. I understood that SOCHARA work through community action and partnerships, teaching and training initiatives research, knowledge dissemination, policy advocacy and engagement with the public health system. Its focus on public health system development, action on the social determinants of health and community action for health with a social justice perspective was really inspirational.

What were my learning objectives and were they met

Life is a journey and every step in life we learn something new. Each of the members has provided me extensive personal and professional guidance and taught me a great deal about both scientific research and life in general I am humbled and grateful to Dr. Ravi, Dr. Thelma, my Mentor Dr. Rajaram, all my facilitators and the pillars of CHLP Mr. Karthikeyan, Radhika, Jenelle, Radhika, Uma, Ranjitha, Maria and my co- fellows. It was unbelievable to think fellowship online program would happen with so much impact. I dedicate this fellowship program to my only brother who left us for his heavenly home, who always encouraged me to face challenges and work for the good of others. SOCHARA- Community Health Cell is a powerhouse where everyone find a place to enter, can learn, interact, discuss, the row of books, scientific data, receptive people with open hands and hearts, eco-friendly place attracts one again and again. This is the beginning of my new journey with SOCHARA to the poor and marginalized To become voice of the voiceless. I am ever grateful to the government personnel who extended their hands with me, the frontline workers, the village community who cooperated with me. I am grateful to my beloved parents who always encouraged me to do good for others without expecting anything in return, My spiritual guide and my best friend Fr. Abraham Karukaparambil, Monsignor Joseph Antony, my sisters, my superiors ,friends and well-wishers who accept me as I am and help me to explore my hidden talents despite my struggles and difficulties. They always stood at my side to achieve the goal in life.

The Society for Community Health Awareness Research and Action (SOCHARA) through school of Public Health Equity and Action (SOPHEA) offers a unique community Health programme (CHLP) It began in 2003. It has grown in strength More than 500 fellows have transformed their lives and that of the community. The program is unique and encourages the participants to explore the social paradigm of community and public health based on community needs and community experiences. The mentorship and person centered approach helps to open the potentialities of the person.

The fellows conduct Community Based activities or initiate action on areas of felt needs in community health. These include:

- Child Health
- Communicable Diseases
- Non-Communicable diseases
- Disability
- Nutrition
- Pandemics (Including Covid-19)
- Health and environment
- Rural Health
- Urban Health

- Tribal health
- Mental Health
- Women's Health
- Sanitation

  CHLP participants are equipped with rich experience and knowledge to work in different organizations across the country with much enthusiasm on Community Health. 2022 batch commence from May includes also the understanding of impact of Covid-19 on communities and capacitate participants to build appropriate strategies to tackle the emerging challenges. The program period is for 9 months with learning modules delivered through live online sessions and a community-based reflection Action project to enhance the learning experience.

  KEY FEATURES

  - Part time- Fellows can continue their current employments
  - Weekly live classes with recordings made available and accessible to participants
  - Continuous mentorship by experts on community health and community health practitioners through the program and thereafter.

Community based field work.

I look forward to be part of all the community outreach programs in providing better community health to the most poor & needy.

My primary concern is 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

Why did I join fellowship

Since 23 years I was working as a nurse taking care of the curative aspects of health. From 2020 I was coordinating a project on "Community Health Promotion" supported by MISEREOR. Though I had finished one year of the project I didn't get any satisfaction of

doing something effective for the community. I had a team of 26 members to run the project in 7 gram panchayat consisting of 106 villages. At the end of 2020 while doing the evaluation I couldn't see the effectiveness of the work. It was then I got the chance of knowing SOCHARA from my director Fr. Joseph Valiaparambil and he asked to join CHLP fellowship. I consider it as God given opportunity to change my pattern of doing the things. Chlp opened the door for me to enter in to the community. I understood the importance of the community participation in planning, decision making and implementation. A pathway to success. CHLP fellowship gave me the opportunity to widen my knowledge and the method of getting in to the community and building rapport with them. Involvement of the community enabled them to exercise collectively their responsibility to attain health and demand for their health. The community health learning had strong impacts on me, how to reach the community, how to address health socially, economically, politically, culturally and environmentally, Understand the need of the community and help them to avail also learn from them. I wish to know the government policies and help the community to profit from the benefits of the government. During CHCC AS Dr. Denis said we need to unlearn and learn many things. I want to be with the community, I want to learn from the community and give back to the community , I wish to know the government policies and help the community to get the benefits for them. Health is not only curative, health is above all, This is the reason I chose CHLP.

My Contribution

Participating Community Health Change Maker Confluence on 23rd to 27th May, 2022 was memorable event having lot of new learning, meeting and becoming part of CHLP family, It was my virgin trip to St. John's. The peaceful atmosphere with the greenery added more color to our stay. Indeed a great experience to begin the life with new perspectives, new vision, new way of understanding about community health, power, politics, information and knowledge. I chose community health because while working in the community a great desire was born in me to do something for the marginalized where no one could reach.

I chose community health as a new pathway to travel. It's a challenge and opportunity, A journey of learning, experimenting

General learning objectives

1. choose a community for example the tribal / Adivasi community or nearby locality who really needed community service and work on them efficiently in all aspects of health like socially, mentally, physically, economically, culturally and politically
2. Communication skill, interacting with dynamic, intellectual personalities which will improve my thinking, attitude and approach to the community

AREAS OF INTEREST- Objectives built at the beginning

1. To capacitate the village communities to plan and implement health care activities especially in strengthening the Village Health Committees.

2. To have a deeper understanding about Community and Health

3. To learn from the life experience of the Co-fellows

4. Community health approaches to public health issues.

5. Communicable Diseases
6. Non-Communicable Diseases
7. Mental Health

Looking ahead

To strengthen the village community to make decisions and solve their health issues, development programs and implementation, accessibility of health care facility for all.

MODULE-1 ORIENTATION

My CHLP journey began on 4th May, learned about SOCHARA (Society for Community Health Awareness Research and Action) and its activities. We were asked to write about our personal learning objectives and areas of Interest. I was thrilled to learn the method of teaching used by SOCHARA, study, reflection and action. I took the decision to actively participate in live sessions, interaction with the facilitators and participants and to learn more about community health.

MODULE 2 UNDERSTANDING COMMUNITY HEALTH

The reflection of Rajeev about the vulnerable tribal community of Gudallur, Tamil Nadu. The tribal community faced human rights violation, exploitation and alienation of land. It was then ACCORD (Action for Community Organization Rehabilitation and Development) an NGO came to their rescue. The main objective was to fight for their land, promote health and health care entitlements, and promote health through building the community within the community and empowering the community to strengthen their health system, education and economy. Rajeev spoke about 10 Axioms:-

1. Rights and responsibilities
2. Autonomy over health - 4 A's Accessibility, Affordability Adaptability Availability
3. Integration of Health and development activities- including education, agricultural extension and income generation programs.
4. Quarterly meetings involving all the stakeholders
5. Respecting their culture. (Encouraging for their celebrations and giving chance for all identity)
6. Equity empowering community (Formal and Informal participation of the community)

7. Recognition and involvement of local resources like traditional healers, dais, and allopathic system of medicine and herbal medicines.
8. Orient with the existing medical program towards preventive, promotive and rehabilitative actions.
9. Effort to build a system where health care is inserted.
10. New community health care approach (Mobile clinic & Village visit)

According to these Axioms of community health ACCORD could attain the success of their work. Village Health workers were selected from the community itself, developed rights and responsibilities within the community, accessibility for the people within the community were mobilized, health animators were trained and empowered, health promoted, infrastructure improved, ANC & PNC clinics conducted health awareness meetings conducted, Immunization done, Rights to health were demanded New adivasi school opened, people became confident, Economic condition improved (Tea-plantation), New hospital is constructed. Health for all is attained by the intervention of **ACCORD**

My key learning of the community health from the Axioms of community health:

- Identify the need of the community
- Involve the community to plan, make decision and implement the program
- Build up rapport with the community
- Learned the power dynamics and cultural dynamics (How power and caste brings conflicts and how to deal to bring a sense of community
- Learned community health approach not only deals with health, it is an orientation of policies insurance schemes, legal and hoe we align with government

MODULE 2 UNDERSTANDING COMMUNITY HEALTH (WEEK-LL)

Janelle explained about the tool of SEPCE analysis…Social, Economical, Political, Cultural and Ecological), Social determinants of health. Keep the community at the centre

SEPCE determines where we are born, grow, work, live and age

People charter for Health 2000 by PHM

1. Socio, economic and political issues
2. Fundamental human right
3. Inequality, poverty. Illiteracy, exploitation, violence and injustice
4. Voices of the poor and marginalized
5. People develop their own solutions
6. Encourage people to hold accountable their own local authorities, national governance, International organizations
7. Health for all – Challenging and changing political and economic priorities

MODULE: 3

Social paradigm of health SEPCE/SDH concepts of equity and social justice. Create equal opportunities despite inequities, address barriers that exist which will lead to liberate people. Commission on SDH is a broad partnership SDH influence inequality- barriers health for all. Goal- advance health equity, reduce health differences within and between countries. Framework for Action on SEPCE determinants.

- SCPCE analysis focuses on interrelationships and dependency between different factors that impact health.
- CDH –created by WHO, SDH inequities and SDH- direct impact on health.

MODULE: 4 RIGHT TO HEALTH 4AND ACCESS TO HEALTH CARE

Equity politics is right to health. It treats health as a human right fundamental right for all. Right to freedom of speech, right to follow one's own religion, right to movement. Equity- Unequal treatment for unequal conditions to move in the path of fairness and justice. Where we are born our dependency begins. Equity framework depends on education, income, caste and wealth. Politics and health politics- Acts of government autonomy over one's own health. Politics is power, Politics to search for common good and just society seeking justice. Rights- Fundamentals – sense of ownership, freedom to choose, fighting for our own freedom, freedom to choose entitlement, Rights are always claimed, demanded and not given

Rights are done through acts of parliament implemented by civil society whenever Act is formed in parliament we need to frame rules. From Rules Policy is framed. Rights go with responsibility

Fundamentals of human rights 1948- Legitimacy. Characteristics of human rights

- Rights of Individuals
- Right of being a human inherent
- Application to ALL people around the world
- Relationship between state and individual
- Right to legitimacy

Every individual should be respected, protected and fulfilled If any violations the court intervenes Declaration of Alma Ata 1978 determinants of health. Health care is human right, Health care preventive, promotive, curative and rehabilitative. Claim holders should be responsible for nutrition, employment and should be the voice for the voiceless. Public health action involves;

1 Assess health needs for that in need develop policies and implement and help the people to claim for their rights

The employer and beneficiary are different; they should take forward the agenda of human rights.

1. Essential standard of implementation

1. Availability
2. Affordability
3. Accessibility
4. Acceptability
5. Quality

State obligations rights and responsibilities

1. Social mobilization
2. Campaigns/ Innovations/ strategies
3. Engagement with state
4. Accountable and responsible health system

Article 21 –Right to life states that Supreme Court gave orders interpreting right to medical facilities for workers. But every time it is denied. No right to health care ACT. Private sectors can provide facilities if they really wish health for all.

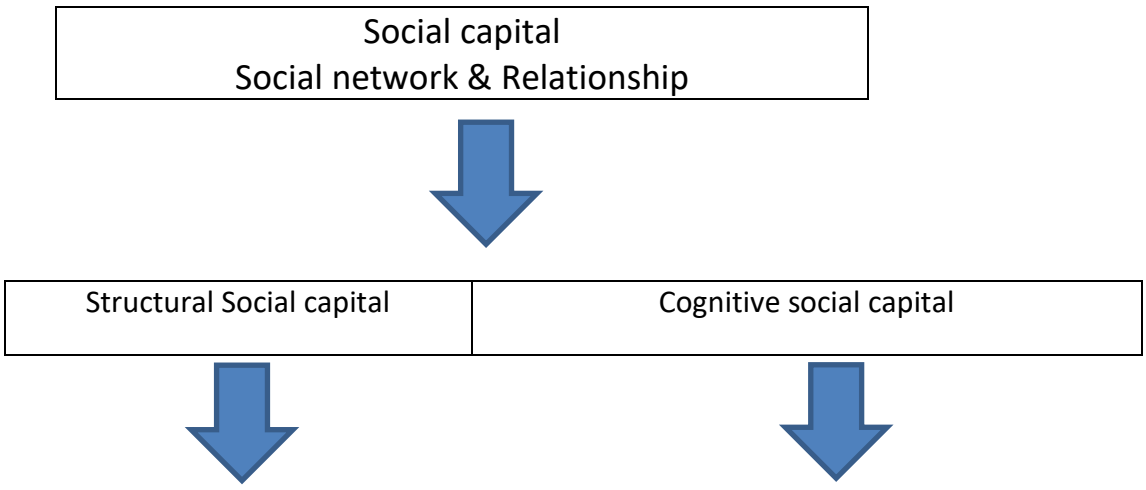
MODULE – 5 & 6 SOCIAL DETERMINANTS OF HEALTH

Social determinants of health/ Action on social determinants of health/ social vaccine. There are two types of social determinants of health.

Structural determinants-Includes context & position, determine inequalities.		**Intermediary determinants**
Socio- economic, political context	Socio-economic position	Life style, Psychological factors behavior, biological factors
Governance, Policies, Values	Education, Occupation, Income, Gender, Ethnicity	

Understanding the power mechanism is very important. When health is affected socio-economic and political context also gets affected. We need to look at the specific needs of the population, reach to the isolate and unreached people with the SEPCE analysis, and cash framework and community health approach.

Research documents on SDH



Resources, Information, Funds, financial support, network, community participation	Norms, trust, quality, cohesiveness

Cultural determinants of health- culture and role in promoting equitable access to health and health care. My learning experience and how I applied them in my work in the community. Being with them, understand their need and make them do by themselves. I chose the community affected with Dengue fever.

MODULE-7- COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)

Comprehensive Primary Health Care by Thelma Narayan her. Her walk through history. She shared about her experience in Mallur village, she worked in different levels. Also spoke about counter bailing power which helped to become part of people's movement local as well as global level. She also strengthened the public infrastructure system. She briefed her journey in community health and the emergence of primary health care and her role in active participation in PHC and PHM. CPH ensures health care services, enabling its goal of **Health for All**. PHC is universally accepted and accessible to all individuals and family members through their active participation. The objective of this session is to enhance the understanding of the CPHC approach in the Indian context. PHC is an approach is the key to attain the goal. Strengthening of the infrastructure began in the public system. Cost of medical health is gone up. Does Private sector has any role to play over the primary health care? Health for all includes the determinants of health. Health care is a broader term it can include and should include the determinants of health. Government doctors are with more experience and they do lot of work. Public money goes to the private **h**ospital. Primary Health Care is not only for the middle class families but it is also the need of the developed nations. PHC has lot of powers. A contractual appointment is the process of privatization. If doctors are offered good service the quality of patient care also will go well. She also explained about the patients' charter which we can explore in wellness centers.

Primary health care principles include accessibility appropriate technology; inter-sectoral coordination comprehensive relies on local and referral system equity prevention, promotion and rehabilitation.

Components of PHC include:

- Education
- Food and nutrition
- Safe water and sanitation
- Maternal and child care
- Immunization
- Prevention, Control of endemic
- Appropriate treatment
- Provision of economic drugs

Strengths of PHC

Comprehensive- address the main problem in the community, Equity- Acceptable to all especially marginalized and vulnerable communities,

Community participation- Individuals and families are responsible for their own health. Services should be empowering rather than providing. Appropriate health technology, technique, equipment and inter-sectoral collaboration. Community health workers are chosen from the community and given training. Supportive referral system is made available. AYUSHMAN Bharat Program had 2 components

1. CPHC
2. Insurance Team

WHY CPHC

The Ayushman Bharat announced by the government in 2018 had to components

1. HWC to deliver CPHC
2. PMJAY Pradhan Mantri Jan Arogyaa yojana: Access to hospitalization services at secondary and tertiary levels also insurance schemes.
3. The HWC component of ABP ensures CPSCs through upgrading existing PHC/ UPSC goals-80% health care needs.

Reflection on health for all books. Health is a fundamental right Bhore committee reported India's charter on health that no citizen should be denied healthcare. The key principle of PHC is health for all. After Alma Ata declaration there was a change in PHC but that was not enough. PHC is fixed on targets, Health priorities were from distant bureaucracies, and there was no community participation, no referral services, Fragmented health sectors. The solution was to build people's consciousness, intervention of people in decision making, policy changes with minimum infrastructure. Opening of PHC with affordability, acceptability, adaptability, accessibility and equity, drugs of minimum supply, stronger referral system. Equip panchayat, community and local health officers to plan for the health needs in their area and demand their needs. Resource support, monitoring, inter-sectoral approach and capacity building. Horizontal approach to eradicate Malaria and filaria. Implementing controlling the vector borne, controlling mosquito breeding, water sanitation, removing stagnant waters

MODULE-8- EQUITY IN HEALTH

Equity In health: Cares worldwide- Dr. Aquinas- Equity is fairness. It is the recognition of health as human right. Equity requires the elimination of unnecessary, unjust and avoidable differences in the opportunity to enjoy health and having the similar opportunity to meet the needs in case of being ill or incapacity. It is to remove all the barriers for the person to enjoy good health. Accessibility of health to especially of women, marginalized, tribal, persons with disabilities when we speak about access to health. Dr. Aquinas. People who are

passionate and committed can do a lot in primary health care shared her experience in St. John's medical college where the patients in general ward was neglected and the those in private rooms even if they were not really very sick they were attended carefully. Usually the patients in general ward are well examined only for their study/ research /identify sickness for the students. She then turned her idea of rendering her service to the tribal community. She came across with the women who lost one / two children due to various reasons. She understood these are the people who need the health care but they are the ones neglected the most. When they receive it is always sub-quality health care. Human resource is on which we must focus more for health. Empower the community is very important so that we can give best health care for the people. To gain the confidence of the community is very important. The challenges faced by her was many, every moment was a challenge, taking a decision was a challenge,. She said, **"When we do the right things at the right moment the entire world cooperates with you".** There is always a way to be opened. More young doctors joined, fund flowed. Government health system has the infrastructure but man power is limited. Huge gap in the tribal areas exist and this is to be developed. When no electricity, no water, no communication. When this basic requirements are not met the nurses doesn't remain in the Centre. Traditional health healers also are active who doesn't exploit the people.

Dr. Nicholas session on disability took back me back to the years I spend with physically challenged boys and girls in Ranchi, Jharkhand. Accessibility of services for them was always a question. Since I was working in a Cheshire home which was cared by us (Daughters of Charity) and the management was by MECON Company. So the children had the accessibility for the medical assistance from MECON hospital. Management of some of them was really challenging especially the adolescent boys. There was no difficulty in getting them in school was not an issue. Some of them really excelled in school and two of them are running a press with an offset machine supplying the books for all the schools in Ranchi. Many of them got married and living well. It's so happy to see that people with disability living normal even better life than normal people. My key learning is to leave my comfort zone to go to the peripheries to find the need of the people, have the multipronged approach, understand the culture of the community and respect their culture and involvement of the community. Empowering persons with disabilities is very important especially in health, education, and livelihood. Empowering and enabling the community also is very important. In front of the differently abled children I came to know about my disability. This is what I was looking forward. Dr. Anil Patel, am touched by this video because it is very much related to my family. My mother is sick since 1977 and since few years my father too. Both of them are in their early eighties, my elder sister has dedicated to care for them without expecting anything. She herself is with many health issues. None of us ask her about her health, our only concern is parents. She plays a great role in the family and community. Dr. Anil, your video on the caretakers gave me deep understanding of how these caretakers in each family should be nurtured and taken care of

MODULE:-9 HEALTH SYSTEM IN INDIA

Health systems in India by Dr. N. Devadasan. System is a set of things interconnected and organized to achieve something. Various elements of a health system include health cre service, information, health staff, governance, infrastructure, medicine, education, job opportunity, environment and community involvement. The purpose of the health care system is accessibility to quality care, keeping health as a goal and responsible to the community both socially and financially. Health system work in a comprehensive manner. Quality health services assure availability of essential drugs, diagnostic services and human resources. Primary health care comes under 3 categories: PHC, CHC & Sub Centres. In India for 1 GP 30,000 population under one PHC, Workforce fall on GP. Primary Health Services include primary care, Secondary care & Tertiary care. Primare care is comprehensive, preventive, promotive and rehabilitative. Primary Health care includes hospitals and medical colleges, clinics and dispensaries. Secondary Health Care Includes Hospitals and medical colleges at district level where specialist doctors are available. Tertiary health care is comprehensive and no focus on preventive or promotive aspects of health. Only specialists and surgeons are available. Since PHC is a comprehensive 1 GP for 30,000 population, there is a referral unit. PHCs conduct National Health program, connection with district health teams, conduct ICDs for nutrition and NCD care, But the training remains robust. Private sectors have one to one care for individual patients but the referral is decided by the practitioner. National Health Policy in 2017, stated the need for strengthening the PHCs. When the people demand, the PHCs also will increase and the PHC will be strengthened. How many people are aware of the PHC services is a big question mark. Health workers should be aware about the various schemes and policies in health sector and give awareness to the community. Primary Health Care is comprehensive , increasing the fund in primary health care is essential where many diseases need preventive and promotive care. Health workers and community should build a cohesive trust among themselves. There is great lacuna in this deal. Equipping and promoting traditional AYUSH practitioners in each PHC level will be more comprehensive, efficient and less costly.

SWOC (Strengths, Weakness, Opportunity and Challenges

Strengths: Health services are available and affordable, Well-trained health workforce, High quality medical specialists, and largest health insurance globally providing 500 million poorest, Vulnerable administered by a separate national health authority.

Weakness: Shortage of medical professional, Lack of quality assurance, insufficient financial allocation, outdated healthcare facilities and technology, Lack of funding and resources, Poor accessibility for staff and patients, Staff turnover

Opportunity: Preventive and promotive services offered by hwcs, Limits efforts of secondary, prevention and leads to increased care seeking from secondary facilities, Health

information technology, Health and wellness centre, Pradhan Mantri Jan Aarogya Yojana, Clinical lab consulting services, Communication skills, Leadership, Lack of medical research, Lack of preventive care, Low Budget, Shortage of Health care staffing and burnout of the existing staff, patient safety.

Challenges: Does not support primary level facilities hwc, critical link between primary and secondary still missing, Inadequate accessibility, Shortage of professionals, Lack of medical research, Lack of preventive care, Low Budget, Shortage of Health care staffing and burnout of the existing staff, Patient safety.

MODULE- 10 PLURALISM IN HEALTH CARE IN INDIA- ROLE OF LOCAL HEALTH TRADITIONS AND AYUSH

Pluralism in health care in India. I was interested in this session because I was dealing with herbal treatment for the common diseases. I also used to give training to the SHG groups and ASHA workers in different places. During my follow up sessions I was satisfied to hear from the participants their success stories. The module gives a thorough study about the local health traditions, traditional healers, codified and uncodified practitioners and the AYUSH community. National health policy has given importance in the year 1983 for the integration of traditional and modern medicines. AYUSH, SOCHARA and FRLHT has created a social dialogue to strengthen AYUSH in community health situations. The dependency of traditional medicine in our country is only 60-80%. There is a great fear of losing the vast knowledge of traditional medicine practices. Giving them respect and recognizing them today is a big question. Documentation is very important, it is to conserve traditions, stimulate promotion of innovation, protection and conservation of cultural and biological diversity.

MODULE – 11 UNIVERSAL HEALTH CARE & UNIVERSAL HEALTH COVERAGE

Universal health coverage. Individual Assignment, Universal Health coverage is when all individuals and communities receive the health services without any financial crisis. Context of health for all. Second part focus on financing UHC. MODULE- 12Facilitator Dr. Ravi Narayan about Civil society and role of voluntary organization.

MODULE 12 UNDERSTANDING VOLUNTARY HEALTH SECTOR

Civil society is neither have ideas, value, we are not business motive. We are people with idea there are people who need us . We are as an individual Reflect your role and what you want do? We must get empowered to teach governments. Are you a catalyst. Is part of the community. Are you moving to Jana swastya abhiyan.

MODULE – 13 FOOD AND NUTRITION

Food and Nutrition facilitators Dr. Ravi D'Souza and Nidhi Sukla Dr. Ravi explained about ICDS- A National Programme from 0-6 years, It had one AWW and one helper. Which run 6 days in a week. I visited one of the anganwady in my operational area. 23 children were registered and 20 were present on that day. Anganwady was kept very neat and clean Children has got the play items. Got Register, growth chart and the weighing machine. Bothe AWW and the Helper were present. The children are given midday meal, immunization on every Wednesday, VHND every last Friday. Adolescent youth are given T T injection, Iron tablets and deworming, pregnant mothers are given take home ration. 3 eggs per week, 1 packet oil, suji. ANC checkup also is done. ANM visit monthly to the centre. In my visit I spoke to them about anemia, healthy life style, intake of adequate life style.

MODULE 14 C- WASH

Dr. Prahlad and Dr. Prutvish facilitated this module. Lack of sanitation and toilets are social determinant affecting the mental health of young adolescents with low school performance. There is definitely a need for sanitation, Bio-Medical waste management, low costs methods of safe drinking water using copper pot.

MODULE-15 WOMEN'S HEALTH

Facilitators were Dr. Amitha, Dr. Subhasini, Dr. Bhuvaneswari and Dr. Padma. Women's health objectives discussed about the life cycle approach, rights perspectives and gender**……** Reproductive health and health is far more than medical or health issues. What is family planning & contraception, family planning program in India which is a target observed program. Barriers to accessing safe abortion due to lack of information, lack of decision making and power, stigma in unmarried women, poor service in public sector, Lack of financial resources and so on. Raising awareness about violence against women, , women health movement in India-women health care workers and gender.

The session was very interesting and the learning: Understood in deeper sense sexual and reproductive health, right from birth through a life course approach and also community led approach the issues involving the women's movement in India

MODULE-17 & 18 MENTAL HEALTH

A person's mental status determines the health of a person. Since mental health is a public issue community approach is needed. Self-care, personal relationships, work & life balance, staying connected all contribute to the mental health. The facilitators were Dr. Rajaram, Dr and C. Naveen Kumar. We had an overview of mental illness, understanding common mental disorders like depression and anxiety and came to know about youth awareness mental health program. Understanding about suicide was taken by the facilitator Dr. Kaustubb. Dr. Rajaram 's session on counselling on mental health and mental illness, interaction with the participants were enriching experience. Involvement of family, relatives, community and the doctor all play a great role in

treating persons with mental disorders. The story of Lalappa gave me lot of insight in dealing with the persons with mental disorders. "**If I change my family change, If my family changes the society changes and if the society changes the world changes**". Anything that affects the thoughts, emotions and behaviour can lead me to mental disorders. The sessions gave me the insight how to deal with persons with mental illness/ mental disorders, and the person suffering from this should me given confidence that they are not alone, and they can get treated and back to life and community. Empowering the community is also important. The role of a counsellor is very important & he / she should have skills, qualities, attitude, conduct and convictions.

MODULE-19 COMMUNICABLE DISEASES

Communicable diseases are always a major public health priority and even more so after Covid-pandemic. Facilitaotrs were Dr. Ravi D'Souza and Dr. Ramani

We had a brief discussion about vector borne diseases at the session. This was very much applicable to me as my project was Dengue fever- a vector borne disease. Social determinants include overcrowding, education, socio-economic and nutritional causes. Community health approach in VBD include behaviour change, personal protective measures, education, safe drinking water and housing, sanitation and access to health care.

MODULE-20 NON COMMUNICABLE DISEASES

Non communicable diseases Dr. Pruthvish and Dr. Chandar. Dr. Ravi D'Souza was the facilitators. NCDs are wider topics. Physical inactivity, Unhealthy lifestyle, Alcohol and Tobacco use and stress are the cause for of NCDs. Most of the NCDs are preventable with a healthy and disciplined life. The topics covered were very interesting and educative Integration of AYUSH in a proactive way will reduce some extend the reduction of NCDs. The most important strategy depends on the behaviour change and implementation at school level is the best way to reduce NCDs. Alcohol and Tobacco has great impact on mental health.

MODULE- 21 PALLIATIVE CARE

Palliative care provides holistic health care for individual. Its aim is to improve the quality life of patients, their families and their caregivers. Palliative care is going beyond the physical symptoms. It needed physical and psychological support. Quality care and quality of service are very important to improve the health of the people. 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. palliative care should be made available for all those who suffer. To improve equitable

access to palliative care services, emphasis is given to a Primary Health Care approach. Assessment tools are developed to measure progress made. Strong partnerships are in place to develop and implement technical guidance, to strengthen capacity and to disseminate information. Early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual, prevents & relieves.

MODULE 22 CLIMATE CHANGE AND HEALTH

Climate change and its impact on health. Environment is a determinant of health and climate change influences the health. Dr. Aditya's session was very interactive. Climate change affects human health through increased frequency and intensity of heat waves, rise in heat related illnesses and deaths, increased precipitation, floods and droughts. Climate change affects the mental health; Climate sensitive illnesses are on increase due to climate change and extremes of whether either through direct or indirect behavioural change and covid, food security. Climate change affects seasonal migration. Covid 19 has slow down the economy. Climate change affects social and environmental determinants of health like – Clean water, safe drinking water, sufficient food & secure shelter. It also has lot os negative impacts on human health-rise in illnesses and death.

MODULE 23 HEALTH AND TECHNOLOGY AND INNOVATION

Equitable access to covid technology. Health technology and innovation should be. affordable, accessible, affordable and acceptable. Technology and health care is a complex matrix of issues and problems, which cannot all be covered, it is the beginning of technological assessment. Technology is subject to glorification, high pressure cell, and iniquitous investment. Its impact on Medical/ Health care is bond to affect the nature of health care development, Appropriate Technology concept-ORS In diarrhoa treatment

MODULE 24 COMMUNICATION FOR HEALTH

Communication for health. Facilitator –Augustine Velliath ideas, values, methods, tools for communication. Listening is the best art of communication. Developing communication skills in advocacy, health development program and implementation is the major role of community health volunteers.

MODULE 25 GLOBALIZATION AND HEALTH

Mr. Prasanna was the facilitator. Market brings in competition. When there is market, there is competition. When there is competition they compete with each other and the price goes down. When supply increases the price goes down and when the demand increases the prize goes up. When competition increases in the market we get the things in cheaper rate. In monopoly the market decides the prize & the prize is always high. Dealing with equity, political economy, politics and economics. Health is a market failure

MODULE 26 CHILD HEALTH

Child and Adolescent health Facilitated by Dr. Antony. Lot of information were shared by Dr. Antony, Right based approach to children on survival, development, protection and participation. Children have the right to be born without discrimination having adequate nutrition and immunization at the gestation to have healthy child. The critical period are the first 1000 days and we needed to have **Life Cycle approach rather than Vertical Approach** from womb to tomb. Two important growth spurt period 0-5 years for the children and 10-18 years for the adolescents. National Health Mission RBSK- screening and treatment happens at the gram panchayath and block level for the brighter future of the children. Healthy lives of children- SDG 3 states (Sustainable Development Goal) 30 medical conditions and 4 D's Defects at birth, Deficiencies, Diseases & Development. The role of local Gram Sabha to participate actively to ensure and promote child health, different mechanisms and approaches to monitor the services provided by the government, child centric planning to address child health issues. Poverty root cause for the survival, growth and development of the children and their fundamental right to nutrition, health, safe water, education, protection and shelter.

BALANCE BETWEEN WORK, LIFE AND CHLP :

It was a challenge for me to manage my work life and the CHLP learning. There was lot of work and demand from the office. Since I was working in the community with the "Community Health Promotion" project I was already familiar with the life in the community. I had lot of hurdles to reach to this day. Pressure on my work, routine life on my congregation and the lessons to learn from CHLP and the ailments of my parents were taxing too much. Since Community approach was part of my life I made it possible and the support of my friends, companions and the CHLP fellows always gave me a push to go forward. Each module and the facilitators made me feel more connected, creative, energized and collaborative. All the barriers never took away my peace of mind rather gave me courge to be strong . God's grace was sufficient to keep a balance life.

MENTORSHIP PROCESS AND REFLECTIONS

I am humbled to see the gentleness, availability, the experiences and the advice of my Mentors. Dr. Rajaram was my mentor. He guided me through virtual meeting along with Zafia. We had few sessions of elaborative discussion about my objectives and he gave me clarity about my project. He was always available and flexible in communication and had phone conversations twice. I am grateful to CHLP for giving me such wonderful, intelligent and wise mentor.

PROJECT LEARNING EXPERIENCE

The fellowship period was a time for me to learn & experience and reflect about the community. CHLP changed my pattern of thinking and showed me the way to reach the community. I learned about the Axioms of community Health which has changed my approach. Involvement of the community in planning, decision making and implementation brought great result. People took health in their hands. My frequent visit and interaction with them gave me more knowledge about the life situation, their struggles, challenges, problems, opportunities of the community. Helped me to build rapport with the community, Government officials, line departments, youth and the PRI members. Also could motivate people to demand for their rights & to avail the various provisions available from the part of the government. The division in the community was very evident on the issue of the cleanliness of the drainage. The collective strategy is the only hope for the future and is in line with the principles of community health. I learned I could bring the community together as I was better at one-to-one interaction. I could handle the issue comfortably.

My visits to them helped me to remove my preconceived ideas as why people were not using the toilets. They didn't have piped water connection and they had to go long way to fetch the water or wait long to collect the supply water. Most of the toilets are used as store house or to keep fouls/ firewood. Constant guidance of SOCHARA Core team, interactions and experiences of all the fellows the proper guidance and timely support of my mentor added colour to widen my knowledge.

PART-B

COMMUNITY- BASED HEALTH ACTION- REFLECTION PROJECT

BACKGROUND

Odisha, formally called Orissa, is an Indian State located in the North-eastern part of the country. It is bordered by the Indian States of Jharkhand and West Bengal to the North and Northeast, by the Bay of Bengal to the east, Andhra Pradesh to the South and Chhattisgarh to the West. District of Gajapati covers an area of 3850 sq. km. The District is surrounded by Andhra Pradesh in its South, Ganjam District in its East, Rayagada in its West and Kandhamal in its North. The soil and climate is suitable for plantation of crops and there is a great potential of horticulture development in the District. More than 60 % of lands are situated in hilly terrain and high lands.

The Community Based Action Project' is implemented in Mohana Gram Panchayat of Mohana Block in Gajapati District of Odisha State in India. As Gram Panchayat is the political unit of local self-governance at the grassroots, at the villages falling under that cluster is taken as a single unit of operation in the project. The operational area has 185 families with 1200 population consisting of all religion. The area is highly populated with minimum facilities for the habitation. During the frequent informal meetings with the community and families individually we came to know the plight of the community. They were deprived of the many benefits from the government as most of them were living without proper documents. Almost all the families were affected by dengue fever and 8 persons lost their life. In our enquiries we found the main problem was lack of ignorance about the seriousness of dengue, financial crisis, superstitious belief and inability to take decisions for their health. Men folk are mainly labourers and Consumption of Alcoholism also is common among them. Women practically do nothing except few who goes for some household works. The adolescent youth (Male) are migrated to other states for livelihood. Early marriage is common among them.

Community Based Action Project in Mohana Panchayat of Mohana block of Gajapati district, Odisha, India is from 1st August 2022 to October 2022. It is to streamline the community based organizations to ensure health rights for the people, with the people, by the people and for the people and thus realize the principle of 'Health for All'. The goal of the proposed project is to Improve the Health Status in the target area by strengthening the community based organizations especially the village health committees to avail right based approach in controlling the endemic diseases and periodic breaking out of epidemics, build awareness among the adolescent boys and girls, strengthen the community based organizations and to equip the families to acquire knowledge in a changing health scenario. The projection of health hazards in the operational area is very high as it has brought a bad reputation in the whole of district and it is alarming. Though many measures are taken from the government side as per the data available from Vision 2022, of the district health

department, still there are incidents of high level mortality rate (8 deaths) due to Dengue fever within two months out of 1200 population of 185 households of the village. The most vulnerable section of the society is women, children and elderly people. However there need to be urgent intervention from the part of Government to address this issue which otherwise bring catastrophe to many of nearby villages. The Government (community Health centre) after having a successful intervention in the areas of the district came with certain clear cut road map to eradicate these health hazards. The CHC is now equipped with its findings learned from the mistakes and experimentation and success stories will engage and participate with the community more closely. The CHC has the competency and personal to work for the proper implementation of the program. And it is expected to achieve this goal. It will make sure there is 100% health awareness programmes conducted in the villages and the participants seek health facilities with their own interaction with the government having a right based approach.

Taking into consideration, the above factors, the CHC proposes to get involved with the village communities and their organizations by accompanying them with awareness generation, training programs, interface meetings and community meetings. The CHC will also take the support of the government agencies and other local NGOs, PRI members, and other health personals for the quality and commitment service delivery. The proposed project is to improve health status in the target area by strengthening to avail health based requirements in controlling the endemic diseases and periodic break-out of epidemics, build awareness among women, adolescent boys and girls, frontline workers (ASHAs, & Anganwadi) equip them by updating their knowledge in a changing health scenario. Through this process it visualizes to reduce instances of health hazard which shall be enumerated in the base line survey in the beginning of the project implementation in the target area.

CONTEXT

The community chosen was Christian Sahi of Mohana because of the outbreak of dengue in the community. Dengue is the burning issue in the area. Most men take alcohol and sleep in open space, The women in the village are unemployed, the community is overcrowded, the village's drainage system is blocked with all the garbage, as People throw everything in the drain, This increases the breeding of mosquitoes, Lack of cleanliness is the root cause of illness, Safe drinking water is not available, With a span of 2 months, many were affected with dengue 47 persons are admitted in different hospitals and 8 have lost their life with other complications.

SWOC ANALYSIS

STRENGTHS:-

1. The community actively participates in the awareness programs and meetings.
2. The youth were enthusiastic, responsible & active to bring Health for All.
3. Health services are available and affordable.

4. Screening of the families done to detect Communicable diseases & NCDs eg. Tuberculosis, , Malaria & Dengue.
5. Well-trained and competent frontline workers
6. Committed CBOs (Community Based Organization)

WEAKNESS:-

1. Lack of education
2. Poverty
3. Lack of awareness about the availability of various Government schemes and entitlements
4. Population increases

OPPORTUNITY

1. Building leadership among the SHG mothers and youths
2. Community Participation
3. Communication skills
4. Health information and technology
5. Accessibility of health & wellness centre
6. Building capacity

CHALLENGES

1. Poor unhygienic living condition (open defecation)
2. The garbage accumulation in drainages
3. Attitude of women towards the cleaning of the drainages
4. Un employment,
5. Lack of infrastructure
6. Lack of safe drinking water & Sanitation
7. Migration for livelihood
8. Traditionalism

SITUATIONAL ANALYSIS

Christian Sahi in Mohana block have 1200 population consisting of 185 households. There were incidents of high level mortality rate (8 deaths) due to Dengue fever within two months. The most vulnerable section of the society is women, children and elderly people. The village is ill-planned. During rains, the drainage overflows on to the streets. The community was deprived of the benefits from the government sector. Toilets are poorly constructed with no water connectivity. People go for open defecation. Since the community is situated near the river bank during the rainy season the water also get polluted which is used for washing and cleaning. Community also doesn't have safe drinking water.

OBJECTIVE OF COMMUNITY HEALTH INITIATIVE

1. Identify people affected by infectious diseases and refer them for treatment.
2. Promote community awareness.
3. Involve both community and Government stakeholders and take up participatory measures to create healthy hygienic environment.
4. Dalit and marginalized youth and women are skilled for employment.

COMMUNITY HEALTH ACTION INITIATIVE

As a community health provider understanding the burning issue of the health conditions of the community the action plan was drawn. It was done after the informal meeting with the community to access the health care facilities for them. The community was cooperative and they took the initiative to join hands with us.

COMMUNITY PARTICIPATION AND RAPPORT BUILDING

We made a visit to the village with our staff and met few mothers and youth and had an interaction with them. This was the starting point of building the rapport with them. They were happy and appreciated our visit in this crucial time when many of their dear ones were either admitted in the hospitals or sick at home. We paid a visit to the eight families who lost their loved ones due dengue fever and assured them that they are not alone. This gesture made us to build a good rapport with the community and they were open to us by sensitized the groups on the seriousness of the burning issue of dengue fever.


Meeting with VHC

DESCRIPTION OF THE INTERVENTION AND IMPLEMENTATION, COMMUNITY ENGAGEMENT PROCESS

Month of July the project area was affected with heavy rainfall leaving the community in chaos. Due to poor/damaged drainage system all the drains got blocked, water along with the garbage was floating right in front of the houses. Habitation was beyond imagination, People began to become sick with diarrhoea, Malaria and dengue fever. Many people were affected with dengue fever and 8 persons in


Cleaning the drainage

two months lost their lives. Dengue fever became an endemic in the area. After studying the situation we approached the CHC for their intervention.

We had the discussion with the CHC In charge, thereafter the CHC provided us with 50kg of bleaching powder and 25 pairs of gloves and assured us the support to reduce the intensity of dengue fever in the area. Our first meeting was with the village CBOs (Community Based Organizations). There was a need to empower them. Instead of going directly with the awareness sessions, as I learned from CHLP, we had informal meetings with ASHA workers, Ward Members, SHG mothers, Youth representatives and Anganwadi worker.

We had the first formal meeting with the community; there were representatives of ASHA, Anganwadi, youth, SHG mothers, NGOs (Conflict Transformation & Peace building Project Staff). The participants shared their feelings with emotions. After their sharing immediate action was taken to clean the drainages and the surroundings. Thereafter the drainages and the surroundings were cleaned and spread the bleaching powder. This was highlighted at block level and the government sector acknowledged our intervention to fight against Dengue fever and they assured us their full support. Two days later, they had organized at the block level an awareness program and we were invited to be part of the training along

with the community. This was an eye-opening for the participants. Two days later the BDO (Block Development Officer) organized a rally with slogans through the town & the villages. There was great participation.

ACTIVITIES

We engage ourselves with the ASHA worker to do the basic survey of the village. After gathering the knowledge about the problems and challenges faced by the community we decided to give awareness programs for different groups of the community. The community lacked the basic needs like proper drinking water, lack of toilets, lack of money for their treatment.

Questionare session

1. No of households in the village?
2. No of population?
3. No of toilets in the village & How many are made use?
4. Do you have safe drinking water?
5. How many children are there (0-5year)?
6. How many children are malnourished in the village?
7. How many children are immunized?
8. How many school going children are there?
9. How many drops out students are there?
10. How many drop outs are re-enrolled in the school?
11. How many pregnant women are in the village?
12. No of pregnant women malnourished?
13. How many lactating women in the village?
14. How many are malnourished?
15. How many were affected with Covid?
16. No of death?
17. How many people have taken Covid- vaccination?
18. How many people received support from the government/ any other sources?
19. How many adolescent youth received skill training from the government?
20. How many youth are self-employed?
21. How many youth have received support through government schemes?
22. How many families grow backyard kitchen garden?
23. How many mothers practice herbal medicine?
24. No of migrants to other states?
25. Is there follow-up of the migrants?

From their responses to questionnaire we came to know, the division in the community was more evident on the issue of cleaning of the drains in front of their houses. The collective strategy is only hope for the future and is in line with the principles of community health. I learned I could bring the community together as I was better at one-to-one interaction. I would handle them comfortably. This visits helped me to remove some pre-conceived ideas as why people do not use toilets even when

constructed by government, They do not have piped water connection and have to go long to fetch the water. Most of the toilets are not used/ used as store house.

SESSIONS WERE GIVEN ON DIFFERENT TOPICS

1. Health & Hygiene
2. Safe drinking water and sanitation
3. Disposal of waste management system
4. Nutritional and traditional foods
5. Backyard kitchen garden
6. Pre-marital sex education, dangers of early marriage
7. Safe migration
8. Orientation on vocational training
9. Homemade Horlicks
10. Government schemes and entitlements
11. Awareness on Covid-19 pandemic measures & awareness on vaccination.

47 persons who were admitted in CHC were recovered.

The people cooperated with the CHC staff and this brought great success in treating the patients. Planning meeting with the CHC In charge helped us to get the support & collaboration from the frontline workers. 60% of the CBOs received the training on health related issues and the government schemes and entitlements & maintenance of health diary. Training to women, frontline workers, & the youth were conducted various topics especially on health and hygiene, government schemes and income generation activities. Adolescent youth received training on pre-marital sex education, dangers of early marriage, health, hygiene & sanitation and safe migration. SHG mothers were given training on income generation activities and two groups are engaged in making washing soap, phenyl, Ujjala and homemade Horlicks. Women are motivated to grow backyard kitchen garden. 50% of the community are aware about the benefits of clean environment. Women understood the need for self-employment. 22 women from the village learned tailoring and 20 women started earning money stitching at home or in the town.

IMPACT OF THE COMMUNITY HEALTH ACTION

1. Eradication of Dengue by 50%
2. 60% villages have functional CBOs to improve & manage the health issues of the community
3. &0% of the Community becomes health conscious
4. Healthy environment is created by 60% of the families
5. 80% of Government personnel visit the village
6. 80% of the community become aware about the government schemes and entitlements
7. 40% of women are self-employed and autonomous

LEARNING AND REFLECTION

- Collaboration with the government brought drastic change in the mind-set of people, their behaviour and attitude.
- Unity is strength.
- Ability of Motivating and convincing of the community.
- Timely intervention to their issues brought better participation of the community.
- The community potentialities were brought out by their involvement in the actions, acceptance and affection.

REFLECTION

1. The Community actively participated in the meetings by giving their opinions & making decisions.
2. The Government officials and the frontline workers joined hands together in eradicating dengue fever.
3. The emergency ambulance service was offered by SWAD (Society for welfare, Animation and Development).
4. Strengthened the Involvement of youth especially in reaching the affected patients to the CHC and the referral cases to the medical college, Berhampur
5. Open defecation is reduced
6. Intake of alcohol has reduced.
7. Financial condition of the family has improved as women started income generating activities.
8. Backyard kitchen garden has begun by few families.
9. Government officials were inspired by our intervention in the dengue affected are.

10. Reconstruction of the damaged drainages started by the SWACH Bharath.

AXIOMS OF COMMUNITY HEALTH APPLIED IN THE PROJECT

1. Enabling the community to exercise their responsibility for their health and prioritize their health needs.
2. Increasing the knowledge on health and hygiene and making the people aware about the importance eradicating dengue fever with the community participation.
3. Integrating health & development activities with the experimentation of low cost training to health workers, women and adolescent girls.
4. We had frequent interactions & evaluations with the community which has helped them to become empowered and efficient.
5. The participants were from poor and marginalised community and every one was given the chance to express their views, ideas and opinions - Equity in health.
6. Making them aware about their right to health and their participation for bringing health for all. Sense of community spirit and oneness is enriched and increased. .
7. More participatory decision making system is created, Over emphasis given to SEPCE analysis, and responsibilities divided,
8. Animators were chosen from the community were strengthened and capacitated
9. Making them aware about the public health facilities available not only in the hospitals but in the community where door to door screening is done.
10. Increasing knowledge about their health and making them aware about the importance of the community participation.

SEPCE analysis is important at every stage.

PARADIGM SHIFT

1. Physical , psychological , cultural, social, ecological
2. Individually – Community Participation
3. VHC (Village Health Committee) Catalyst, empowering, capacity building, Liaison between government and community
4. Clinical- Social Determinants of health

SEPCE ANALYSIS

SOCIAL

1. Lack of awareness
2. Inadequate water supply
3. Open defecation
4. Consumption of Alcohol

ECONOMICAL

1. Unemployment
2. Ignorance to government schemes
3. Poverty
4. Inadequate financing

POLITICAL

1. No planning with the community
2. No information
3. No networking
4. Contract work

CULTURAL

1. Traditional beliefs
2. Creeping of modernization
3. Stigma/Taboos
4. Behavioural patterns

ENVIRONMENTAL

1. Water pollution
2. Lack of toilets
3. Over crowed cluster
4. No eco-friendly system

ANNEXURES

IDEA DRAFT

TITLE OF COMMUNITY BASED ACTION PROJECT

Improved health status of the people of Mohana village of Mohana Block of Gajapati Dist.

INTRODUCTION / BACKGROUND

Odisha, formally called Orissa, is an Indian State located in the Northeastern part of the country. It is bordered by the Indian States of Jharkhand and West Bengal to the North and Northeast, by the Bay of Bengal to the east, Andhra Pradesh to the South and Chhattisgarh to the West. District of Gajapati Covers an area of 3850 sq km. The District is surrounded by

Andhra Pardesh in its South, Ganjam District in its East, Rayagada in its West and Kandhamal in its North. The soil and climate is suitable for plantation of crops and there is a great potential of horticulture development in the District. More than 60 percent of lands are situated in hilly terrain and high lands.

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the people and for the people and thus realize the principle of 'Health for All'. The goal of the proposed project is to Improve the Health Status in the target area by strengthening the community based organizations especially the village health committees to avail right based approach in controlling the endemic diseases and periodic breaking out of epidemics, build awareness among the adolescent boys and girls, strengthen the community based organizations to avail communities to have a healthy family and to equip the families knowledge in a changing health scenario.

The projection of health hazards in the operational area is very high as it has brought a bad reputation in the whole of district and it is alarming. Though many measures are taken from the government side as per the data available from Vision 2022, of the district health department, still there are incidents of high level mortality rate (8 deaths) due to Dengue fever within two months. The most vulnerable section of the society is women, children and elderly people. However there need to be urgent intervention from the part of Government to address this issue which otherwise bring catastrophe to many of nearby villages. The Government (CHC) after having a successful intervention in the areas of the district can come with certain clear cut road map to eradicate these health hazards. The CHC is now equipped with its findings learned from the mistakes and experimentation and success stories will engage and participate with the community more closely. The CHC has the competency and personal to work for the proper implementation of the program. And it is expected to achieve this goal. It will make sure there is 100% health awareness programmes conducted in the villages and the participants seek health facilities with their own interaction with the government having a right based approach. Taking into consideration, the above factors, the CHC proposes to get involved with the village communities and their organizations by accompanying them with awareness generation, training programs, interface meetings and community meetings. The CHC will also take the support of the government agencies and other local NGOs, PRI members, and other health personals for the quality and commitment service delivery. The proposed project is to improve health status in the target area by strengthening to avail health based requirements in controlling the endemic diseases and periodic break-out of epidemics, build awareness among women, adolescent boys and girls, frontline workers (ASHAs, & Anganwadi) equip them by updating their knowledge in a changing health scenario. Through this process it visualizes to reduce instances of health hazard which shall be enumerated in the base line survey in the beginning of the project implementation in the target area village.

RATIONALE

Dengue fever was the burning issue of the community. 47 persons were admitted in different hospitals and 8 persons lost their lives in two months. The living condition of the community was very pathetic. The community lacked proper drinking water, toilet facilities medical assistance …etc. It was the urgent need of the hour to join hands to eradicate dengue fever and bring back the community to normalcy.

PROJECT SCOPE

- ❖ Enable the stakeholders to exercise collectively their responsibility to their health and the health of the community.
- ❖ VHC- Village Health Committee.
- ❖ Strengthening the SHG mothers to take leadership in promoting health and development.
- ❖ Adolescent boys and girls- promotion of health and health hazards.
- ❖ Involvement of individual and community autonomy over health and over the organization, the opportunities, knowledge and supportive system that make the health possible –CHC Axioms
- ❖ PRI members

PROJECT TIMELINE

Meeting with the Community

Community initiative and participation

Meeting with the CHC in charge and staff

Interaction with the frontline workers

COMMUNITY VOLUNTEERS

CBOs

Youth

SHG mothers

Frontline workers

PRI Members

GOAL OF THE PROJECT

- Improved Health status of the people of Mohana Village Gajapati district
- Promotion of Healthy life style practices
- Covid Preparedness

OBJECTIVES

1. Identify the people affected with infectious diseases and refer them for treatment.
2. Involve both community and Government stakeholders and take up participatory measures to create healthy hygienic environment.
3. Promote Community Health Awareness.
4. Dalit and marginalised youth and women are skilled for employment.

COMMUNITY CONTEXT

The project area is severely affected with the outbreak of dengue fever. The other issues are highly populated, lack of drinking water, inadequate toilets, poor sanitation.

Unemployment, Socially and economically backward community with lack of knowledge about the right for health and health care services available.

STAKEHOLDERS

ASHA
Anganwady worker
CHC Staff
PRI Members
NGO (Conflict transformation and peace building)
Youth
SHG Mothers

COMMUNITY BASED ACTION

OBJECTIVE	ACTIVITY	OUTPUT	OUTCOME
Objective:1 Identify people affected with infectious diseases and refer them for treatment	Baseline survey done with informal meetings	Understood the pressing needs of the community. 47 persons affected with dengue are admitted in CHC & Medical College	80% of the population recovered from dengue fever
Objective:2 Involvement of community and Government stakeholders and take up participatory measures to create healthy hygienic environment	Planning meeting with the Government official. Meeting with the frontline workers, Organizing community meetings, Training to CBOs on government schemes and entitlements, Review meetings.	60% of CBOs received training on the outbreak of dengue fever and other pandemic diseases. Awareness training given to the front line workers. Built good rapport with the government representatives.	VHCs are capacitated with the knowledge about the prevention of endemic diseases and the promotion of health for all. Reconstruction of the drainage. Door to door screening began by ASHA workers. Health care facilities improved (medicine, infrastructure and ambulance service).

	Conducted rally in collaboration with the Block,		
Objective 3: Promote community awareness	Awareness meeting with the women & Youth.	Women of the village gained knowledge.	Women took the leadership to clean the drainage.
		Women are empowered to take leadership in the society.	Dustbins are kept in every street.
		The community are sensitized to claim for their health and health related benefits.	once in a week common cleaning of the surroundings . Improved health condition-Less visit to the PHC/CHC .
		People are sensitized to keep clean the environment.	Safe migration is promoted.
	Adolescent health clinic.	Adolescent youth are sensitized on sex education and the dangers of early marriage and pregnancy and sexually transmitted diseases.	Anganwady function regularly.
		Anganwady worker takes responsibility to care for the health of the children.	
	Visit to the		

	Anganwadi centre.		
Objective 4: Dalit and marginalized youth and women are skilled for employment	Development of training curriculum. Orientation on vocational training skill training. Theoretical and practical training on tailoring, Assessment and certification of all trainees. Conducted Income generating activities initiated. (Phenyl, Surf, Soap making, Homemade Horlicks	22 women completed tailoring. 10 women purchased tailoring machine. 2 SHG group began selling their products.	40 women are self-employed and autonomous. Improved life style Women got lot of scope for self-employment (phenyl, surf, soap making and homemade Horlicks)

PARTICIPATION INFORMATION SHEET

COMMUNITY MEETING LOG

SL NO	DATE	CATOGORY	SUBJECT	NO OF PARTICIPANTS
1	22.08.2022	Community	Informal meeting with the community. Understood their priorities and needs	
2	25.08.2022	CHC In charge	Information about the outbreak of dengue fever and the number of deaths occurred.	7
3	07.09.2022	Frontline workers	Awareness program on Dengue fever, Health and sanitation, use of safe drinking water, use of toilets.	30
4	09.09.2022	women	Sensitization on health and hygiene, adequate nutritional diet, Intake of homemade Horlicks, awareness on dengue fever, Orientation on vocational training, Income generating activities (making phenyl, soap, surf and homemade Horlicks)	25
5	22.09.2022	BDO, doctors, frontline workers, NGOs, community	Awareness rally through the town and the streets	200
5	23.09.2022	CBOs	Government schemes, Government skill development program	10
6	24.09.2022	youth	Education, health & hygiene, employment, skill development program, Government schemes and provisions,	50

			Sex education, migration and human trafficking	

CONSENT FORM

Title of study:

Community health action oriented reflection project

Purpose of study

To create awareness about dengue fever among the villagers along with general health care and pandemic preparedness.

Principal Investigator
Sr. Philomina Cheruplavil
E- Mail: philoplavil@gamil.com

Date:

I hereby acknowledge the initiatives of Sr. Philomina and her team to eradicate Dengue fever from Mohana village of Mohana Block. I have studied the situation and I allow my consent for the village community to allow them to work, among you and with you and I assure you my full support and collaboration..

Signature:

PHOTOGRAPH


Planning meeting with
PRI, NGOs, & Govt.

After the Implementation of the project


Tailoring class


Reconstructed Drainage

IMPACT OF COVID- PANDEMIC

The world has been in a state of shock in the face of a pandemic that no one ever imagined would happen. Globalization has never been so concretely and violently evident. The whole world is locked down in order to save life. During this locked down people faced many problems; lack of food, lack of medical assistance, loss of employment, loss of life, increase in mental disorders, plight of migrants, schools remained closed for longer time, children and the parents suffered psychologically. COVID-19 Pandemic is a time of great suffering. The virus is contagious but love can also be contagious. In every natural calamity our organization SWAD reached to the unreached to enable everyone to lead a dignified life. Caritas India and CRS came forward with their support and we joined hands together with them Baseline survey was done and the main aim was to find out the people who were deprived of the pro) visions from the government. Seven hundred fifty four families were identified and the following items were distributed, Rice 10 kg, dal-1kg, salt-1kg, napkins, masks, two soap per each individual. Door to door awareness also was given by our staff especially to avoid the spread of corona virus. The community was instructed to use masks, wash hands, and keep distancing and avoided crowded places. The people understood how it spread from person to person and also became aware about safeguarding their lives.

PARISH BASED HOME CARE

From May 2022 February 2022 we joined the parish based home care from CBCI. The objectives of Parish Based Home as follows;

- Identifying Most Affected Reas- Dioceses
- Identifying COVID-19 Positive Families
- Distributing Medical Kits to Most Affected
- Daily Follow up by Volunteers
- Socio_ Psycho Support by Nurses & Volunteers
- Connecting to the Doctors

40 medical kits were given to 4 parishes each. The volunteers were chosen from the community and were trained and they went from door to door and checked the temperature, oxygen level and those who were having symptoms of cough were given steam inhalation. From August 2021 to August 2022 we were part of Sister Ambassadors for covid vaccination initiated by FADICA. This was in collaboration with CHAI. This was carried out in 13 states in India and Odisha was one among them. We could carry out this program in different districts of Berhampur, Cuttack-BBSR and Balasore. We had 4 volunteers trained and the sister nurses from different convents were also part of this program. We conducted awareness programs for the village community, front line workers ASHA & Anganwady), youth, schools, home for the aged and hostels. video clip were prepared in local languages

The time was very bad as there was a health emergency in the nation due to the pandemic, and as a result the people belonging to every section, both in urban and rural areas were affected adversely. The second wave of Covid-19 has wreaked the health care system and related infrastructure in the country. Our area in the district of Berhampur diocese was also very badly affected and there was a surge of cases in all these places. Almost everyone were affected by the second wave in one way or other. Many were infected, some had lost their life. Most of the people were living in fear with lot of anxiety and who literally struggled in their daily lives. The infected people were suffering with fever, cold, cough, throat pain, chest pain , diarrhoea.. etc both in the villages and slum areas and they were not able to get any medical support in the given situation. And most of these cases were considered as mild symptoms of Covid-19.

Training to ASHA

From August 2021 to August 2022 we were part of Sister Ambassadors for covid vaccination initiated by FADICA. This was in collaboration with CHAI. This was carried out in 13 states in India and Odisha was one among them. We could carry out this program in different districts of Berhampur, Cuttack-BBSR and Balasore. We had 4 volunteers trained and the sister nurses from different convents were also part of this program. We conducted awareness programs for the village community, front line workers ASHA & Anganwady), youth, schools, home for the aged and hostels. Video clip were prepared in local languages

- More people became aware about covid-19
- Strict observation of Government rules by all.
- video clip were prepared in local languages
- Interrupted my outreach to the community.
- More people received vaccination
- Preventive and protection measures were taken.
- Community developed sense of

Training to Community

- Sharing

COMMUNITY AND HEALTH FACILITATORS AND HEALTH FACILITY

- Prepare to face the challenges
- Strict follow up of government protocol
- Make sure to avail the government provision
- Equipped with the knowledge
- Motivate people for vaccination.

- ❖ Make the people understand that corona can be prevented
- ❖ Strengthen the Family relationship
- ❖ Promote Safe migration
- ❖ Help the people to avail the provisions

THE CHANGES I EXPERIENCED PROFESSIONALLY AND PERSONALLY

- Difficulty to get permission to come out of my living cell
- Pandemic affects all
- Gained more knowledge about the pandemic
- Disparity of vaccination among rich and poor
- Inequitable access to vaccines
- Build the confidence with the community
- Built relationship with the government sector and got their support
- Farmers risked their lives to feed the world
- Prolonged lock-down had serious implication on mental health, leading psychological problems including frustration, stress & depression.

Awareness program for youth

Awareness for Frontline workers

Training to village Community

Training –State level