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Introduction

My Community Health journey must have started around 1988 when I was barely 13 years of age. I was brought up in a city and used to visit our village house which my father bought and my relatives lived there. My playmate in the village was our domestic help's daughter, a brilliant girl. She was not interested in studies. I used to encourage her to study saying she would have a better future than her parents. She said I will make a living as a weed remover. It was around that period of time I must have made up my mind to pursue medical education in college and practice in the same village in future even though I didn't return till date.

To work with the poor and needy was always in thoughts. I chose Traditional Indian Medicine -Siddha in college and did my PG also. My dreams chased me and found myself working with a group of Siddha doctors who formed an NGO in 2015. I was suggested to do this course with SOCHARA by my senior and adviser Dr. G. Sivaraman, Member, Tamilnadu State Planning Commission.

My Learning Objectives

1.To help achieve Integration of traditional Indian medicine in Public Health

2.To learn more about community health through experience of others.

3. Learn through more readings when I am accountable to a curriculum.

4.Anticipated to learn to write impressive project proposals which will help in increasing funding.

These were my expectations from this course.

Today I am happy to know that my expectations from this course were fulfilled and most importantly I am left with a worldwide web of friends and acquaintances who are ever-ready to help each other.

ABOUT CHCC-2022

I came to Bangalore with no idea about what this meet holds for. I was open to what the five days would unfold for me. I would say that I rediscovered the 15-year old Vanitha in me,at the end of the confluence meet. I always felt I was more matured at 15 years when I passed my High school than at any age of my life. Here are my key takeaways and rejuvenating reflections from the CHCC-2022.

Sangamithra Project, Dr. A. K. Anthony' s Kerala Story of Covid Pandemic, SOCHARA's Health Policy Research and Action, People's Health Manifesto by JSA, Health for ALL-People's Resource Book were the books recommended to read on the inauguration of CHCC.

In the inaugural meet Dr. Prityush, President, SOCHARA introduced SOCHARA as a Resource library, open and flexible learning, Networking and its Synergistic Outcomes, How we can learn from others and respect each other. His speech and body language itself was a glimpse of what he conveyed. My learnings gained momentum from here once again.

Dr. Ravi Narayan's insightful lecture-Health is well-being. We are always doing outside learning. We should do inside learning. Once a month sit and think what am I? These insights opened some windows of my heart. Hey these people are doing a noble service through education for HUMANS irrespective of their age, backgrounds and positions in society. This was the thought felt.

Rani gave me an insight into Plurality and how to come out of it and CELEBRATE DIVERSITY.

INSIGHTS Learning CONCEPTS slowly opened the different chambers of my pre-occupied mind-set.

CHLP in 6 lines,

Go to the People

Live among them

Love them

Learn from them

Start with what they know

Build with on what they have

There cannot be as simple an effective project as this.

It was an enthusiastic day to learn the success of TIA, Mallur and ACCORD activities in detail. Very inspiring and awe struck by the commitment of founders and community.

Presentations of Senior fellows of CHLP 2021

Umetha and Seigel Tambhat's Community life and career is interesting challenging.

Stories of Assam floods, hilly terrain, cut-off roads, seasonal variations, early harvest, monsoon and floods with multiple communities. The paper reading about North-East was very less for me. I didn't know much about the communities there. Have met a Manipuri during my college and knew only what she said in our discussions. The developing India in my Mind crumbled to pieces after the stories from NE.

Epigenetics used for positive approach in the Child and Youth Well Being Program of Dr.Shilpa Terrance. This acquaintance has blossomed into a friendship. My husband Dr.Rajashankar has joined their Adolescent and Mental Health course starting January 2023.

Abirami and Aravindan -another couple of CH inspiration. How Dr. Ravi changed the course of DoctornetIndia to HealthnetIndia is another point to relish in their journey. Aravindan wanted to take this Monsoon Simulation games to Urban schools, the thought I harbour too. He said it is equal to a two - year Developmental studies PG course.

Suresh's lecture on the activities of CH work in Tamilnadu made me proud momentarily. I began to understand the role of politics in health positively for the first time. He briefed on the activities of SOCHARA in awareness, action

plan, training, networking and building Solidarity, Communitisation part within Health and its role in NRHM in Tamilnadu.

MAYA Bazaar visit

Breathing an urban slum for the first time. Seen many in documentaries and films. Lack of common toilets-Sanitation is a major issue. Waste segregation chart -Monitoring was educating. Life goes on even in these packed housing with all its happiness and woes. The community work by SOCHARA team was explicit from the reception we got. Many lanes were well maintained and community partnership was evident. Barriers to acting on the SDH. Disapproved to build toilets. Casteism is an important component in Sanitation. Cultural aspects like temple behind, toilets next to their house. Painting walls and Kalakendra are Positive approaches to enter and build rapport with community. SOCHARA not only teaches it SHOWED how to achieve Community Health.

Communication Skills

Dr. Magimai' s Communication and Inter-personal Relationship, Rapport building session was interesting, informative, proactive.

One has to be flexible to be Happy.

Do not easily overlap or develop a conflict free life.

The success of communication is the feedback from your receiver.

Sharpen our senses to be more effective for communication skills.

Values are how much importance you give to your belief system.

Knowing or unknowingly I am deleting information from the person before me. At any point of time our eyes are capable of taking 20 lakhs info. That's why automatic deletion happens. We should be aware of this at any time.

He gave an exercise to do at the end of Six months.

Map is NOT the Territory

My Map is Subjective (Partial from my eyes-Biased)

My Map is important to Me.

Your Map is important to You.

Let’s make an attempt to look at the person’s Map from His point of View.

In the next 6 months I have ask myself and others on these questions.

Learning from Modules and Reflections

1.**Axioms of Community Health -vast yet deep**.

Community Health axioms revealed that Siddha Medicine is a Community Medicine as it is relevant to the axioms. The Key takeaways from this module are,

Rights and Responsibilities to achieve Health For ALL.

Different Community health approaches to solving public health issues.

“*The primary determinants of disease are mainly economic and social and therefore its remedies must also be economic and social*”-Prof Geoffrey Ross,1992

2.**Pillars of Health Mission**

A. Community involvement

B. Monitor against agreed milestones

C. Human Resource Management

In due course of time, I shifted from community medicine learnings of Siddha to Public Health like focus. These learnings gives more clarity and helps understand causes of my shift in focus.

3.**NRHM Document.**

Health Plan for each village through Panchayat Raj institutions.

Equity principle to bring equality

Equity also means focus on where more need, more representations required viz., Dalit subcastes, differently abled, chronic patients.

Health should be achieved by all of us. Both PHS and community are equally responsible.

The learnings from this document helped me understand about the network of community sensitive people, doctors, social persons who come together and made suggestions from prior learnings and results to bring a renaissance in Public Health.

4.NGO s and their Health oriented Activities

I am impressed and awestruck after reading the contribution to community health of Bangladesh and Jamkhed India Case studies by Chowdhury and Perry

On the unique scheme of income generating through its own social enterprise BRAC-Bangladesh.

When someone perceives a need, an NGO is likely to follow-FOX,1987 I am 100 percent with this statement with the experience of the start and functioning of our NGO.

Village Committee and Public Health people have equal rights and are equal stakeholders - Power shifting. Program should form from ground level to materialize. What's happening is actually the reverse.

Learnings from Videos:

Bloom's Taxonomy .

Ameer explained the dimensions (knowledge, understanding, skill, analysis, synthesis, evaluation, creativity) and their position in community illustratively on a triangle. Actually, the ladder of dimensions must be reversed.

Only through democratic way Health can be achieved. Vaccine production and democratic distribution issues is a good example of implementation challenges.

Tribal people had a holistic approach to health for generations. Nature is God for them. We have to be sensitive to their needs.

6-7 villages make one Panchayat of 5000 population. There are very few health workers to handle such a large population in each panchayat.

Gender inequality in rations is a revelation of health problem which I had not thought of before.

My understanding of COVID issues changed after Amir's VL. I could see the other side of the coin on the many factors involved in COVID spread when the government claimed it as a social irresponsibility.

I have started spreading this message to the community. Demand Health as a Right-only awareness can achieve Health. Health is a political struggle. We need evidential representation to policy implementation.

I want to work in this phase of community health.

At this stage I understood the abbreviation SOCHARA-Society for Community Health Awareness Research and Action and the founders and office bearer's actions for more than five decades.

Apart from providing health care we have to address many other problems and have policies in all sectors.

I got acquainted to various movements and bodies working on the Political Struggle for Health.

RVHSA-challenge- Women empowerment in their activities due to gender inequality in society

AWARE- Action for welfare and awakening in Rural environment

SOCHARA-Society for Community Health Awareness Research and Action

JAMKHED INDIA and Bangladesh Case studies by Chowderie and Perry mention in detail about the Unique scheme of income generating through its own social enterprises.

Mukhta Bai Pol of JAMKHED said "I can also be the next one to light another lamp of better health".

MIYCN- Home Fortification Program and BRAC, Bangladesh are my greatest Inspirations.

5. **Module on SEPCE Analysis**

The live sessions only helped me grasp the dept of this module. I could relate few sensitive readings which helped me understand SEPCE analysis of a context.

Covid crisis and migrant workers document is an in-depth study which will find way to improve health of migrant workers in the long run. It can give inputs to the Public Health to work keeping SEPCE factors during treatment.

Kerala State DISHA is a most needed and good sustainable health program.

Health is a dynamic fact. It helped to think about disparities within a mentioned sector of people. Taught us to create opportunities despite inequality removing barriers viz. Equity.

Intersectoral issues in community were discussed in ALMs.

Eutopia and Solidarity were two new relevant, positive words and prerequisites learnt for CH journey.

In the live sessions on this module, we learnt SEPCE Analysis will help us take one step forward to implementation.

6. Equity lessons from Prasanna

The following takeaways helped me understand the meaning and necessity of Equity for Health.

- *UNEQUAL TREATMENT FOR UNEQUAL CONDITIONS TO MOVE IN THE PATH OF FAIRNESS AND JUSTICE IS EQUITY*
- Inverse Care Law -Tudo Hart: The one who needs the most gets the least.
- The dream of Public Health is of minimizing preventable death and disability which is also the dream of Social Justice.
- *POLITICS AS POWER-SEEKING JUSTICE IS ULTIMATE POLITICS*
- Medicine is a Social Science and Politics is nothing but medicine on a grand scale.
- *A WAY OF DOING JUSTICE IS COMMUNITY HEALTH*.
- *Rights are always claimed not given*.
- Freedom of Speech -Article 19
- Right to Health Act 2005
- Awareness is a Market Phrase

- *FOR ANY RIGHT TO BE IMPLEMENTED THE DUTY BEARERS ARE THE CONSTITUTION, ACTS OF PARLIAMENT, GOVERNMENT, POLICY, BUREAUCRATS*
- Life expectancy of different sub-groups.SC 5-6 years less than other castes.
- Data is actually facilitating Rights. If you have data you can claim Rights
- Nirman Bhavan in New Delhi and White Hall in London are places where Civil Servants are located. Michael Marriot did a study on the Civil servant Social gradient in Health. Where you position yourselves in Society decides your life expectancy. ***We have to actually move people in the ladder of hierarchy.***
- Primitive Tribals of Orissa affected by Sickle Cell Anemia and Malaria.
- The staple food of Uraus and Mundas is Mahua which is rich in iron content, then why these are endemic to these diseases
- ***DUAL LOYALTY***-FOR HEALTH WORKER ACCOUNTABILITY IS TO EMPLOYER BUT LOYALTIES SHOULD BE WITH PATIENTS. THAT IS WHY HEALTH RIGHTS MATTER TO OVERCOME LACK OF LOYALTY.

7.SDH Lessons from Janelle

Though in the first instant, it seemed Greek and Latin, the structure and its importance was understood on drawing the structure for every health issue in the community. The following steps has to be followed, it is that simple.

A. Take one determinant and see how it impact the other determinants and what can be done.
B. What are the ways to bring people forward in that particular context
C. SDH framework helps us place the determinant we are looking at
D. Power further decreases as we go down in the SDH analysis
E. All change that happens in community level is due to social cohesion and social capital.
F. Identify structural determinants and intermediary determinants
G. From individual to global level there is a roadmap-the framework

H. We should know where we are located in the framework, our position, what we can do, how we can network to bring the change
I. When doing this we should not isolate other groups. Others should be given awareness and involve them

8.METHODOLOGY

SEPCE is learning in progress. We should try to apply, tools, principles, axioms, community health approaches in single case studies and real - life situations frameworks.

Take one determinant and see how it impacts the other determinants and what can be done. What are the ways to bring people forward in that particular context.

1.We have to build an evidence-based influence in change in policy 2.Collect data of population 3.Identify the barrier to SDH
Experential evidence building context with the community Building background reading Role of health system in community Looking at intermediary factors **Building evidence is most important**
Have SEPCE and CSDH reflection on all we read Always look for strengths that lie in the community as well Lot of mind mapping Pictorial representation is important

9.CORE Values for Action on SDH

SDH- the conditions in which people are born, grow, work, live and age and the wider set of forces and systems shaping the conditions of daily life

Ex: childhood experiences, housing, education, social support, family income, employment, communities, access to healthcare etc.

CORE Values:

1. HEALTH EQUITY: *"the absence of unfair and avoidable or remedial differences in health among population groups defined socially, economically, demographically or geographically and forms the ethical foundation for the CSDH framework and action on SDH*
   Health inequities impact<Individual Functional Capabilities
   Agency impacts <Individual Freedom
   Rights impact <Health
2. HUMAN RIGHTS FRAMEWORK: Everyone has the right to a standard of living adequate for the health and well - being of himself and his family, including food, clothing, housing and medical care and necessary Social Services Art25-1948 Universal Declaration of Human Rights (UDHR). Primary responsibilities for protecting health equity rests with governments (asserted by WHO's Constitution.1978 Alma – Ata Declaration, Ottawa Charter on Health Promotion,1986 and Rio Political Declaration,2011)

   Rights Concepts helps:

   - Diffused social demands into focused, legal and political claims
   - Evaluate the performance of political authorities in terms of equitable distribution

3. DISTRIBUTION OF POWER: Empowerment is the locus of decision making about health shifts to the people whose health status is at issue.
   Human Right to Health based Empowerment: The Empowerment of deprived communities to exercise the greatest possible control over the factors that determine their health
   "Power corresponds to the human ability not just to act, but to act in concert. Power is never the property of an individual, It belongs to a group and remains in existence only so long as the group keeps together"-Hannah Arenett

Action to reduce Health Inequities involves changing the distribution of power within society to the benefit of disadvantaged group-1986, Ottawa Charter

9.ALM REFLECTIONS

The whole history of Cholera in India

Transformation of food and farming in Rayagada Orissa, Sitapur Dt, UP and Chintamani in Karnataka by Suda

The Attapadi Story by Mathew Sunil George-How can my milk which gives life become the poison that killed my child?

These helped me understand Actions on SDH in a much better way.

Rio Political Declaration-SDH,2011

All for Equity and Health for ALL-global action. Health Equity is a shared responsibility

Action on determinants for both vulnerable groups and entire population is essential to create inclusive, equitable, economically productive and healthy societies. Positioning human health and well-being constitutes a successful, inclusive and fair society in 21st century.

Global Goals

Eradicate hunger and poverty

Ensure food and nutritional security

Access to safe drinking water and sanitation

Employment, decent work and social protection

Protecting environments

Delivering equitable economic growth

Address Social Determinants-contribute-achievement of Millenium Development Goals

Assignment given in online sessions motivated Experiential Learning

Visited a Wellness Centre -at Ilavelangaal within a Sub centre in Keelakottai in Tuticorin Dt. It is under PHC control. NCD prevention is assisted by MLHP- Mid level Health Provider (Asst. VHN). They are trained in Yoga. The centre has Emergency Management Drugs and the staff is trained in using them also. I could see IEC materials like charts and drugs with labels. Tamilnadu is really doing well in implementing most of the Health schemes and is a forerunner.

The literature study in2008 of Global Structure Research Circle, reflects 2013 Ayushman Bharat,2018 NHM, 1988 Jan Swasthya Program (all male) that each program had some disadvantages. Therefore, Community Health Work is Village Council's work. It has to be Comprehensive and Preventive. Causes existing locally and approach has to be people centric. No single model fits all. Local capacity building. Not only a biomedical paradigm shift but empowering community is the key.

10.Reflections and Understanding on Dr. Nicholas,Asson for Disabilities

Disabled Person's Organisations must ensure …

Education, Empowerment and Social Inclusion for the Challenged people.

Involving normal children with disable children to give a sustainability.

Spreading awareness, distributing food stuffs.

Home based rehabs. Teaching the individual as much of self-care they can do.

Medications to mentally challenged people. Specific programs to be undertaken for this group.

Awareness to community around the disabled people through home visits, transmitting knowledge.

Conduct Adolescent Girl's groups-sessions including disabled girls.

Govt. teachers need to know sign language and Braille.

Can contact Organisation for Rare Disease, Indira Gandhi Hospital, Bangalore.

CARER'S WORLDWIDE

Emotional support groups for Carers Simple cost-effective model 92 % carers are participating 400 carers are trained in bare foot councelling 71% are having mental health issues Carer's Co-operative has a financial initiative part also

11.HEALTH SYSTEMS-Dr. Devadasan

System introduced by Engineering Sciences, picked up by managerial sciences and two decades ago taken by Health sciences All the activities whose primary purpose is to promote, restore and maintain health Elements of Health Systems-Food, Organs, Individual, Community, Hospital, Government Health Policies, WHO, Other governments and Nations	
Health Care Services	TB Control, Institutes, Hospitals
Health Staff	Doctors, Nurses, Lab, Admin, VHN, ASHA
Finances	Govt. Taxes, Insurance, Patient's Money
Community	Level of Coverage, Involvement etc.
Pharmaceuticals	Adequate Medicines
Infrastructure	Hospitals, Private Clinics, Equipments
Information	Statistics included or excluded,expenses etc.
Policies	Health for All,NHM
Values	Based on Equity,solidarity,financial affordability
Context	May do well in one context,poor in other context
Governance	Appropriate policies, implementation, guidelines,accountability

Kerala-Demographic accessibility

People are aware of Rights

Public Health Governance is Better

Health Outputs ⟶ Increased access to Quality Care

Health Goals ⟶ Improved health, Response to Community,Social and Financial

- *Describe and Analyse a Health Problem*
- *An Intervention-Financial-Bonus for Doctors,Human Resources Element is affected*

Reflections

Use the health systems framework to understand a health problem.There are atleast 10 elements to consider.Remember they are interconnected. These are not linear interactive it may produce expected or unexpected outcomes

12.PRIMARY Health Care

Promotive, Preventive, Curative, Palliative

Include Traditional Medical Systems

Comprehensive,Computed and Interdisciplinary staff

Continuous Information system, Referral system

Patient Centric-Should be accessible

South-Asian Countries Srilanka and Malaysia	Maximum5000/PHC Comprehensive Continuous Care to all kinds of people Very operational Referral hospital service-Good rapport within the system PHC supervision from Central,State or National level,linked with ICDS,Education,Civil supplies,Government team trained and updated regularly
Europe	3000-5000/PHC In UK a GP responsible for 500 families Average 1500,Referral to County Hospital District Health Team monitors the team and community feedbacks.They give added service of Community Nurse GP can refer baby to social service in case of drunkard father GP in UK is 3 year specialization have to renew every 3 years.Robust training updates.
US	Primary Care specialists not responsible for the people They undergo rigid training,for every years re-registration
India-Govt	30000/PHC,our Urban PHC in Palayankottai caters 50,000 Decentralising by Health and Wellness Centre for 5000-No competency yet Referral services not formal-weak PHC are supervised to some extent No robust training updates.Registered for life.Patient has to pay fees for facilities
India- Private Healthcare	Like US not responsible for the patient who comes No supervision or relationship from any sector

	Patient seek auto-referral Spend a lot of money for all health cares

13.Community Participation- Changing health services - to needs of community

Reflections

Health service is a key output of a health system. Health Services should have primary and secondary service.Must be more accessible and affordable.

Communitization-Dr.Thelma Narayan

Community Action on Health initiated by NRHM 2005-2008

Sokhey Committee-1937 Community work-9 months Program carried out 5 years in full fledge

Bhore Committee-Result Nagaland Community People are decision makers there

Green Manual of Community Health Workers

USHA-In MP even before NRHM

Globally in USSR -FELDSHERS,China BAREFOOT DOCTORS,Iran BEHRVAZ,Central and South America,Africa etc as a promotion by Alma Ata ‘s Health for ALL goal and Comprehensive Primary Health Care strategy 1978

Reflections

Social health activists must increase.In 1990s SOCHARA gave an effective recommendation that ASHAs must be women.

Community Action for Health is ONE Path.Community should emerge as active subjects.

There is no single set of best practices.

Some characterisitcs are common for better performance.

Procurement and distribution systems tha t actually deliver interventions are fine.Sufficient health workers with right skills and motivation group need to be created.

Fair, inclusive sustainable financing systems required

Governments should try to improve on their goals every year.Coverage goals have to improve.

Common concerns of all nations

Ageing Population

Provision of Chronic care or Social security Reforms

New epidemics

Avian or Human Pandemics Influenza,COVID

Difference faced among countries-there is a relative severity of challenges faced,the way the health systems have evoleved, economic,social,political context,determines the nature and effectiveness of response.

14.Why arent health systems working better?

Services must be effective, assured quality,safe,health providers must be responsive to patient's demands

Funding for Health---

- Tax based funding

❖ **Social Health Insurance**

❖ **Community or micro insurance**

❖ **Micro credit**

❖ **Even conditional cash transfers**

Intersectoral Determinants---Health Outcomes

❖ Working with finance ministries to justify budget demands in tne context of macroeconomic planning, poverty reduction strategies, medium term expenditure frameworks work with ministries of labour,education and civil service on pay

Conditions,health worker training,retention,working with trade and industry around access to drugs and other supplies

- Attention to health determinants must be maintained as investments in education, housing,transport,waterand sanitation,improved governance or environmental policy can all benefit health.
- Health System Agenda is not Static.
- Pattern of disease,care and treatment are charging
- 80% NCD deaths in low and mid income countries

Thailand Model of Reducing Health Inequities
Health Insurance Schemes
Waive user charges for low income families
Subsidized voluntary health insurance
Extension of Government welfare scheme to all children under 12.elderly and disabled from 1990
Universal Coverage from 2001
Sealing up infrastructure from 1970s

Reflections

Thailand's Health System systematically for over 3 decades-NHP has a Universal Health Care.
Cuba is having better health policy compared to US where 16% of gdp US spends on healthcare. So, it is not necessary to have BIG money to provide UHC is my understanding.

15.MODULE ON MENTAL HEALTH

Reflections

To have good mental health,we need to do creative work especially in leisure
Well-being is a person's ability to understand one's own capacity, manage regular stress of life, work productively and contribute to the community.
Impact of mental and nervous diseases burden is 10% more than other diseases like Cancer, DM and heart diseases.
Mental health is necessary for all our collective good health

All mental problems start at 14 years

15-19 age group suicide is 4th leading cause of death

Mental health depends on biological,genetical,psychological,environment,family tolerance and previous history

In India budget for Mental health is low

Tamilnadu government has recently started a pilot study on adolescent mental health for children in government schools in 9 districts to begin with.This shows the gravity felt by all sectors.

In 2022 so many factors affecting mental health viz. gadgets,media, films and COVID

Stress is NOT BAD at all times

Positive Stress	Tolerable Stress	Toxic Stress
First time to school,Interview etc.	Loss of family member	Childhood abuse,Neglect, Household Dysfunction,Mother treated violently,Substance abuse, Divorce

How to prevent Toxic Stress

Protective environment

Improve Resilience-7Cs to improve resilience

Competence	Help them know their unique abilities and skills
Confidence	Help them develop self confidence
Connections	Understand individual's connection to family,environment
Character	Right and wrong in thought,word and deed
Contribute	Give them oppurtunity to participate in community work
Coping	Teach them how to manage the situation
Control	Help them or allow them to decide on controlling themselves on this life's decision

16.SANITATION AND C-WASH

Reflections

Communitisation-Confronting existing superstition,Planning, Monitoring,Implementation
It was practically demonstrated by SOCHARA during Maya Bazaar visit
New vision of Health and Health package beyond the professional package of actions-CHLP,RGIPH,APU
Understanding SEPCE determinants/ Impact-Effort to build a system in which Health for All becomes a reality**.**

Toilets

Needs based assessment with stakeholders
Sensitize them first
Needs and budget follows
Prepare Modules
Principle of Appropriate Technology
Eco-Toilet Models-Less water consumed and can be built above ground

17.Women's Health

Reflections

This session threw open the need for women's health monitoring and the methods. The online discussions sent a supportive message of being cared by atleast some part of the society as a woman to me and highlighted the importance my responsibilities to this community of mothers.

Life Course approach to Women's
Health-Reduce disease in late part of life
Important to focus on early interventions
Focusses on a healthy start and aims to target all the critical and potentially risked periods in the lifetime
Long term vision-addresses the cause of ill health and not the consequences

This product helps to strengthen Health Care Systems horizontally as Vertical is taken care by Public Health.

18.Climate Change

Reflections

This module unearthed many problems faced due to climate change which could have been reversed ,now the same problems seem inevitable.

In recent years, extreme weather events have become increasingly common. This has a great impact on the community in terms of injury, death, damages, and loss. The health system should be at the centre of the community and be able to provide essential medical services in case of emergencies. However, there is a growing concern over how prepared our health. The importance of ensuring that healthcare facilities and hospitals are safe, able to minimize the risks to human life and infrastructure, and are better prepared in advance of, during, and after catastrophic events to meet the immediate medical requirements of the affected community. By making a hospital more resilient to these climatic events, a community is also made more resilient. Therefore, it is essential to have a multi-stakeholder approach in place, effective interventions, and stringent laws and policies to make hospitals resilient and safe. It is imperative that the safety of hospitals becomes a topic of national concern so that advocacy, education, and awareness campaigns can be targeted to create a culture of safety throughout the healthcare sector.

My COVID EXPERIENCES

I lost 6 kilos weight inspite of being at home safe and secured and having good food and rest in the first wave
That showed my anxiety over the migrant workers,mentally ill,single parents,no income agony thrown open by COVID
Second wave shattered my courageous oust as a doctor
Academically was seeing myself giving lectures online which I could not do before due to family and professional commitments

We as an NGO conducted 100 day Kabasurakudineer camps,supplied Rations to LGBT community, treated mild,moderate and severe cases of COVID with Siddha medicines Co-Directed our first documentary film ,"Prevention of Third Wave" highlighting immune boosting foods and diets for children that was of help in many cases of COVID during first and second waves in India

WORK -LIFE-CHLP BALANCE

- Work,life and CHLP is equally important to me
- In the first trimester,I was able to do all assignments,reading ALMs,attend online sessions regularly.
- Second Trimester- By this time I understood my position in community building,my privileges and responsibilities.
- My family commitment (Palliative care)increased,work commitments were being postponed,my ALM readings could not be completed on a regular basis. Anyhow, 90 percent of online sessions I attended kept me within the course network always.
- In the third trimester,family responsibilities doubled,work commitments increased and my project work did not get started as there was no response to my request for permission to work in Srilankan Rehabilitation Camp from the government.

- A peer pressure was slightly building when fellows shared the completion or process of their projects.
- The encouragement and suggestions of facilitator Karthikeyan,founders,mentors of SOCHARA eased the pressure
- SOCHARA has eased many pressures regarding WORK,LIFE AND COMMUNITY RESPONSIBILITY
- I am a spiritual person. SOCHARA has helped me to move another step forward in my spiritual journey as well.

Mentorship Process and Reflections

- It's the first time I am introduced to mentors of high stature and experience
- I am grateful for choosing a very senior person with lots of experience in folk-lore traditional knowledge and community medicine for me
- I didn't converse with my mentor regularly for no reason
- From the few conversations we had he helped me to work in depth and focussed
- Travel with my mentor is an excellent experience and going to be a life-long one

Project Learning Experiences

- I came to know of my neighbourhood,a Srilankan refugee community
- During CHLP only I thought of knowing more about my neighbours

- **I entered the community and befriended few women**
- **The leader of the community informed me that I have to sought permission from the government to enter into the community.**
- **Till date not received any nod for implementing my project in the community**
- **I come to know that it is not easy to get permissions from government to work in sensitive communities like Srilankan refugees in Tamilnadu**
- **I learn from facilitators and mentors that it is the reality in ground**

- **Before CHLP my project plan and work would be wider ,including more people.**
- **After CHLP I view the same work in depth, identifying issues,chalking out determinants of Health, planning to communitise and empower the foremost stakeholders-the community**

Takeaways from CHLP and looking ahead

- A new chapter of life has opened after CHLP
- My future community work is to focus on objectives and work in-depth
- Health is a political struggle and I have fallen into its waters
- I foresee to swim in the waters till the GDP on Health triples or till I breathe my last

HEALTH FOR ALL

Part B

Background

Malnutrition is a serious global burden affecting the growth and development of young children. Nearly half of the mortalities in children under the age of five years are attributed to under nutrition(UNICEF,2021),predominantly seen in low and middle-income countries. Childhood overweight and obesity are also rising in these countries (WHO,2021). According to World Health Organisation (WHO,2021) malnutrition is referred to as deficiencies or excess intake of nutrients, imbalance of essential nutrients or impaired uptake of nutrients. Undernutrition is manifested by (low weight for height), stunting (low height for age), underweight (low weight for age) and micronutrient deficiencies (WHO,2021). United Nations Children's Fund (UNICEF) estimated the prevalence rate of wasting was 45.5 million(6.7%), stunting was 149.2 million(22%),and overweight/obesity was 38.9 million(5.7%) worldwide (UNICEF,2021)

The growth, development and survival of young children are threatened by the triple burden of malnutrition, which includes under nutrition, hidden hunger and overweight. The consequence of poor nutritional status in children is profound and associated with impaired cognitive ability, poor school attendance and work performance in the later stage of life (WHO 2021, UNICEF 2021). India is one of the lower middle- income countries and stands at the 107th position on the Global Hunger Index 2022. According to a recent National Multi- dimensional Poverty Index (NMPI) reports (2022) proportion of population suffering with poverty is higher in rural areas (32.7%) compared to urban areas (8.8%) in India. In rural Tamilnadu, about 29.3% of households with inadequate access to

food,65.3% of homes lack sanitation facilities, 10% of people without access to potable water, and 7.4% families with poor maternal health. Tirunelveli is one of the top 15 districts in Tamilnadu with the inadequate access to food. Rural households in the district alone accounts for 30.8% of inadequate nutrition, 61.8% of unimproved sanitation facilities, 10.4% of poor access to safe drinking water, and 7.9% of deprived maternal health (NMPI,2022)

Goals towards the development of social and economy cannot be accomplished without addressing the problems of malnutrition. The multidimensional approaches of the sustainable development goals 2 by the United Nations aims to end hunger, no poverty, achieve food security, improved nutrition, quality education, gender equality, access to clean drinking water, improved sanitation and promoting sustainable agriculture by 2030, which are directly influenced on the nutritional outcomes. By 2025, SDG 2.2 targets are to end all forms of malnutrition in the nations.

Government of India in line with state governments has implemented various programs such as (Integrated Child Development Services (ICDS), Reproductive Child Health, National Rural Health Mission, Janani Suraksha Yojana, Rajiv Gandhi National Creche Scheme, Total Sanitation Campaign and National Rural Drinking Water Program) address malnutrition and related problems in the country (Poshan Abhyan). Despite numerous initiatives, rate of progression is still quite gradual. India is home for children with 35.5% stunted, 19.3% with wasting, and 32% with malnourished. In Tamilnadu, the proportion of stunting, wasting and malnourished were 25%, 14.6% and 22%.

Recently, UNICEF restructured its 1990s conceptual framework on maternal and child nutrition to achieve specific targets of SDG 2. The framework outlines the basic, immediate, underlying and enabling determinants of malnutrition. These determinants are multifaceted and intertwined with each other. The immediate and underlying determinants of malnutrition are greatly influenced by inadequate intake of food, poor maternal child feeding practices, household food insecurity, lack of access to potable water, and poor sanitation and unhygienic living environment such as open defecation. In turn, these determinants are influenced and enabled by economic, political, social cultural norms, environmental conditions, national and global contexts, capacity, resources and governance. Therefore, identifying determinants and bridging gaps that are impeding the progress is need of the hour to address the root cause. The project aims to bridge the gaps through interventions suiting the local needs. Thus, the awareness sessions and intervention with Amukkura churanam is observed to bring an impact in reducing malnutrition and anaemia incidence in children and adolescents in the rural and urban parts of Tirunelveli district in the southernmost part of India.

Rationale

Child's health is the foundation of all growth and development, which include physical growth, cognitive (learning and thinking) development, social and emotional growth, and mental health. Children are vulnerable beings, more at risk to illness and health complications. When children are spared from disease, they can grow into healthy adults, and in this way, contribute to the development of dynamic and productive societies. Protecting and improving the health of children is of fundamental importance.

The world is facing a double mandate. More than half of deaths are due to conditions that could be easily prevented or treated given access to health care and improvements to their quality of life. A great deal of work remains to further improve the health outcomes of children.

Children must also be given a stable environment in which to thrive, including good health and nutrition, protection from threats and access to opportunities to learn and grow. There is expanding need among the children living in shelter homes. They majorly need added attention to maintain good health. Investing in these children is one of the most important things to build a better future for them.

The immune system is the body's defence against invading microbes and harmful substances by recognizing and responding to antigens. Common child health issues mainly related to immunity include allergies, colds, conjunctivitis, gastritis, hand, foot and mouth disease, impetigo, lice and worms. These are mainly attribute to immunity. Nutrition is an important determinant of immune responses in children and nutritional deficiencies alter their immune responses increasing risk of infection. Optimal nutritional status – the state of the body with respect to each nutrient and overall body weight and condition-is a powerful factor in promoting health and preventing and treating diseases. Good nutrition for children is essential to achieve their full developmental potential, physical, cognitive growth and development.

Malnutrition leads to failure in early physical growth, delayed motor skills, cognitive and behavioural development: it diminishes immunity and increases morbidity and mortality (1) Balanced nutrition and supplements help children to keep away from infections.

It is clear from previous research that many facets of children's daytime functioning, including emotional health, interpersonal relationships, and academic performance, are negatively affected by poor sleep (2)

Keeping the above as contexts for the present project, there is a need for ready-to-use supplementary and therapeutic foods and create awareness on traditional and available food sources for the physical development, cognition and specifically to improve the immunity of the children.

Compared to modern supplementary and therapeutic foods and medicine, AYUSH medicine is perceived to be more affordable, accessible and acceptable to the communities in which it operates (Oyebode et al,2016)

The World Health Organization, in recognition of the role of AYUSH medicine especially in resource-constrained settings, has called for preservation and acknowledgement of its use in cases where such use has been scientifically validated (Global Action Plan for the Prevention and Control of Non-Communicable Diseases, 2013-2020)

AYUSH and Siddha Culinary medicine can play an important role in realizing the dream of "New India' by providing quality healthcare and medical care for its citizens. At present we are witnessing a highly receptive environment where the value of AYUSH systems in healthcare is widely recognised (3) Among several interventions aimed at immunity building and malnutrition, Aswagandhadhi (Amukurra) Churna, an Ayurveda (and Siddha) Rasayana drug is known to improve immunity and combat malnourishment.

Aswagandhadi or Amukura Churnam has been indicated for the conditions like Pandu (Anemia), Aruci (anorexia), Ajirnam (indigestion), kshaya (weakness) and Kirumi (worms). These symptoms are commonly seeni in children suffering from malnutrition and therefore widely prescribed by Ayurveda practitioners for malnutrition (Wankhede et al,2015). In a study conducted among children in shelterhomes, ashwagandhadi administered with milk significantly improved the nutritional status of the children (Sangeetha et al,2020)

A Chennai based NGO,Vaishnavi Welfare and Charitable Trust is providing milk with Aswagandhadi churna, under the Jeevani Milk Program, to around 560 children since four years to improve the nutritional status of the children. The results are very encouraging specific to physical development and enhanced nutritional status of the children (Sangeetha et al,2020)

A sizeable portion of Indian children suffer from low food intake induced under-nutrition potentially resulting from poverty, ignorance etc(3,4). Over one-fifth of Indian population comprises children aged 5-14 years, that is, the group covering primary and secondary education. Research studies indicate that nutritional deficiencies and poor health in primary school age children are important causes of low school enrolment, high absenteeism, early dropout, and poor classroom performance (5)

Only thing that is needed is a scientific research and documentation of these drugs and procedures, quantification of their effects and standardisation of their quality, so that the literature instils confidence among consumers and practitioners.

Therefore, the present observational study assessed the effect of Amukura churnam on the overall development of the children between the age group of 6 to 12 years residing in shelter homes and children of low socio-economic group attending SEED Trust hospital OPD.

Methodology

Interventions to achieve impact has two outcome measures and two different group of activities.

Outcome A:

The Government of India officially recognises formalised systems of medicine like Ayurveda, Unani, Siddha, Yoga, Naturopathy and Homeopathy. The non-formalised systems like tribal medicine, herbal and home remedies which have provided the basis, sustenance and rejuvenation avenues to these systems remains unrecognised because of their inherent amorphous nature.

Activities:

The focus of nutrition programs for Indian children has largely been post-birth , with child and feeding-centred interventions. It is known that 50 percent of the growth failure that gets accrued by two years of age occurs in the womb owing to poor nutrition of its mother both during pregnancy and before pregnancy (UNICEF/ for every child)

1.Awareness sessions on Ante-natal care using Simple home remedies (Presentations attached)

2.Traditional food practices demonstrations and screening relevant videos to reduce incidence of anemia and malnourishment in children(Video links attached)

Outcome Measures: Improve quantity and nutrient level of food consumed in household, preventing micronutrient deficiencies and anaemia, increasing women's access to basic nutrition and health services, improving access to water, sanitation education and facilities, Empowering women to prevent pregnancies too early, too often and too close together.

Presentation covers 15 cost effective traditional food sources and their nutritive values, incorporation techniques.

Outcome B:

WHO defines Traditional Medicine as "the sum-total of all the knowledge and practices whether explicable or not, used in diagnosis, prevention and elimination of physical, mental or social imbalance and relying exclusively on

practical experience and observation, handed down from generation to generation, whether verbally or in writing.

Activities:

1.To identify the children with poor nutritional status and cognitive abilities based

2. Supplementation of Amukura Churanam with milk/honey to children in a shelter home in Tirunelveli Dt. and to children visiting SEED Trust hospital

Outcome Measures

Improved survival, health, physical growth, cognitive development, school readiness and school performance in children and adolescents

Inclusion criteria

- Children residing in shelter home
- Children visiting SEED Trust Hospital
- Aged 6 to 12 year
- Willing to freely give Informed consent (through themselves/parents/ guardian /head of institution

Exclusion criteria

- Currently receiving any form of supplement
- Too unwell to participate in the study
- Any serious ailments
- Mental health problems

ASSESSMENT

Nutritional Assessment

A. Anthropometry
A. Biochemical methods
B. Clinical Methods
C. Dietary methods

Cognitive Assessment

Sleep Pattern

Duration of Observation: Three months (Sept 18-Dec 18,2022)

Screening observations before intervention with Amukura Churanam in 111 subjects

Symptoms	Male	Female
Pallor	7	5
Recurrent upper respiratory infection	6	6
Weakness	12	2
Fatigue/tiredness	10	-
Cramps in calf muscle	13	4
Bodyache	7	2
Pain in legs	13	3
Loss of appetite	16	5

Data Entry

The data is entered in Epicollect5. Epicollect5 is a free and easy-to-use mobile data-gathering platform developed by the CGPS Team of Oxford BDI and publicly available at https://fiveepicollect.net. It provides both the web and mobile application for the generation of forms(questionnaires) and freely hosted project websites for data collection.

All the field investigators and the study team will be trained on epicollect5. The data will be generated in excel and then converted into a SPSS Version 21 for appropriate statistical analysis.

Results and Discussion

The data collected from the children will not be disclosed and their personal identity will not be known.

From the follow-up screening done at the end of three months intervention with Amukura churanam. The following findings noted.

1. There is no marked improvement in reduction of pallor.
2. Appetite has improved in almost all subjects.
3. Recurrent upper respiratory infections reduced in many barring few.
4. Cramps in legs in both sexes reduced remarkably.
5. Bodyache is reduced in all subjects.
6. Pain in legs reduced in half of the subjects.
7. Weakness reduced in all subjects.

This study is an observational study involving four service organisations.

The children are visited regularly for medical consultations at the request of the head of the shelter home even before the study. They are still visited by a Siddha doctor.

How we scale up from here?

Literature evidences of Amukkura Churnam and the clinical experience of AYUSH practitioners on their recommendations,dosage, side-effects if any were collected.

Nutritional supplementation with traditional foods like Ragi, sesame, Moringa, Curry leaves, groundnuts need to be supplemented to increase availability of nutritional calories.

A multi-centric study involving National Institute of Nutrition, Hyderabad is the next step ahead in this direction. The findings will help governments to include Aswagandhadi Churna as a Nutritional supplement which improves digestion and supports nourishment in children. The supplementation can bring down the stunting,wasting and anemia prevalence very much.

This will increase government postings for non-allopathy doctors and practitioners throughout the country.

Will pave way for Integrative Medicine to be the mainstream medical model of India.

Axioms of Community Health followed in this project

- Integration of health and development activities
    - Preventive, promotive and rehabilitative actions
    - Applying with low cost, effective, appropriate technology in health care, health communications and recording systems
    - Recognition of local, indigenous, health resources like herbal medicines and time-tested home remedies
- Confronting the biomedical model with new attitudes, skills and approaches
- Confronting the existing super structure of medical/health care to be more people and community oriented
- An effort to build a system in which Health for ALL can become a reality.

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Athimaduram Media Activities

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https://youtu.be/uh6UIQCBWMk

https://youtu.be/u5_zW-Nyb2U

https://youtu.be/d-ELk77uuIg

https://youtu.be/yM7hDxgXT7w

https://youtu.be/zdpaFBadqmA

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