REPORT
ON

COMMUNITY HEALTH LEARNING EXPERIENCE

// Acknowledgement

It is always better to give than to receive.

I am blessed to have found favour in the eyes of my Lord and will forever remain grateful to him for the opportunity that I am selected for such a wonderful program.

I express my heartfelt thanks to Ravi, Thelma and all the CHLP family, whose names I shall not mention, who were in direct contact or indirectly in contact with us to make this journey a beautiful and splendid one.

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CHLP Learning principles make learning so easy and comfortable making sure that learners gain the maximum allowing healthy debates yet influencing challenging and fruitful conversations.

A big thank you to my mentor and guide who have been very supportive during my study.

Heartfelt thanks and appreciation to my group mates who have been very instrumental in completing the assignments and submitting on time.

A big cheers to all my intelligent and resourceful fellows. You were consistent and I had personally learned a lot by just listening to each one of you.

To all my CGLP Team Batch of 2022, you are special and you have made my this short journey of mine so informative. A tons of love, gratitude and salute for all you have done and contributed in all ways.

You will be greatly missed.

Keep the connections on!

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PART A:

CHLP LEARNING

Introduction

A work in progress looking forward for many opportunities to elevate the health care in my community, I am Phiralynn Kharkongor, a Registered Nurse and Registered Midwifery (RN/RM) working very closely with young minds and future change agents of our country as an Assistant Professor in North East Adventist College of Nursing, Jowai, West Jaintia Hills, Meghalaya. My previous work review were I have worked as a clinical instructor in a school of nursing in Tura, Meghalaya, a staff nurse in an NABH hospital in Kolkata, West Bengal, a nurse mentor supervisor under CMAI-CARE India in Bihar.

Why did I join the fellowship?

I joined the fellowship because I have heard of the many educative, practical and real issues that CHLP brings in. Its adult learning principles provides a comfortable learning platform for the fellows as adjustments have to be made between work and learning. Network building and friendship of common interests for the gain of the community is also one of the reasons. Capacity building and drawing inspiration from mentors, fellows and experienced experts and most importantly the fellowship ignited the mind of my friend who was a CHLP Fellow and it should ignite mine who have been looking for a breakthrough and a spark to start.

What were my learning objectives and were they met?

To find out where does my interest fits in and how do I actually start.

Amazingly, yes. I do know that my interests are not only abstract but concrete and I have learned how to begin. But I still need a lot of mentoring and experience, a huge amount of dedication (which currently am not in a position) and hardwork.

Learning from modules and how it applies the learning in my work.

I have learnt and understand the concepts of community health, its Axioms, the Paradigms shifts, the analysis, the aims and objectives of various NGO's that are working towards the need of the community (I am glad to be a part of CARE India from 2017 t0 2019) and I realised that each NGO started with an ignited someone, who had a burden for the cause and that no cause is too little or meaningless for the vulnerable. The modules have also changed my perspective on, transgender, PPP, alternative medicines, tribals and dalits, food and nutrition and politics after that interesting brainstorming session from Prasanna, aldolescent health, mental illnesses, epidemiology, communicable and non communicable diseases, palliative care, and many more.

Each learning from the modules helped me to intergrate them into my own life first followed by friends and family and I'm able to relate with people, converse with them, understand the bigger picture as Janelle truely mention that we began to analyse everything under the sun unintentionally and I realised that after all, whatever I have learned, definitely make sense and is worth learning.

Reflections on use of LMS, Videos and participation in live online sessions

A very thoughtful and creative app that we are able to learn systematically, very organised and an easy way catch up or to update ourselves or even to recall or repeat or recollect. The learning materials contain unique and long ago materials which helps us to understand our history, live for the present and plan for the future. The materials are well thought of and well sorted and specifically gives knowledge regarding specific modules that enhances our understanding further. The videos are an incredible aid that helps us to remember more that makes learning very interesting.

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

For me personally catching up with CHLP has been very a sweet- sour challenge. Sweet because it edified my perception and broaden my knowledge thus transforming my approach to life. Sour, to be truthful in later portions, I was not able to catch up with CHLP live online session due to my personal tie-ups. My workplace being a new institution demands a lot of my time like a newborn baby, a newly married life, family ties, church and other social activities did tie me down. But life is always exciting, full of energy and catching up with CHLP has always been refreshing, a priority and feels like coming home.

Mentorship process and reflections.

My mentor is Mrs. Mary Ann. She is a person with golden heart and golden advices. She has been very inspiring and supports me. She keeps reminding me of my timelines and I could not have be more grateful to her for taking my concerns as her own. She guided me and

supported me since the time of my inception for the community health action plan and has provided me with the standardised tool for my project. I very well wish she would mentor me in my future plans for the community and the many more works I have to do before I sleep.

Project learning experience

The project work has taught me that sustainability does not lie in our hands but the empowerment we instil in the community that will keep the light burning. To begin with, coming from an academic background, through this project I have experienced that there has been a shift in my paradigm where it is not my perception of the problem that is the issue but what the community perceives is. using the SWOT and the SEPCE analysis I have realised more important and complex factors that I need to consider while brainstorming with the community to meet their needs. These concepts in themselves may seem small or insignificant to many others but they played a very important role in my project. I have a lot to learn and a lot to work for. This is just the tiny spark of a challenging yet exciting beginning. Through the project I also learned that the community are self-motivated and eager to be educated or to have awareness regarding problems related to adolescent, sex education, domestic violence, antenatal care, early marriages, etc. without the need to give any type of incentive. The people in my community are vulnerable because many of them are not properly educated.

Take away from CHLP and looking ahead. Where do I go from here?

Humility, accessibility and the desire to keep learning is a definite take away from CHLP Mentors, friends and fellow. Looking forward I have the desire to do a mega project on prevalence of communicable diseases in my village and taking the call thereafter.

PART B –

COMMUNITY BASED HEALTH ACTION REFLECTION PROJECT REPORT

BACKGROUND

The project was conducted among the Khasi tribe one of the three tribes in Meghalaya. The Khasis belong to a matrilineal society and it is said to be one of the largest surviving matrilineal culture(s) in the world. Umphyrnai Village is located 15 kms away from the capital Shillong, Mawryngkneng Block, East Khasi Hills District of Meghalaya.

The village has a total population of 502 families residing, with a population of 2997 of which 1461 are males and 1536 are females (Census, 2011) and currently the total population is estimated to be 3357-3656(2022/23). This village according to 2011 census has 1948 people who are literate(1049 illeterate) out of which 916 are male and 1032 are female. The village records 80.03% literacy against 74.43% of Meghalaya. In Umphyrnai, agriculture(57.08%) is still the main source of income for many families though the trend is there where youth prefer skilled/semi-skilled or unskilled work to agricultural farming. Out of 1214 total workers(760 are male and 454 are female) remaining 1783 people are dependant individuals. According to the Socio Economic and Caste Census report 2011 only 5.6% are households with salaried jobs in government sector, 0.2% in public and 0.6% in private sector.

Thus the greater population even though employed are often faced with many challenges such as inconsistent income, difficulties finding jobs, inability to separate personal life from professional one thus a high rate of school drop outs and a general moral decline, are not able to get paid leaves finds it harder to take time off even when unwell as it may minus a daily wage and stress levels are higher to be able to have ends meet as people experience large disparities in income from one month to another resulting not only in alcohol abuse, tobacco consumption, drug abuse, but takes it toll on health such as hypertension, depression, anxiety, GI problems, diabetes,etc.

The villagers like all the Khasis also have a great social leveller without which for some seemed unable to function if not consumed i.e the betel nut or ‘Kwai’ as the locals call. WHO have classified betel nut as a carcinogen and is supported by many studies such as that of Shahid R Aziz(2010). Thus, many factors be it socioeconomic,cultural values, societal values, all does affect the societal behaviour, psychology , social cohesion and social capital which results in low health seeking behaviour and high morbidity rate.

According to the study report “India: Health of the Nation's States”- The India State-Level Disease Burden Initiative in 2017 by Indian Council of Medical Research (ICMR), it is estimated that the proportion of deaths due to Non-Communicable Diseases (NCDs) in India have increased from 37.9% in 1990 to 61.8% in 2016. The four major NCDs are cardiovascular

diseases (CVDs), cancers, chronic respiratory diseases (CRDs) and diabetes which share four behavioral risk factors –unhealthy diet, lack of physical activity, and use of tobacco and alcohol.in Meghalaya according to Dr. A. Dkhar, Joint Director of Health Services, Government of Meghalaya, reported that, North East region NCD accounted for 58.8% of the total death, while deaths due to cancer is 9.5%, recording the highest in the country.

OBJECTIVE OF COMMUNITY HEALTH ACTION INITIATIVE

1. To establish linkages between theoretical knowledge of community health principles and field work.
2. To identify a local community health issue and develop a community based action plan to address the same.
3. To work with marginalised and vulnerable communities
4. To strengthening pandemic preparedness and response of community to covid-19.
5. To create awareness regarding hypertension among the community.

DESCRIPTION OF ACTION PLAN AND IMPLEMENTATION

Action Plan

First field work: The first field work was done on the 13th of August, 2022 in the presence of the village Headman and 7 village voluntary leaders (4 male and 3 female). The session was held to brain storm on current issues in the village. The issues shared were mostly related to health, general moral decline and the foreseeable danger related to drugs among youth. Based on the discussion the village leaders opted for more concrete ideas on preventable aspect of health especially Non-communicable diseases for the project.

Second field work: On the 20th ofAugust,2022 a second field work was held to further have a conceptualised road map to begin with the project. In this meeting, only 6 members were present. The outcome of the meetings were divisions of 3 focused group based on their ages to understand the in-depth need of the community and 3 female volunteers volunteered to mobilise women for the group discussion.

Implemetation Stage:

Third field work: On the 4th of October,2022, women were gathered in the village community hall.

The purpose of their visit was explained and participant information sheet and consent was taken from each participant.. All the participants were voluntarily willing to attend the group discussion.

3 groups were formed based on their age

- GROUP 1: 15-30 years
- GROUP 2: 31-45 years
- GROUP 3: 46-60 years

During the meeting three recording secretaries were elected from each group to do the recordings of every individual response.

During the group discussion, the following leading questions were asked and were common to all the groups.

1. What do you mean by Non-Communicable Diseases (NCD's)?
2. What are the common NCD's seen in our community?
3. What do you think are the risk factors of having NCD's?
4. How can we prevent the community from acquiring the NCD's?
5. What are the challenges faced by the family who have NCD?
6. Do you think there is any relation between NCD's and the Covid 19? If yes, give examples?

The findings

1. What do you mean by Non-Communicable Diseases (NCD's)?
    a. GROUP 1: Two responded that they were disease which do spread from a person to person.
    b. GROUP 2: Similar responses were recorded.
    c. GROUP 3: Similar responses were recorded.
2. What are the common NCD's seen in our community?
    a. GROUP 1: Hypertension, Diabetes Mellitus, Cancer.
    b. GROUP 2: Hypertension, Diabetes Mellitus, Anemia, Calculus, Ulcers.
    c. GROUP 3: Hypertension, Diabetes Mellitus, Renal stones, Cancer.

3. What do you think are the risk factors of having NCD's?
    a. GROUP 1:Responses were alcohol consumption, excessive consumption of sugar
    b. GROUP 2: Inactivity, betel nut.
    c. GROUP 3: Consumption of excess salt and sugar.

4. How can we prevent the community from acquiring the NCD's?
    a. GROUP 1: Avoidance of consuming alcohol, smoking and exercises
    b. GROUP 2: Exercises and avoidance of eating betel nut. (Related to consumption of betel nut, most of the women in the group accepted that betel nut causes cancer and few stories were shared among the group but acceptance for change in behaviour and attitude was rigid as it came to cultural aspect of the society. However, only one woman strongly voiced out against betel nut consumption stating that it is better to sacrifice now than to sacrifice all wealth and peace in the family later).
    c. GROUP 3: Some of the respondents were hypertensive and diabetic themselves. Some had undergone renal stone removal and some are anemic. Here too, group members shared about their experiences and some voiced out financial drainage with each checkup.

5. What are the challenges faced by the family who have NCD?
    a. GROUP 1: Deprivation of education,
    b. GROUP 2: Long term burden financially and man power. Attendants have to leave jobs or children who are able to nurse drop out from school,etc.
    c. GROUP 3: Financial drainage and burden on the family especially stated that cancer drains all wealth. Here too stories were shared among the group and the most affected story was about a recent death incident of a man who was barely 46 years suffering from throat cancer, left behind his wife, two teenage daughters and a grandson who were all dependent on him, the family did not have finances and he chose to die in pain and in misery knowing there is no cure to his late stage diagnosis. Now the whole family were compelled to work in a stone quarry with the grandson who was few months old.

7. Do you think there is any relation between NCD's and the Covid 19? If yes, how?
    a. GROUP 1: Collective response from this group mentioned that they have heard that there was a relationship between hypertension, diabetes mellitus with covid 19 but they were not able to explain the reason.
    b. GROUP 2: Stories were shared among this group too about how one woman from their locality expired in May,2021 due to covid 19 was on hypertensive medications.
    c. GROUP 3: Apart from many incidences one relevant story that was shared among the group was about a man who expired in 2021 who contacted Covid 19 during his medical check up visit since his medicines were finished and he was developing blurry vision and severe headache. The group did thought that there maybe a relationship between NCD's and Covid 19.

<u>The fourth field work</u> : A free screening health camp on October 19th, 2022 was also conducted, Screening was done for hypertension, obesity and diabetes mellitus. Six women were found to be hypertensive, one were found to be obese three overweight and none were found to have increase Random Blood Sugar. The cases found were further advise to go for further check-up.

<u>The fifth field work:</u> A health awareness programme related to prevention and management of Hypertension was also scheduled on November 16th,2022 based on the inquisitiveness of the group but was unable to do so due to many inconveniences. The program was held on January 13th, 2023 and a total of 53 participants attended the program. The program completed successfully doubts were cleared, questions were answered and explanations were given during the session. The program was followed by light refreshments.

IMPACT OF COMMUNITY HEALTH ACTION

The impact of my health action in the community, if I am permitted, I may compare it to just a drop in the vast ocean. I did not expect a high tide or even a gentle wave for an impact, if just a ripple also, so be it.

Initially, women in the community gossips more of nonsense matter but atleast I have been told recently that they also speak important issues concerning more of health awareness and issues related to the welfare of the society. Women want to be part of the group discussion where knowledge meets emotions and emotions meet mutual support. I have been asked personally to invite them in any further programs. Behavioural change takes a long time and sometimes rigidity but its worth the spark and the try and thank to CHLP for pushing me to make a small start. It is definitely too early to assess the impact of my small project work especially quantitative wise but definitely you cannot ignore the effect of the ripples.

LEARNING AND REFLECTION

In a community, we want to just publish a paper we go by biomedical but if we want sustainability in what were so compassionate about Community Health Action is the key. CHLP has always reminded us of the axioms of community health and paradigm shift and for me personally these basic concepts have started rooting in me and changed my perspective. Better understanding comes when you see through someone else’s eye. Understanding the community is in-depth when we listen to what the community expresses, see what they do and orienting the services they need rather than enabling orienting. Through this small initiative, I have experienced that greater joy is felt when others are empowered and act as social vaccines.

ANNEXURES

PARTICIPATION INFORMATION SHEET

- **Project Title:** Community Base Approach among Women regarding Non-Communicable Disease and its Impact on Rural Household
- **Invitation**
  You are being invited to take part in a project entitled "Community Base Approach among Women regarding Non-Communicable Disease and its Impact on Rural Household"
- **What will happen?**
  You will be asked to form a group according to your age
  - GROUP 1: 15-30 years
  - GROUP 2: 31-45 years
  - GROUP 3: 46-60 years

  Recording secretaries will be elected from each group and confidentiality will be maintained.
  During the group discussion, few questions will be asked to the group related to Non Communicable Diseases, its risk factors, prevention and how is it related to covid 19.
  A second session on Health education and creating awareness will be held which also requires your participation.
- **Time Commitment**
  There will be two sessions for the project. each session will 45 to 50 minutes
- **Participatory Rights**
  You may decide to stop being a part of the project at any time without explanation
  You have the right to refuse to answer or respond to any question that is asked of you.
  You have the right to have any of your questions answered about the project.
- **Benefits and Risks**
  You will be benefited from the group discussions and gain knowledge regarding health topics. There is no known risk while participating in the project.
- **Cost and Remuneration**
  Your participation in this study is fully voluntary. You will not receive any monetary benefits from your participation.

PARTICIPANT CONSENT FORM

Name : ____

Age : ____

i. I confirm that I have read and understood the information sheet for the project and have had the opportunity to ask questions.

ii. I understand that my participation is voluntary and I am free to withdraw from the project at any time without explanation

iii. I have the right to refuse to answer or respond to any question that is asked of you.

iv. I agree to take part in the study.

Signature of the participant : ____

Date : ____

Signature of the fellow : ____

Date : ____

PHOTOGRAPHS

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