



Community Health Learning Programme - 2021-22

Report by Aravindan R

**Society for Community Health Awareness, Research and Action
SOPHEA - SOCHARA CHLP 2021-22**

Introduction

About me:

I'm Aravindan, co-founder of DoctorNet India, a non-profit organization started to make healthcare accessible to socio-economically backward people. I live in Coimbatore with my wife Abirami, two daughters and my mother. I've completed Masters in Computer Applications (1995) and Masters in Social Work (2005). I was volunteering with the Association for India's Development (AID), Bay area, California chapter and the Bangalore chapter for several years. I've been working in the software industry since 1996. Primarily with Oracle Corporation, California, USA and Oracle software India Limited. As of Nov 2021, I work part time for Oracle India.

About DoctorNet India

Socio-economically backward patients have inadequate health care options and are constrained by the lack of knowledge, money and communication skills to get reliable medical advice and treatment. To make healthcare accessible to such patients, we act as a bridge between empathetic doctors and needy patients from rural/remote areas. We associate with grassroots organizations who do meaningful interventions for the under-privileged people in rural/tribal areas. When they come across patients in need of curative health advice/treatment they refer to us. We interface with the doctors and help them to get the right advice/treatment and more importantly provide emotional support throughout the treatment. Curative health guidance was the primary focus in the initial two years. Till Feb 2022, we've guided 1100+ socio-economically backwards patients from remote areas - for whom healthcare would have been inaccessible. In the past two years (before joining CHLP), we were working on mental health guidance, preventive health and health awareness aspects. After CHLP, started working on community health intervention

Why did I join the fellowship?

I've experientially understood that health is a complete physical, social and mental well-being and not merely absence of disease. Being from a non-medical background, it was essential for me to broaden my understanding of health to do more meaningful work.

What were my learning objectives and were they met?

My objective was to get a 360 degree understanding of health - with a focus on community health. The program certainly met my objective.

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

The Learning Management System served its purpose very well. It is very valuable to have not just the recorded videos but also additional learning materials. They are serving as useful reference materials for each topic. I wish we will continue to have all the materials beyond the course.

I attended all the live sessions. The insights and experiences of the wonderful learning facilitators were very valuable in addition to understanding their field of expertise.

Learning from modules and how I applied the learning in my work?

The broader understanding of health that I got is helping to review the mission and vision and reassess the direction of DoctorNet India. For this, the modules 'Right to health', 'Equity, Health movements', 'social movements and social change', 'Climate change and health', 'Globalization and health' and 'Universal health coverage' provided the right insights.

To improve the way with which we do the curative healthcare guidance, below modules were helpful: 'Mental health', 'Communicable disease', 'Health systems in India', 'Palliative care', 'Non communicable disease', 'Social determinants of health' and 'Voluntary health sector'.

With the confidence instilled by CHLP, midway into the program, we started a community health intervention in a disadvantaged community in Coimbatore. It has around 700 families, primarily dalits. Below modules provided the right perspectives and direction to do community health work: 'Social determinants of health', 'Community health' 'Women and child health', 'Comprehensive primary health care', 'Food and nutrition', 'Community Water Sanitation and Hygiene', 'Urban health and occupational health' and 'Health communication'.

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

For about 30% of the course duration, we were actively working on COVID related guidance, awareness programs, tele consulting coordination etc. For about 70% of the course, I was working full time in Oracle and then moved to a part time role.

Finding time for CHLP was a challenge. However, because of the value we get (personally and for DoctorNet) from the wonderful learning facilitators, I made it a point to attend all the live sessions and watch the video lessons. This is of significant value to us.

Mentorship process and reflections

Assigning 1-1 mentors is of significant value. I am fortunate to have Dr. Mohan Isaac as my mentor. He will be a valuable advisor beyond the CHLP duration on the directions of DoctorNet India.

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

The primary highlight of CHLP is the expertise and experience of the learning facilitators. SOCHARA was able to get *who is who* of the experts in each topic. It is made possible only because of the decades of connections and goodwill of SOCHARA.

I was able to imbibe the ethics and values of the facilitators during the interaction - in addition to the technical content. Inspiration is more important than information.

DoctorNet India was started as a curative health guidance platform. The learning is helping to shape and refine the organization's direction - by establishing linkages between the theoretical knowledge and our field work. The understanding and the contacts will help

towards doing community health, health promotion, prevention and education intervention in the long term.

Project

Background

CHLP project was suggested to be done in a span of 3 months. Being part of DoctorNet India, I wanted to kickstart a project that is aligned to our organization's objectives and then continue as a long term project beyond the CHLP duration. My mentor Dr. Mohan Isaac was okay with this approach.

The community health action project was appropriate to be done by Abirami, co-fellow of CHLP and co-founder of DoctorNet. The details are available in her report. I chose the below project knowing well that it is a long term project.

Objective

The objectives of my project are to 1) create a comprehensive life skills education content and to 2) create a model delivery methodology that is replicable.

Motivation

Majority of adults in the disadvantaged communities today

1. Lack basic health and fitness; they get intimidated by health problems due to lack of knowledge.
2. Do not treat people of opposite gender with dignity
3. Vote without understanding the importance of democracy and basic rights. Spew religion/caste based hatred with increased polarization being the norm.
4. Do not value healthy food/environment and treat the earth as if it is owned only by them and not other species.

One of the reasons is that the conventional school system does not have space to discuss these basic, but essential aspects.

Many factors are related to the social determinants of health (SDH), the non-medical factors that influence health outcomes.

Execution

A) Content

- Create content in the 4 areas mentioned in the Motivation section above.
 1. Care for self
 2. Care for the opposite gender.
 3. Care for the country
 4. Care for the world

- To be targeted to the disadvantaged children in the age group 8 to 16.
- After interacting with many people who do school health education, we found that there is no high quality content that is standardized and public. The intention is to create content in text form in English (referred to as “common core” in this document) and then to translate to other languages as needed. This is to be in the WikiBooks form <https://en.wikibooks.org/> . This will be applicable to communities and schools from various socio-economic-political-linguistic contexts. Once the standard content is created, the people who deliver the content can tailor-made to their local context.
- To be copyright free.
- To collaborate with experts in each area and reuse their existing content, best practices as much as possible (example, for health education - kcpphc.org and for democracy arappor.org etc.)

Tasks done

- Discussed with development pediatricians in CMC Vellore. They have agreed to create content related to newborn care - as a pilot
- Working with an informal group of physicians, community health workers, CHLP 2021-22 fellows and SOCHARA on creating common core content.

B) Pilot Delivery

In DoctorNet India, we are doing community health intervention in a disadvantaged community in Coimbatore. This has around 700 households, with the majority being dalits. https://youtu.be/q_rq7QZY0_Q

In this community, I am working in a neighbourhood learning center with 40 children in the age group 8-15. I have established good relationships by guiding the local volunteers, teaching 10th grade students, organizing awareness programs, parents meetings, nutritious snacks and enabling local volunteers to address social issues etc.



Tasks done

- Established good working relation in a disadvantaged community for the model content delivery so that it becomes replicable
- Working with SOCHARA on technical infrastructure to deliver content as audio lessons (preferably as an assisted delivery mechanism by health animators in the community or teachers in the school).

Going forward

- Complete the common core content in text form for all the modules and publish online in WikiBooks format.
- Choose one text module and convert to audio or video based on the local community needs
- Deliver in the pilot community
- Get feedback and refine
- Document best practices
- Create documentation for the assisted delivery (for health animators in the community or teachers in the school)
- Explore collaborating with AID India to convert the text content to video and deliver in their evening learning centers across Tamil nadu - as they already have the technical and human resources to deliver on a large scale.

Constraints

The pace of the project was slower than I anticipated because of reasons like multiple concurrent priorities in DoctorNet India and my office work. However, the good news is that it is in the right direction to be completed as envisaged.

Acknowledgements

1. All the CHLP organizers, facilitators and co-fellows for rekindling our energy and enthusiasm to continue to work in DoctorNet.
2. Special gratitude and respect to Dr. Ravi, Dr. Mohan and Dr. Denis for taking their time to listen to DoctorNet's story, its current functioning methodology and providing valuable suggestions to improve DoctorNet services.
3. The community volunteers where we work on the community health and in the children learning center.
4. Guru, the secretary of SOCHARA, for continuously engaging with DoctorNet, ranging from the mental health guidance work to the school health education work.