UNIVERSTY OF KASHMIR

DEPARTMENT OF SOCIAL WORK

Semester 3rd [2021]

Field Work Report of Rural Camp Jammu

And Health Settings in Kashmir

ACKNOWLEDGEMENT

At the outset, we would like to thank our HOD Dr. Shazia Manzoor for developing holistic personality of the students and providing adequate opportunities for the students to get exposed to the new fields in social work. Also, it is our pleasure and privilege to express our gratitude to our field work supervisor who is also the field coordinator, Dr. Javaid Rashid for their continuous unplaceable supervision, support, encouragement and the positive freedom they provided us in developing positive attitude which yielded positive results during the field work. Moreover, we would like to thank all our teachers as well as office staff who helped and supported us during the whole process of field work.

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SECTION ONE

A. RURAL CAMP AT JAMMU

INTRODUCTION

Rural camp is an important and it was organized by the department of Social Work University of Kashmir for the MSW 3rd semester students which provided an opportunity to the student to gain practical exposure of working and observing the people in rural as well as slum areas.

About the journey which started from Kashmir University to Jammu via highways was quite scenic and enjoyable we went through the beautiful landscapes of Himalayan region.

As a part of our field work we got a chance of visiting of Jammu with the department which added our mental landscapes to practical elements to the various realities and gave us the real life experiences. Students were assembled at the proper time in the campus and show the sense of cooperation.

Each and every moment spent was itself as field work settings for us, here is a brief overview of the route and different observations we came across while travelling. This trip started when the bus left the university around 9am with the enthusiastic students. When we reached to Banihaal there were huge traffic jam due to landslide, were we had stayed about 7 hours but the time we spent there is in itself was a great learning. We got an opportunity to observe the actual sufferings of the people which were stuck already in the traffic.

When we were stuck in the traffic we came across the local people who told us that the market prices of eatables often rise due to this traffic jam.

Finally, we reached to the destination by 2 am (dormitory of KU) at Jammu where we were provided the separate accommodation for males and female students.

The rural camp was held from 11th 0ct 2022 to 18 october 2022. Dr Javaid Jashid, the coordinator of field work helped the students in conducting the rural camp successfully. The camp was purely academic in nature and did not tantamount to the excursion. The camp focussed on providing cross cultural exposure to the students.

B. **OBJECTIVES OF RURAL CAMP**

Since rural camp is an important field-based activity in social work discipline, it has enormous scope for developing understanding in the students regarding various aspects of rural life, grassroots level situations and other contexts that prevail. The following are the objectives of the camp:

1. The rural camp was organized to expose students to different settings and emphasis was given to make them understand the nature and multiple realities of rural life.
2. Camp was organised to understand and explore issues of people living in slums or in other urban neighbourhoods get a view of urban poverty.
3. The rural camp provided the opportunity to all students to explore the application of various social work methods, tools and skills to gather information.
4. Rural camp was an opportunity for the students to reflect upon the rural issues, issues of slums learnt and discussed in classrooms.
5. Rural camp provided students the opportunities to mix and mingle among each other at the same time; it allows students to appreciate the cross cultural learning's with masses among themselves.

Guidelines provided to students by the teachers

1. Rural camp is mandatory components of MSW and a vital platform to nurture skills and performs to planning, organizing, budgeting, and leadership, executing and observing the rural life.
2. There are various activities in rural camp where in participation of students is absolutely essential.
3. Students must be mindful of the fact that they are attending camp for learning therefore must maintain the decorum during this stay.
4. At the end of the each day students under the guidance of fieldwork coordinator showed evaluate the daily activities and plan out the next day schedule after due discussion.
5. Every student must maintain a separate field work dairy, and must carry ID cards issued by department while they visit various places during the camp.
6. Students should be alert, attention, vigilant, participation and helpful during the visits.
7. Students must act as a team and should always remember that they represent the institution.

8. Students are divided into various groups and each group is assigned with duty schedule in order to maintain logistics.
9. Students should not be creating any trouble by initiating and involving themselves in unnecessary discussions or values sensitive to the local communities and fellowship.

10. Students should follow the rules and regulations instructions of the host of the camp. Without the permission of coordinator inch rage of the camp, students are not allowed to go away from the camp premises.

Central University Jammu.

SECTION TWO

A. CENTRAL UNIVERSITY OF JAMMU

On the very first day in Jammu we had an opportunity to visit the Central University Of Jammu as we gather there to attend the event which was based on the "National Conference Co- building an Inclusive New Social Order Reflection from Covid-19" which was held on 11th and 12th Oct, 2022 organized by knowledge Dept of Social Work Central University Of Jammu in collaboration with 'Save The Children.

We feel elated to know that till now department has produced 120 trained professional social workers who are working across India in different organisations. The department is currently running with four Assistant Professors and is expecting to reach to the full level of sanctioned faculty soon. Department of social work central university of Jammu, is the first department in the entire Jammu region of J&K union territory which train professional social workers. The department is continuously making efforts to collaborate with various developmental organisation and government institutions functioning in the region so as to contribute to the growth and development of the region at large. They had captured the immense diversity of India in terms of students enrolling in the department. They are having students from various parts of country including the north east and

southern most parts. This diverse amalgamation of students also provides the functional vitality to the department by way of exposure to various cultures, ideas and experiences.
The department is increasing its span in terms of reaching out to the various areas of the region along with collaborating with the other organisations and institutions pan India so as to increase the expertise and provide the best of the skill to our students. We are hopefully that in coming times the department will add to its feather of being one of the best in the field of social work.

We attended various sessions as we gained a lot of about the pre and post effects of Covid-19 and various problems and issues which people faced during Covid. We are indeed fortunate to being the part of this event and try to know more about of different diversities, cultures, and ideas through various students from different universities of India. This visit helps us to gain a lot of knowledge by the way of getting exposure to various cultures, ideas and experiences

An image from the conference in Central University

An image inside the from Conference of Central University Jammu

National Conference
Co-building an Inclusive New Social Order: Reflections from COVID-19
Organized by
Department of Social Work
Central University of Jammu

Registration of Delegates and Tea	9:30am to 10:45am
Conference Inaugural [Venue: Auditorium, DDE Building]	11:00am to 12:00pm
High Tea	12:15pm to 12:15pm
Key Note Address An Overview of Emerging Challenges in Post Pandemic World: Mental Health Perspective. [Venue: Auditorium, DDE Building]	12:15pm to 1:00pm

Parallel Technical Session 1.1 Children as Vulnerable Group
(Session Chair: Dr.Javaid Rashid, University of Kashmir)
Session Venue: Room No. C19, DDE Building
1:00pm to 2:30pm

Mobilization of Financial Assistance for Poor Chronically Ill Children During Covid-19 Pandemic Period	Dhaneshwar Yadav
Strength-Based Approach to Resilience Building Among Adolescents Living in Child Care Institutions in India	Manish Dhakad and Arpna Rattu
Justice As Healing: The Experience of Supporting Sexually Abused Child Survivors	Shabana Parveen

Parallel Technical Session 1.4
Workers' Identities and Formal-Informal Divide(Session Chair: Dr. Ambreen Jamali, Central University of Himachal Pradesh)
Session Venue: Auditorium, DDE Building

1:00pm to 2:30pm

Re-Defining Survival of Labour in A Post-Covid New World Order	Sohini Datta
The Unsung Struggles of Women Sanitation Workers: A Study of Aligarh City	Farhat Nigar
Problems Faced by Informal Women Workers During Menstruation	Rizvana Choudhary

OBSERVATION

General experiences

1. University location and security system:-

Central University Of Jammu is located at some altitude in Samba district of Jammu and Kashmir. The main entry road is made between two steep mud hills there lies the threat of land slide. The overall environment within the campus is serene and calm. The security system of university is good as they stopped us from entering university campus and inquired about the visit even though we were traveling by the universities own transportation agency.

2. Infrastructure:-

As the university is still under construction and we were not able to explore whole university due to lack of time we only could explore social work department. The infrastructure of the department was very advance than our social work department. Department has its own parking area, canteen and religious institution within it, very advanced washrooms and well maintained class rooms and departmental library.

3. Event management:-

As we entered the department of social work where we were supposed to attend the event, we were welcomed by the volunteers of the event wearing their traditional attire and thereby presenting their tradition in a good way possible. Overall management was very satisfactory and every session happened very smoothly and on time without delay.

B. SOS CHILDREN'S VILLAGE:

INTRODUCTION:

SOS Children Village is an independent non-Governmental International development Organization which has been working to meet the needs and protect the interest and rights since 1949. It was founded by Herman Gmeiner in Austria who was Doctor by profession started the Organization which is meant for the welfare of the children who lost their guardians during world war second. Gmeiner saw how children orphaned as a result of World war second. He was committed to help them by building loving families and supportive communities.

Today, SOS children village International is active in 135 countries and territories around the world helping hundreds of thousands children each year through alternative care, family strengthening, schools, health centers and other community-based work. SOS children's village international is established as the umbrella organization for all SOS children's village association, to ensure the holistic development of parent less children, women and children belonging to vulnerable families.

SOS children's village began its operation in India in 1964. Jagan Nath kaul was founder of SOS village in India. It provides a home to almost 15000, children's in 34 different villages all over the country. For over 50 years, it has reached out to over 25000 children through over 32 SOS children's village and 32 community projects in India. SOS children's village of India was established in 1964 at Faridabad near Delhi. SOS India has worked with children, disaster struck and disaster prone areas, giving hope to weary communities and families. SOS India is the largest operation within the SOS International federation of 134 countries.

The two flagship program that form the core of organization are as follows:-

Family based care (FBC):- A curative program of SOS children's village of India that reaches over 6500 girls and boys in 32 children's village across India. Each village has 12 to 15 family homes, with every home consisting of 10 children on an average along with an SOS mother. Holistic development including education, nutrition, health and psychological development is taken care of till the time children are settled in their lives.

Family strengthening program (FSP):- FSP is a preventive community intervention program that covers over 17000 children at 32 locations across India. Designed to prevent children from losing parental care or from being abandoned, this program runs in slums and rural areas, within 30 km radius of an SOS children's village. The beneficiaries of this program are children of the most vulnerable lot i,e children of widows, single women and below poverty line (BPL) families. The program aims to enable families to move out of the vicious of cycle of Poverty.

MAJOR AREAS OF WORK:

The organization work focuses on abandoned, destitute and orphaned children requiring family based child care. Millions of children worldwide are living without their biological families for a variety of reasons including:

- Parental separation,
- Domestic violence and neglect,
- They have lost their parents due to war or natural catastrophes,
- Diseases

Such children are supported to recover from being emotionally traumatized and to avoid real danger of being isolated, abused, exploited and deprived of their rights. SOS provides such children and other young children with a permanent ne family, with 24 hours a day, an SOS Mother (or an aunt) to provide family based care.

Herman Gmeiners SOS children Village concept is based on four principles:

1. Mother (each child has a caring parent): The SOS Mother builds a close relationship with every child and trusted to her and provides the security, love and security as per their needs. As a child care professional, she lives together with the children, guides their development, and runs her household independently. She recognizes and respects each child's family background, cultural roots and religion.
2. Brothers and Sisters (family ties grow naturally): Girls and Boys of different ages live together as brothers and sisters, with natural brothers and sisters always staying within the same SOS family. These children and their SOS mother build emotional ties that for a lifetime.House (each family creates its own home): The house is the family home with its own unique feeling, rhythm and routine. Under its roof, children enjoy a real sense of security and belonging. Children grown and learn together, sharing responsibilities and all the joys and sorrows of daily life.
3. Village (the SOS family is a part of the community): SOS Families live together, forming a supportive village environment where children enjoy a happy childhood. The families share experiences and offer one another a helping hand. They also live as integrated and contributing members of the local community, each child learns to participate actively in society.

SOS Children's Village Jammu:

Established In:1998

No. of Children:109

No. of Homes:12

Total FSP Beneficiaries:193

Jammu has been affected by years of violence due to clashes between Muslims and Hindus. The instability in the area has resulted in families moving out of town and living elsewhere as refugees.

The majority of the poor people in Jammu lives in rural areas but over the years, an increase in urban poverty has also been witnessed since people migrate to cities in search of better opportunities and livelihood. However, there is not enough infrastructure and resources to cater to the needs of the increasing population; this has resulted in an increase in slums in Jammu.

Families living under poverty struggle on a daily basis to make their ends meet. Parents are often unable to cater to the emotional and physical needs of their children; children are also forced to drop out of school and help their family in household chores.

SOS CHILDREN'S VILLAGE JAMMU

The SOS Children's Village in Jammu started its activities in the year 1998. At present, there are over 100 children living in 12 family homes under the Family Based Care Program at the village. These children are placed under the care of nine SOS Mothers, who are assisted by five SOS Aunts who help them with their day to day activities.

Children at SOS CV Jammu attend regular schools and colleges; academic results of all our children have shown significant improvement over the years. Not only are they encouraged to work hard in their studies, they are also driven to actively take part in extracurricular activities.

All festivals of national and international importance are celebrated with joy at SOS CV Jammu. Such celebrations involve all children, mothers and other village co-workers, who gather together to enjoy festivities.

SOS YOUTH

At the age of 14, our youth boys are shifted to the Youth House where they continue their progress. At present, the number of youth at our facility in Jammu goes up to 68. While many of our children are enrolled in schools, others are pursuing their bachelor's and master's degree courses from colleges.

In order to give our youth exposure, various excursions and tour visits are organized. Picnics are also conducted for children and their caregivers where a day out of fun-filled activities is planned; this serves as a bonding time between children and their family members.

(A) Hermann Gmeiner School (HGS)

The number of children enrolled in the Hermann Gmeiner School, Jammu, now goes over 1000. The pass rate of children taking the board exam for class X and XII in the school has now reached 100%, which is a great achievement in itself.

Children in HGS are active in co-curricular activities, especially sports; they have participated in championships at both levels; State and National.

(B) FAMILY STRENGTHENING PROGRAMME (FSP)

The Family Strengthening Program in Jammu was initiated in the year 2010. Our vision through this program is to uplift families from the weaker section of society and help them reach self-sustainability.

At present, the FSP in Jammu has 385 beneficiaries under its care. In order to help these families become independent, various capacity building activities and workshops are conducted for them to realize their highest potential and improve their income generating ability. With the FSP intervention in Jammu, noticeable improvements have been seen in the living standards of families under our care.

During the year, various awareness program are organized by SOS India for beneficiaries under FSP, where they are educated on issues such as health and hygiene, child care and protection, parenting techniques etc. In addition, activities for children in the Children's Club were also conducted for their holistic development.

OBSERVATION:

1. The village constitutes of 12 houses with similar inner as well as outer design which could contribute towards inculcating sense of equality of status in children.

2. The village is so beautifully constructed that we became enthusiastic of living there. Every structure is disable friendly with tiled pathways to them.

3. While SOS Srinagar is scattered around with one house at one place and the another at other place, SOS Jammu has sufficient land of their own on which they have 12 houses , office and a school (Hermann Gmeiner School), still maximum portion of land is left without construction.

4. Upon visiting one of the houses in the village we found many medals and awards hanging on wall which indicates that children are given opportunity to participate in state and national level competitive activities.

C. LOUIS BRAILLE MEMORIAL RESIDENTIAL SCHOOL

Outside the Louis Braille school.

INTRODUCTION:

Louis Braille memorial residential school was established in 1993 and it is managed by the Pvt. Unaided. It is recognized by School Education Department of Jammu& Kashmir. Run by National Federation of the blind, New Delhi. The main thrusts of the activities of federation are in two folds. On one hand it aims at Undertaking activities and projects to empower the blind and low vision to live a life with dignity and self-dependence, right from his or her childhood throughout his or her life and it strives to protect the girls of the blind and low vision in all spheres of life and fight against discrimination on the ground of blindness and also against the refusal of any entitlement available to them. It also undertakes advocacy initiatives through all permissible means to prevail upon the government to make necessary changes and formulate new policies for grant of rights of persons with disabilities in general and blind in particular. The school has modern infrastructure and facilities that cater to the needs of visually impaired children it offers education from primary to middle level. The School also provides vocational training to help students develop skill that can help them become self-reliant and lead independent lives. It offers education to economically weaker students. Apart from academics, the school also emphasizes extracurricular activities and supports to help the students to develop their personalities and build their confidence. The faculty at Louis Braille consists of experienced and dedicated teachers who are trained in teaching children with visual impairments. They use special teaching methods, including Braille, audio books, and tactile materials, to make learning accessible and effective for visually impaired children. The school also provides assistive devices such as screen readers, Braille displays and magnifiers to help students with their academic work.

OBSERVATION:

On 13 Oct 2022, we visited Louis Braille Memorial residential school for sightless girls. We interacted with a teacher she was also visually impaired. She gave us all information regarding the school. Academic session starts from April. In total 60 students were enrolled in the school but when we visited there only 40 girls were present, we interacted with some students and they were very much communicative and cooperative, they were giving us the positive responses whatever we were asking for. All the students were multitalented, they participated in various games like karate, volley ball and many other games. Even they brought gold medals for the school. Also they were very good in singing, according to the teachers they were having a singing class as their extra curriculum activity.

LEARNING'S:

- We learned a lot of things from the Person with Disability students. As we interacted with them, we observed them their perspective, attitude and approach towards their life's challenges. Our interactions with them surely gave us an amazing experience and a bouquet of life lessons:
- Embrace your limitations.
- We should not get confused Braille with a language. It is not a language, it is a tactile code enabling visually impaired people to read and write by touch, with various combinations of raised dots representing the alphabets, words and numbers.
- Role of Teachers in their lives.
- We learned that they have a lot of potential. If they will be provided professional training they will go far.
- Role of that very institution in their lives.
- Different Facilities are provided for the children like free education, overall development , vocational training for which they are found fit. The school also provides various facilities such as Braille books, audio books, and computer training to its students.

D. VED MANDIR BAL NIKETAN IN AMPHALLA, JAMMU

An image of Ved Madir Bal Niketan Jammu

INTRODUCTION:

More than a century old Ved Mandir is a multi-faceted organization with a confluence of spiritual, social and charitable activities. It is one of the most valuable assets of our City of Temples in terms of social service to the suffering mankind. The sacred, serene and salubrious premises owned by the Ved Mandir Committee measures over ten acres (84 kanals and 5 marlas) land at Amphalla, Jammu, with lush green dense forest area of Manda on the Northern side that enriches the environment with plenty of cool and caressing breeze. The land was gifted by Maharaja Pratap Singh on 20th December 2016, (8th Poh,1873 Vikrami Samvat) to His Holiness Swami Champa Nath ji Maharaj for the purpose of dissemination of Vedic Teachings, promote Vedic Culture and serve other good causes. A financial grant of rupees ten thousand was also given by the Maharaja for construction of a Ved Mandir. This old monument was repeatedly renovated for spiritual activities. Ved Mandir Committee is a duly registered Society since 26th May 1964, under the Societies Registration Act IV of 1998.

Ved Mandir Managing Committee is running the following Institutions:

Maharaja Pratap Singh Ved Vidyalaya:

It was a befitting homage to Maharaja Pratap Singh when this Ved Vidyalaya was inaugurated by Dr.Karan Singh, a former Union Minister, on 22nd of October, 2011 dedicating it to the memory of illustrious Dogra Ruler in the presence of a celebrated Saint, His Holiness Swami Govind Dev Guru ji Maharaj. It was the first Ved Vidyalaya in J&K and 22nd among all over the country established by Maharishi Ved Vyas Prathishthan, Pune. Nearly ten years old Institution with 23 inmates at present partly fulfils the chief aim of founding Ved Mandir. Vedas are the repository of immeasurable values and an unbounded ocean of infinite wisdom. Research work on these Holy ancient texts can bring out pearls of values to liberally share with and illumine the world to gear up

transformation to usher in a Golden Era where virtues of mutual faith and love, non- violence and humility and spirit of sacrifice and service can flower and flourish. Keeping in view this fruition, Maharaja Partap Singh's most cherished longing and in fulfilment of the principal aim of 'Dissemination of Vedic Teachings and Professing of Vedic Culture' in its full measure, Ved Mandir Committee may now consider and endeavour to establish a Vedic Research Institute. The intention expressed in the announcement made by the Ved Mandir Management Committee in a Press Conference on 19th April 2005, will also turn true. An elegant multi storey building has already come up for this specific purpose with sizeable space for philosophical interaction and discussion. The Institute can prove a promising seat of learning and prepare scholars for playing crucial role in making INDIA truly "Global Knowledge Production Nation".

Ved Mandir Balniketan:

This Orphanage for boys started in May 1961, with just 5 children has now 55 children. Hundreds of orphaned children belonging to militancy affected areas of Doda, Kishtwar and Udhampur were sheltered in this Balniketan and delivered excellent care. It has ten dormitories, a spacious dining hall and other allied facilities. Four dormitories were constructed by the Army Authorities under "OP SADBHAVNA" and two by J&K Police Authorities under Civic Action Program.

Ved Mandir Balikaniketan:

The long-felt need of an Orphanage for girl children was realized when the ground floor of "KESAR BEN VELJI POPAT BHAVAN" (a comely building over 7000 sq. ft area) to house the orphaned girl children, most of them victims of militancy, hailing from Doda, Kishtwar, Udhampur, was inaugurated by a girl child namely, SIMRAN, on 29th March, 2006, on behalf of Narendrabhai Popat and Jyoti, an American couple of Gujarat origin. The Bhawan is dedicated by Narendra Popat in the memory of his parents. Narendra Popat, an admirable philanthropist, had made major contribution in financing this Project through IDRF (INDIA Development and Relief Fund). All care takers in the service of girl children are women titled as 'mothers' who treat the girl-children affectionately. It is pertinent to mention here the name of Rattana Bakshi, an American citizen of Jammu origin, for her generosity and thoughtfulness towards the orphan children who lent commendable support both in cash and kind during her visits to Jammu. She made handsome donation for purchase of cash certificates for all the girl children to meet expenses on marriage when they come up of that age. She has been very affectionate towards these inmates.

Ved Mandir Paathshaala:

This Primary School is being run exclusively for the orphan children of Balniketan and Balikaniketan. Construction of the school was funded by Dr. Anita Arora, a practicing Paediatrician, an American citizen of Jammu origin. The building was inaugurated by Smt. Lakshmi on behalf of Dr Anita Arora. Dr. Anita Arora is a noble –hearted soul who has been very compassionate in supporting these less fortunate children. The school became functional on 7th April, 2006.

Free Homeopathic Dispensary:

Paying homage to his father, Sh Ashish Kapoor lighted the lamp symbolizing the start of this Dispensary on 7th July, 2008. All expenses on its running are being borne by the philanthropist couple Ashish Kapoor Sita Kapoor of Jammu origin permanently settled in USA. The Dispensary stands dedicated in the memory of Dr. Lachhman Dass Kapoor (Shri Ashish's father) which has provided healthcare to thousands of poor people in the society.

Ved Mandir Vocational Training Center:

Shri Ashish Kapoor financed the raising of a multi-storey building also known as 'PRAKASH BHAVAN" in the memory of his esteemed parents which is being used for imparting vocational training to the inmates of Balniketan, Balikaniketan and Ved Vidyalaya. The complex contains sizeable space to cater for varieties of other activities e.g. inpatient facility in Free Homeopathic Dispensary with lab or to accommodate children, if intake is stepped up in two orphanages and Ved Vidyalaya.

Temples Complex:

To sanctify and enrich the surroundings aesthetically and to meet the spiritual needs of the people in the vicinity (i.e., residents of Karan Nagar and Ambphalla), there is a magnificent Temples Complex with 6-7 different deities with a large Satsang Hall and vast area in front furnished in all respects with secured basil (tulsi) plants, water tanks, Havan Kunds etc.

Oreintation about Ved Mandir Bal Niketan Jammu.

There are other NGOs working on Ved Mandir premises having their own Managing Committees, namely,

1. Home for the Aged and Infirm: This Home was founded on 8th June, 1964. Housing 50 inmates at present, it excels in caring the elderly and infirm persons with compassion and commitment. Inmates have comfortable stay, health care, nourishing food, prayer facilities and reverential treat. It can accommodate one hundred such inmates.

2. J&K Gow Raksha Samiti: The Samiti has around 500 'Kaamdhenus' and cares them treating it a Divine work. It has Branches in Village Dhatriyal and Jindrah. People liberally donate for the nourishment of these celestial beings. It is a joy to see the naughty young calves gleefully skipping and dancing in ecstasy. Health-care facilities for them exist within the compound.

3. Swami Vivekananda Medical Mission, a Charitable Hospital: It was inaugurated by Late Pt. Prem Nath Dogra Ji on 12th of January, 1970, on the Birthday of Swami Vivekananda in a small room as a Dispensary.

4. Shanti Sadhana Ashram: This place of worship was inaugurated by Swami Gaibananda Ji Maharaj in October, 1978, in a single room. Since then, it has grown into adequate size and fully meets the requirements of Swami Ji's disciples.

5. Bhartiya Vidya Mandir: This Higher Secondary School with CBSE affiliation is being run by Bhartiya ShikshaShiksha Samiti.School is well-known for its all-round quality education, games and sports facilities, competent faculty, ideal environment and excellent results. It has around 350 students on its rolls.

6. Seva Bharti: It is an All-India Organization. Its Office in the complex is invariably found humming with social service activities. It is always in fore-front in relief works whenever any disaster or calamity befalls. It has been held in all praise for its social service during COVID-19 epidemic.

7. Jammu Kashmir Sahayta Samiti: It is a registered NGO since 1991 and aims at to extend helping hand to the migrants and residents of border areas in distress due to physical ailments, handicapped persons of underprivileged classes and launches other social welfare measures.

8. Bhartiya Shiksha Samiti: This Samiti is a registered Society affiliated to Vidya Bharti Akhil Bhartiya Shiksha Sansthan. The Society is giving excellent service in the field of education by covering difficult terrains.

9. Jai Kargil Jai Bharat Kosh Trust:This NGO dedicatedly watches the interests of Kargil War 1999 Heroes and their dependents and also those suffered due to the Conflict and renders assistance to deserving cases.

10. Poorav Sainik Seva Parishad:It is committed to the welfare of ex-servicemen of the Armed Forces and their families.

OBSERVATION:

1. Ved Mandir is a multi-faced and multi-dimensional organization which works for social, spiritual and religious upliftment of the people.

2. Educational institutions has been created for the socially downtrodden children.

3. The system is fully organised in order to provide the quality education to the children.

4. Ved Mandir allows donations only from their own community of Hindu faith and receives funds from different NGOs in order to run their different institution.

5. The Ved Mandir promotes their own religion of Hinduism by disseminating Vedic teachings, knowledge and culture.

6. Medical checkups are also conducted on daily basis and the people with disability are given utmost care.

7. Vocational Training is also given to the children like Tailoring and basic computer knowledge.

E. FIELD VISIT TO THE SLUMS OF KALKA COLONY, BAHU FORT COLONY, GANDHI NAGAR JAMMU

On 13-10-2022, we get a chance to visit the slums of Jammu, it was our first ever experience of visiting any slum. First of all, we need to know what a slum is. What are the causes for the emergence of the slums?

Slums are frequently defined as, ―buildings and areas that are ecologically and architecturally deficient. The word ―slum is often used to categorize informal settlements within the cities that have insufficient housing and wretched living conditions. They are mostly congested, with many people chock up into very small living spaces. Slum establishes the most important and tenacious problem of urban life. Rapid urbanization, migration of the underprivileged from rural areas to urban centres and acute shortage of housing are the main characteristics, in the formation of slums. Slums dwellers are vulnerable parts of the society. They are facing various types of the problems like health related problems, low level of income, poor housing conditions and lack of social amenities. Unhealthy living conditions of slum dwellers are the result of a lack of basic services, with visible, open drains, lack of pathways, uncontrolled dumping of waste, polluted environments, and disorganized building constructions etc.

Study Area:

Kalka Colony of Jammu, which is one of the notified slum areas in Jammu city.

There were 30 households in total, majority of the population of the area were Hindus. People of the slum are mostly involved in different activities of earnings in order to support their livelihood. Like rag picking, garbage picking on daily basis as a daily wagers. Contractors which hire these pickers gives money as a wages to them according to the garbage collected.

The socio-economic status of slums manifests the worst form of deprivation that transcends income poverty.

Talking about the sanitary condition, which are totally insanitary, unhealthy and de-humanizing living conditions, lack of access to basic minimum civic services such as safe drinking water, sanitation, solid waste management, managed garbage disposal system, education and health care etc.

While we talk to the people we came to know that there are many Muslim families as well living in the slum besides Hindu's . And we also got to know that some of the women of the slum were also earning supporting their family in their livelihoods. They were engaged in the activities like: Tailoring, working as a house help and even in the garbage picking along with their husbands etc

A view of Drain passing though a slum in Jammu

The different government intervention in the slum through the initiation of different schemes like:

- Swachh Bharat Mission through this scheme many washrooms in the slum were constructed in front of each house but most of them were non-functional.
- Another, Jal Jeevan Mission through this, many households were having their own taps.
- NREGA was also implemented.

As we talked to the people, we came across that the economic condition of the people are poor they cannot afford to educate their children so they usually send their children to the locally government schools, moreover the children are least interested in the education because they considers it as the wastage in terms of earning money. So the children left their school in the initial years as we also observed many dropouts there, they usually join their parents and do this work of rag picking etc. One of a reason for their disinterest can be the behavior of the teachers towards them. Least attention showing to them by the teachers . And they were not getting any financial support for education by the government in the shape of scholarships. Most of the People were enrolled in the Adhar card, golden card and were ration card holders as well. This slum population were mostly migrated from Up, Rajasthan, Bihar and Jharkhand.Basic amenities available in the urban slum reveal the miserable living conditions of the slum dwellers. It measured through the availability of toilet, bathroom, drinking water facility, drainage, garbage disposal, electricity, cooking fuel etc.

OBSERVATION:

1. After talking to the people we could say that the Majority population of the slum is of Hindus.
2. Unhealthy conditions, insanitary hygiene of people.
3. Some of the people were not interested in talking, in interactive.
4. Some of the families were having different facilities in terms of infrastructure like couches, chairs and also different electronic devices like T.V , washing machines and even coolers as well.
5. Electricity in each family.
6. Families were using gas/chulah for cooking
7. Household living in Temporary/ kutcha houses with not more that 2 to 3 rooms.
8. Each household having washrooms through the SBA Scheme within their house.
9. Some issues those are prevalent in the colony. Alcoholism, Poverty, Social exclusion and Child labour.

F. USHA SILAI CENTRE

Usha Silai Centre is a program initiated by the Usha International Limited, a leading consumer durables company in India, in collaboration with various NGOs and self-help groups. The program aims to empower rural women by providing them with sewing skills and training, thereby making them financially independent. The Usha Silai Centre program provides women with a sewing machine, training, and a support system to help them start their own sewing business. The program has been successful in creating a network of over 24,000 Silai centres across India, with over 3.5 lakh women trained and empowered through the initiative.

Apart from training women in sewing, the program also includes modules on financial literacy, health, and hygiene. The Usha Silai School program has also been launched to impart sewing skills to young girls in government schools.Overall, the Usha Silai Centre program has been successful in empowering women and promoting entrepreneurship in rural India.

On date 14/10/2022 we visited Usha Silai School Shiv Nagar R.S Pura Jammu, which was established a month before we visited, where we observed that this centre is a hope to many women who live in remote villages building their strengths.

Usha approached local resource person so that they can coordinate with the local resident women of the area.

They empower women of those area who are weaker in economy and are dependent on men.

The centre is a web, a cluster or we can say that it is related like snow ball sampling, which involves one after one person in it and get day by day bigger and progress and the benefit are long term that is sustainable in nature.

There are two types of schools of Usha, one is classical school that is primary where Usha Silai trainer trains women, another is satellite school that is secondary where the trainers train other girls.

It consists of9 days of minimum residential working which gives the training of cutting, stitching of clothes for those women with proper syllabus.

This Centre monitors the women after every one month or in a week.

Usha also trains women for repairing the machines prior to bring it into use and also certifies to those women.

The trainee’s were given training for 2-3 hours in a day and the clothes they stitched become source of their income and strengthen their power.

Usha Silai Center RS Pura Jammu.

OBSERVATION:

1. Illiterate or literate women and girls can register themselves.
2. The girls there were pursuing their education as well as receiving the training skill.
3. This is a life changing skill or art which Usha provides those women.
4. This initiative has changed the set-up or the ideology of men or the family regarding their women.
5. There is no age bar. Women of any age can register themselves. As we visited the centre we saw women of each age there learning the skills**.**
6. There were 25 women at that particular centre.
7. The training is given under the project of CSR (Corporate social responsibility).
8. It enhances and empowers women through this program.
9.

G. A VISIT TO THE LINE OF CONTROL OF INDIA

Since our different visits during our camp, we got an opportunity of visit a border area in R S Pura Jammu. There we explored much and also we came to know about the various issues and problems which locals were encountered by living a life there. The below mentioned is a brief introduction of the border circuit.

Suchetgarh

It is a border post, that has been developed as a tourism spot by the state tourism department. The Suchetgarh Border post is 28kms from main Jammu. The road to Nai Basti-Gulabgarh from Jammu follows the train route as it existed prior to 1947 and a number of old buildings can be seen on the way. Suchetgarh post served as the routine to Sialkot Pakistan during the Pre-partition era, which is just 11kms from the post at this point. On the other side of the border post lies a spectacular Banyan tree which is as old as 100 years. In close vicinity there are "Gharana and Abdullian'' wet lands where migratory birds of a number of varieties flock during winter season.

The road from Jammu goes to south-westtowards Suchetgarh via R S Pura Suchetgarh, the village is home to over 250 families who are victims of the prolonged border conflicts between India and Pakistan. Most of the villagers living in Suchetgarh village share their origin with the bordering Punjab province of Pakistan. The villagers settled here in 1947 and 1965.

We the students of MSW 3rd semester had never imagined that we would be able to see LOC, we here we see the Pakistan area and got an opportunity to explore that area as well. We were accompanied with teachers during our visit. We parked our bus and entered the area which was guarded by the BSF. There was a reception centre where our ID cards were checked and details noted down.

Despite the area is very sensitive but there were many events occur among the BSF/Pers/Rangers of India and Pakistan, like particularly on the festivals. It is the place of both hatred and peace among the two countries.

The villagers , who used to live in their areas has to face multiple hardships, the sound of shelling across the border made their lives very difficult, even the people got injured in cross firing. The people living there is afraid to build infrastructure like full fledged houses because of sudden attacks.

Borderlands are subjected to diverse influences, and the impact of economic development of the people living in the area. The people there feel insecure about the sudden outage of internet that affects the education as well. The border population has to face the rising market prices of the different commodities, due to lack of frequent transportation services.

Whole MSW 3rd Sem Batch 2020 along with the teachers at the LOC border.

REFERENCES:

1. Conference schedule of Central University Jammu 2022 [National Conference Co-building an inclusive New Social Order].
2. Jammutourism.gov.in : Directorate of Tourism Jammu [Govt of JK].
3. National Informatics Centre, Jammu and Kashmir State Centre, Jammutourism.
4. Corporate to www.usha.com.
5. https://www.ushasilaischool.com/
6. https://www.soschildrensvillage.org.
7. Rahul Dogra at Conflutec 2017 :https://www.vedmandirbalniketan.in/
8. Gaggan Kumar and Gurleen Kour [journal's URL:http://www.crsdindia.com/aoe.html]
9. published by: Council of Research and Sustainability Development.
10. Louis Braille Mem. Residetial SCH (Chinore, Jammu): https://schools.org.in/jammu/
11. https://sightscotland.org.uk.
12. Field Survey 2018.

SECTION THREE

A. NATURE OF CURRENT FIELD WORK IN HEALTH SETTINGS

- Field work in health settings can vary widely depending on the specific area of focus, but generally involves activities that take place outside of a traditional office or clinical settings. Here are a few examples of the nature of field work in health settings:
- Public health research: Field work in public health research involves collecting data from individuals and communities in order to understand the prevalence and distribution of diseases or health conditions. This might involve conducting surveys, administering medical tests, or interviewing people about their health behaviours.

- Community outreach: Field work in community outreach involves working directly with community members to promote health and wellness. This might involve organizing health fairs, leading educational workshops, or providing health screenings at local events.

- Environmental health: Field work in environmental health involves studying the impact of environmental factors on human health. This might involve conducting site inspections to identify potential hazards, monitoring air and water quality, or analyzing data to understand the health risks associated with exposure to certain substances.

- Disaster response: Field work in disaster response involves providing emergency medical care and support to individuals and communities affected by natural disasters or other crises. This might involve setting up temporary clinics, providing first aid and medical treatment, or coordinating with local emergency responders to provide relief services.

Overall, field work in health settings can be challenging but rewarding, as it often involves working directly with people to improve their health and well- being.

Social workers offer a unique and valuable contribution in providing appropriate and targeted services to meet the complex needs of patients, families and communities within the health care field. Most importantly social workers prevent or minimize the psychosocial consequences of illness and disability leading to improved health outcomes. Accordingly, the profession of social work has a clear role in the continuum of health care services.

B. SOCIAL WORKERS ROLE IN THE HEALTH SETTING

- To enhance the person's social and emotional functioning through targeted interventions and the mobilization of services and supports.
- Social workers intervene in the context of a person's social environment and relationships, recognizing the impact of the socioeconomic, cultural, psychological and political determinants on health and overall wellbeing.
- Social workers advocate for the rights of clients, against discrimination, reduced opportunities and abuse. With their focus on holistic care and the ability to consider the complexity involved from an ethical, legal, psychosocial perspective, social workers offer a unique and valuable contribution in providing appropriate services to meet the multidimensional needs of individuals, families and groups.
- Professional social workers are expected to be present throughout the health field across a wide range of settings including: Hospitals, Community health, Primary health networks, and mental health services, Substance De-addiction services and Management and governance.
- Social workers ensure that individuals within the health care system have access to information and are able to make decisions concerning their health and wellbeing.
- Social workers draw on a broad range of theories, knowledge, research and skills to ensure comprehensive and holistic analysis of the client's situation. Social workers assessments range from targeted and brief specific-needs analyses through to comprehensive psychosocial and risk assessment of the full range of social and psychological needs, strengths and stressors. Family intervention and support, which includes family therapy and family case conferencing.
- Social workers are expected to show leadership in case management/ case work and in the coordination of services both within and external to the health care service. Also they work with groups and communities to provide health information and education on a wide range of bio-psychosocial factors that impact on wellbeing.

C. OBJECTIVES OF FIELD WORK

Fieldwork was designed to provide students with an opportunity for a practical and field view and experience the ground realities at Districts/ Sub- Districts Hospitals across different districts of Kashmir Division.

The various objectives of field work are as following:-

- Gain knowledge about Health Services in Kashmir and understanding its structure, organization and management.
- Gain knowledge about various schemes/ activities of the department.
- Practice Social Case Work and other relevant social work methods in Health care settings.
- Understand and explore the role of social work and social work practitioners in Health settings.
- Understand importance of coordination between various departments in a District/ Sub- District.
- Develop understanding of civil society/ Community partnership in the domain.

SECTION FOUR

A. INTRODUCTION TO HEALTH SYSTEM IN KASHMIR

Health is an essential input for the development of humans. The health status of the population reflects a crucial aspect of human development i.e. physical and mental capacity which combined with appropriate skill and competence, forms valuable human capital of a nation. Human being, the essence of all development strategies, health constitutes an integral and essential component of the overall social and economic development strategy. As development cannot be measured in economic terms alone, the ultimate goal of development is the improvement in quality of life and the best feasible satisfaction of human needs through basic health care, safe drinking water, sufficient food, sanitation etc. In order to determine the health status in a society, the relevant variables would be the expectation of life at birth the mortality rates particularly the infant mortality rate (IMR) and the prevalence of various health facilities particularly the number of doctors and paramedical staff, the health institutions like hospitals, health centres and the public health facilities.

HEALTH CARE SERVICES AND HEALTH INDICES IN JAMMU AND KASHMIR

In Jammu and Kashmir State, "Health Care Services" is important not only for human resource development, but also for restoring the faith of the people in the institutions of governance. The main thrust of these services includes; delivery in the areas of preventive, primitive and rehabilitative health care services at primary, secondary and tertiary level. Primitive health care system inherited from the independence period has undergone enormous changes in establishing advanced network of health delivery system of the State.

Initially it was seen that the health status of the people in the State was poor due to prevalence of diseases of various kinds resulting in morbidity and mortality. This was specially so with respect to women and children. The constraints in the improvement of health status of the people included lack of financial resources, dearth of technical staff, and inadequate health infrastructure. Therefore, in order to improve the health status and to achieve the objectives of "Health for All", the Government of India enunciated the National Health Policy in 1983. In response to this, the State government initiated a number of programmes and activities through which health and medical services could flow to the needy and gradually achieve the aims and objectives set under the national policy. As a result, some improvement was seen in the health status of the people.

The Jammu and Kashmir State has performed relatively well in providing health and medical facilities to the people, but the level is still beneath the satisfaction. The progress of health infrastructure in the state can be judged by the health infrastructure i.e., the availability of hospitals, dispensaries and doctors. There are 3972 health institutions consisting of 115 District/sub district hospitals, 259 Allopathic and 457 Unani dispensaries and Ayurvedic dispensaries, 412 public health centres, 460 medical AIDS and mobile units, 11 TB centres, 2081 family planning centres and sub centres and 55 leprosy sub centres and leprosy control units in 2010-11.

Following Table I narrates the position of health care infrastructure in Jammu and Kashmir State:

Facility indicators	Health Institutions	Population covered per institution	Beds available	Beds available Per lakh of population	Doctors	Doctors Available per lakh of population
1999-2000	3656	3690	11274	112	4821	47
2000-01	3656	3594	11921	111	4821	47
2001-02	3692	3491	12177	109	4532	47
2002-03	3692	2903	12177	113	5101	48
2003-04	3735	2938	12566	115	5101	49
2004-05	3802	2963	12580	112	5105	47
2005-06	3698	3127	12855	111	5239	48
2006-07	3705	3204	12855	108	5150	46
2007-08	3603	3204	13744	108	5294	46
2008-09	3657	3121	12750	109	5504	47
2009-10	3690	3125	12932	113	5573	48
2010-11	3972	3024	14165	115	5573	48
2011-12	3850	3080	13578	108	6255	49
2012-13	3856	3080	14545	116	6278	50
2013-14	3858	3080	15536	124	7992	60
2014-15	4433	3546	12965	104	6674	53

Source: Directorate of Statistics and Economics, Jammu and Kashmir and Directorate of Health Services, Srinagar/Jammu

Table II Selected Health Indicators In Jammu And Kashmir And Its Adjoining State:

S. No.	State/ UT's	Life expectancy at Birth (years)	Crude Birth Rate (CBR) *	Crude Death Rate (CDR) *	Total Fertility Rate (TFR)	Infant Mortality Rate (IMR)*	Couple Protection Rate (CPR) %	Institutional Births (%)	Full Immunization (%)
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
1	All India	66.1	17.0	5.4	2.3	34	46.6	78.9	62
2	**J&K**	**70.1**	**11.9**	**4.4**	**1.7**	**24**	**15.9**	**85.7**	**75.1**
3	Delhi	71.0	15.6	4.0	1.6	18	24.9	85.4	66.4
4	Punjab	69.3	14.1	5.1	1.7	21	56.5	90.5	89.1
5	Himachal	70	10.5	7.0	1.7	25	50.5	76.4	69.9
6	Haryana	67	18.3	5.1	2.3	33	43.3	85.5	62.2

Source: Family Welfare Statistics in India

SECTION FIVE

A. DISTRICT PROFILE OF SRINAGAR

Srinagar district is located in the Indian union territory of Jammu and Kashmir. The district has a population of around 1.3 million people, according to the 2011 census. The health care infrastructure in the district Srinagar consists of several government hospitals, Community health centes, and private healthcare facilities.

The health institution of Srinagar district:-

1. Jawahar Lal Nehru Memorial Hospital(JLNM).
2. Sher-i-Kashmir Institute of Medical Sciences (SKIMS).
3. Government Medical College (GMC).
4. Bone and Joint Hospital.
5. Chest Diseases Hospital.
6. Lal Ded Hospital.
7. Community Health Center (Gousia Hospital Khanyar).
8. Sub District Hospital (Hazratbal Srinagar).
9. Primary Health Centers (7).

B. HIERARCHY OF HEALTH INSTITUTIONS IN KASHMIR

1. Tertiary care Hospitals:- these are the highest level of health care institutions in Srinagar, which offer specialized medical and surgical treatment for complex health conditions. Some of the major tertiary care hospitals in Srinagar include:

    - Jawahar Lal Nehru Memorial Hospital(JLNM).
    - Sher- I –Kashmir institute of medical sciences (SKIMS).
    - Super Specialty Hospital (SSH).
    - Government medical college (GMC).

2. Secondary care hospitals:- these hospitals are equipped with specialist and modern medical equipments to provide specialized care. Some of the secondary care hospitals in Srinagar include:-

    - JVC Hospital.
    - Bones and joint hospital.
    - Lal Ded hospital.
    - Sub District Hospital (Hazratbal Srinagar).

3. Primary health centers :- these health care institutions are located in rural and remote area of Srinagar, which offer basic medical facilities to the local community. The primary health centers provide services such as basic medical checkups, vaccinations, maternal and child health services, and emergency care. Some of the primary health centers in Srinagar include:-

    - PHC Soura
    - PHC Nishat
    - PHC Zainakote
    - PHC Batamalo
    - PHC SR Gunj
    - PHC Nawakadal
    - PHC Zadibal.

4. Primary Hospitals and clinics:- there are several private hospitals and clinics in Srinagar that provide specialized medical care for various health conditions. These private healthcare institutions offer services such as general medicine, surgery, pediatrics, gynecology and obstetrics.

C. PLACEMENT

It is an important part of field work and our course curriculum. We were expected to do atleast 14 days of field work at any health institution but we could not do that because of some issues. The primary aim of this exercise is:

- To enable the students to adjust to new environment.
- To enable to adapt equivalence towards a particular problem and to ensure effective service delivery.
- To develop leadership and communication skills.
- To learn from the knowledge and expertise/ experiences of other professionals.

We the 5 students of MSW 3rd semester namely Bazeela, Iqra, Arwish, Toyba, Shadab were placed in Primary Health Center Batamalo Srinagar for 7 days of field work.

SECTION SIX

A. ABOUT PHC

The PHC is located at Batamalo Srinagar. Now this center has been upgraded to model Urban Primary Health Center (UPHC). It is headed by Zonal Medical Officer namely Dr. Shafiya followed by Medical officer Dr. Rumaisa. This PHC is the head of all the health institutions which comes under this zone namely PHCs, SDHs, trauma centers which comprises of 43 institutions. The PHC covers almost 5 districts population in terms of people visiting there.

PHC BATAMALO

THE PHC CONSISTS OF THE FOLLOWING DEPARTMENTS:

I. Female OPD.
II. Male OPD.
III. Psychiatric ward.
IV. Ward.
V. USG Room.
VI. Covid section.
VII. Dressing section.
VIII. ECG Room.
IX. Immunization section.
X. Dental section.

XI. X-ray section.
XII. Laboratory section.
XIII. UPHC store.
XIV. Ward (non – functional)
XV. Cold chain room.
XVI. DOT cell.
XVII. Ophthalmology.
XVIII. Epidemiology.
XIX. Establishment section.
XX. Server room.
XXI. Block program management unit.
XXII. Data cell.
XXIII. Training hall.
XXIV. ASHA.
XXV. RBSK.
XXVI. Supervisory section.

❖ FEMALE OPD

- It consists of two doctors among them one is the medical superintendent of the PHC and one ANM [Auxiliary nurse midwife].
- This department of the centre is functional throughout the week.
- On an average 50-60 patients are being treated in this department.
- Only female patients are looked after here.
- Every disease related to women is treated here but mostly treats pregnant women, irregular menstrual problems and infertility.
- While talking with the doctors we came to know that nowadays young women and adolescent girls are facing different issues like PCOD which is more prominent among them because of the changing life styles and different food habits.
- The tests prescribed by the doctors are done inside the PHC on low rates as compared to the private market. But tests of pregnant women are done free of cost during the course of 9 months.
- An ID card is made for the pregnant women by the ASHAs . And through that card they are treated in the centre during the course of 9 months and that referred to the nearest hospital for the baby delivery.
- The different checkups of pregnant women includes antenatal, prenatal and postnatal are done in the PHC.
- While talking with some of the patients we came to know that people from the lower backgrounds prefer to be treated here because of the availability of doctors here in the centre.
- Pregnant women are given medicines free of cost like iron, calcium, vitamins etc.
- Birth control measures are also provided to the women free of cost like Oral [mala, chaya], Injectives [antra], Barrier methods[males /female condoms], E-pills .

❖ MALE OPD

- It consists of one male doctor who is a general physician.
- Both male and female patients are being treated in this department.
- On an average, a doctor treats 40-60 patients per day.
- This department is usually functional 7 days of the week.
- Disease of the patients generally depends on the climate of the valley.
- After testing if the patients are being diagnosed by chronic illness they are shifted to the district hospital.
- People who visit this PHC generally comes from lower background as per the doctor.
- Patients are seen satisfied by the doctors treatment.
- Doctor of the OPD have organized various programs in the area like: TB awareness, Leprosy survey and Drug de-addiction awareness rallies etc.

WORK DONE OF ZONE BATAMALO YEAR 2022-2023**:** OPD

Month	**Male**	**Female**	**Total**
March	356	532	888
April	470	693	1163
May	409	540	949
June	396	589	985
July	336	784	1120
August	379	884	1263
September	450	732	1182
October	560	749	1309
November	620	853	1473
December	692	1032	1724
January	705	1104	1809

NON COMMUNICABLE DISEASES SCREENING 2022:

Month	**Male**	**Female**	**Total**	**Teleconsult**
March	92	126	218	273
April	112	174	286	199
May	118	187	305	147
June	62	163	225	143
July	49	271	320	115
August	61	288	349	95
September	58	128	186	18
October	45	196	241	22
November	145	139	284	320
December	63	89	152	310

❖ WARD

The Primary Health Centre consists of only 1 ward which is fully functional and comprises of 4 beds. The ward is generally for the patients having some emergency problems and are looked after by a nurse. This ward is for short stays if the condition of the patient is not restored then those are shifted to the district hospital .

MONTHLY WORK DONE OF WARD 2022

Month	**March**	**April**	**May**	**June**	**July**
Iron Infusion	20	18	22	20	18
Injectables	150	250	300	280	250
IPD	70	62	58	70	60

❖ IMMUNIZATION SECTION

Immunization is an essential public health intervention that prevents the spread of infectious diseases and reduces mortality. It is also known as vaccination, the process of providing immunity against infectious diseases by administering a vaccine. Vaccines contains weakened or killed pathogens or parts of pathogens, which stimulate the body's immune system to produce antibodies against the diseases.

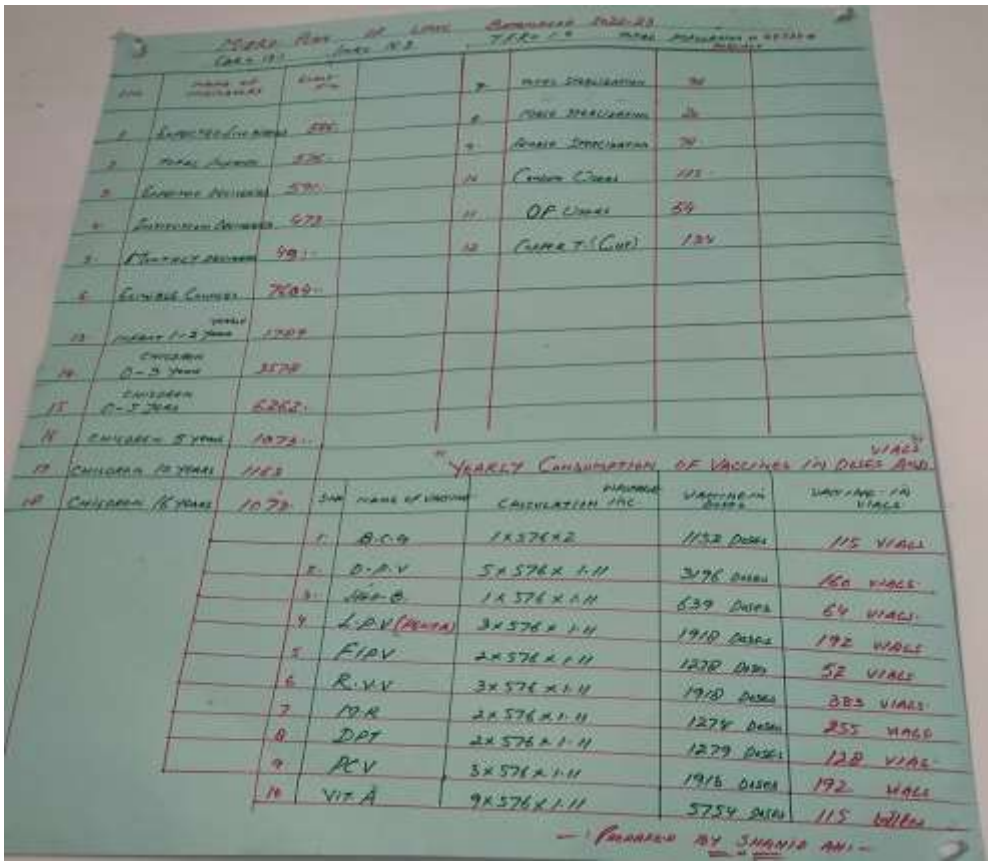
Importance of the immunization:-

- Prevention of vaccine – preventable diseases:- immunization is the most effective way to prevent certain diseases, such as measles, polio, diphtheria, and tetanus. By providing access to vaccines, PHC centers can help prevent out breaks of these diseases and reduce the number of people who suffer from them.
- Protection of vulnerable population:- immunization is particularly important for vulnerable populations, such as young children, pregnant women, and individuals with compromised immune systems. By providing immunization services in PHC centers, these populations can be protected from vaccine preventable diseases.
- Cost – effective intervention:- immunization is a cost – effective intervention, especially when compared to the cost of treating vaccine preventable diseases. PHC centers can help reduce health care costs and improve access to health care services.

Primary Health Care (PHC) is often the first point of contact for individuals seeking health care services, and as such, it plays a critical role in providing immunization services to the community. In PHC Batamalo the various immunization services that were provided in the center are as under.

- Vaccination schedule:- the center usually follows a set of vaccination schedule that is recommended by the National Immunization Program. The vaccination of children is scheduled on Wednesday and Saturday in a week.
- Vaccine storage and handling:- in this center there was a place in which all the vaccines were stored in order to ensure that these are stored at the correct temperature that they are not expired and they are not exposed to light or other environmental factors. After that these vaccines were transferred to other sub – centers because it is the zonal head of the area.
- Record keeping and monitoring:- the PHC center maintains accurate records of immunization activities, including the number of doses administered, the types of vaccines given, and the individuals who received the vaccines. These records are used to monitor immunization coverage and to identify areas where additional intervention may be needed.

CHART SHOWING MONTHLY IMMUNIZATION OF THE CENTER.



LIST OF THE VACCINES DONE IN THE CENTRE

❖ USG SECTION

Ultrasound or sonogram or ultra sonogram this section in PHC refers to the use of ultrasound technology in primary health care settings. Ultrasound is a non- invasive imaging technique that uses high frequency sound waves to produce images of internal organs, tissues and structures.

In PHC settings, ultra sound is used for a variety of purposes, including:-

- Prenatal care:- USG is commonly used during pregnancy to monitor the growth and development of the fetus, detect any potential abnormalities or complications, and determine the due date.
- Diagnosis:- USG can help diagnose a variety of conditions, including Gallbladder disease, kidney stones, liver disease, and certain cancers.
- Monitoring chronic conditions:- USG can be used to monitor the progression of chronic conditions such as heart disease or kidney disease, helping to identify any changes or complications that may require further intervention. machine with color Doppler. It is functional 6 days in a week and USG screening is free for pregnant ladies and for others minimum amount is charged. Screening is done
  In the center during our visit we came to know that the section comprises of a USG for both male and female population.

❖ DOTS CENTER

DOTS (Directly Observed Treatment, Short-course) is a comprehensive strategy for treating tuberculosis (TB) that involves direct observation of medication intake by a healthcare worker. DOTS is recommended by the World Health Organization (WHO) and is an essential component of TB control programs in many countries, particularly in resource-limited settings. The DOTS (Directly Observed Treatment Short-Course) Department in Primary Health Centre Batamalo plays a crucial role in the diagnosis and treatment of tuberculosis (TB) among the local community. The DOTS Department of Primary Health Centre Batamaloo was under the supervision of Dr. Sajad. There were only 2 doctors available in the DOTS centre. Most of the patients who were seeking the treatment for TB in PHC Batamaloo were mostly migrants, only few of them were from local community.

The main functions of the DOTS Department in PHC Batamalo include:

1. Diagnosis of TB: The DOTS Department is responsible for diagnosing TB cases among patients who visit the primary health centre. This is usually done through various diagnostic methods, such as sputum microscopy, chest X-ray, and other laboratory tests.
2. Treatment of TB: Once a patient is diagnosed with TB, the DOTS Department provides treatment through a standardized regimen of medication that is directly observed by a healthcare worker. This helps ensure that patients adhere to their treatment plan and complete the full course of medication, which is essential for effective TB treatment. The standard treatment regimen for drug-sensitive TB is a combination of four drugs taken for six months.
3. Patient support: The DOTS Department also provides Patients additional support, such as counselling, nutritional support, or assistance with managing side effects of medication.
4. Follow-up care: The DOTS Department also provides follow-up care to patients who have completed their treatment to monitor for any potential relapse of TB. This includes regular check-ups and monitoring of symptoms, as well as counselling and support to ensure that patients continue to maintain good health and prevent further spread of TB.
5. Overall, the DOTS Department plays a critical role in the prevention, diagnosis, and treatment of TB, which is a major public health concern in many parts of the world.

❖ LABORATORY SECTION

A Laboratory Section in a Primary Health Centre provides several benefits for the community. It helps in the early diagnosis and treatment of various diseases, which lead to better health outcomes and improved quality of life for the patients.

Some of the Services that the Laboratory Section of Primary Health Centre Batamaloo include:

1. Basic Blood Tests: This can include tests such as complete blood count (CBC), blood glucose level, lipid profile, liver function tests and electrolyte levels
2. Urine Tests: This can include tests such as urine analysis, urine culture and urine pregnancy tests.
3. Rapid Diagnostic Tests: These tests can provide quick results for various infectious disease such as Malaria, Dengue and HIV
4. Health Screening: A laboratory section can offer Health screening services such as Cholesterol screening, Diabetes screening.

There are 3 Phases in the Lab of PHC Batamaloo:

1. ANC: Antenatal test for pregnant women, which are free of cost including the testing of their husbands.
2. NCD: NCD stands for Non-Communicable Diseases. This includes diseases such as diabetes, heart disease, thyroids, CBC etc. Among these tests 17 are free as per the rule of Health and Wellness Centre. Other tests are paid at ¼ of the total market rate (minimum charges)
3. Additionally, the lab plays a critical role in preventive health measures, such as conducting regular health screenings for Patients with risk factors for NCD`s. This include screening for high blood pressure, and smoking among other risk factors.

The Lab Section Comprises of 3 Sub Sections:

1. RNTCP: RNTCP stands for Revised National Tuberculosis Control Programme. The Program aims to achieve universal access to TB diagnosis and treatment. In the lab of a primary health centre, the use of RNTCP can be essential in the diagnosis and management of TB. This RNTCP lab, is for testing of the spectrum AFB of TB. All tests are free on an average 150 tests are done in a month.
2. FICTC: FICTC stands for the Facility Integrated Counselling and Testing Centre , which is a program initiative by the Govt. of India to provide HIV/AIDS counselling and testing services in healthcare facilities, including Primary Health Centres.
3. In the lab of a primary health centres, the use of FICTC can be instrumental in the diagnosis and management of HIV/AIDS.
4. NCD: NCD stands for Non-Communicable Diseases. In the lab of a Primary Health Centre, the use of NCD testing can be essential in the diagnosis and management of these conditions. The laboratory can also play a role in the monitoring of NCDS, which can be achieved through regular testing to track changes in the patients health status.

❖ ASHA

An Accredited Social Health Activist (ASHA) is a community health worker employed by the Ministry Of Health and Family Welfare as a part National Rural Health Mission (NRHM). The target was to have an ASHA in every village in India.

ASHA will take steps to create awareness and provide information to the community people on determinants of health such as;

- Nutrition
- Basic sanitation
- Healthy living and working conditions etc.

ASHA will counsel women on;

- Birth preparedness
- Motivating women to give birth in hospitals
- Importance of safe deliveries
- Aware about breastfeeding and complementary feeding
- Bringing children to immunization clinics
- Aware about contraception
- Prevention of common infectious including reproductive tract infections.

ASHA will mobilize the community and facilitate them in assessing in health and health related services available at the anganwadi, sub-centre, primary health centre such as immunization, antenatal check ups, post natal check ups etc.
ASHA will provide primary medical care for minor ailments such as diarrhea, fever and first aid for minor injuries. She will also provide directly observed treatment short course(DOTS) under revised National Tuberculosis Control Program. Encourage the community people for family planning and increased utilization accountability of the existing health services.

IMPORTANCE OF ASHA IN PHC CENTRE:

ASHA plays a critical role in primary health centers. Here are some of the reasons why ASHA is essential in PHC:

a. Community- Based Health Workers:- ASHA is a community based health worker who serves as a bridge between the community and the health care system. ASHA workers are typically women who come from the local community and receive training to provide basic health services to their community.
b. Improving health outcomes:- ASHA workers play a crucial role in improving health outcomes by providing preventive and curative health services at the community level. They are responsible for early identification and referral of cases of communicable and non- communicable diseases, maternal and child health, nutrition, and sanitation.
c. Awareness and Education:- ASHA workers also serve as a source of health education and awareness in the community. They provide information on various health related topics, such as diseases prevention, hygiene practices, and healthy lifestyle choices.
d. Strengthening PHC:- ASHA workers play a significant role in strengthening the PHC system by working closely with the health care providers at the local level. They help to ensure that PHC services are accessible, affordable, and of good quality.

During our visit in PHC Batamalo we came to learn that how ASHA workers work at the grassroot level and provide basic and various healthcare services in the community. They provide counseling and guidance to pregnant women about antenatal care, immunization, breastfeeding, and nutrition which are enrolled in PHC. They also work to identify the high risks pregnancies and refer them to higher- level healthcare facilities. They were well trained to diagnose and treat common illnesses. They also provide basic first aid and distribute medicines. As they provide free medicines like IFA Syrup two Iron bottles for one baby. They promote awareness among the community about healthcare, family planning methods, health education, and refer them to health institution if required. They also conduct home visits to assess the health status of individuals and families. In this center ASHA workers promote and facilitate immunization services in their community and they ensure that every child is vaccinated as they recall the parents for immunization so that vaccine were done at proper time. They maintain records of their activities, report their work to health officials, and they participate in health surveys as well and we did a survey with them which was related to the leprosy patients.

❖ A FIELD SURVEY ON IDENTIFICATION OF NEW CASES OF LEPROSY:

We along with Asha worker Went to leprosy survey at the nearest adjourning area of the PHC Diarwin Batamalo. The primary aim of the survey was to identify new cases of leprosy among the defined population and has visible marks of leprosy disease on any of the body part. This was initiated under the National Leprosy Eradication Program [NLEP]. So for this, we went door to door and examined almost 10 household's family members. Asha worker who went with us during this survey familiarized people about the leprosy disease and also aware the masses about its curability.

During the Survey we observed the following things:

- Ashaworker was herself the resident of that particular place, she was well known about each and every house hold member, everyone seemed satisfied by her work. Their approach towards Asha worker indicated the appreciable work Asha worker is doing and how she as a responsible employee is carrying out her job. People were freely sharing their problem with her and she was very much dedicated towards her work.

- Alongside the survey Asha worker looks for new pregnant as well as lactating women about the time to time immunisations and urged them to be regular in this matter. She also registered newly pregnant women if identified during the survey.

LEPROSY SURVEY

Leprosy Survey

❖ A SURVEY WITH RBSK TEAM AT SILK FACTORY RAJBAGH SRINAGAR

First we need to know what is RBSK, Rashtriya Bal Swasthya Karyakram is an ambitious and innovative initiative to help such children. Through this systematic approach, it will be easy to identify diseases early and provide treatment, care, and support.

The program includes the screening of children, aged from birth to 18 years for **4D**s. They are:-

1. **D**evelopment delays
2. **D**efects at birth
3. **D**eficiencies
4. **D**iseases

Children who are identified or diagnosed with selected health conditions are given early intervention services through this program. The children get follow-up treatments and care at the district level through Rashtriya Bal Swasthya Karyakram. The treatment is free of cost. As a result, provides support for parents against expensive expenditures. This also includes surgeries at the tertiary level. Child Health Screening and Early Intervention Services under RBSK envisages to cover 38 selected health conditions for screening, early detection and free management.

- Target Age Group:

Type	**Age Group**	**Screened By**
Newborn at public health centre	At Birth	Delivery Point Staff
Home Born babies	Till 6 weeks	ASHA
Rural Areas preschool children at AWC	6 weeks-6 years	Mobile Block Team
Government and government-aided schools children from class 1st to 12^{th}	6 years to 19 years	Mobile Block Team

- THE MECHANISMS FOR SCREENING AT THE COMMUNITY &FACILITY LEVELS:

Child screening under Rashtriya Bal Swasthya Karyakram is done at two levels.

a. At Community Level.

b. The screening will be conducted by Mobile health teams at Govt & Government aided schools and Anganwadi Centres.

c. At Facility Level

Public healthfacilities such as DH/ CHC's/ PHC's will manage newborn screening facilities. The existing manpower such as ANMs, Staff Nurses, and Medical Officers will manage this.

a) Screening at Anganwadi Centre: Mobile Block Team will screen preschool children (Below 6 yrs) at the Anganwadi centre. They will screen for diseases, deficiencies, and development delays such as disability. This will be managed at the Anganwadi centres. Screening tools for children aged between 0-6 years are supported by pictorial. The age-specific tools will be used for children with developmental delays.Children who are suspected of further management will be referred to DEIC.
b) Screening at Govt. and Govt. Aided Schools: The Mobile Block teams will screen the school children aged between 6-18 years. These children will be analyzed for diseases, development delays, and diseases. This includes checking for adolescent health and disability at the local schools. It will be conducted once a year at least.

- MOBILE BLOCK TEAM:

The mobile block team consists of 4 members

- Two Doctors (AYUSH): One male and one female having at least a bachelor's degree from a certified institute
- One ANM/Nurse
- One pharmacist skilled in handling computers for data management.

- ADVANTAGES OF THE PROGRAM:

1. The health department pays for surgery for those parents who could not bear expenses for their children.
2. The health department conducts screening of children up to 19 years, and if they are diagnosed with diseases, the health department then get them free treatment.
3. Children gets registered through the online portal of the government of India.
4. They themselves come to the students for early identification of problems.
5. Telephonic contacts with the children for follow-ups.
6.

- DISADVANTAGES OF THE PROGRAM:

1. People generally prefer the services through Golden Card rather than RBSK program because of the availability of golden card centres in every health institution of the valley.
2. Caregivers of beneficiaries faces many challenges while availing the services and were dissatisfied with the services. Challenges faced by them were out of pocket expenditure on transportation, food and stay, long time in referral and unavailability of beds, unavailability of medicines.

- OBSERVATION:

1. Team of the RBSK was facing issues in motivating the parents to bring your children for the checkups.
2. There was shortage of the children always at this centre according to the team.
3. Parents were not cooperating with the team.
4. Team were doing follow-ups of the children who were treated through the program via phone calls.
5. They were distributing some medicines among the children.
6. While talking with one of the member of the team we came to know that this program is not successful in urban areas of the Kashmir, usually people prefer treatment through golden cards because of the availability of the golden card centres at every health institution.

❖ SOME OF THE SCHEMES WHICH ARE EXISTING IN THE PHC BATAMALO

- National Health Mission (NHM): Reduction in child and maternal mortality prevention and control of communicable and non-communicable diseases, including locally endemic disease. Access to integrated comprehensive primary health care. Population Stabilization, gender and demographic balance, Revitalize local Health Tradition and Main Stream.

- Reproductive Child Health Programme: To reduce infant mortality rate, maternal rate and provide quality services to pregnant women and children across India is one of the Primary Mission of the National Health Mission. The Reproductive and Child Health Programme (RCH) was launched in the country in the year 1997, to enable women to regulate fertility and to ensure safe pregnancy and child birth. The programme was started as per recommendation of the International Conference on Population and Development health in the year 1994.

- JSSY: Janam Shishu Suraksha Yojana (JSSY) is a scheme implemented by the government of India to provide financial assistance to pregnant women and newborn for health care services. The scheme aims to reduce maternal and infant mortality rates by promoting institutional delivery as well as in the postnatal period. Under this scheme pregnant women and newborns are entitled to free health care services such as prenatal care and transportation services from home to the health care centre. The Janani Shishu Suraksha Yojana is implemented through public health facilities such as govt. hospital, community health centres and primary health centres.

- RBSK:Rashtriya Bal Swasthya Karyakram is a program launched by the Govt. of India in 2013, under the National Health Mission to provide healthcare services to children in the age group of 0-18 years. The RBSK Scheme includes several components, such as early detection and management of health conditions in children including physical, developmental behavioural and emotional problems. The scheme also provides free treatment and follow-up services to children who require further diagnosis and treatment. The RBSK Scheme also focus on providing health education and counselling services to promote healthy lifestyle and prevent various health problems in children. The scheme aims to create awareness about the importance of early detection and treatment of health conditions in children, and the need for regular health check-ups.

- Janani Suraksha Yojana (JSY): is a safe motherhood intervention under the National Health Mission. It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. JSY is a centrally sponsored scheme, which integrates cash assistance with delivery and post-delivery care. The Yojana has identified Accredited Social Health Activist (ASHA) as an effective link between the government and pregnant women.

SCTION SEVEN

A. OBSERVATION

1. During our visit in the PHC Batamalo, we observe that the overall staff was well trained. As they work together with efficiently and effectively, this lead to a better team work and coordination in the provision of care. In the centre the staff members understand each others roles and responsibilities and this helps them to address patients needs more comprehensively, and provide better patients care. By doing the work efficiently patients are more likely to adhere their treatments plans and follow ups as they receive a good quality care from well trained staff.

2. The support and cooperation of staff members towards us was quite satisfactory as they help us to gain important information regarding the PHC and we feel free to ask anything because of their positive attitude and cooperative nature.

3. We observe that PHC was well sanitized. The centre takes the infection prevention and control measures seriously. Proper cleaning of surfaces, equipments, and patients care areas are properly well sanitized. By talking one of the staff member there they explained that by ensuring the surfaces and equipments are properly cleaned and disinfected, it will reduce the risk of cross-contamination and protect patients and also staff from exposure to harmful pathogens. As they were regularly monitoring and auditing of sanitation practices.

4. The behaviour of the doctors and the other staff members was worthy of commendation. They acted more wisely and ably while handling the problems of the patients.

5. During this field we came to know that the PHC is the first contact point for the community people who have lower income background. As it is situated in that place where it covers a large population particularly for those who cannot afford the private treatment. It is the best place for such people because they can get everything under one roof which are necessary for basic health care and on minimum charges.

6. During our visit, we came to know about various aspects of the centre like; infrastructure present their was in well condition, the staff members their were very much cooperative, good number of staff was appointed and they provide curative, preventive and promotive services as well to the people.

7. Also we have noticed that the entrance of the PHC is designed in a way that makes it friendly for person with disability or person with limited mobility. The entrance has a wide doorway, which accommodates wheelchairs and other mobility devices.

B. LEARNINGS

- The important thing which we learned during this fieldwork in a health setting was that we came to know about the health system in J &K.

- During this field work to the primary health center, we learn about the services offered at the center, the needs of the community and the health status of the community and the availability of resources to address health concerns.

- Different Community outreach programs initiated by the PHC. The health department along with partnerships with other stakeholders like community, etc conducts different outreach programs in generating awareness about issues like maternal health, reproductive health, nutrition, drug de addiction rallies, immunization of the children etc.

- Overload of Doctors, Paramedics staff, Disease Profile of the District Srinagar to some extend.

- Importance of the Health Centre in the Community mainly for those having lower economic background, providing access to affordable healthcare and promoting health and wellness in the community as the center offer a variety of services, including primary care, dental care, maternity care etc.

- Role of ASHA in the community like promoting maternal and child health, prevention to the spread of communicable diseases. They also work to identify individuals who may be at risk for communicable diseases and connect them with appropriate health care services. Overall, ASHA's are an essential part of primary health care.

- Role of the Primary Health Centre in the community as they are the first point of contact for individuals seeking healthcare services. Some of the key roles of the PHC include: Providing preventive care, Providing primary care, Managing chronic conditions etc.

C. ISSUES AND CHALLENGES

We faced several issues in doing field work in Health Setting, that impacted our learning experience. The significant issues were the lack of understanding and recognition of social work by the Chief Medical Officer (CMO) and Medical Officers.

Despite having permission from the Directorate of Health for our field work, the CMO did not understand the role of social worker in a medical setting. This lack of understanding led to a lack of support for our field work from the CMO and other Medical Officers. This, in turn, affected our ability to gain practical experience and observe how social work operates in a medical setting.

Moreover, when the CMO informed the Medical Officers of the district hospital about our field work, they also did not allow us to work , citing a lack of knowledge of social work. This led to their refusal to recognize the value and role of social worker in a medical setting. As a result, we were unable to participate in essential aspects of social work in the medical setting.

We suffered a lot for taking another permission from CMO's ,without prior permission of CMO's local hospitals didn't allow us to practice social practice in hospitals.

During field work doctors were available usually, they were busy in their own tasks, through which we did not get the full knowledge about medicines, patients, diseases etc. The people who guided us were not having the expertise in the field.

It is visible that we faced challenge in the very field but our presence there was somehow fruitful , the question arises how, the paramedical staff started to learn and search about the social work as a highly professional discipline which gave them a sense that Social workers are really necessary in contemporary era.

At the outset, we took time to understand the different hierarchical structure of paramedical staff and the overall physical structural of hospitals. Different students were placed in different hospitals like DH, CHC, PHC etc but got an opportunity to work in PHC, it is obvious that in PHC there is less no. Avenues available to work and explored fully.

REFERENCES

1. https://nhm.gov.in

2. https:// www.researchgate.net.

3. Directorate of statistics and economics Jammu and Kashmir and directorate of health services, sgr/jammu.

4. 2011 census.

5. Family Welfare Statistics in India.