

DIRECTORATE OF RURAL HEALTH SERVICE &
TRAINING PROGRAMMES

FOLLOW-UP EVALUATION OF COMMUNITY HEALTH
WORKERS TRAINED IN ST. JOHN'S MEDICAL COLLEGE

PROFORMA

Instructions : Section A and C to be filled in by Community Health Workers.
Section B to be filled in by those who are doing health work at present.

(Please keep us informed regarding change of Address).

SECTION - A - GENERAL INFORMATION

- a) Name : Sr. Immaculata Kisku, M.S.M.H.C. b) Age : 35
- c) CHW Course No. : BC 6/12 d) Name of Congregation :
Missionary Sisters of Mary Help
of Christians.
- e) Diocese : Bhagalpur
- f) Permanent Address
(Mother House / Superior) : St. Mary's Convent "Peach-land"
Shillong - 793003
Meghalaya
- g) Present Address
(For future correspondence) : St. Mary's Convent, Agiamorh
P.O. Deodand, via Porgyahat
Santal Parganas 'B' Div.
BIHAR 814133
- h) What have you been doing after the course ?
(If you have changed from place to place give us some details of your work in each place).

I have been visiting villages and trying to organise people into groups so as to facilitate our conscientization programme. Our aim is to make the parents, especially the women, conscious of their responsibility to their family and children, to take better care of their health, to cultivate their land better, to make better homes and family.
In our teachings and demonstrations we have been trying to teach them to take steps for preventing sicknesses that are prevalent in this area.

- i) Give us a short description of the present team you are working with and what each member does (not only health activities)

I work with two other Sisters, one of whom is a registered Nurse. She is very helpful in treating the sick and in teaching the people. We have also chosen lay leaders from among the villagers. They have been very helpful in gathering the people regularly and carrying out our programmes. We have, so far, not been able to train them sufficiently to take care of the programmes in their respective villages by themselves.

- j) Have you attended any course / meeting / workshops since you completed the Course ?

I attended the regional meeting of the Santal Pargana of the B.V.H.A. on June 5th and 6th at Prakritik Chikitsa Anusandhan Kendra, Baghmara, Jaisidih on "Non-formal (health) Education".

- k) Are you in touch with any of the other Community Health Workers ? If so give us their recent address.

No.

- l) Give in a few sentence a description of the people you are working with (rural, urban, tribal, non-tribal, main occupation, other characteristics etc.). How many villages ? Total population, what distances apart ?

We are working with rural people who are mostly tribals. There are some Hindus and Moslems, but practically all of them are farmers. Most of them are not educated. The tribals do not mix with non-tribals.

At present we are working only in seven villages with a population of about 5000. The villages are not too far apart, and all these villages are within three to six miles from the centre.

SECTION - B

- a) Give a short description of the health activities you are involved in.

i. Distributing medicine to the sick, administering vaccines and other preventives.

ii. Visiting the sick.

iii. Teaching the people, especially in the sick homes, how to care for the sick, and how to prevent sickness.

- b) How many hours are allotted for this daily/ weekly ?

The morning hours of the weekdays, i.e. four hours, are allotted for distributing medicine. The after-noon hours are set aside for village visits.

- c) Are you functioning independently or with a team of workers ? If so, how is the health work shared amongst you ?

I am working with two Sisters. We take turns in making the village visits, and distributing medicine. In all these works we keep one another always informed of what we do and with what cases we come across.

- d) Do you get any assistance from the local Primary Health Centre ?

Yes. We are given medicines for distribution, slides for taking blood smears, etc.

- e) Do you get any assistance from a Taluk / Mission Hospital ?
If so, specify.

We do not get any help from Taluk or Mission hospitals, but they have always been of great assistance to us in the treatment of the sick. We refer the difficult cases to them and they have always been very co-operative.

- f) Do you work with any special groups in the village (young farmers, youth, mothers, harijans, etc.) ?

Mostly with mothers.

- g) Do you participate in training of local people ? Grihinis, village level workers, mothers, etc.

No.

- h) Do you have any of the following programmes ?
Food for Work, Health Insurance, CRS- MCH Programme, any others.

We shall begin the CRS-MCH programme in the near future.

- i) Are you part of any Diocesan Society or Health Team ? If so, specify.

Yes., we are part of the Diocesan set up for all round development including health and nutrition. We have periodical meetings on various schemes and programmes of the Diocese.

C -SECTION (Regarding 1982 project)

- a) Give us detailed information on how to reach your village/ project/ centre ?
(By bus and train, also from station and bus stop)

To come to our village either from Delhi or Calcutta one has to come either to Deogarh or to Bhagalpur stations. From both places there are buses to Poreyahat bus stand. From Poreyahat he has to come either by private jeep or on bicycle or on foot eight miles east.

- b) Are there any forms of support which a visiting team can give you next year ?

The visiting team can offer us directions for diagnosing and using curative methods for the sicknesses that are frequent in this area. The sicknesses that we come across are malaria, ~~pal~~ malaria, T.B. and scabies.

Date: 8.1.82

sr. Immaculata
Signature

Please use the remaining blank space to give any further details for which there was not adequate space in the questionair.

6/12

St. Mary's Convent
Agiamorh
P.O. Deodand
via Poreyahat
Santal parganas
814133
BIHAR
8. 1.82

Dear Doctors,

Thank you very much for your kind letter inquiring about my health work here in this locality.

Kindly accept my apology for not writing to you earlier.

I had taken much interest in the work but my health failed. I am still under observation. Because of my illness I could not join the refresher course also. However, I am anxious to get back to my work.

I have filled the proforma according to what I was doing before I got sick. I hope this information will meet your expectation, and will be found satisfactory.

Thanking you again and hoping to hear from you,

Sincerely yours,

Sr. Immaculata

Sr. Immaculata Kisku, MSMHC

PROJECT
BY
Sr. PIERLISA KOONTHAMALLATHIL

Introduction: Thakurnagar village was under Krishnagar diocese. At present it is under Calcutta diocese. Few years back foreign missionary fathers were working there. We sisters of providence came there only at the end of March 1979. Two sisters of Mary Immaculate used to come every saturday and sundays they go back. They were coming from far about 40-50 km. When we came did not know the local language i.e. Bengali. When we picked up little bit of Bangalore went to house visiting; to know the people, there life style, customs etc., 2 years back our parish priest organized a free operation camp for a week. Operation was only for one day. 1st 2 days selected the people those who were needed the operation by doing various test. About 30 people had major eye operations for the cataract and about 10 people had minor eye operations. We arranged this eye operation camp in the Government High School. We selected some boys and girls as volunteers to help the patients. There was our jeep always ready in case of any needs. Those who had eye operation we gave them spectacles too. They were very happy of this camp. Others were asking sisters when will have next camp etc.

In our area we have 12 villages. They are 5 to 10 km far from one village to another. In our parish there is a jeep but recently we have got two bicycle to go to the village. We cannot go all 12 villages so we usually go 3-4 villages only. In sub-centre most of them are very poor and they are refugees from Bangladesh, so they are living on the road side or railway line etc. Some catholics came away from their huts and settled with other people in the village. so also some Hindus. From one of our village many christians return back to Hindu Religion. Because they requested to the parish priest their felt needs those are; roads, ponds or lake etc. They did not get them.

In our village there is a Government Hospital, a Government Primary School, opper Primary School, high school till class 12. Then Assembly of God's mission's primary school and a catholic primary school. In our school we have mid-meal from C.R.S. Every

there is meeting for all teachers with parish priest.

Population of our village more or less 4000. Most of them are Hindus 2% only Christians. Christians also are divided in many groups. Catholics, Oxford Mission, Assembly of God, salvation of Army etc., some of them (men) are working in foreign countries as south Arabia some others are agricultures, working in fields, rikshovalas, some are doing cottage industries, like basket making with bamboo. Thakurnagar means: Takur=God, Nagar=village, We have a living Thakur. He is the village leader. People come from all over the village for his birth day, by dancing and playing tamburine etc., And they do their dances in his court yard. Then they will take bath in his pond. Duration of the feast is one week. They have different kinds of pooja, as Loky pooja, sarosothy poojs, Kalipooja.

Our centre is not very far from the city. It is only 15 to 20km far. Every half an hour we have electric train services and to get to the bus we have to go by riksho to the main road. Climate most of the time is hot. One of the natural resources of Bengal is the lakes or ponds. There are some rivers. Education level is quite good. They have primary School close by most of the villages.

Agricultural level is good because everywhere there is water supply by motor pumps for the irrigation. Main cultivation is Jute. They use the sticks of the jute to make walls of the houses and make fire wood etc. Other cultivation are: rice, wheat, few coconut trees, vegetables.

Identification of problems: Most of the houses have got cows or goats, chickens etc. Poor people have pigs, goats some other don't have enough to eat. Then how they can feed the animals? Villages are clean, because they use the leaves also to make fire and dry cow dung. The stagnation of water is a problem. Because it is ideal place for breeding of mosquitoes. Sanitary latrine are very few. Everywhere there are tube wells. Proper housing is another problem. Because most of the people are really poor and their resources are very few. They cannot keep much for the future. They live with what they get daily work. But they are not worrying about their future. In the rainy season really it is a problem. Because they can't go to work in the field. Many times those who work in the field for mid-day meal they have sprouted rice and tea.

As common diseases, they have cold, cough, fever, diarrhoea, dysentery, scabies, boils and sore mouth. All these because of malnutrition and lack of hygiene and lack of health education.

Mother and children are the vulnerable group and their resistance are very low. Preventable disease in children is very common. Prenatal and post natal care in mothers are very necessary to avoid mothers death during pregnancy and any diseases and to have healthy child birth. Immunization in children is essential Health education in the school and medical check up is needed. Death rate of children in our village 1% because of malnutrition, many of them are under nourished, only few children are well nourished. We did not have any maternal mortality since we are there. Because we have Government Hospital usually they go to the Hospital only some remote village they don't go to Hospital because hospital is quite far. Not only, they don't know the importance of the medical check up. In this 1 year period there was only one case very serious from one of ~~xx~~ our village and we took her in the Hospital by our jeep, she was a pregnant lady who was suffering from pre-eclamptic toxemia. They were thinking that she is possessed by evil spirit. They did some mantra and put some string on her wrist and waist. Many people are ignorant to the medical check up and its value. In this case ~~xxxxxx~~ Health Education is very important. Most of them don't know about locally available food which are the cheapest and nutritious.

Fixing Priority: I think I have to give priority to Health Education immunization and M.C.H. programme. Then also school Health Programme, poverty and ignorance and ill health are the main problems of our village. To get rid of these I can help the people to open their eyes and to be aware of the situation in which structures are preventing the attainment of basic needs for many, so that they may discover and ~~xx~~ solve with the co-operation of the leaders and community.

It is necessary to be aware of all services available. It needs to co-operate and co-ordinate with others for the upliftment of the total community. It is necessary to analyse with people the best use of locally available resources. What are the materials existing, needed, and can get.

Formulate the plan: I am planning to do M.C.H. programme, under 5 clinic, school Health programme. 1st of all I will speak with my parish priest about my plan and contact with local doctor. And with help of another sister who recently trained from St. John's Medical College I will try to start all 3 of this programme. For e.g. MCH antenatal checkup, postnatal

care, child Health care and health education to the mothers, to space the child birth, better child care, nutrition, importance of immunizations etc.

School Health Programme: Produce health consciousness in the children, research their studying, contact with parents prevent the communicable diseases as scabies, sore, eyes, pediculosis, cough, fever etc., - check up other problems: like malnutrition, hygiene, Dental Caries, ear discharge, anxiety, jealousy, backward in the studies, shyness, over active and any handicapped kind of problems. - Medical checkup: at the entry of the school after 3 years one more check up and when they have i.e. weight, height, chest measurements, eye examination for vision, examining of hearing ear discharge, dental caries, scabies, skin problem, deformity, mental problem, nose and throat check up, personal history i.e. any body of the family is diabetics, have cough etc. check up whether he can hear, see speech and behaviour school environment sanitation, school garden, drinking water facility etc.

Immunization: explanation about vaccination and its value

Planning Implementation: We have 12 villages. We have are not able to follow up all, so we go only 4 villages i.e. Modolpara, Joudunga, Chandpara, Histopoor. once in a week. Once they are self sufficient we can go other villages.

Evaluation: After my basic course here in St. John's I wanted to do many things in my village but I was only the person who trained C H W course. I took lessons to the women about N F P, but this mucus method illiterate women everybody couldn't understand. And was inefficient to explain in other way, Because of any language problem. It seems to me difficult. So any 1st enthusiasm gradually I tried to explain with the example of cultivation method in which seeds need water to germinate, human being also like that. This is the best period of reproduction. So they have to see this period. Now another sister from my community also trained in basic course recently. so we will see the plan together in a new way to start our week with new enthusiasm.