

CHW's in ANDHRA

1. Br. Junae, MC, BC (2/11)
R.C. Church, Nunna, Shanti Nivas
Nunna P.O. White House Compound
S21212. gaya - 823001 B.kar
Krishna Dr, A.P.
2. Sr. Bonitas, BC (2/9) new in - school for children in need of sp. care
Premdham, Seuri Hills, Seuri Road
(Bakampally) Bombay - 400033
C/o Catholic Church.
Bellampally,
Adilabad Dr. A.P. - 504251
3. Sr. Juliana, BC (4/4) Sr. Mary's Memorial Health Centre,
Sr. Theresa's Convent, Vegendla P.O.
Sanath Nagar, Tenali Taluk, Guntur Dr.
Hyderabad - 500018. S22213
- Sr. Mariamma Antony - BC (4/7)
Maria Bambina Convent,
Damara, Bhimavaram.
Via Marriyuda,
Khamma - guda Nalgonda, Dr. - 508245
A.P.
5. Sr. Mary Kurissery, BC (4/8) Ph No: 51
Christu Tyothi Nilayam Convent,
Tyothinagar.
Hanuman Junction S21105
Kudina Dr - A.P.
6. Br. George M.H. BC (4/14)
Sr. Joseph High School,
Rudrampur
Khammam Dr.
A.P. S07101
7. Sr. Nicolette gayam, BC (5/3)
Sr. Ignatius Convent
Jurgi P.O.
Palnad Taluk,
Via Machherla
Guntur Dr. - A.P.
8. Fr. Martin Cushman CSSR - BC (5/18) → To Goa
Redemptorist Fathers
Marispet P.O., Chenchiper
Tenali - S22202, Guntur Dr.
A.P.

9. Sr. Flavia D'Silva, BC(6/4)
Sr. Joseph's convent,
Sakrapuram,
Proddatur,
Cuddapah Dt. 516360
A.P.

10. Sr. Prasanna CSF - BC(6/10)
St. Paul's Church, Diphongga
Urnoor P.O.
Adilabad Dt. 504311

11. Sr. Jaya - BC(6/2)
Holy cross convent
Dornala A.P.
523331.

12. Sr. Stella Mary - BC(6/3)
Bishops House,
B. camp.
Kurnool 518002.

13. Sr. Rosy Verghese - BC(6/9).
Bishops House - Orissa.
B. camp Kurnool
518002.

14. Sr. Liza Pulattu BC(7/11)
Presentation convent,
Fatima Nagar P.O.
Warangal -
506003. - A.P.

15. Br. K.J. Beban, M.C. BC(7/20)
Missionaries of charity (Brothers)
(7/21) Nunna, Vijaywada
Krishna Dt.,
Vijaywada. 521212.
A.P.

16. Sr. Raphael - BC(7/11)
Soma convent, Bhawan
Bheemaram P.O.
Chennur Taluk,
Adilabad Dt.
A.P. - 504204.

17. Sr. Aiza Pullattu, BC(7/15)
Presentation convent
Fatimanager P.O.
Warangal - 506003 A.P.

17. Sr. Liner - BC(6/15)
Vimala Hospital
Sirvel P.O. Kurnool Dist
A.P.

- 18) Fr. Bro R. Sunder OFM, BCS.
 Jyothi N Jayam, RCM Church
 Komaragiri, Kesanuru Palem
 East Godavari - 533220
19. Fr. S. Perer — BCS.
 Montford Fathers, R.C.M. Church,
 Karakalapeta (Shanthinagar)
 Annapuram, P.O.
 E. Godavari Dist, AP. - 533220
20. Sr Kalithe 7/6
 Sr Augustine Bhawan,
 Amravathi P.O.,
 Guntur Dt. AP.
21. Sr Marie Fernandes 7/2
 Marian Convent.
 Monaguduru, Nalgonda Dist.
 AP - 508244.

CNWS in BIHAR.

1. Sr. Mary Pelionilla, SRA - BC1.
Shanti Niwas Vidyalaya,
P.O. Garhwa - 822114.
Dr. Palamau,
Bihar.

2. Sr. Sandhya Baxla - BC 2/16
Nazareth convent,
Mokama P.O. 803302.
Patna Dr.
Bihar.

Patna ^A Babhtampur ^{1 hr} → Mokama
(train route)
Sarojani Mahila Kendra.

3. Sr. Pradeepa Minj, - BC 2/17
Holy cross convent,
Nayabhar,
Nagaurhari 822121.
Palamau Dr.
Bihar.

No 3, 5, 6, 5,
all c/o Sr Francis
Holy Cross Convent, Hazaribagh
P.O. Hazaribagh
Dr. Hazaribagh - 825301
Bihar.

4. Sr. Shubha Minj. BC-2/18
Holy cross convent,
Bhurkunda,
P.O. Badami nagar
Dr. Hazaribagh,
Bihar - 825208.

5. Sr. Harita Saeng BC-3/18.
Sr. Josephs convent / Holy cross convent → Dumka District
Mahuaadhar P.O.,
Palamau Dr. Bihar 822119.
Gothgaon, P.O. Hamicholia
Palamau Dr. Bihar 822119.

Gaya → Daltonganj (by train) → Mahuaadhar
or (by bus)
average (bus) 5-6 hrs.

6. Sr. Teres. Thomas BC 3/19
Maryam Ban Holy cross convent
Koth P.O.
Rohtas Dist - 802216.

7. Sr. M. Rosina, BC 3/14.
✓ Sr. Philomenes convent,
P.O. Chatai,
Dr. Menghyr.
Bihar. 811303

8. Sr. Mukta Soren. BC 5/15
7/81 Holy cross Institute
P.O. Hazaribagh, Town
Bihar.

Village
Teamwood
Gaya - Hazaribagh (3 hrs. by bus)

9. Sr. Immaculate Kisku, BC 6/12
Sr. Marys convent, Agiamur
P.O. Deodand Via Godda Poreyalar
Dist Santal Pargana, Bihar - 814133

10 Br Wendy D'Souza SJ, BC 7
Sr Xavier High School
Post Box 30, Lupungulu.
Chabasa - 833201, Singhbhum Dr
Bihar.

2-3 hrs
Chabasa (by bus) \leftrightarrow Jamshedpur \rightarrow
Mokama (overnight trip by Train)

11. Br. George D'Souza SJ - BC 6.

X T T I
Digheghat
Patna - 800011.

Jamshedpur - Patna (by Train)
Mokama - Patna (by Train - $1\frac{1}{2}$ hrs)

12 Br Juwars BC 2
M.C.
Shanti Nivas
Whitehall compound -
Gaya - 823001.

Patna - Gaya (Train - 3 hrs.)

Ruidhala.
P.O. Kishanganj
855107
Dist Purnea (Bihar)

CHW's in GOA

- ① Sr. Santana, Bc 7/16 godinho
 Sr. Alex Fontent
 Calangute, Bardez Asilo "Dr Rafael Pereira"
 Accona Peradem
 Benaulim - goa - 403716.
 goa.
2. Sr Josephine Fernandez - Bc 7/17
 Immaculate Heart of Mary High School. Our Lady of Fatima Convent
 Valpori
 Sakari - Goa
 goa - velha, Ilhal
 goa
3. Br. Vincent Pereira OFM cap.
 Sider of the Friars Minor - capuchin.
 Provincialate.
 Monte de godinho
 goa - 403507
4. Fr Martin Cushman.
 Redemptorist Fathers
 199/A Pilo Porvorim
 Bardez - Goa - 403501

CHW's in GUJARAT.

- ① Sr. Alphonse KO. Bc 3/5
 Our Lady of Pillar Hospital
 Fathegunj Camp 24
 Baroda - 2
 Gujarat.

CHW's in KARNATAKA

1. Fr. Jay Parackal, MCBS - BC (2/15)
 Missionary Congregation of the Blessed Sacrament,
 Sr. Antony's church
 Oduvally,
 434, Thodagathu PO (Nepavally near Jog Falls)
 Shimoga 577431
 New address
 MCBS Bhawan
 B.H. Road, Shimoga
 577208
2. Sr. Rosamma Joseph - BC (2/13)
 Sr. Joseph's convent - (Hospital)
 Marthalli PO 571444 - Kerala
 Kollagal Taluk, Kavaratta.
 Yesu Ashram
 St. Thomas Town PO
 Bangalore 560034
3. Little Sr. Mary Susheela - BC (2/4)
 of Jesus.
 Yesu Ashram
 Nadiwola
 Bangalore - 560068.
 Yesu Ashram
 Kamanabally, Fraser Town P.O.
 Bilore - 560005
4. Sr. Nancy Ferrao - BC (3/10)
 Christa Seva Nilaya, Chippgi
 Narebail Post,
 Sursite 581402.
 Karwar Dist.
 Karwar Diocese.
 Christa Prabha Convent
 Jayapura
 Chickmagalur Dist
5. Sr. Cecilia D'Souza - BC (3/11)
 Holy Rosary Convent, Sr. Ann's convent, Tumakote
 Kankorady P.O.
 Mangalore
 Thottam,
 Udipi, Mangalore.
 Ph. No - 24843
6. Sr. Leena Irene Rodrigues - BC (3/12)
 Holy Rosary Convent,
 Kankorady P.O., Tuppu.
 Mangalore - 575002
 Ursuline Franciscan Convent.
7. Sr. Anna Moraes - BC (3/13)
 Sr. Joseph's convent Maria Nival
 Camp Belgaum, Canossian Sisters,
 Kavalake. 590001. Malkanni P.O.
 Chaudgad TR
 Via Belgaum 416506.
8. Sr. Vinaya F.C. - BC (3/17)
 Premada Nakshatra Ashrama,
 Yellapur,
 N. Kanara
 Karwar Dr.
 581359.
9. Sr. Evangeline - BC (4/5)
 Sr. Philomena's convent, Sevakinde
 Hassan 573201. Javanabally.
 Ph. No 8705
 Sisters of Charity.
10. Sr. Annakutty Mathew - BC (4/18)
 School of Nursing
 Sr. Mathew's Hospital,

11. ✓ Sr. Mary Theophane, BC (4/13)
 St Ann's Convent,
 Jawalgua, Via Manni Hohenashtu
 Sidhanur Taluk,
 Raichur Dist. Karnaataka. 584117
12. Br. Vincent Pereira, OFMCap - BC (4/16) order of Friars Minor
 Monte Mariano, capuchin,
 Tarangiper Post. 574143
 South Kanara Dist. Provinciate,
 Monte de Guadalupe,
 Goa 403507.
13. ✓ Sr. Jude - BC (5/17)
 "Sunanda" SEDA, Mobile Medical cum
 Nutrition Unit.
 P.O. Coimandol
 KGF. 563118.
14. ✓ Sr. Cindy Thomas - BC (5/18)
 Roshini Nilaya Hostel.
 School of Social Work.
 Fr. Mullers Road
 Mangalore - 575002.
15. Sr. Celine Furlado, - BC (5/2)
 Holy Rosary Convent
 Jeppu.
 Kan Kanady PO 7/81 - U.P.
 Mangalore
16. ✓ Sr. Cleora, F.C. - BC (5/13)
 Premada, Nalshahat Ashrama.
 Yellapur.
 North Kannaalaka.
 581359.
17. ✓ Sr. M. Enrichetta - BC (5/17)
 St. Ann's Home for the Aged.
 Angalore,
 Mangalore 575002.
18. Sr. Anna Joseph, BC (5/15)
 Sr. Francis Xavier Convent,
 Castel Bazar,
 Bellary. → Tellicherry.
 583102.
19. Sr. Amultha - BC (6/11)
 Sr. Mary's Convent, Social Welfare Centre + Dispensary
 Channarayana, Theresapura,
 B'lore - 560018. Nuthangwe P.O.
 Kadur TR, Panchanaballi
 Chickmagalur Dist - 573132
 ? Kengeri
 for Nonkate

CHW's in KARNATAKA - Contd.

- 20/ Sr. Therese - BC 6/18
 Mary Immaculate Convent
 Shimoga 577201.
- 21/ Sr. Placid - BC 6/13
 Daya Nilaya Convent, ^{10/81}
 Social Welfare Centre (People's English medium school)
 Mirjan, Karwar Dr. ^{via} Kalinkon.
 North Karnataka ^{Surani - 581305}
Karwar. N. Kanara
- 22/ Sr. Anulla - BC 6/7
 Holy Cross Hospital
 Kamagere P.O.
 571443.
 via Kollegal, Mysore.
- 23/ Fr. Joseph Purayidom - BC 6/22
 Deepthi Bhawan, PB-42,
 Shankar Nagar,
 Mandya,
 Karnataka. 571401.
- 24/ Fr. Jerome Machado, BC 6/21
 Mary Immaculate Church. ^{Tecua Jyothi Ishram}
 New Town. ^{Seraba - 577429}
 Bhadravali. ^{Sri Ch. Bmapalur} Shimoga Dr.
- 25/ Sr Mary Esther. BC 7.
 RNDM
 St Francis Xavier Church ^{Mariam Nilakan Convent}
 Mudurvan. ^{Belvali 574213}
 574166 - DK. ^{D.K.}
- 26/ Sr M. Aquilina - BC 7.
 Sacred Heart Convent
 Brahmanavar,
 Udipi TR, S. Kanara
 576213.
- 27/ Sr Eley Sebastian BC 7
 Deepthi Bhawan, ^{SH}
 Shankar Nagar. PB-42
 Mandya Dr. - 571401.
^{Vimala Convent}
 Ankeswaramnagar
 Gulkalu Colony PO
 Mandya - 571407
- 28/ Sr Francella, BC 7.
 above address. ^{Deepthi Bhawan,}
 Shankar Bhagar, PB 42
 Mandya Dr - 571401.
- 29/ Sr Annie Jose. BCS
 Jyothi Bhawan
 N. R. Pura - 577134.
 Narsim Rajpura
 Chickmapalur Dr.

(30) Sr Jacqueline D'Sauze - BC7
Olavina Halli community Development
Centre
Kinya Post - 574156
Sankeshwar - Uchit
S. Kanara.
Tyoti, Sisters of Charity
Mundugod TR, Kanwar Jt
NR - 581349

31. Sr Lalitha - BC7
Augustine Nival,
Hosur Road,
Bangalore. 560034.

(32) Sr. Jaya Mary - BC8
Vimalalaya Convent,
Hebbagodi P.O.
Bangalore - 562107.

(33) Sr. Mary Helena, SCB - BCS.
Sisters of St. Charles
Narmala Hospital
Old Town, Bhadravati
577303.

(34) Sr Mary Angelina SCB - BCS.
Piern Nival, Nirmala Nagar
Madaya P.O.
Belgaum, 591103
Kannabale.

(35) Sr. Poksin Nalin - BCS.
Sr. Joseph's Convent - "Fairies" Sr. Joseph's Convent
19, Piernade Road. Caromandel,
KGF.
Frazer Town
Bangalore - 560005.

(36) Sr Mikla Paul - BC 213
Kosa Mystica convent,
Kinnikambale Post
Kannabale - 574151

(37) Br Wency BC815
Kallathipura P.O
Chickmagalur Dist
577129.

(38) Br Normal IMS (BC2)
Chickmagalur

CHW's in KERALA

- ① Sr. Janitta FCC, BC (3/15)
 Social centre,
 Ph: 65 Bishops House,
 Mananthavady
 Wynad - 670 645.
 F.C. convent,
 Kallady,
 Edavara P.O.
 via Mananthavady
 Cannanore. DR - 670645.
 W.S.S.S.
 Mananthavady 670645
 N. Wynad. Kerala
 Dawaake
 Nallurkada P.O.
 Mananthavady
 DR - 670645
2. Sr. Achanamma, AU - BC (4/1)
 Carmelite convent,
 Nadavayal P.O.
 Kalpatti via S. Wynad.
 Wynad Social Service Society
 Mananthavady
 N. Wynad - 670645. Sudan
 Kerala → clo Sr. Roselite
 Mount Carmel generalate
 Thairattukara Po
 Always - 6
3. Sr. Annie. Jose. CMC. - BC (5/11)
 clo Social Service centre
 Mananthavady,
 670 645.
 Karnataka
 (NR Pura)
4. Sr. Mary John, BC (5/16)
 Sr. Thomas Hospital, (Transferred)
 Paroor,
 Kampatty P.O.
 Mananthavady.
 Via 670 645.
 Sr. Joseph Mission Hospital
 P.O. Vazhavatta
 Via Kalpetta North
 S. Wynad 673122.
5. Sr. Lulier - BC (6/15)
 Sr. Joseph Convent,
 Manjappa, via Kaladi,
 Dist. Ernakulam,
 Kerala.
 Immaculate Heart Convent,
 Thirupalloor,
 Sherika Blai
 Kerala. AD.
6. Sr. Paula - BC (6/1)
 D.L.P.H. Convent,
 Edakkunnu Padurapuram Po. via Angamali.
 Dist. Ernakulam,
 Kerala.
7. Sr. Betsy. - BC (6/5)
 Cherupushpa Nivas Convent
 Umayanellor,
 Kottiyam
 Quilon, Kerala.
8. Br. Joseph MC - BC 8
 Padua Estate
 P.O. ~~Kannur~~ Manadukkam
 Chengala via
 Cannanore. Dist - 670541
9. Sr. Elizabeth Abraham - BC 8
 Sr. Francis Xavier Convent
 Kaloor, Cochin - 682017.
 ? Providence Convent
 Bilore

CHWS in MADHYA PRADESH.

1. Sr. Monica, - BC (1/17) Franciscan Sisters of Sr. Mary of the Angels
Sr. Mary's Convent,
Mhow - MP.
453441
2. Sr. Jehnet FCC - BC (2/12)
Bassisi Bhaawan,
Anandnagar,
Parla P.O.
Gadchiarli Taluk,
Chanda - M.P.
3. Sr. Conselia FCC - BC (2/10) (Sarna) Bishop's House
Karuna Dispensary,
Odagady,
Daga Bargawan 486887 Post Box 22
Sidhi Di - MP. Renua Road, Sarna, MP.
4. Sr. Suma CMC - BC (2/18)
Deepti Bhaawan,
Deeri P.O.
Via Pindrai.
S.E. Rly.
Mandla MP.
5. Sr. Belsy FCC - BC (2/11) Franciscan claret convent:
Pushpa Social Centre Sagar Diocese
Silwani P.O. 464826. P.B. 32, Sagar Cantt. M.P.
Raisen Di - MP. → Trinity convent, Vidisha, 464001 MP.
6. Fr. Rocky Cardoza - BC (5/19)
C/o Bishop's House,
64 Cantt,
Jhansi - 284001 - UP.
7. Sr. Genevieve, SH. - BC (5/14) (RLO) wrong address
C/o Bishop's House (7187) - S.H. Convent,
Renua Road,
P.O. Box 22,
Sarna 485001. Demna,
Bhumara P.O.
Renua Di - MP.
486415
8. Sr. Clementina Toppo. - BC (1/1)
Holy cross convent,
Rathalgan, 496118.
Dr. Raigarh - MP.

9. Br. Anrony Pettikal - BC (3/1) Malabar Missionary Brothers
seva
✓ Mariel Bhawan
ganj Baroda, P.O., Vidisha Dist.
MP - 464221.

10. Br G. Victor - BC (3/2)
catholic church
Panno,
488001.

11. Sr Mary Satya - BC (7/12)
catholic church
Panthra Hridai Bhawan,
Bina - M.P.

12. Fr. Abraham Medoor - BC 8
catholic church
Ujjain - 456010, M.P.

catholic church Bajarangpur.
Bajarangpur, village
Pipliyahama, P.O.
Ujjain MP - 456010

CHW'S in MAHARASHTRA

1. Sr. Kalavathi - BC (1/13)
Society of the ~~Helps of~~ Mary, (close to 10-15km from
Anand Vihar, Sairampur).
P.O. Tilaknagar,
Ahmednagar Dist.
MH.
2. Sr. Teresa Jose - BC (1/20) ^{Transferred}
Holy cross convent, Malighogargaoon
Vaijapur TR, Aurangabad, Maharashtra
3. Sr. Darshana - BC (1/14)
MA Nirelan
2nd Pokaran
Thane - 6
MH.
4. Sr. Alphonsa KO. - BC (3/5) St. Ann's Sister.
New girls School
Lokamanya Tilak Rd, Gujarat.
Borinli West, ? Narsing.
Bibay 400092.
5. Sr. Natalia D'Mello FC - BC (3/18) Daughter of the cross,
Krupa Prasad, Ph. - 3234.
Old Bombay Aqua Rd,
Nasik city.
6. Sr. Servia SD, BC (4/9)
Ashadham Hospital.
Wair (SC Ry).
Chandrapur Dr.
MH.
7. Sr. Consesao Nunes FC, BC (5/12)
Krupa Prasad Hospital
Old Bombay Aqua Road,
Nasik city - 422001
8. Sr. Alfonsa Davis - BC (7/3)
Marie Assunta convent & Kashmir.
38, Sassoon Road
Poona - 411001
9. Br. Thomas Kurumilla - BC 8.
Sr. Pius college
Aarav Road
Garegaon East
Bomby - 400063.
Kalambsi Vihar (will May '82)
Shilonda,
Udhava P.O.
Dr. Thane. 401606

10. Br. Wasey, CMSF - BCS
Sr. Anthony's Balbharan,
P.O. Gokhivara, Vessai
East Thane - 401205 Karmorake
Maharashtra.

⑪ Swami Sevanand - BCS
Fr. Louis Pereira
Shanti Sadon
Borisar P.O. - 423703
Maharashtra

⑫ Sr. Mary Theophane - BCS
Maurit Sr. Ann
Vishnupuri P.O.
Talegaon
Pune - 410507

CHW's in DELHI, PUNJAB + HARYANA + KASHMIR

(NORTH)

0. Sr. Coena SD - BC 4/13.
Sacred Heart convent, School
Jagadhri, RO
Ambala Dist.
Haryana.

Pl. No - 279.

2. Sr Florrie Fernandez FMH - BC 7.
Mother Sri convent, Prabhakara,
1, Tilak Lane B, 514 Sejdarying Enclave
N. Delhi - 110001 N. Delhi - 110029 → AP.

3. Sr Alphonsa Davis fmm - BC 7/3
St. Josephs Hospital
Baramulla 193106
Kashmir.

NORTH EAST CHW's in ASSAM + NAGALAND + MIZORAM.

1. Sr. Malati Daphu BS, BC 2/2 Holy Cross School/Church
 Holy Family Convent, Sisters of the Little Flower of Bethany
 Silchar - 788005 Jorhat Diocese,
 Assam.
2. Sr. Hilda Paul - BC 2/3
 BS, - now in Karakoram.
 - as above, -
3. Sr. Eva D'Silva - BC 3/19.
 BS, Catholic Mission, - Calcutta -
 P.O. Lundring + Rly Stn.
 Dr. Nongong
 Assam
4. Sr. M. Aquinas BS - BC 4/11
 Holy Cross Convent,
 Dimapur,
 Nagaland - 797112.
 St. Xavier's Convent,
 Thanlon post 795143
 Via Churechandpur
 South Dist. Manipur
5. Sr. Celine Sangma - BC 6
 Narmala Convent,
 Dima P.O.
 Goalpara Dist
 Assam.
6. Br. Lucian Maripurath - BC 8.
 Mount Assisi
 P.O. Samelangeo
 Dist Karbi Anglong.
 Assam - 782440 Tel. Daboka.
7. Fr. Thomas Mukkanand - BC 8
 Catholic Church
 Serchhip P.O., Aizawl Dist.
 Mizoram - 796014.

CHW's in ORISSA

1/ Sr. Pushpa EKKA - CHW BC (11/16)
 Generalate of the Handmaids
 of Mary, Ph.No - Sundargarh
 PO Dist. Sundargarh, Orissa
 118

[Sambalpur diocese]
 Sr. Mary's Convent, Salangabahal
 P.O. Rajgangpur, via Bhumitapur,
 Dist. Sundargarh, Orissa
 770003

2. Sr. Mary Kullu HM - BC (3/16)
 Generalate of the Handmaids
 of Mary.
 P.O. Sundargarh, Dist. Sundargarh
 Orissa - 770001.

Salangabahal P.O., Sr. Mary's Convent
 via Bhumitapur, P.O. Barqah
 Dist. Sundargarh, Orissa
 768028

3. Sr. Magdali Kiro HM - BC (3/7)
 Catholic Church,
 Barqah, P.O. Barqah,
 Dist. Sambalpur
 Orissa - 768028

4. Br. Sumanth Kumar Digal CM. - BC (3/4)
 Bhawan Gurubachan, Jaguda,
 Sirampur PO,
 Kathogarah via
 Phulbari Dr.
 Orissa - 762105

Vincentian Congregation of Mission
 Archdiocese - Cutack/Bhubaneswar

5. Sr. Francis - BC (6/19)
 Vimala Convent,
 Bhawan - Patna,
 Kalahandi Dist.
 Orissa - 766001.

6. Br. Francis Jiru SJ. - BC (5/22)
 Post. box 27,
 Belguma,
 Purulia - 723101 - W. Bengal

7. Sr. Ursula FC - BC (7/9)
 Sacred Heart Convent,
 Ghosha, P.O. Ranar Kela,
 via Purnapuri 770035
 Orissa

8. Sr. Shobhana Mary - BC 8.
 Jeewan Jyothi Nivas (Health Centre)
 Samliguda P.O.
 Koraput Dist.
 Orissa - 764036.

9. Sr. Rosy Verghese. BC (6/19) 6/9
 Sr. Ann's Convent, Gurunda
 Korani P.O.
 Padmapur via, Koraput Dist.
 765025

8. Sr Michael Teresa 7/10
Ika Convent, Gaibura,
P.O. Subdaga
Dist- Sundargarh,
Orissa.

CHW's in TAMIL NADU.

- ① Sr. Julie SA - BC(2/16)
Sr. Anns convent,
Windermere,
Wellington,
Aruvankadu P.O.
643202. (Nilgiris)
- ② Sr. M. Constance - BC(2/7)
(Sr. Inmasialis)
Shanti Nilayam,
Vikravandi, S. Arcot Dist.
605652.
- ③ Br. V.M. Xavier Amal SS, - BC(3/3)
Our Lady of Health church, Sacred Heart - Hosur
St. Joseph's college
Ranipet, N. Arcot Dr. Tiruchirappalli - 620002.
T.N. 632401. TN. 24070
- ④ Sr. Justina, BC(3/16) R2.
Chung convent, Nirmala Rani Health Centre 244
Gangavelli P.O. Devikapuram, N. Arcot Dr, 606902.
Salem Dr. Tamil Nadu. (Palur Rly St)T.N.
- ⑤ Sr. Pachelli SD, BC(4/2)
Sisters of the Destitute
Sr. Joseph Dispensary.
Kongerpalayam, P.O., via Thukkanaikkattam
(T.N.) Palayam, ~~Reserve~~ B. Coimbatore Dist
~~Coimbatore~~ - 638506
- ⑥ Br. A. Santiago SJ, BC(4/17) 213
Arulampandar College, Aul Dispensary
Karempathur,
Madurai 626514. (Ph. - rez. 32201, sch. - 22017)
- ⑦ Sr. Elsy D. Thottian - BC(5/14) (fill May '82)
Nava Nirmana, Social Institute
14, Cathedral Road
Madurai - 600086.
- ⑧ Sr. Mary Gomez - BC(6/14)
Sr. Mary's convent,
Kotapini -
Nilgiris - 643217.
- ⑨ Sr. Vittalia - BC(6/20)
Sr. Rocks Dispensary,
Puduthurai
Karai Kal, Pondicherry State.
609602

10. Sr. Ann - Bc (1/5)
Holy Cross Convent,
Christurajapuram, South cen Street
via Vasu Gnanallur
Tirunelveli Dt. - T.N. - 627758.

11. Sr. Maria Prabha AC - Bc (7/14)
'Amali Sllam'
Santa Maria Mission
Palligaram Post
Via Saluakun
Chingleput Dist
Madras 603107

12. ✓ Sr. Ephrem - Bcs.
St. Theodore's Convent,
Wellington Barracks 643231
T.N.

1. Sr Mary Richards SRA - BC (1/10)
St Mary's Convent,
Varanasi Cantt. - 2.
U.P.
2. Sr. M. Rosita SRA, - BC (1/19)
Deen Dayalu Matha Ashram,
Zhurabad P.O, Marisabad,
Gajipur Dr.
U.P. 233 222.
3. Sr Elsy S, SPS - BC (1/15)
Fatima Hospital,
35-C, Mahanagar,
Lucknow - 226006.
4. Sr. M. Elma SRA - BC (1/17)
Sr. Pushpa Convent,
Jamwara,
P.O. Khandwa,
Dr. Ballia
U.P.
5. ✓ Fr Joseph Koeluputhenpura, BC (1/6)
Asha Niketan,
Naulanwa 273164
Garakhpur Dr
U.P.
6. Br. Verghese, Kaitaran, CMI - BC (1/4) Bijhar Diocese
Bishops House
Koldwara P.O.
Garhwal Dr - U.P.
7. Br Dssoc. CMSF, - BC
Catholic Ashram,
Chitaurakalan,
P.O. Kalespur Mahwal,
Dr. Jolizabad,
U.P.
Allahabad Diocese.
Social Welfare Hospital,
P.O. Indara,
Dr. Azamgarh, U.P. - 275102
8. Sr Urmila HM - BC
Mariam Seva Ashram
~~Jaipur~~
Rastar P.O., Jighnara
Dr Ballia U.P.
Varanasi Diocese.
9. Sr M. Francisina SRA - BC
Laudes Convent
Ghazipur - 233001. U.P.
" Superior
St. Mary's Convent
Varanasi - 2, U.P.
[Queen of Apostles Congregation]
10. Sr. Amelia Aleriaswamy - BC
Our Lady of Dolours Convent
Hartmanpur
Gazipur Dr - Varanasi.
U.P.
" Congi
St. Mary's Convent
Varanasi Cantt-2
U.P.

11. Br. Nirmal, IMS - BC 2/15
Indian Missionary Society,
Christ Nagar P.O.
Varanasi - 221002. Chikmagalur.
12. Sr Antonia FSLG - BC 2/14, Norbert House, Weyfare Centre
Raja - Raj - Tajpur - P.O. or Clo Bishop's House
246 735 (excl. day's 2) 283, Roorkee Rd, [till May '82
at B. Hall]
Bijnor Dist - UP. St. Lukes Hospital Meerut.
Saker, Meerut (ph 77744)
13. Sr Egidia John Pullattu - BC 4/6
St. Mary's Convent - Sr. Paul's Convent School
Clement Town P.O.
Dehra Dun - 240002.
Disr. PH. No 37 (C.T. Civil)
clauis Franciscan
Sister of the
Blessed Sacrament.
14. Sr Joetta, - BC 4/10.
St. Mary's Convent,
Clement Town P.O.
Dehra Dun UP.
15. Br. Joseph Jaya. Prakash OFM Cap - BC 4/15
Uday Bhawan,
Josephnagar
Bilaspur P.O.
Rampur Dist.
UP - 244921.
16. Fr. Rocky Cardoza - BC 5/19
Little Flower Mission,
Janya,
P.O. Sindwala
via Mahroni
Dist. Lalitpur - 284405.
U.P.
17. Sr Archana, ICM - BC 5/1.
(Sr Mariakou Barboga)
Sevasadan,
Bajalpur
Rastha
Dist. Ballia.
UP - 221712.
18. ~~Br. Francis Thomas~~
Sr. Stephania - BC 6/16
Sr. Mary's Convent
Rampur - U.P.
19. Sr. Celine Furlado, BC 5/2
(7/81) Shree Yeshu Ashram
Mirpuri P.O.
Banpur P.O. - 221603
Azamgarh Dist - U.P.

CHW's in WEST BENGAL.

- ① Br. Abraham MC - BC 2/12.
Missionaries of charity (Bistars)
Noorpur P.O. 10/81-7, Mansakala Row Ph-45-6310
Diamond Harbour, Calcutta 700023
24 Parganas,
W. Bengal.
2. Sr. Anaelasia ER^{FL} - BC 4/3. Daughters of the cross.
Sr. Mary's Convent
~~The Convent~~
Gayaganga,
P.O. Kamala Bagan
Darjeeling Dist.
3. Br. Sebastian Jungdung - BC 5.
Missionaries of charity,
7. Mansakala Row,
Kidderpore
Calcutta 700023.
4. Br. Sebastian - MC - BC 5. Br. Francis Trin. SJ BC 5-
Catholic Ashram,
Post Box 27,
Belgum
Purulia - 723101
W.B.
12, Pipe Road
Kidderpore
Calcutta - 23
7/81 - A.P.
5. Sr. Veronica - BC 5-1/16
Holy Cross Convent
P.O. Binnaguri
735203
Dr. Jalpaiguri,
W.B.
6. Sr. Michael Theresa - BC 7
Sr. Agnes Convent
1, Kings Road,
Haurah 711101
W. Bengal
7. Sr. Mariassunta Orappuzhickal - BC 8
Sisters of Providence
Thakurnagar, 24. Parganas
W. Bengal - 743287.
- ⑧ Sr. Pierlisa Keandamattathil - BC 6/17
Sisters of Providence
c/o Catholic Church, Thakurnagar P.O.
24 Parganas
W. Bengal - 743287

1. ✓ Sr. Betty, F.C.C.
Pushpa Social Centre
Siliguri P.O.
Raisen Dist.
M.P. - 464886.
Trinity Convent Sagar Diocese.
Vidisha - 464001
M.P.
- 13/12 2. ✓ Sr. Malathi Daphu, B.S.
Holy Family Convent
Silchar
Assam - 788005
Sisters of the Little Flower of Bethany
Holy Cross School/Church
- 13/12 3. ✓ Sr. Hilda Paul, B.S.
Holy Family Convent,
Silchar
Assam - 788005.
Sisters of the Little Flower of
Bethany.
Rosa Mystica Convent
Kinnikumbla Post
Karnataka - 574151
- 13/12 4. ✓ Sr. Mary Susheela,
Newly, Convent
St. Thomas Town P.O.
Bangalore - 560084
Little Sisters of Jesus.
- 13/12 5. ✓ Fr. Jay Parackal, M.C.B.S.
M.C.B.S. Bhavan
B.H. Road.
Shimoga - 577201.
Karnataka -
Missionary Congregation of the
Blessed Sacrament.
St.
(Nagavally).
- 7 ✓ Sr. M. Constance
(Sr. Innasialis)
Shanti Nilayam,
Vikravandi
S. Arcot Dist.
T.N. - 605652.
- 13/12 6. ✓ Sr. Sandhya Baxla,
Nazareth Convent
~~Makamah~~
Makamah P.O.
Patna Dist.
Bihar - 803302
Sisters of Charity of Nazareth
- 13/12 8. ✓ Sr. Shubha Minj
Holy Cross Convent,
Bhurkunda,
Badaminagar P.O.
Hazaribagh Dist.
Bihar - 825208.
c/o Sr. Francis
Holy Cross Convent
P.O. Hazaribagh
Dr. Hazaribagh - 825301
Bihar
- 9/12 9. ✓ Sr. Bonitas, CMC.
Riem Dhan
Catholic Church
Bellampally
Adilabad Dist.
A.P. 504251
- 13/12 10. ✓ Sr. Conselia, F.C.C.
Karuna Dispensary,
Oobagady
Daga Bargawan
Sidhi Dist.
M.P. - 486887
Franciscan Clarist Congregation

11. ✓ Br. Junas, M.C.
 Slanti Nivas
 Whitehouse Compound,
 Gaya - 823001.
12. ✓ Br. Abraham, M.C.
 Missionaries of Charity
 (Brothers)
 7, Mansabale Row
 Calcutta - 700023
 W. Bengal.
13. Sr. Rosamma Joseph fmm.
 St. Josephs Hospital
 Marqalli P.O.
 Kollegal Taluk
 Karnataka - 571444.
- 13/12
14. ✓ Sr. Anronia, FSLG.
 Norbert House,
 Welfare Centre
 Raja-Ra - Tajpur P.O.
 Bijnor Dist.
 U.P. - 246735.
- 13/12
- Permanent
15. Br. Nirmal, IMS.
- Missionaries of Charity (Brothers)
 Ravidhasa
 P.O Kishanganj - 855107
 Dist Purnea (Bihar)
- Missionaries of Charity (")
- Franciscan Missionaries
 of Mary.
 St Elizabeth Convent
 Cattiparambu P.O
 Kannamali
 Cochin - 682008
- Franciscan Sisters of
 Our Lady of Graces.
 [Till May '82 at
 Holy Cross Polytechnic.
 Hazaribagh Bihar - 825301]
 after May '82 at - St. Lukes Hospital
 Saket, Meerut - [Ph 47744]
- Indian Missionary Society
16. ✓ Sr. Julie, SA.
 St. Ann's Convent
 Windermere
 Wellington
 Aruvankadu P.O.
 Nilgiris - 643202
 T.N.
- 9/12
17. ✓ Sr. Pradeepa Mary
 Holy Cross Convent
 Nayabhar,
 Nageruntari
 Patna Dist
 Bihar - 822121
- 13/12
- c/o St Francis
 Holy Cross Convent
 P.O Hazaribagh
 Dist Hazaribagh
 Bihar - 825301
18. Sr. Seema, CMC.
 Deepti Bhawan,
 Deari P.O.
 Via Pindrai,
 S.E. Rly.
 Mandla
 M.P.
- 13/12
- 11/79
 Refer 7/12
 7/12

1. ✓ Br. Antony Peltickal, MNB.
Maria Seva Bhawan,
ganj Basoda.
13/12 Vidisha Dist,
M.P. - 464 221.

Malabar Missionary Brothers

2. Br. g. Victor, MNB
Catholic Church (4/19)
13/12 Panna
M.P. - 488001.

Malabar Missionary Brothers
Madonna Trichur - Kerala (60005)

3. ✓ Br. v. M. Xavier Amal, SS.
Our L. of Health Church
N. Aligarh Dist
T.N. - 632401

Society of Jesus
Sacred Heart Hospital
St. Joseph's College
Trichurapalli - 620002
TN

4. ✓ Br. Susanto Kumar Digal CM
gurudwara, Jubbulpur.
Srirampur P.O.
Kaltogarah via
Phulbani Dist.
Orissa - 762105.

Vincentian Congregation
of the Missionaries

5. ✓ Sr. Alphonsa, K.O.
Our Lady of Pillar Hospital
13/12 Fattegarj Camp 24
Baroda - 2
gujarat

Sisters of Charity of St Anne

6. ✓ Sr. Mary, Kullu, HM
Sr. Mary's Convent -
Salangabahal P.O.
Via Birmitrapur
Sundargarh Dist
Orissa - 770033.

p.o. Bargarah - 768028
Dist Sambhalpur (Orissa)

Handmaids of Mary.

7. ✓ Sr. Magdali Kiro, HM
Catholic Church,
Bargarah P.O. - Bargarah
Sambalpur Dist
Orissa - 768028.

Handmaids of Mary.
St Ursula Hospital
P.O. Lohardaga → Till June 82
Dist Ranchi - 835302.
Bihar.

8. ✓ Sr. Martha Soreng.
Holy Cross Convent,
Gathgaon,
P.O. Hamicheta
Palamau Dist
Bihar 822119.

? Mahuadarn

C/o Sr Francis
Holy Cross Convent
P.O. Hazaribagh
Dist Hazaribagh - 825301
Bihar

(Sundargarh Mother House)
in June 82
6/79
St Joseph's Convent
P.O. Mahuadarn
Dist Palamau
Bihar - 822119
Now Refer BL 2/12

9. ✓ Sr. Therese Thomas.
Holy Cross Convent,
Muriyarn - Ban,
Kotha P.O.
Rahwal Dist
Bihar - 802216.

(Patna Diocese)

12. Sr. Nancy Renna
Christa Seva Nilaya, Chippgi
Narebail Post,
Sursi. TR
Kannur Dist.
Karnataka - 581402.

9/80

Superior General
Holy Rosary Convent
Kankandiy P.O. one
Jeppu - Mangalore
575002 Tel. No
24843

Christa Pratha Convent
Tayapur
Chickmagalur Dist.

11. Sr. Cecilia D'Sauza
St. Ann's Convent,
Thottam
Udupi.
Mangalore.
13/12
Sr. Leena Irene Rodrigues
Holy Rosary Convent,
Kankandiy P.O.
Jeppu,
Mangalore. - 575002.

6/79

13. Sr. Anna Moraes,
Maria Nivas,
Cannassian Sisters,
Halkarri P.O.
Chandgad Taluk,
Via Belgaum
Karnataka. - 416506

13/12

14. Sr. M. Rosina,
Sr. Philomena's Convent,
Chakrai P.O.
Monghyr Dist.
Bihar. - 811303

13/12

or Rev. Fr. Joseph Mulloor
Sacred Heart Church
Chakrai P.O. etc.

15. Sr. Jovitta, F.C.C.
F.C. Convent, Kallady
Edavara P.O.
Via. Mananthavady,
Cannanore Dist.
Kerala - 670645.

Franciscan Clarist Congregation
Dawanke or Director, WGES
Nallurnade P.O. Bishop's House
Mananthavady
Cannanore Dist.
670645

Sisters of Sr. Joseph of Cluny.

16. Sr. Justina
Nirmala Rani Health Centre
Derikapuram
N. Arcot Dist.
T.N. - 606902.

17. Sr. Vinaya, F.C.
Premada Nakshatra Ashrama
Yellapur, N. Kanara,
Kannur Dist.
581359, Karnataka

18. Sr. Natalia D'Hello, F.C.
Krupa Prasad,
old Bombay Agra Road.
Nasik City
13/12

6/79 10/80

19. Sr. Eva D'Silva, B.S.
Catholic Mission
P.O. Lunding + Rly sr.
Newgong Dist.
Assam.
13/12

7/79

Sisters of the Little Flower
of Bethany
To Calcutta

Tel. No. 3234

1. Sr. Achamma A.V.
Wynad Social Service Society
Mananthavady
N. Wynad
Kerala - 670645.
- (Sr Roselika)
MK Carmel Generalate
Thakkattukara P.O
Alwaye - 6
Kerala
(off Vb Sudan)
2. Sr. Pochetti S.D.
Sisters of the Destitute
St. Joseph's Dispensary
Kogerpalayam, via Thirukkaraikkam
(T.N.) Palayam - 638506.
Pudukottai District.
Cumbaloor District.
3. Sr. Anastasia ERKE
St. Mary's Convent,
Gayaganga,
P.O. Kamala Bagan
Dargacholing Dist.
- (11/19) Daughters of the Cross
4. Sr. Juliana JMJ
St. Theresas Convent, St. Mary's Memorial Health Centre
Sanoth Nagar, Vegendla P.O
Hyderabad 500018. Tenali Taluk - Guntur Dist
522213 (A.P.)
5. Sr. Evangeline
St. Philomena's Convent
Nesson - 573201
c/o Provincial Superior
Holy Angels Convent
Behdore, Mangalore 575002
6. Sr. Egidia John Pullattu
St. Paul's Convent School
Clement Town P.O.
Dehra Dun Dr
240002.
7. Sr. Mariamma Antony, fmm
Maria Bambina Convent,
Damara Bhimanapally
Khammaguda
Via Marriaguda
Nalgonda Dr
AP - 508245.
8. Sr. Mary Kurissery, JMJ.
Christu Tyothi Nilayam Convent,
Tyothi Nagar,
Hanuman Junction
Krishna Dr.
AP - 521105.
PH NO: 51
9. Sr. Servia, S.D.
Holy Angels Nursing Home
A-12, Kailash Colony
N. Delhi - 110048.
10. Sr. Josetta
St. Mary's Convent
Clement Town P.O.
Dehra Dun - U.P.

11. ✓ Sr. M. Aquinas, BS.
Holy Cross Convent,
Dimapur,
Nagaland - 797112.
Sr. Xavier Convent
Thanlon post 795143
Via Churachandpur
South Dist. Manipur.
12. ✓ Sr. Carcena, SD
Sacred Heart Convent School - PH No 279
Jagadhri,
Ambala Dist.
Haryana.
13. ✓ Sr. Anna Kutty Mathew, Smm.
School of Nursing,
Sr. Martha's Hospital,
Bangalore.
13/12
14. ✓ Sr. Mary, Theophane.
Sr. Ann's Convent
Jawalgiya, via Harvi,
Siddharth Taluk,
Raichur Dist.
Karnataka.
Mount Sr. Ann (Full June '82)
Vishnupuri P.O.
Talagadda
Pune - 410507
13/12
15. Br. George, MM
Sr. Joseph's High School,
Rudrampur,
Khammam Dist.
A.P. - 507101.
16. Br. Joseph Jaya Prakash, OFM Cap.
Uday Bhawan,
Josephnagar,
Bilaspur P.O.
Rampur Dist.
U.P. - 244921.
13/12
17. Br. Vincent Pereira, OFM Cap
Order of Friars Minor, Capuchin: (left the congregation)
Provincialetto
Monte de Gudrin.
Goa - 403507.
18. ✓ Br. A. Santiago, SJ.
Amulapandar College,
Kerupathur
Madurai - 626514.
✓ Sr. Mary's Hr. Sec. School
P.B No 56, Madurai - 625001
(Ph - Res: 32201, sch - 22017)

1. Sr. Jude
"Sunanda", S.E.D.A.
Coimandol Post,
KGF
Karnataka - 563118.

Sr. Joseph of Tarbes.

2. Sr. Cicily Thomas
Roshni Nilaya Hostel,
4r. Mullar's Road,
Mangalore.
575002

Sr. Joseph of Tarbes.

3. Sr. Celine Furkado,
Shree Yesu Ashram,
Mirpuri Zandi
Banpakre P.O.
Azamgarh Dist.
U.P. - 221603

4. Fr. Rocky Cardozo.
Little Flower Mission
Tarye,
P.O. Sindurba
via Mahroni
Kalitpur Dist.
284405

5. Br. Sebastian Dung Dung.
Missionaries of Charity
7, Manselala Row
Kidderpore,
Calcutta - 700023.

40 Br. Ferdinand M.C

6. Br. Seban, M.C.
Nunna, Vijaywada
Krishna Dist.
Vijaywada
AP - 521212

7. Sr. Maria Lou Barbosa (Sr. Archana) ICM
Sevasadan,
Bajalpur
Rasra,
Ballia Dist.
U.P. 221712

8/81 10/81

8. Br. Francis Tirm, S.J.,
Catholic Ashram,
Post Box 27,
Belguma
Purulia - 723101
W. Bengal

5/80

9. Br. Meera, FC.
Priemada Akshero Ashrama
Yellapur,
N. Kanara - 581359

10. Sr. M. Enrichetta,
Sr. Ann's Home for the Aged,
Angalore,
Mangalore - 575002

13/12

11. Sr. Veronica
Holy Cross Convent
P.O. Birnaguri - 735203
Jalpaiguri Dt - W. Bengal.
12. Sr. Consesao Nunes, FC
✓ Krupa Prasad
old Bombay - Agia Road
Nasik City - 422001.
13. Sr. Genevieve, SH
Sacred Heart Convent → R.L.O
Demna, Bhimara P.O.
(13/12) (5/9) Rewa Dist.
M.P. - 486445.
(Theresiakutti P.O)
c/o Bishop's House
Rewa Road
P.O. Box 22
Sakra - 485001
M.P.
14. Sr. Annie Jose, CHC
Tyothu Bhawan,
Narsimnapura
(13/12) Chickmagalur
577134.
15. Sr. Henry John.
Porvor, Sr. Thomas Hospital
Kampatty P.O.
Hananthavady
Wynad Dist
670645.
St. Joseph Mission Hospital
P.O. Vazhuvatta
via Kalpatta Natta
S. Wynad - 673122.
16. Sr. Elsy D. Thottian
Nava Nirmala Social Institute (ul May '82)
14, Cathedral Road.
Madras - 600086. (also)
17. Sr. Nicolette Gayan,
Sr. Ignatius Convent,
Durgi P.O.
Palnad Taluk, Via Macherla,
Guntur Dist - AP.
c/o Superior General
Fatima Convent, Fatima Nagar
Wanowari - Pune 411013
18. Sr. Anna Joseph,
Tellicherry.
19. Fr. Martin Cushman, CSSR
Redemptorist Fathers
Chenchurupet, Marispet P.O.
Tendli - 522202, Guntur Dt.
AP. → 199/A Alko-Porvorim
Bander - Goa - 403501
20. Sr. Mukra Soren,
Holy Cross Institute
(13/12) P.O. Hazaribagh Town
Bihar.
Bumka diocese
c/o Sr. Francis
Holy Cross Convent
P.O. Hazaribagh
Dt. Hazaribagh - Bihar 825301
21. Sr. Annette.
Sr. Ann's Convent
(13/12) 4, Miller Road
Bangalore - 560052.
22. Sr. Nirmala Jacob,
"

1. Sr. Teresa Manjooran,
Sr. Mary's girls Vocational Centre,
Sisters of Charity of St. Anne,
P.O. Box 290
Elmina - Ghana, w. Africa.
2. Br George D'Souza, S.J.
X. T.T.I.,
Dighaighat,
Patna - 800011.
3. Sr. Pierlisa Koonthamattathil, Sisters of Providence,
40 Catholic Church, Thakur Nagar P.O.
24, Parganas, w. Banpur 743287.
4. Sr. Limer,
Vimala Hospital
Sirvel P.O.
Kurnool Dist.
A.P.
5. Sr. Mary Gomez
Sr. Mary's Convent
Kotagiri - Nilgiris. 643217
6. Sr. Paula,
O.L.P.H. Convent
Edakkunnu Podurapuram P.O.
Ernakulam Dist. Kerala via Angamali.
7. Sr. Stonay,
Vimala Convent, Bhawanipatna
Kalahandi Dist.
Orissa - 766001.
8. Sr. Flavia D'Silva
Sr. Joseph's Convent,
Sathyapuram, Proddatur
Cuddalore Dist. AP - 516360.
9. Sr. Annathe
Social Welfare Centre + Dispensary
Therapuzha, Northangura P.O.
Kadur Taluk
Poncharahalli
Chickmagalur Dist.
573132.
10. Sr. Therese
Mary Immaculate Convent
Shimoga Dist.
577201
11. Sr. Placid
People's English Medium School
Sun Keri P.O. - 581305 via Kalinkon.
Karwar, N. Kanare
12. Sr. Betay,
Cherupushpa Nilas Convent
umayanalloor, Kollam
Quilon, Kerala.

40 Carmelite Provincial House
Koilvattom Road
Ernakulam
Cochin-31

Provincial House
Sr. Mary's Convent
Chamarajpet
Bangalore-560018

13. Sr. Plazamma, CSF
 St Pauls Orphanage.
 Unkoo P.O.
 Adilabad Dist-
 AP-504311
14. Sr. Jaya
 ✓ Holy cross Convent
 Dornab-APS2 3331.
15. ✓ Sr. Anella
 ✓ Holy cross Hospital
 Kamagere P.O S 71443
 Via Kollegal, Mysore.
16. Sr. Stella Mary
 Bishops House
 B. Camp, Kurnool
 S 18002 - A.P. (18/8)
17. ✓ Sr. Rosy Vaighese
 Bishops
 St Anne's Convent
 Karini P.O.
 Padmapur (na)
 Korapur (DR) Orissa-765025
18. ✓ Sr. Vittalia
 ✓ St. Roch's Dispensary,
 Pudukkurai
 Karaikal - 609602
 (Pondicherry State)
19. ✓ Fr. Joseph Purayidom
 Deepthi Bhavan, P.B. 42,
 Shankarnagar, Mandya
 Karnataka S 71401.
20. ✓ Fr. Jerome Machado
 Jeava. Thyagar Ashram
 Sareba - S 77429
 Shimoga Dr
21. Sr. Celine Sangma (12/60)
 Nirmala Convent,
 Damra P.O.
 13/12 Goalpara Dist. Assam.
22. ✓ Sr. Immaculate Kisku, (10/51)
 ✓ Sr. Mary's Convent, Apiamark.
 P.O. Deoland Via Parajalot
 Santal Pargana. Dist.
 Bihar. - 814133
23. Sr. Srephavia (9/51)
 Sr. Mary's Convent,
 13/12 Rampur.
 U.P.

1. ✓ Sr Raphael,
Suma Convent Bhawan,
Bheemaram P.O.
Chennur Taluk.
Adilabad Dist.
A.P. - 504204.
2. Sr Florrie Fernandes, fmm
"Prabhatalaya"
B 5/4 Sajdarjung Enclave.
N. Delhi - 110029. 8/81 Mariam Convent
Monogachy, Nalgonda Dist
A.P. - 505244
3. ✓ Sr Alphonsa Davis, fmm
Sr. Joseph's Hospital
Baramulla
Kashmir - 193106 J.K.
4. ✓ Sr. Mary, Esther Joseph
✓ Sr. Francis Xavier Church,
Mudu Peras
D. Kanara - 574166. Mariam Nireban Convent
Belval - 574213
DK.
5. ✓ Sr/M. Aquilina
✓ Sacred Heart Convent,
Bhramavar P.O.
Udupi Taluk
S. Kanara - 576213.
6. ✓ Sr Lalitha
A.P. Sr. Angelina Bhawan
Amalavathi P.O., Guntur Dist.
4 mth Leprosy course in
commenced 10/81
7. ✓ Sr. Francilla,
Deepti Bhawan
Sankar Nagar,
P.B. 42
Mandya Dist. 571401.
Kannurka
8. ✓ Sr. Eley Sebastian
13 km away
from 7 Vimak Convent
Arakeshwaramagar.
Guthalu Colony PO
Mandya - 571403
9. ✓ Sr. Ursula, FC
Sacred Heart Convent
ghodea, 10/81
Kannurkela P.O.
via Purnapuri
Quissa - 770035.

10. Sr. Michael Teresa,
Sr. Agnes Convent,
Kings Road,
Howrah - 711101
W. Bengal.

(11/80) 40 Provincial of the Cross
Daughters of Home
St Vincent Harbour Road
66 Diamond Harbour Road
Kidderpore
Calcutta-700023

11. Sr. Liza Pullattu,
Presentation Convent,
Fatimanagar P.O.
Warangal - 506003
A.P.

(10/81) The convent, Gairura
PO Subdoga
Dist. Sundergarh
Orissa

12. Sr. Mary Satya,
Pavitra Hridai Bhawan,
Bina - M.P.

(7/81)

13. Br Wency D'Sauza
St. Xavier's High School
P.B. 30, ^{Lipungdula} Chabasa,
Singbhum Dist,
Bihar - 833201

14. Sr. Maria Prabha, AC
Amali Allam,
Santa Maria Mission
Palligaram Post
Via Salvakum,
Chingulpet Dist,
Madras - 603107.

15. Sr. Jacqueline D'Sauza,
Clarina Halli Community
Development Centre
Kunya Post,
Someshwar - Uchil
S. Kanara - 574156.

~~Tyoti~~
Sister of Charity,
Tyoti, Mundugod
Mundugod R, Kanna - 11
NR - 581349

16. Sr. Santana, Godinho
Sr. Alex Convent,
Calangute,
Bardes
Goa.
Asilo "Dr Rafael Pereira"
Accona Peradem,
Benaulim Goa - 403716.

17. Sr. Josephine Fernandez
Immaculate Heart of Mary
High School,
Goa - Velha,
Illhas,
Goa.

Our Lady of Fatima Convent
Valpoi
Sakari - Goa.

St John's Medical College, Bangalore 560 034

Directorate of Rural Health Services & Training Programmes
Eighth Training Programme for Community Health Workers (CHW BCS)

31 Aug 1981 to 21 Nov 1981

Nominal Roll

1. ✓ Bro. Thomas Kuruville

St Pius College
Aaray Road
Goregaon East
Bombay 400 063

2. ✓ Sr. Shobhana Mary
Jeevan Jyothi Nivas
Semiliguda P.O.
Koraput Dist.
Orissa 764 036

3. ✓ Sr. Java Marv
Vimalalaya Convent
Hebbagodi P.O.
Bangalore 562 107

4. ✓ Sr. Euhrem
St. Theodore's Convent
Wellington Barracks 643 231
Tamil Nadu

5. ✓ Bro. Vency CMSF
St. Antony's Balbhavan
P.O. Golhivara, Vasai
East Thana 401205
Maharashtra

6. ✓ Bro. Joseph MC
Padma Estate
PO Karivedam Maradukkam
Chengala Via
Cannanore Dist 670541
Kerala

7. ✓ Sr. Mary Helena
Sisters of St. Charles
Nirmala Hosnital, Old Town
Bhadravathi 577 303

8. ✓ Sr. Elizabeth Abraham
St. Francis Xavier's Convent
Kaloar, Cochin 682 017

9. ✓ Swami Sevanand
(Fr. Louis Pereira)
Shanti Sadan
Borsar P.O. 423703
Maharashtra

10. ✓ Sr. Mary Angeline
Prem Nivas, Nirmala Nagar
Modaga P.O., Belgaum - 591103
Karnataka

11. ✓ Bro. Lucian Marinurath
Mount Assissi
P.O. Samelangso
Dt. Farbianglong
Assam 782 440 TEL. DABOKA.

12. ✓ Fr. Thomas Muktanand
Catholic Church
Serchhip P.O., Aizawal Dt.
Mizoram 796 014

13. ✓ Sr. Mariassunta Oranpuzhickal
Sisters of Providence
Thakurnagar, 24 Parganas
West Bengal 743 287

14. ✓ Fr. Arok Sunder OFM
Jyothi Nilayam, RCM Church
Komaagiri, K.K. Palen (Kessankuru Palen)
East Godavari 533 220

15. ✓ Fr. S. Peter
Montfort Fathers, R.C.M. Church
Karakaineta (Shanthynagar)
Amalapuram P.O.
Godavari Dt., A.P. 533 202

16. ✓ Sr. Anne Marie
Nazarethalava
G.P.O. Box 244
Kathmandu, Nepal

17. ✓ Sr. Poksim Nalini
St. Joseph's Convent "TARRETS"
19, Promnade Road, Frazer Town
Bangalore 560 005

18. ✓ Fr. Abraham Modoor
Catholic Church
Ujjain - 456 010, M.P.

Catholic Church
Bhaja Kamgarh Villy
Pipliyahama P.O.
Ujjain 456010

M.P.

11. Sr. Amelia Brokiaswamy, SRA
Our Lady of Dolours Convent,
13/12 Hazratnagar,
Ghaziipur Dist
Varanasi
U.P.
Missionary Sisters of the
Queen of the Apostles
Varanasi Diocese.
12. Sr. Johnet, F.C.C.
Assisi Bhawan,
Anand Nagar,
13/12 Porla P.O.
Gadchiroli Taluk
Chanda
M.P.
Franciscan Clarist Congregⁿ
Chanda Diocese.
13. Sr. Kalawati,
Anand Vihar,
Jilaknagar P.O.
13/12 Ahmednagar Dist.
Maharashtra
Society of the Helpers of Mary.
Bombay Diocese.
14. Sr. Darshana.
Ma' - Niketan
2nd Pokaran
13/12 Thane - 6
Maharashtra
Society of the Helpers of Mary
Bombay Diocese.
15. Sr. Elsy. S., Sp.S.
Fatima Hospital
13/12 35, C, Mahanagar
Lucknow
U.P. - 226006.
Holy Spirit Congregation
16. Sr. Pushpa Ekke,
St. Mary's Convent,
13/12 P.O. Kusumdegi Salangabad
via Bhumetrapur
Sundargarh Dist
Orissa - 770076.
Generalate of the Handmaids
of Mary
Sambalpur Diocese
17. Sr. M. Monica,
St. Mary's Convent,
13/12 Mhow
M.P. - 453441.
Indore Diocese
18. Sr. Sandra Vilangadan
Doing a course in USA
19. Sr. Francina, S.R.A.
Lourdes Convent.
13/12 Ghaziipur
U.P. - 233001.
Missionary Sisters of the
Queen of the Apostles
Varanasi Diocese.
20. Sr. Terese Jose
Holy Cross Convent,
13/12 Malighogargaon, Sr. Luke's Hospital
Saurampur
Ahmednagar P.O.
Vajapur Taluk, Maharashtra
Amravati Diocese
Aurangabad,
Maharashtra.
21. Fr. Sebastian - U.P. (Discontinued).

1. Sr. Clementina Toppo
13/12 Holy Cross Convent
Pattalgaon
Raigarh Dist
M.P. - 496118
2. Sr. Urnila, H.M.
13/12 Marian Seva Ashram,
Tighnara
Rasht P.O.
Ballia Dist.
U.P.
Varanasi Diocese.
3. Br. Isaac, C.N.S.F.
13/12 Catholic Ashram,
Chitaurakalan,
P.O. Kalepur Mahwal, Social Welfare Hospital
Faizabad Dist. P.O. Indara, Dr. Azamgarh
U.P. - 275102
Allahabad Diocese.
4. Br. Varghese Kaitharan, C.M.I.
13/12 Bishops House,
Kardwara P.O.
Garhwal Dist,
U.P.
Bijnor Diocese.
5. ✓ Sr. Ann,
9/12 Holy Cross Convent
Christarajapuram, South Car Street
via Vasudevanallur
Tirunelveli Dist
T.N. - 627788.
6. ✓ Fr. Joseph Kochuputhenpura, CSI
13/12 Asha Nirekan,
Nautanwa,
Gorakhpur Dist,
U.P. - 273164
7. Sr. Elma, SRA
13/12 St. Pushpa Convent,
Jamwaon,
P.O. Khandwa
Ballia Dist,
U.P.
Missionary Sisters of the Queen
of the Apostles,
Varanasi Diocese.
8. Sr. Petronilla, S.R.A.
13/12 Shanti Nivas Vidyalaya
Garhwa P.O.
Palamau Dist
Bihar - 822114
Missionary Sisters of the Queen
of the Apostles.
9. Sr. M. Rosila, S.R.A.
13/12 Deen Dayalu Malha Ashram,
Mariabad,
Zhurabad P.O.
Ghazi pur Dist
U.P. - 233222
Missionary Sisters of the Queen
of the Apostles,
Varanasi Diocese.
10. Sr. M. Richardis, S.R.A.
13/12 St. Mary's Convent
Varanasi Cantt,
U.P. - 2.
Missionary Sisters of the Queen
of the Apostles
Varanasi Diocese.

5 Nov

Bales

Dayalchand - Pachod

Pauline Brown - Johar, MP
I near Aijera

Fr Ferner - Anantapur

Simone's Report on Projects

Nurses Training

Mokameh for CHW
Training

Vatican Council documents

1. Church + the modern world.
2. on Eucharism.
- 3 Document on Missionary

Catholic Hospital Association

CBCI centre

Alexander Place Ashoka place

N. Delhi - 1. 110001

Sr Louanne Ryan

Health Coordinator

RAHA

c/o Bishop's House

P.O. Kunkuri

Raigarh Dt

MP 496225-

Centre for Rural Health +
Social Education,

A-11 Ashok Nagar.

Tirupattur, T.N.

635601.

Yonder - The Hills

Editor Sx. James Melchior.

- 2 1/2 yrs

Christian conference of India

Bennet Benjamin

Sec. - Secs

CRHSE - Navap. committee

Dr K Rajaratnam P. J. S. Swaminathan

Dr V Benjamin, His Commission

Dr R. Jayakaran Sec

Plan of Travel - Phase I

February - Kolar, Salem, Mandya, Kargere, Chickmagalur, Madras, Deenabandhupur.

March-April - ^{Jogaathi} Delhi, Chandigarh, Luckhiana, Tilonia, Udaipur, Ahmedabad, Rajpura, Zankhwar, Talarni, Thana, ~~Pategaon~~, Pune, Tanched, Nasik, Aurangabad, Amravati, ~~Marich~~ Nagpur → Bangalore.

Feb
Half
of
the
year

Phase II - Tamilnadu / Kerala / Karnataka.

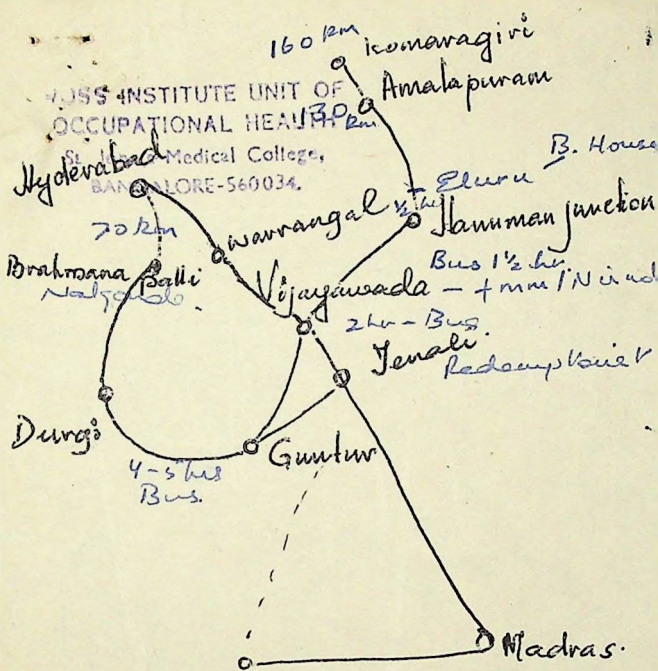
2nd Half of Year

Phase III - ~~North~~ Karnataka / Goa / AP / Orissa / UP / Bihar / Bengal / N. East.

Phase - IV

Meetings - Mangalore / Goa / Kanwar / Orissa / Calcutta / Hazaribagh
Varanasi / Kakra (Fatehpur) / Manakoddy / ~~Aligarh~~

(C.H.Us) / Alumni / others)



Bangalore.

Or Blore → Anantapur - Cooldapur
Hyderabad.

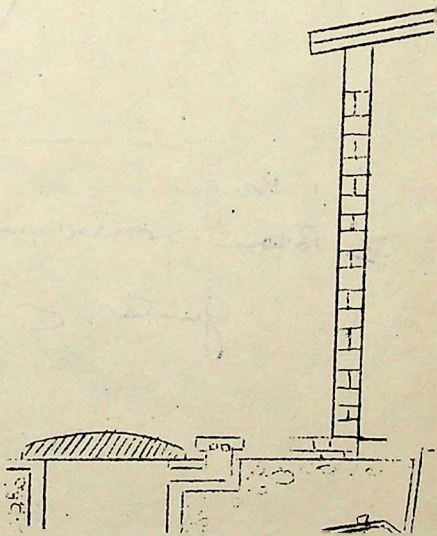
Guntur. < → Kurnool.

B. Joseph Thumma - Vijayawada
Maristella college / Loyola
B. John. - Eluru
B. Matthew - Nalgonda

Household
Mudg
Kjammudry. → close to
Aralapuram.
20.

These are as follows:

a. Water-Seal Pit Latrine - RCI



Kannada - tentative route

① Bangalore - mandya - kollegal - B'lore (approx 3 days)

(Joseph / Elly / Jeanette) (Roseanne / Annelle)

② Bangalore - Hassan * Mangalore * Puttur - Shimoga
 Annakitty. Evangeline SK / SK / Adip. Evangeline Sr Joy, Pharis
 Annelle Keena Cindy Bhadravati Jerome
 M. Suresh. Eucharista Mary Esther Apurba, Jagadevi
 Lalitha ceane

Arbale - Karwar - Yellopur - Sursi
 Plead Meera. Nancy
 Vanya

Belgaum - Hubli / Dhawar - Raichur
 Amritha. ISS. Theophane
 Sindhamur

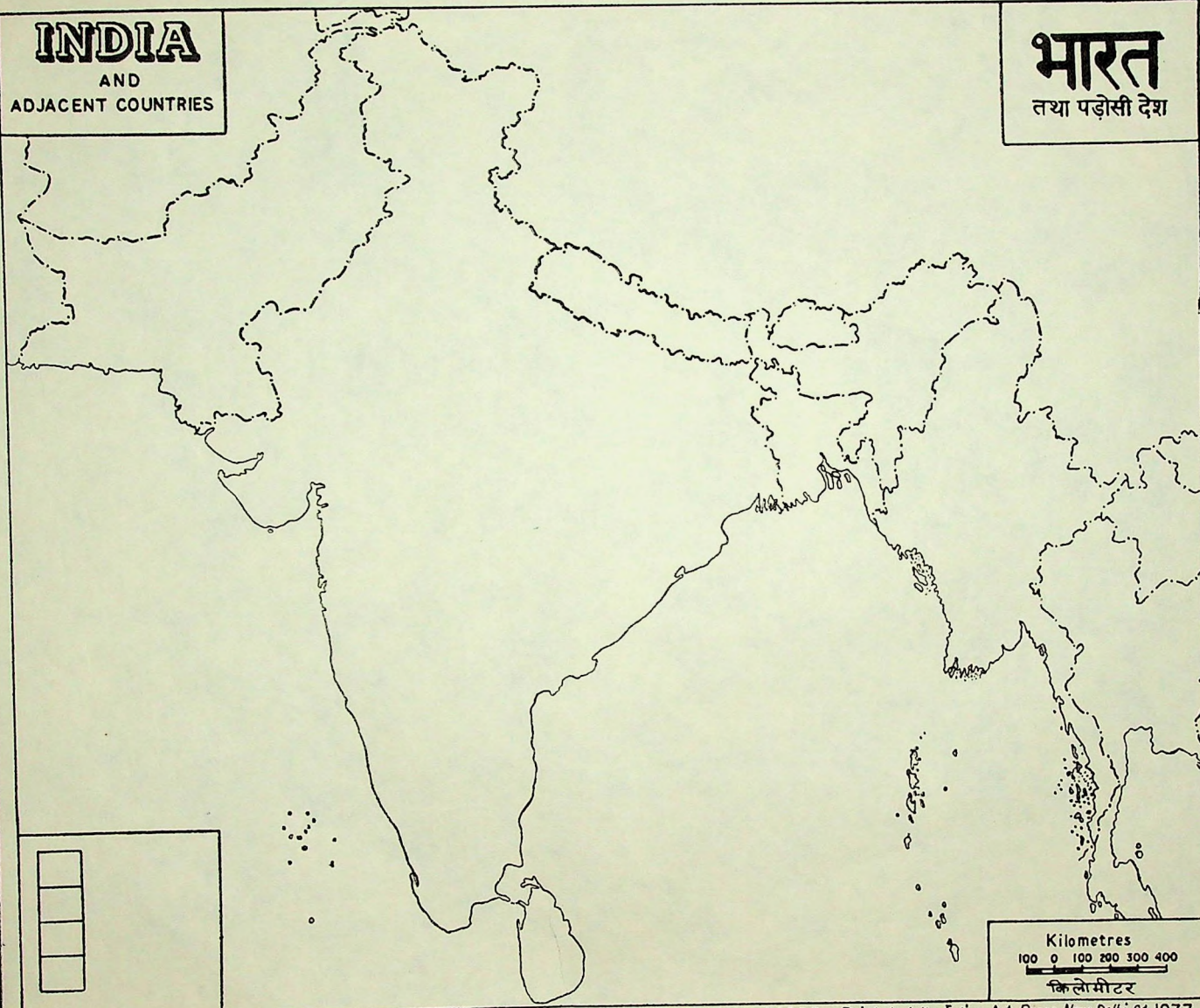
B'lore - Davenpore - Bellary
 Sr Anne Joseph

Kolar
 N. R. Pooja

? Sr Evangelina -

INDIA
AND
ADJACENT COUNTRIES

भारत
तथा पड़ोसी देश



Kilometres
100 0 100 200 300 400
किलोमीटर

Published by: INDIAN BOOK DEPOT (Map House), 2937, Bahadurgarh Marg, DELHI-110006. Printed at the Indian Art Press, New Delhi-64, 1977.

The territorial waters of India extend into the sea to a distance of twelve nautical miles measured from the appropriate base line. The External Boundary and coast line of India shown on this map agrees with the Record Master Copy certified by the Survey of India, Dehra Dun, vide their Letter No. T.B. 848/62-A-3/213, dated 1. 3. 77.

Price 10 Paise. मूल्य 10 पैसे.

KARNATAKA

Bangalore

- 1) DSS - Mr Sadanand - LFS - Shirampur
- 2) NBCLC - Cooke Town
- 3) REACH - Cooke Town.
- 4) ISI - document centre - Benson Cross.
- 5) Deejays Farm (poultry) - Hennur Road.
- 6) CISRS
- 7) SEARCH.
- 8) CMAI office - Jaynagar.
- 9) AIRD - Jaynagar.
- 10) Social welfare agencies - check file.
- 11) SKIP.
- 12) EFICOR

outreach.

- 1) CST conkth pappu - Hoskote.
- 2) Bhrathy project
- 3) ASTRAT village.
- 4) Samanahalli + Vishwanagadhham.
- 5) Salur - Sr. Florin 1966 - (Fr. Morel.)

B'lore to Mandya - Fr Joseph, Sr Elsy, Sr Francis
 Mandya → Githahally auto (Sr Elsy) (2 km ~~B'lore~~) - Vinaya Narsay School
 → Kalenahally bus (8 km) - shuttle to Mysore or bus to
 Tumakere to Syon Vilas

~~Tourite to
Fv Joseph~~

Towrite to
Fr Joseph
Bangalore to Kollegal incl. Maralli(?) - Kannapere
S. Anulla (BCG)

by GD Ravindran, Sr Ancilla (BCG)
by NSRTC (from Subashnagar platform & Kanakapura sector
every 45 min from 5 am) or by pvt-bus
from Kotezipalyam starting 7 am (Express)
(4 hrs journey)
get down at govt Hospital in Kollapal
walk to bus stand for bus to Kanpure
ask for church Hospital.

or direct bus to MM Hill at 10 am from Subashnagar.
Robert T. Hanner

7. Prakashpalam. - plan for Sect.
8. Ottentotai - Fr. godesh.

Bangalore [to Hassan - Sr Evangelist if she replies]

Banpala rockcropaker

Bangalore to Kallathupura - Br Wency 8/5 - Bus from
Subashnagar 10.30 am to Kemmangundi. Reached outside
their house at 5.30 pm.

or Bangalore to Chickmagalur - bus at 8.00 am reached
at 2.30 pm from there to Biskul 1/2 hr. (ARA Fernando
? Br Nundim)

— Biskul via Chickmagalur to Kallathupura +
? Belur (Halebid)

or
— P " " " to NRpura; Sr Annie Jose (5/11)

Bangalore to Mangalore (1) Sr Leaver. Kankarady PO Toppu (13/12)

(2) Sr Cecilia 5/2 / Pozhni Nilaya, Fr Muller Rd.

(3) Sr Enrichetta ^(5/1) Sr. Ann's Home Angalore

(4) Sr Cecilia D'Souza (3/11)

(5) Sr Mary Esther (7/11) Belur DK - Belur

(6) Sr Aquiline (7/5) Bhanavara.

(7) Sr Mildred Paul 2/3 - Kunikumbala M'ore - daunt CH

Dr Sr Angelina - Puttur (Fr Patras Hospital,
to Peter Nambra Dabbe P.O.)

? Belthangady - Sr Marie Stella Saldanha

M'ore to Kasargod - Br MC Joseph 8/6

Mangal - Medicine

Bangalore - Mananthavady

1. Sr Jovita 3/15

2. Sr Achamma ? Sunder

3. Sr Mary John 5/6

Nurse :

Sr Camilla Madhassy

Sr Vincent Mary

Sr Annie Mathie

PV George - S.M.R.C

Bangalore to Kolar (ETCM Hospital) - Dr Koshi

Kolar to KGF - Sr Jude, Sr Nalini

? gold mine

Bangalore - MTI

Bangalore - Shimoga 1) Fr Joy Puro. Bat 2/5 - Napavelli near
Jep falls.

2) Sr Theres 6/18. - Mary Immaculate convent - Shimoga

3) Fr Jerome Mechedo (6/21) - Shimoga to Soraba by bus. (4 hrs)
get down at Haspeto Harlu + walk down
Siddapur Rd - church on the left. - Teena T, J, Ashwin

Shimoga to Sisi - Sr Nangy (3/10) - by bus - Take an
auto to Chiggi. Bladharish - Sr Mary Helen 2/7

Sisi to Yellapur Sr Vinaya (3/17) + Sr Heera (5/13)

Sreelika 3/11 (Tumarikope)

Sr Josephine (7/15) Mundgo

? Bishop of Karwar. - Tony Joseph IS!
They have a big Diocesan Plan.

● Karwar - Sr Florid. - 6/13 (Sunken post) 5 Km from Karwar

Belgaum - Sr Anna Maria - 3/13

Sr Mary Angelina - 8/10

— x —

Goa -

① Sr Santana. (7/10) - Perodum Bonaulim

② Sr Josephine (7/11) - Valpar Salim

③ Fr Martin Ashman - (5/18) Alto Porvorim, Barche

④ Rustic - Thane, Valpar - Claude

⑤ Fisherman's project - Velsao Canaulim - Fonseca

⑥ Fr Desmond - Alto Porvorim

⑦ JHAI - puzji

⑧ Dr Jeremy J. Dias (1966) - Rural Health Centre, Piedade
Ilhas Goa

9) Nina Pereira -

10) Azul Pais

TAMIL NADU

Bangalore - ~~Vellore~~ - Kargiri Leprosy Centre - 13 p July
 12 Darikapuram. • S. Justine (3/16) S. Teresa 151
 Deenabandhupuram - Dr Prem & Mari John.

~~Madras~~
Madras

- 1) To Deenabandhupuram
- 2) VHS Adiyar
- 3) Health Mtr. & FP Centre of Swallows - New Washermanpet
- 4) Mumpappo Chelliar Research Centre - Ratu Ray
- 5) Centre for Dev Research & Action - Gudimerepeta (Taramani)
- 6) Research Nao Numan Social Serv - Chelodid Rd
- 7) VHA-TN
 S. Fr Claude - AICUF gr. S. Ely 114

~~Madras to Pondicherry~~ - Archdiocese Ashram/Avonille
 Dr Sr Mary Anthony - St Josephs Hospital
 Sr Constance 2/7 - Vikramaditya via Villupuram & Tindivanam
 Sr Hermosa Thondamankulam

Trichy - 1) Br Xavier Amal 3/3.
 Porambalur Taluk (Medurai)

2) Karaikal - Sr Vittalia 6/20.
 Tannirpalli.

3) Shaktivaram - Sakthidasanda Ashram - Tannirpalli.
 Sr Elizabeth 12/10/1967

4) Dr Donald - Omalur Chetipatti - Leprosy relief centre
 Sr Mary Ann Palayam

5) Sr Pachai - (4/12) - Karpapalayam.
 Coimbatore Satyamangalam - Varipattin

6) Home Science College

7) Hills - Nilgiris

a) Sr Julie 2/16 Aruvankadu Wellington

b) Sr Mary Gomes 6/16 Kokkuzeri

c) Sr Ephrem 8/4 Wellington

d) Nilgiris Adivasi Welfare Assoc Kokkuzeri

e) UPASI-CLWS

• Sr Ann 1/6

To Madurai & environs

i) Br Santiago 4/17 SJ.

ii) Seva Nilayam - Rajman (Dora Scarlett)

iii) Gandhigram - Ambaluvai. (Dr L. Ramachandran)

iv) Nutrition Rehab Centre - Govt Rajaji Hospital (Dr Kabin)

v) Odancherkulam - Christian Fellowship Hosp.

vi) Ambalikkur - Christian Fellowship Com Health Centre

vii) Resource Centre for Peoples Education and Development

viii) Dr Sr Agnes Xanes - Damien Leprosy Control Centre
 Dr. Narayan. Nilakulkai

ix) To Vasudevavarallur → Busis Kuttalam - Sr Ann 1/5
 (Tamil Nadu Dist or Chennai) from Madurai

Nagercoil
To Kanyakumari District

- i) Vivekananda Kendra (H.R. Nagendra) Kanyakumari
ii) KSSS - Nagercoil (^{Dr} Ann Victoria. 1966) A. James
iii)



Kerala (Refer)

Travancore

1. Kerala Gandhi Smarak Nidhi - P.O. Thycod
2. Govt Corps - Pattom
3. KSSP - Perished Bharan -
4. Marunad, Puthussery - Vellayambalam
5. Mikranuketu - Velland
6. Health for a Millions - Pirappende

Kottayam

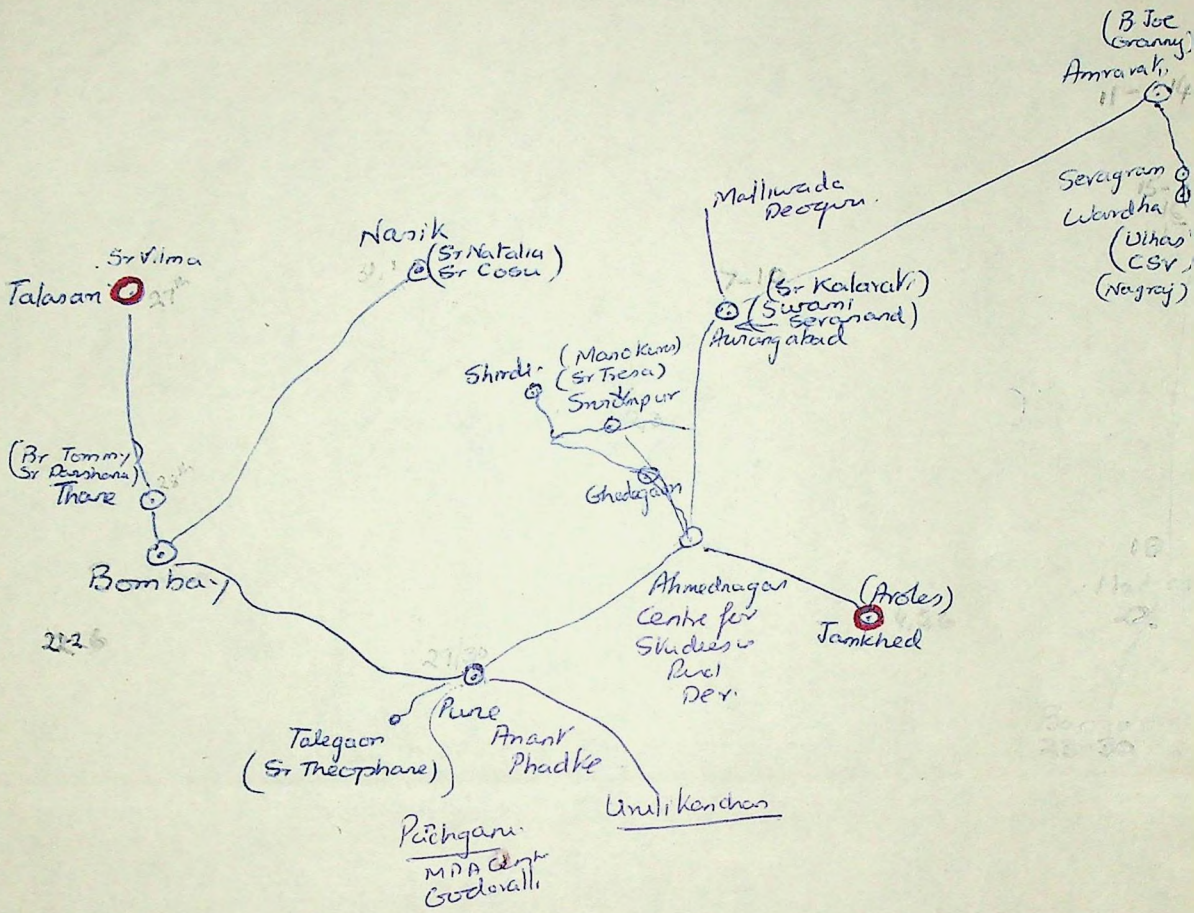
1. Kurusumalai -
2. Dr. Jacob Chandy - Paara
3. Dr. K. Mathew Kurian - Ind Int for Regional
Dor Studies
4. MGDH Hospital - Kongazha

Ernakulam

1. Sr Paula G/1 Edakunnu
2. Sr Elizabeth Abraham S/S Kaloar Cochun
3. Sr Rozanna Joseph 2/13 Cathiparamburo - Kannamali

Sr Becky G/S Umamallor - Kottayam Quilon.

MAHARASHTRA



Bombay

- Appasaheb Palswadkar Memorial Trust
- Foundation for Res + CHW (N.H. Arka) + Project Aliburg
Un -
Mandera
- Assozham
- FREA
- Kasa - Grant Medical College
- Yash of Maheshwari Centre
- Sandeep Pendse - Phil Organisation

Pune

1. B.J. Sours
2. Unuli Derachi Shaktiwaran
Udayogik Sahakar Samiti
3. Anant Phadke - MFC
4. Gramayan
5. VHAI - Sec/President

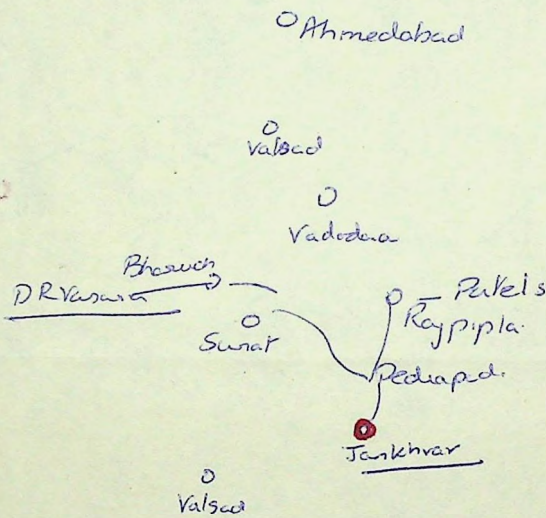
Wardha

1. Ulhas
2. Mahatma Seva Samiti
3. MGIMS
4. Bangs - Gopur
5. CSV - Magan Sangrahalay

Gujarat

Udaipur
(Raj)

Indore
M.P.



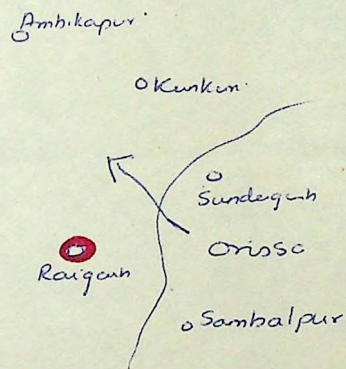
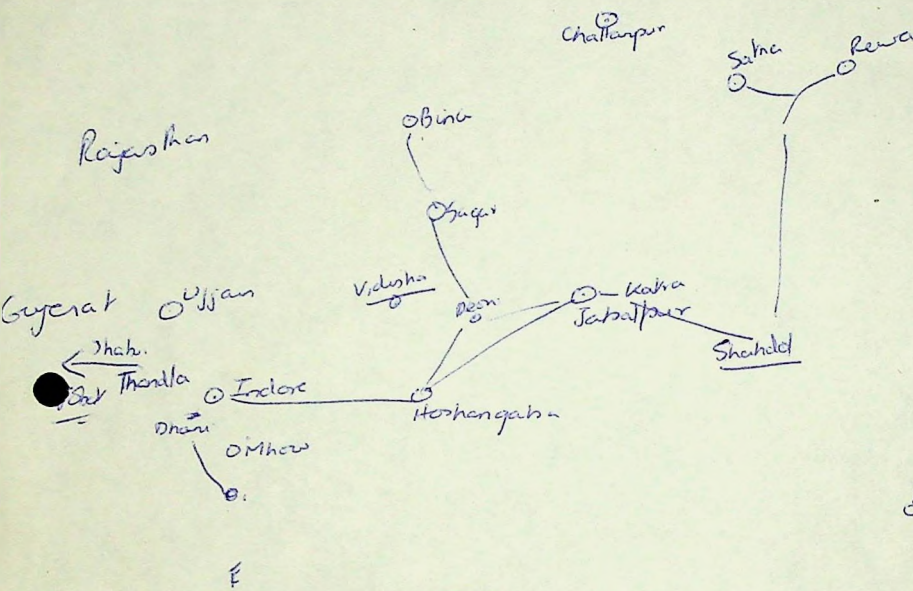
Ahmedabad

- ① VIKSAT
2. Sifu Vidyalaya
3. Vohalla
4. Ganga Sheras - Zameer
5. Fr Michael Wutts - Miseren
6. Sr Xaveris - relab
7. Sec VITAI.

Bundi

1. Sr Alphonsus KO 3/s -
2. Arund Niketan Ashram (Harraallahh Pirek.)
PO Rangpur
- ③ Ashok Bhargava + Patola

Madhya Pradesh



• Musandhan - Raipur

- | Padhar - Bekar | |
|----------------|----------------|
| • Kakra | Chakrapur |
| • Indore | Jabat - Indore |
| • Kunkun | Raipur |
| • Dagabangwan | Sidhu |
| • Ujjain | |
| • Bura | |
| • Gari Bareda | Vidisha |
| • Sagar Cant | |
| • Mandla | Deon |
| • Hoshangabad | Bankhadi |
| • Annapur | Shahdol |

Gujarat
Delhi - Bore

To Rajasthan

↓ From Ahmedabad
via MR Atal

1. Udaipur - Sara Mander

② To Ajmer

↓
Tillona

3. Thunijhura - if Bharat is there

To Haryana

1. Jagadhri - Sr Corcoran 4/13

2. Chandigarh - PGI

To Punjab

1. Amritsar Golden Temple

2. Ludhiana - CMC

To Rohkuk

1. Medical College Project
(Vendovera)

To Dharmaskala

i) Sr Shobana

ii)

To Kulu/Masali

DELHI - priority

1. AVARD
2. Lokayan.
3. VYK - meeting on appendicitis
4. UHAI
5. CHA.
6. LRS
7. MNAMS.

To Kashmir

1. Jammu - Rehman e Sehat

↓

Arantnag - John Bishop Memorial Hospital

↓

Shrinagar -

↓

Baramulla. Sr Alphonse 7/3

U.P.

Ch. Pagar
Londan Cantt
Munro

Delhi
S. Joseph 4/10
S. Egan 4/6

Koldwar - Br Venghase 1/4
Chupko
Parelli, Ranganath, Athan
Pithoragarh

Haridwar
RKM
Rampur
Bilau
Amrighat

Gond
Sikpu
Lucknow

methe
Bundaren
Geighlen Framer
Hort

Bunde

Bunda
Alham - Bhakend

Lat. Ypur Dist

1. Melhiana - Sundwaha - Fr Roeky 5/19
2. Harrie & Benson Harp

Sr Stephen - Rampur 6/16
Br Joseph Jagapret Blespur Rampur Dist 4/15

● Khairabad?

George / Ray / Moxendro
Tanka

Gorakhpur
- Fr Kochupur 1/6

Aranganh
Br Isaac 1/3
Sr Celine Finkels

Champur
Sr Elme 1/7
Sr Elmie 1/2
Sr Rosika 1/14
Sr Francis 1/14
Sr Rosika 1/9

Varanasi

1. Bithu
2. Senneth -
3. Sr Mary Richards 1/10
4. Amelia Ankranwamy 1/11
Gazipur

● Haridwar

Bhar

Hazaribagh

1. Sr Shukla Ming 2/8 Bhurkundla
2. Sr Mukta Soren 3/5 Hazaribagh Town
3. Sr Francis Superior "
4. Holy Cross Polytechnic

Garwa → Daltongary

Ranchi

1. Xavier Inst of Soc Science
2. Divyayon. (RKM)
- Mandar Project

Hazaribagh

Oranchi

Chaubasa
Br Wency - BC 7/13

Sukhodan
Nawada
Gram Norman
Manda

Palma

Chakra

Sr Rosita - 3/14

Singhkhala

Keshungary
Br Teresa 2/11

Gaya

1. BAM India
2. Birth Gaya - Sunanyas Ashram
- 3.

Rohas

Sr Teresa Thomas - 3/9

Palma

Mokameh
Sr Sandhya Baxla 2/6

1. Bihar VHD
2. Kuryee Holy Family
3. Sr Xavier ~~Inst~~ Ki - Digbaghat
Br George 6/23

Santal Pargana

- Deyalpur Karla PO Bhajaya Philip Manna (ISI)
- Hechir Soc Group - Madhupur Jagdishpur m.
- Po Bandra Dyanore Poreyhet - Sr Immaculate 6/12

(Palamau Dist)

- Palamau - Garuha
- Nigamunkari - Nayabhar
- Harnichoke - Gebgaon
- Bhandara
- Sakharwa

West Bengal

Calcutta

1. Br Abraham M.C. 2/12
2. Br Sebastian Durg Durg 5/21
3. Sr. Era D'silva
4. Cmt BAM India
5. Inst of Child Health
6. President VIIA / Organiser Sec/sec WB VIIA
7. Serva Kendra
8. Consortium for Rural Dev.
9. AHPH
- 10.

Bangladesh

- Gonobastha Kendra

Nor

Hooghly

1. Vinakanda Serva Sadan Mancha

24 Parganas

1. Sr Priestess 6/17 Thakurnagar
2. Sr. Marassawka 8/13 "
- ③ CINI - Daulatpur
4. Tegen Soc for Rural Dev Rangbelia
- ⑤ Lok Shiksha Parishad - Narendrapur
6. Znd Assoc for Cultivation of Science

Purulia

1. Br Francis Turi 5/22 Belgurua

2.

Debyeeling

1. Gaya ganga - Sr. Anandika Ekka 4/3

Midnapore

1. Sewa Bhawati - Kapargari
- ② Tamruk Lalit Khanna

Bankura

1. Candhia Vichan Parishad

• Shankarikaetan

Bolpur - Dist Birbhum

North East

Assam

1. Gopalpura - Dabhi - Dr. Ashok Dhu
2. " - Damsa P.O. Sr. Celina
Surgene 6/6
3. Kumarikkhalla - Kamrup - Tarnulpur
Anchalika Gaudan
Surgin
4. Total Health Care Project "
5. To Dokomoke - Bus to Damsapur
or Diphu
By Lucien 8/11

Mizoram

1. Serchip - Arzawl - F. Thomas
Muklanand 8/12
2. Din H. Sencen

Manus

- Mainpuri
1. Chavachandpur — Sr M. Aquino 4/11
— Tharlon Po

Nagaland

1. Kohima - Paramedical Tg Ins
- Peace Centre
2. Candh. Bham

Arunachal Pradesh

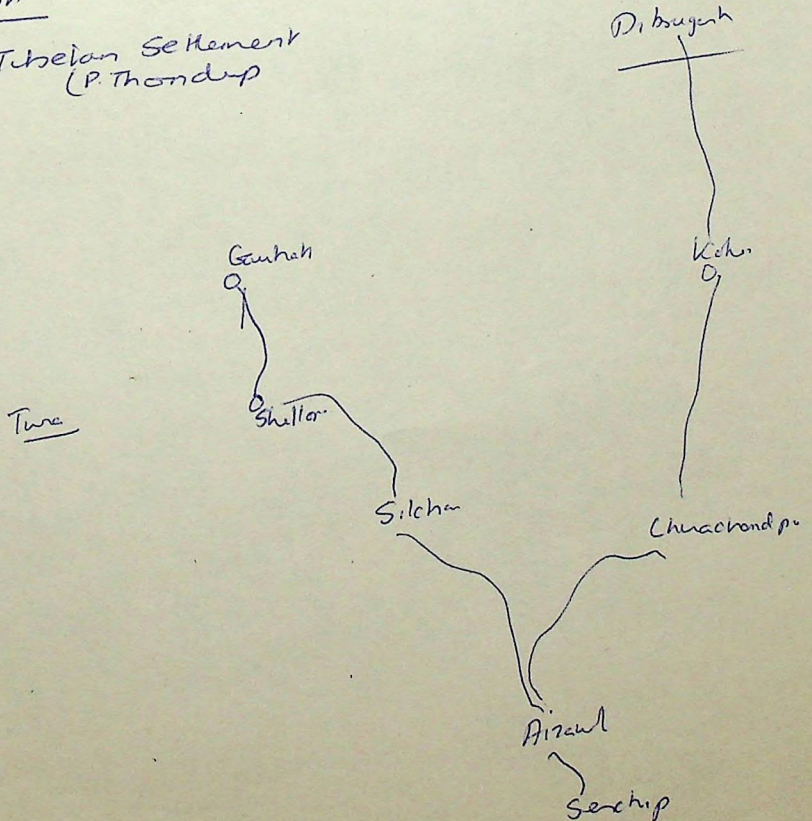
1. Menu Turap - Tabejan Setlement
(P. Thondup)
2. RKM work

Meghalaya

1. Shillong - Sec VHA
2. Tura - Catholic Church
3. Cherrapunji - RKR

D. bruggen

1. Moran Teo Estate
2. Medical College - Farooque Ahmed



ORISSA

Sundergarh

1. Sr Ruppa Ekka 1/6 Kusundaj

Sambalpur

1. Sr Mary Kulla 3/6 P.O. Bargarh
2. Sr Magdali Kiro 3/6

Sr Ursula - 7/9
P.O. Konarkel - Ghogea
via Parnapur

Berhampur - Jorep

1. Bishop's House
C.H. Program
2. President YHAI
E.J. Marsh.
3.

Bhawanipatna

1. Sr Sissy 6/9

Kothagarh - Tubuguda

1. B. Sushanka 3/4

Bhubaneswar

1. Dr Almas Ali
2. Puri
3. Konarak.

Koraput (Dist)

1. Gumada - Kauri Po. - via Padampur - Sr Rosy 6/9
S. Shebana 6/2

2. Semiliguda

↓
From Vizianagaram - Tepore Bus

3. Semiliguda - Secretary VHA - Dr M Sunc

1. Sr. Julie.
2. Sr. Bonitas
3. Sr. Suma

ST JOHN'S MEDICAL COLLEGE & HOSPITAL, BANGALORE

SECOND TRAINING COURSE IN COMMUNITY HEALTH FOR
COMMUNITY HEALTH WORKERS (CHW BC-2)
25.9.78 to 16.12.78

NOMINAL ROLL

Roll No.	Name	Address
1.	Rev Bro Nirmal IMS	Indian Missionary Society Christnagar PO VARANASI 221002
<i>FIRST Prize</i> 2.	SR JULIE SA	St Ann's Convent WINDERMERE, Wellington, ARUVANKADU PO 643202 (NILGIRIS)
3.	Fr Joy Parackal MCBS	St Antony's Church Iduvally 431, Thagathy PO SHIMOGA 577431 Karnataka
4.	SR INMASIAL S (Sr M Constance)	Sacred Heart Convent Villupuram, South Arcot Dist Tamil Nadu 605602
5.	SR SANDHYA BAKLA	Nazareth Convent Mokameh P.O. 803302 PATNA DT. Bihar
6.	REV SR CONSUELA FCC	Karuna Dispensary, Odagady Daga Bargwan 486887 Sidhi Dt M.P.
<i>Second prize</i> (b) 7.	SR SUMA CMC	Trinity Convent Kolazhy TRICHUR 10 / <i>Deepti Bhawan.</i> Kerala <i>Deeni P.O.</i> <i>Via Pindrai</i> <i>S.E. Rly. Mandala</i> <i>M.P.</i>
8.	SR BETSY FCC	Pushpa Social Centre Silwani PO 464886 Raisen Dt., M.P.
9.	SR ANTONIA FSLG	Norbert House Raja-ka-Tajpur PO 246735 Bijnor Dist. U.P.
10.	SR ROSAMMA JOSEPH KARIKKANAZAM	St Joseph's Convent Martalli PO 571444 Kollegal Taluk Karnataka
11.	Bro Ju ^{or} ias MC	Missionaries of Charity 7, Mansatala Row CALCUTTA 700023

.....p.t.o.

:2:

Roll No.	Name	Address
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12. Bro Abraham MC Missionaries of Charity
7, Mansatala Row,
CALCUTTA 700023

SECOND
PRIZE. A)

13. SR BONITAS Premdhan,
Batwanpally
C/o Catholic Church
Bellampally,
ADILABAD DIST. A.P.

14. SR PRADDEPA MINJ Holy Cross Convent
Nayabhar
Nagaruntari 822121
Palamau Dist.
BIHAR

15. SR MALATI DOPHU B.S. Holy Family Convent
Silchar 788005
ASSAM

16. SR HILDA PAUL B.S. Holy Family Convent
Silchar 788005
ASSAM

17. SR SHUBHA MINJ Holy Cross Institute
Hazaribagh,
BIHAR

Holy cross convent
Bhirkunda.
P.O. Badaminagar.
Dt. Hazaribagh
Bihar.
825202.

18. L. SR MARY SUSHEELA Yesu Ashram
Hosur Road
Madiwala
BANGALORE 560068
Karnataka

- don't hide difficulties - discuss of social change for a better life.
- open mind. - no one is too big or high to learn.
- build a community - give & take - know what not to do.
- take it seriously, make the best use. - catalysts.

ST JOHN'S MEDICAL COLLEGE & HOSPITAL, BANGALORE

language.
zips: 6 Kannada.
speaking persons.

SECOND TRAINING COURSE IN COMMUNITY HEALTH FOR
COMMUNITY HEALTH WORKERS (CHW BC-2)
25.9.78 to 16.12.78

Cook - Sr Rita.
Water Cane.

NOMINAL ROLL

Roll No.	Name	Address (to be corrected)	To present address
1.	Dr 4-s-bw. House superintendent, Neerul Hospital Bombed by v Bro Nirmal IMS c/o Br. Nirmal 1972. Pulling + dispensary + house affairs. 40-5000. given by	Indian Missionary Society Chattanooga PO V.R. JESI 221002 Jisulur Bv.	Interested in certification.
2.	SR JULIA SI Teacher in Wellington, Tamil nadu Social Service, CRS - MCH - 400 NEP - multi-act progr, local guide	St Ann's Convent WIDEMERE, Wellington, ARUVANKUDU PO 643202 (NILGIRIS)	Born in Tanjore BSc. BEd
3.	Fr Joy Parackal MCBS from Kerala. Dist fam: work & slings Saw bookler. education + 1st aid + med. help. + village dev: - economic + social dev food for work, for road + well constr:	St Antony's Church Iduvally, Sagar Taluk. 431, Thagathy PO v. close to forest SHIMOGA 577431 Karnataka	
4.	SR IN. SI L. S. Dispensary helping a Br. 150 pbs (Br M Constance)	Sacred Heart Convent Villupuram, Carnate S. J. Tharasa. South Arcot Dist Tamil Nadu 605602	Born in Nagavathi H. carnate.
5.	SR SANDHYA BAKLA Teachers till 1971. 3 yrs teaching Joined convent in 1978. attended course on health care. by a nurse + phys body + its func: by Sr Anselma. Attended camp - adult ed + minor ailments.	Nazareth Convent Mokameh P.O. 803302 PATNA DT. Bihar	Born Hazaribagh
6.	SR SR CONSILIA FCC Librarian 7 yr, Agri course - built Enter, Mobile school, village visiting 1 yr on rural dev + sociology, public health.	Karuna Dispensary, Bank Kerala SSC Odagady Dagri Bargwan 486887 Sidhi Dt. M.P.	
* 7.	SR SUMA OMC SSLC, Type in Naganagar, Teaching TTC, Now in Sahelpur. Plans for village	Trinity Convent Kolazhy TRICHUR 10 Kerala	
8.	SR BETSY FCC Silwani - social Centre, School 2 nurses + 2 teachers, Adwasi - 12-15 km by bullock cart - 4 cycle.	Pushpa Social Centre Silwani PO 464886 Raisen Dt., M.P.	SSLC + Hindi Vidisha - Enter. CT lig.
9.	SR ANTONIA PSLG Teaching - 2 yrs. Interested in social work. plan - social work Adult ed: MCH food.	Norbert House Raja-ka-Tajpur PO 246735 Bijnor Dist. U.P.	SSLC 1970. Meerut J. Shampan. Behadun.
10.	SR ROSAMMA JOSEPH FMM KRIKUN 12 AM	St Joseph's Convent Martalli PO 571444 Kollegal Taluk, Tangle - 30 miles Karnataka	
11.	Bro Jumas MC - 1 yr asstt. in leprosy work. Had 1 with tub. Mobile clinic - 2 yrs. for leprosy upto 60 km, under a tree, K for 2 wks, at dis into 2 apps, whole visit. - schools. Heard from Br A. - Certificate. - plans - leprosy in 2 part. in 2 part.	Missionaries of Charity 7, Mansatala Row Karnapur 700021 Kutch Bihar. Gaya.	Dang Dist.

Plan - Mobile dispensary
- social work.
- housing, tubo
wells, day
- 3 wks per day
3 days a week
- 2V. 1W. 1P. (1 home nursing
in 4 hrs. each)
Dr. Sahu Wilkin.
Action in Disasters
Aid. Pre primary
medical aid. school.
home visiting.

Interested in 1st Aid
Home nursing + MCH.
NEP yet finished.
Novice.

Just Aid B
+ Home Nursing.

MCH & block Officer -
150 + 6 villages
CRS - food for work.
Labour society.

Just aid
+ home
nursing.

Roll No. Name Address

12. Bro. Abraham MC. Missionaries of Charity (Mother Theresa)
worked in mental cases, drug addicts, 7, Mansatala Row, exp. work for poor.
Ballygunj, Leprosy, pto 3 yrs + gen. C.L.CUTTA 700023 Tried a C.B.T. centre
in Calcutta & Govt. Dispensary in Diamond Harbour, Medically oriented. Delhi, Vellore, M.H. Durgam
worked in D.H. Has TB. 13. SR BONITA S Prandham, C/o Catholic Church
Teacher - 15 yrs. Kerala / M.P. / AP Balamangally, Bellampally,
1st aid centre, MCH. C.L.CUTTA DIST. A.P.
ESI Hospital - 7 miles Nuthi, AP, child health
works medical village workhouse in Waridha - 14. S. PRADIP MINJ Holy Cross Convent Also in Hazaribagh
25 sisters, evangelists, visiting, Nimbhar College BA in Ranchi
dispensary, under 5's, Agri. well. Nagaruntari 822121
Hospital for 1st. Served by Palmanu Dist.
superior, less not too happy, not too field. To start gramin school. BILAR
15. SR M.L. TI DOPHU B.S. Holy Family Convent. Ranchi 1973
2 Garo tribes, 1 day's journey from Silchar 788005 B.A. in Tripura, SSLC.
Silchar. Khasi people. School, visiting. ASSAM Noviciate in Tripura.
16. SR HILDA PAUL B.S. Holy Family Convent Ban in Manipal,
Khasi Khasi. 6 months teaching. Silchar 788005 SSLC. 2 yrs Technical
ASSAM Laundry Home Science, poultry agri.
17. SR SHUBHA MINJ Holy Cross Institute BA in Ranchi in 1975
Evangelists, village house, visiting Hazaribagh,
Promoted sent. Decided herself. BILAR
Plans - dispensary & school.
18. L. SR MARY SUSHILA Yesu Ashram SSLC, Little Sisters of Jesus
worked in a leprosy hospital, 1 yr. Hosur Road in Kerala, 100
Benares - 2-3 yrs - dispensary, Madiwala
BENGALORE 560068 Karnataka

22978

1. Name
2. Place where born
3. gen ed - / further ed -
4. field experience.
 - a) Places where you have worked
 - b) Types of work you have done
5. Family / congregation
6. How did you decide on this course
How did you feel when you were selected?
7. What are your expectations from this course
8. What are your future plans / programmes
esp for community work

Appendix I

ST JOHN'S MEDICAL COLLEGE & HOSPITAL, BANGALORE

SECOND TRAINING COURSE IN COMMUNITY HEALTH FOR
COMMUNITY HEALTH WORKERS (CHW BC-2)
25.9.78 to 16.12.78

NOMINAL ROLL

Roll No.	Name	Address
1.	Rev Bro Nirmal IMS	Indian Missionary Society Christnagar PO VARANASI 221002 <i>Kannurake.</i>
2.	SR JULIA SA	St Ann's Convent WINDEMERE, Wellington, ARUVANKUDU PO 643202 (NILGIRIS)
3.	Fr Joy Parackal MCBS (Congregation) Missionary Congregation of the Blessed Sacrament, M.C.B.S. Generalate, Alwaye - 2, Kerala - 683102	St Antony's Church Iduvilly 431, Thagathy PO SHINGO. 577431 Karnataka <i>now in Nepavally.</i>
4.	SR INELASI L S (Sr M Constance)	Sacred Heart Convent Villupuran, South Arcot Dist Tamil Nadu 605602 <i>Shanti Nileyan Vikravandi - 605652</i>
5.	SR SANDHYA BEELA	Nazareth Convent Mokameh P.O. 803302 PATNA DT. Bihar <i>S. Arcot</i>
6.	REV SR CONSILIA FCC (Congregation) Bishop's House P.O. Box. 22, Rewa Rd., Sitna, M.P.	Karuna Dispensary, Odagady Daga Bargwan 486687 Sidhi Dt M.P. <i>Congregation</i>
7.	SR SUMA CHC	Trinity Convent Kolazhy TRICHUR 10 Kerala <i>Deepti Bhavan Deori PO Via Pindrai S E Rly Mandala, MP</i>
8.	SR BINTSY FCC (Diocese) Diocese of Sagar P.B. 32 Sagar Cantt. M.P.	Pushpa Social Centre Silwani PO 464886 Raisen Dt., M.P.
9.	SR ANTONIA PSLG (Congregation) Rt. Rev. Patrikknain Bishop's House 283, Roorkie Rd. Meerut.	Norbert House Raja-ka-Tajpur PO 246735 Bijnor Dist. U.P. <i>Weyas centre</i>
10.	SR ROSAMMA JOSEPH KARIKKIN. 24M	St Joseph's Convent/Hospital, Martalli PO 571444 Kollegal Taluk Karnataka
11.	Bro Julius MC Missionaries of charity R.C. Church, Nunna, Nunna P.O., 521212. Krishna Dt., A.P.	(Congregation) Missionaries of Charity 7, Mansatila Row CALCUTTA 700023 <i>.....p.t.o.</i>

MCBS Bhawan,
B.H. Road
Shrinaga
577201.

Shanti Nivas
White House Compound
gays - 823001.

Roll No.	Name	Address
12.	Bro Abraham MC	(Congregation) Missionaries of Charity (Brothers) 7, Manesatla Row, 7, Manesatla Row CALCUTTA 700023 Calcutta 700023
13.	SR BONITAS Missionaries of Charity Noorpur P.O. Diamond Harbour 24, Paraganje, W. Bengal	Premdhan, Batwanpally C/o Catholic Church Bellampally, ADILABAD DIST. A.P.
14.	SR PRUDEPA MINJ	Holy Cross Convent Nayabhar Nagaruntari 822121 Palamau Dist. BIHAR
15.	SR MILATI DOPHU B.S.	Holy Family Convent Silchar 788005 ASSAM
16.	SR HILDA PAUL B.S.	Holy Family Convent Silchar 788005 ASSAM
17.	SR SHUBHA MINJ	Holy Cross Institute Hazaribagh, BIHAR Hely Cross Convent Bhurkunda PO Bhadaminagar Dt. Hazaribagh, Bihar 825208
18.	L. SR MARY SUSHELA	Yesu Ashram Hosur Road Madiwala BANGALORE 560068 Karnataka

CHW

Congregation

1. Bro Antony Pettickal
Maria Bhavan, Ganj Basoda MP 464 221

sewa
Vidisha Dist

Bro Louis Manjali MMB
Superior General
Malabar Missionary Brothers
Madonna, Trichur 680005

2. Bro G. Victor, Catholic Church
Panna, 468 001

-do-

3. Bro VM Xavier Amal sj
R.C. Church, Irudayapuram, Via RS Mangalam
Rannad Dt. 623525 - Our Lady of Health Church
Ranipet, N. Arcot Dist, T.N. 632 401

The Regional Superior
Cong. of the Soc of Jesus
R.C. Church etc.

4. Bro Susanto Kumar Digal CM
Guruvaban, Jabaguda
Srirampur PO, Kothogarh Via
Phulbani Dt. Orissa 762105

The Provincial
Cong of the Mission Vincentian Fathers
Vijoy Bhavan, Berhampur, Orissa

5. Sr Alphonsa KO, New Girls School
Lokamanya Tilak Road
Borivili West, Bombay 400092
Our Lady of Pular Hospital
Jathegani camp 24, Baroda - Gujarat.

The Sister Superior
Sisters of Charity of St Anne
44 Charles Campbell Road
Jeevanahalli, Bangalore 5

6. Sr Mary Kullu HM
Generalate of the Hand Maids of Mary
PO Sundargarh, Dist. Sundargarh
Orissa 770001

The Sister Superior
Generalate of the Hand Maids of Mary
PO Sundargarh, etc.

7. Sr Magdali Kiro HM (address same as 6 above)
Catholic church, Bargach, P.O. Bargach,
Dist. Sambalpur 768023, Orissa
8. Sr Martha Soreng, St Joseph's Convent
Mahuadanr PO Palamau Dt. Bihar 822 119
Orissa 770033

-do-

Sister Superior
St Joseph's Convent, Mahuadanr PO
Palamau Dt. Bihar

9. Sr Theres Thomas, Holy Cross Institute
Hazaribagh Town, Bihar 825 301
Rohas Dr - 802216

The Sister Superior, Holy Cross
Institute, Hazaribagh Town

10. Sr Nancy Ferrao, Holy Rosary Convent
Kankanady PO, Mangalore 575 002
Krista Seva Nilaya Narebail Post
Sirsi - 581 402

Rt Rev William L D'Mello
Bishop of Karwar, Bishop's House
Karwar, N. Karana

11. Sr Cecilia D'Souza (address as 10)
Sr. Ann's convent, Thottam,
Udipi Mangalore

-do-

12. Sr Leena Irene Rodrigues (address as 10)
Holy Rosary convent, Kankanady P.O.
Jippi, Mangalore, 575 002

-do-

13. Sr Anna Moraes, St Joseph's Convent
Camp Belgaum, Karnataka 590001

The Sister Superior, St Joseph's
Convent, Belgaum

14. Sr M Rosina, Carmel Convent, Bistrampur
Surguja Dt. MP

The Sister Superior,
Carmel Convent, Bistrampur, Surguja Dt.
etc.

St. Philomina's Convent
P.O. Chalkai,
Dt. Monghyr
Bihar

Follow up evaluation CHW BC3

CHW

FC Convent Kallady,
Edavake P.O.
Via Mananthavady
canonate Dr.
670645

9/81

Cluny Convent,
Gangavelli (P.O.)
Salem Dt.
T.N.

15. Sr Jovitta FCC
Social Centre, Bishop's House,
Mananthavady, Wynad 670645

16. Sr Justina, St Theodore's Convent
Wellington Barracks, Nilgiris
Nirmala Ram Health Centre
Devikulam TN
N. No. 606902

17. Sr Vinaya FC, Premada Nakshtra
Ashrama, Yellapur, N. Kanara
Karwar Dist. 581 359

18. Sr Natalia D'Mello, FC
Krupa Prasad, Old Bombay Agra Rd
Nasik City

19. Sr Eva D'Silva
Catholic Mission
PO Lunding & Rly St.
Dist Nowgong, Assam

Congregation

Rt Rev J Thoomkuzhy, Bishop of Mananthavady
Bishop's House, Mananthavady, 670645

The Sister Superior, Sisters of
St Joseph of Cluny Provincial
St Theodore's convent etc...

The Provincial Superior
St Joseph's Convent, Bandra, Bombay 50

-do-

The Sister Superior
Bethany Sisters, Catholic Mission,
PO Lunding & Rly St. Dist Nowgong, Assam

////

Directorate of Rural Health Services and Training Programmes
List of participants attending the Third Training Course
in Community Health (22 Jan to 14 Apr 79)

CHW BC3

Sl No	Name	Diocese/Provincial/Congregation
1.	Bro G Victor MMB	Malabar Missionary Brothers, Trichur
2.	Bro Antony Pettickal MMB	-do-
3.	SR TERES THOMAS	Bihar
4.	Bro Susanto Kumar Digal CM	Berhampur, Orissa
5.	SR JOVITTA FCC	Mananthavady
6.	SR MARTHA SORENG	Palamau, Bihar
7.	SR NATALIA D'MELLO FC	St Joseph's Convent, Bombay
8.	SR VINAYA	-do-
9.	SR MACADALI KIRO HM	Generalate of the Handmaids of Mary, Sundargarh, Orissa
10.	SR MARY KULLU HM	-do-
11.	SR M ROSINA	Carmel Convent, Bistrampur MP
12.	SR ALPHONSA KO	Bangalore
13.	SR LUCENA IRENE RODRIGUES	Karwar
14.	SR CECILIA D'SOUZA	Karwar
15.	SR NANCY FERRAO	Karwar
16.	SR JUSTINA	St Theodore's Convent, Wellington
17.	Bro VM Xavier Amal SJ	Ramnad
18.	SR EVA D'SILVA BS	Silchar
19.	SR ANA MORAIS	Belgaum

Bhekada
Programme Director
Training Course for Community
Health Workers

9.1.79

(BC-4)

FOURTH TRAINING COURSE FOR COMMUNITY HEALTH WORKERS

Sl. No.	Name	Address
1.	Sr. Pachelli S.D.	Sisters of the Destitute Balaclava Hill, COONNOOR 643102
2.	Sr. Anastasia Ekka	The Convent, Gayaganga PO Kamala-Bugan Dt. Darjeeling
3.	Sr. Juliana	J.M.J. Convent Tenali Andhra Pradesh <i>Sr. Theresa's Convent, Sanathnagar, Hyderabad 500004</i>
4.	Sr. Achamma A.V.	Carmelite Convent Nadavayal P.O. Kalpatti Via. S. Wynad
5.	Sr. Evangeline	St Philomena's Convent Hassan 573201
6.	Sr. Egidia John Pullattu	St Mary's Convent Clement Town Dehra Dun 240002
7.	Sr. Mariamma Antony F.M.M.	Maria Bambura Convent Damara Bhimanapally Via Marriguda, Nalgonda Dt. 508245 Andhra Pradesh
8.	Sr. Annakutty Mathew F.M.M.	G/o Sr Nuala Mo. Caithy 66 Dr Copalrao Deshmukh Peddar Road Bombay 400026 <i>merg</i>
9.	Sr Mary Kurissery	CHRISTU JYOTHI NILAYAM CONVENT Jyothinagar, Hanuman Junction 521 105 Krishna Dt. Andhra Pradesh
10.	Sr. Servia S.D.	Ashadham Hospital Wirur (SC Rly) Chandrapur Dist. Maharashtra

Contd....2/-

Sl.No.	Name	Address
11.	Sr. Josetta	St. Mary's Convent Clement Town P.O. Dehra Dun U.P.
12.	Sr. M Aquinas P.S.	Holy Cross Convent Dimapur, Nagaland 797112
13.	Sr Corcena S.D.	Sacred Heart Convent School Jagadhri, Ambala Dt. Haryana
14.	Sr. Mary Theophane	St Ann's Convent Jawalgira Sindhanur Tq. Raichur Dt. Karnataka
15.	Br. George M.M.	St Josenh's High School Rudrampur Khamman Dt. Andhra Pradesh 507101
16.	Br. Vincent Pereira OFM (Cap)	Monte Mariano Deena Sevashram. Farangipet Post 574143 R.V. Vidyasir Kolan post
17.	Br. Josenh Jaya Prakash O.F.M. Cap	Kengeri, Bangalore Uday Bhavan, Josenhnagar Bilaspur PO Rampur Dt. Uttar Pradesh 244 921
18.	Br. A Santiago S.J.	Arulanandar College Karumathur 626514 Madurai

St John's Medical College & Hospital, Bangalore 560034
Directorate of Rural Health Services and Training Programmes

Nominal roll of candidates participating in the Fourth Training Programme for Community Health Workers

Sl No	Name	Congregation	Diocese/Congregation/Provincial
1.	BRO JOSEPH JAYAPPAASH OFM-Capuchin	Order of Friars Minor	North Indian Missions, Bangalore Dt Meerut Diocese
2.	Sr Marianna Antony F M M	Franciscan Missionaries of Mary	Maria Bunkura Convent, Nalgonda, AP Nalgonda Diocese
3.	Sr Mary Theophane	Sisters of St. Ann.	St Ann's Convent, Raichur Karnataka Bellary Diocese
4.	BRO A SANTIAGO SJ	Society of Jesus	Frapp Prev Madur, Madurai - Madurai Province
5.	Sr Flory Maria C M C		Karnool Dt AP Carmel Bhavan
6.	Sr Lisa Kurian C M C		Sanico Millayan Pattikonda AP
7.	Sr Corcora SD Sisters of the Destitute		Sacred Heart Convent School, Alwaye, Kerala
8.	Sr Mary Kurissery		Soc of J M J Somaliguda AP Vijaywada Diocese
9.	Sr Annakutty Mathew F M M		Franciscan Missionaries of Mary, Bellary Province
10.	Sr Juliana Society of Jesus, Mary & Joseph		J M J Convent, Hyderabad, AP Guntur Diocese
11.	Sr Servia SD Sisters of the Destitute		Chandrapur Dist Maharashtra Chanda Diocese
12.	Sr Rachelli SD		Sisters of Destitute, Coonoor - Coonoor Diocese
13.	BRO VINCENT PEREIRA OFM (Cap)		Order of Friars Minor Capuchin Coa - M'lore Diocese
14.	Sr Evangeline Sisters of Charity		St Philomena's Convent, Hassan Chickmagalur Diocese
15.	Sr. M Aquinos Sisters of Bethany		Dioceses of Kohima-Imphal, Nagaland
16.	BRO GEORGE M M Bros of St. Gabriel		Pudrampur, Bhaman Dt AP - Warangal Diocese
17.	Sr Anastasia Elka Daughters of the Cross		The Convent, Gayaganga Darjeeling Darj. Diocese
18.	Sr Egidia John Pullattu Francis of the Blessed Sacrament		St Mary's Convent, Dohra Dun Meerut Diocese
19.	Sr Giovanna Vilangattusseril		House of Providence, Nagaland
20.	Sr Achamma AV Cong of Mother of Carmel		Carmelite Convent, S. Wynnad Maranthurady Dt
21.	Sr Josetta Francis Missionaries of Blessed Sacrament		St Mary's Convent, Clement Town Dehra Dun Delhi Diocese

Brothers - 4
Sisters - 17

Community Health Workers BC-4
Follow-up Evaluation

1. The Bishop of Mananthawady
Mananthavady 670 645
Wynad, Kerala

2. The Sister Superior
Sisters of the Destitute
Balaclava Hill
Coonoor 643 102

3. The Sister Superior
The Convent
Gayanganga
PO Kamala Bagan Dt.
Darjeeling

4. The Sister Superior
St Theresa's Convent
Sanath Nagar
Hyderabad 500 018

5. The Sister Superior
St Philomena's Convent
Hassan 573 201

6. The Sister Superior
St Mary's Convent
Clement Town
Dehra Dun 240 002

7. The Mother Provincial
Maria Bambura Convent
Damara Bhimanapally Via
Marriguda
Nelgonda Dt. 508 245, A.P.

X 8. The Sister Superior
St Theresa's Convent
Somajiguda
Hyderabad 500 004

9. The Superior
Ashadham Hospital
Wirur (SC Rly)
Chandrapur Dist.
Maharashtra

10. The Sister Superior
St Mary's Convent
Clement Town PO
Dehra Dun, UP

11. The Sister Superior
Holy Cross Convent
Dimapur
Nagaland 797 112

12. The Sister Superior
Sacred Heart Convent
Jagadhri, Ambala Dt.
Haryana

14. The Provincial Superior
Franciscan Missionaries of Mary
C/o. Sr Nuala Mc. Caithy
66 Dr Gopalrao Deshmukh Marg
Peddar Road
Bombay 400 026

1. Sr. Achamma A.V.
Carmelite Convent *Wynad Social Service Society, Mananthavady, N. Wynad, Kerala 670645*
Nadavayal PO
Kalnatti Via S. Wynad

2. Sr Pachelli S.D.
Sisters of the Destitute
St Joseph's Dispensary
Kongerpalayam
T.N. Palayam 638506
~~Coinbatore~~ *Periyar District*

3. Sr. Anastasia Ekka
~~The Convent~~ *Daughters of the Cross.*
Sr. Mary's Convent
Gayanganga
PO Kamala Bagan Dt.
Darjeeling Dist.

4. Sr Juliana
St Theresa's Convent
Sanath Nagar
Hyderabad 500 018

5. Sr Evangeline
St Philomena's Convent
Hassan 573 201

6. Sr Egidia John Pullattu
~~St Mary's Convent~~ *Paul's convent school.*
Sr
Clement Town P.O.
Dehra Dun 240 002

7. Sr Mariamma Antony FMM
Maria Bambura Convent
Damara Bhimanapally ~~Via~~
~~Marriguda~~ *Khammaguda via Marayaguda*
Nelgonda Dt. 508 245, A.P.

8. Sr Mary Kurissery
Christu Jyothi Nilayam Convent
Jyothinagar, Hanuman Junction 521 105
Krishna Dt. AP

9. Sr Servia SD
Ashadham Hospital
Wirur (SC Rly)
Chandrapur Dist.
Maharashtra *Holy Angels Nursing Home, A-12 Kailash Colony, N. Delhi - 110045*

10. Sr Josetta
St Mary's Convent
Clement Town PO
Dehra Dun, UP

11. Sr M Aquinas BS
Holy Cross Convent
Dimapur
Nagaland 797 112

13. Sr Conceha SD
Sacred Heart Convent
Jagadhri, Ambala Dt.
Haryana

14. Sr Annakutty Mathew
School of Nursing
St. Marthas Hospital, B.lore
(Providence convent,
Masur Rd. Bilore)

✓ 15. The Sister Superior
St Ann's Convent
Jawalgira
Sidhanur Tq. Raichur Dt.
Karnataka

✓ 16. The Superior
Montford Brothers of St Gabriel
St Joseph's High School
Rudrampur
Khammam Dt. A.P. 507 101

✓ 16. The Superior Regular
North Indian Capuchin Missions
C/o Joseph Jaya Prakash OFM Cap
Uday Bhavan, Josephnagar Bilaspur PO
Rampur Dt. UP 244 921

✓ 17. The Provincial Superior
Order of Friars Minor Capuchin
Provincialate
Monte de Gudrim
GOA 403 507

✓ 18. The Provincialate
C/o Bro. A Santiago
Arulanandar College
Karumathur 626 514
Madurai

14. Sr Mary Theophane
St Ann's Convent
Jawalgira *Vie Hanu*
Sidhanur Tq. Raichur Dt.
Karnataka

15. Bro. George M M
St Joseph's High School
Rudrampur
Khammam Dt.
AP 507 101

16. Bro. Joseph Jaya Prakash, OFM Cap
Uday Bhavan, Josephnagar
Bilaspur PO, Rampur Dt.
UP 244 921

17. Bro. Vincent Pereira OFM Cap
Monte Mariano *Provincialate*
Farangipet Post 574 143 *Monte de Gudrim*
South Kanara Dt. *6403507*

18. Bro. A Santiago, sj
Arulanandar College
Karumathur 626 514
Madurai

ST JOHN'S MEDICAL COLLEGE & HOSPITAL, BANGALORE

FIFTH TRAINING COURSE IN COMMUNITY HEALTH FOR
COMMUNITY HEALTH WORKERS (CHW BC-5)
7/1/80 to 28/3/80

NOMINAL ROLL

Sl. No. Name Address

1. ✓ Sr. Jude "Sunanda" S.F.D.A.
Coromandel Post
KGF 563 118

2. ✓ Sr. Cicily Thomas 19 Promenade Road,
Bangalore 560 005 - *Mangalore*

3. ✓ Sr. Celine Furtado
7/81 - Shree Yeshu Ashram,
Mithapuram P.O.,
Bangalore P.O.
Azamgarh Dist - U.P.
Holy Rosary Convent
Jeppu
Kannanady PO
Mangalore

4. ✓ Rev Fr Rockey Cardoza
Parish Priest
C/o Bishop's House Little Flower Mission
64 Gantta Tanya
Jhansi 284001 P.O. Sindwaha
via Mahroni
Dr. Lalitpur
284405

5. ✓ Br Sebastian Dung Dung Missionaries of Charity
7, Mansatala Row, Kidderpore
Calcutta 700 023

6. ✓ Br. Seban MC Missionaries of Charity
7, Mansatala Row, Kidderpore
Calcutta 700 023
(7/81) - Nanna, Krishna Dist
Vijaywada 521212
AP.

7. ✓ Sr. Maria Lou Barbosa ICM Dist House,
(Akhana) 5 Amikatti Maidan
Sevasadan, Baijalpur, Tiruchirapalli 620001
Rayra, Ballia Dist. T.N.
UP - 221712

8. ✓ Br. Francis Tiru, SJ Catholic Ashram
Post Box 27, Belguna
Purulia 723 101
W. Bengal.

9. ✓ Sr. Meera, FC Prenada Nakshetra Ashrama
Tellarur N.K. 581 359

10. ✓ Sr. M Enrichetta St Ann's Convent St Ann's Home
Jawalgara for the Aged
Raichur Dist. Angalore,

11. ✓ Sr. Veronica Holy Cross Convent
PO Binnaguri 735 203 Mangalore 575002
Dt Jalpaiguri, WB

12. ✓ Sr. Consesao Nunes FC Krupa Prasad Hospital
Old Bombay Agra Road
Nasik City - 422001

Sl.No.	Name	Address
13.	Sr. Genevive, SH	C/o Bishop's House,
✓ (7/81) -	S.H. Convent,	Rewa Road
	Demna, Bhumara P.O.	PO Box 22
	Rewa Dt - 486445	Satna 485 001 MP
	M.P.	
14.	Sr. Annie Jose OMC	C/o Social Service Centre
✓ (7/81) -	Jyoti Bhawan,	Mananthavady 670 645
	N.R. Pura - 577134.	
15.	Sr. Mary John	St Thomas Hospital
		Poroor
		Kampatty PO Mananthavady
		Uppad Dt. Via 670645
16.	Sr. Elsy D Thottian	St Joseph's Hospital
		Guntur 522 004 A P
17.	Sr. Nicolette Gayam	St Ignatius Convent
		Durgi PO
		Palnad Taluq, Via Macherla
		Guntur Dist A P
18.	Sr. Anna Joseph	St Francis Xavier's Convent
	Tellicherry.	Cowl Bazaar
		Bellary 583 102
19.	Fr. Martin Cushnan CSSR	Redemptorist Fathers
		Morisset PO, Chenchurpet
		Tenali 522 202
		A P
20.	Sr. Mukhta Soren	Holy Cross Institute
		PO Hazaribagh Town
		Bihar
21.	Sr. Annette	St Ann's Convent
		4 Miller Road
		Bangalore 560 052
22.	Sr. Nimala Jacob	St Ann's Convent
		4 Miller Road
		Bangalore 560 052.

Social Institute

Nava Nigmanan

14, Cathedral Road

Madras - 600086

ST JOHN'S MEDICAL COLLEGE & HOSPITAL, BANGALORE

FIFTH TRAINING COURSE IN COMMUNITY HEALTH FOR
COMMUNITY HEALTH WORKERS (CHW BC-5)
7/1/80 to 28/3/80

NOMINAL ROLL

Sl.No.	Name	Address
1.	Sr. Jude	"Sunanda" S.E.D.A. Coromandal KGF 563118
2.	Sr. Cicily Thomas	19 Promenade Road Bangalore 560005
3.	Sr. Celine Furtado	Holy Rosary Convent Jeppu Kankanady PO Mangalore
4.	Rev Fr Rockey Cardoza	C/o Bishop's House 64 Cantta Jhansi 284001
5.	Br Sebastian Dung Dung	Missionaries of Charity 7 Mansatala Row, Kidderpore Calcutta 700023
6.	Br Seban MC	Missionaries of Charity 7 Mansatala Row Calcutta 700023
7.	Sr Maria Lou Barbosa	ICM Dist House, 5 Anaikatti Maidan Tiruchirappalli 620001 T.N.
8.	Br Francis Tiru, SJ	Post Box 27, Belguma Purulia 723101
9.	Sr. Meera, FC	Premada Nakshetra Ashrama Tellapur N.K. 581 359
10.	Sr M Enrichetta	St Ann's Convent Jawalgera Raichur Dist.
11.	Sr Veronica	Holy Cross Convent PO Binnaguri 735 203 Dt Jalpaiguri, WB
12.	Sr Gonsesao Nunes FC	Krupa Prasad Hospital Old Bombay Agra Road, Nasik City
13.	Sr Genavive, SH	C/o Bishop's House, Rewa Road PO Box 22, Satna 485001 MP
14.	Sr Annie Jose CMC	C/o Social Service Centre Mananthavady 670645

Sl.No.	Name	Address
15.	Sr Mary John	St Thomas Hospital Poroor Kampatty PO Mananthavady Via. 670645
16.	Sr Elsy D Thottian	St Joseph's Hospital Guntur 522004 A P
17.	Sr Nicolette Gayam	St Ignatius Convent Durgi PO Palnad Taluq, Via Macherla Guntur Dist A P
18.	Sr Anna Joseph	St Francis Xavier's Convent Cowl Bazaar, Bellary 583 102
19.	Fr Martin Gushnan CSSR	Redemptorist Fathers Morispet PO Tenali 522 202 A P
20.	Sr Mukhta Soren	Holy Cross Institute PO Hazaribagh Town Bihar
21.	Sr Annatte	St Ann's Convent 4 Miller Road Bangalore 560052
22.	Sr Nirmala Jacob	St Ann's Convent 4 Miller Road Bangalore 560052

t. John's Medical College, Bangalore 560034

Directorate of Rural Health Services and Training Programmes

Sixth Training Course for Community Health Workers (CHW BC6)
6.8.80 to 25.10.80

Addresses of participants

1. SR TERESA MANJOORAN
Pillar Clinic, PO Haddo
Port Blair, Andaman Nicobar Island
744 102
2. BR GEORGE D'SOUZA, SJ
St Xavier's College
30 Park Street, Calcutta 700016
3. SR PIERLISA KOONTHAMATTATHIL
Catholic Church, Thakur Nagar PO
24 Parganas, WB 743287
4. SR LINET
St Joseph's Convent
Manjapra, Via Kaladi
Dist. Ernakulam, Kerala
5. SR MARY GOMEZ
St Mary's Convent, Kotagiri,
Nilgiris
6. SR PAULA,
O.L.P.H. Convent,
Edakkunnu Paduvapuram PO
Ernakulam Dist. Kerala
7. SR STANCY
Vimala Convent, Bhani Patna
Kalahandi Dist. Orissa 766001
8. SR FLAVIA D'SILVA
St Joseph's Convent,
Sathyapuram, Proddatur,
Cuddapah Dist. 516360 AP
9. SR AMUTHA
St Mary's Convent, Chamaraipet
Bangalore 560018
10. SR THERESE
Mary Immaculate Convent,
Shimoga Dist. 577 201
11. SR PLACID
Daya Nilaya Convent
Social Welfare Centre
Mirjan, Karwar Dist. N.K.
12. SR BETCY
Cherupushpa Nivas Convent
Umayanelloor, Kottiyam
Quilon. Kerala
13. SR PRASANNA, CSF
St Paul's Church
Utnoor PO
Adilabad Dist. 504311
14. SR JAYA
Holy Cross Convent
Dornal AP 523331
15. SR ANCILLA
Holy Cross Convent
Kottiyam, Quilon. Kerala
16. SR STELLA MARY
Bishop's House
B. Camp, Kurnool 518002
17. SR ROSY VARGHESE
Bishop's House
B. Camp, Kurnool 518002
18. SR VITALIAN
St Joseph's Convent
Karaikal, Tanjore Dist.
Pondicherry 960206
19. Fr JOSEPH PURAYIDOM
Deepti Bhavan, PB 42,
Shankarnagar, Mandya
Karnataka 571 401
20. FR JEROME MACHADO
Mary Immaculate Church
New Town, Bhadravathi
21. SR CELINE SANGMA
Nirmala Convent
Damra PO, Goalpara, Assam
22. SR IMMACULATE KISKU
St Mary's Convent Agiamore
Deodand Via Godda
Dist Santal Pargana, Bihar
23. SR STEPHANIA
St Mary's Convent
Rampur, UP

.....

St. John's Medical College, Bangalore 560034

Directorate of Rural Health Services and Training Programmes

Sixth Training Course for Community Health Workers (CHW BC6)
6.8.80 to 25.10.80

Addresses of participants

- St Mary's girls Vocational Centre
Sister of Charity of St Anne
P.O. Box 290
Elmina
Ghana
w Africa
1. SR TERESA MANJOORAN (Hospital of Our Lady of Pilar. Mokhasan, Port Blair, Andaman Nicobar Island 744 102 Via Kalad Mezhana Dr. N. Gujarat)
12. SR BETCY
Cherupushpa Nivas Convent
Umayanelloor, Kottiyam
Quilon. Kerala
13. SR PRASANNA, CSF
St Paul's Church
Uthoor PO,
Adilabad Dist. 504311 - A.P.
14. SR JAYA
Holy Cross Convent
Dornal AP 523331 - AP
15. SR ANCILLA Holy Cross Hospital
Holy Cross Convent Kanare P.O. 571463
Kottiyam, Quilon. Kerala via Kollegal Mysore
16. SR STELLA MARY
Bishop's House
B. Camp, Kurnool 518002 AP.
17. SR ROSY VARGHESE
Bishop's House
B. Camp, Kurnool 518002 AP.
18. SR VITALIAN
St Joseph's Convent
Karaikal, Tanjore Dist. Pondicherry 960206 St. Rock's Dispensary Pudukottai Karaikal 609609
19. Fr JOSEPH PURAYIDOM
Deepti Bhavan, PB 42,
Shankarnagar, Mandya
Karnataka 571 401
20. Fr JEROME MACHADO
Mary Immaculate Church
New Town, Bhadravathi 5096
21. SR CELINE SANGMA
Nirmala Convent
Damra PO, Goalpara, Assam
22. SR IMMACULATE KISKU
St Mary's Convent, Agiamore
Deodand Via Gadda Poneya her
Dist Santal Pargana, Bihar
23. SR STEPHANIA
St Mary's Convent
Rampur, UP
2. BR GEORGE D'SOUZA, SJ
St Xavier's College
30 Park Street, Calcutta 700016
3. SR PIERLISA KOONTHAMATTATHIL Sister of Providence
Catholic Church, Thakur Nagar PO
24 Parganas, WB 743287
4. SR LINET
St Joseph's Convent Immaculate Heart
Manjapra, Via Kaladi Thiruvallur
Dist. Ernakulam, Kerala Shevalli, Kerala
5. SR MARY GOMEZ
St Mary's Convent, Kotagiri,
Nilgiris
6. SR PAULA,
O.L.P.H. Convent,
Edakkunnu Paduvapuram PO
Ernakulam Dist. Kerala
7. SR STANCY
Vimala Convent, Bhani Patna
Kalahandi Dist. Orissa 766001 Bhawanipatna
8. SR FLAVIA D'SILVA
St Joseph's Convent,
Sathyapuram, Proddatur,
Cuddapah Dist. 516360 AP
9. SR AMUTHA
St Mary's Convent, Chamarajpet
Bangalore 560018
10. SR THERESA
Mary Immaculate Convent,
Shimoga Dist. 577 201
11. SR PLACID
Daya Nilaya Convent
Social Welfare Centre
Mirjan, Karwar Dist. N.K.
Peoples english medium school,
Sunleri, 581361
Karwar
N. Kanare.
- 11/81
- Social Welfare Centre, Theresapeta
Nuthangudi P.O.
Kadur Taluk
Panchanahalli
Chickmagalur Dist
573132
- Vimala Hospital
Sivvel P.O.
Kurnool AP

COMMUNITY HEALTH WORKERS IN TAMIL NADU

1. Sr. Julie SA
St Ann's Convent
Windermere
Wellington
Aruvanradu P.O.
643 202 (Nilgiris)
2. Sr. M. Constance
(Sr Innasialis)
ShantiNilayam
Vikravandi, S. Arcot Dist. 605652
3. Bro. V.X. Xavier Anal SJ
Our Lady of Health Church
Ranipet, N. Arcot Dist.
Tamil Nadu 632401
4. Sr. Justina
Nirmala Rani Health Centre
Devikanuram
North Arcot Dist. 606902
Tamil Nadu (Polur Rly. Station)
5. Sr. Pachelli SD
Sisters of the Destitute
St Josenh's Dispensary
Kongerpalayam
T.N. Palayam
Periyar Dist. 638506
6. Bro. A Santiago SJ
Arulanandar College
Arul Dispensary
Karumathur
Madurai 626514
7. Sr. Eley D Thottian
Nava Nirmana Social Institute
14, Cathedral Road
Madras 600086
8. Sr. Mary Gomez
St Mary's Convent
Kotagiri
Nilgiris
9. Sr. Vitalian Thazhathette
St Rock's Dispensary
Puthuthorai
Karaikal 609 609
10. Sr Ann
Holy Cross Convent
Christhurajapuram
via Vasu Devanallur
Tirunelveli Dist.
Tamil Nadu 627788
11. Sr. Maria Prabha AC
Anali Illam
Santa Maria Mission
Palliangaram Post
Via Salvakum
Chinglepet Dist.
Madurai 603107
12. Sr. Eohrem
St Theodore's Convent
Wellington Barracks 643231
Tamil Nadu

St John's Medical College, Bangalore 560 034

Directorate of Rural Health Services & Training Programmes
Eighth Training Programme for Community Health Workers (CHW BCR)

31 Aug 1981 to 21 Nov 1981

Nominal Roll

- | | |
|--|--|
| 1. Bro. Thomas Kuruville
St Pius College
Aaray Road
Goregaon East
Bombay 400 063 | 10. Sr. Mary Angeline
Prem Niwas, Nirmala Nagar
Modage P.O., Belgaum
Karnataka |
| 2. Sr. Shobhana Mary
Jeevan Jyothi Nivas
Semiliguda P.O.
Koramput Dist.
Orissa 764 036 | 11. Bro. Lucian Marinurath
Mount Assissi
P.O. Samelangso
Dt. Karbianglong
Assam 782 440 |
| 3. Sr. Jaya Marv
Vimalalaya Convent
Hebbagodi P.O.
Bangalore 562 107 | 12. Fr. Thomas Muktanand
Catholic Church
Serchhip P.O., Aizawal Dt.
Mizoram 796 014 |
| 4. Sr. Enhrem
St. Theodore's Convent
Wellington Barracks 643 231
Tamil Nadu | 13. Sr. Mariassunta Oranpuzhickal
Sisters of Providence
Thakurnagar, 24 Parganas
West Bengal 743 287 |
| 5. Bro. Vency CMSF
St. Antony's Balbhavan
P.O. Gokhivra, Vasai
East Thana 401205
Maharashtra | 14. Fr. Arok Sunder OFM
Jyothi Nilayam, RCM Church
Komaragiri, K.K. Palen
East Godavari 533 220 |
| 6. Bro. Joseph MC
Padma Estate
PO Karivedakam
Chengala Via
Cannanore Dist 670541 | 15. Fr. S. Peter
Montfort Fathers, R.C.M. Church
Karakainete (Shanthynagar)
Amalanuram P.O.
Godavari Dt., A.P. 533 202 |
| 7. Sr. Mary Helena CSR
Sisters of St. Charles
Mimala Hosnital, Old Town
Bhadravathi 577 303 | 16. Sr. Anne Marie
Nazarethalava
G.P.O. Box 244
Kathmandu, Nepal |
| 8. Sr. Elizabeth Abraham
St. Francis Xavier's Convent
Kaloor, Cochin 682 017 | 17. Sr. Poksim Nalini
St Joseph's Convent "TARBES"
19, Promenade Road, Frazer Town
Bangalore 560 005 |
| 9. Swami Sevanand
(Fr. Louis Pereira)
Shanti Sadan
Borsar P.O. 423703
Maharashtra | 18. Fr. Abraham Modoor
Catholic Church
Ujjain - 456 010, M.P. |

39.

Br. Jayaprakash

Joseph Nagar
U.P.

29th Oct 1979

Bc-4

" Daily many people come to me with minor ailments and I give them medicines.

Immediately after my school hours I go will visit the houses with the kitbox. Now a days the main ailments I find here are scabies, boils, cold and malaria. Really the APC, Cloroquine and Benzote are doing wonders with the blessing of God. Unfortunately, so far I was not able to contact the Govt. Hospital due to all the confusion here, but I hope to do so soon.

40.

Sr. Anastasia Ekka F.C.

Gayaganga
Darjeeling

29.11.79

BC-4

"Every morning I give instruction to the mothers about child care, cleanliness of the houses and the children and about their health. Most of the people of our diocese are under the tea-garden managers. The whole day they work in the tea-garden. They come back home only in the evening. So I can not spend so much time with them in the house when I go to visit them in the evening. But at the same time I am helping them to improve their health and food. And those who are sick telling them to come to our dispensary. I have no difficulty in the language. They are very happy with me. I enjoy with them. They say Though they feel tired they are ever ready to give their time for me.

41.

Sr. Anna Morais

Belgaum

24.10.79

BC-3

I used to go to the village on Saturday evenings and come back on Sunday evenings. The villages that I visited so far have Catholics residing there. I taught the method of N.F.P. Mother and Child Care etc. At present I am the nurse of the Community. I am busy taking care of ~~some~~ old ~~Father~~ Mothers. About 7 of them are about 70 years and I get a chance to deal in medicine which is a help to me even in the villages.

42.

Sr. Achamma

Nadavayal

17.12.79

BC-4

Regarding my work I started on 27th August and has been continuing among the adivasis tribal colonies. There are nearly 15 colonies and 22 to 25 families inhabiting in each colony. ~~To~~ In the morning I will go at 9 '0' Clock and return at 2 '0' clock. I organized a group of adult people and give them education regarding health and cleanliness. That means how to live in cleanliness? What ~~ex~~ causes diseases? what are its prevents? . I not only teach them but also help them to live neatly in practice. Nearly 400 people who were suffering from scabies are now already cured due to my treatment.

I advised them to live according to the hygiene principles. I made a scheme in N.F.P. and they are being undergoing a course. Children were sent to PHC for vaccination. Many weak patients being taken to hospital. A doctor from mission hospital is helping me in all my works. I conducted a course to nearly 35 adults who were working for MCH Programme on firstaid, Nutritious food that means how to preserve vitamins and nutrients in food while cooking.

34. Sr. M Rosina Chakai, Bihar 7.8.79
 "Every morning I wait in the Dispensary. I get lots of patients as well as in patients."

35. Sr. Pachelli S.D. Kengerpalayan 20.9.79
 Coimbatore
 "This place really worth for Community Health Work. So many poor illiterate people are here. They don't use even proper dress. First time I am seeing this kind of people. Rich people are also here, but there is no much facility for education. Here there is one L.P. School, there is one high school 6 miles away from here. There is one P.H.C. Sub-Centre in T N Palayan. I hope I can do something for the poor people. First I am going to start house visiting to study the people and the nature. Here our sisters are conducting one small Dispensary. One qualified nurse and one trained nurse sister also are working here. Doctor will be coming for weekly visit."

36. Sr. Mariamma Antony F.M.M. Phimananally 24.9.79
 A.P. PG-4

The people are very happy to have me back. My programme is as follows:-

" Every morning from 8.30 am to 1 p.m. working in the clinic. Afterwards that is from 3 p.m. to 6 p.m. visits to the houses, while visiting to the house I carry along with me the Vit 'A' Solution and give to the children in their respective houses (135 children in one village only)

2nd programme is that taking the survey of the children under five. This I finished in 3 villages and put up the chart in the centre. I also arranged medical check up for the school children by the help of P.H.C. team. There are 3 schools, only one is over. Twice a week I go to the other two villages. P.H.C. helps me a lot, with medicines, such as vit 'A' solution, APC, PAT, Iodine, cotton, Inj. B.c. T.T. Iron with folic and gelucil etc...

Ante-natal clinic is a 'must' on every Friday the women comes to the clinic. Due to the draught I am unable to touch the nutritional aspects. The health Insurance programme is going on well.

37. Sr. M Aquinas Dimapur 26-9-79
 Nagaland PG-4

As soon as I reached here I found many of our people suffering from sore eyes. I have started treating them according to your advise. Here the people are quite happy to serve that I can help them. I have started treating them according to you. I too am happy to serve them better after this short training. Many a times I have to stop and convince them saying that I am only a first aider. I will be visiting the far away villages soon and try to do my best that I can.

38. Sr. M Teophane Jawalgera 4.10.79
 Karnataka PG-4

I did some enquiries, met many people like PHC Doctor, Awns, Health Inspector, School teachers, Youth Club president etc. I also visited houses and met expecting mothers to advise them. The villagers just force me to give them some medicine and the simple things.

29. Bro. Jayanakash

I already started giving the new quota. Now I am having 450 families for this programme. I also started the immunization camp. Mostly all these children have got this great privilege. While visiting and giving this food & stuffs I also give health education and family planning.

32. Br. V.M. Xavier Amal Ranipet 27.7.79
N.Arcot Dist

"I am visiting the houses - instructing them about their health. I am not giving any medicine - because I have seen my experience that to give medicing is not helping to improve their knowledge in good health."

33. Sr. Justina Devikapuram 14.8.1979
N.Arcot Dist.

"Here we don't have any facility of having any in-patient but we are obliged to keep certain serious cases in our little house for their relief. The German Hospital in Chetpet is very close to us, so we refer to the serious cases there. We are having a good relationship with that hospital who respect the cases and do the needful immediately and they send them back to us for further treatment according to their prescription. We too go there and they too come and contact us and encourage us in our undertaking of our work for this poor people. Another thing I would like to say is, because of their poverty, lack of work and food they are being grieved in their misery so they start taking any kind of poison in order to get rid of their troublesome and difficult life. Since I come here I have seen cases like this. They come and call us at any time of the day. most of them are young men and women. They could find very little value of their life and the responsibility of their families. When they come to us after taking it, we could only advice them not to do it again, because such is their life and the problems that they are facing. In this area there is a very big gap between the caste. Harijans earn very little, they have to work hard. Highest wage for a man is Rs.3/- and for an ordinary case is Rs.1/- to 25 paise etc. so you could imagine the life situation of our dear brethren. Eventhough we had a lot of objection for this health centre, people were for us and they asked for us to continue to stay. So for this purpose we bought a plot of land and dug the well first. As soon as we saw the water started the work for the building. The real problem that we are facing at present is that the President's nephew is going to have a cinema Theatre near to the dispensary where there will be noise, unhygiene, fighting etc. There is pond very close to this place from where people take water for drinking. People of this village satisfies only by drinking of this water, Even though we could find many other wells around the village. It is called Murugan's Pond. Here people take bath, wash their clothes etc. These few weeks people are coming with vomiting and diarrhoea. I am happy to say that we were able to cure these people and give them hope of life when they go back. These cases we found in all the ages and sexes. Forced abortions are being very common among the women. Even they are ready to go away from the family. They marry and go to any women as they like. Certain widows are being forced and condemned in this way of life.

Almost every day we treat 70 to 100 patients. most of them would be scabies, injury, diarrhoeas, fever etc.

Most of my time I spend helping in the dispensary. Since my companions are well trained and experienced they are helping me to get used with the cases of dispensary before we get into the village and work. It is true, if we go out they expect many things from us which we do not know. Now I am happy to say that the training is being very useful in this area and I can put into practice as well as I can develop in my knowledge all that you have taught us.

The people those who come here most of them are women and children with complicated cases. Many of the children are at the point of losing sight diarrhoea, scabies, abscess, vomiting and malnourished etc., The people here are uncultured like tribals and they gain very little. Since the weather is very hot they work from 6 a.m. to 11 am. Many of their occupation is field work and weaving of arnis silk sarees, they are not very cultured. Since there is bus services people can move place to place easily. The big hospitals such as chetpet and vellore are very close. People neglect to go to those places because of their financial problems, so they keep the sick at home until it get worse or by putting home made medicines which makes them still complicated.

28. Sr. Eva D'Silva Lunding Assam 4.7.79

" I am proud to tell you that I had a chance of conducting a delivery in our compound and I diid it. It is a month now and both are keeping well."

29. Sr. Anna Moraes Belgaum 3.7.79

On Saturdays after school I with another Sister go to a village about 23 kilometers from Belgaum, we stay there for the night in the church or in a school. We go and visit the people in their homes. I have visited 3 villages, here the people are catholics, so we are known to them. I give the religious instruction as well as health education. They are eager to listen to the instruction on health education. The people here are not poor but they are hard working. In Belgaum we are working as a team. "Family Welfare Centre". Each group is allotted a job. I am in N.F.P. group. We have to meet the couple and instruct them to plan their family.

In school I found some of my students poor in health, so I am trying to visit their homes and see in what way I can help them. Now since it is raining I can't go out to visit the families often besides at present I have school work. Whenever I meet another with a child I always make it a point to instruct her on baby diet etc.

30.	Sr. Pachelli S D	Kongernalayam Goimbatore Dist.	27.10.79	BC-4
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"I have already started my work, house visiting. Once I am called for a "Home Delivery".

31. Sr. Mary Kuriserry Jyothi Nagar A.P. 22.10.79 BC-4

To be true to myself I was fully busy with the survey. I just finished surveying of 250 families for the M.C.H. Programme. From 8th September

the mouth, a small one - after that it has spread to the whole body. There is a red wound in the mouth (around) It gives pain. So please write to me what step I should take.

25. Sr. Martha Soreng Mahuadawr 20.6.79
Bihar

At present I give class on Hygiene and give medicine. I did not start on other subjects. None I will slowly follow what I learnt there. Now when I started the work to do, I feel more happy and the value of the course. Here in this place people are much more backward than the Mahuadawr. I am no more in the school but I am doing the village work and I like it very much dealing with the people and helping them in many ways.

26. Sr. Nancy Narsbail Post 25.6.79
Sirsi

"Now I am rendering my little service to the poor people at Sirsi in North Kanara. I am given the duty to look after the sick and care the down-trodden people. There are arrangements to visit the village once a week and speak to the people on cleanliness and remedies of sickness. I do enjoy the work specially with the poor. I have surveyed the main disease primarily in the villages where I have to work. Our Congregation has started a new convent to do the village work at Sirsi. We have four villages to look after. They are 12 miles away from our residence. Everyday to visit it is impossible. Everyday I am visiting the surrounding houses of my residence. Often people are coming to our residence to take medicines. Till now I have not started much work. Just to visit the houses are the initial step of my work. I will let you know all the details and the improvements of my work later on"

27. Sr. Justina Devikapuram P.O. 21-6-1979
Tamil Nadu

"At present I am in Devikapuram where there are 9000 population in this village alone. We are interested to cover up about 15 villages near by Devikapuram. It is close to Madras. Actually after coming here only I could understand the life of interior part of village. We too are having the exact difficulties of villagers. About 10 to 15 minutes walk is needed to get some water. All the same we are all happy to serve among these unfortunate. When our first Our main work is to run the dispensary, go out to the villages to speak, to teach and distribute the medicines etc., more than 100 of patients come from far and wide. When I see certain patients I think of those slides which has shown to us in St John's as well as in Dommasandra. The sister in charge is very nice and explains to me very well about most of the sickness and shows me how to give injections, dressings etc. There was a delivery of an unmetured baby in our dispensary. It was I who met the incident when the sister was called to the case. Even though the child died off after some time it was normal case and I did the tying and cutting of the cord and cleaning the baby etc.

husbands can't. Just recently happend, one women who was operated about 4 years back is suffering terribly and had another major operation, she can't ber the pain, can't eat and the part is full of pus, she cannot even stand or sit. By seeing this many said what only they will do and they are not able to bring forth the children as they wishes. These are the problems which I face at present.

19. Sr. Cicilea Thottam, Uduni 9-6-79 BC3
- " Now I have already started my work. morning I have to teach in the school, afternoon I am visiting the houses, carrying the Kithor also. This place is very nice and people are very lovable and affectionate within one month they all become my friends and dear ones. I must thank God and you all for giving me one chance to do this course. Here most of the people are fisherman, they don't know the cleanliness Whole day they will be catching fish, even small children
20. Sr. Jovita Mananthwady 11-6-79 BC3
- "Now I am working among the tribals. It is very difficult because they have not interest, if we call them they will ran away, I am going everyday and trying to ~~xxxxx them~~ teach them. I hope they will become better.
21. Br.Xavier Amal s.j. Kovilpatti 8.6.79 BC3
- Now I am in Kovilpatti doing the village work (finding malaria and polio cases, visiting the houses, introducing small scale projects etc). I will be here for two months. Now I am planning to conduct the tiller potter or some cultural programmes to the villagers, but no companions with me, so I am thinking of the programme
22. Sr Natalia D'Mello F.C. Nasik City 17.6.79 BC 3
- "Shortly I intend to put into practice all that I have learnt when with you, in my village work programme. Most probably it will be after the monsoon due to drawbacks which we encounter as regards the transport and other difficulties.
23. Sr Jeena Rodrigues Junpu, Mangalore 15.6.79 Rc3
- "At present I take care of the old and sick sisters. I get many chance to give the injections. One thing makes me sad is that I don't have any chance to go to the villages. But I hope for the next year
24. Br Xavier Amal s.i. Kovilpatti 18.6.79 BC 3
- " Now I am working in Kovilpatti near Tirunelveli. I have taken three villages for the Developmental works not only spiritual but mainly health. I am trying to follow what I learned in St. John's. Now a problem arised in the area. A boy aged 14 has white patches in the body. It started in

advise them what they have to do as well as how they have to take care of their children by hygiene and nutrition. Many of them listens well but few are doing as we say. Hope by our regular visits may do good in future. Bes des the children so many others to come to me for the treatment.

Already I have brought Rs.150/- worthwhile of medicines. I have examined the vaccinations that the children have received. Most of them have received small pox vaccination and 2 out of 30 received the BCG Vaccine. Even the parents are not sure of given any other vaccines. Also I have taken the arm-circumference of the children.

16. Sr. Theres Thomas Hazaribagh Town 7.4.79 BC-3
Bihar

"Already I started to go to villages and teach. Specially I am planning to start Mother and Child Care and to give training to the people of my village, since I don't have proper primary health centre here. I don't think I can work h with them well, but I will be able to do something."

17. Sr. Jovitta Mananthavady 10-5-79 BC-3
Cannanore Dist.

" Now I am working among the tribals. Here there are 75 families. They are very poor and they have no knowledge. These people are suffering from scabies. They have no peoper houses or lands. Most of the people do not send their children to school. So first of all I am planning to open a Nursary School for them and educate the men and women about hygiene and good heal h. I think that my work is not very easy. It is very difficult, but I will get the help of Fathers and Sisters. Now I am visiting their families."

18. Sr. Justina Wellington Barracks 25-5-79 BC-3
Nilgiris

" Here I have many cases of scabies, fever, wounds, cold and cough, Diarrhoea, pain in the abdomen, sore eyes and leakage of ears etc. Mostly I am dea ing with the children, also adults come with common ailments. I treat them with full confidence and I find them getting cured. Certain cases I send them to the Hospnitals. I feel that if we had some practicals especially of giving injections etc. I feel bit scared to of handling Antinatal care, I find some cases in this village,among these just one or two have gone to the Hospital and had check up. Even I find some have taken medicines from the beginnring of their pregnancy and not even taken T.T. according to the prescriptions that they have showed me. When I told them about this check-up and treatment they said they would go only when they are in 8 or 9 months. About the Family Planning some says they like to abstinate but they

<u>Sl.No.</u>	<u>Name</u>	<u>Address</u>	<u>Date</u>	<u>Batch</u>
12.	Sr. M Constance	Vikravandi	1.2.79	BC-2
	<p>" As I was expecting I have come to rural areas for the welfare of the poor people. I have just started visiting the houses and sonon. I am running MCH and NEP in Vikravandi with the help of CRS - U.S.C.C. and also we are trying to visit PHC. Very soon we will be linked with PHC."</p>			
13.	Br. Susanto Kumar	Jubaguda Orissa	1.5.79	BC-3
	<p>" On 26th April we had youth organisation. About 300 people had come here. More emphasis. More emphasis was given over the promotive. "How we have to develop this area. We selected leaders from each village. They will come once in every month here and we will discuss about development. I took instructed them about health (preventive & Curative). After training I could cover about 1000 people, following under five clinic. Maternal care etc. I could cover more villages but at present for the time being I have taken well project from to digg wells in the villages. Three already over, four more I have to digg. Everyday people are rushing to me for the primary medicines. whatever little money I get from father's for medicine that is not enough for our hostel boys even. Still I manage by giving A P C, chloroquine etc. Here we don't get any medicine from any where. The tribals are using certain country medicine (flower, leaves, roots etc) for certain diseases. So I have collected about 20 varieties varieties of medicine which is used by tribals and Harijans. Keeping for demonstration at present here people are suffering from fever, scabies, Ringworms, Malaria, Sore eyes. Small children are having protein calory deficiency, their growth is very slow. Our P.H.C. is about 26 K.m. far from here. So far I have not gone. Now I am planning to go and meet the doctors."</p>			
14.	Br. Xavier Amalraj	Irudavanuram	3.5.79	BC-3
	<p>" Now I am free and in after the successful celebration - the Jubille of our primary shcool. My society has given me a jeep to cover the East Rannad area. I hope I can do a lot. I will start my work in June. In this year I will take only the Child's care. Now I am preparing the Indigenous Calender."</p>			
15.	Sr. Justina	Wellingtone Barracks Nilgiris	4.5.1979	BC-3
	<p>"First of all in I introduce to my Superiors, what is our important role of this training and what we can do and what we have to do etc. She accepted everything and she helps me in my service. As you know we have a day care centre where we could do plenty for those children. Since many of them have sore eyes, discharge of the ear, diarrhoea, boils and absces, I treat them as you have taught us and as we visit their families we</p>			

10. Sr. Bonitas Andhra Pradesh 1.3.79 EC-2
- Herewith the report of my work is forwarded. As I know very well about the cast, culture, language, leader, sanitation etc., and also each houses, the number of members, monthly income, means of livelihood, house construction, relationship between the family members, etc., their education, occupation, health condition, tastes and interests possibilities and limitations of the villagers in the villages I stay, I started with
- First to take more interest in the MCH programmes, started recording the weight of the beneficiaries and also their illness. Even though I had ordered for 100 childrens Health record cards, they are not received. The AMM was contacted and 78 children were given Trippleantigen on 12th Feb 79.
- School lunch is conducted here in Batwammally and also in Nemmel which is 14 miles away.
- Environmental sanitation : Here in our villages, at least 96 soakage pits can be made. 5 pits are dug to make sanitary latrines. Advancees money is given in the shop for cement to make slabs. But so far no cement is got. Three times, I went to Thandur to the P.H.O. to meet the doctor. But doctor was not there. Next week, again I shall try to see the Doctor and B.D.O.
11. Sr. Bonitas Batwammally, A.P. 1.3.79 EC-2
- I had so many aspirations, but when the work is started, I had to face many problems, I would like to wind up.

- 3
6. Sr. Julie S.A. Windermere Nilgiris 19.1.79 BC-2

As per your instructions and guidance, I started carrying out the projects as best as I can. My main concentration is on Health Education to Mothers and students, Nutrition Education, M.C.H. and treatment for common ailments as per your advice, We (the social service team) intend starting 'St. Ann's Mini Health Centre'. Hope it will be successful. Very soon helps will be obtained from D.H.O. Ooty and S.H.C. Ketti. Though I am seriously thinking of helping our people to construct sanitary latrines, I wonder how far I can achieve this.
 7. Sr. Julie S.A. Windermere Nilgiris 19.12.78 BC-2

All the sisters here are quite happy in helping me to carry out my project. We work as a team. So we hope to achieve maximum success. I intend contacting P.H.C. Ketti, the District Health Officer Ooty and the Executive Officer Wellington, contomment.
 8. Pr. Abraham M.C. Moorour West Bengal 15.2.79 BC-2

I have settled here in my own community and trying to organize the work here.
 9. Sr. Suma Jabalpur 5.2.79 BC-2

I had gone to the village for one week programme. I am so glad to inform you that I started my work in the field such as giving talks about Nutrition, health, hygiene etc. Now I am busy in preparing new charts and preparing lessons with in few months we will be able to start M.C.H. programme too. Though PHC is quite far from our place we try to keep contact with it, at least the vaccination can be get it done. At times we go and remind these people.

4. Sr. Elsy S.Sp.S

~~Bamangura~~

Mahanagar, Lalnrow, U.P.

23.10.78

PC-1

Now I am doing my midwifery. I have got 4 cases already. We have to get 20 cases altogether. At present my duty is in baby room

5. Sr. Pushpa Elka

Rajgangpur, Orissa

29.9.78

PC-1

Even though I am not able to go to village I find very useful whatever I learned during the three months course, especially environmental sanitation, Nutrition, Health and Hygiene, kitchen garden and earing for the sick. Since there are large No. of girls, always one or two come with some troubles like fever, diarrhoea, dysentery, vomiting etc. I don't have any drugs but P.H.C. is close, so I send them to P.H.C. Some times I get chance to do first aid. Every day at 4. pm I take my girls to garden. ~~for~~ While working I teach them also about the importance of having kitchen garden and also ~~about the~~ I give fresh vegetables to girls from our own hostel garden. . Girls enjoy the fresh food from the work of their own hands. There is a silai school close to our hostel. About 65 silai girls are there. I take one class for 45 minutes everyday and share with them what I learned from the course.

<u>Sl. No.</u>	<u>Name</u>	<u>Address</u> <u>Binnag</u>	<u>Date</u>	<u>BC</u>	<u>Reports</u>
1.	Sr. Eley S Sp S	Convent of the Holy spirit Bangalore	27.7.78	BC-1	<p>I get chances to go to our dispensaries where some villagers come for minor ailments. According to the situations and needs I try to treat them as well as I am conscious of my duties towards them. So I try to teach them too, something on personal hygiene, environmental sanitation and nutrition especially for under-5.</p> <p>I had been cut for a month in a village. I was very glad that it was very much useful in my village level work. I saw many people with different sicknesses. Malaria is very common in villages. I too had I helped people giving chloroquine Tablets. I taught ladies about the housing and cleanliness. They were very happy to get such a kind of lesson. Here I found the main sickness among the couple is Venereal disease. Some extent I remembered your talk so I could give some advice.</p> <p>I am being in a dispensary for four hours daily. I get a lot of opportunity to speak to the people about balanced diet, Antenatal care, importance of cleanliness and I am trying to help them in making them understand the cheap food stuffs which contains lot of nutritive value like green green vegetables etc., When the rains gets over we are likely to have some regular courses for women on NFP.</p>
2.	Sr. Petronilla	P.O. Garhwa, Bihar	11.9.78	BC-1	
3.	Sr. Monica	MHOMy M.P.	31.8.78	BC-1	

Class

Roll No.

Semester

Subject

Examination

Date

Health Plan of Holy Cross Health Team in Ghogarggaon.

Community Selected and its Characteristics

- 1) Description of Area: The name of the village where we stay is Ghogarggaon. It is located in Vaigapur Taluka, Aurangabad district in Maharashtra State. Ghogarggaon is 50 km away from Aurangabad. The nearest bus stop is 6 km away from Ghogarggaon (Mahelgaon bus stop). To reach ~~from~~ the bus stop we have to walk or go by bullock cart. Ghogarggaon belongs to Aurangabad diocese.

2) Population: The total population of the villages where we have planned to work is ^{approximately} nearly 10000 (Don't know exactly.)

- 3) People: In all of the villages people belong to 5 main castes. They are Marattas, Mallies, Mahars, Manks and Adivasees. The different religion in the villages are Hindus, Muslims and Christians. Christians and muslims are very few. 80-90% of the people are below poverty line. Their houses are mud houses. The patels have stone houses with terrace.

- 4) Occupation: The main occupation of the villagers is agriculture. Our village belong to the drought areas of Aurangabad district. Most of the people have land except the adivasees. The people who have well in their land irrigate their land from well water. 95% of the people have no wells and they cultivate depending upon the

rain. There is lake built by the the government during the famine for irrigation. The lake was dry for the past 4 years and this year it is full. The main crops they cultivate are Jowar, wheat, Ground nut, Bengal Gram and if there is sufficient rain and water Sugarcane and. In all of these villages there is no sanitary latrines or drainages except the fathers and sisters. Usually each house have a separate place to dispose their wastes and they turn it into manure which they sell. There are 2-3 wells in each village. In Ghogargaoon there is a sanitary well ~~but~~ dug by the fathers panchayat.

Transport facilities The people usually travel from village to village walking or by bullock cart. There are 3 shops in Ghogargaoon and also in other villages. There is a post office also. There is a Marathi medium High School run by the fathers which started more than 15 years back. There is a Government Balwadi but not working properly. There is a Catholic church which was built by ~~the fathers~~ a French father 53 years back. There is also a mosque. 4 km away from Ghogargaoon there are 2 temples. In all the other villages there is a primary school.

The type of Government In each of the villages there is a Sarpanch. In Ghogargaoon there the gram Savak. I don't anything about the other members of the panchayat. People are not satisfied with the activities of the Panchayat.

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5) Health facilities: In Ghogargaoon there is no health facilities other than our own. In Pimpelgaon that is 4 K.M away from Ghogargaoon there is a PHC Subcentre. But the people are not satisfied with its services. 6 K.M away from Ghogargaoon there is a dispensary run by an authorized medical practitioner.

Our contact with the village: Our congregation started to work since 15 years in Ghogargaoon. The sisters came here at the request of fathers to teach in the school and to run a dispensary. At present the Sisters are not teaching in the school. In 1972 the sisters built a 20 bed hospital. At present we have a visiting doctor from Vaijapur - 20 K.M away from our head quarter. He is paid for this. Our dispensary work hours are from 9 A.M to 6 P.M. Our hospital is more of a maternity hospital. After the working of the hospital for three years the sisters realized that our hospital wasn't doing much service to the four villages where they have no health facilities. People from many villages requested the sisters to visit their village at least once a week. So the sisters started to visit villages and gave curative services. As they come in contact with villages they realized that their curative services weren't much practical. Their visit to the villages was not regular. They felt the need of

8

Spending more time with the people in health education. So far we were ~~doing~~ giving curatives services visiting villages.

But this did not improve the health condition of the people in a way we wanted.

So we have planned this a new approach to the villagers.

Since Since we found difficult to reach the villages walking we applied to Caritas for a 'mobile medical unit' - a diesel Jeep. This will help us to reach the village once a week and spend more time in the villages. Caritas has sanctioned the money for the Jeep.

A. The NEW PLAN.

- 1 Antenatal Care
- 2 ~~Postnatal~~ care Intramural Care
- 3 Postnatal care.
- 4 Under five Care
- 5 Immunization
- 6 Health education
- 7 Tuberculosis Control Programme
- 8 Safe drinking water supply.
- 9 School Health
- 10 Training of Village health workers.

NCH programme

B. Objectives of the ^{Comprehensive} Health Plan

- 1) To improve the health conditions of the people.
- 2) To provide Comprehensive health care to the population of Seven Villages.

Class

Roll No.

Semester

Subject

Examination

Date

Aims and methodology of each component of

Comprehensive Health Care.

Antenatal Case MCH Programme.

1. Aims and Objectives:

- a To ensure a safe delivery to every expectant mother
- b To prevent malnutrition in expectant mothers
- c To detect complications and avoid more complications during pregnancy.
- d To educate mothers on how to improve their own health and that of their children.
- e To get a healthy baby.

2. Methodology

Survey

House to house visit.

Antenatal Clinic

Registration.

a) Antenatal Clinic.

Fix a day and time for the clinic and inform the mothers. At least once a month antenatal check up should be done.

Note down the

L.M.P

(With help of indigenous Calendar)

Weight of the mother

height of the Uterus

Urine test for sugar and albumin

Blood test for Hb%.

Blood Pressure

Anemia, edema

History Primie, or multie
 previous pregnancies, Any abortions
 Previous deliveries normal or not
 Any still births, Premature baby.
 Give iron and folic acid to anemic patients
 Give T.T in 2nd and 3rd Trimester

b) Intraneatal and Postnatal Care.

Aims and objectives

- To provide a safe delivery service to all mothers
- To know if the mother and infant are progressing
- To know if any infection in the mother
- To educate the mother in child care.

Method:

Train the Devi to conduct a delivery without inducing infection.

Visit the mother and child for a week daily.

II. Under Five Care

Aims and objectives

- To give health care to all the children under five.
- To prevent malnutrition in children
- To prevent infant mortality

Methodology

Survey

Registration

Under Five Cards →

Class

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III Immunization

Aims and objectives

To prevent children from communicable diseases

To bring down the infant mortality rate.

Methodology

Survey - To know the number of children who are to be immunized

Through school health programme
Under five clinics.

IV Health education

Aims and objectives

To provide better knowledge in health and hygiene hygiene

To make the community aware of the nutritive values in their daily diet

To give the community a better knowledge in the cause and spread of disease

Methodology

Flash cards.

IV Tuberculosis Control Programme

To detect all the cases of tuberculosis and provide treatment.

To prevent further spreading of the disease

Methodology

Survey

B.C.G Vaccination

Take sputum Smear

Take the patient for x-ray

Follow up the patients.

VI Safe drinking Water

Aims

To Control Communicable diseases

Methodology

Survey all the sources of drinking water.

Chlorinate all sources.

Construction of Sanitary wells with the help of the panchayat.

VII School Health Programme

Aims

To detect diseases in children in the early stage.

To give health education.

Methodology

Teaching the teachers about health.
Medical Check up.

Class

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Training of village health workers.

Aims

- 1) To communicate between the health team and the village
- 2) To have a constant follow up of the programmes started.
- To give immediate advice to the people in their needs.

Objectives Methodology

Draw up a training programme. Spread over 3 months.

Requirements

Registers x	-
weighing machine	-
B.P apparatus x	-
Ice flask	-
Syringes and needles	-
Horrocks Apparatus	-
Bleaching powder.	-
Flash cards on	-
Prevention is better than cure	- 16.00
Prevention of diarrhoea	- 16.00
DPT	-
Baby's diet from 0.1 year	- 16.00
Better nutrition healthier nation	- 16.00
Better child care (Mathi) 2 copies.	- 6.00
Worm disease (Poster)	- 3.00
Simple village Survey and house to house Survey	5.00

b) Lab requirements (Attached typed list given with prices by Lab Tech.)

b) Resources ^{needed} ~~Personnel~~ / Renovation

School Teachers

Mahila Mandal

Youth Club.

Religious head - Catchist

Village Dai

P.H.C

Balwadi

Panchayat leaders.

From the above resource I have planned to get the participation of Panchayat leaders

Catchist, Village Dai and School Teachers.

Then there are also some women who are influential and have good contact with people I have planned to train them as village health workers. We also have planned to work with the cooperation of the P.H.C.

Class

Roll No.

Sr. Suma

Semester

Subject

Deepki Bhavan

Examination

Date

Deoni - P.O

Health Plan

W (Via) Pindri. SE Rly

Mandala Dt

M.P.

Description of Village

I am working in a village called Deoni which is situated in Mandala District. It belongs to Jabalpur Diocese though it is 120 km away from Mr. Jabalpur is in the centre of Madhya Pradesh. To reach our village - you can a bus from Mandala which goes to Jhamsur and get down at Masur bhavuni which is the bus stop which is 5 km away from us. From the bus stop to reach our home no other conveyance except walking. Our people are Adivasis who is famous for ~~the~~ drinking from their childhood. It is actually a hilly drought area. We cover 10000 population of 12 villages. The distance between these villages are 2 to 25 km. At present ^{we cover} this distance walking. But within the two or three months we will get two horses. ~~and~~ ^{then} we will go on horse back.

The total population are farmers and no agricultural facilities are available. Only 15% of population are having cows and buffaloes. We have no electricity. Our people are mostly Hindus and 4% Catholics. They make their houses out of mud, straw and branches of the trees. They are least bothered about environmental sanitation and even we do not have proper water supply. Each village we find only two wells - in the field which is far away from their houses.

There is a primary school and a church in our compound. The post office functions partially. A school master is having a little shop which opens only in the afternoon.

Except Surpunch I do not know anything about the working of the Panchayat and the Panchayat members.

Though there is a P.H.C. which is 35 km away from us - so far we could not ~~be~~ contact the M.O. and the staff.

2. Our Congregation

We belong to C.M.C. congregation. We were invited by Bishop to open a dispensary and to work in the village. We landed in our village only in Sept 23rd 1978. Seeing the condition of the people we ourselves started Health Education and M.C.H. programme. Now we cover the population of 10000 covering 12 villages. We are ~~four~~ ^{four} in our community. Two by two we go to village and live with them. Usually we spend two days in a village and come back after a week covering three villages. Night we give Health Education to the people. During the day we spend with the children ~~cleaning~~ ^{clean} the house, give bath to the children and make kitchen garden and instruct the children to water it daily. ~~We teach the people~~ Those who want to follow N.F.P. we teach them. Our dispensary time is only 1 hrs from 8 to 12 AM. Evening the remaining two sisters who are at home go for house visiting to the nearby villages. Patients pay for the medicine not the full amount but what they can. The dispensary expense is met by the Diocese. Since we work for the Diocese we get the full ~~co-operation~~ ^{co-operation} of the fathers. Once a month we and father are able to cover all the 12 villages. Once a month Fr (Dr) Barret comes with a Physician

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from Kalya Hospital to visit our dispensary. The average number of patients are 20 but it varies according to the season. Once a week we distribute the grains to the mothers which we get by C.R.S. for the MCH Programme. We weigh the children once a month and record in the register. The children who are very weak and malnourished under 3° malnutrition we give special care and give some tonics and Vitamin tablets. Once in three months we give Vit A capsules. Before distributing the grain we give health talk to the mothers by using charts which are made by ourselves.

Though we carry out all these work now I am convinced that we have not chalked out a well planned programme with certain objectives.

Objectives of proposed Health Plan

- ① To improve the health condition of the people
- ② To give comprehensive health care to all 12 villages.

The programmes which we are going to undertake within these three years are as follows -

- ① Antenatal care
- ② Intra natal care
- ③ Post natal care
- ④ Child Immunization
- ⑤ Distribution of Vit A
- ⑥ Health Education
- ⑦ School Health
- ⑧ Safe drinking water
- ⑨ National Malaria Eradication programme
- ⑩ National Tuberculosis Control programme
- ⑪ Training of Village Health Workers.

Aims and Methodology of each Component

Antenatal Care - Aims and Objectives -

- (a) To give special health care during pregnancy
- (b) To ensure the health of the mother
- (c) To avoid more complications during pregnancy.
- (d) At the end of pregnancy to get a healthy baby

Methodology

- (a) Survey
- (2) Antenatal clinics
- (3) Home Visits
- (4) Registration

Antenatal clinics

- (a) Register the name of the patient
- (b) Once a month visit - during visit examine the mother w/o, BP, Anaemia, Oedema, Ht of the uterus, Hb, urine test for sugar and Albumin
- (c) If anaemic give iron and Folic acid only in the 2nd and 3rd trimester
- (d) Immunization. Inj TT 0.5 ml on the 2nd and 3rd trimester
- (e) Health Education^{on}
 - (1) diet
 - (2) Cleanliness
 - (3) how to improve prepone for home delivery
- (f) Record the visit in the register or card
- (g) Mark with special note on high list cases
- (h) If it is multi- take the history of previous pregnancies. Such as
 - (1) Prolonged labour
 - (2) P E T
 - (3) normal / Abnormal

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④ ~~⑤~~ Any abortion - induced / threatened⑤ ~~⑥~~ Still Birth⑥ ~~⑦~~ Premature baby

① Take LMP - if patient does not know the exact date - calculate by using Indigenous Calendar.

② Intranatal - Aims and Objectives① To prevent mother ~~and~~ as well as baby from further infections.

Methodology:-

① Train the dais to conduct the deliveries in a most hygienic way

② Provide Sterilize Blade and Thread

③ Provide soap to the Dais to have a thorough wash before ^{and after} she conducts delivery.③ Post Natal Care - Aims and Objectives

① To check Mother and baby from further infection

Methodology:-

① First 10 days - visit daily

② 2nd to 6th week - weekly visit

③ During visit check - umbilical cord, bowel action, regular feeding, diet of the mother, uterine contraction, check if bleeding

④ Child Immunization - Aims and Objectives

① To prevent children from communicable diseases

② To bring down the infant mortality rate

Methodology:-

① MCH Programme

② Under five clinics

③ School health programme

④ Immunization scheduled to be followed.

⑤ Contact PHC and inform total no. of children.

⑤ Distribution of Vit A - Aims and objectives

① To prevent the children from blindness

Methodology

① Contact PHC and give the total number of children

② Collect the children

⑥ Health Education - Aims and objectives

① To prevent malnutrition

② To promote their health and hygiene

③ To prevent common diseases.

Methodology - Through flash cards.

① MCH

② Under five

③ Antimal Clinics

④ Home Visiting

⑤ School Health

⑦ School Health - Aims and objectives

① To improve the health of the children

② To prevent the diseases and promote their health

Methodology :-

① Medical check up

② Health Education

③ Influence the school teachers

⑧ Safe Drinking Water - Aims and objectives

① To provide safe drinking water to all 12 villages

② To prevent from communicable diseases.

Methodology :-

- ① Survey
- ② Chlorination
- ③ Hand pumps - if possible

⑨ National Malaria eradication programme - Aims and objectives

- ① To detect the fever and treat
- ② To prevent from Anaemia

Methodology :-

- ① Treat all fever cases
- ② Take thick and ^{thin} smear
- ③ Do presumptive treatment
- ④ Follow up if positive

⑩ National Tuberculosis Control programme - Aims and objectives

- ① To detect and treat or guide the people
- ② To prevent from further spreading

Methodology :-

- ① Home visiting
- ② Sputum examination
- ③ If positive - take the patient to P.H.C.
- ④ Follow up

Requirements :-

① Antenatal Care -

- ① Weighing machine - Adult -
- ② Safe delivery - Flash Cards
- ③ Diet - Flash Cards
- ④ B.P. Apparatus

② Intra-natal Care

- ⑤ Drips, Syringes and needles and Spirit lamp

③ Post-natal Care

- ① Complete delivery kit
- ② Swasth Ma Bache - (Hindi) - - - - 7.00

④ Child Immunization

- ① Baby's diet - Flash Card
- ② Family Planning - Flash Card
- ③ Shishu Palan - - - - - 1.00

- ① Prevention is better than cure - Flash Cards

- ② Health Care of children under five - 7.45

- ③ Immunization in children - - - - 3.00

- ④ Bifurcated needles with instruction sheets -

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- ⑤ Distribution of Vit A - ① Nutritional blindness and Vitamin - 1.00
 ② Know the symptoms and signs of Kerophthalmia + 3.00
 - 12 color photos
- ⑥ Health Education -
- ① Prevention of Onchocerciasis - Flash Cards 16.00
 - ② Scabies - Flash Cards 16.00
 - ③ VD - - Flash Cards
 - ④ TB - - 8.00
 - ⑤ Hook worm infestation - 3.00
 - ⑥ Lice
 - ⑦ Fly nuisance 3.00
 - ⑧ Training of Davis 1.00
- ⑦ School Health -
- ⑧ Safe drinking water
- ① Honocho apparatus
 - ② Bleaching powder
- ⑨ National Malaria Eradication Programme
- ⑩ National Tuberculosis Control programme.
- ① Simple Village survey and Door to Door survey - 5.00
 - Laboratory - requirements -

Plan to get Community Participation

Now I am convinced that Community Participation is indispensable to carry out all these programmes. From the community we get Human Resources as well as P.H.C resources.

Human Resources -

- ① Village Leaders
- ② Village Dais
- ③ School teachers
- ④ Land Lords

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- (5) Religious heads
- (6) Educated people
- (7) Panchayat leaders
- (8) Youth Clubs
- (9) Co-operative association
- (10) Bhayam Mandalis
- (11) Balwadi
- (12) Mahila Mandal

Out of these several resources I know only Surpunch Village Dais, School teachers, Religious heads and Bhayam Mandalis. But I did not make use of these resources in my work.

PHC Resources - Staff - M.O

(1) MPW

(2) HS

Drugs - Vaccines &

(1) Maltit Vit

(2) Iron and Folic acid

(3) Vit A

(4) Chloroquin tab

(5) Dapsone

(6) Anti T.B.

Since we did not get chance to meet M.O I did not get any help from the above resources.

To carry out all our programmes first of all we must find out some good leaders from the community itself. While visiting the houses we can find out easily the person who has influence on the people and the persons who has gained confidence of the people. After getting these leaders we can have a meeting to know the felt needs, problems and potentials within

Class

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Holy Cross Dispensary

Nichlaul P.O.

Gorakhpur Dist.

U.P. 273304

Health plan NichlaulCommunity Selected and its Characteristics1. Description of area:- (a) Location

The dispensary situates in Bengattala Village which is in Nichlaul block. It is 80 K.M. away from Gorakhpur. We can reach here ~~from~~ by bus up to Rik Nichlaul & then by Rickshaw to Bengattala. It is north of Gorakhpur in the Nepal border. It is in Benarise (Varanasi) diocese.

b. Location People

The people are of 3 kinds: Landlords, Marginal farmers & coolies. The 3rd kind is the Majority. They are very simple and hard working & mostly illiterate.

c. Occupation

Mostly agriculturists. The main crops are Wheat, Paddy, Sugarcane, Turak & Bengal gramme, Potatoe & Mize. The sources of irrigation is the canal & few wells. In every village there are wells and hand pumps for drinking water.

d. The environmental sanitation & personal hygiene is v. poor. Dasara, Deepavali, Holi, ~~Rakha~~ Raksha bandham are the main feasts they celebrate. Majority of the people are Hindus & there are Muslims too.

The ~~food~~ usual food is out of wheat & rice also dhal & vegetables.

e. village Gort

Panchayath — village headman

f. Village Institution

One Temple, One School, One Convent

g. Developmental activities

Housing scheme + making roads under the
Scheme of food for work.

h. Health facilities

P.H.C, 3 private practitioners + our dispensary.

History of the Congregational Contact with the Community.

Name of the Congregation. Sisters of the Cross.

Address. Holy Cross Convent

Nichlaul. Gorakhpur. U.P.

273304.

Why we came to the village.

~~For~~ Three years back the fathers were called to conduct a school + were given about 2 acres of land. At Once they started functioning there the people asked for a dispensary. So one father + two other sisters started to come over there every week in their van. They were coming from about 40 k. away. They had a lot of ~~patients~~ patients there so they were not able to come regularly + they informed the bishop + asked some sisters to take up this programme. So we were called. In 1978 July we started our work there.

The team consist of

1. priest — doing mainly developmental work
1. sister nurse — in the dispensary.
2. sisters — ~~to~~ To work in the village.

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What is being done?

1. At present, giving curative service in the dispensary and giving anti natal care for those coming to the dispensary also giving advice on personal hygiene.
2. Visit the villages + give health guidance on personal hygiene + environmental sanitation. We were conducting 3 Balwadies too.
3. The priest was doing all developmental works, such as building houses, making approach roads etc.

Future plans

1. Anti natal care.
2. postnatal care
3. Intra natal care
4. Under five ~~care~~ clinics.
5. ~~Immunization~~
6. Health education
7. National programmes.
Nutrition, Malaria, T.B, Leprosy, Trachoma, Goiter
8. Training V.H. Workers.
9. Environmental sanitation.

3. Existing Health activities.

P.H.C. Some private practitioners (not real doctors) + our dispensary.

4 Objectives of proposed health plan.

To give comprehensive health care for the people - curative, preventive + promotive aspect

5. Aims, Methodology of each Component

① Antenatal care

1. Aims To ensure a safe delivery to every expectant mother.
- To ensure a healthy baby to every expectant mother.
 - To ~~prevent~~ detect & prevent malnutrition.
 - To detect complications at an early stage, ^{eg.} Toxemia.
 - To educate the mothers on health & hygiene and also how to bring up a baby.
 - To see that all the antenatals had their T.T.

Methodology

- Survey from house to house ~~visit~~ visit + register all antenatal care + collect all the details.
- Keep up antenatal Register — card if possible.
- Fix a day for antenatal clinic, inform them + make them understand the importance.

② check up.

Weight, height of the uterus
 urine test for sugar & albumine
 Look for anaemia by H. b % test.
 B. P.
 Oedema

These will be done at least once a month if not possible at every week. But special cases will be checked up ~~every~~ when necessary.

②

Post Natal care.

- Aims To make sure that the mother has no complications such as post partum Hemorrhage
- Check her ~~uter~~ to see if her uterus is coming back to the normal condition.
 - To make sure that she has no mastitis.

Method

2, 3 visits to the homes + contact the mother + make sure that she is free from infection & other complication.

(3) Intra natal care

Aim To ensure that the mother has a safe delivery.
To see that the Dais conduct it in a hygienic way with sterile things

Method Instruct & guide the Dais on hygiene
supply them with sterile - cords, blades etc.
~~Attends!~~

(4) Under 5 clinics.

Survey

Register all the children ~~5 to 15~~ years of age.
~~Keep a Register also read to health chart to all.~~

Aim

To make sure that see that ~~make~~ all the children under 5 are healthy & do not suffer from ~~anemia~~ anaemia, Malnutrition & vit. deficiency
To see that all are protected by immunization.

Method

Survey. Register all under five & keep read to health chart to each one.

Keep an under five register.

~~With~~ Note all the unprotected children and arrange immunization programme.

Contact P.H.C. for vaccines.

Give health education to the mothers & other members of the house.

(5) Health education

In the School, Antinatal clinic, in the village & in the sub-centres.

Aim To educate the teachers ^{on} health so that gradually they ~~make~~ may take up this.

To make the children conscious of healthy habits

To teach the mothers on babies diet, ~~to have~~ on the

Communicable diseases & preventive measures and also on personal hygiene & environmental hygiene. Immunization in the village & sub centre

on prevention is better than cure
Immunization etc.

All these education with charts, pupels & posters.

(6) National programme.

Nutrition aim - ~~To educate the people esp. the ladies~~
~~To improve the g. health of the people~~
To prevent ~~maternal~~ malnutrition in mothers & children.

Methodology Health education - with flipcharts
Demonstration of cooking certain foods.
preparing mixed foods for children with the available & cheap things in the locality.

Malaria + T.B aim
To Detect in the early stages and prevent complications.

Methodology
To ~~work~~ Observe fever cases for Malaria & take blood smear & give ~~primary~~ chloquine & if positive give radical treatment. Health education by flipcharts, posters etc.

Detect T.B ~~to get the sputum tested~~ in people with cough & fever for more than 15 days & get the sputum tested. If positive consult with a doctor refer to the P.H.C.

Trachoma

Aim To prevent blindness.

Method Survey & find cases & treat with Tetracycline ointment.

Leprosy

Aim To control leprosy

Methodology By ~~detecting cases~~ ~~to~~ ~~go~~ to

Detect by sensation test to pin pricks, worm water test on water, if ~~not~~ doubtful & sure cases refer to the Leprosy clinic. Follow up of treated.

Exeter

Aim. To control in our Locality.

Methodology Since it is too common easy to detect.

Contact in the 1st level to do some thing about it.

⑦

⑦

Training Village Health workers

Aim To give health education & to ~~the~~ assist us.

Methodology. To take at least one from each village & teach them 1st with flash cards and then make them do in the school or clinic 1st - then make them do regularly in the village.

⑧

Environmental sanitation Aim to ~~improve~~ the prevent communicable diseases. Methodology. Health education, demonstration

6.

Requirements for Health plan.

Resources.

The. P. H. C.

Our dispensary.

Panchayat & village leaders.

Block development office

Youth leaders

School teacher

The priests

Educated men & women of the village.

Equipments~~Atto~~Flash cards + posters.

Vhai B-42

Know the Signs & symptoms. P - np.
 of Xerophthalmia - 3-00

B-3

Dangerous Trachoma - 3-00
 Hindi

C-25.

Teaching Village health
 Workers (guide) 43-00

Jam.

The jammed projects. 6-00

ch-4

Shishu Palan - 1-00

ch-14

Swasth Ma Baake - 7-00

HR-1

child growth charts.

250-

155-00

ch-75

When your child is sick.

Hindi.

8-00

Flash cards -

D-61

Prevention of diarrhoea - 16-00

D-34.

Immunization in children - 3-00

for parents -

Total - 145-00

B/F.

Rs. np.

145-00

D-22 - Simple sterile Delivery pack - to Prevent Neonatal tetanus -	
D-33 Bifurcated needles with instruction sheets for vaccination	
D-01 ^{poster} Tuberculosis poster Hindi -	8-00
E-9 worm diseases - Hindi -	3-00
E-10 Home safety measures - Hindi -	3-00
E-11 cleanliness of body & home - Hindi -	3-00
E-15 Simple Bacteriological Analysis of milk -	0-50
E-17. Low cost tube wells -	0-50
E-18 Village sanitation Improvement -	0-50
H-T ways to better health -	16-00
M-4. Draining Dais. DHGS. Ministry of health -	1-00
M-5 - Notes for the practicing wife - Hindi -	1-25.
M-03 Antinatal care - Hindi -	15-00
M-77 Maternal & child health & child Hindi Flash cards -	8-00
M-7 - Anaemia in pregnancy -	1-00
H.R-15 Patient - Retained health records -	4-00
H.R-22. Simple Home survey & health house survey -	5-00
Better care in Leprosy -	4-50

Total -

219-25

Other things needed.

2-cc-1 Syringe — 2

5-cc-1 Needles —

Kidney tray —

Small Basin —

Delivery Kit —

Cotton —

Lotion —

Horolog Apparatus —

Test tubes — 3

Test tube holder

Benedict solution

Leishman staining

slides —

Hydrochloric acid

Bandages —

Registers — 3

Spirit-lamp

spirit —

forceps — 2

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7. Plan to get community participation

Since the priest is in touch with all these people with his help get these people together & have meeting with them. Find out their felt needs and discuss with them.

8. Plan for Health education

Health educate, as many as possible so that in turn that they may teach others.

1. Mothers + all the elders in the family.

2. Some shop keepers

3. Educated ladies.

4. Village Health workers

5. School teachers.

6. Children in the School as this will impress & they will tell to the other children.

~~Dr. D. D. D.~~

COMMUNITY HEALTH WORKERS PROJECT REPORT

By Bro. SUSANTO KUMAR, C.M. RC-2.

Name of the Place and its location:

I work in Jubaguda in Phalbani Dist. one of the most undeveloped areas in ORISSA. It is vast area comprising about 30~~5~~⁹ miles conioining about 37 villages.

The population is approximately eight thousand. To be a successful C.H.W. to look after such a vast area and large number of people is really a difficult task. The out-come of my effort magnat be quite satisfying. Therefore, I thought of taking up five villages and make them healthy and ideal community.

Name of the villages:

1, Jubaguda 2, Srirampur 3, Kuchimula 4, Pakri
5, Suruguda. These are the biggest villages and thickly populated areas.

Total Population: 2,380, Male - 1104, Female 1,276.

Age Group		
40 - 70	--	112
20 - 40	--	720
10 - 20	--	258
5 - 10	--	400
1 - 5	--	832
0 - 1	--	58

Self dependent and well to do	--	18 families
Scarcely managing ones	--	53 "
Poor	--	241 "

Total number of families	312
--------------------------	-----

Average Family size - (7-8)

<u>Caste people</u> - Tribals	-	235 families
Harijans	-	45 "
Others	-	12 "

These 312 families are distributed in five villages.

<u>Village Circumstance:</u>	Kuchimula	- 32
	Jubaguda	- 82
	Srirampur	- 100
	Pakri	- 73
	Suruguda	- 25

Housing: Houses are generally made by wood and mud, The space in each house may not come more than 38^{sq} metre. 7 to 9 people together with their domestic animals.

Occupation: Tribals work in the field and forest and they manage by the income of forest and field.

Harijans, prepare home made ^{liquor} liquid and business minded, others are ex-players, shopkeepers etc.

Cultivation: Both man and women work in the field. Paddy, pulse, Ragi, Maize, Mustard seeds, Tobacco are the main cultivation.

Education: Among 2,380 people

Matriculate	- 1
Matric failed	- 3
9th Standard	- 2
8th Standard	- 6
5, 6, 7 Std.	-17
1st 4th	-182

The tribals consider that education is an extraordinary burden for them which is quite useless for their life.

Panchayat: For the name sake there is one Sara Pancha but panchayat does not function properly.

Diet: The people live hand to mouth. When they have they make a feast of it. They are not worried about future Rice, Maize, Ragi, Green leaves, Mango nuts are their common food materials. They are also good meat consumers. They prefer more chua water (Source) then well water.

Religion: 85% are Hindus among them many are pagans and 15% are Christians. Hindus, when their sick they worship by killing animals.

Costoms & Culture: Towards evening all return home after their hand work all the day long. Young boys and girls will have their traditional dance if it is a moon lit night otherwise soon after the sun set they retire. All the man in the family eat from one plate and all women from another. All drink from one kind of pot (Donka). They have no costum of washing their mouth after eating. They have the costum of child marriage. When girl reaches puberty they get marry. They are always exposed. They wear ornaments made of bronze and copper which they wear in their legs, hand, waist, necks etc.

Festivals: These people celebrate three to four feasts in a year. Agnipuja is the biggest feast. That day they offer a portion of their cops to the God of fine Balijatra also is the one of major feast.

Communication: Modern communication facilities are beyond their reach. The nearest bus stop is 42 km. far from Jubuguda centre. It is mountainous area. Only during the summer season transport is possible by tractor or Jeep. In rainy season there is no any other vehicle than our two feet.

Health and Hygiene: There is no wonder these people are hygienically very poor. Vitamin deficiency and sickness are common phenomena. There is no Sanitary facility, in the village and in the individual houses. Most of the families have various sickness, as their regular visitor especially the most poor ones which come about 214 families.

Traditional medicine: When people fall in seriously ill they do puja. This puja is done by traditional healer. People do believe the forest deities and field deities and during chicken pox they cut fowl or goat to please the devi and deties. Even for common sickness or for the 1st aid they use Roofs, leaves, If they are not cured by their medicine they come to me for the delivery and post-natal, they get assistance from the village dai, whatever she prescribes blindly they use.

P.H.C.: Nearest P.H.C. is 42 k.m. and nearest sub-centre is 26 k.m. from the Jubaguda centre Medical Officer and other government officers are foreigners to people. They never go for mobile tour for the mere pencilin injection. They ask Rs.10 to Rs.20/- To afford such a huge amount poor tribals find difficult, so they never approach them. Nearest Mission Hospital (Baptist) is 100 k.m. and Government Hospital is 300 k.m. far (Sadrarmahakumar Hospital) ~~XXXXXXXX~~

My Congregation: The name of my congregation is PHULEANI congregation of the Mission. There are 87 priests and 10 brothers are working in different parts of India, mostly in Orissa excluding 20% of Missionaries of our Congregation all are involved in preaching the good news only myself was trained in health basis (C.H.W.).

OBJECTIVE PLAN FOR - 1981

COMMUNITY HEALTH WORKERS PROJECT REPORT

By Bro. SUSANTO KUMAR, C.M. RC-2.

Name of the Place and its location:

I work in Jubaguda in Phalbani Dist. one of the most undeveloped areas in ORISSA. It is vast area comprising about 30⁵/₉ miles conjoining about 37 villages.

The population is approximately eight thousand. To be a successful C.H.W. to look after such a vast area and large number of people is really a difficult task. The out-come of my effort may not be quite satisfying. Therefore, I thought of taking up five villages and make them healthy and ideal community.

Name of the villages:

1, Jubaguda 2, Srirampur 3, Kuchimula 4, Pakri
5, Suruguda. These are the biggest villages and thickly populated areas.

Total Population: 2,380, Male - 1104, Female 1,276.

Age Group		
40 - 70	--	112
20 - 40	--	720
10 - 20	--	258
5 - 10	--	400
1 - 5	--	832
0 - 1	--	58

Self dependent and well to do -- 18 families

Scarcely managing ones -- 53 "

Poor -- 241 "

Total number of families	312
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Average Family size - (7-8)

Caste people - Tribals - 235 families

Harijans - 45 "

Others - 12 "

These 312 families are distributed in five villages.

Village Circumstance: Kuchimula - 32

Jubaguda - 82

Srirampur - 100

Pakri - 73

Suruguda - 25

Housing: Houses are generally made by wood and mud. The space in each house may not come more than 38⁹/₉ metre. 7 to 9 people together with their domestic animals. *Suf*

Occupation: Tribals work in the field and forest and they manage by the income of forest and field.

Harijans, prepare home made liquid and business minded, others are ex-platers, shopkeepers etc.

Cultivation: Both man and women work in the field. Paddy, pulse, Ragi, Maize, Mustard seeds, Tobacco are the main cultivation.

Education: Among 2,380 people

Matriculate	- 1
Matric failed	- 3
9th Standard	- 2
8th Standard	- 6
5, 6, 7 Std.	-17
1st 4th	-182

The tribals consider that education is an extraordinary burden for them which is quite useless for their life.

Panchayat: For the name sake there is one Sara Pancha but panchayat does not function properly.

Diet: The people live hand to mouth. When they have they make a feast of it. They are not worried about future Rice, Maize, Ragi, Green leaves, Mango nuts are their common food materials. They are also good meat consumers. They prefer more chua water (Source) then well water.

Religion: 85% are Hindus among them many are pagans and 15% are Christians. Hindus, when their sick they worship by killing animals.

Costoms & Culture: Towards evening all return home after their hand work all the day long. Young boys and girls will have their traditional dance if it is a moon lit night otherwise soon after the sun set they retire. All the ²man in the family eat from one plate and all women from another. All drink from one kind of pot (Donka). They have no custom of washing their mouth after eating. They have the costom of child marriage. When girl reaches puberty they get marry. They are always exposed. They wear ornaments made of bronze and copper which they wear in their legs, hand, waist, necks etc.

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OBJECTIVE PLAN FOR - 1981

PROJECT REPORT

1. Population : The total population of our area approximately is 25,000 and the total villages are 35 to 40. *Handwritten: Hemenan (part of area) Vijaynada*

Occupation : The main occupations are agriculture, sugar mills and paper mills. Very many of the rich and educated people work in these factories. Where as the poor harijans are fully occupied in the field in cultivating Paddy, Maize, Ragi and groundnut. There is a particular village where they cultivate tobacco and green chillies. These people do get work mostly daily. Their wages are Rs.2/- per day. Of course they do get some more extra money according to the reasons. The total number in a family will be 8. The so called Harijans are very poor and hardly they get two meals a day.

Housing : Very small huts where in, no light and breeze will enter in. It is very difficult for 8 people to live in. Even cooking and eating is done in the same room where they sleep.

Food : ~~There~~ Their main food is Rice. A few people do eat maize and ragi. Very many people do eat only rice and pickle. During feast days they prepare very good food including meat, fish, etc.

Cultivation : Rice, Maize, Ragi and Groundnut.

Clothing : All wear the ordinary dress like ~~sari~~ saree.

Customs : However poor may be every one celebrates the feasts very grandly. All the hindu feasts are very important for these people.

Education : Among these 25,000 approximately 10,000 people are educated. Many of these people are working in the colleges, schools, hospitals, factories and shops. We have got 3 high schools, One college, a number of elementary and Primary schools, 2 English Medium Schools, 4 Banks, 1 P&T and a P. H. C. Sub-Centre. The school going children will be 6-15. A good number of them are doing college studies namely B.A, M.A, B.Com etc. One boy has joined the Maj. seminary this year. Three doctors are from the local area among whom one is in Algeria and Two others are settled in our place. No Palwady Schools yet started.

Panchayat : Three Panchayats are existing but our relationship with them is very poor. We meet the leaders only during elections. Of course, every village has got a leader chosen from among the people according to the Caste and Religions. Leaders are mainly high class. They pretend that they are every thing for the poor but actually they cheat them by not giving them the proper wages.

Religion : 3/4 of the people are hindus. A few Muslims also. After our 7 years of labour, a good number of them have come to the mission.

Communications : Each village have got a Panchayat Radio, and newspapers are available every where but many of them do not know how to read.

Health and Hygiene : Very poor health. Of course, they wear nice clothes only for feasts. A few of them keep the houses clean and tidy. Since the houses are so congested they are prone to get diseases very fast by droplets etc. Very poor Nutritious food they eat. Viz. pickle and rice. Health is not their problem in the beginning but now it has become part of their life because of the repeated teachings.

Water: During summer there is a lot of scarcity for water even to drink. They drink unboiled and dirty water and it gives them all kinds of sickness. However we try to educate them about this matter, I have failed to a certain extent.

Transport and Road : Since there is a national high way is passing through there is no difficulty at all for the transport. Roads are rather good. But during rainy season very difficult to reach to the interior villages through there are so many resources to the road work still no one bothers to do so. Only during election we can see them working very hard.

Electricity: Almost all the villages are electrified but not the houses, of course ~~may~~ many of the rich houses are electrified.

The number of the families : I have taken for M.C.H. Programme 500 families. The total number of pregnant mothers are 100, lactating mothers are 150 and 250 are above the age of 3 to 5 years. Needless to say that a detail survey was done in the year 1978 Sept. It took 40 days to cover up all these 500 families. Mainly Harijans are taken for this programme. Sorry to say that 3/4 of the children are malnourished and by seeing the condition we requested the bishop to grant some resources to help this people. According to the request, C.R.S. responded for a 200 beneficieries to start with. But time and again we tell the mothers that these are only supplementary food stuffs and also temporary, so they don't demand for it.

II As far as my knowledge goes there are no existing health programmes except the Family Planning and some other primary vaccinations. They give more stress on Family Planning because they get money. Some do practice the ayurveda and traditional medicines. 5 of the villages have got Dais, who deals with the normal and abnormal deliveries even at the cost of the mother. These poor people think that they are the only earthly physicians and they don't listen to other sources. These dais are above the age of 40 to 50 years. There is a PHC nearly 10 miles away from our centre. Very rarely people go over there to get medicines. Of course, they go for Family Planning operation and to get some of the primary vaccinations. Very rare case we see the health workers visit the houses. A.N.Ms are mainly to motivate the mothers for Family Planning operation and to get some of the Primary vaccinati Besides this there are 8 private clinics

having 8 to 20 beds and are conducting operations such as appendicitis, tubectomy and ~~vas~~ vasectomy. They are qualified doctors. All these clinics are very close to our centre. Before our clinic started there were 4 clinics, but now within 6 years 4 more have come up. Besides this the R.M.Ps too have 2 clinics where in they give medicines at a high price. People have a strong belief in them.

III. Coming to my Community in the different developmental work is not much involved. Because of the lack of sisters to spare for the work. There is a jeep which has to be used for the health Centre and its functions were not smooth because of the improper roads. We cannot go to the people during rainy seasons. Community shows interest by sparing their leisure time in helping the people to learn many things. Community has taken a few villages to bring change in spiritual aspects besides the health aspects. Community also involved to give health education in the schools and have started a Bank in the Parish level for 25 villages.

M.C.H. objectives
IV- Objectives : As I have already mentioned that my main work is M.C.H, health education, nutrition and small savings under M.C.H. we cover 500 families, 350 children above the age of 3 to 5 lactating mothers 150 and pregnant mothers are 100. 350 children were given immunization by us and by the Govt. agencies. B.C.G. and smallpox vaccine were given by the P.H.C. 3/4 of the mothers are protected from T.T. during Pregnancy. Because they had time and again we gave instructions and conducted classes both for practical and theory. Now they have realised the value of T.T., Ante-natal and Postnatal care advice were also given during pregnancy. I mainly instruct them to take locally available food at a cheaper rate. I used to show them practical examples from the participants itself. G.I.V. are their daily diet. These are the examples which made them to think and work at it. They are also advised to prepare for home delivery and keep some money to use while they are in bed. Mothers are told the importance of having a healthy baby. After a year again the C.R. S. granted 300 more beneficiaries for M.C.H. The felt need came from the people as well. Again an open survey was done. There we could find out many problems such as Anemic, night blindness, polio, marasmus and some other illness. Many of the mothers were very much anemic. Thus we started to give this supplementary food. We told them how to prepare for children and even practically we showed them. Twice in a month the mother and the child came to the Centre and get the necessary instructions viz health education, nutrition and motivating them for N.F.P. Mothers are taught the importance of small savings and what is the role of the mother in the family. Needless to say that we take children's weight every 2 months possibly.

School Health Education : Once a month the Doctor gives a 45 mins. lecture on 'Health and its importance. of course the children and teachers are interested.

School Health Checkup :- In Dec 1979 under the able guidance four doctor we did a school health check-up for 350 children above the age of 5 to 14. We informed the parents and the teachers too. Very few parents responded of course the teachers, showed the interest. Because of the ignorance of the parents, they were not able to understand about the importance of their children's health. Children had

a thorough check-up and special cases were referred to Government Hospitals such as T.B.1, Asthma3, E.N.T-10. All the children were given M.V.T. for 45 days, 1=B.D. Elderly children were taught how to mend their own clothers and mats.

Resources : For my M.C.H. I lack persons to continue. Because of certain serious reasons I had to send away my helper. So now I am alone managing the whole responsibility of M.C.H. Namely, weighing charting & maintaining the records. Now I have to train another girl for my programme. Of course the other hospital staff members are helping me.

Money: It's not my problem.

Material: - Materials too I have & got.

Time: Some times as I plan I cannot cover up the villages because of the lack of time. Hardly I get 4 hours to spend with them. These 4 hours may be for 100 families. So very little time is spent with each family.

Evaluation: Evaluation is done monthly and quarterly. Quarterly the C.R.S. Supervisors visit the centre and check the family records, registers and weighing charts and even yearly C.R.S. from Madras visit the Centre and have a detail check-up. Now I feel that every week if I evaluate it would be much better and I could implement better ways in the next week and the failures could be corrected at the early stages. Recording is done as the rule of C.R.S. programme for M.C.H.

Action Plan: I would like to train 5 V.L.W. for the coming year 1981. We also would like to take two more villages for the mobile clinic. In the coming year I would wish that these 500 families are well off ~~in~~ the necessary / with personal knowledges- namely, their education, health and alround aspects.

We are sure to continue the M.C.H. programmes for 500 people. This will be done very detailly. I will find out the traditional dais and involve them in my work and give them some more ideas how to conduct a better and safe delivery with the limited resources. I will also try and meet the D.M.O. to get some help for Primary Vaccinations. -To meet the P.H.C. Medical Officer and consult with him in what way they could help me in getting some more informations on cheap and effective medicines

- To combine my work with the M.P.W.
- Train the local people to find out their own problems and help them with the limited resources. Finding out their own problems and solving by themselves.
- Though we have a mobile clinic programme twice a week it is not so well running. Doctor, A.N.M. and staff members and me are in the team. Though we take all the pain to get the people to the clinic sometimes it turns to a failure. Insoite of our home visits and other health education their idea is that health is not a problem So now onwards I will try to find out and make them aware of its importance. In 1981 I would wish that these 500 families should be healthy, to give more care for Antinatal and Postnatal.
- I will have meetings with the elders of the village atleast once a month and discuss what could be done for the next x month besides the exisiting programmes with the available resources.

- I will motivate the mothers for N.F.P.
 - Meetings with the health team once a month could help to improve the health of the people.
 - Meetings with the mothers at least twice a month when they come to the M.C.H. Programme
 - I do the better way of demonstration.
-

PROJECT REPORT - (Sr. JUSTINA)

I. Population

a) Demographic/Economic and characteristics of population

i) Population

Dumbekana - N. Aneet T.N

As a target for 1981 we have chosen nearly 5 villages population of 3000 where we could reach out to poor hygienically standard and underdeveloped areas.

Village population of one area:

Women of child bearing age 15-45	250
Under 5 years	160
School going children	275
Adults	315

The majority of the population are high caste who are mainly occupied in wearing Arni silk saris, may be about 10 to are agricultural workers, mainly working for the few land owning families who also happen to be the business men, bus owners and the money lenders of the village.

ii) Economic - The wages in this area is very low Rs.3-4 for men and Rs. 2 - 3 for women. Since this area is being very dry and have very little rain, the people are unemployed and hence live very miserable lives and are often in debt. Due to this and couple of other reasons - the main one being people find no meaning in suffering and living, thus we have many cases of suicide.

b) Education: We have facility for education even a higher secondary school. In every village there are schools upto primary. The distance from each village would be about 5 to 15 K.M. The school drop-outs are very high esp. of poor weavers, shepherds and coolies. Only handful of girls reach upto the high schools.

c) Law and Order: Law and Order is maintained by the village leaders and panchayat. The police are not here and the people are very proud of it. Caste people try to take advantage of the Harijans by making them do hard work and give them low wages.

d) Communication: There is bus services to almost a day. But for an emergency esp. when a person is serious, it is hard to transport the person to hospital and is possible only by means of bullock-cart.

More or less the Electricity Board is reaching to all the villages. We have the post office, Telegraphic office, Bank and also there are 10 financial institutions from where people borrow and lend money. Reading materials also are available for the communication - such as news papers and magazines etc. In every village there is Radio house from where people get much of the news and enjoys the programmes all the day.

e) Culture: People mostly are Hindus and often they celebrate feasts of their gods in a grand way. On certain occasions they arrange for cultural programmes, other-wise as a main source of Recreation, it is the cinema.

Immorality is common. Interesting to say that it is a pride to "keep" besides their wives, Harigan women who are considered as low caste.

There is a Marketing Day during the week esp. for marketing animals. The common food is Ragi and Rice which grows locally.

The culture of the people, custom, the way of living and thinking is very much improving. Pity to say that many of the young girls are spoiled before ever they get married. The marriage age is soon after they attain maturity. (or else 15 to 20 ages)

II. Existing Health Services

In most of the villages there are local medical practitioners and Dais, where we are staying and working, there is a Homeopathy Doctor, Vaidyasala (Compounder) trained A.N.M. few dais, Mandravadies, P.H.C. male worker besides us, who take the responsibility of Health matters.

Almost every week there is a Mobile Clinic conducted by P.H.C. Every month the hospital of St. Thomas (Leprosy and T.B.) Chelpet goes to all the villages. As we know we could see the majority are regular in their treatment who are having much improvement. The para medical students goes to each villages for the survey and find out who are irregular and try to bring them into their rehabilitation programme.

Since the Chetpet and CMC Nellore Hospitals are close to us, we refer to them all the serious cases. The Dais bring natal cases which they are not able to handle by themselves. The ANM goes from house to house for the Antenatal cases and also make the arrangements to take the women for tubectomy. This is done in a forceful way because, if she doesn't take a certain number of them for this operation, she is afraid whether her job would be taken away. Usually women volunteer for tubectomy than men for vasectomy.

At present the mortality of women at child birth is less but the infant mortality remains the same. This summer season, many of the infants died of high fever, diarrhoea and vomiting within one or two days time. People are still not aware of the value of Immunization except small pox. I doubt whether the children had ever received the vaccine of B.C.G. because many children are taking treatment for T.B.

III. Information about my Community (Congregation)

Our team of workers consists of 5 Religious sisters. I - a trained staff nurse/midwife; 2 CHWs; 1- Community Development worker and a teacher.

Two sisters go to the villages on alternative days. It is done as house-visiting, treatment, education; in Christian villages we teach them catechism, prayers and songs etc. We have formed children's club where they gather once in a week for games and fun; also organised a small saving scheme where they seem to be honest of keeping back their little penny. (Main idea is to take them for an outing, just make them to travel by train who have never seen it nor get out of their villages).

We have taken our priority the under fives and a control programme of Night Blindness together with a survey. There is a programme for the mothers and children of the near by colony, where the emphasis is on Education and Development, together with curative health and supplementary feed.

We have just started a nursery at the request of the people. We also cater to the needs of the school drop outs by evening classes through our village level workers. As for me, I am responsible for the MCH programme and I work in the Dispensary and Maternity centre. In our centre we have employed 2 aids while 5 other M. level workers are chosen to be trained to cover all the near by villages with the point of view to educate towards a healthy community of Nutritional Education programme (NEP) in coming January. The Superior of the house who is a staff nurse/midwife encourages us and guides us for the development and up building of the community by going forward altogether to reach the goal of our settlement in this village.

IV. Objectives:

To improve the health status of women and children in PARTICULAR AND THE POPULATION in general through-

- a) Maternal and child health programmes
- b) Nutritional Education programme of Mothers and children
- c) Immunization of children and mothers
- d) National health programme T.B. Leprosy and Filariasis
- e) Health Education of the community
- f) Training of Village level workers
- g) Environmental sanitation - Sanitary latrines and safe water supply
- 1) Minor aid treatment - through Mobile Clinic

V. Methodology

As a highest priority of many future work, I am specially concentrate on the Antenatal cases, so that each women whom I meet every week may bring forth healthy children, by educating them for regular check-up, treatment, additional food, rest, hygienic environment, preparation for a good delivery I may take the NEP worker for the motivation training which she has to follow up for 5 years in the villages. I try to visit them for their postnatal check up. I see also whether the children are getting the immunization of small pox and BCG from PHC while we try to provide with DPT from the centre. As soon as we get the possibility of having a Refrigerator, we may try to give them the Polio drops also. I will take into consideration to go to local school to do a THROUGH medical check up and personal hygiene and see what I could do for them. T.B. leprosy and filaria are common in our villages. Going on and off to the villages for minor treatment through mobile clinics, I would come to know more people and gradually I could teach them many things about health and healthy living, through health education.

The time for my work will be divided like this.
Daily 5 to 6 hours in the Dispensary.

Once in a week - MCH Programme and NEP classes.
On three days afternoons - mobile clinic; Rest of the days I try to go for visiting houses, Immunization, Health education, school health checkup and follow up which I may do alternatively according to the place and needs.

VI. Resources:

a) Staff - 2 sisters and the V.L.W. of the village for go house to house visiting.

b) Money - Congregation gives limited funds we collect Re. 1/- for immunization from each child which is utilised for purchase of vaccines and Sôra.

Treatment for T.B. cases we charge Rs.2/- for streptomycine injections. We do not charge for I.W.H. and pas which is purchased from the community fund.

From the schools, we receive pay Rs.10/- per child which is put it in the Common Fund for various uses.

We charge patients 25 paise for treatment given through Mobile Clinics or Dispensary. Also we charge Rs.2/- per injection. This money we utilize to purchase medicines.

For Health Education Training materials, we are given money from the Community Fund.

For training V.L. Workers, we pay Rs.10/- as 'honorarium' per V.H.W. for their busfare etc. from Common Fund.

c) Materials: For education of the people we have bought some charts from VHAI. During next year, we will try to get few more from CMC Vellore. Equipments and medicines for the mobile clinic, we take from the Centre such as medicines, ointments, cotton, forceps, syringes and needles etc.

VII. Records

Health records through CRS scheme we are maintaining the following Records:

1. Infant mortality and morbidity
2. Maternal mortality and morbidity
3. Under 5's mortality and morbidity
4. Number of births.

VIII. Evaluation:

Evaluation is based not only on the popularity of our programmes but on health indicators such-as

- a) Lowering of Infant and maternal mortality
- b) Increase in number of cases reporting for antenatal check-up
- c) Decrease in Mortality and morbidity in underfives.
- d) Reduction in number of births, if the natural family planning programme is effective.
- e) Increase in number of people using sanitary latrines, if health education on environmental sanitation are good. The incidence of Diarrhoea and dysentery will also come down.
- f) In regard to T.B. and leprosy my evaluation will depend upon the number who come for the treatment regularly and the lowering of the Disease in the Community.
- g) my health education programme would be considered satisfactory if there is more awareness in the local people on health matters.

These programmes mentioned above, should be evaluated for a continuous period of 5 years to come to any definite conclusion.

IX. Future Action Planned:

MCH Clinic
 Immunization
 Health Education
 Nutritional Education
 Training of Village level workers.

Health Insurance Programme at Bhimnapally.

Feb 48 to Feb. 49.

Evaluation report:-

When I took over the dispensary the financial situation as such as the Covert was supporting all the expenses to run the dispensary. The people were very reluctant to pay even a small fee. Every body was expecting a free service. Even though the medicines were given free it was not appreciated by the people.

In order to remedy the situation, we were thinking many ways and means. In 1948, we have started a small youth club with many activities. During the youth meetings we had brought this problem to their attention. First we were thinking training some of the village youth boys as V. H. W. in order to reduce the cost. Meanwhile Fr. H. Voken and Br. Sera had visited the mission Stations of Valgonda Dioc. In 1948 they visited Bhimnapally too. We had many discussions with them regarding the development of the people. And one of the crucial issue was the problems of the dispensary, and how to make the people health conscious and responsible for their own health. The second issue was the increase of food production, so that the people could be able to pay for their health care.

After that we had several meetings and as solution, we thought of starting a Health Insurance Scheme to remedy the situation

- 2 -

This scheme is not very common in India; yet we decided to start on experimental basis with the help of the elders and youth of the village. Several meetings were held to make them understand the value of this scheme. It took time and energy to conscientise the people, but we had a free and healthy dialogue with the people. Once they had understood the scheme, we formulated the policy with committee. And this policy was printed and circulated to all the families for study and feed back. This was helped very much by the youth.

Once the policy was accepted and finalised, we printed in a book form. The entrance fee for the scheme Rs/ 2.00 per-month, per-family, and the benefits and the other policies regarding the treatment were well printed in the pass book. In 1948, February and the scheme was officially opened by Bishop of Valgonda.

As a policy a medical check-up has to be conducted to all the members in the scheme. Dpt. D.M. & H.O and two other doctors had come for this, for the school children and the people. To our surprise we were able to detect more than 100 children going to early blindness. Treatment was given to all these children and all the preventive measures were taken. These children will be followed up again. Another policy was all the pregnant women should be attending the pre-natal clinic.

As a result we have many healthy babies, healthy mothers, certainly they were all normal deliveries. An other policy was to immunize the children under five. This was also carried by the help of the P.H.C. As a result we did not find any child with whooping cough. Early and timely seeking of medical attention was another important policy in the scheme. And due to this people attended the health centre in the early stages of any disease. Hence we did not find many serious cases. Simple medicines and treatment can really take care of these diseases; and people were also happy and they were able to do their daily work. Due to medical checks up we were able to detect and treat many anaemia and other deficiency diseases.

The about positive health factors were first told to the people as policies of the Health Insurance Scheme - it had many effect.

- 1 - people became health conscious.
- 2 - many preventive aspects of health care were appreciated by the people.
3. The health education was imparted to the people in the form of action and the people believed by its ^{own} effects.

Now the Doctors and the nurses of P.H.C. are interested in this scheme and they

- 4 -

give their full support. They visit periodically also help chlorination of water etc.

The second fact is that financially, we were able to make it self supporting within a year. What ever we borrowed to start this scheme, we were able to pay back within one year. Besides that from the income we get, manage the expense of the medicines and pay salary for the helper. Since last four months we were able to put in the bank Rs/100 per month.

We started the scheme with 150 families, now we have 445 families and more are eager to join the scheme. We are thinking it slowly. The first three months the youth went around to each family to collect the membership fee. Now the people themselves submit their fees voluntarily to the centre.

Last September we had meeting ^{with} the elders and youth in order to evaluate the scheme. This meeting was very helpful and many suggestions were given to improve the work.

We had the first general body meeting on April 24th 79. It was an important event in the village. People were very health conscious and freely expressed their appreciation and satisfaction of the health care which they are receiving from the health centre. They were also very much surprised to hear the health care can be made inexpensive if each one is careful of their own health.

- 4 - Primary vaccine with the help of P.H.C.
- 5 - D.P.T for under five " "
- 6 - Malaria Control programme " "
- 7 - yearly medical check up " "
- 8 - Early detection ~~of~~ and treatment of all the diseases (by educating the members to seek timely and early medical help.)
- 10 - Education towards positive health (by H. Insurance Scheme)
- 11 - Nutrition - Supplements, education and encouragement to grow more food - demonstration
- 12 - Chlorination of water (P.H.C)
- 13 - Fluoride detection in the water (Government)
- 14 - Medical check up for the school children.

Sr. Mariamona Antony f.m.m.

Field Experiences

① Sr. SUMA - Balwadi progr. - economic prob.

- i) - How did she pick on this - a Balwadi 15 miles away + ^{the only} people there working mother - no one to look after kids - parents + Sarpanch asked. Free service ^{no formal commitment} this could be paid stopped.
- ii) - Room - Painted porch + verandah / Small room - Sarpanch - ^{free labour}
- iii) - Running - personnel - 1 trained nursery teacher - necessity for planning, usual stuff - material -

govt - teacher - Rs 75 (Panchayat), food - BDO / people + our input.

(Free service - to buy them - transfer of people, no permanency)

- iv) Programme / components of progr. - (reputations to be good + cyclostyled) + ^{it's not} other commitments - delegate + do not be the centre of indispensable.
- (- to control your resources - BDO etc.)

centres of kg for Balwadi - for girls

- Community work needs total commitment - ^{continuity} Supervisors shd be made aware [Balwadi + a ppl]
- central social welfare. Board of Fam + child welfare Dept - pay Rs 400
- Bldg - VP (1 yr kg in a recognised school + 1262)
- Midday meal - BDO. after ssdc, educ + nutri + health
- Firewood / utensils - parents + admission fee (or in kind) of firewood / utensils etc.

40 children

Board - VP member + Mahila Mandali

Keys etc - donated thru UNICEF thru Block.

Rgnts - Trained staff - appointed thru Panchayat.

- 30-40 children / Baberika.

i) Pop: [necessity for Baseline survey before any progr.] Vs we know village meeting

ii) What do the mothers expect from a Balwadi / what are our plans

a) - parking, discipline, sharp form, bags

b) + food (hygiene mother resp) pre-school ed - Alphabets / rhymes

2 yr bottle - 2 yr - in cradle, mothers come + feed.

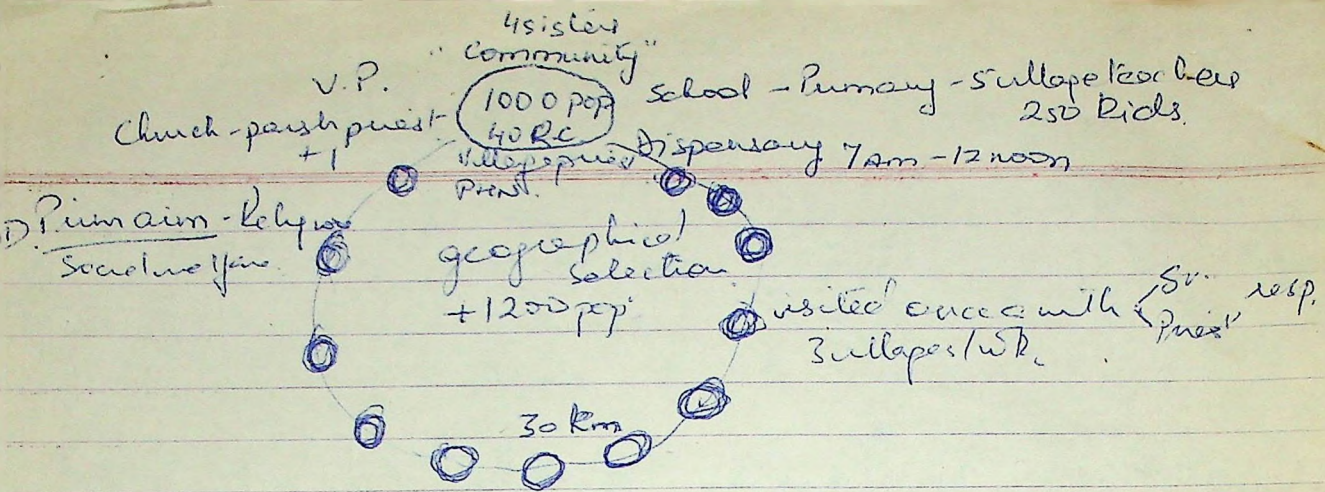
2-4 yr

9-12 noon - but comes earlier

[Village work - NPP, health + hygiene, prayers + kids, cleanliness, fam. prob, kitchen garden / K.I.T box] for time allocation

- any records

② Their impression - there was a barrier, a few accepted + others learnt by example - language, fear of conversion - but social. changed the Prob -



Prob → create - but stay in all lower

- Knowledge of traditional medicines - pencil also came -
- For Bennett - Katha - once with unit.

- Soabier, charr, malane, malnut / An. Tuli: medical at eye, ear.

- local CHW -

- visit to PHC to know their props + plan + prob of the area attempted but failed. - a prefixed interview but gave no obj. P.H. nurse.

[Volapenies are not an alternative to govt but a combined effort of how to meet the needs of the people.]

- To inform their own cong. / superiors / abt their experiences. Bishop
- so that they may understand their work & goals
- to contact For. Bennett. to complete a govt + support + plan.
- sudden transfer affect people's confidence & adjustment - Syre
- could DRHSTP contact the Bishop / Besses

2// Sr. Ann - Besser of staffers - 4 Srs., 1 priest. (nurse 2 comdev / 1 CHW)

- found necessity for medical / edmi - dispensary - no visiting Dr.
- Refer to PHC - pop - 10,000 to dispensary 2km away from where subcentre - B-8 km. PHC

- prep. of work. - boys pay for ed - tillage work 1-2 km away village

- kit box for distant villages - 2 close by villages twice a wk (small 1 big village (100 fam) (2 km) once a wk, other villages once 6-8 km away) when people come to know the sit. not much faith in PHC, explains economics of early R, now changed visiting time to evening, they accept us as people but not all our ideas.

- prob acceptance, fear - doctors, inkine, unmanied, oil bath, felt need - medicine, encourage native medicine. ? quick Dr's 15-16,

80 km away medical colleges
no transport / company (200 Srs.) : go to villages, illiteracy, apathy....

- Balwadi - 18 - 800 kids.

Don't know abt V.P. - village, priest / par.

ST. JOHN'S MEDICAL COLLEGE, BANGALORE

Class

Roll No.

Semester

Subject

Examination

Date

4/6/79 CHW-BC4 - Inaugural + Introduction
GEN. MAHADEVAN -

Role of vol. agencies in delivery of Prim. Health Care in coordination & govt.

SR. CARMELANN -

- Welcome
- Spread the message of St. Johns
- Impressions of India by 4 foreigners working in com. dev/health
 - the wealth of India is its people & their attitude of joy, freedom & appreciation of what they have & simplicity.
- the desire to help the underprivileged is spreading thru' out the world, but the search how to do it is great. - tho' you may not find the ans you may become more fitted & skills.
- be serious, open, learn together, &
- to live, be with & love the people.

Gen. Mahadevan - Concept of CHW's (-the success of it depends on your work) & Prim. Health Care,

Imp. of preventive progr's & Com. dev- vs "giving medicine"

- Course contents - IS' Aid, HN, NFP, C.H, food. preserv.
- Hard work, solve your problems.
- Your secret weapon - goodwill, motivation, dedication.

Dr. Ramak Rao - Health cannot be tackled on an isolated basis. but follows socioeconomic dev.

- poverty, ignorance & illhealth in the villages.
- felt needs.
- what you should not do.
- to be agents of change.
- Knowledge & skills to be given but not sold to prob's as these vary in ind's & community - HE, MCH, Nutri.
- but we can make you start thinking in the right way.
- we, will be learning from you also.

- tried to make course meaningful & purposeful, but no course is perfect & dialogue / feedback from you will help.
- To make you teachers in the community. esp. children
- know your community intimately
- Rural stay stays
- Basic course / Refresher course / to become trainer / ^{feedback} / ^{questionnaire}

Group Lab I

1. Br. Joseph.

- Kerala. 1941.
- SSLC, capuchin.
- U.P. - 2 Punjabi settlers, Bikaner, Ramgarh Dist.
- Coop. society, teaching in Prim. school, visiting houses / villages
- Secretary, land, dairy - loan from bank now 3rd yr.
- 38 fam. given buffaloes, 25 more to be given
- Told by Superior - v happy.

Rs 2,400
perform
Central Bank
of India
give money
milk -
abt 3 lit/day
is 12 lit/day
10 milk
can deliver
within 3 yrs
increases 4%

Dairy correspondance Homeopathic course.

Hopes to do more in social / medical field - 1st Aid etc.

Plan - housing on contributory basis.

cultivate fodder & sell at subsidized rates, they have 35 acres
affiliated to Agri. University, Vet. comes twice a month
Evening milk is sold privately, they give a better price
than the open market.

2. Sr. Mary Theophane - St. Anne's Sec.

- Kerala.
- PVC joined congregation in 1957.
- worked 5 1/2 yrs as teacher in UP,
- Did TTC, worked in A.P. 8 yrs
- Now in Raichur Dist. ① Have 200 destitute children.
Prim. school, help from Action in Distress for 90 kids
+ CRS food, send to Govt. school later.
- ② Dispensary - 40-50 pts - can give inj.
- ③ fam. visiting
- Plans 1) water supply. - people 2 IGSS (Mr. Santiago)
committee 2 people, to have a ground tank, filter
well to overhead tank.

- 1) Housing - already surveyed + given paper to IGSS.
 (socioeconomic & questionnaire) (iii) MCH - 1 wk course in Kote.
 - Told by Provincial - v. happy.
 - Expects to be better equipped for social work / medical field.

3. Br. Santiapo

- Madurai.
- SSLC.
- Joined Jesuits in 1973 in Andipul.
- (i) Dispensary - gives medicines / inj - worked in Dr for 3 mths.
 Refers to Dr in Madurai.
- Told by Superior, but decided himself.
- Tried Dairy project & loans, but failed: people sold the cows.

4. Sr. Anna Ruth Mathew FMM.

- Kerala.
- SSLC.
- Infirmation course in 1971 at St. Martha's H. ^{Fused Aid +} Home Nursing.
- Noviciate in B'lore, ^{Poor. convent /} Calcutta in charge of boarding / ^(Baramulla) Kashmir, working in com dev. worker + hospital - adopted 3 villages, MCH scheme once a week - M.E. given, DPT, BCG, SPOX, Cooper: E. Govt - get vaccine + vitamins, go to village - felt needs det, fam. survey done, HE rep. nutr, FP. Report to Panchayat / PHC / BMD.
- Told by Superior - interested in preventive aspects - happy.
- Wants to know how to approach community + to make them aware of their needs.

5. Sr. Juliana - JMJ.

- Kerala.
- SSLC.
- Joined JMJ in 1960.
- work - needle work, working in a hostel - catering section.
 In MP - hospital help, interested in Nursing.
 village visiting

- Hopes to work in a health project.

⑥ Sr. Senia - Sister of the Destitute (S.D.)

- Kerala.

- SSLC.

- Joined SD in 1965.

- Worked in hospital for 2½ yrs in Kerala, then in charge for 6 yrs. in small hospital & ^{Sr} Dr / nurses - nursing care of patients & village mobile clinic twice a wk, immunizⁿ.

- Told by Superior - happy.

- Hopes to study ob & dis & their prevenⁿ.

- Will be going to Satara - health centre & 10 beds.

⑦ Sr. Pachelli - S.D.

- Kerala.

- SSLC.

- joined SD in 1961.

- worked as nursing assistant in hospital - 6 yrs in
Now in Coonoor - 1 yr, social work in 12 villages, midw^{ry}
education programme by 2 trained nurses

- Told by Superior - happy.

- Interested in FP / personal hygiene.

⑧ Br. Vincent - Capuchin.

- Mangalore.

- Joined in 1977.

- worked 5 yrs in Pharmaceut^l co. / Medical store

- Interested in rural work

- Decided himself - Happy.

- wants to be able to run a health subcentre

- Still got 4 yrs of his (deligious) to be done

⑨ Sr. Evangeline

- Mangalore

- SSLC, TCH.

- Working & settling in forest area & thereon.

Teaching + house visiting, tea s'ys - loan from Syndicate Bank for fencing / levelling ground etc, Then 2 yrs of teaching in M'lore, now in Hassan - Social Work Centre for slum of 600 fam - was working & trained social worker, survey done, MCH progr & CARITAS + 2 guides Adult educ., tailoring, beedi rolling Rs 1.32 / 1000 beedis, started spinning scheme & charak's - gips of 10, now started khadi spinning & 6 workers, starting sericulture "Theodius" & Govt PHC - conduct DPT + other immuniz., + Yuvati Mandali.

- Saw by Superior - v. glad
- Expect - interested in MCH / HE - already doing a little & charts / Doctor
- Plans - to give employment & improve their situation

⑩ Sr. Aquinas - Little Flower of Bethany

- Mangalore.
- SSLC, 2 yrs TTC in Jayangar B'lore
- Joined in 1968
- Worked in Nagaland - 6 yrs.
- Volunteered for Village work - stay in the villages for 3 days - hygiene, nutri., first aid.
- Attended course in NFD.
- Wanted to do this course - v. happy.
- Plans - ? whole team - NFD / hygiene.

⑪ Br. George

- Kerala.
- SSLC, B.A. / done. 13th yr MA This yr in Kannalake
- Teaching.
- No village experience.
- Adopted 34 kids from AP cyclone affected areas.
- Boarding
- This is the 1st venture to open an institute for the disabled & destitute - abt 150 inmates in Kerala.
- Volunteered for this course - happy

- expect: - want basic knowledge for rural health esp. rel^d to disabled.

(12) Sr. Anastasia ERDe - Daughters of the Cross

- Orissa - Sambhalpur
- ~~SSC~~ ^{Nelie} - TTC
- Joined in 1962
- Now in Dargachup in tea plantation labourers
- Home visiting - first aid, delivery, ^{nurse} referral to hospital
talks on personal hygiene, child care.
- Interested in MCN / com health
- Sent by Superior - v. happy
- Place not known.

(To get applicⁿ forms from IGSS)
Sponsoring letter.

- Sr Juliana - IC Accom. / Messing.
- Br Joseph - Academic.

(13) Sr. Egidie

- SSC
- Syrs reaching in Delhi - then Dehra Dun, since 4 yrs
aux. nurse in HCU + CCF. + helping in hospital
(then CRS)
- adopted 5 villages 600 people - local leaders identified + Aid for
2 units in hygiene / unit / NFP. - HE talks also gives minor
aid & gives, train in Dr + nurse to AN / delivery etc / immunizⁿ
- interested in com work: sent by Superior - glad. } school
- hopes to work better in the village } school
- plans to continue in these 5 villages } building

(14) Sr. Achamma

- Kerala
- SSLC / B.S.T.C. (Balasiripada Trip)
- joined 1970 - Congregⁿ of Mount Carmel
- Nursery trip in 1974 - Teaching in nursery since then.
- interested in working w/ poor - told Superior
- works w/ tribals in Wynad - there is a mobile team, - wants HE, MCH, mtr.

(15) Sr. Josefa

- Kerala - Kottayam
- SSLC
- then joined, transferred to Mangalore where teaching.
- plan to open a house in Showni. - village work

(16) * Sr. Concena - SI

- Kerala
- SSLC + DCS (Diploma in Com. Service - 6 months course in Kerala (affiliated to university))
- 1 yr in hospital nursing trip - ANM course.
- 2 yrs in AP chando, then in Mangalore since 2 yrs
[worked 1 yr in Bellu as mobile clinic + dispensary work + HE. (in regist^r/fee) (thrice a wk)]
- plan a mobile clinic + a social work as a trained ASW
- started 3 ^(multi medium) schools in the villages, Balwadi, Mahila samaj.

(17) Sr. Mary Kurissay JMS

- Kerala - Thiruvananthapuram
- SSLC - 1 yr craft training
- Then in Vijaywada - interested in rural areas. (since 2 1/2 yrs)
attended a Com. Dev. Course (in MCH/FP)
- Has summarised 11 villages - help from CRS for 200 people
quies. HE - MCH progr. - home visiting (hygiene/mtr.)
- Hopes to continue same work.

5112

PROJECT REPORT

BY

SR. CONSESASO NUNES F.C.

The villages we have worked previously is in Dondori Taluk about 30 Kms. away from Nasik. We have taken only two villages and worked there for 5 years. Our aim was to educate the people about health (prevention). We used to give health education to women and school children. Once a week we use to visit these villages and give treatment to those who are ill. If any serious cases are there we bring them to our Hospital, cure them and send them back to the village. We also teach the village women how to handle simple cases. We had some connection with the health team from Vani and the doctors and nurses will come and help us in the medical check up of school children and others. We will also follow the instructions given to us by the doctors in treating the patients. Now the villagers have gained a lot from the health education given to us and are far better. If any complicated cases are there they bring to our hospital otherwise they will manage themselves. So in 1978 we stopped going to those villages and we took another 6 villages from Pethi Taluk about 40 to 50 Kms. away from Nasik. Here also our aim was to give health education to the villagers and train the dais.

Definition of Community : People are very poor, their main occupation is agriculture. Most of them are hindus, harijans, mahar and adivasis. The main habit of the people are smoking and drinking.

Identification of problems : Health Care and Education

Fixing Priority : Health Care to all and health education to mostly mothers and children because we found that they are the one who need health education.

Formulating the plan : We ~~have~~ approached the village leaders (Sarpanch and Head Master and School Teachers) They had asked us to help them regarding their health problem by sending an application to us and we agreed. First six months we just kept contact with them by visiting

them once a week.

them once a week. Then for another six months we started giving talks on health to the women and children, with the help of flip charts. During this time we thought of training some of the village women and we told about our plan to the Sarpanch and asked him to select few of them for the training. This ~~is~~ was in 1979 after our training in St John's.

The women who came for the training were dais and not educated at all but they had the experience of conducting deliveries in the villages. We called them to our place for 5 days and trained them on minor ailment treatment, skin diseases (scabies, weakness, diarrhoea, vomiting, headache, stomach ache, fever, antenatal care and child care and how to manage simple cases and if there are any complicated cases we had told them to refer to the hospital. Each session was for 45 minutes and after each session there was 5 - 10 minutes break.

First session was on introduction and discussion asking them what health problem they usually come across in the village, What they were doing to prevent it, What to do and how to prevent.

Second Session

With help of the book Where There is No Doctor, we had a talk with them.

In the Third Session we had a talk with them with the help of flip charts.

The Fourth session was demonstration.

At night there was a slideshow on the whole days lesson.

Topics : First day - Diarrhoea (Cholera)

Sendnd day - Fever (Malaria, Typhoid)

Third day - Scabies, wounds and personal hygiene

Fourth day - Antenatal and Child Care

Fifth day - Revision

After this course we sent them back to their villages and we were visiting the village once in a week. After three months we called them again to our place for 5 days for another training (Refresher Course). Here we found that they learnt something from

the previous course and accordingly we trained them again and made it sure that they can make use of the Kit Box and handle the simple cases. This time we gave them Kit Boxes, one box to each area. After this course also we were visiting the village once a week and give talks on health to the mothers and children. We found that they are making use of the Kit Box and we use to refill the Kit Box with medicines.

The training of dais was successful, but we still have to work on caste problem. We will be calling women once in three months to our place for training (refresher course for 5 days). For the coming year our plan is to slowly stop giving the medicines to the village level workers and make them to handle simple cases with indigenous medicines. We have given them some plants which they can use as medicine and grow in their villages during monsoon. Now we are going to the village once in a week and teach them how to handle the cases and when to refer to the hospital.

PROJECT REPORT

BY

SR. VINAYA F.C.

Introduction:-

The main aim of starting our Convent at Yellapur was to educate the negro girls and side by side to bring up their families which is scattered in the forest area of North Kanara. At the moment we have 60 girls in the boarding both negroes and non-negroes in the age group of 6 to 16 years. They attend the local school. After my Basic Course at St John's in 1979 April the felt need of our Convent was to start a small dairy farm of cross breed cows and poultry as a training programme for these girls who are staying with us and for their daily food. After that with the help of the B.D.O. I managed to build a Gobar Gas plant. When my helpers found enough confidence to manage the farm I moved to the villages to make a survey for M.C.H. Programme. I started in 3 villages to 150 mothers in January 1980. This year we have extended 3 more villages.

In this two years programme I have given more importance to under 5 and health education to mothers and some nutrition programme. My future plan is to give some medical care to mothers with the help of P.H.C. So far I did not approach the P.H.C. for any help.

Definition of Community :-

We have about 18 villages around Yellapur but we are taking care of only 6 villages at the moment. Population of Yellapur village itself is 5000 and other villages will be about ~~xx~~ 4000. These villages are situated in the interior of the forest where there is water facilities. Their main occupation is agriculture. Three villages are on the main road of Karwar Hubli Road and Yellapur road. villages need Other/vehicle to reach their place. Since it is thick forest area rain fall is very heavy and difficult to reach during rainy season. 5 villages have P.H.C. Subcentres and they have family planning programme.

Identification of problem :- Main problem of our people are housing, insects, nutrition, medical care, health care and communicable diseases.

People don't make use of P.H.C's and Doctors because they are far away from this facilities or they have no money to purchase the drugs.

Health Indicators : Children below the age of five years form a major population. It is estimated that 80% of pre-school children are victims of varying degrees of malnutrition and about 40% of the total deaths occur in this age group.

Fixing up priority :- M.C.H., School Health, Nutrition Programmes are my priorities, since 72% of the population are mother and children and they are the vulnerable group and I feel they need our help more. If they don't have enough to eat I cannot talk about nutrition and health education. My aim in the coming year is to start some developmental programme such as dairy and poultry and to help them to help themselves.

Resources : Our existing need is a vehicle, that our Superior has promised to get one.

Formulating the plan : Our immediate plan in diocesan level is to promote the economic condition of our area and education for children. We had a seminar in two villages with men and women based on their felt need. We had talk and discussion about how to start Co-operative Society- What are the advantages and what are the disadvantages from this Society were explained to them.

Our ultimate plan is to run a Mobile Clinic to reach the interior villages for health care and regular visit to the mothers according to their time. This will be an occasion to meet the men folk of the village and to have a chat with them.

Planning implementation:- Among eighteen villages we will be concentrating on only six villages. Besides our village work we have other responsibility in the house.

SR. JOYITA

Date :

PROJECT WRITING

Introduction: Wynad is a district full of thick forest, with coffee, tea, pepper and paddy. The population is 6.3 Lakhs. Nearly 90% of the population in Wynad is isolation due to the peculiar topography, lack of roads and transportation facilities. Throughout the hills, valleys separated by a number of streams and rivers, it is an underdeveloped area. Among them 20% are tribes, about 16% are Travancore Christians, 15% are Malabar Muslims, etc. On the other hand health problems and hazards are plenty. Lack of safe drinking water, poverty, inadequate nutrition, communicable disease, high infant mortality rate, etc.

North Wynad was identified as the most underdeveloped area which required the first attention of those interested in people's development. They have got five rural hospitals with less than 25 beds. There is a 100 bed hospital in Mananthavady. It was the great concern of our Bishop to make use of these institutions for the better health delivery of North Wynad in addition to the routine curative care.

History of planning: 6th July 1978 a meeting of the Directors of the hospitals in the Diocese of Mananthavady was convened to discuss how the existing institutions can render more extension service in the surrounding rural areas and help the C.R.S./M.C.H. centres in their medical needs. All agreed that ideal for Wynad is not big hospitals but a cluster of small hospitals with a few beds for inpatients and rural dispensaries centred around those hospitals. There has to be one or two major hospitals where serious cases could be referred. These services could be availed by the rural hospitals and dispensaries and mobile clinics. Then discuss the purpose of Rural Health Programme (RHP)

On December 1979 a re-draft was made in which more centrally controlled administrative set-up was envisaged to give a better co-ordination for the preventive as well as the curative aspect of the programme. Two sub-centres, Poroor and Mabbigad will start the programme with one doctor, one nurse and a health animator in their mobile team.

Another important set-up was to get a village health worker (V.H.W.) selected by the community. She is responsible for organising mothers for health education, immunization, periodical clinic and most important of all visiting the selected families.

Definition of community: Population RHP covered only 14 centres in North Wynad. Less than 20,000 people. Most of these are women and under-five children.

RHP Centres:

Identification of problems: Lack of roads, transportation facilities through the hills, health problems, lack of safe drinking water, communicable diseases, lack of health education, etc.

Health indicators are IPHC, 1 district hospital, 1 private hospital. Fixing in the priority is preventive as well as curative aspect, health education, etc.

Objectives of the programme:

1. To establish a health care delivery system which is based on the priorities of local-felt-needs for the isolated communities of Wynad.
2. The system involves the maximum possible participation of the community in the planning as well as implementation in order to make it more relevant at the grass root level.
3. The health care delivery is to be made as cheap as possible so as to make it within the financial reach of the community and to make it self-supporting within a period of two years.
4. Project aim at maximum steps for health promotion and prevention of diseases with minimum curative services.
5. In order to avoid duplication of services co-operation with governmental and voluntary agencies is to be tried as far as possible.

Areas of operation:

1. Health education
2. Nutrition programme
3. Environmental sanitation
4. Immunization programme
5. Detection and early control of communicable disease
6. Under five clinic
7. Maternal care - antenatal and postnatal services
8. Primary curative services at each centre
9. Family planning services.

Evaluation: During the latter half of December it was decided to have an evaluation meeting on the running of the programme by the medical team and WSSS team members, by going to each sub-centre. At each unit the parish-priest, the local committee members and some of the beneficiaries were present and discussed the way of functioning difficulties of the people and their demands. Some of the points that came from their part were more frequent visits, free or subsidised medicines, more visual aids for classes, etc. People expected more curative services from the programme. The medical team presented the view that 60% of the diseases could be prevented in the long run by more health education. But to solve the present problems extension curative service has to continue for some more time.

My future plan:

1. Continuation of these existing programmes
2. Adding new families to the programmes
3. Increasing the centres.

MARIAMMA ANTONY F.M.M.

Date : 2.12.1981

Damara Bhimanapalli - Nalgonda Dist., A.P.

Introduction: Nalgonda District is identified as the most underdeveloped and draught affected area. It is surrounded by many hills. Majority of them are farmers, completely depending on the rain for their cultivation.

The origin of HEALTH CENTRE: In 1934, Sisters started to live with the people. The people were very happy to have the Sisters. They shared their goods with the Sisters, also contributed a great deal to build a church. They were self-sufficient. Since they had bumper crops, they never thought of educating their children or having a saving system. They built their own houses with mud, of course no windows or doors for ventilation. Their wealth was land and animals.

As the years passed by, the calamities began - lack of rain, the increase of members in the family, ill health, etc. Due to all these they became poor and poor. Though there are many open wells, high contents of fluorine in the water prevents cultivation and even they are victims of fluorosis diseases.

Gradually, Sisters started a school. Villagers were not keen in sending their children to the school. Since there was no other medical aid available, started a clinic too. The villagers helped a lot for the construction of the building, free land, labourers, etc. Sisters started to distribute medicine free of charge. The basic aim of the clinic was to provide basic health care - curative. Year after year there was a great loss in running the clinic.

In 1977, I was asked to go to that village to work in the clinic. At that time there was no income except credit of Rs.4,000/-. The people were reluctant to pay because of draught and poverty. They were not satisfied with my service. It was a problem to me and to the people.

A meeting was held for the youth of the village and discussed about the clinic. A period of 2 to 3 months of discussion and planning, with the help of Sr. Sara M.M. we started a health insurance programme.

The first year, the programme inputs were decided based on the local priorities. Curative care facility was considered the first among the priorities in view of the high prevalence of common ailments.

This is a community supported programme. The beneficiaries contribute Rs.3/- per family, per month. The youth and the elders of the village take an active part for the succession of the programme. They felt it is their programme. Since last 3 years it is running satisfactorily; of course it has its own ups and downs, success and failures. It helps me to learn, and to receive as much as to give.

You may ask, why did I choose this village? To say that our priority is to serve the poorest of the poor. "To love the Poor Man".

Population	-	2,000
Religion	-	Hindus, Christians and Tribals
Occupation	-	Farmers, Dobies, Labourers, toddy-tappers, Shepherds, Merchants, Carpenters.
Habits	-	Smoking and alcoholism
Climate	-	Warm
Natural Resources	-	No rivers, no tanks, etc. (Open wells and few bore-wells)

Mostly dry land crops are cultivated. Youth are trained for it.

Communication: No transport facilities. Communication is the root of all activities. We begin to share knowledge, information and experiences and thus understand and persuade their fellow-men through communication. It is a potential part of living.

We have a T.V. Very few families have the radio. Only one family gets the news-paper. We are building a community hall with the help of people and Government.

No protected water supply except 2 bore-wells. Houses are built very close to one another and also far away from their land. Insects are a big problem to the farmers.

Location of P.H.C. is 15 Km. from us	
Paramedical practitioners (Private)	- 1 male
C.H.W.	- 1 male
Local Dais	- 3
Veterinary practitioners (Self-trained)	- 1 male

There is a mutual understanding between our clinic and P.H.C. and D.M. & H.O. We get drugs and other help.

After my training as C.H.W., I gave priorities for last two years M.C.H., School health and house visiting. Every 3 months we organise evaluation meeting. First with youth, then as general body. Since it is a self-supporting scheme, beneficiaries' contribution of Rs.3/- per month per family would suffice to run the work.

The first year itself, there was a significant reduction of common ailments like anaemia and other deficiencies especially in antenatal, post natal and children under five. Due to this care healthy babies were born.

Our aim of this programme is thereby to extend the philosophy of community self-reliance in health.

My future programme: In one of the villages, already I organised well the M.C.H. and school health programme. So, in this village I give priorities.

- 1 - Record keeping
- 2 - T.B. treatment follow-up
- 3 - Family welfare - Mahilamandal - Needle-work classes, saving system
- 4.- Health Education (Improvement Unit)

The other two villages:-

Population - 1st village - 450 families
 2nd village - 80 families

- 1 - M.C.H. and health education
- Visit, twice a week.
- M.C.H. - Immunization, antenatal and postnatal and children under five
- B.P., weight and urine test
- Record keeping.

In conclusion I say that community development is a process of movement from a state of dissatisfaction to a state of satisfaction, it is dynamic and not static. It is by the people, for the people, for human potential.

By the end of three years' stay in this village people said "Our home is your home".

JYOTIR VIKASA PROJECT

Kalenahalli, Mandya

By

FR. JOSEPH PURAYIDOM

INTRODUCTION

The Missionary Society of St. Thomas the Apostle is an association of secular priests who devote themselves for the developmental activities mainly in rural areas. Recently, that is about three years back the society decided to take up some developmental works in the district of Mandya. A priest was sent to the place to have a preliminary study of the area. After a few months I too joined him. Our first effort was to learn the local language and to have a geographical study of the whole district. We travelled and visited a good number of villages. As a result, to start our activities in Mandya district, we have tentatively chosen a village by name Kalenahalli which is surrounded by so many other villages. We made an initial survey. From that survey we understood that health care and education are their main felt needs. We also observed that the area needs some other developmental activities as well. Then, our intention was to have a closer contact with the people. So we decided to go to that village and live among them and love them and learn from them their way of life, their culture, their practices, their beliefs, their occupation and so on and so forth. We took a house for rent in the middle of the village. First I began to stay in there, after a few weeks another young priest joined me. We visited each and every house, met the people, talked to them and learnt many things from them. To have a closer contact with the school children we began to give tuition for the school going children. Slowly other children who were not going to school also came. We took classes for them also. During the class we avail ourselves all the opportunities to tell them about cleanliness, good manners and the like. We also made some provision for the children to have some games daily. While our tuition classes helped them to grow more intellectually, mentally & socially, the games helped them to grow physically.

To attract the youth we conducted some cultural activities and competitions in connection with important days like Independence day, New Year day etc. We distributed prizes to them, parents were also invited. All were happy. But the people in general had a complaint that we have not yet opened a hospital for which they were craving from the first day. So we were compelled to start a small dispensary. Since none of us are qualified in the medical line we had some hesitations. But due to the continuous compulsion from the people we started a small dispensary with some Herbo Mineral Medicines, which are effective and having no harmful side effects.

It is at this juncture I thought of going for the CHW course in St. John's Medical College, Bangalore. I applied and got admission in (BC 6). I must proclaim loudly that I profited much from that course. Thanks to the DKHS & TP of St. John's.

DEFINITION OF COMMUNITY

(a) Area:- In fact our entire project area includes a number of villages around Kalenahalli that come s within a radius of 8kms. We know that this is a very vast area. But it is because of the suggestion given by the D.H.O. that we took such a vast area. Though we may not be able to concentrate our attention to all these villages we may be able to extend some services to all the villages. So also in future we may be able to start sub-centres in different parts to give more attention to more villages. At present we mainly concentrate on the village we stay in, without forgetting the needs of other villages. The area of this particular village comes about 668 acres.

(b) Location:- The project area is situated at a distance of 8 kms from Mandya city. It is on the way to Mysore. The village of Kalenahalli comes almost at the centre of the entire project area. There are 17 villages within the radius of 5 kms and 37 villages within the radius of 8 kms. The project area map is shown below.

(c) Population:- At present we are going with the socio-economic survey. We have completed only half of the total villages of the project area. So the exact population is not known yet. From the statistics collected from elsewhere the population of the project area comes more than 50,000. The population of the village which we have taken up for our intensive developmental activities comes about 1250. The male population exceeds that of female.

(d) Religion:- A large majority of the people are Hindus. People belong to different castes. Almost 75% of the people are gowdas. The rest includes shethis, ganikas, madivalas, harijans and A.Ks. 10% of the total population are of the scheduled castes.

(e) Occupation:- The main occupation of the people is agriculture. Almost all the families have got a small piece of land. But the major part of the land is dry land. Here they have to depend ~~on~~ solely upon rain for their crops. But some of the families have wet land too. People in general are either of middle class or a little below the middle class. There are only a few families having more than 10 acres of land. The people are doing the traditional ways of agriculture.

Some of the people (approx.5%) have employment outside the village -in Government services, in the neighbouring factories etc.

(f) Customs & Habits:- As far as customs and habits are concerned

they resemble that of any other village in Karnataka. People live together. They have joined families too, they have great veneration for cows. So they are given an important place within the house itself.

(g) Climate:- Rainfall is very low, hence the crops in the dry land suffers a lot. There is no extremes of cold or hot climate.

(h) Natural Resources:- The Visweswaraiiah canal that flows close to the village is a great blessing for the people. Water from the canal is made use of for irrigation, washing, vegetable gardens, and to satiate the thirst of animals, some people use this canal water for their cooking too.

Another advantage is that the village is situated by the side of the Bangalore -Mysore road. So transportation is not a main problem. Moreover, Bangalore- Mysore railway line also passes through the enighbouring village. But if we take the entire project area there are a few villages which do not have good roads to reach at. So also many of the villages have no transportation facilities.

(i) Medical Facilities:- The Govt. PHC is at Shivalli which is at a distance of more than 10kms from Kalenahalli. We have a Govt. PHU at Tubinkere which is at a distance of 3 kms. But majority of the people go either to the district hospital, Mandya or to the private clinics in the city.

(j) Industries:- There is no large scale industries in the project area. What we have in our area are a few sugarcane creshes & rice mills which are owned by the richest people of the area.

(k) Animal husbandry:- Almost all the families have cows, baffaloes and bullocks. Bullocks are made use of for ploughing and to pull the bullock-carts. Cows and bullaloes are not of good yeilding variety. The milk they produce is mainly given to the neighbouring milk society.

(l) Education:- Our village is blessed with a Govt. Primary School with two teachers. We have one Govt. upper primary school & high school at a distance of 1½ kms. Yet majority of the children do not attend school. Children of the school going age group are made use of for looking after the sheep & other animals or their younger children. Even from those who go to school there is considerable drop outs. Very few reach at the level of SSLC. There are a few students who are going to the college in the city.

Cont'd - 4/-

3. IDENTIFICATION OF PROBLEMS:-

Problems are plenty. Ignorance is one of the major problems. If people are conscientized and if a good health concept is created in them, things will be changed wonderfully. Another major problem is poor environmental sanitation. The reason is that people are not aware of the need for a healthy environment. Due to the unhealthy environment flies, mosquitoes and insects are many. They help a lot in spreading the communicable diseases. We have relatively high incidence of Malaria and Diarrhoea.

There is no programme for the mother and children who are the most vulnerable group. So also no programme for the school children, youth and adults. People in general are malnourished. It is mainly due to the lack of knowledge to make use of the locally available nutritious food stuffs. They have no good facilities for health care and medical aid. People have to go to the city for such needs. It is very expensive. Another problem is unemployment. After seasonal works in the field people are simply wasting time. They have no income-generating works to be done during such time. They have no common recreational facilities. Another problem is the low annual income. Their income is just to make both ends meet.

4. PRIORITIES:

As it is mentioned above, ignorance lies at the bottom of so many problems. Many of the above said problems can be solved if a good health concept is created in them. This is to be achieved through continuous health education. Hence health education is to be given first priority. Here, by health education I don't mean mere teaching of imparting some intellectual knowledge on health. The health education should be such that the attitudes of the people could be changed or modified wherever necessary. Once they get a better knowledge and proper attitude it is easy for them to change and to put into practice what they have understood. While giving health education we should also take into consideration the existing health knowledge of the people, their attitudes and their various practices. It will be imprudent to change them altogether. Some of their notions, attitudes and practices may be good. We need only to build upon them. Only if their knowledge, attitude and practices are wrong or harmful we need to correct them without in any way hurting their feelings.

In my area the second priority is to be given to environmental sanitation. Unhealthy environment also gives rise to several problems.

Proper disposal of solid and liquid waste, protected water supply, clean and tidy houses, and general cleanliness help a lot in the way of environmental sanitation. If the environment is healthy, flies, mosquitoes & insects won't grow much. This will considerably bring down diseases and positively contribute to the good health.

5. RESOURCES:

To give health education we have sufficient personnel. Our team is blessed with two priests, three sisters and one brother, among whom two are the CHWs of St. John's. All the members of the team are interested in community development activities.

To take health education classes in groups we need a hall. Our building is in progress, it will be completed within one year. Till then the existing panchayath building can be made use of. Health education for the school children can be had with the co-operation of the school master. As far as education materials are concerned we are in utter poverty. We shall try to make some simple flannelgraph, and flash cards to buy them readymade will be more expensive. Slide shows would have been very useful. But we don't have slides & projector. So we have to approach some aiding agencies for that.

As far as environmental sanitation is concerned there is no need of much resources, what is needed is a proper motivation of the people. They should be motivated to make compost pits and soakage pits, for which they have their own land nearby. For drinking water there are three borewells in the village. They are to be kept clean. If people have some sense of cleanliness the problems of environmental sanitation can be solved a lot.

Regarding the time factor, our team is at the service of the people. An average of 3 to 4 hours can be devoted daily for the above mentioned priority.

6. FORMULATION OF THE PLAN:

(a) Objective:- (i) Immediate:- The immediate objective is to create proper attitudes in the people and to motivate them for action. Knowledge in the intellectual level will not suffice. People should be well-motivated to put into practice what they have learnt.

(ii) Ultimate:- The ultimate objective is to arrive at the "Community Health" - the physical, mental, social, and spiritual well being of the people.

(b) Methodology:- As far as health education is concerned it can be done in many and manifold ways. It can be a house to house programme.

That is visiting every house, meeting its members, talking to them and motivating them for a healthy life. The same can be done in groups also. Here it will be a two way process. The group discuss among themselves the various aspects of health and environment, and thus arrive at certain conclusions to be put into practise. It can also be in the school level. With the help and co-operations of the school teachers we can have health education classes for the school children. These will be very effective. Children are more receptive. So we can change them easily. Moreover it can also be a child-to-child programme. The school children will take the message to other children through words and deeds. It can also be a child-to-adult programme. Through the children, the adults at home also can be influenced and motivated for healthy life. To create a good environment, as a first step we can motivate a few families to construct compost pits and soakage pits. Then slowly others also can be motivated more easily. For safe drinking water the youth of the village are to be motivated to chlorinate the open wells. Moreover, people are to be taught to keep the surroundings of the borewell clean. Proper drainage will be made ~~xxx~~ with the help of the village people.

7. PLAN IMPLEMENTATION:

Since we are spending three days every week for taking the socio-economic survey, at present we can spend only three other 3 days, i.e., Monday, Wednesday, and Saturday for the House-to house health education programme. We can go in two teams. Each team can cover an average of six houses daily. Then we can cover up the entire village in one month's time. Only one theme is to be dealt with during one visit. This will go on continuously, slowly we can train some of the village people to take up this job. During the house visits, flannelograph, flash cards, flip charts etc. are to be made use of.

Health education to the groups can be introduced first to the adult education class- both of male and female. Usually the class is conducted every day except Saturdays and Sundays. Daily a few minutes can be utilised for health education occasionally for the entire community also. Here, besides the flannelograph, flip charts etc., slides and film strips also will be very useful. Health education programme for the school children is to be implemented in consultation with the school teachers. If they agree every working days we can spend one hour for health education classes in the school.

For the environmental sanitation programme we will select a few families and motivate them to construct compost pits & soakage pits. During the house-to-house programme we can find out such families who are more interested in health. Once they make their environment good and healthy, others too will co-operate better in building up a healthy environment.
