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VELEMEGNA GOOD NEWS SOCIETY HOSPITAL

BIDAR - 585 401. (KARNATAKA) INDIA PHONE/FAX 08482-25467

Visit our Web site http://WWW.Velemagna.org e-mail;drsalins @vsnl.com

Founder / Director / Vice-President

(Lion) Dr.A.C.Salins

M.B.B.S.

C. Accumpuncture (Japan) C.C.E.H. (London)

Complimenting National Agenda During 52 Years of India Independence While Commemorating 35 Yrs of womb to tomb and beyond the tomb yeoman service let us strive together prayerfully, meeting the total needs of the sick, poverty stricken Communities, deserving individuals, Irrespective of cast, creed colour, race with help of God. Govt Gods Children (Precious Prayer Partners) fighting deseases demons within/without the congregations. Country for a happy healthy prosperous National, International peace on Earth and goodwill under Fatherhood of God and Brotherhood of Mankind with mutual love, respect and Christian concern for wholistic development during 2000 A.D & New Millennium.

"HELP US TO HELP THE HANDICAPPED" "VISION 2020 THE RIGHT TO SIGHT"

CURING AND PREVENTING AVOIDABLE BLINDNESS

Introduction

Serving OTHERS at the cost of your own self is not an easy task. It needs a herculean desire and dedication to cover this treacherous journey. Even then people do come up for the job with a passion for God and Nation.

Dr. Sushila and Dr. Christopher Salins ventured in faith to launch a Charitable Multipurpose Voluntary Organisation named as "*VELEMEGNA*" i.e. (*Village Evangelical Leprosy Eradication Medical Educational Good News Association*) in 1969 after their medical education from Christian Medical College, Vellore, India. From onward they are continually toiling to make a better tomorrow for *helpless, destitute and needy* masses of today.

In the own words of Dr.Sushila and Dr.Salins... " Our hard struggle has fruitfully helped in bringing down incidence of Leprocy, T.B, blindness, malnutrition, rehabilitating many handicapped old aged destitutes, widows and orphans. Broken homes live to build Goldly individuals, homes and congregations. We earnestly call more dedicated Christian professionals, teachers, preachers, multipurpose trainers to come forward and join in this glorious Ministry of Faith, to share their precious time, talent and treasure, then more could be achieved by delegating different aspects of the *Healing, Teaching Training and Preaching* multipurpose health and development activities. We need devoted workers in capacity of Dedicated surgeons, Gynaecologists, ENT surgeons, Opthalmologists, Paramedics, B.Sc., M.Sc. staff nurses Administrative staff, M.S.W., Bible teachers, Preachers, Social workers, graduates in agriculture and animal husbandry, Physio/occupation therapist, marriage councellors and the teachers for the visually handicapped. We put the *Website* http://www.velemagna.org so that many more unreached people world wide could be reached on a larger scale."

Isaiah 27:2-3" A vineyard of red wine. I the Lord keep it. I will water it every moment lest any hurt it. I'll keep it night and day" This is the promise of the Lord. This social service was started by Him. His grace and wisdom. He will water it every moment. So many permanent structures were built. So many handicapped (*blind, lame, destitute*) were healed. So many students and people were trained. So many are spiritually blessed in the Lord's Vineyard.

As long as health permits, by the grace of God we both will work tirelessly. Later the Lord will bring His own people and this Ministry should be continued by like minded God's children with God's love to serve God's children, Amen. Halleluah ! Praise the lord !!

Blessed are They That Consider the Poor Through Following Meaningful Health Development Projects

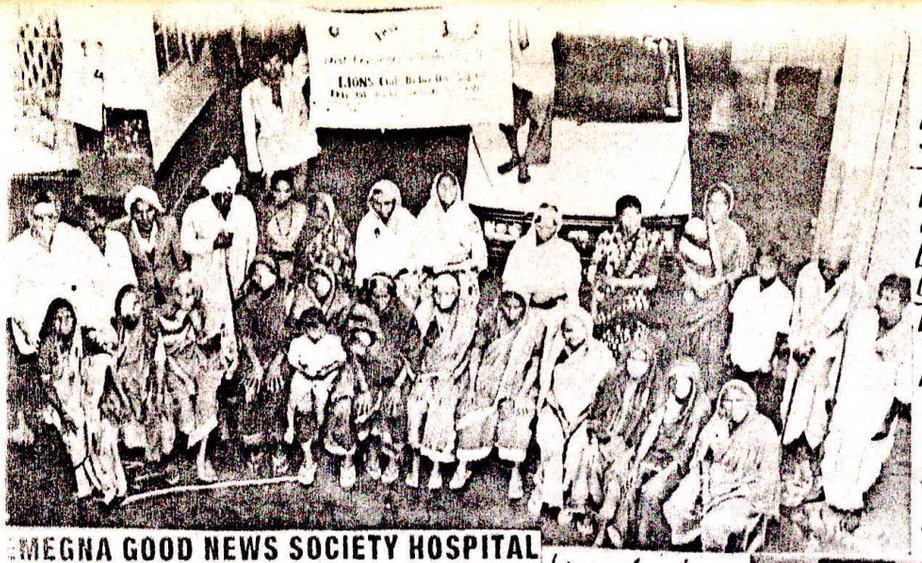
RIGHTEOUSNESS EXALTETH A NATION; BUT SIN IS A REPROACH (PROV:14:34)

Dear friends & Prayer Partners, Give Go or Send Prayerfully with your regular financial support through VELEMEGNA FCRA.

A/c. No. 9996 at Canara Bank, Bidar. for Foreigners and A/c. No. 6958 at Karnataka Bank, Bidar. for Indians enabling our Velemegna Society, Bidar - 585 401. Karnataka, India.

Patronising some of the following worthy long awaited programmes by faith in God, God's Children and Government.

1. Comprehensive opthalmic service preventing and curing avoidable Blindness in the most backward district long awaited.
2. Indra Gandhi Memorial Rapidly "ARRRESTTT" Leprosy (Awareness, Relief, Research, Rehabilitation, Educate, Survey, Train, Trace & Treat) bringing hope-facing challenges. using W.H.O. recommended multi-drug Theraphy, Training Trainers for rapid cure of Leprosy.
3. Establishing 50 Bedded Referal Diagnostic cum Training Centre. General Hospital in urban, slum areas and 50 Bedded opthalmic wing with Staff Quarters, Office, Community Hall. Helping the Handicapped, including Nursing and Bible School.
4. We needed two Mobile Medical Teams, Covering various Mini Centres, Eye-camps, Family-planning, Under Fives ANC. Immunisation, School Health Programmes. For proposed optimum services.
5. 50 Bedded Leprosy Hospital and New Late Village Complex at Chatnalli, Baridabad Village after Pre, Post Operative Psysio Theraphy, for care of hands, feet, eyes Training multiple handicapped.
6. Artificial Limbs, Reconstructive Plastic Surgery, Rehabilitating atleast 200 Ostracised Leprosy begget families to begin with, by aquiring additional government and Private land.
7. Relief and rehabilitation of Disaster Victims, Widows, Orphans and Aged Destitutes, Job oriented training of unemployed Youth



LIONS FREE EYE CAMP E PRE/POST. OP. IOL IMPLANT MICRO SURGERY, DIABITIS GLAUCOMA AWARNENES SURVEYS, TRACING, TREATING AT LION Dr. SALINS VELEMEGNA SOCIETY HOSP. BIDAR-KARNATAK

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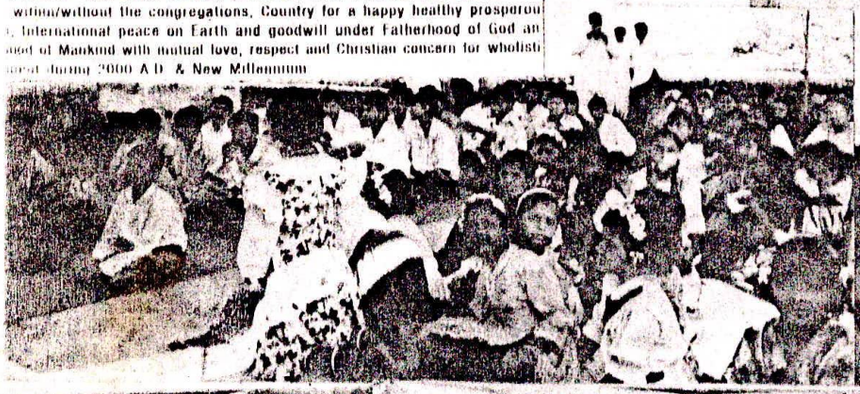
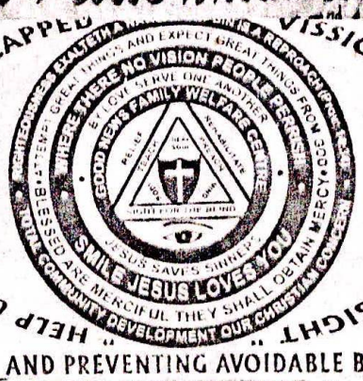
Under five MCH/RCH FAMILY Planing COUPLE PROTECT IMMUNIZATION ORT, VIT. A & FEEDING, POOR TRAINING, YOUTH LEADERS



VELEMEGNA Society Hospital, BIDAR.

New Millennium Celebration

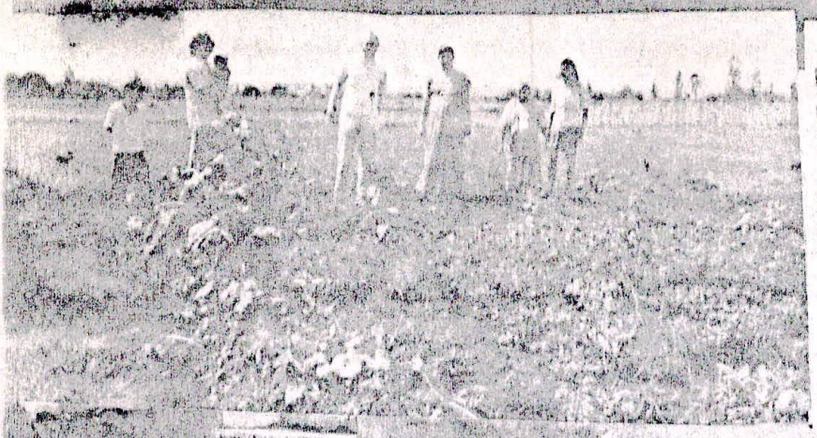
HELP US TO HELP THE HANDICAPPED and VISSION 2020 THE RIGHT TO SIGHT

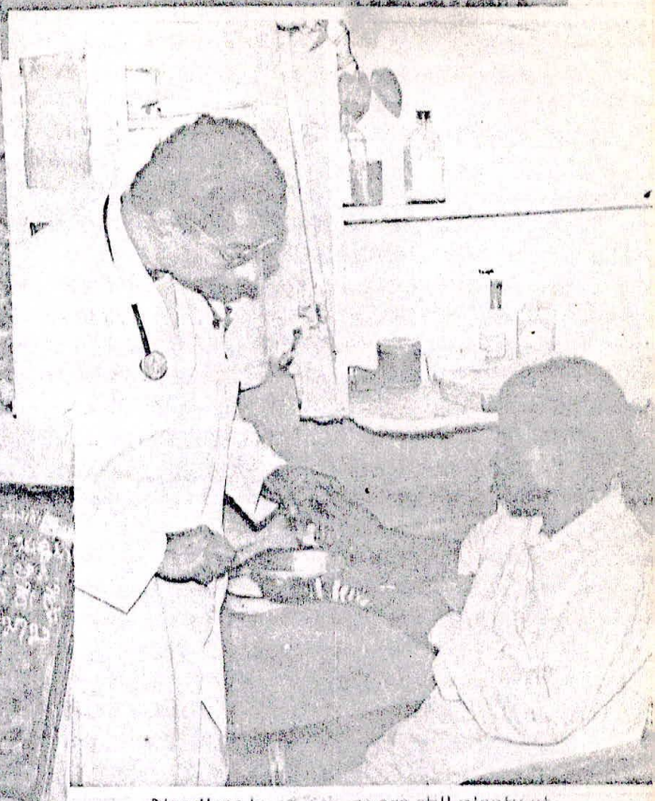


CURING AND PREVENTING AVOIDABLE BLINDNESS

RURAL YOUTH DIAS) BIRTH Attendar women Clubs Self hel p group training

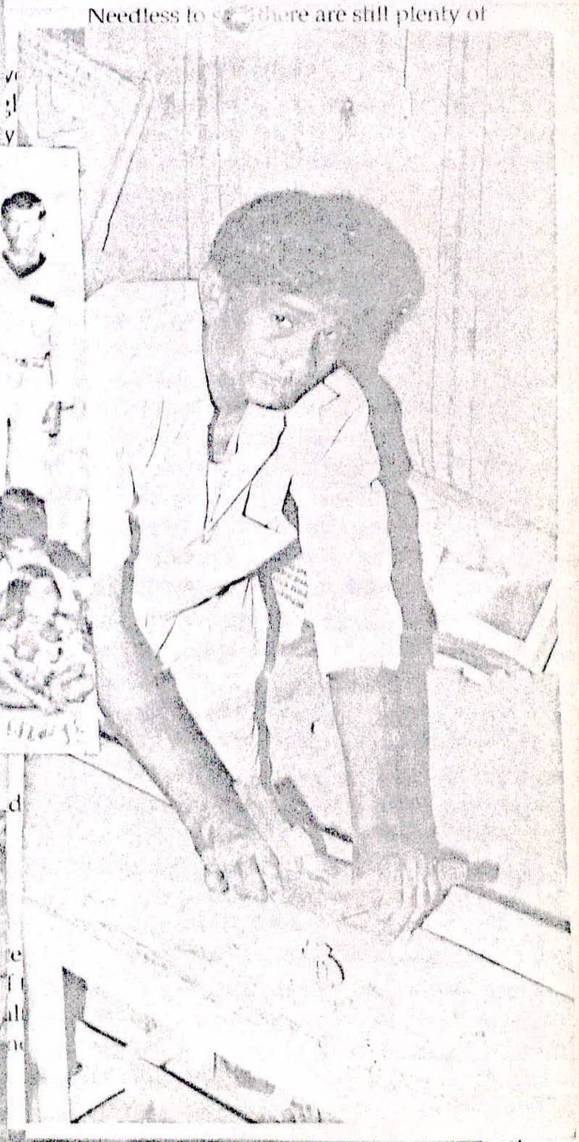
:dch… garden, HORTICULTURE, PRIMARY, ADULT EDUCATION





Needless to s… there are still plenty of

TOTAL
…RE OF LEPROSY
…ATIENTS AT CHATTISGARH VILLAGE
…LOYED IN GOVT. ALLOTTED LANDS, …



THRO REGULAR SPIRITUAL MORAL TEACHING – DIGNITY OF LABOUR

RU ADRA CANADA/WORLD VISION INDIA, BANK LOANS & SUBSIDY TOTAL

initiated a project to promote the

centres with telephones and

smoking, having experienced it myself in

It has transformed the life of Benita, who

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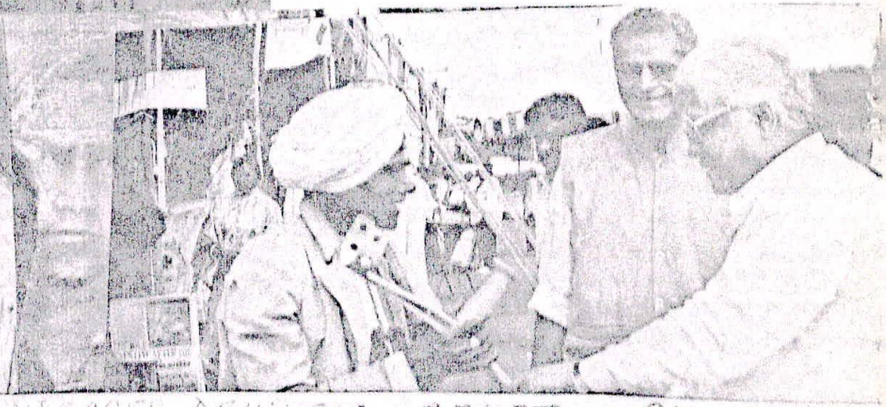
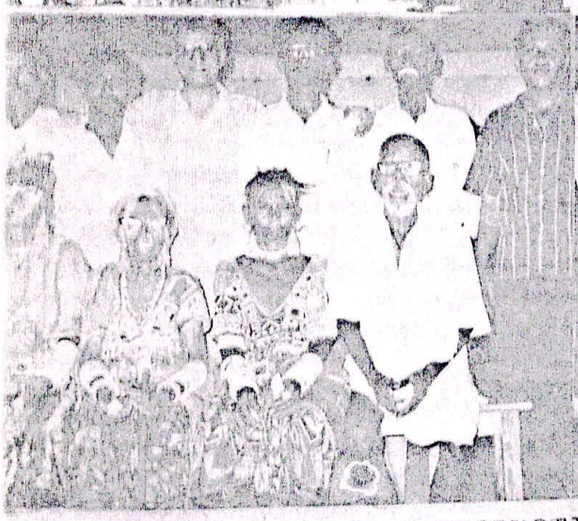
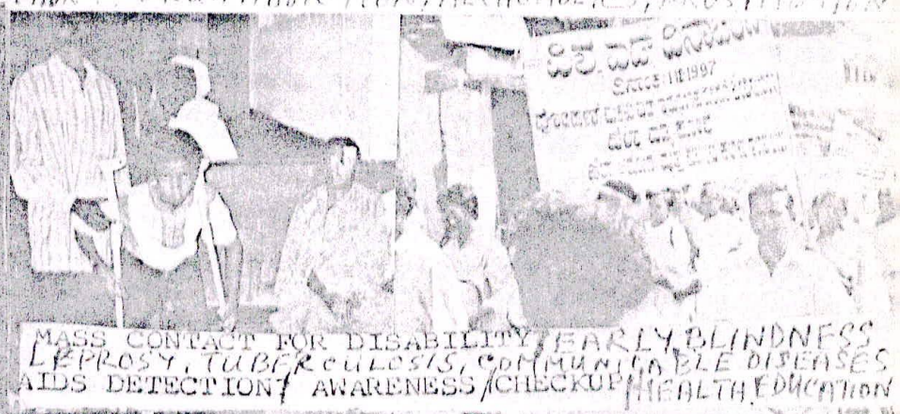


DISEASES, DEVILS, SUPERSTITION, RACIAL CASTE DISCRIMINATION, CHILD LABOUR, CHILD MARRIAGE, DOWRY CURSE, DRUG ADDICTION, ALCHOHOLICS, PROSTITUTION

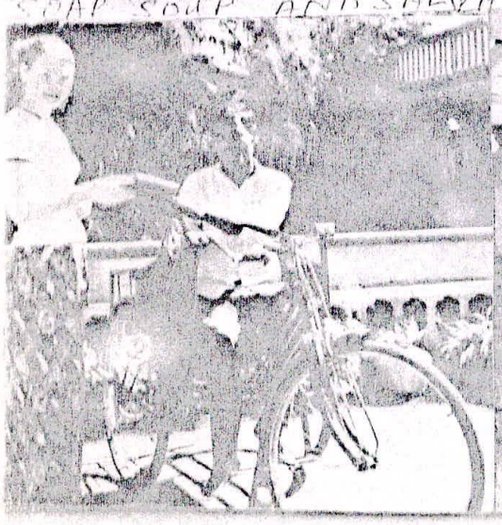


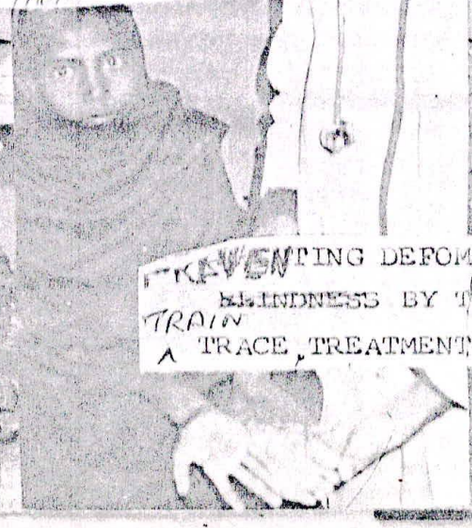


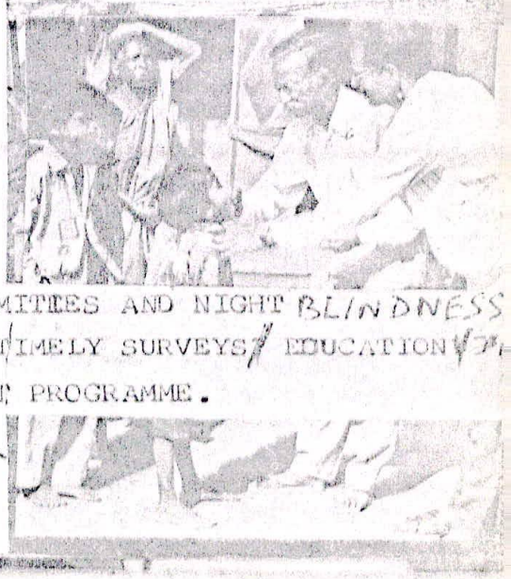
MASS CONTACT FOR DISABILITY, EARLY BLINDNESS LEPROSY, TUBERCULOSIS, COMMUNICABLE DISEASES AIDS DETECTION, AWARENESS, CHECKUP, HEALTH EDUCATION

T RESTORED TO BECOME PRODUCTIVE MEMBERS

NITY OF FAMILIES WITH DIGNITY WITH SOAP SOUP AND SALVATION.



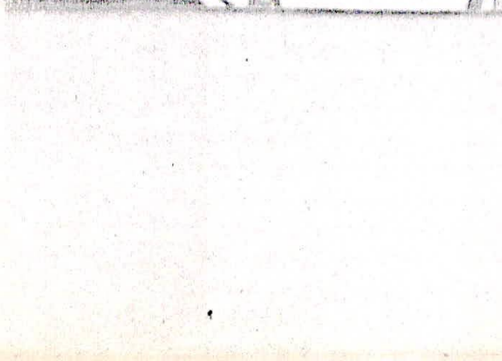


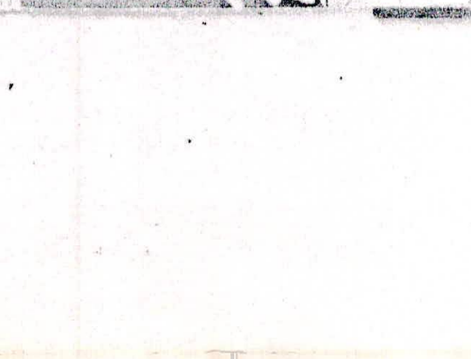


PREVENTING DEFOMITIES AND NIGHT BLINDNESS

BLINDNESS BY TIMELY SURVEYS, EDUCATION, TRAIN

A TRACE, TREATMENT PROGRAMME.

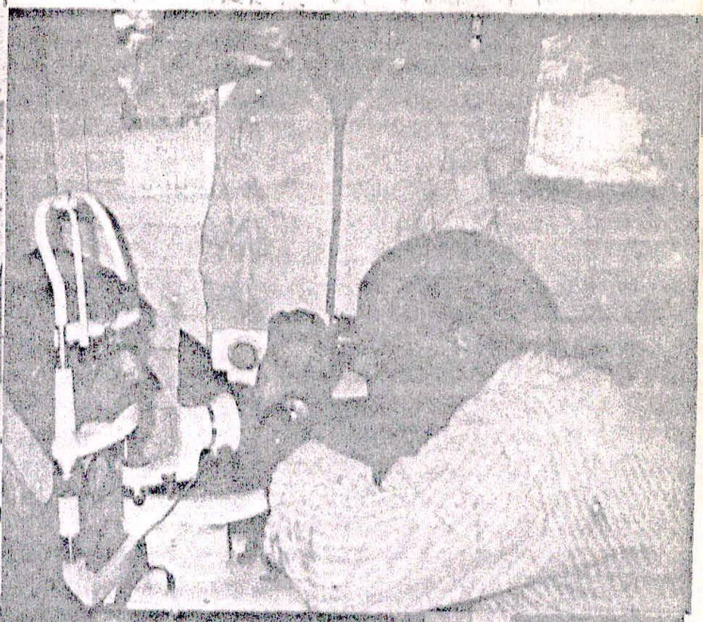




- ***Freedom From Dehabilitation***
- ***Freedom From Deformity***
- ***Personnel Development Programme***
- ***Working Through Own Centres*** in urban Slums
- ***Lending A Hand***
- ***Freedom From Visual Handicaps***
- ***Freedom From Social Ostracism By Positive Social Attitudes***
- ***A Promotion Campaign To Set Free***
- ***Self Reliance And Freedom From Dependency***
- ***Freedom From Preventable Deformities And Disabilities***
- ***Restoring Vision***
- ***Life Scan***

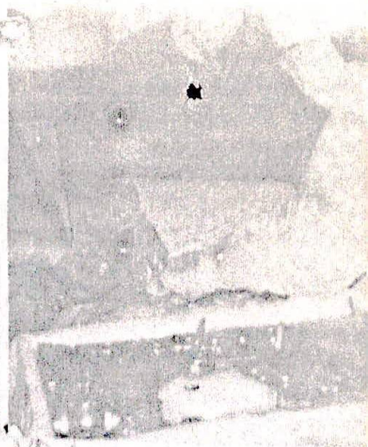
Leprosy.....

- ✓ **Caused by** a bacillus called *Mycobacterium leprae*. It is not hereditary and least contagious disease.
- ✓ **Over 95%** of the world's population have a **natural resistance** to leprosy.
- ✓ It is now completely curable with **Multi Drug Therapy** within 6 to 12 months time. *(as implemented from Jan. 1998)*
- ✓ A patient with single patch can be cured with **a single dose** Multi Drug Treatment (ROM)
- ✓ **Early symptoms of leprosy** are a pale patch(es) on the body and loss of sensation in the patches.
- ✓ Early detection and treatment are vital to **prevent deformities**.
- ✓ However, if **deformities do occur, it can be corrected** with reconstructive surgery.
- ✓ Of the world's **0.89 million-leprosy** patients currently needing treatment around **62%** are in India.
- ✓ Almost **0.43 million new leprosy cases** are detected every year that is almost one case a minute.
- ✓ Persons with **deformity due to leprosy** are around **1.49 million** in INDIA.



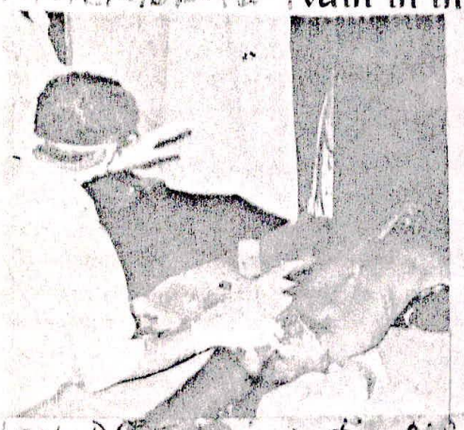
FAREWELL PARTY TO IIIrd YEAR NURSING MIDWIFERY STUDENTS.

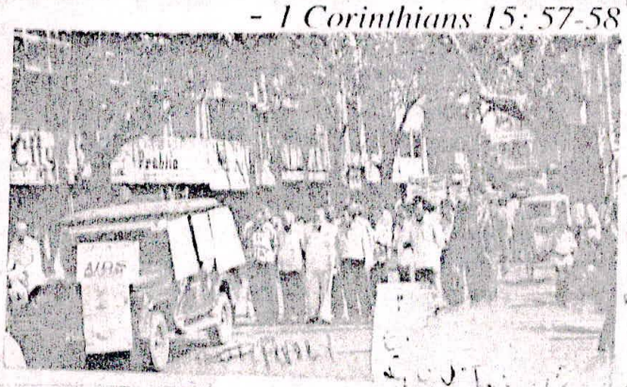
Mrs MICHEAL I.C.U NURSE GERMANY
Mrs REBECCA-UK DOING VOLUNTARY SERVICE DO



" Therefore, my beloved brethren, be steadfast, immovable, always abounding in the work of the Lord, knowing that your labour is not in vain in the Lord."

- *1 Corinthians 15: 57-58*





TRAINING Blind, handicapped and all bodied youth the dignity of labour through god oriented Projects happily educated & others

ARISTMAS MELA by BIDAR LADIES CLUB WITH HELP OF ASHAKIRAN BLIND SCHOOL (VELEMEGNA & others

ARE OF ANESTHETIC HANDS, FEET, EYES IN AND THRO' OUR DEDICATED STAFF, TRAINEES AT BIDAR BASE HOSPITAL, BARIDABAD/CHATNALL RURAL HOSP.
NAVJEEVAN LEPROSY RELIEF REHABILITATION COMPLEX



EARLY DIAGNASIS
REGULAR M.D. TREATMENT
PREVENTS forming
Rapidly curing
THE MOST DREADED STIGMATISED DESEASE

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email : nsuraju@glasmd01.vsnl.net.in

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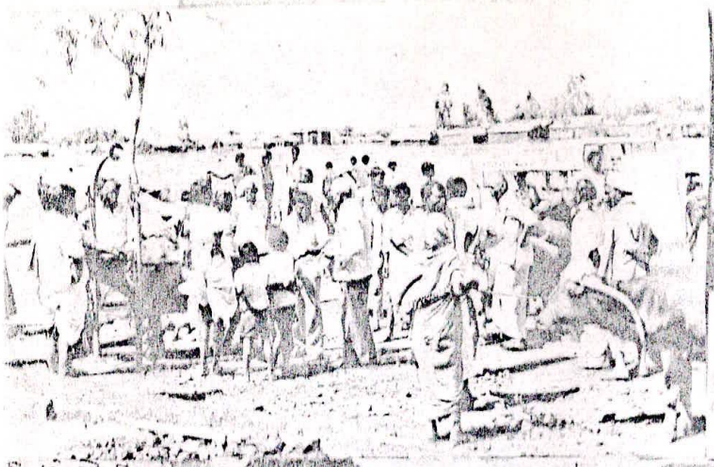
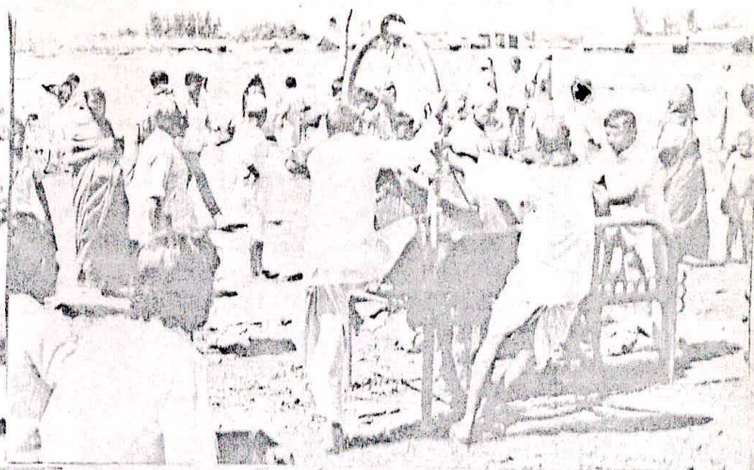
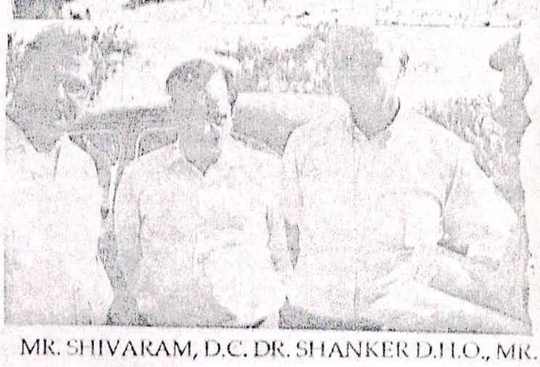




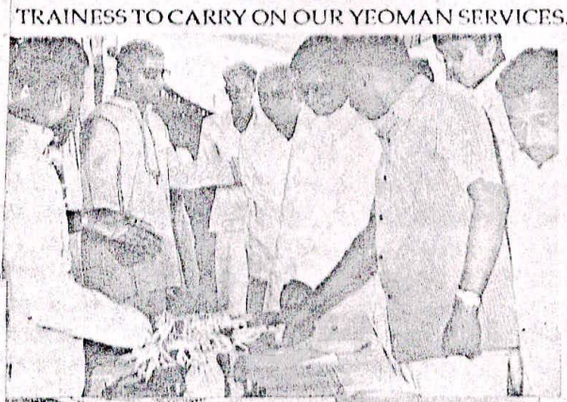
Commemorating 25 ye: 32 YEARS (1965 to 1997) Of Yeomen Services to Suffering Humanity

Talents and Treasure to help us to help oustracised/Leprosy beggers, Widows, Orphns, Handicapped and aged destitues thro' our Raj. Gandhi Memorial Compr[illegible]nsive community health Rural Developm[illegible] Institutional Trainging C[illegible]re at Baridabad & Leprosy Relief, Rese[illegible] and Rehabilitation Complex in Chinalli.

HONORABLE MINISTER DHARAM SINGH GRACIOUSLY VISITED KADWAD VELEMEGNA STAFF/ TRAINESS TO CARRY ON OUR YEOMAN SERVICES.



MR. SHIVARAM, D.C. DR. SHANKER D.H.O., MR. DESAI, KARNATAKA BANK MR. BASANTHRAI, A. BIDAR DISTRICT SINCERELY VISIT SCRUTINIZE OF HEALTH & DEVPT. PROJECTS GIVING NEE[illegible] & ENCOURAGEMENT.

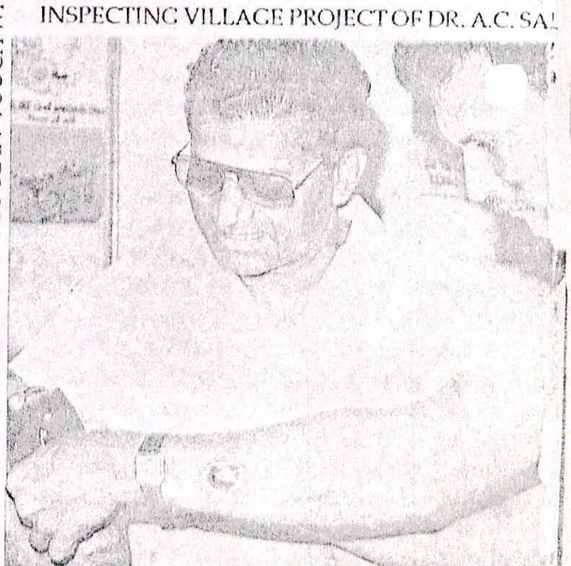


Comprehensive ophthalmic service preventing and curing avoidable Blindness.

BUILIDING HEALTHY PEOPLE IN VILLAGES URBAN SLUMS TRIBAL AREAS

THE TASK BEFORE US IS CLEAR : TO CREATE HEALING COMMUNITIES WITH HELP OF GOD GOVERNENT AND GODS CHILDREN THRO PRECIOUS PRAYER PARTNERSHIP (PPP) AND THE BASIC TASK OF HEALING IN THE CONTEXT OF THE INDIAN CONGREGATION IS TO ENABLE MEMBERS TO BE IN TOUCH WITH THE SOURCE JESUS CHRIST, OUR LORD AND MASTER.

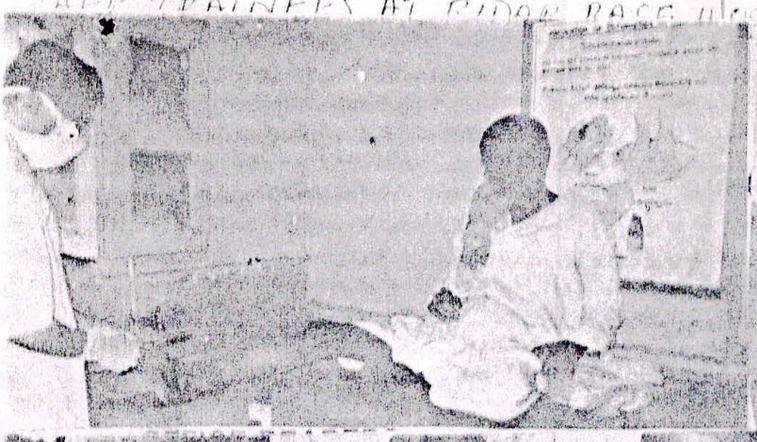
HONOURABLE HEALTH MINISTER ABDUL SAM[illegible] D.C. RAJKUMAR, GOVT. OFFICALS, DIGNITORI[illegible] INSPECTING VILLAGE PROJECT OF DR. A.C. SA[illegible]

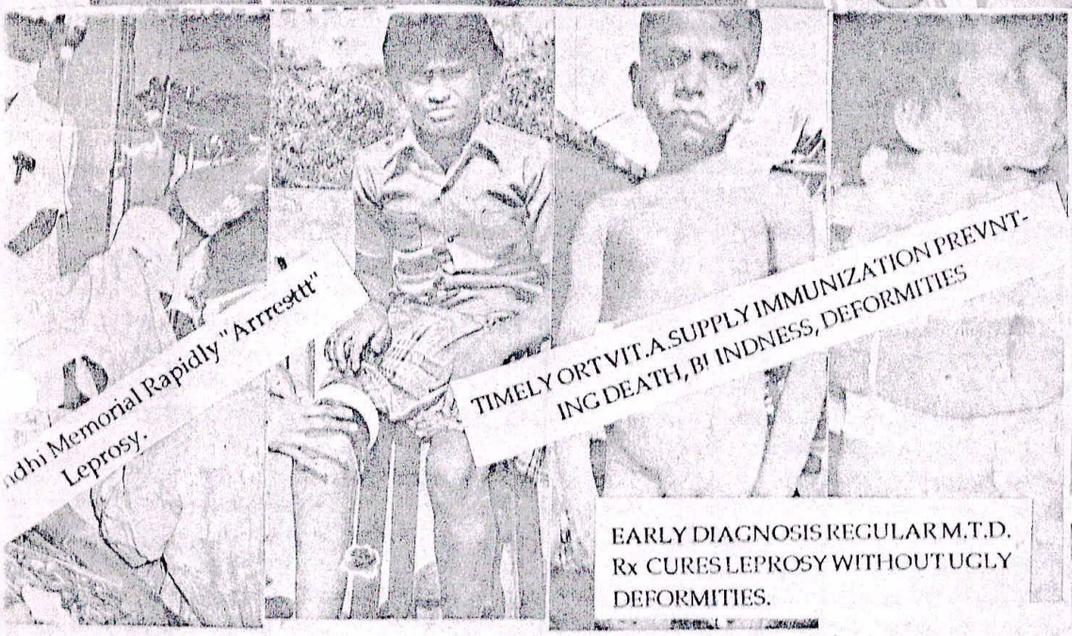


ROGER BINNY

INDIAN TEST CRICKETER VERY KINDLY VISITED O[illegible] FREE EYE CAMP IS PLEASED TO SEE SIGHT RESTO[illegible] AFTER GOOD CATERACT OPERATION WITH NO. SPECTACLE.

ARE OF ANAESTHETIC HANDS, FEET, EYES IN AND THRO' OUR DEDICATED





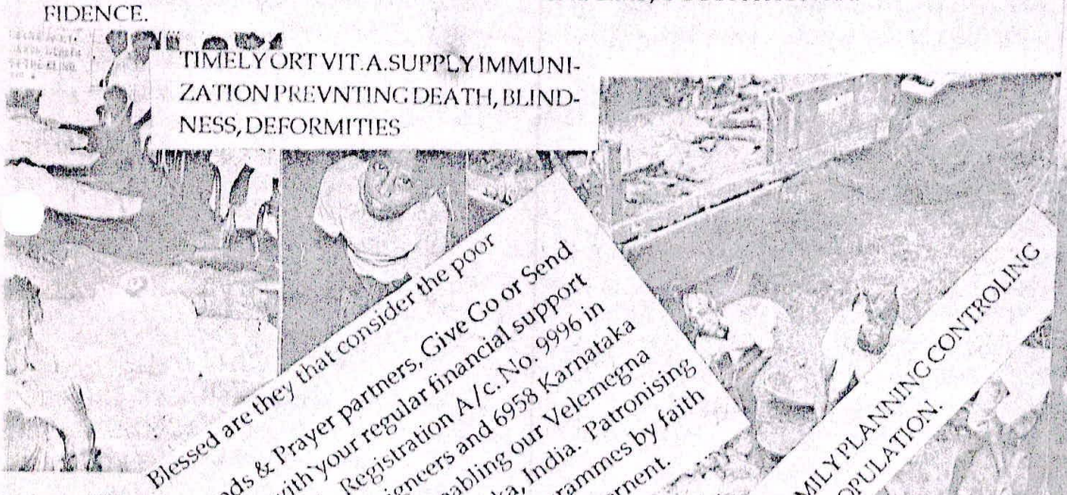
...dhi Memorial Rapidly "Arrrestt"
Leprosy.

TIMELY ORT VIT.A.SUPPLY IMMUNIZATION PREVNTING DEATH, BI INDNESS, DEFORMITIES

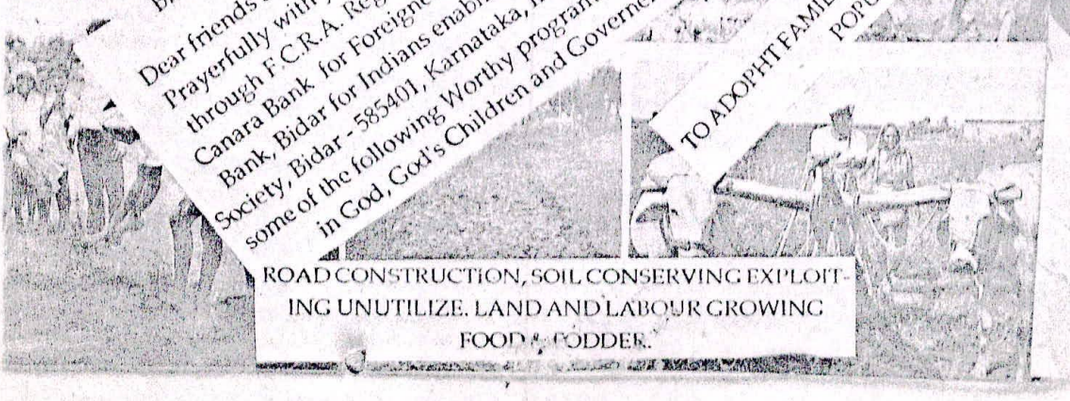
EARLY DIAGNOSIS REGULAR M.T.D. Rx CURES LEPROSY WITHOUT UGLY DEFORMITIES.

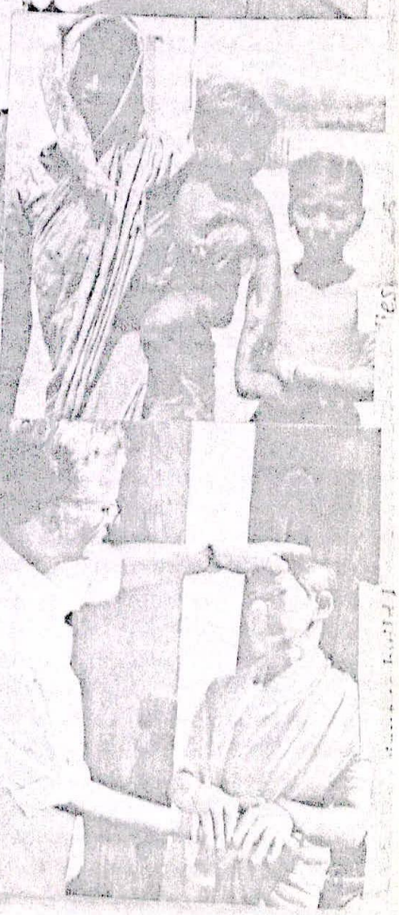
...CAL BACKUP SERVICES BY MOBILE ...L TEAM, GO THE LONG WAY TO ...NC EMERGENCIES TO BUILD CONFIDENCE.

ABLE WHEN DIASABLED THRO' RECONSTRUCTIVE PLASTIC SURGERY PRE OP, POST OP., PHYSIO, ARTIFICAL LIMB, OCCUPATION RX.



TIMELY ORT VIT.A.SUPPLY IMMUNIZATION PREVNTING DEATH, BLINDNESS, DEFORMITIES

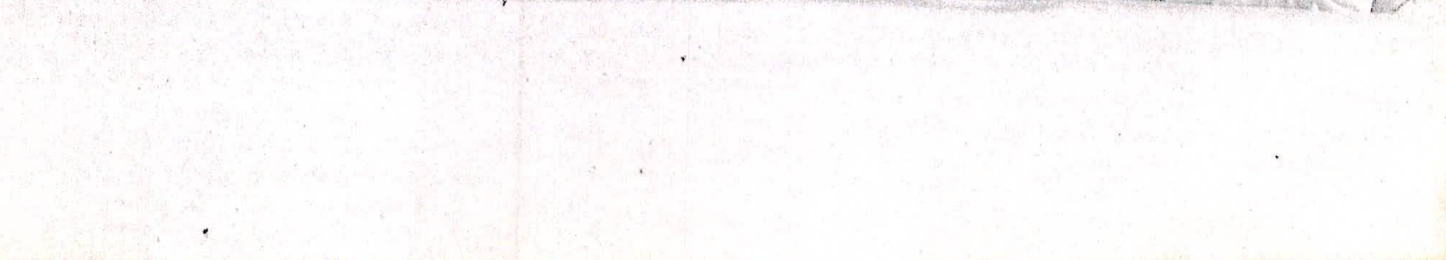




Blessed are they that consider the poor

Dear friends & Prayer partners, Give Go or Send Prayerfully with your regular financial support through F.C.R.A. Registration A/c. No. 9996 in Canara Bank for Foreigneers and 6958 Karnataka Bank, Bidar for Indians enabling our Velemegna Society, Bidar - 585401, Karnataka, India. Patronising some of the following Worthy programmes by faith in God, God's Children and Covernent.

TO ADOPHT FAMILY PLANNING CONTROLING POPULATION.



ROAD CONSTRUCTION, SOIL CONSERVING EXPLOITING UNUTILIZE. LAND AND LABOUR GROWING FOOD & FODDER.


EYE LEPROSY : FAMILY PLANING
TO SUCCESS THIS
DONATE WITH YOUR DONATION
IOL, IMPLANTS
CORRECTING
REFRACTIVE
ERRORS
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TEAMS

LIONS CLUB OF BIDAR

WE SERVE

INTERNATIONAL ASSOCIATION OF LIONS CLUBS VISION FOR A NEW CENTURY OF SELFLESS SERVICES FOR HE WORLD TO SEE THROUGH ACTIVE PARTICIPATION FOR EFFECTIVE PARTNERSHIP WITH LIONS CLUB BIDAR DIST 324 C-2 REGION Vi, ZONE II, CLUB No.044584 SOLICTING YOUR ACTIVE INVOLVEMENT SHARING YOUR GOD GIVEN RESOURCES WITH GENEROUS DONATIONS FOR THE MILLENNIUM BY IMMEDIATELY JOINING OUR LOCAL CLUBS WORTHY TIME BOUND PROJECTS COMPLEMENTING NATIONAL/ INTERNATIONAL AGENDA FOR HEALTHY, PROSPEROUS/PEACE LOVING COMMUNITIES "TO CREATE AND FOSTER A SPIRIT OF UNDERSTANDING AMONG ALL PEOPLE FOR HUMANITERIAN NEEDS BY PROVIDING VOLUNTERY SERVICES THROUGH COMMUNITY INVOLVEMENT AND CO-OPERATION"

.EMEGNA GOOD NEWS SOCIETY HOSPITAL

R - 585 401. (KARNATAKA) INDIA PHONE/FAX 08482-25467

our Web site http://WWW.Velemagna.org e-mail;drsalins @vsnl.com

Founder / Director / Vice-President

(Lion) Dr.A.C.Salins

M.B.B.S.

C. Accumpuncture (Japan) C.C.E.H. (London)

Complimenting National Agenda - During 52 Years of India Independ- While Commemorating 35 Yrs of womb to tomb and beyond the tomb yeomen let us strive together prayerfully, meeting the total needs of the sick, poverty Communities, deserving individuals, irrespective of cast, creed colour, race ... of God. Govt. Gods Children (Precious Prayer Partners) fighting deseases within/without the congregations, Country for a happy healthy prosperous ..., International peace on Earth and goodwill under Fatherhood of God and ...hood of Mankind with mutual love, respect and Christian concern for wholistic

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BIDAR-585401
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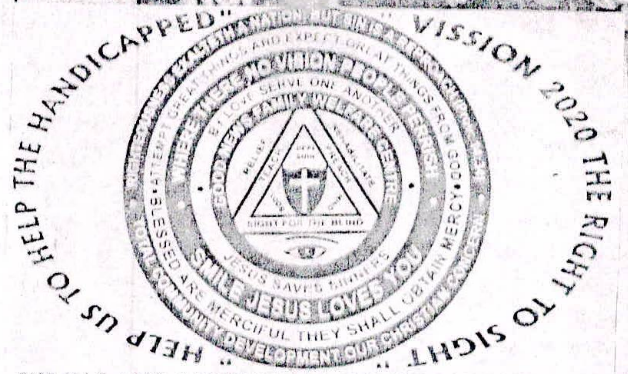
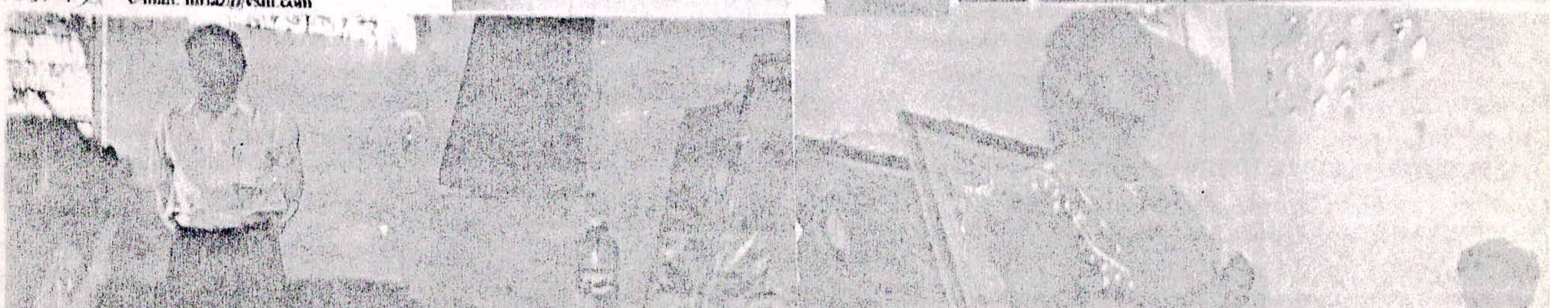
"HELP THE HANDICAPPED" "VISSION 2020 THE RIGHT TO SIGHT" "HELP US TO SIGHT"

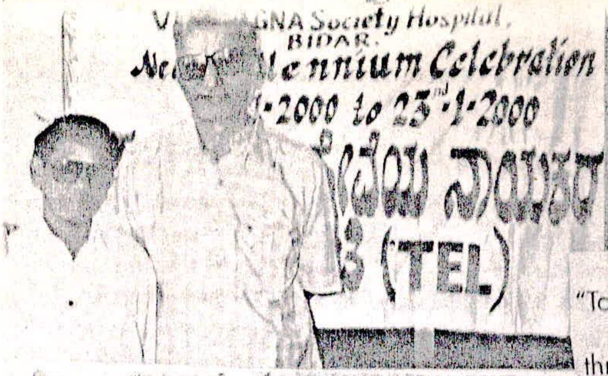


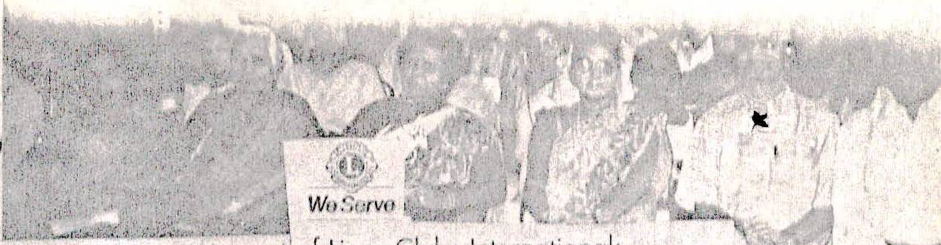
CURING AND PREVENTING AVOIDABLE BLINDNESS

Various aspects of pre - post operative eye care Sight first of Lions club / BIDAR project conducted by Ln Dr. SALINS c help of LL. Dr Sybil DOMS, Dr Jayashree BRIDGE COURSE TRAINING to HELP VISUALLY HANDICAPPED IN CO-OP. WITH LIONS club, DIST. P.B.S. + ASHA KIRAN SCHOOL FOR BLIND USING RESOURCE PERSONS

CLASS BY ... VISUALLY HANDICAPPED ... BLIND

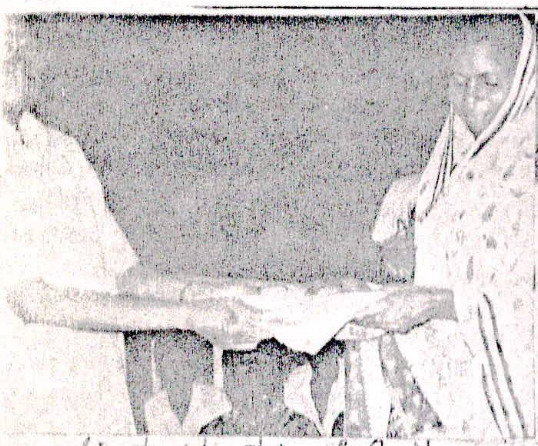


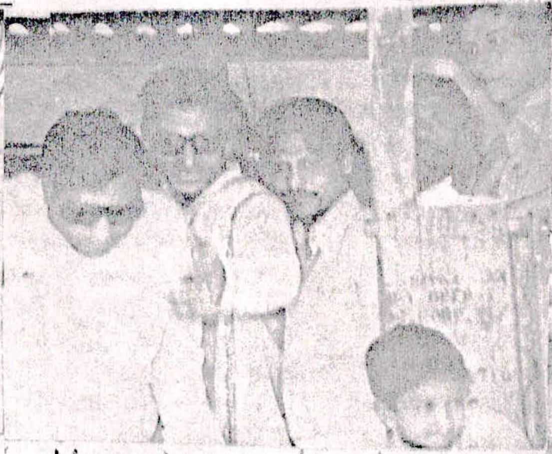


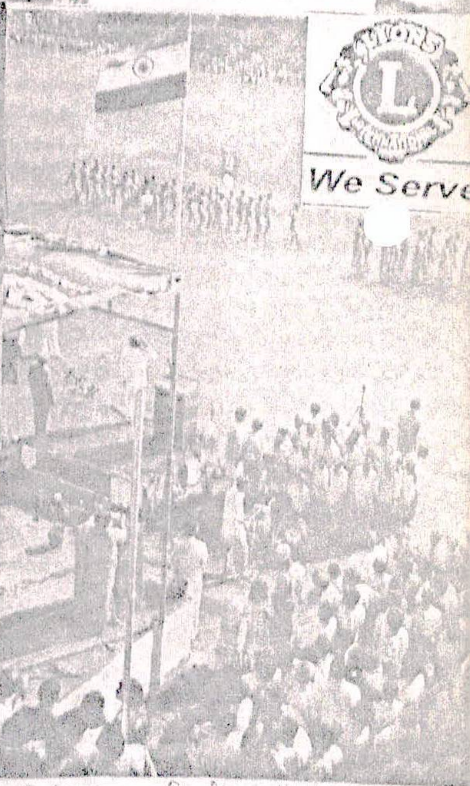


Mission statement of Lions Clubs International:
"To create and foster a spirit of understanding among all people for humanitarian needs by providing voluntary services through community involvement and international cooperation."

YOUTH leadership traing, sex education awareness of aids TB drug/alchohol abuse conducting games sports – national building rural health + devpt. project by Sri Dr Salins team

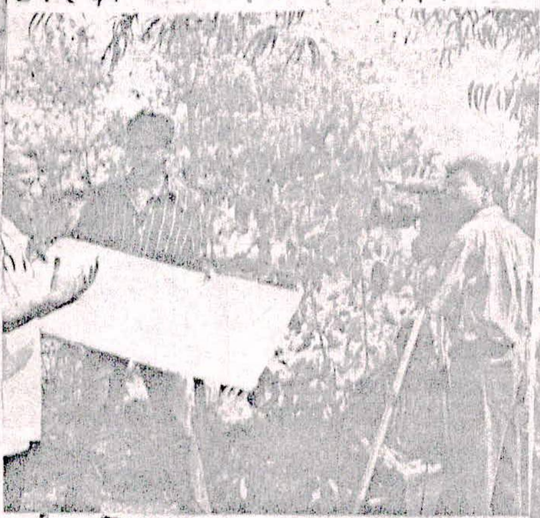






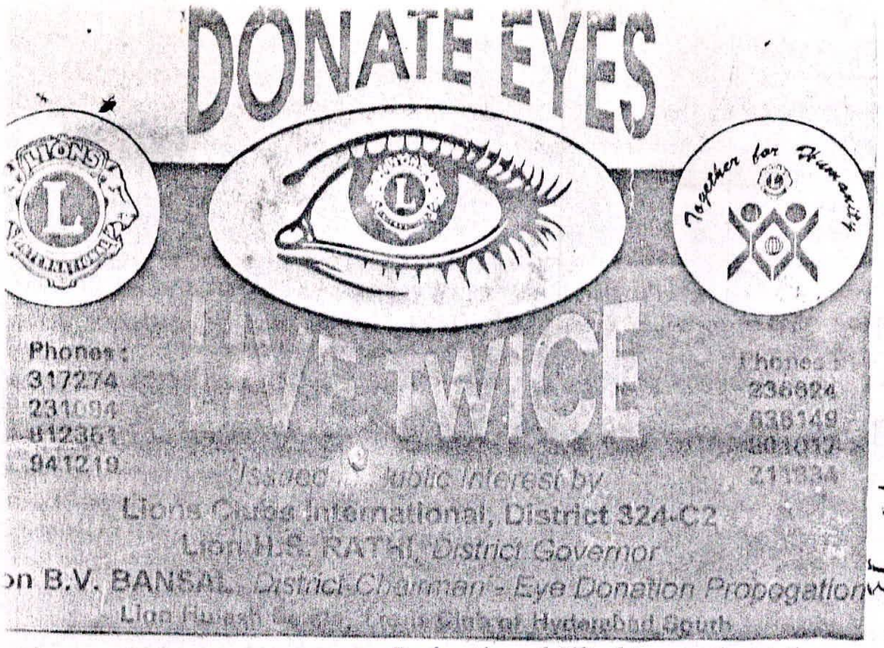
ree distribution of clothes to widows, orphans – old aged destitutes, LEPERS

Hon. Minister Dharam Singh took precious time to encourage our community health & rural devept project village KADWADI – seen Sri Dr SALINS TEAM



After celebrating our independence day at BIDAR city – Sri Dr Salins & TEAM of VOLUNTEERS rural children take Part in aforestation

Sri Dr. SALINS project director of Velemegna being interviewed by D.D Team from Bangalore who witnessed our joint action & help of Z.P. DFO, Horticulture Govt. Depts. national agenda



It's beautiful ✓

to see

LIVE TWICE

నేత్ర దాన మండి

DONATE EYES

GIVE SIGHT

కళ్ళిగళన్ను దానిసిరి

ವರದುನಾಲಿ ಬೆಳಿಸಿರಿ.

We Serve

MANY CURABLE BLIND LEPROSY PATIENTS BASHRATH WAITING FOR EYE DONORS TIME

Share
ie joys
f sight

ase sit down
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,, discuss the
e, and fill in this
l.

A GIFT ONLY YOU CAN GIVE

Declaration of Gift of Eyes to the Nation

I/We, the signatories below, do hereby jointly and severally declare the wish to donate our eyes to the nation and enjoin upon one another that this wish be put into inviting a doctor to remove both eyes upon death for therapeutic use.

1. Mr/Ms..... Age ..... Signature .....
2. Mr/Ms..... Age ..... Signature .....
3. Mr/Ms.....
4. Mr/Ms.....
5. Mr/Ms.....
Res. Address .....
..... Pir
Res. Telephone .....

To be filled in by 2 witnes

1. Mr/Ms.....
. Relationship .....
(Not Friend)
. Signature .....
. Address .....

VELEMEGNA GOOD NEWS SOCIETY HOSPITAL
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Complimenting National Agenda - During 52 Years of India Independence While Commemorating 35 Yrs of womb to tomb and beyond the tomb women service let us strive together prayerfully, meeting the total needs of the sick, poverty stricken Communities, deserving individuals, Irrespective of cast, creed colour, race with help of God Govt Gods Children (Precious Prayer Partners) fighting deseases, demons within/without the congregations, Country for a happy healthy prosperous National, International peace on Earth and goodwill under Fatherhood of God and Brotherhood of Mankind with mutual love, respect and Christian concern for wholistic development during 2000 A.D. & New Millennium

...ning of life

ght, above all senses, is the most enriching experience.

Yet, not everyone is blessed with sight. And it is for to see that something is done about that.

w the sight is lost

...en the cornea, the outermost membrane of the eye, ... its transparency due to trachoma, malnutrition or ...ury (to mention just a few of the causes), the eye ceases ...see. In medical terms the condition is called Corneal ...acity.

Of over 20 lakh Indian who suffer from corneal ...acity almost 10 lakh can benefit.

...w you can bring back the light

...imple Cornea Transplant can restore sight to most of ...m. Yet sadly, in a year, only 4500 such operations are ...formed in India. We need a far greater number of ...althy corneas. Because only a healthy cornea donated ...another human being can replace the useless one in a ...d person's eye.

This is where you can help. By pledging to donate ...ur eyes after you are gone. To begin with, you should sign ...e pledge card provided here.

LCHNEY will register you as an eye donor and ...d you a certificate cum eye donor card with the name, ...dress and telephone numbers of the eye bank you. Do ...ry the card with you.

...olve you family

...ply the act of your pledging may not ensure that your ...h will be fulfilled. Because it would hardly be the first ...ught to occur to grief-stricken relatives.

That is, unless you do something now to make ... that when the time comes your eyes will actually be ...ved.

...take the responsibility to inform the nearest eye bank immediately after death. Whichever eye bank is nearest should be called, irrespectively of where you are registered.

Hence, we encourage the idea of a whole family pledging. That way, everyone will take pride in being able to participate in a small miracle. The miracle of bringing light to a blind person's life.

BASIC FACTS about Eye Donation

1. Almost anyone of any age can donate eyes-even if the donor wears glasses, has cataract or undergone ... eye surgery successfully.
2. The eyes have to be removed within 6 hours of death. So the nearest Eye Bank must be informed immediately after death. Close the eyelids and place a wet cloth / ice piece over them.
3. The eye bank will rush a doctor to your home.
4. Eye removal takes only 10-15 minutes and leaves no scar or disfigurement.
5. Your donation gives sight to two blind persons. One blind persons is given one eye at a time due to shortage.
6. The law provides that you can authorize the donation of the eyes of a deceased relative - if he/she had never said anything against his/her eye donation.
7. On reaching the eye bank the eyes are examined, preserved and used in a Cornea Transplant within 72 hours.

If you still have any question regarding Eye Donation, please write to:

1 Chairman, Lion Dr.P.Ranga Reddy, Superintendent, Sarojini Devi Eye Hospital, Humayun Nagar, Hyderabad-500 028. Phone : 317274 (R) 395235.

2 Hony. Secretary, Lion Kanwal Sodi, Asst. Secretary & Postal Incharge, 1-1-300/B, Adarsh Nagar, Hyderabad-500 063.

LIONS CLUB OF BIDAR

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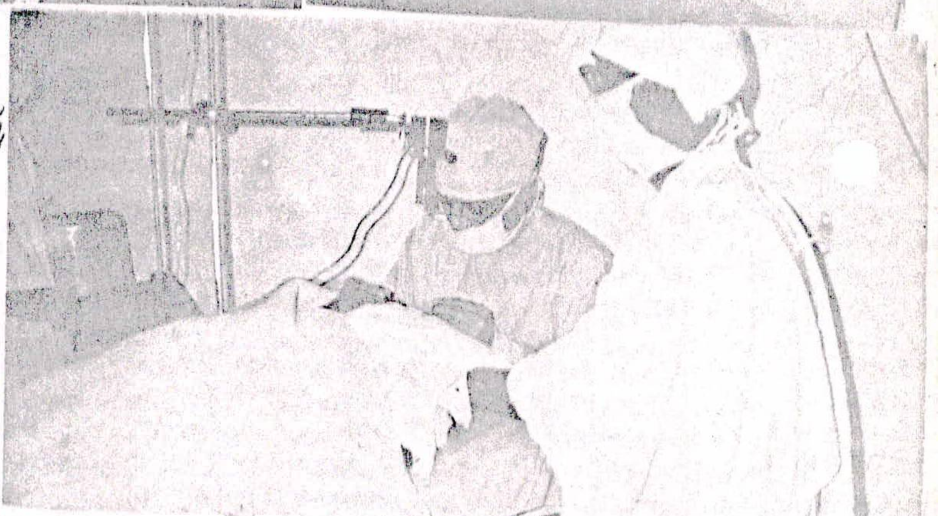
...OOL + ...LAGE ...RAL ... check ...E CAMP BY SIGHT SIGHT MICRO TRAINED TRAINED SIGHT FIRST SIGHT SAVING SURGERY



Rendering care of anesthetic hands and feet of neglected leprosy/Diabetic patients at Ln Dr Salins Base and rural hospital leprosy Relief/Rehab centre

"HELP US TO HELP THE HANDICAPPED" VISSION 2020 THE RIGHT TO SIGHT

CURING AND PREVENTING AVOIDABLE BLINDNESS

...llow ...DAR ...ITING ...MON NU ...EMEGNA ...F HELPING Dr. Salins ...M TO ...E Pre- ...OF ...RE.

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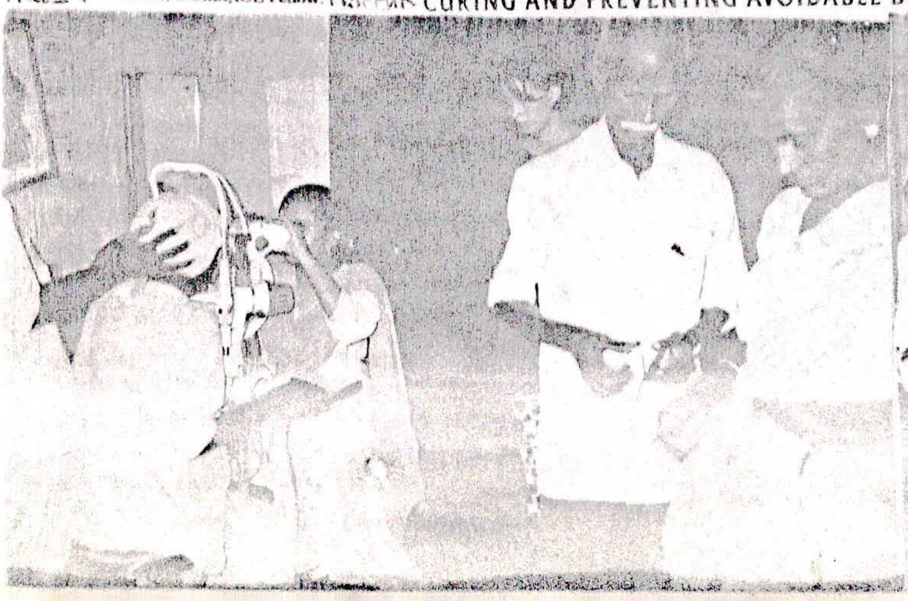
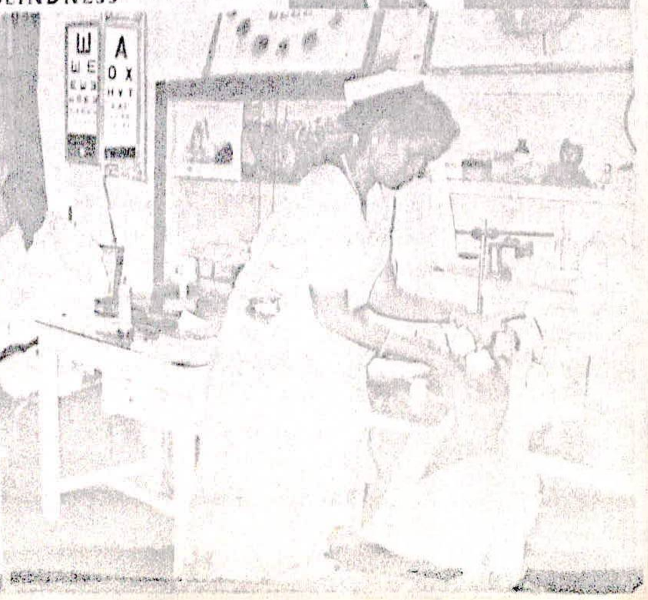
Ln.Prof.Riaz consultant
comp.software technology
Mailoor Road. Bidar.
Ph.Res. 27119
e-mail: mriaz@vsnl.com
Ln.Lady:Dr.Mrs.S.Salins +
B.Sc MBBS, DPH, M.Sc(London)
Founder/Med.Supt/Sec. Velemegna Hos
Ln.Lady:Dr.Mrs.Sybil M...
MBBS, DOMS, IOL Fellow. M...





ELMEGNA SOCIETY HOSPITAL MEMBER OF CMAI WORKSHOP IN PROGRESS

PARTICIPATED BY FEW CMAI MEMBER HOSPITAL STAFF AND TRAINEES

The General Secretary,
CHRISTIAN MEDICAL ASSOCIATION OF INDIA
Plot No 2, A-3, Local Shopping Centre,
Janakpuri, New Delhi 110058.
Phone 559999 2/3 Telex: 703861 CMAI IN

CHRISTIAN MEDICAL ASSOCIATION OF INDIA
XII th NATIONAL WORKSHOP ON
HOSPITAL & HEALTH SERVICES MANAGEMENT
JAN. 31st - 13th FEB. 19

All Christians are commissioned by God to follow the example set by Jesus Christ 2000 years ago, to serve the sick, the suffering and the downtrodden and to actively participate in His healing ministry. CMAI along with its network and the church is committed to work towards an India where every individual has access to affordable wholesome health care. CMAI serves the church by promoting the ministry of healing and wholeness.

If you would like to know more about CMAI or be associated with the organisation in any way, then please do write to us

After nearly half a century of independence, a large number of people in the country are still living below the poverty line. Women, children and the weaker sections of the community continue to be exploited and abused. Sickness due to malnutrition, lack of clean drinking water, poor hygiene and sanitation is wide spread.

TOTAL COMMUNITY DEVPT. OUR CHRISTIAN CONCERN

Maternal and infant mortality rates are high. Many die every year of diseases like jaundice, typhoid, cholera, diarrhoea and gastroenteritis. The population is growing at nearly 2.4% every year. Resources in terms of health facilities and trained hands are considerably meagre and highly inadequate. The Govt. per capita annual spending on health is a mere Rs.79/-

Some Health Facts

- 1/6th of global population lives in India.
- 9 out of every 1000 children born in India die before their first birthday.
- More women die in a day in

Priority areas today programmes are

1. Primary Health Care
2. Women's Health
3. Health Care in the BIMAROU states
4. AIDS Awareness
5. Combating Drugs and Alcohol abuse

The Christian Medical Association of India (CMAI), an association of Christian health institutions and professionals, has been for many years working with the poor and needy people, right across the country, sharing the love of God and promoting health and social justice among them.

Every Christian is called upon by God to go out into the world and

Community Health

SPIRITUAL ORIENTATION

through Bible studies, regular newsletters, retreats and conferences for a better understanding of the Christian mandate on the healing ministry providing a fellowship for Christian health professionals whether in Govt., private or mission hospitals

CMAI Sections

CMAI has 6 sections viz. Doctors, Nurses League, Allied Health Professionals, Administrators and Chaplains co-ordinating and running various sectional programmes for members, encouraging professional, spiritual and personal growth.

CMAI Affiliations

- 2 medical colleges
- CAMS - A PG course for doctors
- 2 nursing education boards
- 80 nursing schools
- 1 Central Education Board for allied health professionals
- Over 40 allied health professional training centres.

is committed to promoting health and social to all irrespective of religion, language or economic status. Today working with partners within and outside its network, CMAI is involved in over 200 projects across the country.

Communications

recent years CMAI has been looking at communi ns to support and enhance its programmes at evels. Disseminating health related knowledge information through newsletters, journals, text s, mass media, films, exhibition etc. CMAI oses to make use of communication for :

upporting and enhancing education and trainin rammes

ding awareness within the network

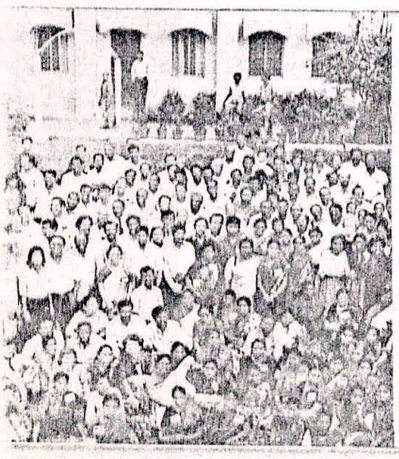
ensitising the network and the church on health lated issues and problems facing the country

fluencing actions and policies to protect comm ies from malpractices and exploitation

rking to build a more just and healthy society

Scholarships for deserving Student nurture programi

Basic education through formal courses
continuing education through non formal courses
workshops, training programmes, seminars, conferences
Publication of text books and other learning material



CMAI's role in community health is more as a motivator and a facilitator. Its main focus is on

- Building awareness on health related issues and problems...
- Training and motivating of people for community health work...
- Programme development and advisory services...
- Technical and general support programmes...

1. DASHRATH FROM KADWAD VILLAGE PROGRAMME COMPLETED AS ... TO
2 COLLEAGUE ORTHOPAEDIC TECHNICIAN AFTER CBRI SPONSORED TRAININGS
@ St. Joseph's EYE HOSPITAL

SHANKER FAMILY FROM LEPROSY CURED PARENTS NOW EARNING DAILY BREAD BY ROPE MAKING AND CARING FOR MILCH ANIMALS

YESHAPPA & ANOTHER COUPLE FROM LEPROSY CURED PARENTS FROM URBAN SLUM HUTS TO NEW LIFE NAVJEEVAN LEPROSY REHAB. AGRICULTURAL FARM COMPLEX

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BIDAR - 585 401. (KARNATAKA) INDIA PHONE/FAX 08482-25467

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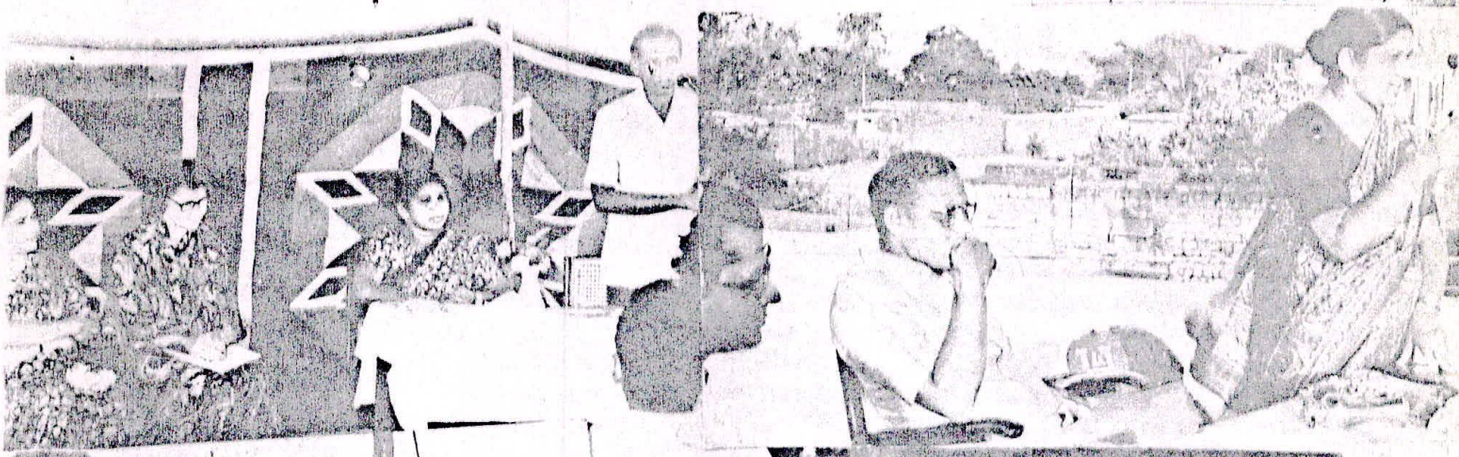
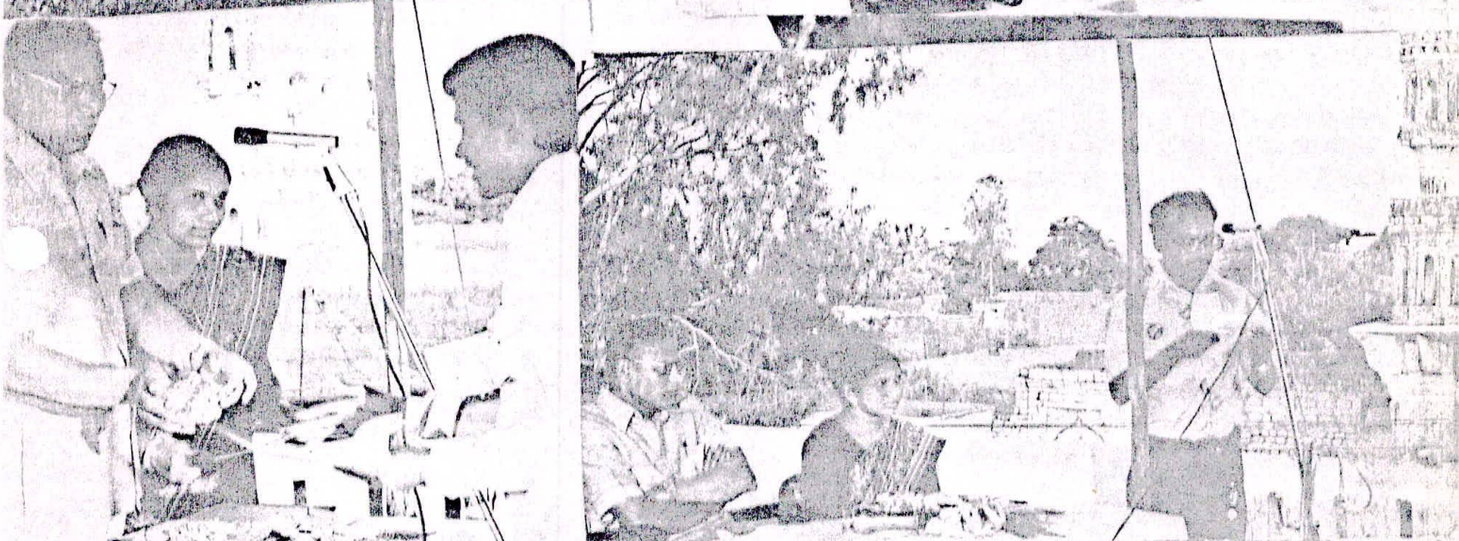
WEL COMES
ARTICIPANTS FOR THE SHORT
TRAINING PROGRAMME
ON
MUNITY HEALTH - RURAL DEVELOPMENT

OF VHAI NEWDELHI
SIGHT AND LIFE

Dr. GURUDAPPA DHOBI
& DIGNITARIES, TRAINEES





y the King with the scien
awe (from left to right).

...uction of tree

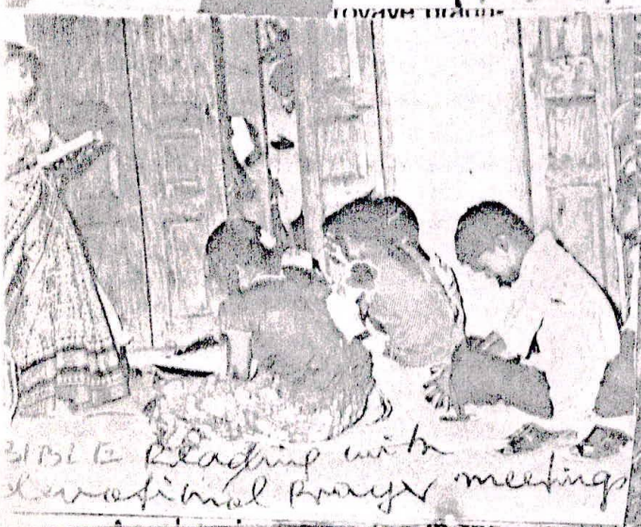
Velamma Sowdeep Bose Hospital
Ctrs. SALINS, Rohini, Dairy, Sushela

Multi Drug therapy
under Supervision

patients under LOVE & CARE

VBS – Childrens Programme amon village congregations thro' LOCALLY train YOUTH

SIGHT AND LIFE

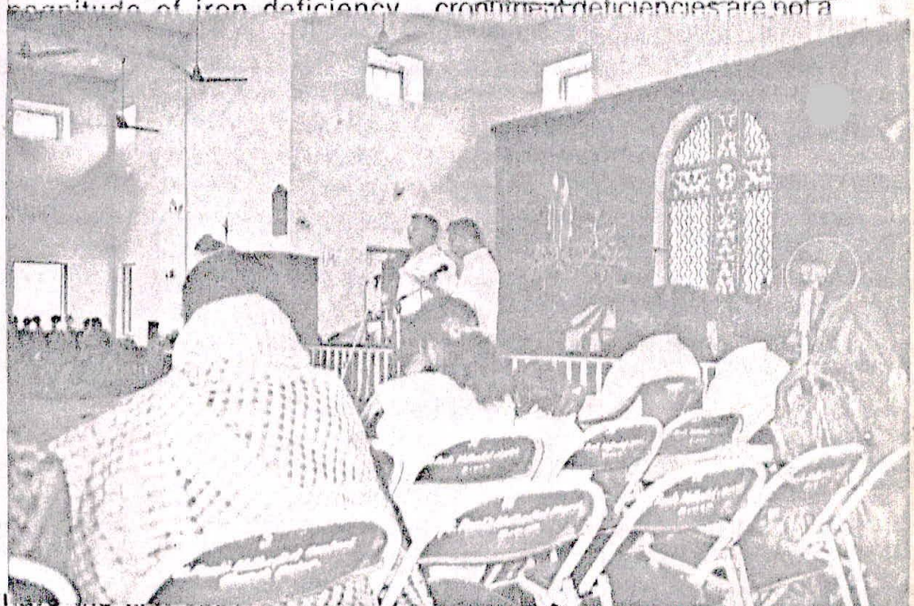


Bible Reading with devotional prayer meetings

Almost 36% of children are underweight (EDSN, 1992). The magnitude of iron deficiency

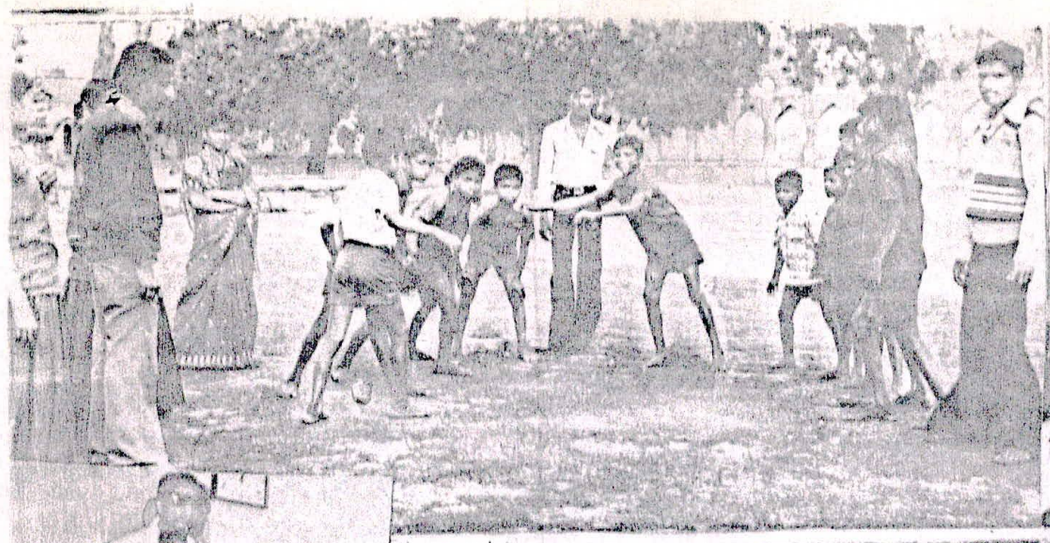
exposed to the newest training methods and materials. Since micronutrient deficiencies are not a

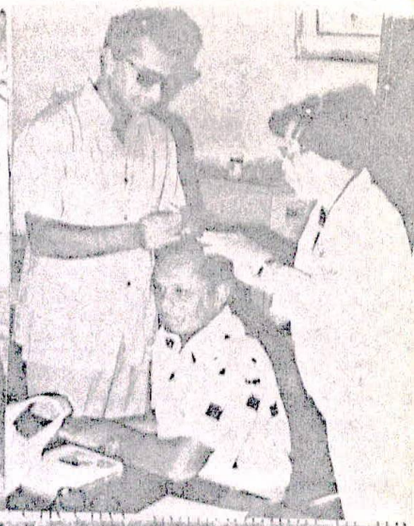
ness amongst Nigerois children.

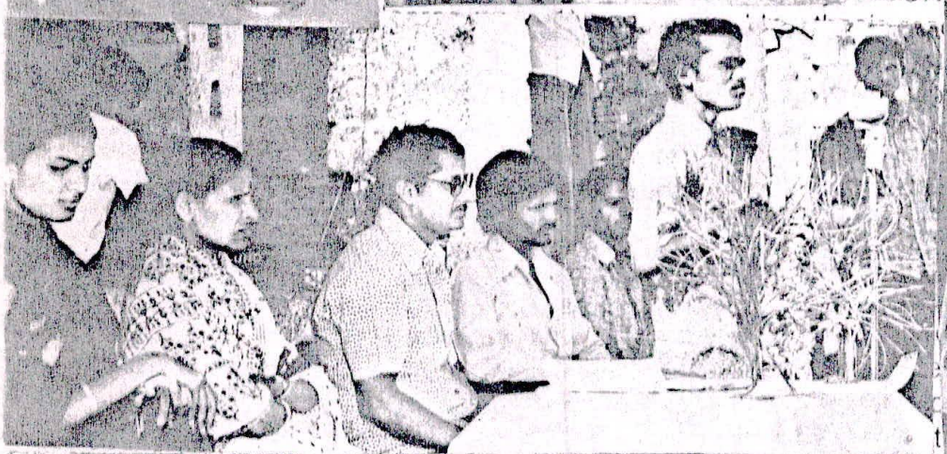


Post operative follow up on Africric glasses to correct refractive errors

Music and Messages sharing Experienced testimonies By Dr. Salim & Brother O. L. SALIM





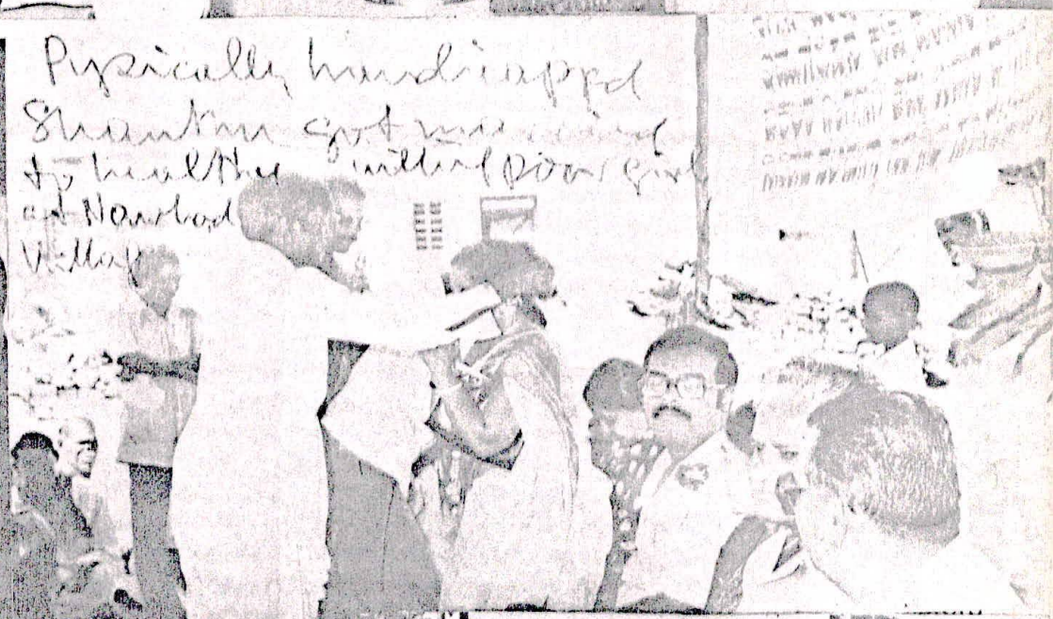


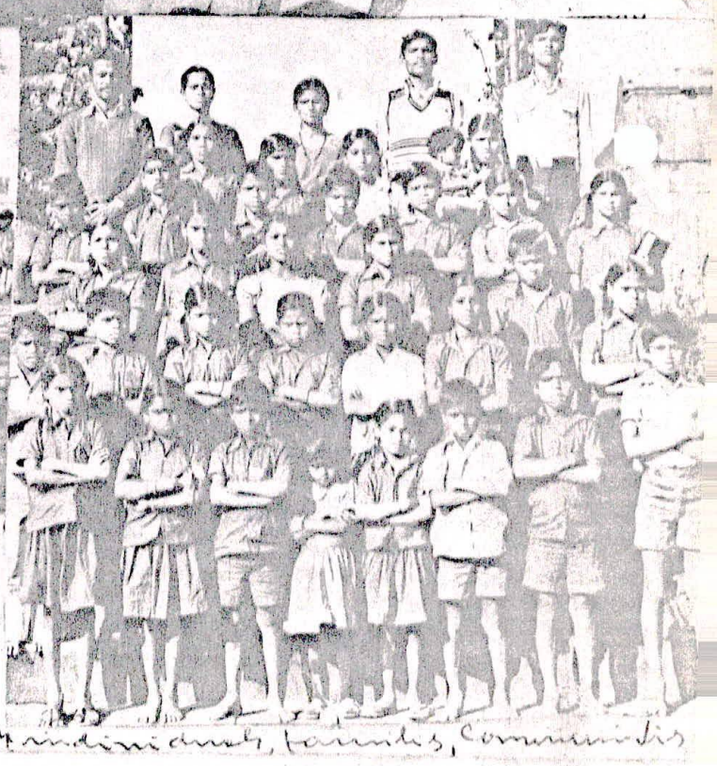
all vitamin A intake of ... Vitamin A intake was ...

...l purpose training to
... with healthy individuals
... families, community, Nation.

Counselling Marriages for health, happy homes even amongst the handicapped

Physically handicapped Shantha got married to Murthy a Normal Villager



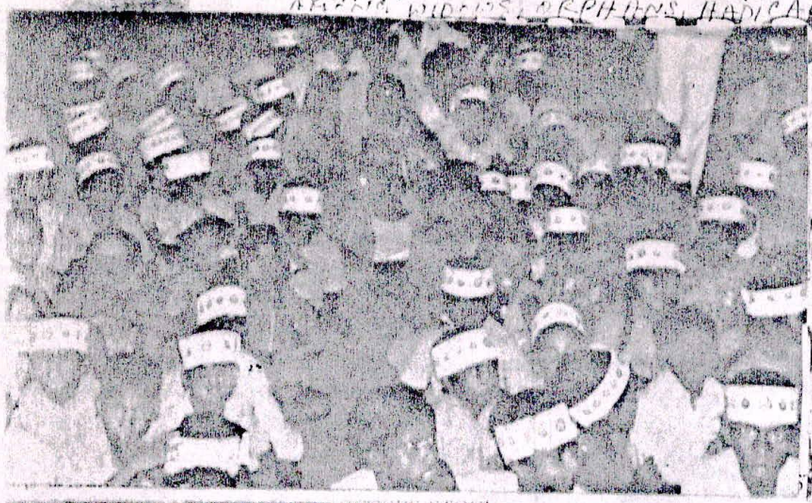


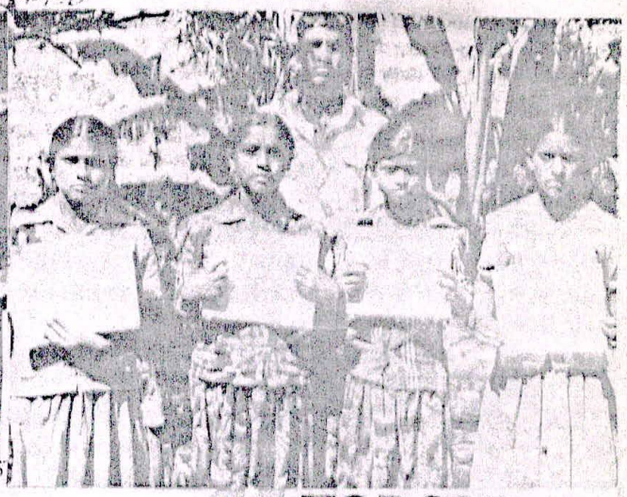
URBAN/RURAL comprehensive community health rural Dwpt Children/youths multipurp- ose training including moral spiritual values building health

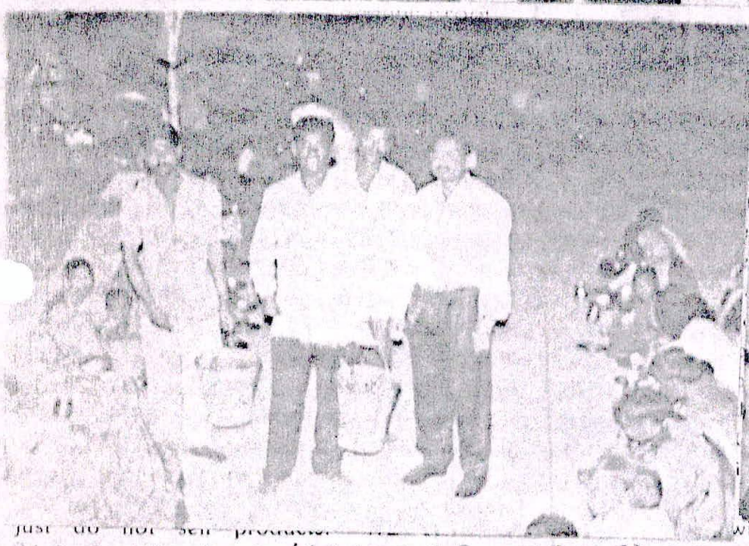
tion at risk of tamihosis A.

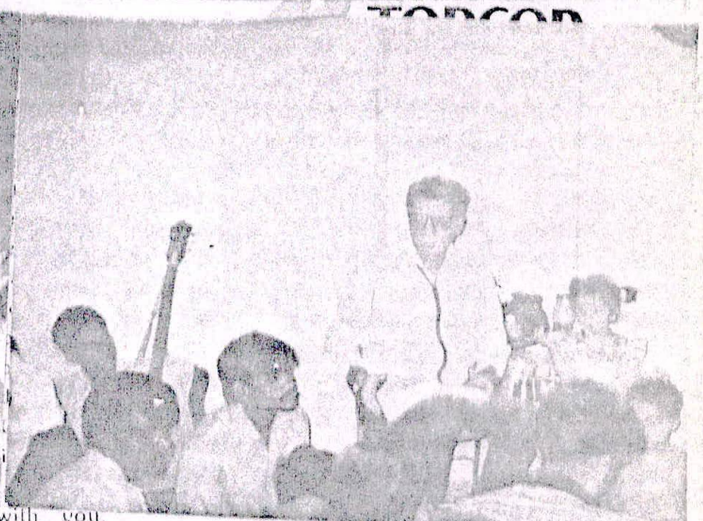
individuals, families, communities

OUR DEEPLY DEVOTED, DEDICATED MULTIPURPOSE SOCIAL WORKERS ARE PRAYERFULLY
able to conduct VOCATIONAL BIBLE AND TAFTE SCHOOL AMONG CHILDREN, YOUTH, FOOD FOR
ASSETS, WIDOWS, ORPHANS, HANDICAPPED

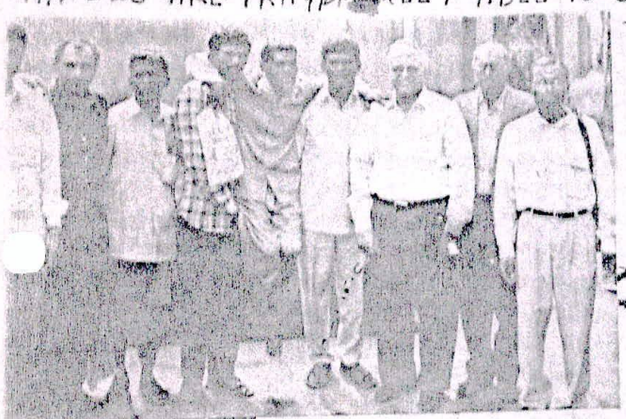








just do not sell products. ... with you.
PERIENCED BORN AGAIN SPIRITFILLED, SPIRIT CONTROLLED SOCIAL WORKER/VOLUNTEERS
TRAINEES ARE PRAYERFULLY ABLE TO CAST DEMONIC ALCHOHOLICS/DRUG Addicts heal
the sick, BROKEN LIVES, HOMES, COMMUNITIES



...EMENTING NATIONAL AGENDA - DURING 50 YEARS OF INDIAN INDEPENDENCE

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...elopment. THE VELEMEGNA SOCIETY HOSPITALS

...SE HOSPITAL
...LEKANA
...DAR-585401
...one/FAX
...482/25467

BARIDBAD
CHATNALLI
LEPROSY
RELIEF RESEARCH
REHABITATION COMPLEX

CURING AND PREVENTING BLINDNESS

blessed are they that Consider the Poor through

Following Meaningful Health Development Projects

RIGHTEOUSNESS EXALTETH A NATION, BUT SIN IS A REPROACH (Prov: 14:34

Dear friends & Prayer Partners, Give Go or Send Prayerfully with you
regular financial support through VELEMEGNA FCRA.
A/c. No. 9996 at Canara Bank, Bidar for Foreigners and A/c. N
6958 at Karnataka Bank, Bidar for Indians enabling our Velemegn
Society, Bidar - 585 401. Karnataka, India.
Patronising some of the following worthy long awaited programmes b
faith in God, God's Children and Government.

1. Comprehensive opthalmic service preventing and curing avoidabl
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2. Indra Gandhi Memorial Rapidly "ARRRESTTT" Leprosy (Awar
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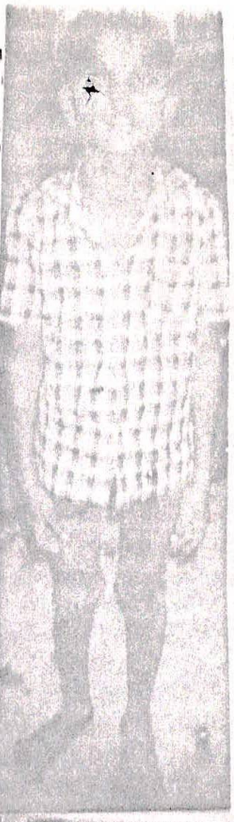
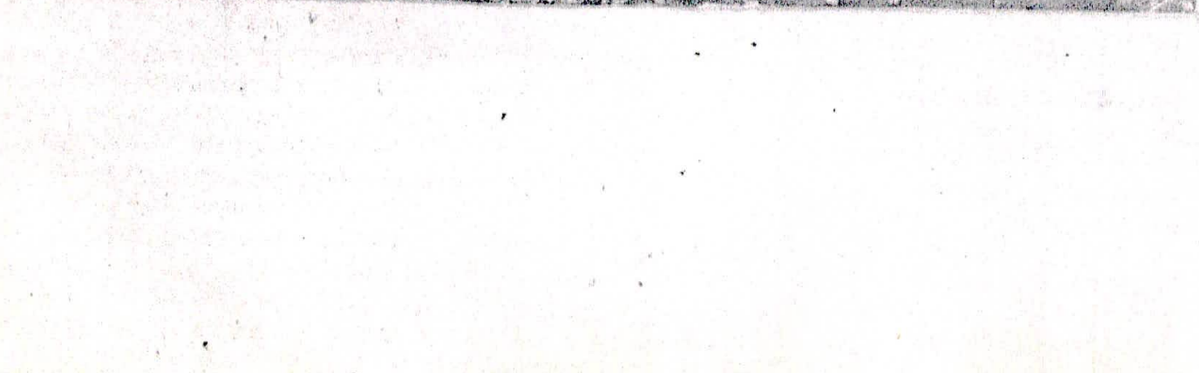




VELEMEGNA GOOD NEWS SOCIETY HOSPITAL

BIDAR - 585 401. (KARNATAKA) INDIA PHONE/FAX 08482-25467

Visit our Web site http://WWW.Velemagna.org e-mail,drsalins @vsnl.com

Founder / Director / Vice-President

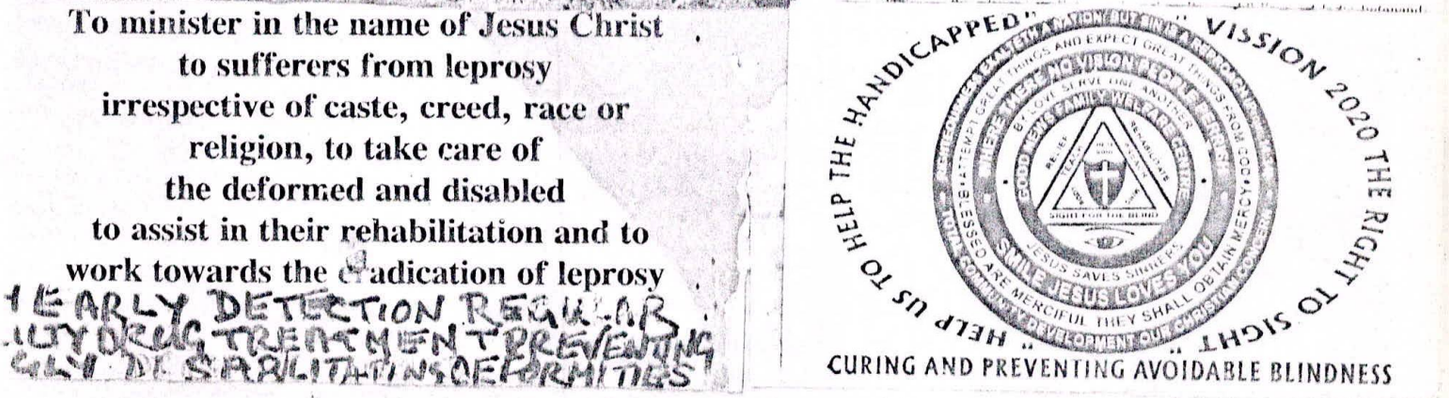
(Lion) Dr.A.C.Salins

M.B.B.S.

C. Accumpuncture (Japan) C.C.E.H. (London)

To minister in the name of Jesus Christ to sufferers from leprosy irrespective of caste, creed, race or religion, to take care of the deformed and disabled to assist in their rehabilitation and to work towards the eradication of leprosy

EARLY DETECTION REGULAR MULTY DRUG TREATMENT PREVENTING ALL DISABILITIES DEFORMITIES



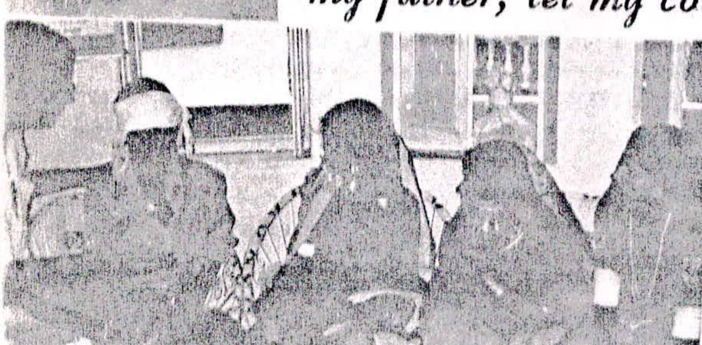
VELE MEGNA SOCIETY HOSP.
COMMNORATING 33 YEARS OF
DEDICATED VGOMEN SERVICES
AMONG NEEDY POOR SUFFERING
MASSES COMPLIMENTING
NATIONAL AGENDA
STRIVING FOR SOCIAL JUSTICE
AND DIGNITY
DURING 50 YEARS OF
INDIPENDENT INDIA

"Righteousness Exalteth a nation, while sin is a reproach
AS proud INDIANS LET US TOGETHER BUILD A HEALTHY NATION
FREE FROM CURRUPTION, INJUSTICE, COMMUNAL DISHARMONY
BY LOVE SERVING ONE ANOTHER. LET US PRAY
FOR GOOD LEADERSHIP
OF NATIONS
OF INSTITUTIONS
OF COMMUNITIES
OF congregations

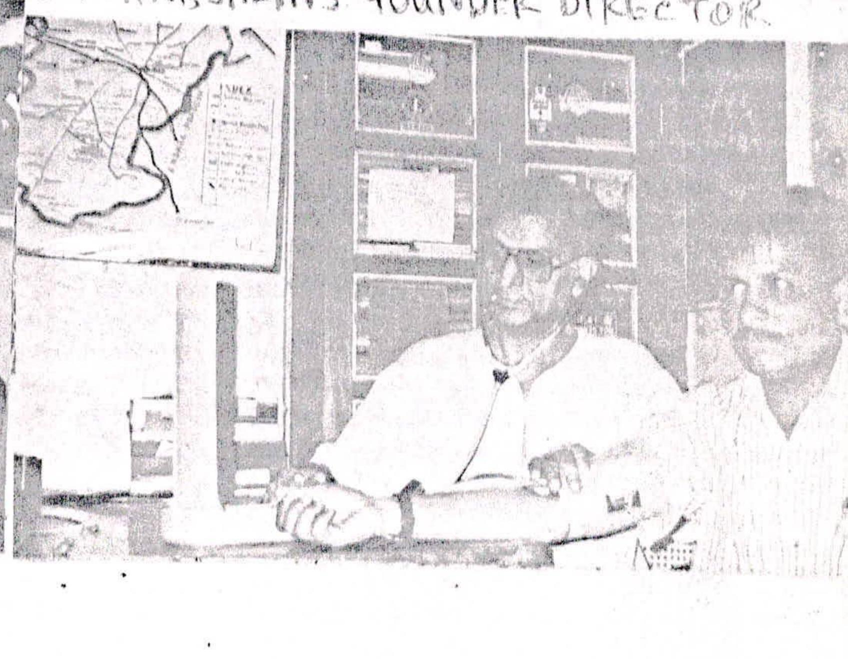
"Where the mind without fear and
the head held high;
where the world has not been broken up
into fragments by narrow walls;
where words come out from the depth of truth;
into that heaven of freedom,
my father, let my country, AWAKE"

Rabindranath Tagore
Nobel Laureate, India

NATIONAL PROTEST DAY
STOP
COMMUNAL VIOLENCE



Dr. Mrs. S. Salins Founder Sec (Medical - ...)
Dr. CHRIS SALINS FOUNDER DIRECTOR



VELEMEGNA GOOD NEWS SOCIETY HOSPITAL,

BIDAR - 585 401 (KARNATAKA) INDIA. PHONE/FAX 08482-25467

Village Evangelical Leprosy Eradication Medical Education, Good News Association A non-Profit Charitable Multi Purpose voluntary Society, Registered under the Mysore Society Act No. 17 of 1960 date 15-3-69 at Bangalore S.No. 5-68-69. COMPLIMENTING NATIONAL AGENDA - DURING 52 YEARS OF INDIAN INDEPENDENCE While Commemorating 35 Yrs of womb to tomb and beyond the tomb yeomen services let us strive to-gether prayerfully, meeting the total needs of the sick, poverty stricken communities,deserving individuals, irrespective of cast, creed colour, race with help of God, Govt,Gods children precious prayer partners fighting dis eases, demons within/without the congregations, country for a happy healthy properous national, international peace on earth and goodwill under fatherhood of God and Brotherhood of mankind with mutual love, respect and christian concern for wholistic development during 2000 AD & New Millennium.

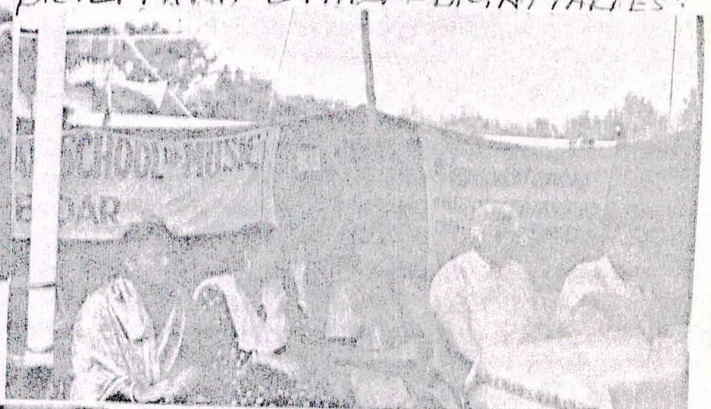
HELP US TO HELP THE HANDICAPED

Visit our Weg site http://www.velemagna.org e-mail;drsalins@vsnl.com

Dr. G.RAO CONSULTANT L.V.P EYE Hospital PAID GRACIOUS VISIT to Ln. Dr. Salins Hospital TO GIVE VALUABLE PRACTICAL ADVICE EXTENTING ALL POSSIBLE HELP.

DIANA TEST CRICKETER Roger BINNY GENLY SEEING FREE EYE CAMP PATIENS SHOWN BY LION Dr. SALINS DURING HIS VISIT To Ln. Dr. SALINS EYE HOSP. BIDAR

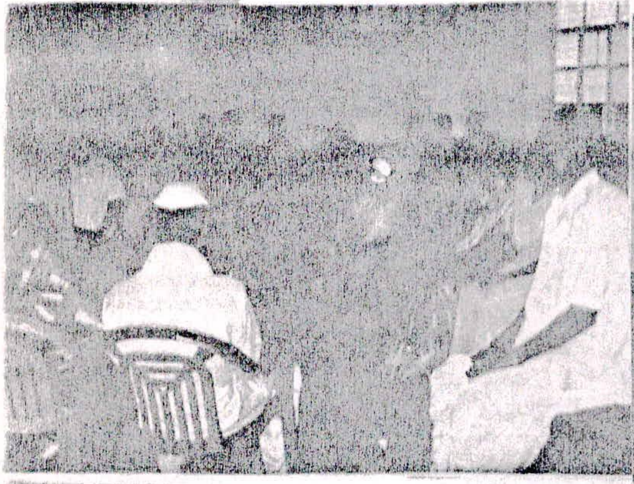
VELEMAGNA SOCIETY LIONS CLUB ASHA KIRAN SCHOOL FOR BLIND VISITED BY HON. MINISTER GURUPADAPPA D.C.Z.P. AND OTHER DIGNITARIES



Dr. Gowrav Reddy PRESENTING FIRST MEDALS To Ln Salins & L.V.Prasad's.

DAVID IANN from SCOTLAND gave generous donation after the GRADUATION TIMELY VISIT TO BIDAR

SHANTU AFTER SUCCESSFUL SIGHT RESTORING SURGERIES WE REPAIRED HIS (DELAPIDATED) HOUSE AND GOT HIM MARRIED TO NORMAL WOMAN, WHO GAVE BIRTH TO GIRL BABY IS NOW HAPPILY WORKING AS SOCIAL WORKER TO SUPPORT HIS SMALL FAMILY, WIDOWED MOTHER AND GRAND MOTHER ENCOURAGES OTHER HANDICAPPED TO BRAVE EVEN IF DISABLED DIGNITY



LN. Dr SALINS CONDUCTING legal marriage chapel of local Priest, Ex. MP to runaway couple to prevent broken home and family relationship. By effective sex education Spiritual moral COUNCILING.

WE SERVE

LEMEGNA GOOD NEWS SOCIETY HOSPITAL

AR - 585 401 (KARNATAKA) INDIA PHONE/FAX 08482-25467

Visit our Web site http //www.velemagna org e-mail drsalins@vsnl.com

Superintendent/Secretary [LION LADY]

Mrs. S. Salins B.Sc. M.B.B.S. D.P.H. M.Sc

(London) Certificate in Hospital Administration C.M.C. Vellore.

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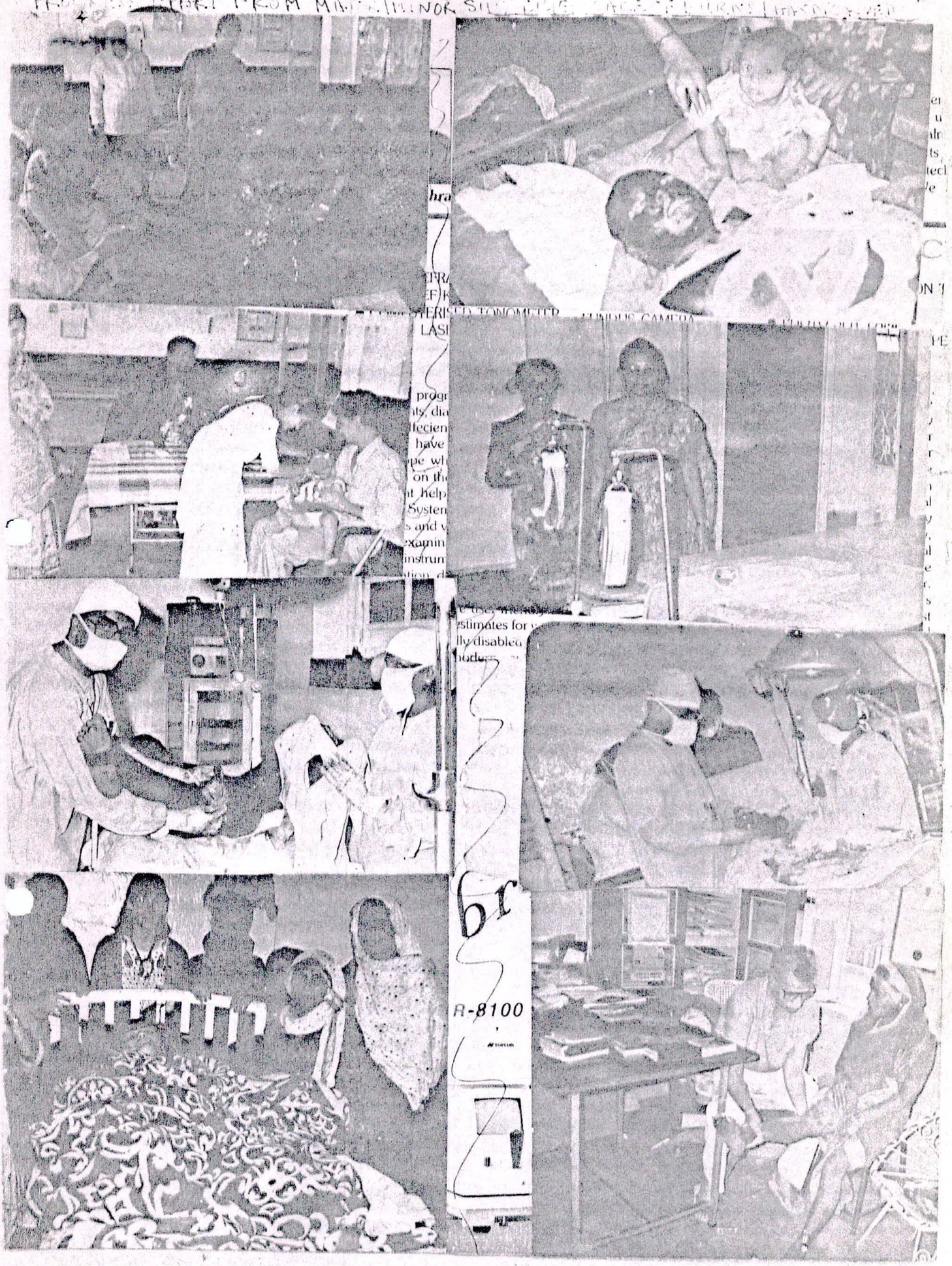
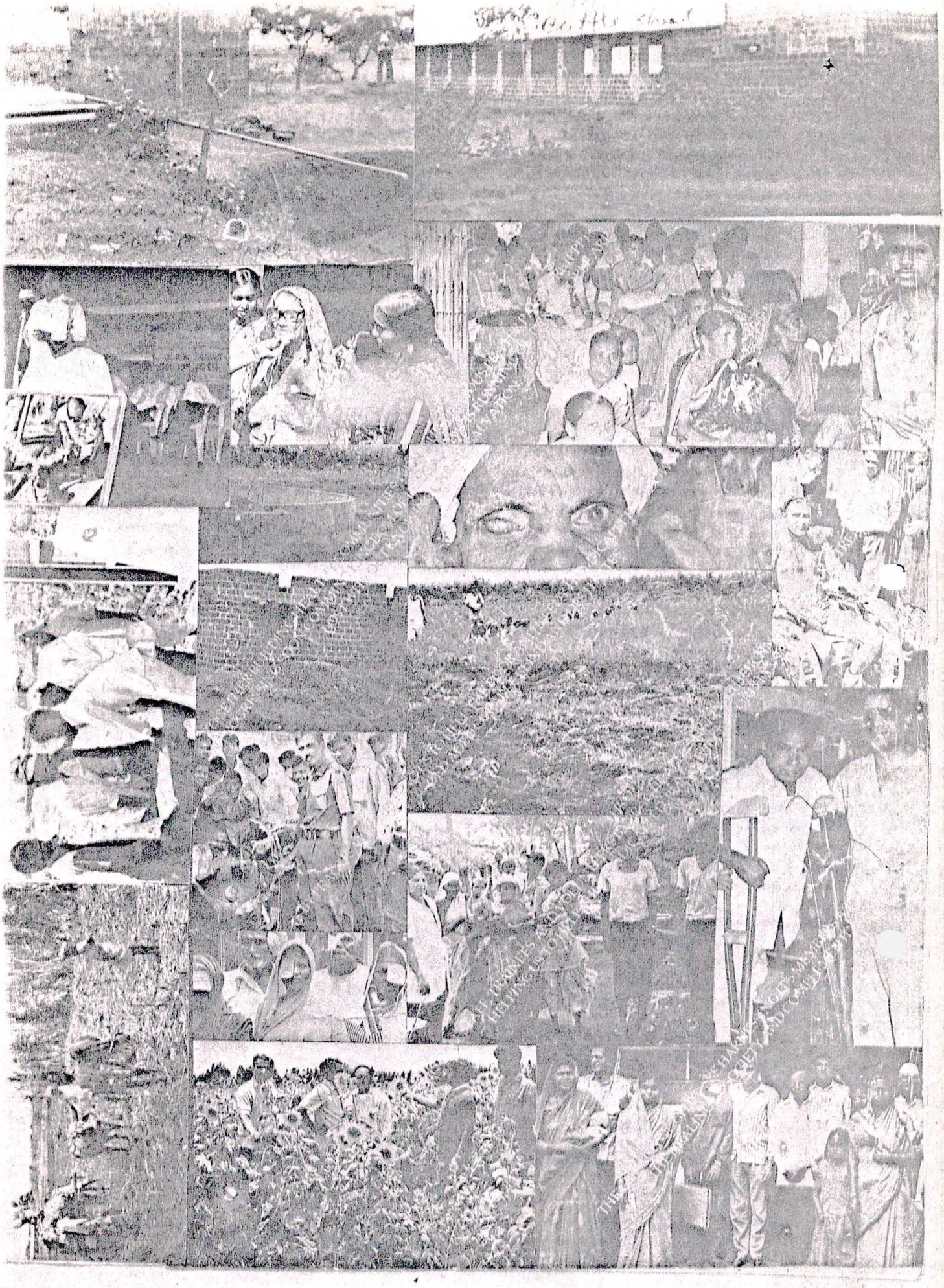
NAFEEZA a MUSLIM LAME Handicapped mother had safe delivery at Ln. Dr. SALINS HOSPITAL is now happy to WORK as ... HAVE a NORMAL RESTORED family life - accepted by her husband & society dignity

immunization clinics RAS Hospital, Rural health centre and adopted villages to reduce population, Maternal/infant mortality.

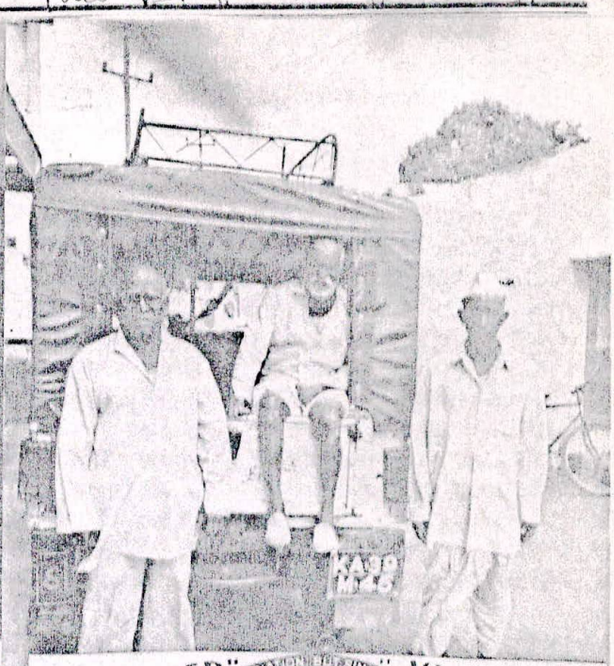
↑ YESSUDAS IS HAPPILY MARRIED WITH DIGNITY of WORKING as CARPENTER TO PROVIDE FOR HIS OLD PARENTS/family after successful Dead jaw BONE REMOVAL By Ln. Dr SALINS HOSPITAL

← RUPA A DAY OLD GIRL CHILD ABANDED IN A BUSH WAS SAVED & GIVEN FOR ADOPTION TO CURED LEPROSY COUPLE BASWARAJ & SHANNA - IS NOW AN INTELLIGENT successful EDUCATED GIRL GOING TO SCHOOL AND HOPES TO LEARN ENGLISH COMPUTER TO BECOME A DOCTOR/NURSE/TEACHER & SERVE THE COMMUNITY SUPPORT her aging PARENTS IS GRATEFUL TO LN. LADY Dr SALINS FOR TIMELY HELP.


R-8100



RING ring. SIGHT AND LIFE EVEN | to neglected MULTIple | handicapped NEWSLETTER 2/1998



"HELP US TO HELP THE HANDICAPPED" "VISSION 2020 THE RIGHT TO SIGHT"

CURING AND PREVENTING AVOIDABLE BLINDNESS

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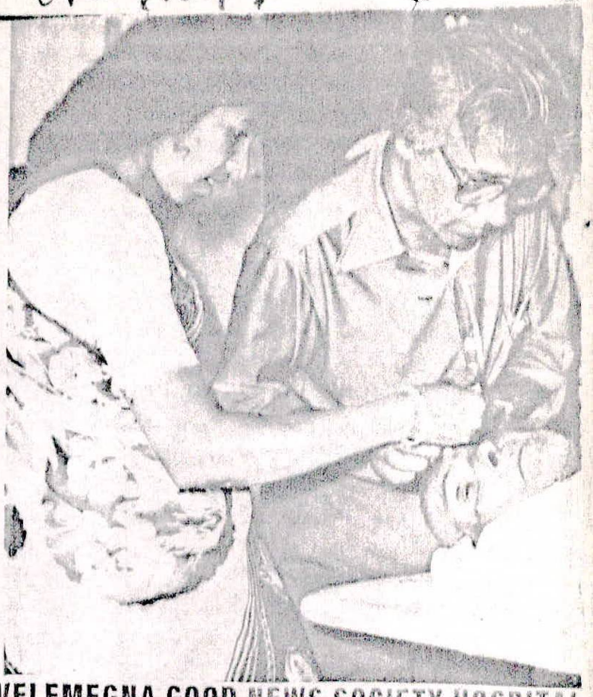
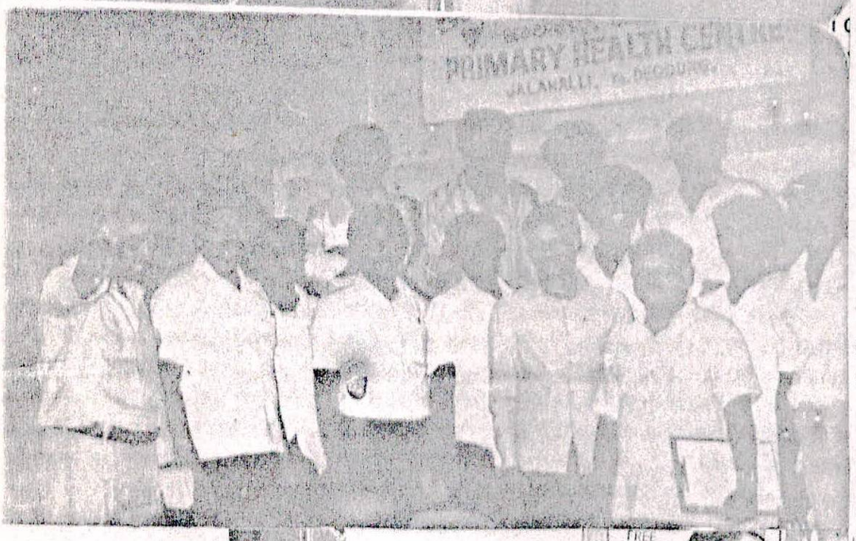
day each week is set aside to.

Satisfied leprosy cured patients in Sanmukappa able to motivate others to come for cure of eye, hands and feet because of Velemegna Society hospital tender, love and care

Mobilizing Men, Material and money for successful comprehensive ophthalmic care bringing

SIGHT AND LIFE





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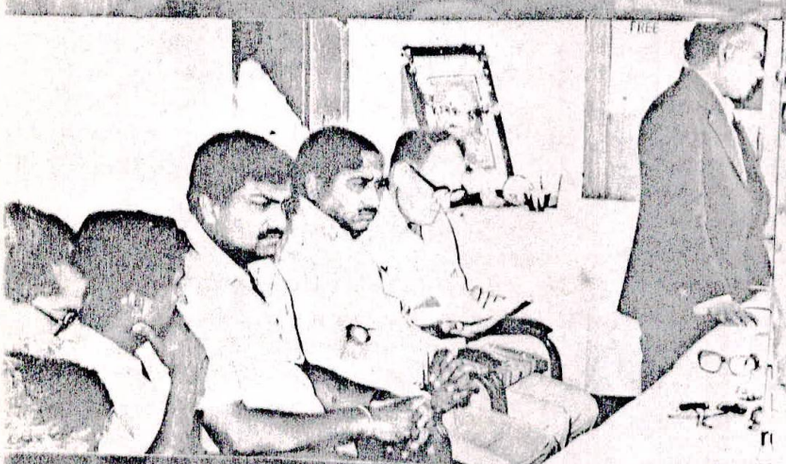

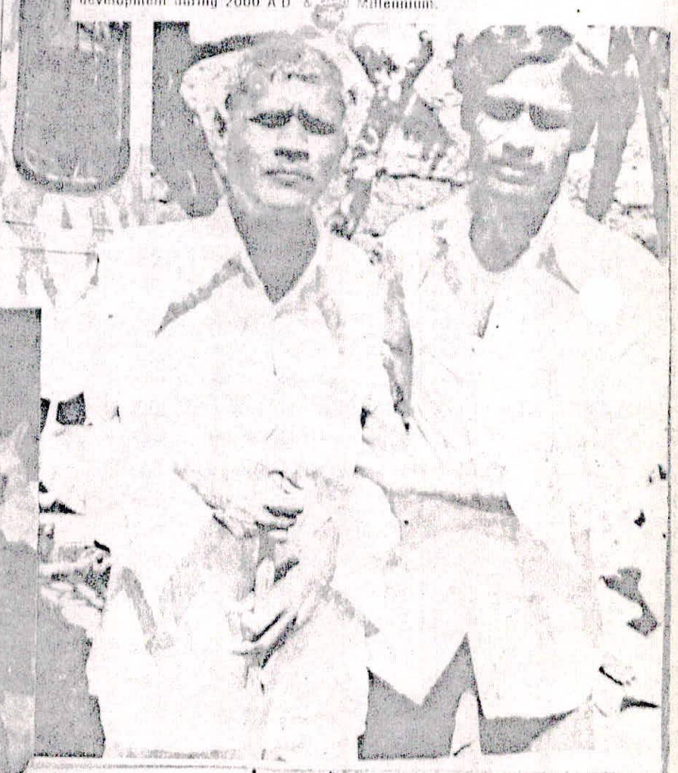

HELP US TO HELP THE HANDICAPPED ... VISSION 2020 THE RIGHT TO SIGHT

CURING AND PREVENTING AVOIDABLE BLINDNESS

preventive ophthalmic care
Dist. blindness Society, EBH,
Society BIDAR, KARNATAKA

UTHALABAI & CHILD RENUKA) BECAUSE
ANTED TO COMMIT SUICIDE HUSAND
DESERTED
FEARING
STIGMA
OF LEROSY

NOW
SHE IS
HAPRY
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WORKING
AT
VELEMES
HOSPITAL
DAUGHTER
RENUKA
GOING TO
LOCAL
SCHOOL

ALL THES
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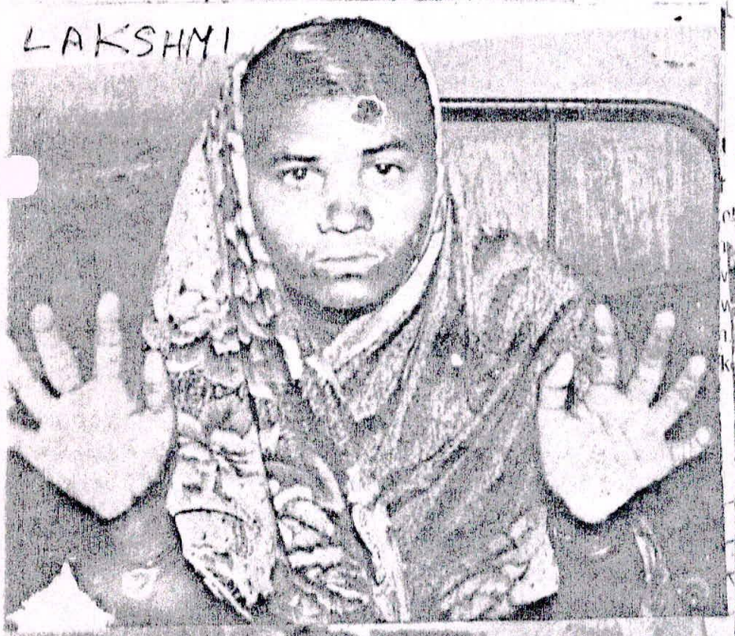
LAKSHMI



KAMALA

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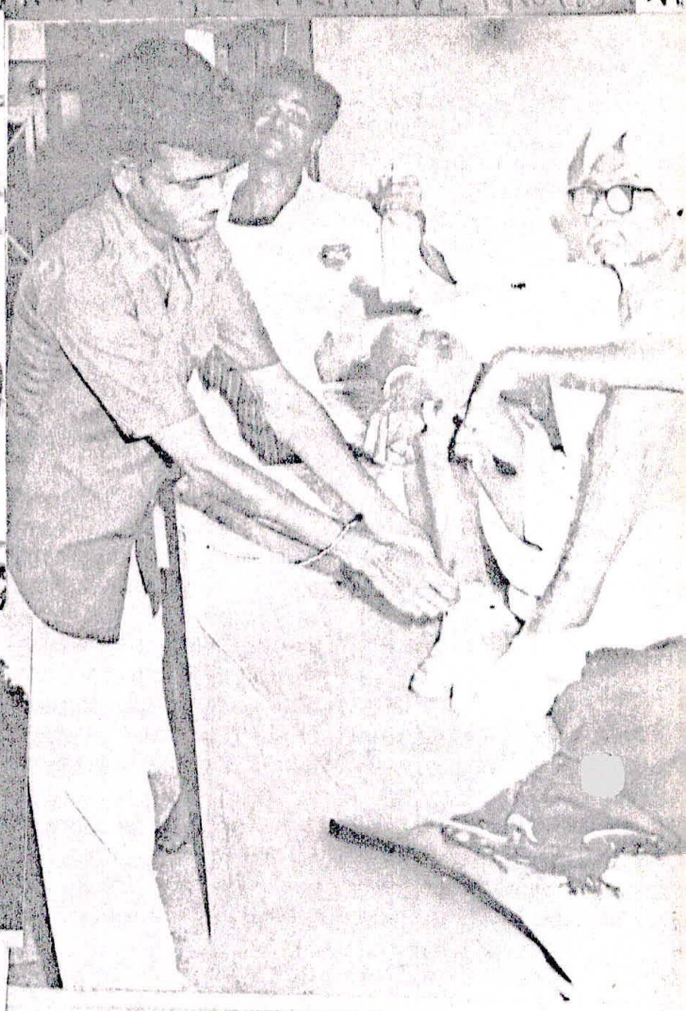
FREELY I
SOCIETY

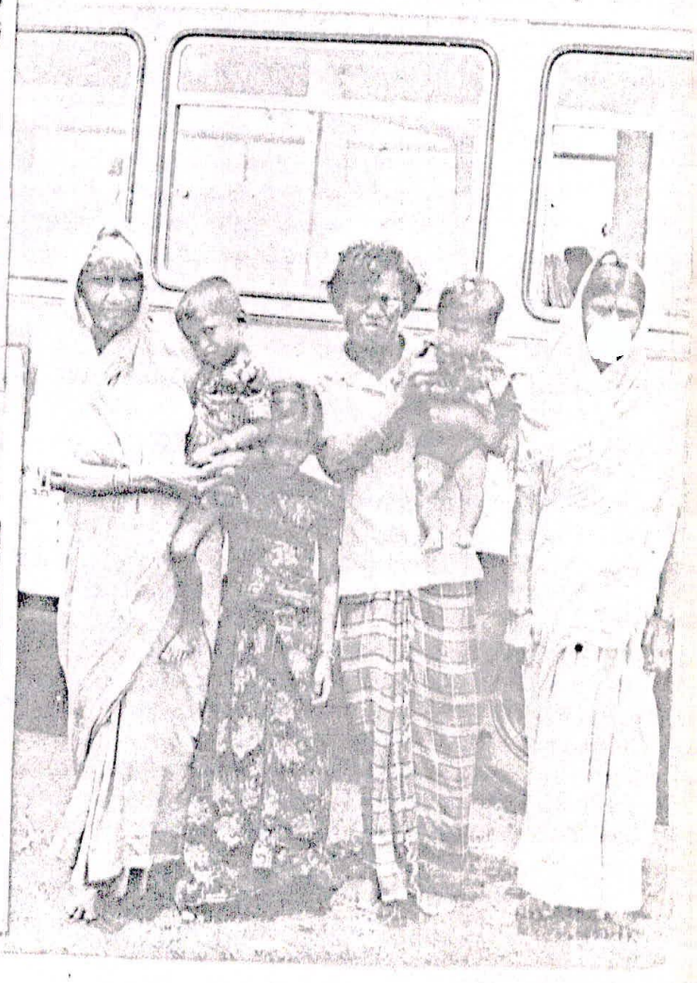
GUNDAMMA AND NARAMMA

ONE OF JESUS ACTION PACKED— REHABILITATION OF HANDICAPPE

COMMUNITY DEVELOPMENT PREVENT, CURATIVE, PROMOTIVE

REHABILITATIVE TRAINING
ADMINISTRATION INCOME
GENERATION PROJECT





VELEMEGNA

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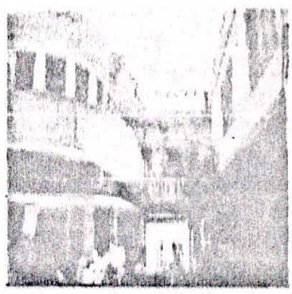

Total Devotion ,Absolute dedication and complete engrossment in yeomen services, Mrs. and Mr. Dr. Salins are striving tirelessly to eradicate dreaded disease like Leprosy, Blindness, Polio, Aids etc. since last 33 years teaching, preaching and healing the most neglected lot in a remort part of the vast land of INDIA.

Blessed are They That Consider the Poor Through Following Meaningful Health Development Projects

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A/c. No. [illegible]6 at Canara Bank, Bidar. for Foreigners and A/c. No. 6958 at Karnataka Bank, Bidar. for Indians enabling our Velemegna Society, Bidar - 585 401. Karnataka, India.
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VELEMEGNA Base hospital building at Bidar

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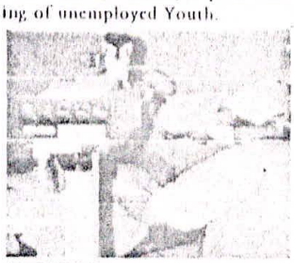
Dr. Sybil. M DOMS (IOLF) CMC (Vellor)
seen carrying out right to sight progrsmme.

TAKAGI
Operating
microscope in use 'Vision 2020 programme'



Dr.Sushila is busy implementing polio eradication programme

Dr A.C.Salins is seen busy in early detection of leprocy and other dreaded diseases

VELEMEGNA GOOD NEWS SOCIETY HOSPITAL

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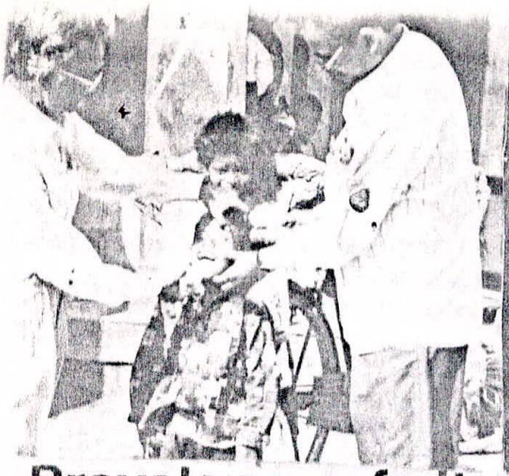
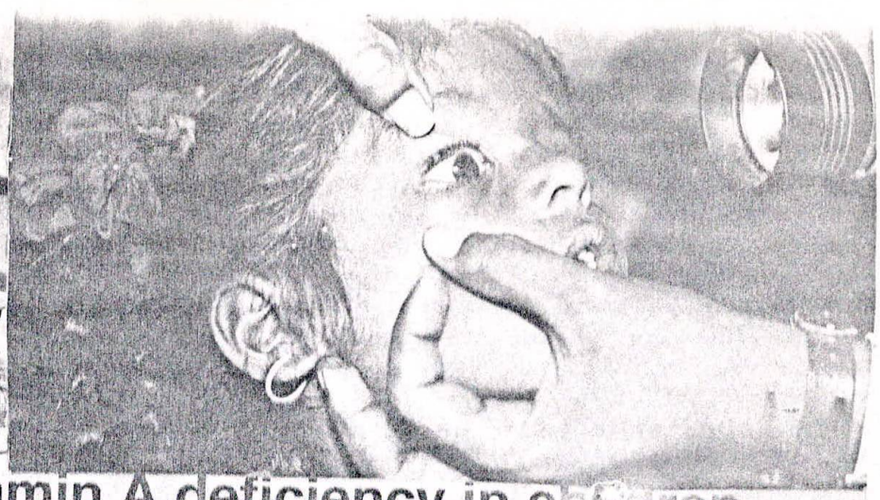




Prevalence of vitamin A deficiency in children (6 years and younger) in 20 villages in Bidar district, India, 1997

IOL (Fellow) Msc. community ophth - (LONDON)
Dr Sybil Meshramkar MBBS, DOMS, Ophthalmologist, Velemegna Hospital, Bidar
DY.A.C.SALINS, MBBS, CCEH (IEHC) LONDON) C-Accupuncture (Japan)

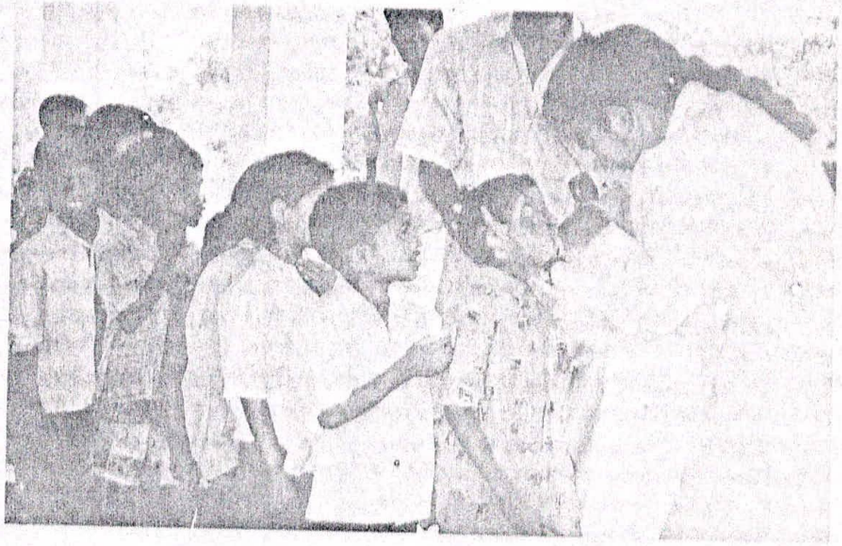
Introduction

I am an ophthalmologist working Velemegna Hospital, Bidar. Bidar is the most backward district in Karnataka, a state in southern India (see map) with a population of 1.34 million. Velemegna Hospital is run by a NGO which is also involved in various rural development and health care projects in 20 villages with a population of about 50,000. These projects have been run for the past 25 years, involving also the government. As we already had a good ophthalmic team and a network of health workers in 20 villages, we decided to find out in a rapid assessment the prevalence of vitamin A deficiency in children aged 6 years and younger. This assessment was done during May and June 1997.

Objectives

In India each individual district is responsible for the implementation of health programmes. In 1970 the government of India launched the National Vitamin A Prophylaxis Programme for the prevention of blindness in children in endemic areas. Karnataka was identified as one of the endemic areas.

We assumed that this programme was functioning well, as claimed by various health officers at the district level. However, time and again I found many cases of children with symptoms of vitamin A deficiency during various free eye health check-up camps and in our OPD. When asking health officers about the present prevalence of vitamin A deficiency in the population in Bidar, we were surprised to note that no such data or statistics were available.

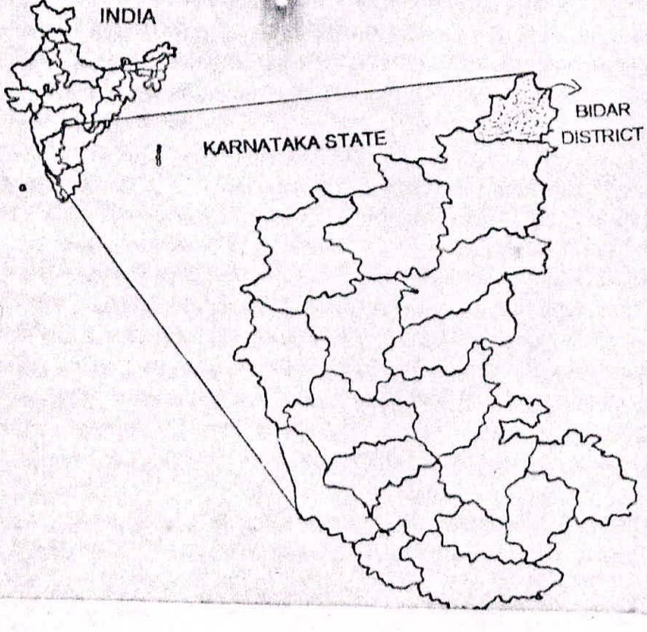


Dr Sybil Meshramkar examining children for signs of vitamin A deficiency.

Hence I decided to do this study to find out the prevalence of vitamin A deficiency in children aged 6 years and younger. We chose these 20 villages, as we are familiar with the people and our health workers have a good rapport with the villagers.

Materials used and methodology of the survey

There were no baseline data on which the survey could be based. To keep the cost of the study to a minimum we used a good hand torch and simple questionnaires. I educated the ophthalmic assistants and health workers about how to fill in the questionnaires, focussingmainly on the identification of the clinical symptoms of vitamin A deficiency in children (based on the WHO classification of xerophthalmia).



For each village, the lady health workers prepared a list of children aged 6 years and younger. Parents were informed about the survey, its nature and advantages. During the visits from door to door and also at the preschool creche (ANGANWADI), 1500 children were screened.

Questionnaire

The first part of our questionnaire asked for personal information, i.e. age, sex, caste, religion, father's occupation, mother's occupation, family income, number of siblings, and the second part for information like type of birth of the child, antenatal check-ups received by the mother and the immunisation status of the child. The third part contained questions on the symptoms of vitamin A deficiency, whether the child received vitamin A prophylaxis or not, questions on food habits and on any illnesses associated with vitamin A deficiency.

Results

A summary of the main data is given only. Data on immunisation status of the child, vitamin A prophylaxis, associated illnesses, food habits etc, are not presented here.

Population of the 20 villages surveyed in 1997:

Total	50,156
Males	26,629
Females	23,527

Total population of children up to 6 years of age:

Total	2072
Boys	1027
Girls	1045

Children up to 6 years of age screened:

Total	1500
Boys	728
Girls	772

Percentage of children screened: 72.39%

Children with symptoms of vitamin A deficiency:

Total	30	2%
Boys	13	0.86%
Girls	17	1.13%

Night blindness	2	0.13%
Conjunctival xerosis	17	1.13%
Bitot's spots	11	0.73%

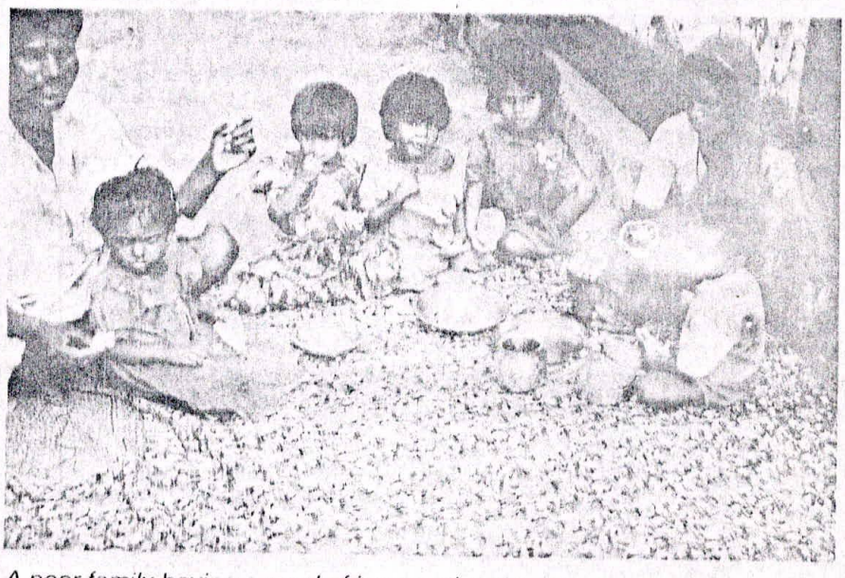
Discussion

India is a signatory to attaining health for all by the year 2000. Preventable blindness, especially blindness caused by vitamin A deficiency, is an important public health problem in India. It is estimated that there are over one million blind due to vitamin A deficiency. Nearly 20,000 children become blind every year due to vitamin A deficiency. Karnataka is an area with endemic vitamin A deficiency (JE Park and K Park, *Textbook of Preventive and Social Medicine*, 13th ed.).

This survey revealed that 2% of all children aged 6 years and younger show some form of vitamin A deficiency (boys 0.86%, girls 1.13%). All children screened belong to the low socioeconomic group and have not received any vitamin A prophylaxis. Their staple diet is jowar (a type of millet) bread and lentil soup, and they do not or only rarely eat green leafy vegetables or yellow fruits.

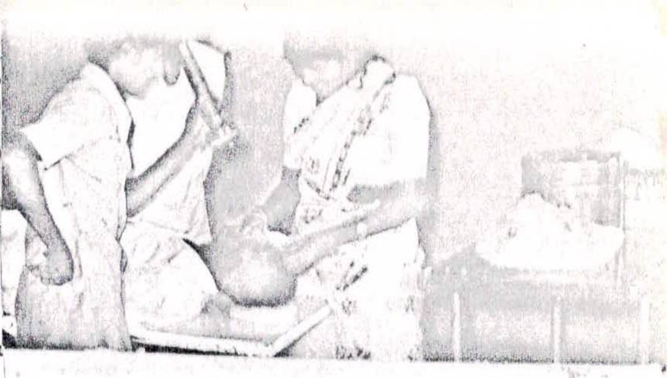
All cases of vitamin A deficiency found were curable. Some had associated malnutrition or worm infestations. We also realised that fortification of flour or oil with vitamin A would not really help, because the people buy wholegrain jowar and powder it at a local mill, and they use cheap cooking oil. Hence we have started giving vitamin A prophylaxis free of charge.

I hope this study represents a baseline for future studies.

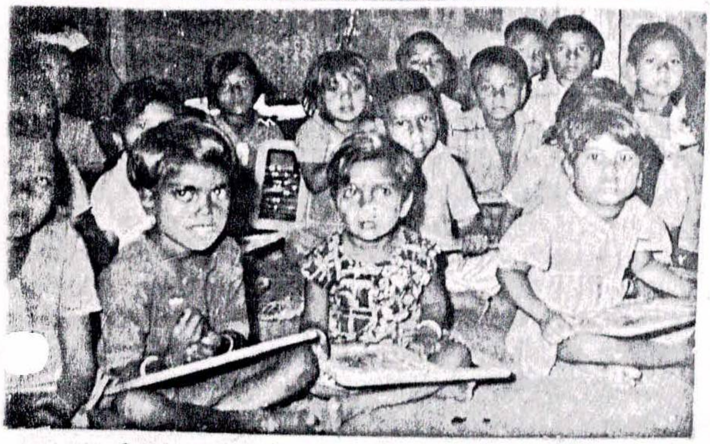


A poor family having a meal of jowar roti and lentil soup.

LEMEGNA SOCIETY HOSPITAL STAFF IN CO-OPERATION WITH REBECCA SOCIETY AND KARNATAKA BANK VETERNERY AND FOREST Dpt. ORGANIZING SCHOOL HEALTH CHECKUP, VIT-A TX, AFFORESTATION, BANK LOANS



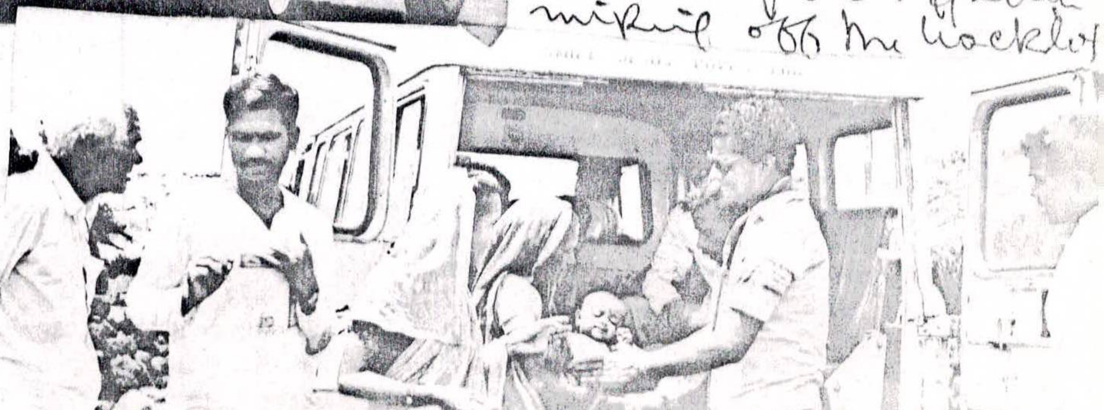
Health check up ANC, PNC, PHC (and immunization) at Bidar (Brims?) Hospital



at Rural Anganwadi with nutritional supplement, Vit A Rx preventing Anemia, Night blindness

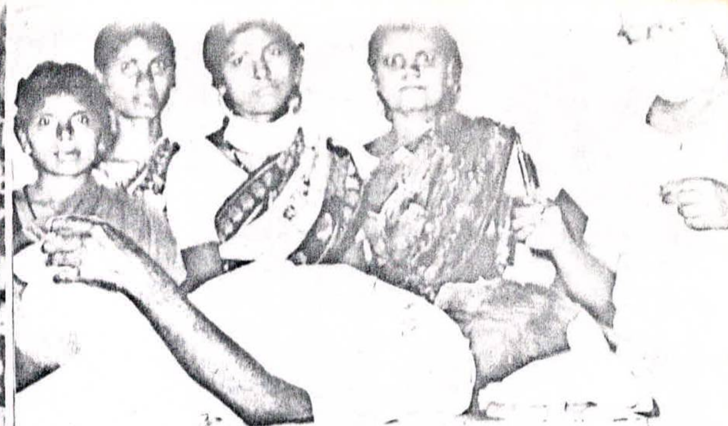
curing & Preventing avoidable blindness on war footing even mixing off the backlog

This Mobile trained health educational team of Doctors Nurses, Social workers and Village workers

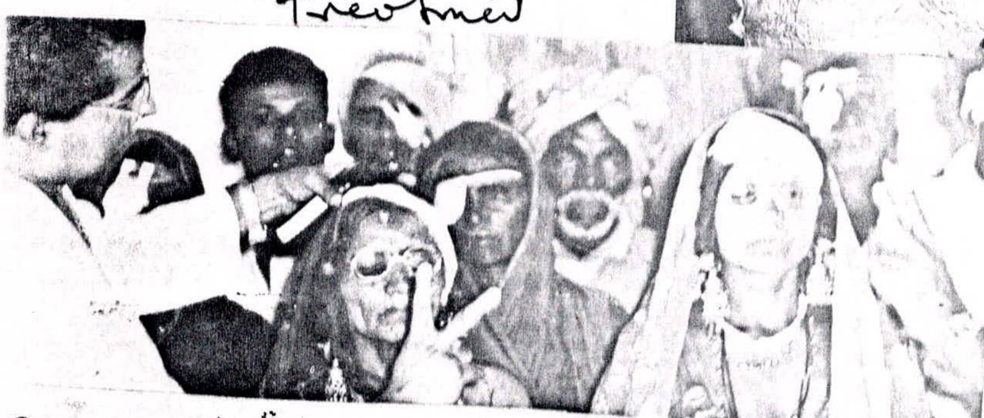


Mr. Shanthu I.A.S council DC Bidar

EVEN Neglected leprosy eye complicated Patient received timely care and followup Treatment

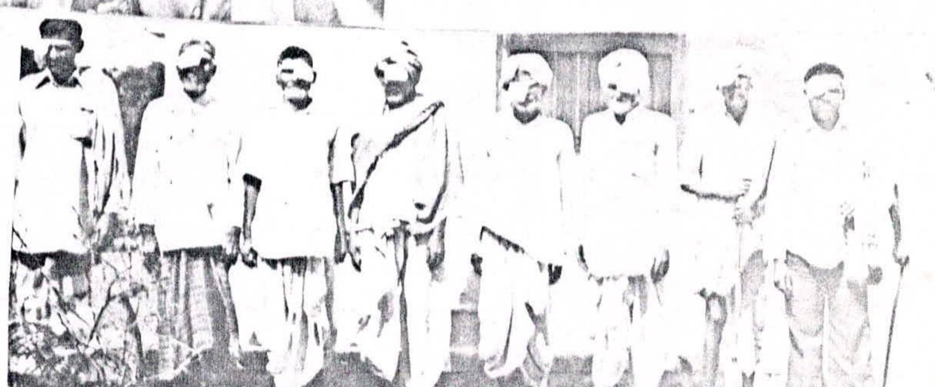


Pre and post. operative free eye camp care team headed by Dr. T.N. Hirey along with Dr. Salim & dedicated staff



Some post. operative Patients of Chitguppa Bhal rural Karakmalli Area.

Some batches of free eye camp patients satisfied after having their sight restoring cataract Surgery at



Bagdal } PHC
Chitguppa }
under able leadership of Dr. T.N. Hirey DORS and Dr. Salim director Vellamma Society,

Kde. D.
Siguera
G.B. Hemd
of Velem
welcom
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Gathering
Graced by
Chief Guest
Sri. T. Rajkuma
I.A.C. B.C.B.I.

COMPLIMENTING NATIONAL AGENDA - DURING 50 YEARS OF INDIAN INDEPENDENC

While Commemorating 33 yrs of womb to tomb and beyond the tomb yeomen ices let us strive together prayerfully meeting the total needs of the sick, pr stricken communities deserving individuals irrespective of cast, creed colour with help of God, Govt, Gods children precious prayer partners fighting dise demons within/without the congregations, countrys for a happy healthy prosp national, international peace on earth and goodwill under fatherhood of God and t erhood of mankind with mutual love, respect and christian concern for wholist velopment.

50

CURING AND PREVENTING BLINDNESS

DICAPPED" " VISSION 2020 THE RIGHT TO SIGHT " HELP US

WHERE THERE NO VISION PEOPLE PERISH

SMILE JESUS LOVES YOU

G AND PREVENTING AVOIDABLE BLINDNESS

ON BEHALF OF THE WORKING COMMITTEE, MEMBERS, AND STAFF OF THE

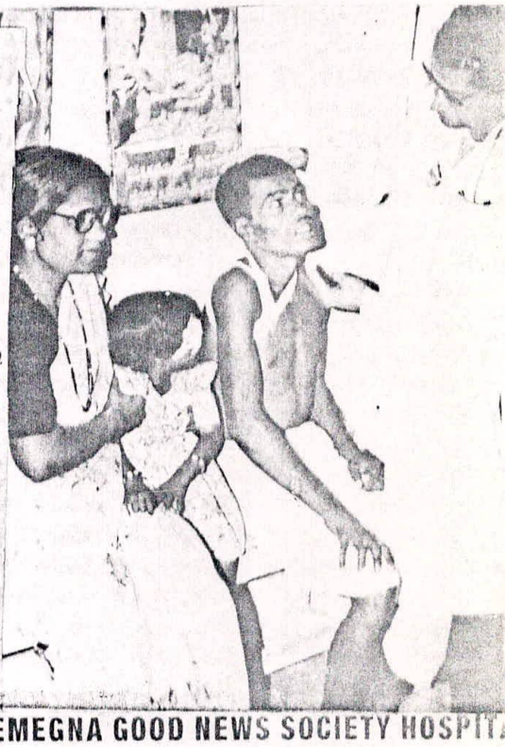
"VELEMEGNA"

Goodnews Hospital and Comprehensive Community Health and Rural Development Project, Bidar

ave great pleasure in cordially inviting you for our al Hospital day function on 21st August 1981 at 6 p.m Sharp at our Base Hospital terrace at Golekhana

Mr. FALGUNI RAJKUMAR I.A.S.
Deputy Commissioner Bidar
has kindly consented to be our Chief Guest,

d inaugurate the free eye, dental and fam ly welfare p, with free crutches, consultation for all mentally physically handicapped and all low income group.



Dr. A. C. Salins
M.B.B.S.
Project Director/Secretary Velemegna

VELEMEGNA GOOD NEWS SOCIETY HOSPIT
BIDAR - 585 401. (KARNATAKA) INDIA PHONE/FAX 08482-25
Visit our Web site http://WWW.Velemagna.org e-mail;drsalins @vsnl.c

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(Lion) Dr.A.C.Salins
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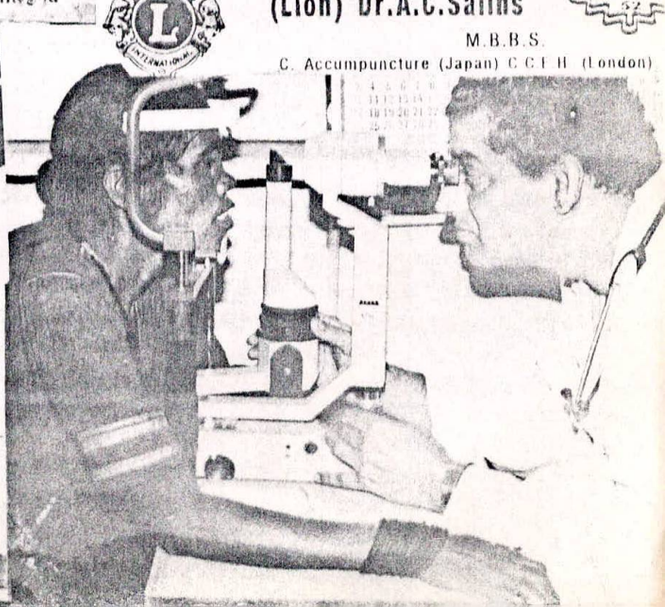
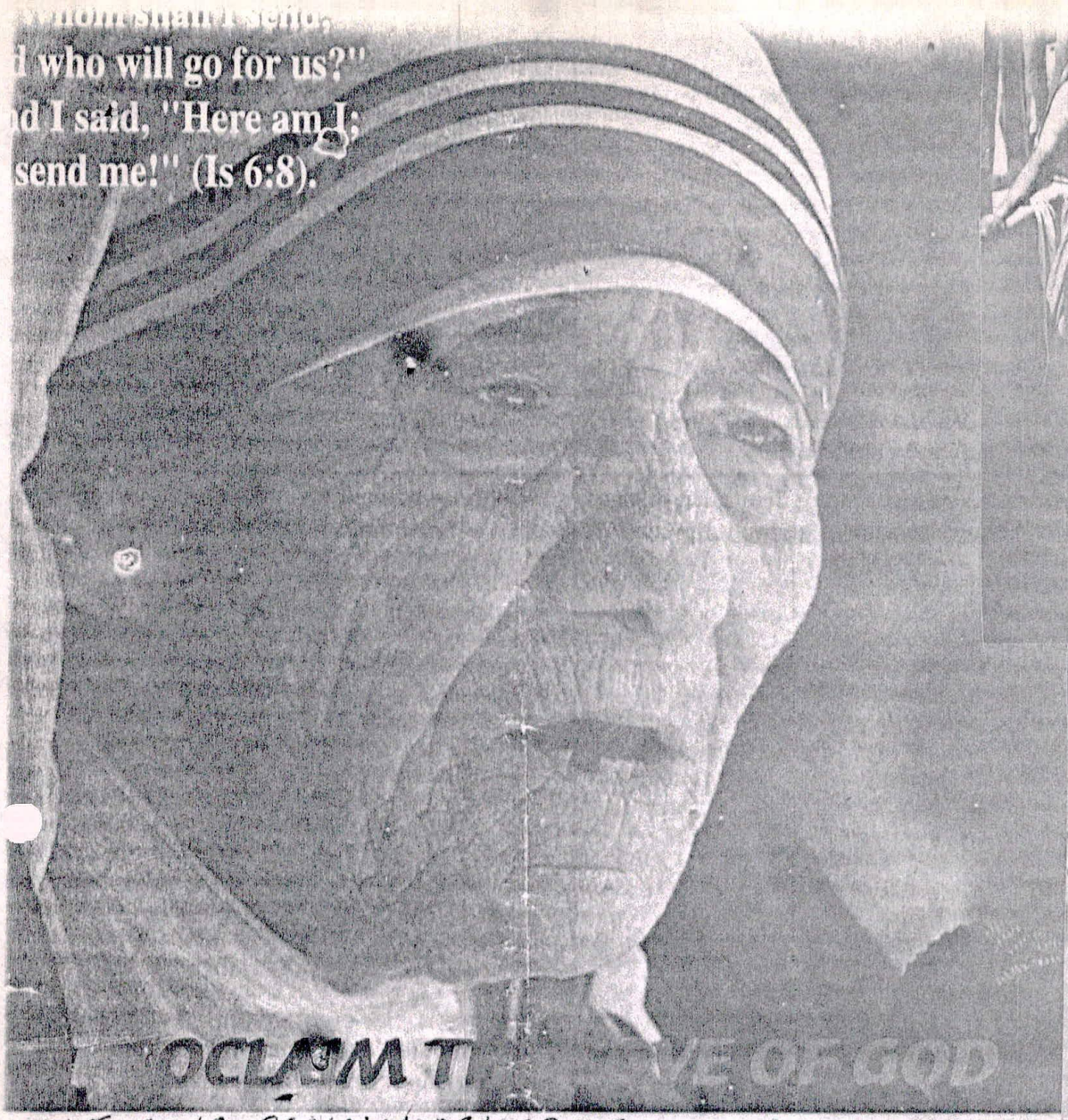
C. Accumpuncture (Japan) C C I H (London)



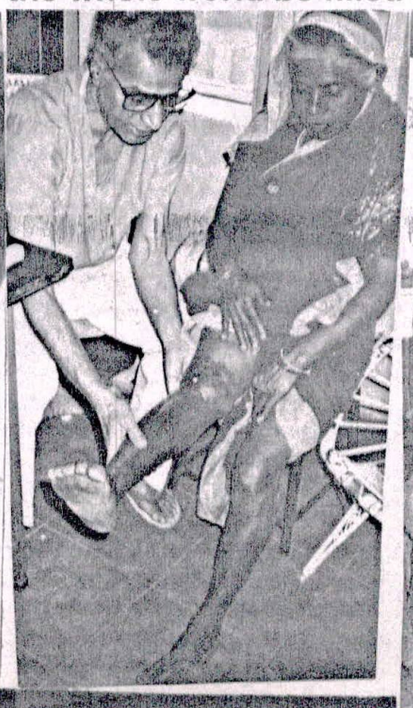
d who will go for us?"
d I said, "Here am I;
send me!" (Is 6:8).

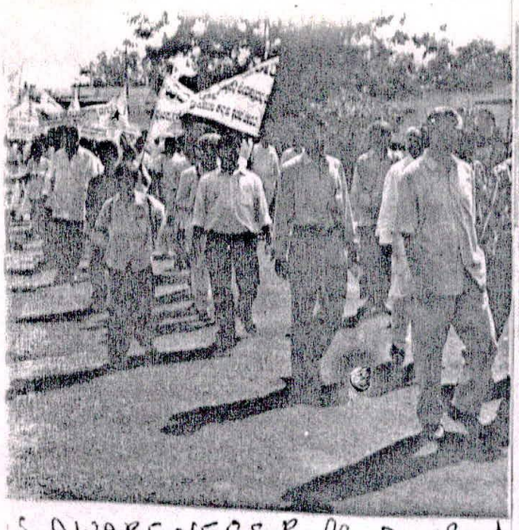


OCLAIM T VE OF GOD

ALLENGING SOCIAL WORKERS EMULATE DEDICATED SERVICE

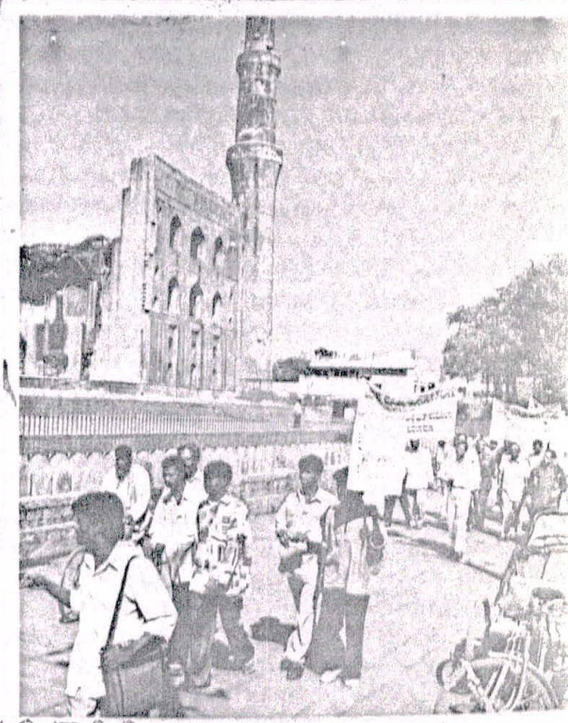
lother Teresa fulfilled God's mandate to pour out His love to the destitut
with total dedication. Let us accomplish the missionary task entrusted to
s with earnestness. May the whole world be filled with the love of Jesu



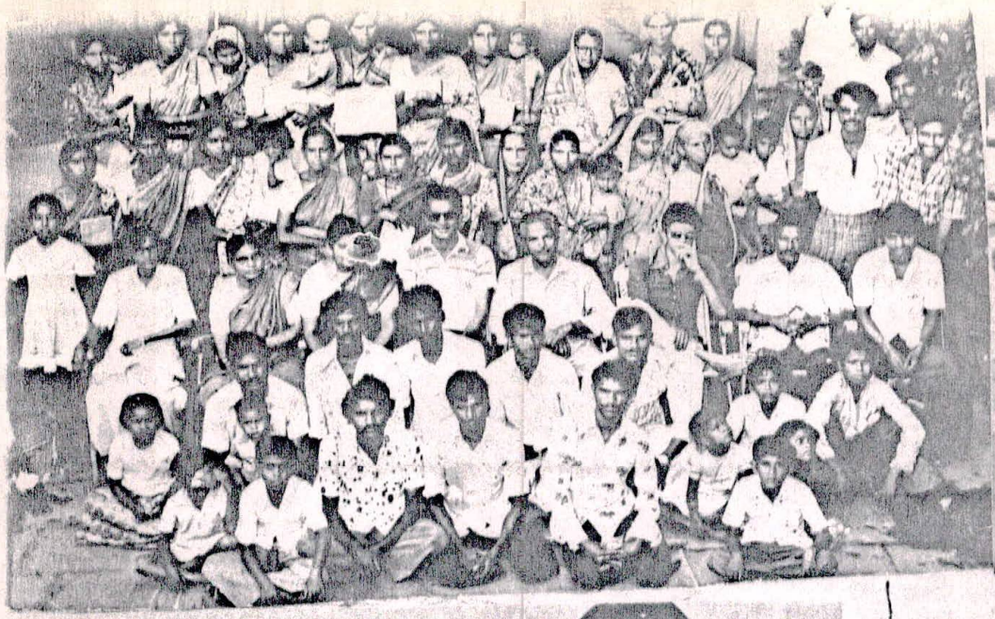


S AWARENESS Rally By Govt NGO

Govt N.G.O Local volunteers Students taking Part in Anti Aids Rally

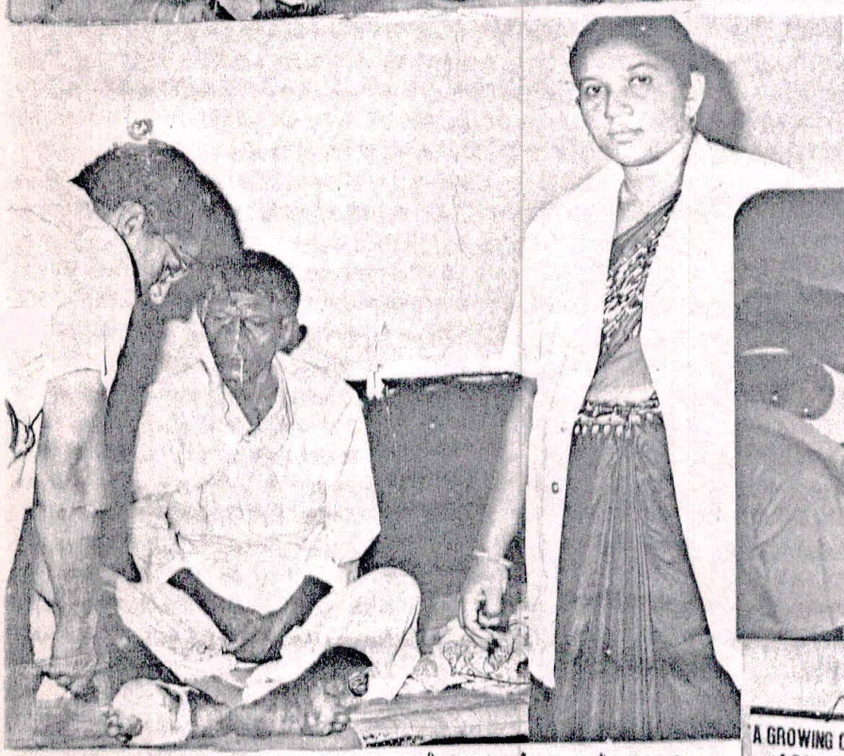


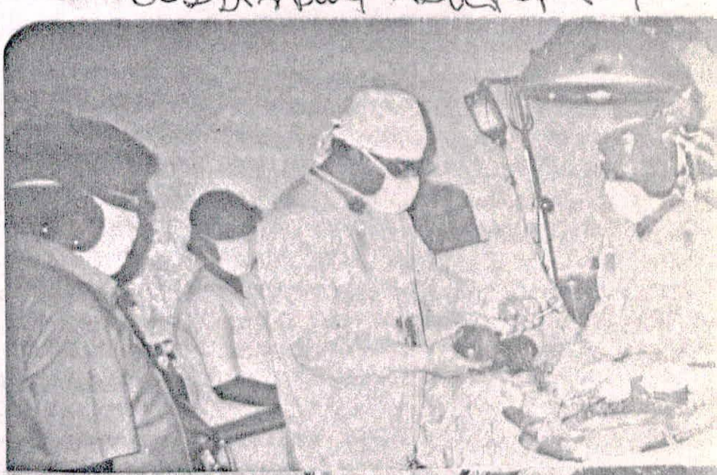
© S. ZAINAMBIKA DEVI



Pulse Polio

VELMEGNAS Staff/Train
assisting surgery





aring for Neglected
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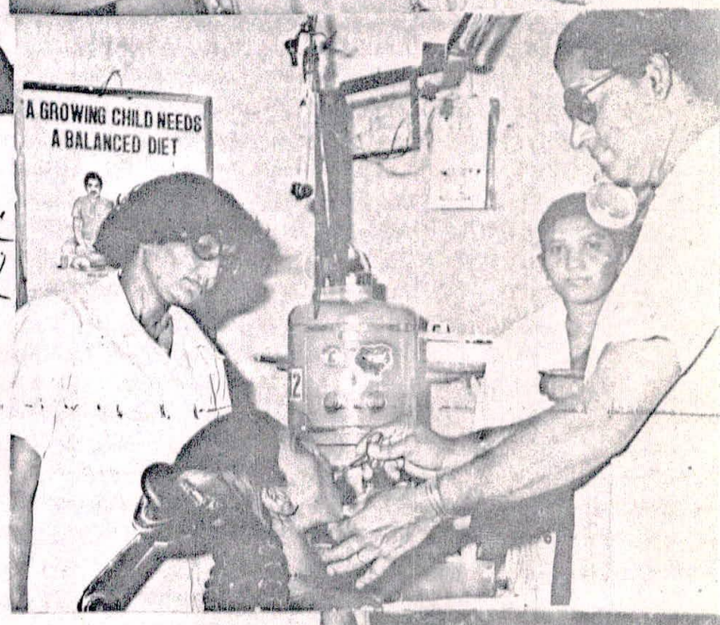
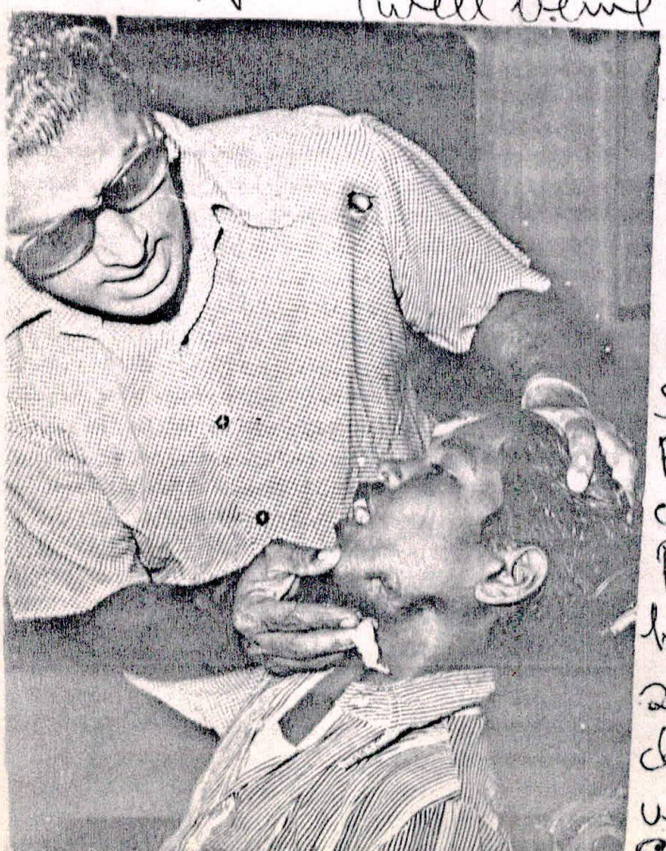
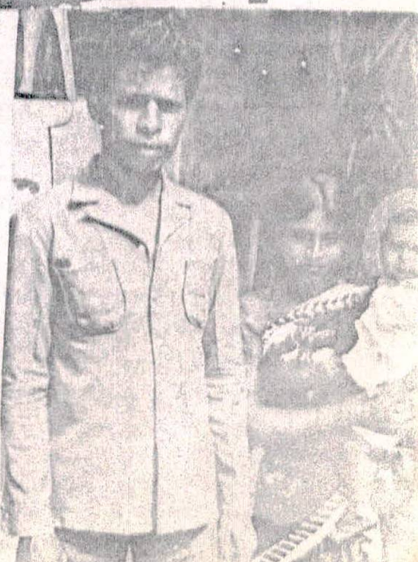
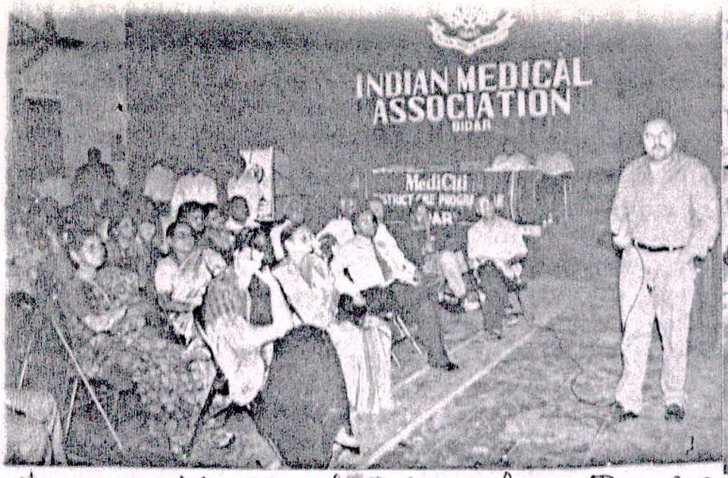
well being



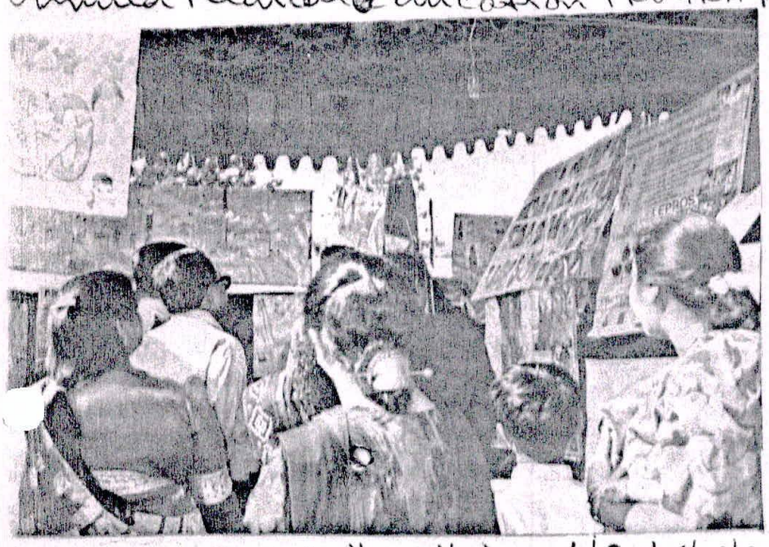


AFTER PLASTIC
SURGERY
Removing
dead jaw bone
Ramdas is
happily able to
support his
dependents
as a Good
CARPENTER



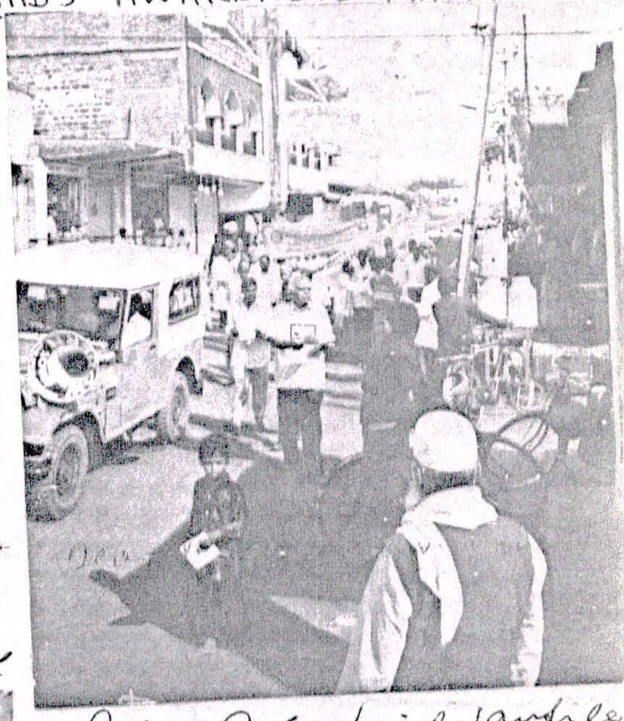


Continued Medical Education PROGRAMME FOR DOCTERS, IMA Members, Nurses, P...



Lemelpra Society, Health Deptt. / Exhibition Stall

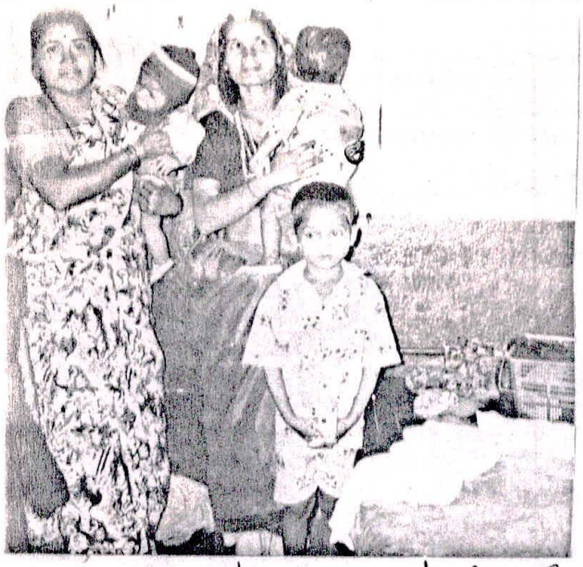
AIDS AWARENESS RALLY



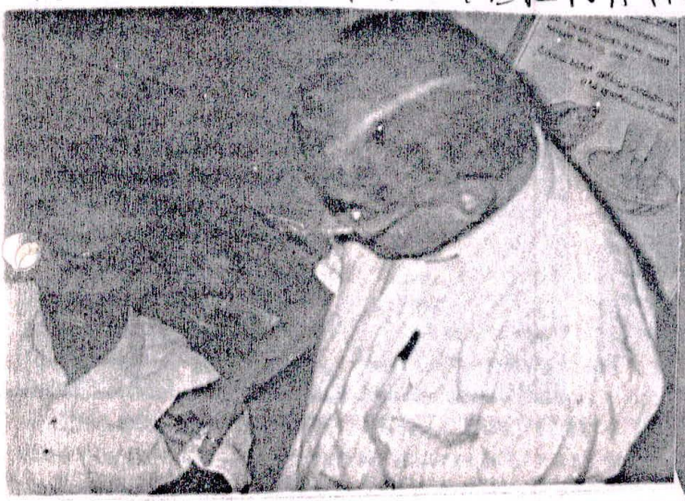
HON. Minister for Forest and Bidar District Minister Sri Nagmarpalli alongwith other dignitaries.

Pulse Polio / Aids / ...andlay Rally

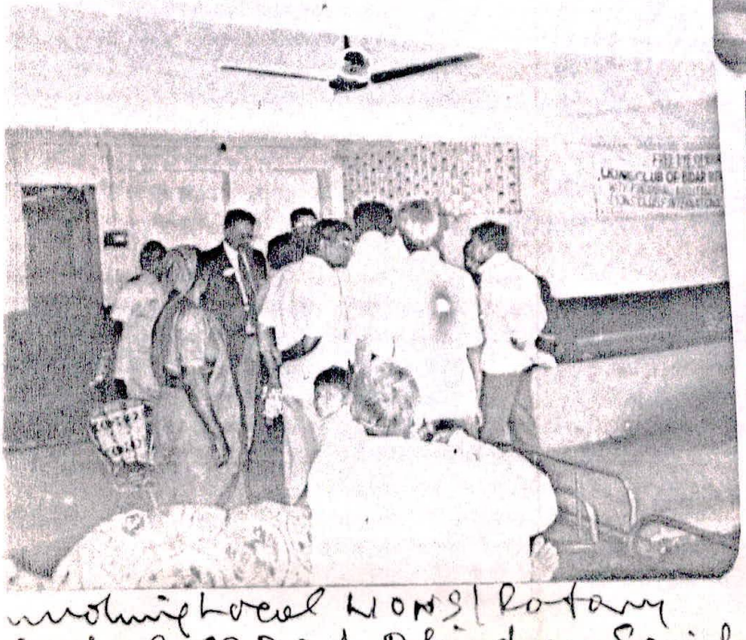
...Check up. Aids, Leprosy, Pulse polio awareness



Some of the batches of village health workers, Youth with a mission, INTERNATIONAL - GLOBAL Exchange Stud



deeply involved in sharing care and inspiring one anoth



working Local LIONS/Rotary
Clubs, RCSB Dist. Blindness Society

EL BABY CLINIC - Maternity and child care reducing Maternal & infant mortality at LION Dr. SALINS HOSPITAL BY Ln & LL Doctors SALINS

SIGHTSALING, SIGHT RESTORING OPERATION CONDUCTED AT LION SALINS HOSPITAL EVEN FO NEGLECTED LEPROSY AND OTHER HANDICAPPED TO BE USEFUL MEMBERS OF SOCIETY & DIGNI

HELPING THE HANDICAPPED

BLIND LEPROSY PATIENTS

Complementary national health & development agenda, Mobilizing the needed money, manpower and material

VELEMEGNA GOOD NEWS SOCIETY HOSPITAL

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Founder / Director / Vice-President

(Lion) Dr.A.C.Salins

M.B.B.S.

C. Accunipuncture (Japan) C.C.E.H. (London)

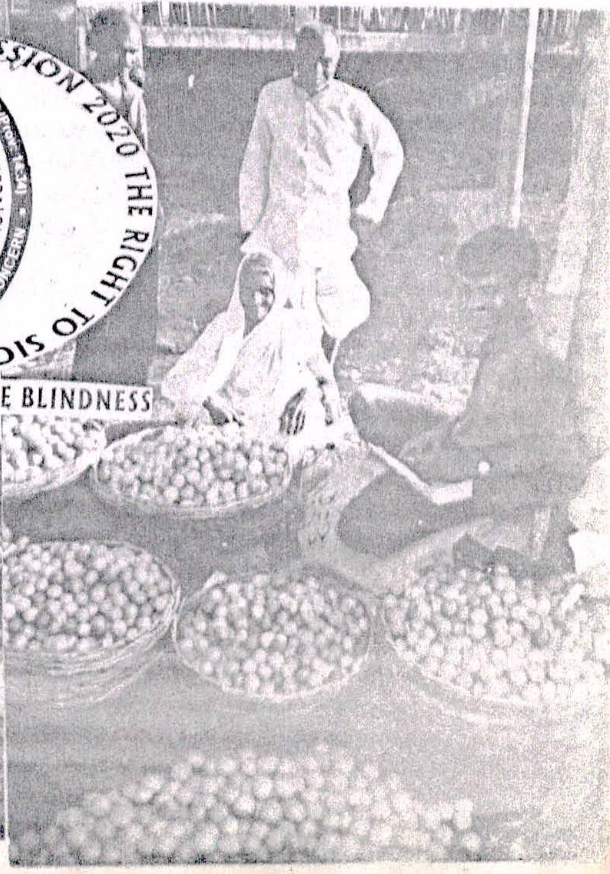
Complimenting National Agenda - During 52 Years of India Independence While Commemorating 35 Yrs of womb to tomb and beyond the tomb yoomen service let us strive together prayerfully, meeting the total needs of the sick, poverty stricken Communities, deserving individuals, irrespective of cast, creed colour, race with help of God. Govt. Gods Children (Precious Prayer Partners) fighting deseases, demons within/without the congregations, Country for a happy healthy prosperous national, International peace on Earth and goodwill under Fatherhood of God and Brotherhood of Mankind with mutual love, respect and Christian concern for wholistic development during 2000 A.D. & New Millennium.

"HELP US TO HELP THE HANDICAPPED" "VISSION 2020 THE RIGHT TO SIGHT"

RIGHTEOUSNESS EXALTETH A NATION, BUT SIN IS A REPROACH (PROV. 14:34)
ATTEMPT GREAT THINGS AND EXPECT GREAT THINGS FROM GOD
WHERE THERE NO VISION PEOPLE PERISH
BY LOVE SERVE ONE ANOTHER
GOOD NEWS FAMILY WELFARE CENTRE
RELIEF · TEACH · HEAL SOUL · PREACH · REHABILITATE
SIGHT FOR THE BLIND
JESUS SAVES SINNERS
SMILE JESUS LOVES YOU
BLESSED ARE MERCIFUL THEY SHALL OBTAIN MERCY
TOTAL COMMUNITY DEVELOPMENT OUR CHRISTIAN CONCERN

CURING AND PREVENTING AVOIDABLE BLINDNESS

RED LEPROSY PATIENTS' ...LIES WORKING AT CHITALI DABAD FARMS FOR EARNING ...ME WITH DIGNITY



HATNALL
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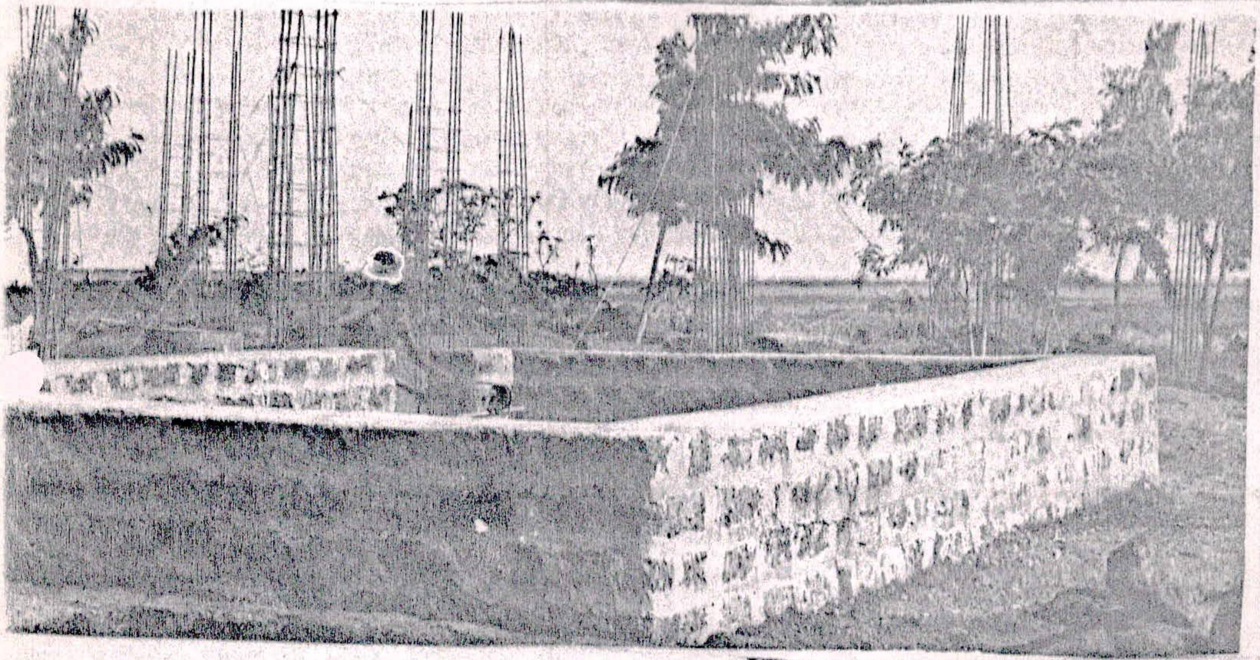

wall
built
around
deepened
well
to
prevent
accident &
contamination

Community
Hall
cross Room
of chatnalli
leprosy
Rehab.
centre

Communit
irrigation
well tapping
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Dry wells
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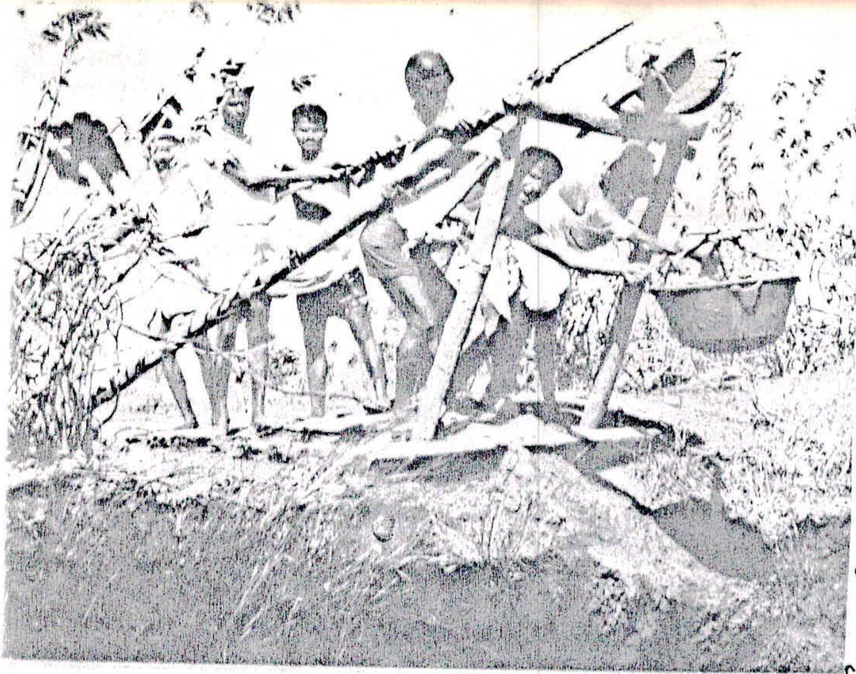
for food &
fodder
cultivat



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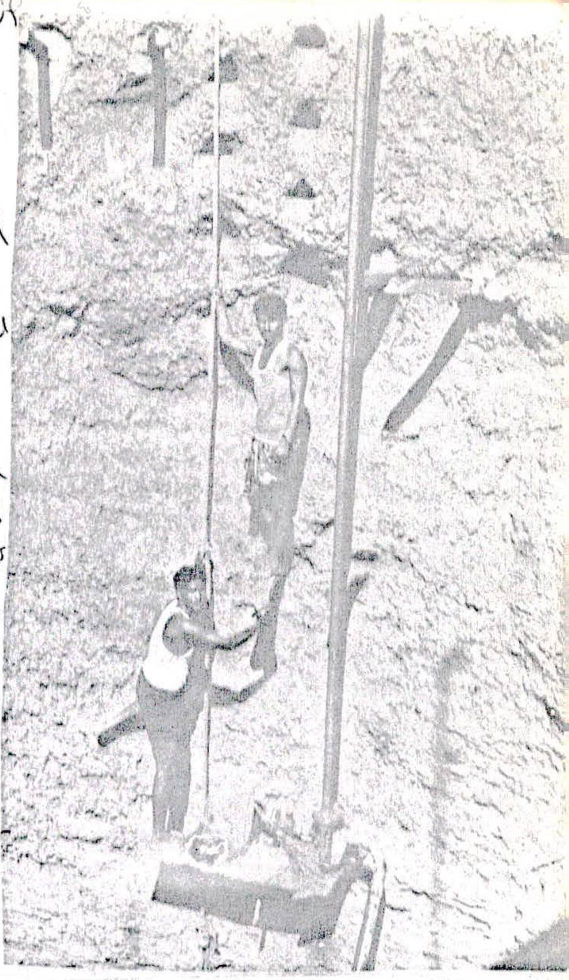
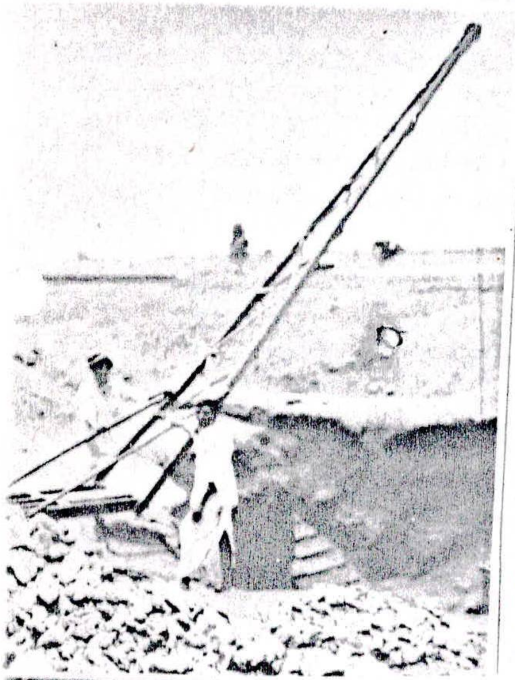
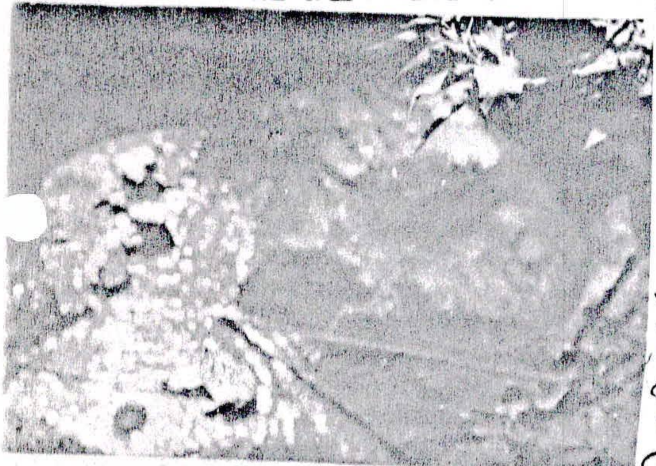
Dug well tapping water Resource for food fodder cultivat.





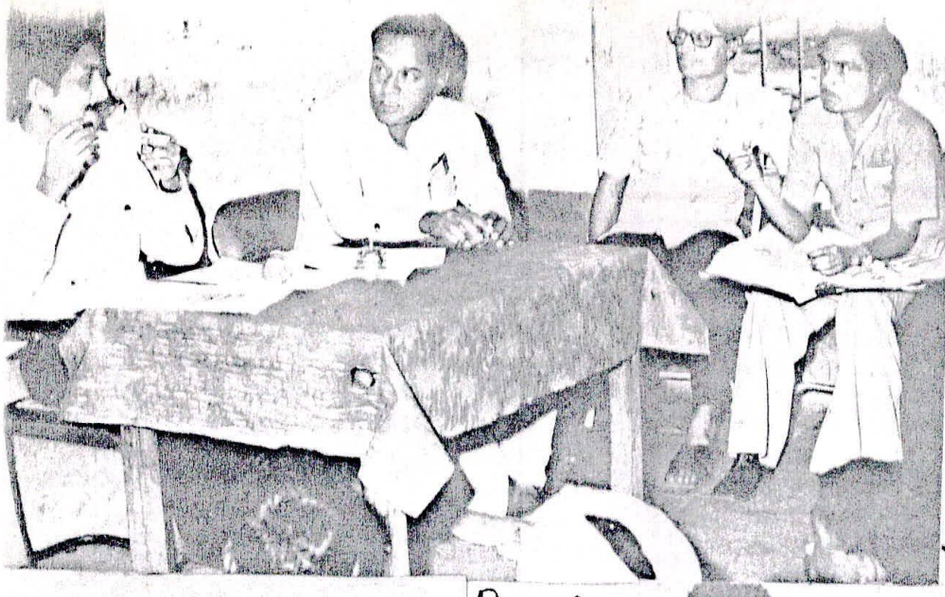


AS Home Guard Medical STAFF officer Dr. Salins VISITED Graciously ~~along with~~ then Devpt. Minister for ~~along with~~ Rural Devpt Commission

Hon. Minister for co-operative Banks along with sev. Govt. + Panchayath leaders attended our EYE camps

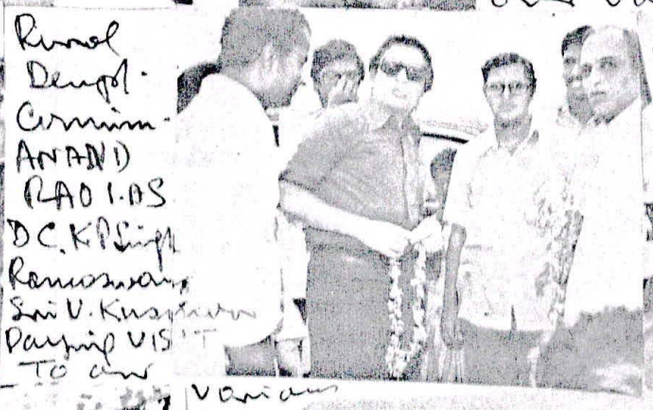
aying
ordolis
Kadwad
ral health
devpt.
centre ↓

health + ↑
Devpt.
awareness
Exhibitions

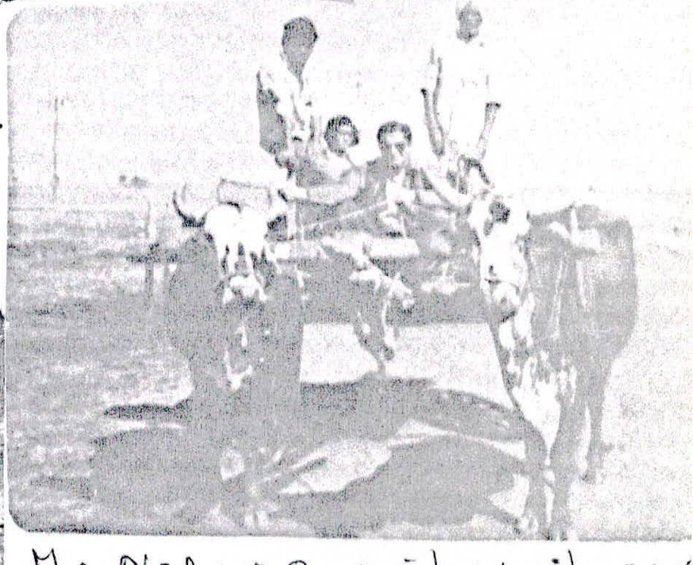


D.C. Shantharam Commi
Rin Sanga took ke
interest to inspect Incom
our various Proje

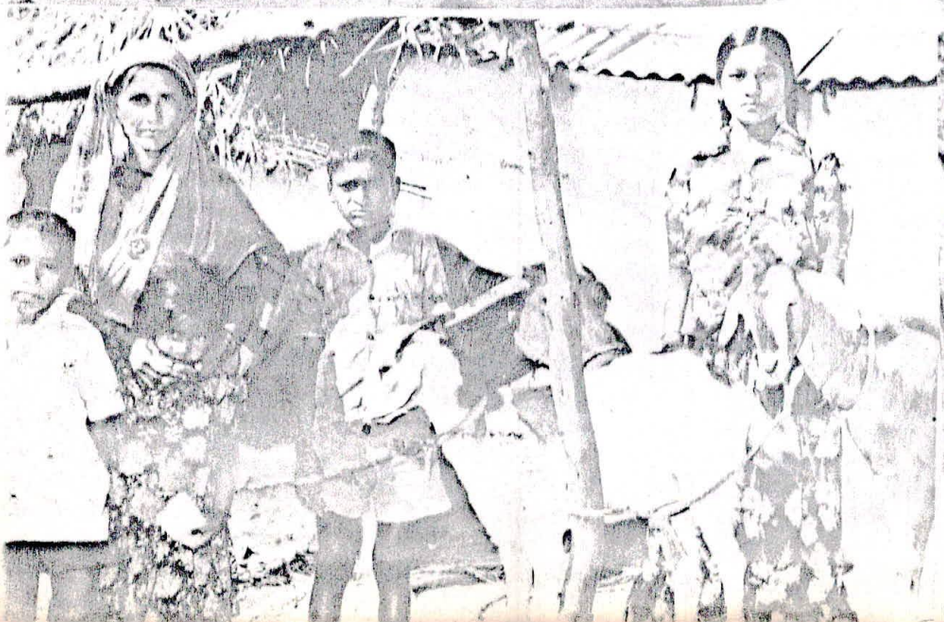
Rural
Deptl.
Commr.
ANAND
RAO I.AS
D.C. K.P.Singh
Ramaswamy
Sri V. Kuppuram
Paying VISIT
TO our



Various
Rural
Deptl.
Centers



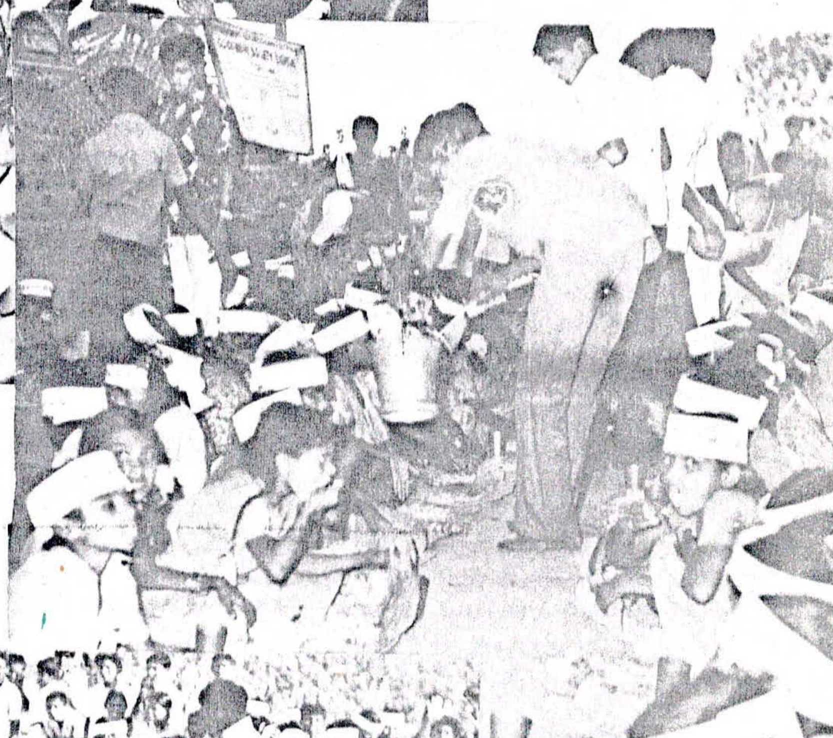
Mr. Nagappa with wife and
Children are given bank lo
with subsidy for Bullock c
with Velanelpre Society
Collateral security kept at SB
Land Bank - Bidar



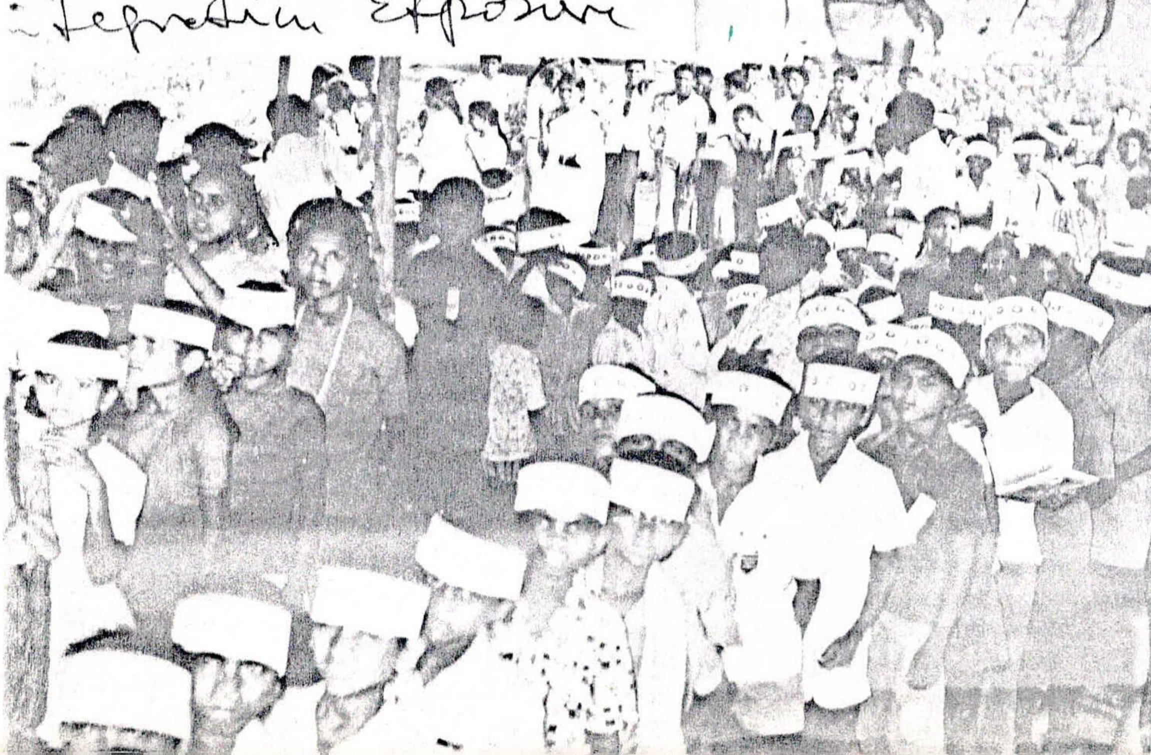
More than ₹10,00,000
loan for more tha
300 families got all

Vocation
Bible school
youth sport
and cultural
activities
in and around
Godwad
Kampton
Banidobual
Chitnalli

VILLAGES



with active local
youth getting moral
spiritual, national
integration Exposure



Along with
nutrition
food
supplement
physical
Exercise
cleanliness
awareness
camps

AT CHATNALLI
BARI DABAD NEWLIFE COMLEX ORGANIZING FOOD, HO

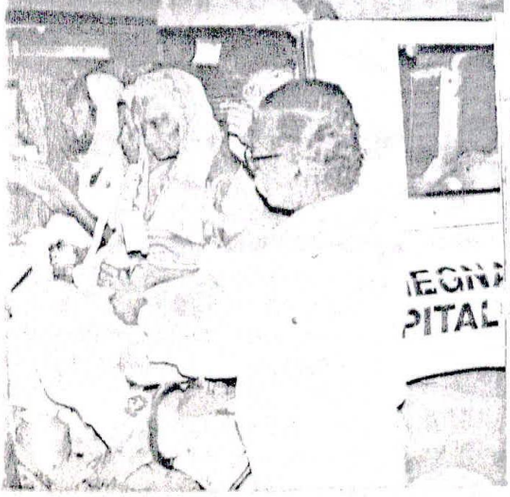
FOR EARLY DETECTION OF DISEASE

DISABLITY

COMPLIMENTING NATIONAL AGENDA - DURING 50 YEARS OF INDIAN INDEPENDE

While Commemorating 33 yrs of womb to tomb and beyond the tomb yeome ices let us strive together prayerfully meeting the total needs of the sick, stricken communities deserving individuals irrespective of cast, creed colou with help of God, Govt, Gods children precious prayer partners fighting dis demons within/without the congregations, countrys for a happy healthy pros national, international peace on earth and goodwill under fatherhood of God and orhood of mankind with mutual love, respect and christian concern for wholi velopment

CURING AND PREVENTING BLINDNESS



Blessed are They That Consider the Poor Through Following Meaningful Health Development Projects

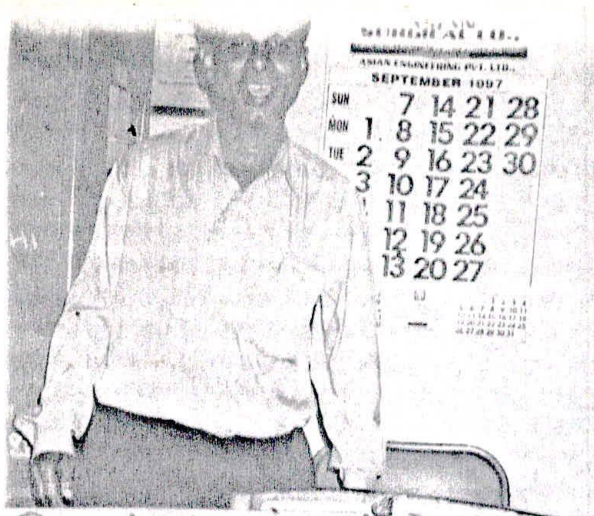
RIGHTEOUSNESS EXALTETH A NATION, BUT SIN IS A REPROACH (PROV. 14, 34)

Dear friends & Prayer Partners, Give Go or Send Prayerfully with your regular financial support through VELEMEGNA FCRA.

A/c. No. 9996 at Canara Bank, Bidar for Foreigners and A/c. No 6958 at Karnataka Bank, Bidar for Indians enabling our Velemegna Society, Bidar - 585 401. Karnataka, India.

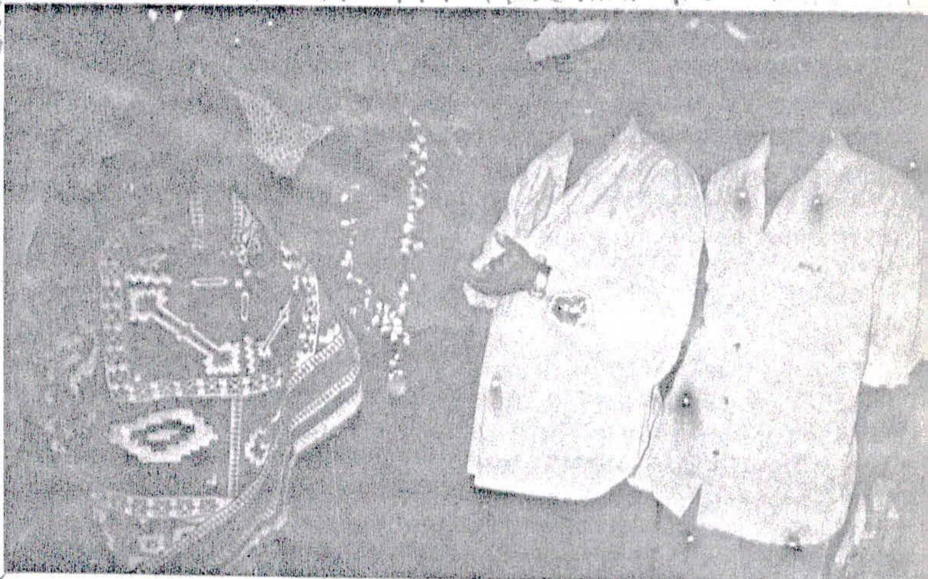
Patronising some of the following worthy long awaited programmes by faith in God, God's Children and Government.

1. Comprehensive opthalmic service preventing and curing avoidable Blindness in the most backward district long awaited.
2. Indra Gandhi Memorial Rapidly "ARRRESTTT" Leprosy (Awareness, Relief, Research, Rehabilitation, Educate, Survey, Train, Trace & Treat) bringing new hope-facing challenges, using W.H.O. recommended multi-drug Theraphy, Training Trainers for rapid cure of Leprosy.
3. Establishing 50 Bedded Referal Diagnostic cum Training Centre. General Hospital in urban, slum areas and 50 Bedded opthalmic wing with Staff Quarters, Office, Community Hall. Helping the Handicapped, including Nursing and Bible School.
4. We needed two Mobile Medical Teams, Covering various Mini Centres, Eye-camps, Family-planning, Under Fives ANC. Immunnization, School Health Programmes. For proposed optimum services.
5. 50 Bedded Leprosy Hospital and New Life Village Complex at Chatnalli, Baridabad Village after Pre, Post Operative Psysio-Theraphy, for care of hands, feet, eyes. Training multiple handicapped.
6. Artificial Limbs, Reconstructive Plastic Surgery, Rehabilitating atleast 200 Ostracised Leprosy begger families to begin with, by aquiring additional government and Private land.
7. Relief and rehabilitation of Disaster Victims, Widows, Orphans and Aged Destitutes, Job oriented training of unemployed Youth



treasurer/Manager is a happy
content
cured leprosy patient, rejoi
in his new found faith and
healing by LORD Jesus Christ
continues to be an active
living positive witness where
SPIRIT LEAD he conducts health educati
teaching, preaching & healing camp
bringing many to CHRIST + hospital
BIBLE STudies, PRAYER AND FELLOWSHIP

Prabhakar Salins WITH FLOWERS
rother of Dr. A.C.Salins
n EX AIRFORCE Officer
ot total deliverance
rom demon of alcohol
30 yrs ago + happily BIDAR is now
itnessing and sharing
is living testimony
mong our Bidar/RURAL
taff + village cottages
urch meetings whenever
visits BIDAR his Spiritual BIRTH PLACE

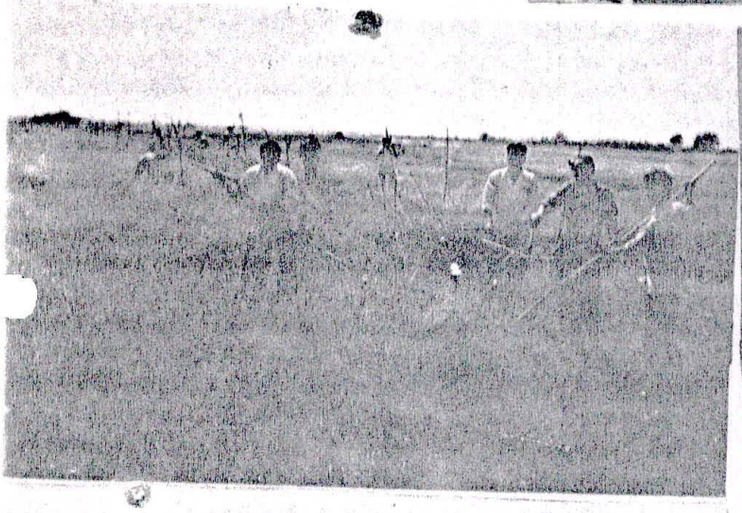


Our Local Bidar in Charge Honorable minister
eputy Commissioner, Chief Zilla Panchayath Official
adies club members attending health + Devpt. Exhibition

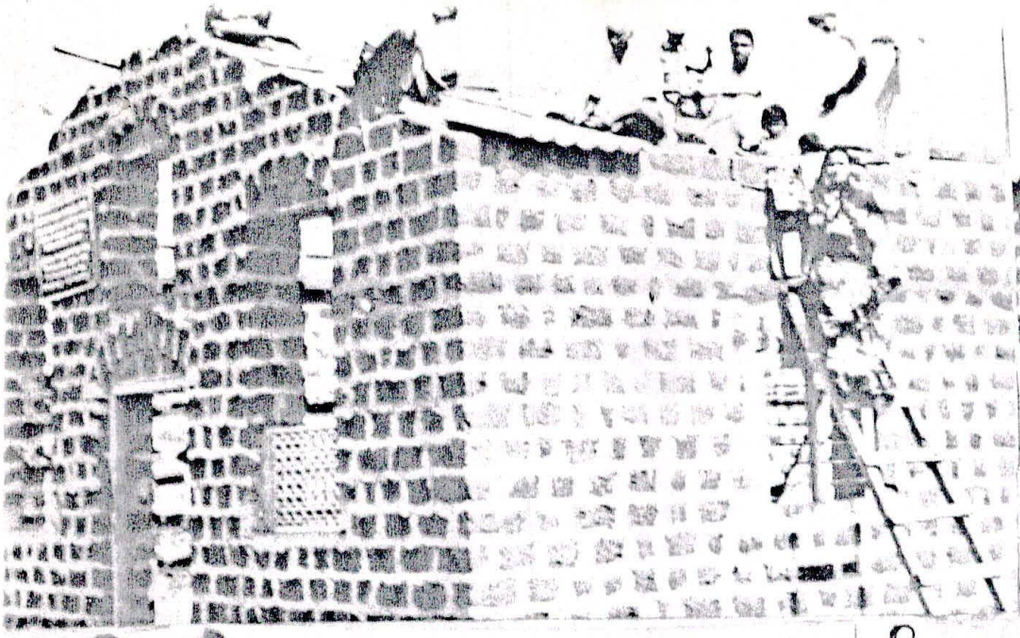
Raisin fund to help Visua + other Poor HANDI CA

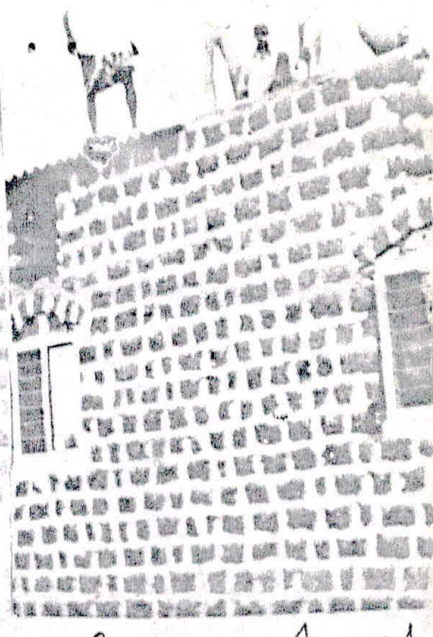
STUDENT NURSE AND PARA
Medical workers receiving
training at Velemane ...

Sapling/Planting by help of DEO- Team - BIDA



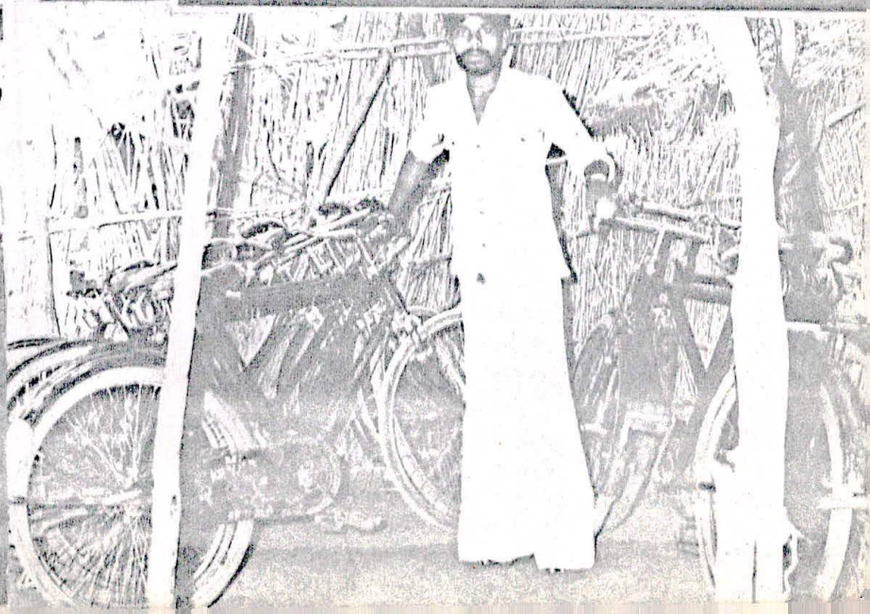
Afforestation, fodder cultivation Programme
environmental sanitation
awareness Programme
using idol and leprosy patients
labour, food for work
along with national
International
volunteer
Trainees



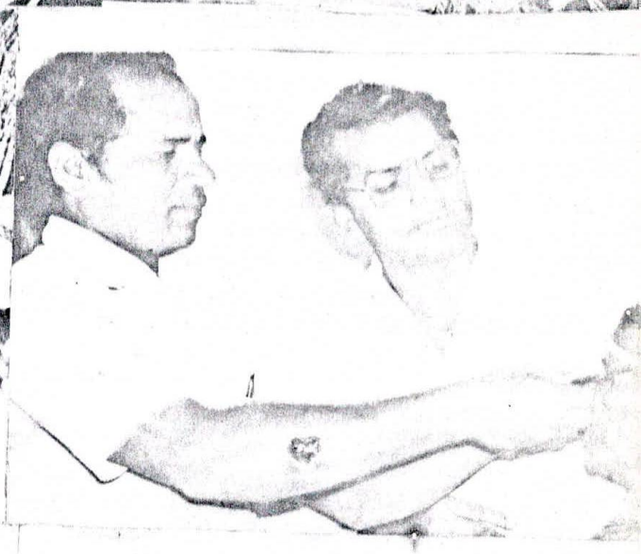


Rural Empowerment
to local community
Participation

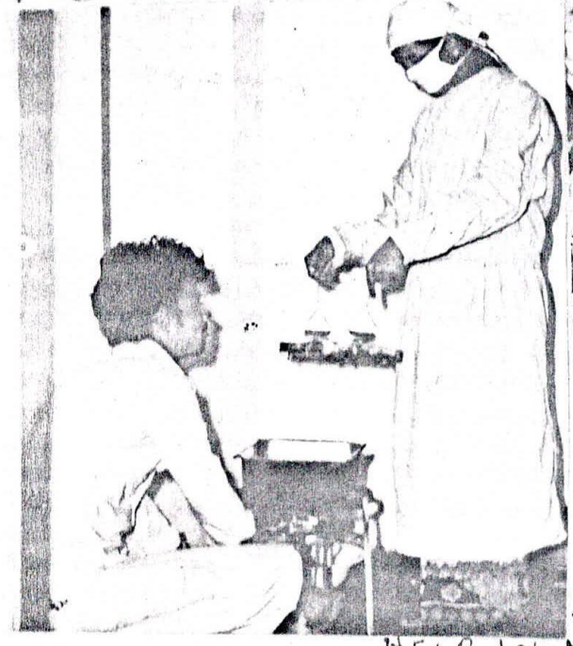
ERICULTURE, AGRICULTURE
ORTICULTURE, AFORESTATION
NIMAL HUSBANDRY
CTTY SHOPS FOR SELF EMPLOY MENT

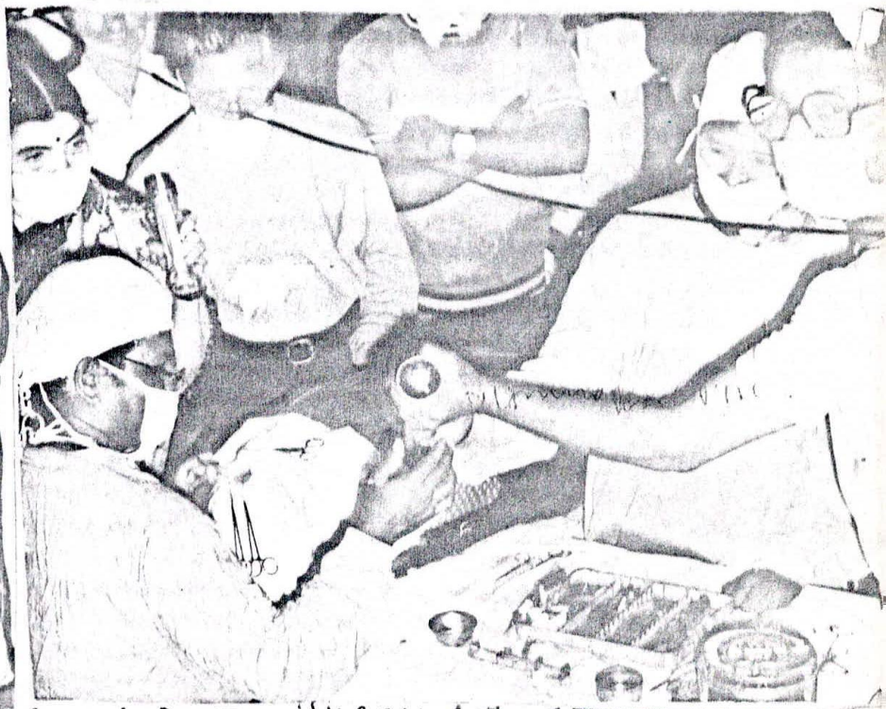


Some more backs of Patients alongwith Ophthalmic Staff & trained volunteers helping in

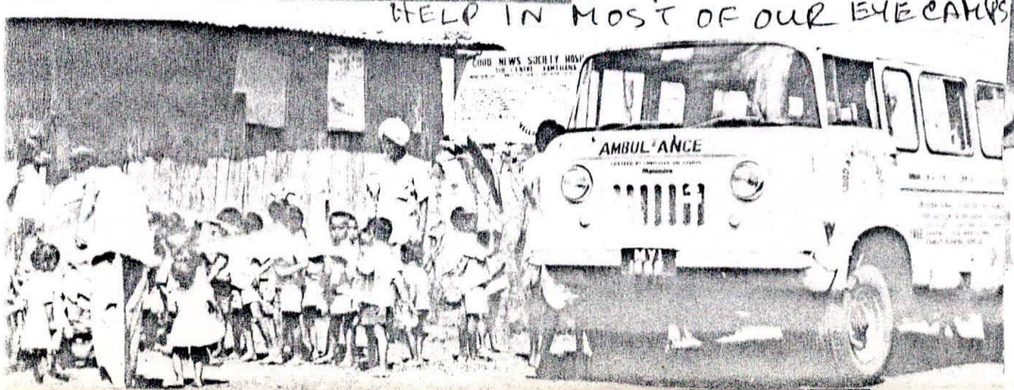


different Thodnka Machayeh, PHC re EYE CAMPS.

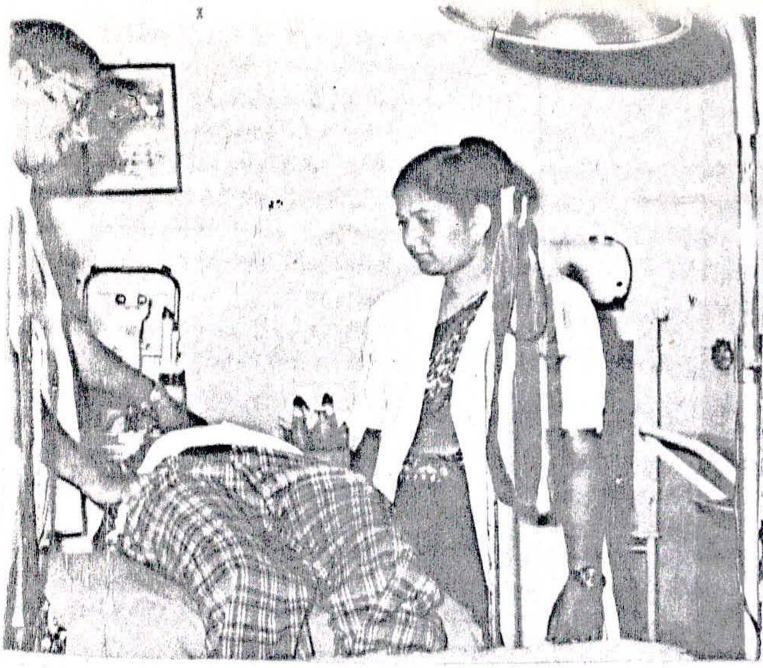


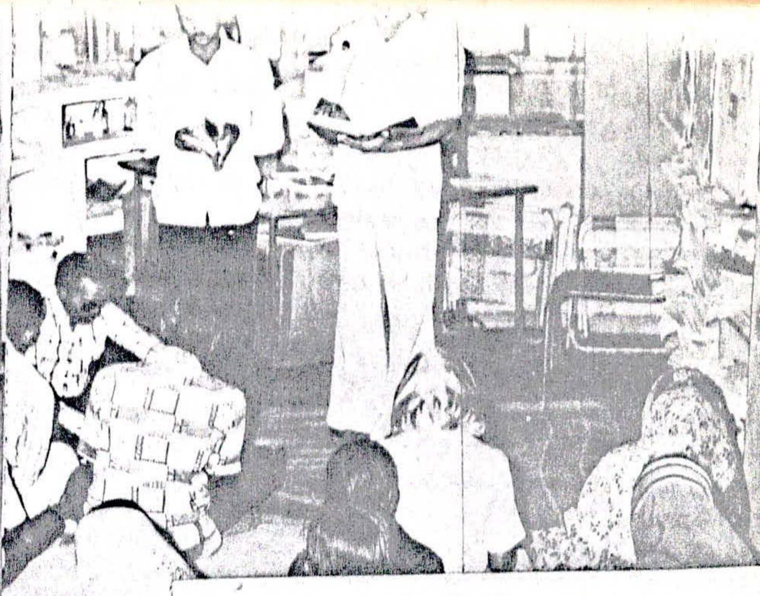


Good. Dr. T.N. HIREY took keen interest to HELP IN MOST OF OUR EYE CAMPS



Post-op. EYE CAMP Batch of Patients a



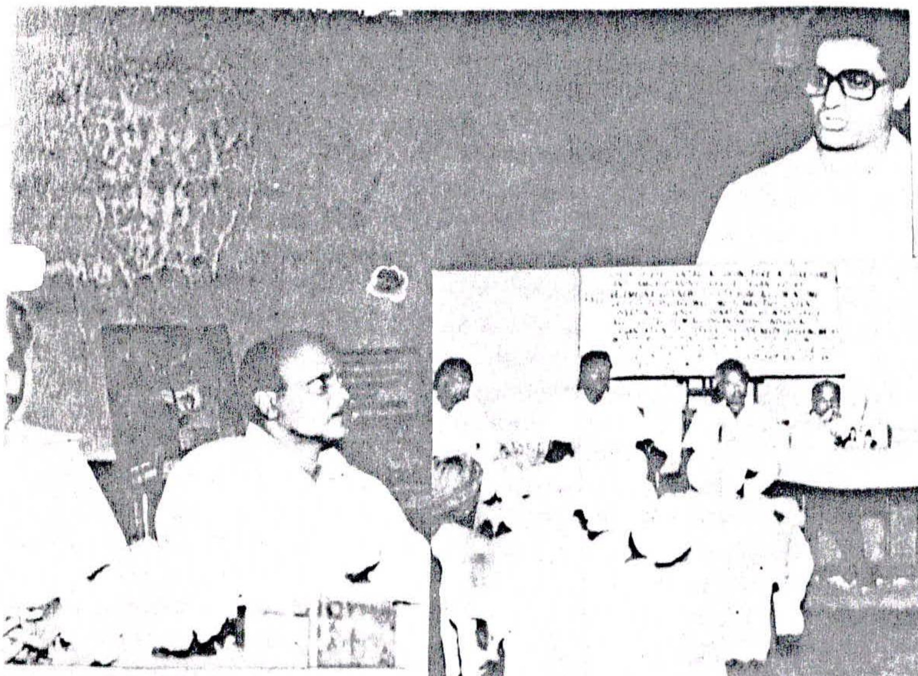


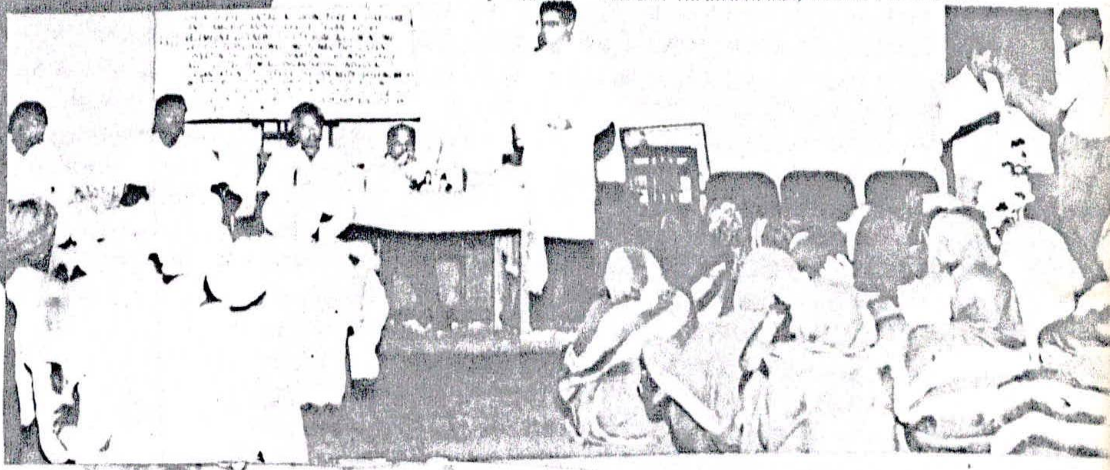
Dr. A.C. Salins, M.B.B.S.,
C.C.E.H. (I.E.H.C. London) C. Accupuncture (Japan)

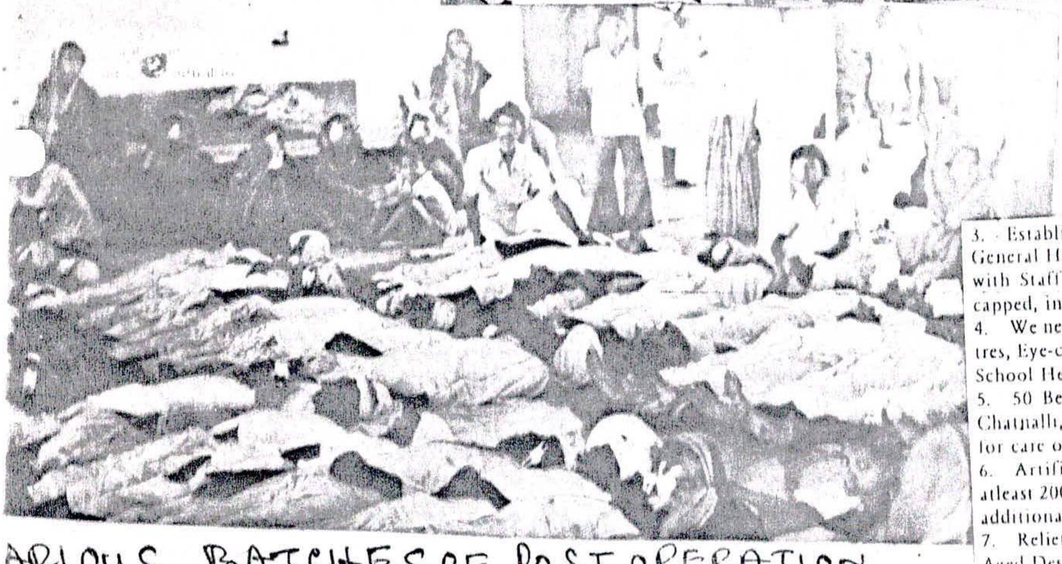
"HELP US TO HELP THE HANDICAPPED"

Founder Director

VELEMEGNA GOOD NEWS SOCIETY HOSPITA
BIDAR 585 401 (KARNATAKA) INDIA. PHONE/FAX : 08482 - 254







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ARIOUS BATCHES OF POST OPERATION
YE CAMP Patients at
ozwakolyana Hunnabad
bidar arkar.

PLIMENTING NATIONAL AGENDA - DURING 50 YEARS OF INDIAN INDEPENDENCE

Commemorating 33 yrs of womb to tomb and beyond the tomb yeomen let us strive together prayerfully meeting the total needs of the sick, povert en communities deserving individuals irrespective of cast, creed colour, race help of God, Govt, Gods children precious prayer partners fighting diseases ns within/without the congregations, countrys for a happy healthy prosperous al, international peace on earth and goodwill under fatherhood of God and Broth d of mankind with mutual love, respect and christian concern for wholistic de ment

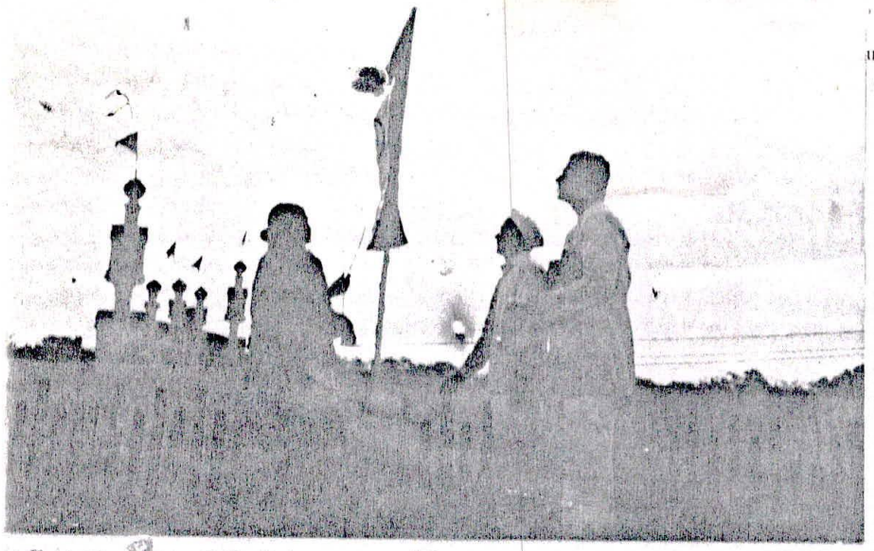
50

CURING AND PREVENTING BLINDNESS

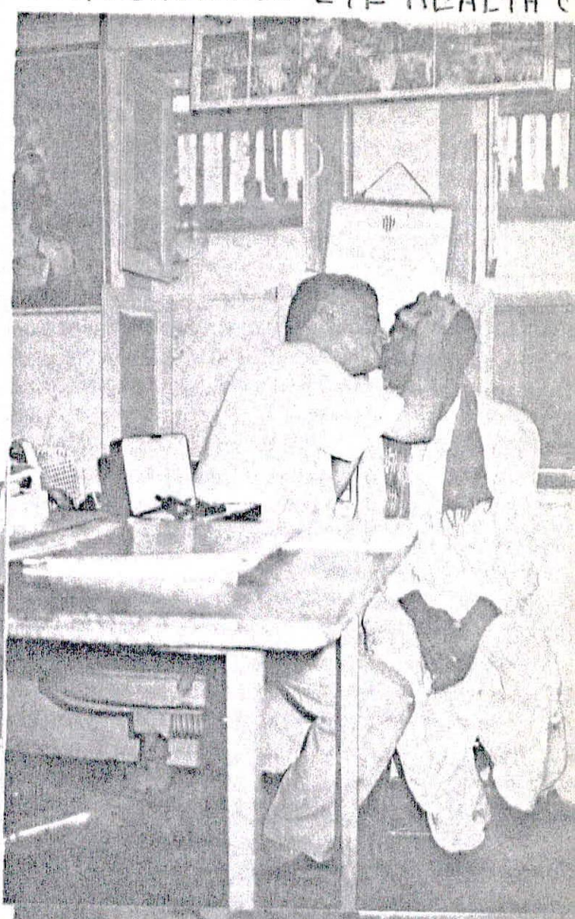
INTERNATIONAL
community ophthal
STUDENT TRAINEES

ational ophthalmic
nference dele gates
New Delhi

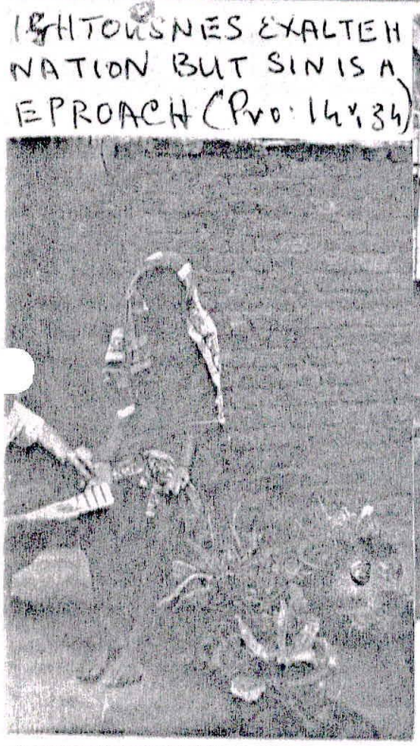
International, National trainees
from 19 countries in India and UK
under-take leadership [illegible]



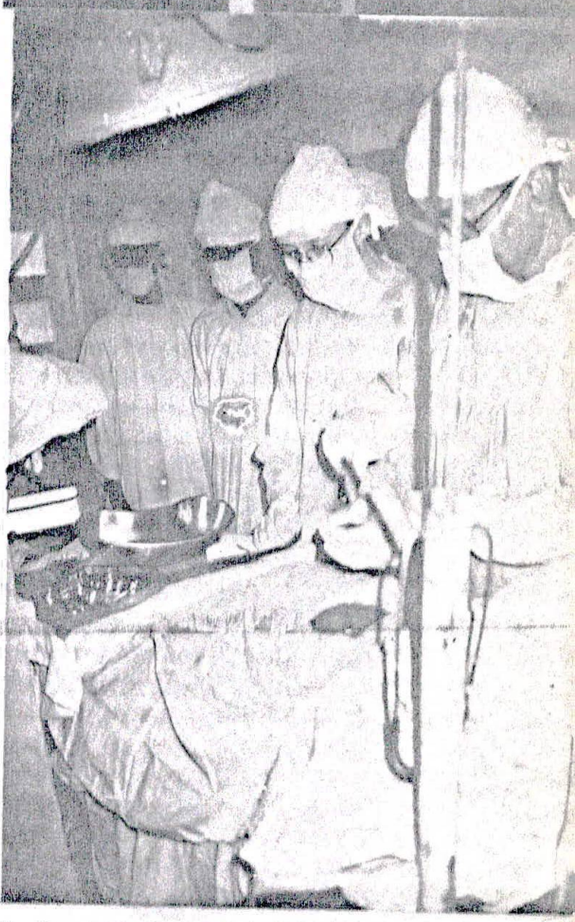
COMPREHENSIVE EYE HEALTH C

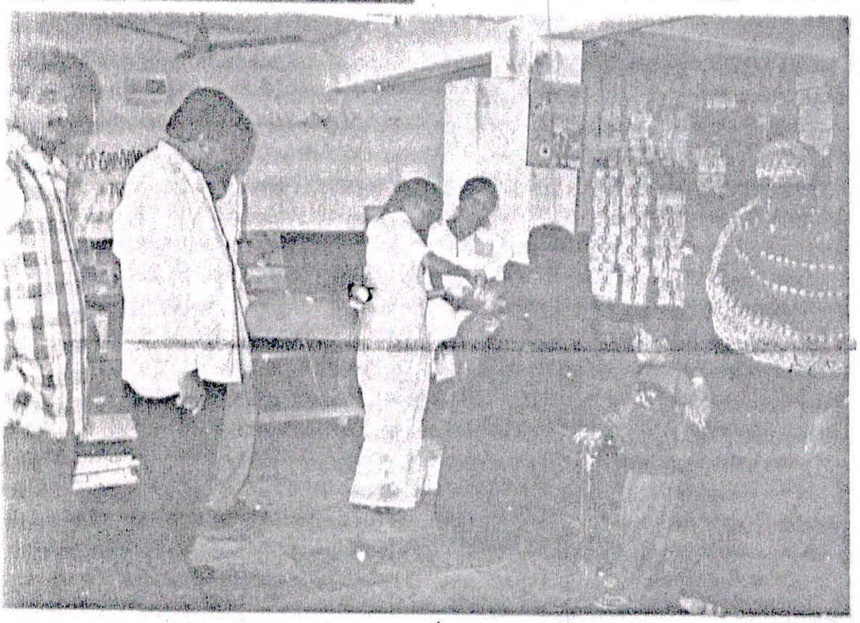


IGHTOUSNES EXALTEH
NATION BUT SIN IS A
EPROACH (Pro. 14:34)

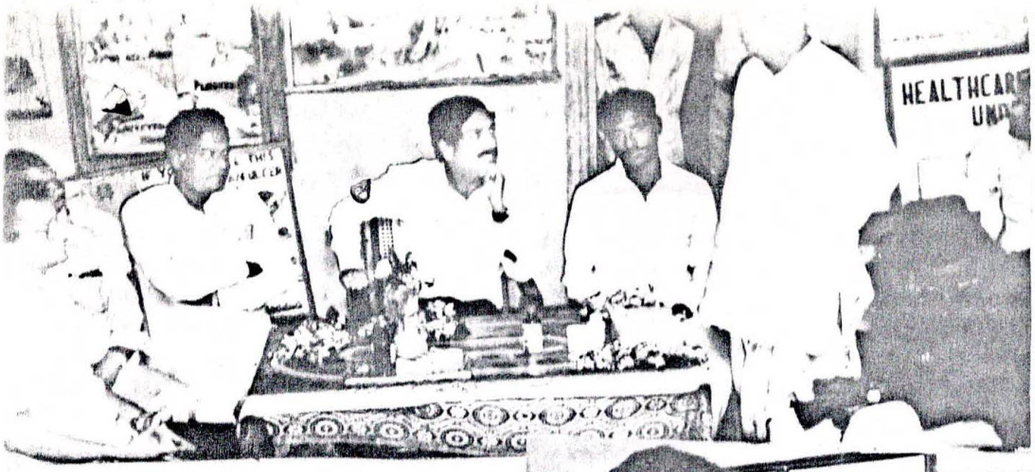


MCH, IMMUNIZATION
FAMILY PLANNING, ORT
COUPLE PROTECTION



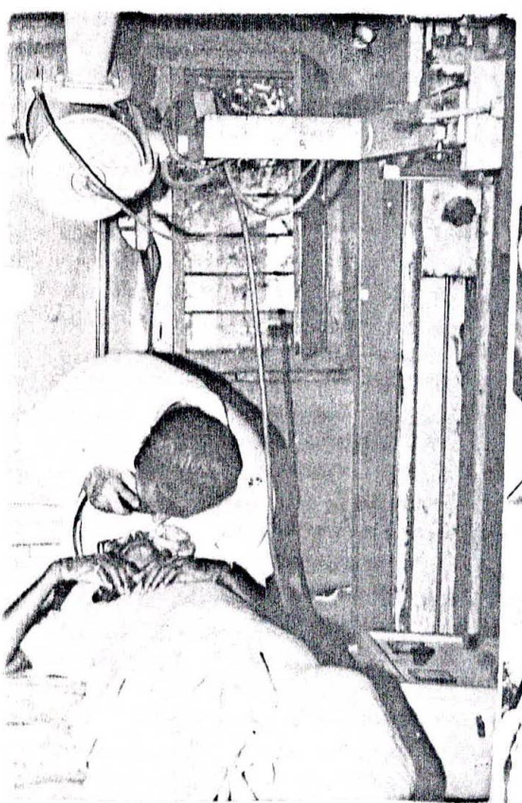


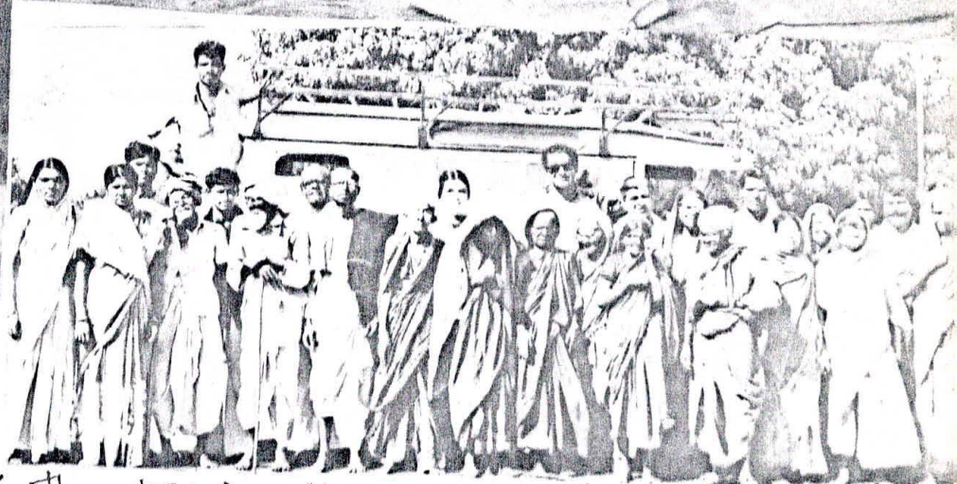
APIDLY LEPROSY "ARRESTTT" AWARENESS, RESEARCH RELIEF
EHABILITATION, TRAIN, TRACE TREAT" BY EARLY DETECTION REGULA
NO RECOMMENDE MULTI DRUG (MTD) PREVENTS DEFORMITIES CURE DISEA



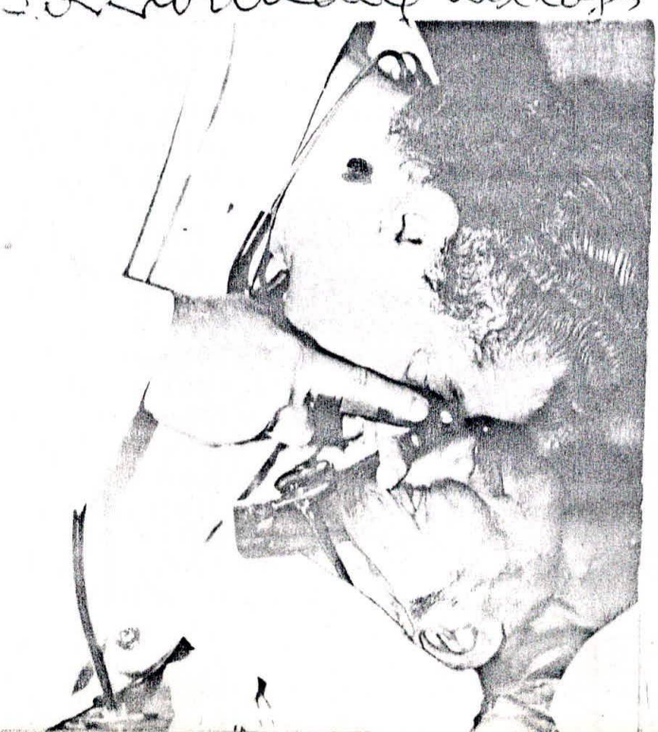
Deputy Commissioner Sri Shanthamoorthy Commercial alongwith Bagalkot Panchayath leaders keenly participated in our FREE EYE CA health & Deptt. Exhibition

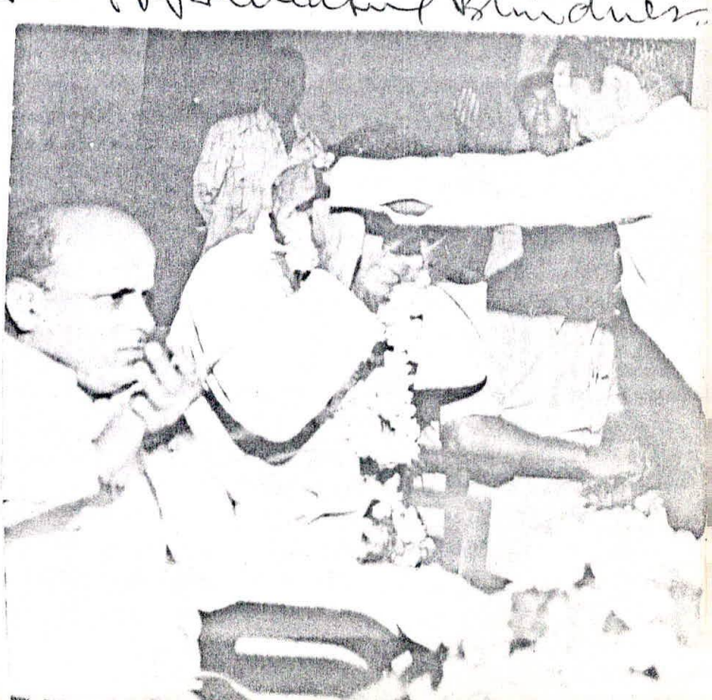
X-ray - Bland, DARK Room - for Fundus copy

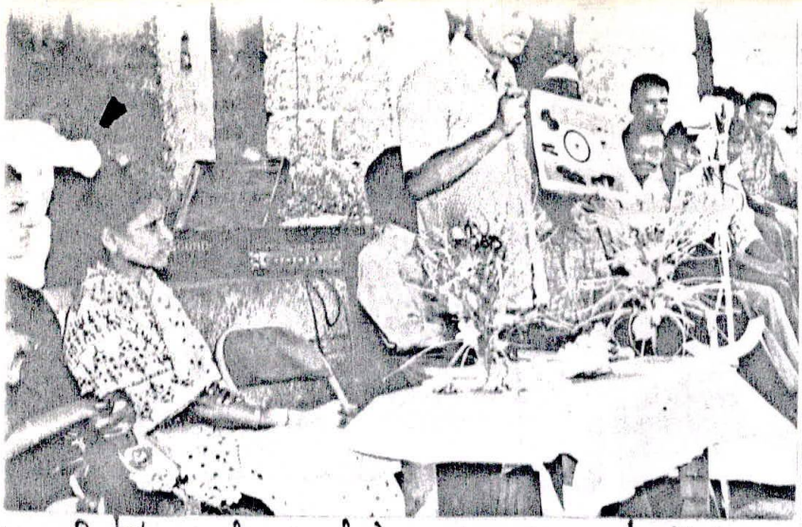


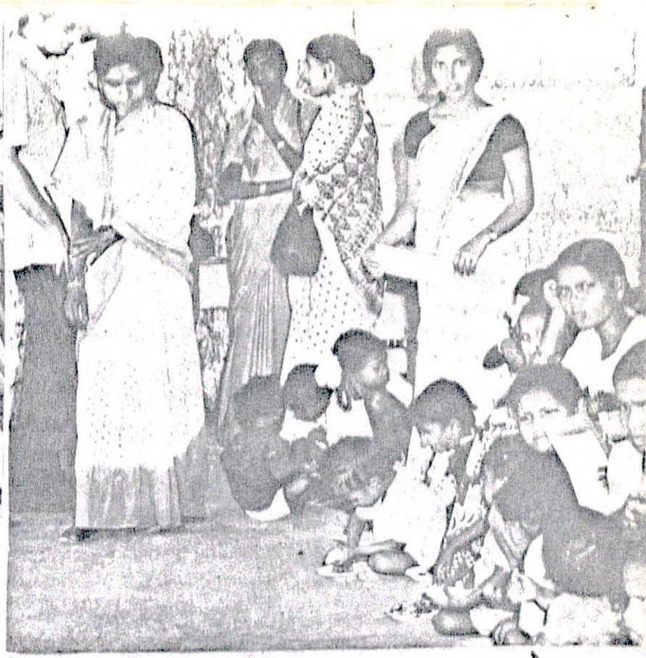


Various aspects of the free eye camps conducted throughout the Bidar District and Surrounding villages







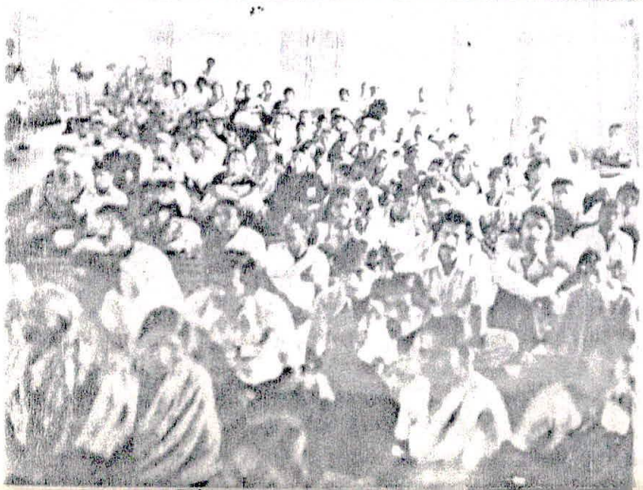


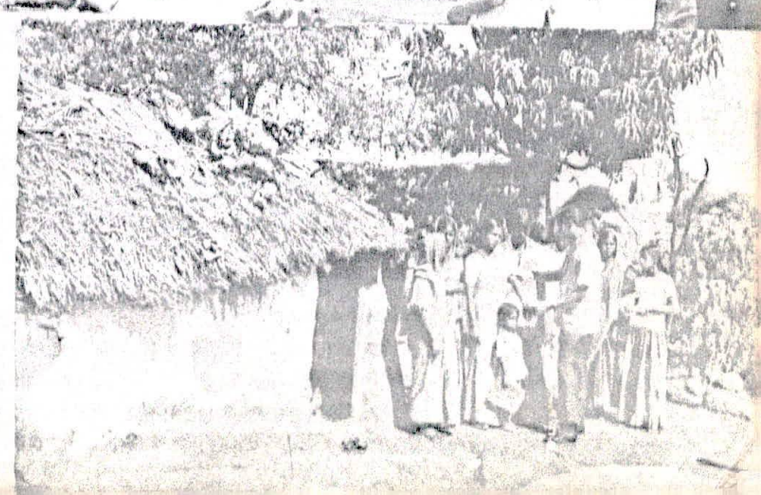
Health education on nutritional food, Safe Drinking water, Safe delivery

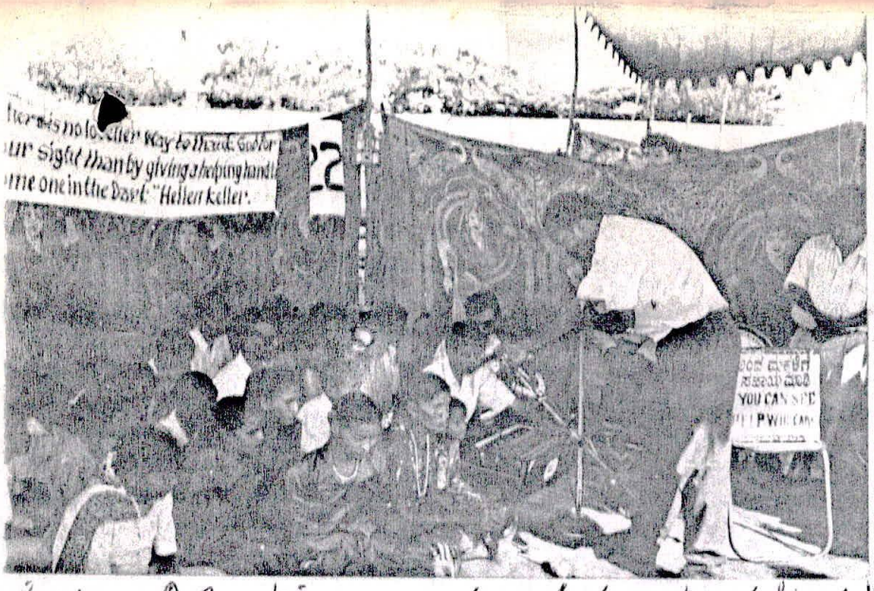
Antenatal & common Disea

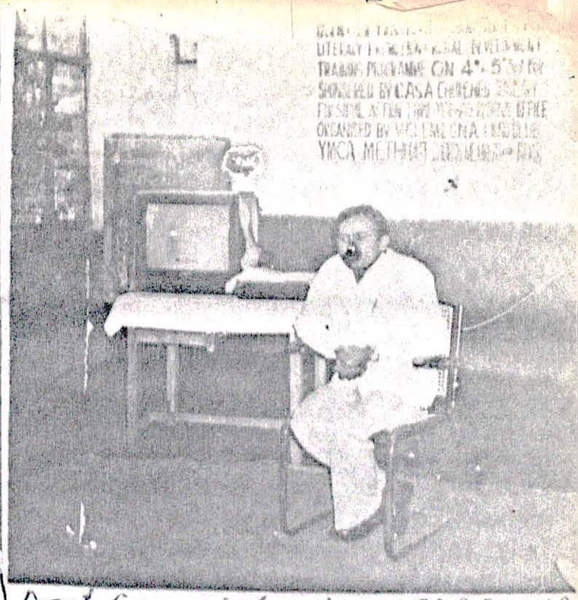
Some tumours/operated Specimut at Ombase Hosp.

Some aspect of our total community health & Dept. Programs in adapted villages visited by Official/Non Offici



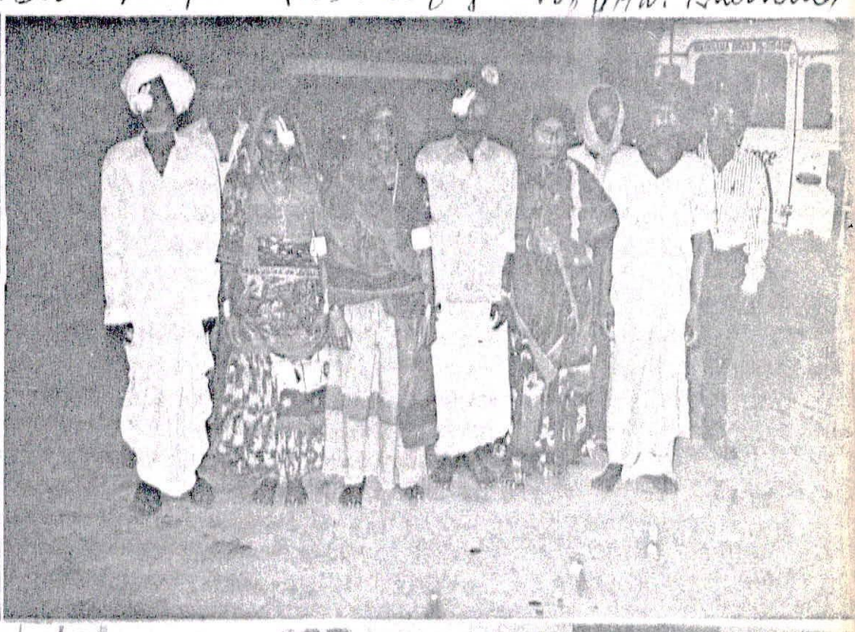


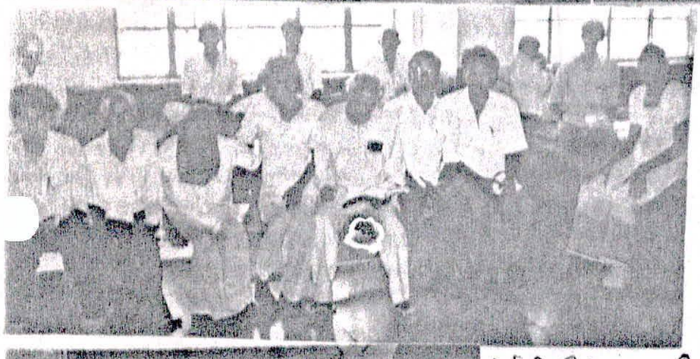




ping Asha kiran school for the blind
th Braille printer and all possible help

Asst. Commissioner Smt VEDAPRAKA
as chief guest of HHW. Training





VARIOUS ASPECTS of
training staff and
volunteers for comprehen-
sive community health
and and rural deptt.
including Blind, handicapped
old aged destitutes, orphans

ing for emergency
ed by patients

BUDGET

Non-Recurring Expenses (In Lakhs of Rupees)

A. BUILDING 1) Hostel for men and Ladies (to accommodateA 30 each)	a. Dormitory with bath toilets 30X30= 900sqft	2,70,000
	b. Dinning Hall/Pantry & store house, Kitchen.	2,00,000
	c. Two rooms for resources persons(Guests)	70,000
2) Garage for Motor Vehicle	=(One Big) Garage	40,000
3) Training Halls/Sheds Rs.4.50 per sqft.RCC	= 5 Sheds each 1000sqft	4,50,000
		10,30,000
B. MOTORS VEHICLE		
1) Van for training units	= One	3,50,000
2) Jeep with Trolley	= One	2,00,000
		5,50,000
C. TRAINING MATERIALS: (Infrastructural)		
1. Carpentry tools	=2 sets	10,000
2. Sewing Machine	= 20 Nos.	20,000
3. Knitting Machine	= One	11,000
4. Knitting machine for Leather	= One	15,000
5. Weaving equipments	= Two Sets	14,000
6. Tools /equipments for motor mechanism	= One Set	10,000
7. welding, lathe, motor winding	= One set	1,00,000
8. Silk reeling Equipment	= One set	1,00,000
		2,80,000
D. FURNITURE'S:	65 Beds, 60 Shelves Cum Tables, 80 Chair & 25 Stools, 5 Small & 10 big Almirah.	**2,00,000**
RECURRING EXPENSES:-		
A. SALARY:		
a. Project In-Charge	One (2000X12)	24,000
b. Instructors/teachers	6X (1000X12)	72,000
c. Helpers (Cooks)	4X (500X12)	24,000
d. Watchman	1X(800X12)	9,600
e. Maintenance Staff	3X(600X 12)	72,000
f. Driver	2X(1200X12)	28,800
g. Honorarium of Resource Persons	(500X12)	6,000
		1,71,600
B. GENERAL ADMINISTRATION:		
a. Salary for Accounts assistant	(1000X12X1)	12,000
b. Typist	(800X12X1)	9,600
c. Stationeries/ Correspondence	(200X12)	2,400
d. Vehicle & Fuel Maintenance	(800X12)	9,600
e. Building Maintenance	(200X12)	2,400
C. TRAINING MATERIAL: for raw material for tailoring, silk reeling, weaving, carpentry, knitting, candle/matchbox, motor winding, Welding etc.	30,000X12	3,60,000
D. FOODING FOR TRAINEES: Rs. 15/-per day per head for 70 persons	15X30X70X12	3,78,000
TOTAL EXPENSES:		
1. Non Recurring (Total of A.B.C.D)		20,60,000
2. Recurring Expenses (total of A.B.C.D.)		9,45,600
For miscellaneous expenses		4,400
Add 10% for Inflation		3,00,000
	GRAND TOTAL	**Rs.33,10,000**

COMH-35

FOREWORD

I consider it an honor and privilege to be asked to write a foreword to the book of Dr. S. Salins, narrating her life's journey.

Here is the story of a dedicated and committed couple who made a daring adventure in faith from the prime of their youth, in a needy area, teaching, preaching and healing. I knew personally Dr. Sushila and Dr. Christopher Salins for nearly two decades from the early stages of their venture, first as a board member and later as the President of the VELEMEGNA Good News Society.

I have great admiration and appreciation for their sincere concern to meet the dire needs of the deprived, marginalised and exploited village folks, in the outskirts of Bidar. They have spent themselves for the last twenty six years, in alleviating the misery and suffering of these people, without counting the cost. In their enthusiasm in meeting some urgent needs, there were events when they incurred heavy debts and even had to pawn their personal belongings including their wedding rings. There were occasions when the governing board had to caution the Salins against taking high risks. Society's interest often superceeded their personal interests. The governing body onceh ad to decline to accept the offer of their personal building property and its premises worth lakhs of rupees to the society. Later on they registered it in the Name of the Society. But now looking back after some years one realizes that the abiding grace of our Heavenly Father was with them in their trials and threatening disasters. These were also opportunities to experience His love and grace in a greater depth. An ordinary evaluator may be quite critical of the outcome of some projects they under took, in terms of material benefits. But our Heavenly Father who looks at the motivation of persons, rather than performance, has rewarded them abundantly.

The ultimate way of judging the value of a book is to discover its effects on the readers. I hope the story of this adventurous life's journey will inspire many a youth to launch out in faith to the needy and neglected areas in the Lord's Vineyard, especially in North India and be His witness for the extension of His kingdom.

A.K.THARIEN
Christian Fellowship Hospital
Oddanchatram, S.India

IN SERVICE TO THE NATION

Serving others at the cost of your own self is not an easy task. it needs a Herculean desire and dedication to cover this treacherous journey. Even then people do come up for this job with a passion for God and Nation. Here is one such example - Dr. and Dr Mrs. Salins the Founders of Velemegna Society who are continuously toiling to make a better tomorrow for the people of today.

(Dr.) Mr & Mrs. Salins in interview with Dr. P.G. VARGIS
in Faith Today IET magazine, Oct-1998 issue

Dr P.G. : Dr Mrs. Salins, I was very impressed to visit your mission stations and see the social works in the Christian atmosphere when I visited your place in March 98. But to start with, tell us something about your family, education and domicile ?
Dr Mrs Salins : I have come from Nagercoil, my father was late Mr. P.V.Pauliah who worked in Sri Lanka estates, and my mother Daisy Pauliah who is 84 years old is living in Nagercoil. I have studied M.B.B.S. in C.M.C. Vellore in 1963 and received a Diploma in Public Health & M.Sc. in community Health in London in the year 1983-84.

Dr P.G. : Madam what made you give your life to Jesus ? and was it the same thing with your husband ?
Dr Salins :Until I was 17 years old I was a nominal Christian. In 1959 The Layman Evangelical Fellowship conducted the Revival Meetings in Nagercoil and at that time I confessed my sins and accepted Jesus as my personal savior. My husband too accepted Jesus in his 20th year during 1956.

Dr P.G. : Why did you choose to go and serve the leprosy patients ?
Dr Salins :After finishing our training in C.M.C. Velore we went to Karigiri inspired by our missionary teachers, to have experience in treating leprosy patients, as they are the most needy, neglected lot. Our vision was to go to Nepal or Bhutan. But the mission people pleaded for our service at Bidar as no others responded. doctors were not willing to serve in this remote district.

Dr P.G. : Who are the Indians who came to help you ? please do tell about them
Dr Mrs Salins :Brother Bakth singh and operational mobilization India team encouraged us by giving blank cheques and sending a team of volunteers preachers, teachers from Hyderabad, Sangareddy and Bangalore from time to time, Borther Zac Poonam often visited to minister Gods words. All of them encouraged us in this ministry to build on a solid Bible based foundation. Every Home Crusaders, Vishwa Wani. Gideon international, Evagelical Union & Eveanglical Graduate Fellowship members, local believers fellowships, voluntary health association of Karnatak and India, Leprosy mission CMAI, VHAI and WHO consultants encouraged with their prayers and timely visits. Dr A.K. Therian of Christian fellowship hospital, Oddanchatrum, Retd. Judge Sequera, Mr G.D. Kunder, Ex adminisrator CMC vellore and St. Marthus Hospital Bangalore. Dr. Jayson of CMC Ludhiana, Dr. Ranjedran of Methodist Hospital Vikarabad, Mr. L. R. Joshi, Mr. Danial Sundaraj, Dr. Matthew Finny of World Vision India. Mr. Ben Wati of EFI EFICOR, Mr. Michael Gnanadorai of CBM greatly helped in many ways with their practical suggestions finance and prayer support.

Dr P.G. : Please Tell us about the most testing moment you faced ?
a) During 1973 famine situation when patients paying capacity for medicines, food and travel was inadequate, we ended up with one and a half lakhs deficit, God helped through Christian Aid London, to clear the loan with heave interests and carry on with a small health and development project, strongly recommended by VHAI new Delhi headed be late Father Tong, Dr, Hellen Gideon, Mr. Ed Nebert, CMAI, ICCO, CHRISTIAN AID, All Souls Church London, friends and relatives helped us. b)

Professionally jealous doctors who instigated our landlord to force us to vacate the building, and began to blackmail us through false publication in local newspapers, caused much pain and damage. c) Local BJP MP wrote against us to Distt. Commissioner, Bidar that we are proselytizing in the villages and we were sent a D.O.letter from to D.C.office to explain about our activities but when we explained to D.C. "We are fighting for social justice for the poor people who are being persecuted/exploited by rich local landlords, gunda elements, using poor women as their concubines and children as bonded laborers. I don't believe in changing people's religion, but I like to change their hearts." So D.C.was happy and asked us to organize a Christian carol at the local officers' clubs and we had a unique opportunity to share testimonies explaining the true meaning of Christmas. And when B.J.P. MP saw our good work through free eye camps and leprosy service he told the public,"Why are you worshiping dead Gods, why not believe in the living God served by this dedicated Dr. Salins team?" Later on he helped',us to get Rs. ₹8,00,000 (tax) exemption personally by visiting and writing to ministry of finance at New Delhi. These are just to mention a few.Apart from this God took great care of our many family, institutional, financial needs. We tasted God's sustaining miraculous power during four difficult child births and major, minor operations saving our lives from major accidents, sickness and financial needs.

Dr. P.G.. Education abroad is costly, do you feel there is any difference in the level of Medical Education in our country and abroad?

Dr. Salins . After receiving Paul Harrison's award from C.M.C. Vellore our Good Lord miraculously made provision for scholarships for Drand Dr. Mrs. Salins to have six to eleven short training course at London. Of course we do have enough learning training facilities in India which is quite adequate to serve our Mother Land. But it is indeed very useful to go for such educational, training learning, sharing programmes, for mutual benefit. In India's rural areas most of us work under much stress with minimum facilities, and many frustrations, of course only by the miraculous grace of our Lord.

Dr. P.G.: Please share with us your most joyous experience?

Dr. Salins . God has been very merciful to us. He has given us so many opportunities to rejoice in His glory. In obedience to our Lord's call to teach, preach, heal and train multipurpose workers, our Good Lord richly compensates us by harvesting any precious souls among our family members, staff, youth and church members. Also the healing of many who had given up surgical, medical, gynecological complicated patients and then their introduction to Jesus have really overwhelmed us.,This has helped in bringing down incidence of Leprosy, T.B., blindness, malnutrition, rehabilitating many handicapped old aged destitutes, widows and orphans, broken homes. lives to build Godly individuals, homes and congregations. Miraculously healing of my two brothers, E.G. Salins now at Vayupuri-Secundrabad in answer to prayers of saints of Bidar and other places and, the conversion of Bhaskar Narasappa a dipsomaniac alcoholic- gunda, who rebuilt his broken home and became our church elder, have also been of much contentment for us. Vasanth Raj, office manager at S.P.Office, Bidar wanted to take revenge by trying to shoot someone after his elder daughter committed suicide. He later broke down and accepted Jesus after bearing the gospel message while receiving treatment in our Base hospital for his diabetic gangrene of toe. These inidents, to mention a few really gave us great joy.

Dr. P.G.. What will happen if more people will come forward to help you with service and money? What are your future plans?

Dr. Salins : If more dedicated Christian professionals, teachers, preachers, multipurpose trainees come forward to share in this glorious n-ministry of faith, to share their precious time, talent and treasure, more could be achieved by delegating different aspects of the healing, teaching, training, preaching, multipurpose health and development activities. And many more unreached people could be reached out on a larger scale even in needy' third world countries. Even after our death this ministry should be continued by like minded God's children, with God's love to serve God's children.

Dr.P.G.: What type of personnel do you need for-your work?
Dr. Salins: We need devoted workers in capacity of Dedicated surgeons, Gynecologists, ENT surgeons, Opthalmologists, Paramedics, B.Sc., M.Sc. staff nurses, Administrative, M.S.W., Bible teachers, Preachers, Social Workers,.Graduates in agriculture & animal husbandry, Physio/occupation therapist, marriage counselors, and teachers for the visually handicapped.

Dr. P.G. : How do you feel about being God's channel of love and help to so many needy people?
Dr. Salins : It is indeed unique joy and privilege to be a channel of love and blessing through our service by the enabling power of the LORD JESUS, whose compassion worked through His unworthy, unprofitable servants, having the golden opportunity of ushering lost sinners to the saying knowledge of Jesus, through words and deeds.

Dr. P.G. : Today would you like to ask something from God for yourself If yes, what?
Dr. Salins : It is our huthble hearts' desire only to be in the centre of His will, Spirit controlled, and Christ centered, glorifying Christ for the rest of our short life span. I surely covet that a double portion of our spiritual blessing may be poured upon the next generation of young Christian workers, to carry on this glorious ministry before His impending second advent, who in turn can train others by their Christ like lifestyle. We would like to see continuos Holy Ghost sin convicting, soul converting revival, with rich harves of souls.

Dr. P.G.: What is your message for Faith Today readers?
Dr. Salins : God is no man's debtor. When you seek first, God's kingdom and His righteousness all other spiritual/material blessings will be added unto you, even your secret desires for your family, children and fellow workers families, local believers fellowship and churches will be fulfilled beyond imagination for His glory and expansion - his soon coming - everlasting kingdom.

Also Dr. Vargis , we thank you for the opportunity to share our many humbling experiences at the same time coveting your continual, fervent, effectual prayers and blessings.

DR.P.G : (Dr)Mr & Mrs. Salins I thank you for sharing your time with us. It's really very gladening to see you people working for God in your own way and God's name glorified through you in mighty way. I pray and all our readers also pray for your work and n-fission. May God continue to work through you and bless you so that you will be a channel of love to others.

sd/-
D. P. G. VARGIS
Founder/President IET

Published in IET Faith today Magazine Oct-1998 issue.

VELEMEGNA GOOD NEWS SOCIETY HOSPITAL,
BIDAR - 585 401 (KARNATAKA) INDIA. PHONE/FAX 08482-25467

Village Evangelical Leprosy Eradication Medical Education, Good News Association A non-Profit Charitable Multi Purpose voluntary Society, Registered under the Mysore Society Act No. 17 of 1960 date 15-3-69 at Bangalore S.No. 5-68-69. COMPLIMENTING NATIONAL AGENDA - DURING 52 YEARS OF INDIAN INDEPENDENCE While Commemorating 35 Yrs of womb to tomb and beyond the tomb yeomen services let us strive to-gether prayerfully, meeting the total needs of the sick, poverty stricken communities,deserving individuals, irrespective of cast, creed colour, race with help of God, Govt,Gods children precious prayer partners fighting dis eases, demons within/without the congregations, country for a happy healthy properous national, international peace on earth and goodwill under fatherhood of God and Brotherhood of mankind with mutual love, respect and christian concern for wholistic development during 2000 AD & New Millennium.

HELP US TO HELP THE HANDICAPED

Visit our Weg site http://www.velemagna.org e-mail;drsalins@vsnl.com

My Dear beloved respectable friends, precious prayer partners, honourable citizens of Bidar, My motherland India and world over during the new Millennium Christa Jayanthi Celebration.

Affectionate greetings in Jesus matchless and ever sweet soon coming kingdom name.Even as we have the unique honour and privilege with the help of God,government and Gods children all over the world to jointly progress the soon coming kingdom of God by cheerfully sacrificially and prayerfully sharing our God given time, tallent and treasure in season or out of season, wether convenient or inconvenient, obeying the vision and commands of our Lord and Master, as a kings business needs to be hastened in these last days of unrest and uncertainities, with all its complex racial, political, socio-cultural changes. As time is running out, and millions have yet to know and accept Jesus as their personal savior through our words and practical deeds, with love in action programmes like Mother Theresa, let us through our various awareness and innovative projects, guided and inspired by Gods enabeling power, as we are on the victory side all our labour of love in action will not go in vain as long as we remain humble teachable, available and sensitive to faithfully listen to His small voice in all our steps and stops, without running ahead of His will, following in His foot steps one day at a time.

This is just a short note to express our heartfelt thanks and gratitude for your timely selfless voluntery services and prayer support by deeply involving in some of our ministries, sincerely striving to help our VELEMEGNA society's various ongoing worthy causes, mobilising prayers and financial support through your gracious presence, generous gifts and active participation, with able practicle suggestions. Let us never give-up holding each others ministries, families in these last days but continue to sow in tears and do the good works of service to God and suffering humanities, less fortunate people if we want to have the unique joy and previlage of reaping the precious lost souls who would otherwise perish into Christless eternal hell fire.

T- There is a rare and special quality in the way some people live and selflessly serve the needy.
H- However busy they may be they still have time to give, ungrudgingly, cheerfully sharing their resources.
A- Anything you ask or need, they will do their very best without expecting anything in return.
N- No matter what the task is or how simple the request they do their service whole heartedly/impartially.
K- Kindness just comes naturally to the rare and selfless few compationate sacrificial givers.
S- SPECIAL GIVING PEOPLE, Who by love of God surve one another in humility.

"We dreame of a world in which children are loved, healthy, well nourished, educated and protected. We dream of a world in which the elderly can live in dignity, with respect and support they deserve. We dream of a world in which all who hunger are fed, all who cry out are listened to, all who suffer sickness are comforted and healed. We dream of a world in which education and dignified work are avilable to all, we dream of a world without warfare and violence. This is our Rotary dream to be followed.!" Rtn James Lasy. President Rotary International.

"Joy to the world, our Lord has come. Let all the earth rejoice-Let every heart prepare room for Him. "Blessed be the Lord God, for He hath visited and redeemed His people by the remission of their sins and knowledge of salvation to give light to them that sit in darkness and in the shadow of death to gude our feet in the way of peace".

For he was born in an obscure village. He worked in a carpenter shop until he was thirty. He then became an it in arant preacher. He never wrote a book or held any office. He never had a family or a house. He did not go to any college. He had no credentials but himself. He was only thirty three when public turned against Him. His friends ran away and deserted Him. He was turned over to His enemies and went thro' a mockery of a trial. He was nailed to the cross between two thieves. While He was dying, His executioners gambled for His clothing, the only property owned by Him on earth. He was laid in a borrowed grave. Nineteenth centuries have come and gone and today He is the central figure of human race. All the armies that ever marched, and Kings that ever reigned have not affected the life of man on this planet earth as much as this "solitary life" for He is Jesus Lord of Lord, King of Kings, The only Savior of the world, The Prince of peace, The Mighty God, Wonderful counselor, the everlasting Father, of the increase of His (Kingdom) Government and there shall be no end, to establish it with Judgment and with justice from hence forth even for ever". For unto us a child is born, unto us a son is given: and the Government shall be upon his shoulder: and His name shall be called wonderful, counselor, The mighty God, The Prince of Peace.(Isaiah9:6).

We truly hope and pray that this Christmas and Millennium reality experienced by us will truly enable us to emulate the same to reproduce everlasting joy peace and happiness among our family members, relatives and other wonderful contacts in these "last days of unrest and uncertainties, where hatred, anger, jealousy, broken relationships/homes/lives/communal riots with ghastly violent killings, is on the rampant. May God Almighty bless and use us to be a blessing to others through united love in action humble services, with the help of God, government and Gods children's for Gods glory and expansion His soon coming kingdom. "Righteousness exalted a nation, while sin is a reproach (Provb 34:14). As proud Indians let us build a healthy nation free from injustice, corruption, communal disharmony, Violence, racial, cast, gender discrimination, least we disappoint Jesus who shed precious blood for all, 2000 years ago- Least we disappoint Mahatma Gandhi and host of martyrs, forefathers dreams and aspirations who scarified their sweat, blood, tears and even their very life. If they come and see the world and our life style nor they would truly be unhappy to see our self seeking politicians greedy and corrupt, church and community leaders, who are fighting tooth and nail for power, position, cheap popularity and material gain without having any concern and love for their poor neighbors."

"Lord, make me an instrument of your peace, where there is hatred to sow love,
Where there is injury pardon-Where there is despair give hope.
Where there is darkness-Shed light, Where there is sadness, to bring joy.
O my lord, my master-Let me not look for help, so much as to help
To be understood, as to understand- To be loved, as to love
For it is in giving that we receive-In pardoning that we are pardoned
And in dying we are born to eternal life." (Humble prayer of St. Francis Xavier)

Wishing one and all a Merry Christ centered, Christ glorifying Christmas and a prosperous and happy blessed Millennium. Thanking one and all.

Yours truly unworthy, unprofitable servant in His eternal bond of love and service to be continued during 2000 A.D. and Beyond, bringing peace on earth and goodwill towards fellow citizens of the world, under the fatherhood of God and brotherhood of mankind.

Lion Dr.A.C.Salins.

Vice President Lions Club Bidar. Founder/Director Velemegna society.

Introduction

Serving OTHERS at the cost of your own self is not an easy task. It needs a herculean desire and dedication to cover this treacherous journey. Even then people do come up for the job with a passion for God and Nation.

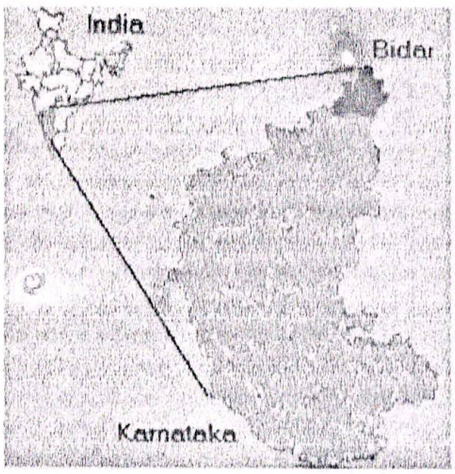
Dr. Sushila and Dr. Christopher Salins ventured in faith to launch a Charitable Multipurpose Voluntary Organisation named as "*VELEMEGNA*" i.e. (*Village Evangelical Leprosy Eradication Medical Educational Good News Association*) in 1969 after their medical education from Christian Medical College, Vellore, India. Then onward they are continually toiling to make a better tomorrow for *helpless, sick and needy* masses of today.

In the own words of Dr.Sushila and Dr.Salins... " Our hard struggle has fruitfully helped in bringing down incidence of Leprocy, T.B, blindness, malnutrition, rehabilitating many handicapped old aged destitutes, widows and orphans. Broken homes live to build Goldly individuals, homes and congregations. We earnestly call more dedicated Christian professionals, teachers, preachers, multipurpose trainers to come forward and join in this glorlouls Ministry of Faith, to share their precious time, talent and treasure, then more could be achieved by delegating different aspects of the *Healing, Teaching, Training and Preaching* multipurpose health and development activities. We need devoted workers in capacity of Dedicated surgeons, Gynaecologists, ENT surgeons, Opthalmologists, Paramedics, B.Sc., M.Sc. staff nurses Administrative staff, M.S.W., Bible teachers, Preachers, Social workers, graduates in agriculture and animal husbandry, Physio/occupation therapist, marriage councellors and the teachers for the visually handicapped. We put the *Website* http://www.velemagna.org so that many more unreached people world wide could be reached on a larger scale."

Isaiah 27:2-3" A vineyard of red wine. I the Lord keep it. I will water it every moment lest any hurt it. I'll keep it night and day" This is the promise of the Lord. This social service was started by Him. His grace and wisdom. He will water it every moment. So many permanent structures were built. So many handicapped (*blind, lame, destitute*) were healed. So many students and people were trained. So many are spiritually blessed in the Lord's Vineyard.

As long as health permits, by the grace of God we both will work tirelessly. Later the Lord will bring His own people and this Ministry should be continued by like minded God's children with God's love to serve God's children, Amen. Halleluah ! Praise the lord !!

BIDAR



BIDAR is a small town, a backward district of Karnataka state, India, lies at the farthest north-eastern corner of Karnataka situated at an elevation of 660 meters above sea level.It is a historical city of monuments enjoys a pleasant climate around the year. The city is famous for its monumental beauty, the most oustanding is the great Fort of Bidar built by the king Ahmed Shah I, both in extent and perfection and ingenuity and its military architecture and tombs of Bahmani dynasty. Bidar is also famous for *BIDRIWARES,* a local novelty handicraft. The art dates back 400 years to the *Bahmani and Barid sahi Dynasty* under whose patronage it flourished and reached its greatest perfection and beauty.

Bidar has been an important centre of learning from time immemorial . The most ancient and famous univercity is the Gawan univercity which attracted foreign students from China and far east to study literature, arts, sociology and anthropology etc. The university was established by Bahmani king and bloomed under the patronage of Mehmoodsha Gawan the then priminster of the *Bahmani* king. The university building is damaged due to lightning and partially ruined, presently it is used as a mosque.

Presently there are two modern Engieering colleges, two Dental colleges, three Pharmacy colleges, one Ayurvedic college, many Degree colleges, Polytechnics, Industrial training centers at Bidar.

Friendly people,pleasant climate, a historical monumental city.This is the neglected place whre the Dr. couples started their venture in faith healing, preaching and teaching more than three decates ago.

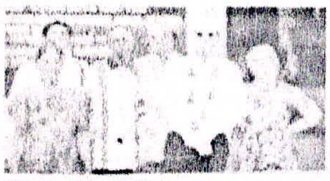
This is the main building of VELEMEGNA Good News Society Hospital

A rural hospital with 30 beds in Baridabad, 21 km. away from Bidar catering to general and maternity MCH care under the patronage of VELEMEGNA.

These achievements and many more tell the story of hard work and sincere services of the Dr. couples towards the betterment of the most neglected and the most needy.

FOREIGN VISITORS AND WELLWISHERS

Foreign Dignitaries, prayer partners and wellwishers visited us regularly from different parts of India and World. They took part in our programs and blessed us to continue the services for humanity.



< David, Ann & Peter.

Zonelle from Scotland >

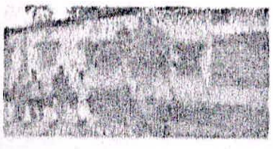
< RajKumari from London.

Honourable Forest Minister of Karnataka Sri Nagmarpalli >

ACHIEVEMENTS OF VELEMEGNA FROM 1968

1. Establishing the Base Hospital with 50 beds : Catering to general, maternity, paediatrics, eye and leprosy work.
2. Urban family planning, immunisation, oral Rehydration, Nutrition Vit-A supplement, FIONA + 20,000 population.
3. Estabilishing the ***Navjeevan New Life Center*** at Chatnally, 20 Km from Bidar, taking care of 53 leprosy family with low cost houses, and agriculture development.

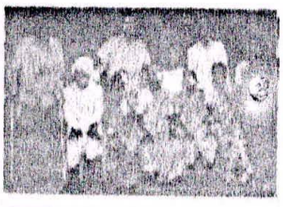
- Water development with tube wells, Submersible pumps, overhead tanks and Horticulture developments.
- Nursery schools, night school for adults.
- Supplying food, clothing, medicine and Spiritual nature to inmates.
- Spiritual development.



4. Establishing a rural hospital of 30 beds in Baridabad 21 Km from Bidar catering to *General and Maternity work.*

5. Community development in 50,000 population of FIONA + including Environmental and Sanitation works.

6. Training various village level *Health Workers and Evangelists.*

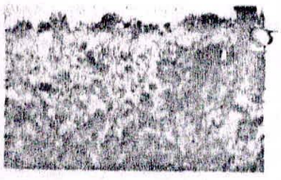


7. *Comprehensive Opthalmic Care* in 200 villages around Bidar, 6000 blind patients receiving sight.

8. The handicapped receiving various types of help.

9. *Socio Economic Development* of various families in villages.

10. 200 poor children in villages receiving *education, clothing, recreation and spiritual nature* through World Vision of India.



11. Land, 10 acres in Baridabad and 6 acres in Chatnalli village, used for *agriculture development* to grow food for *leprosy patients.*

12. *Spiritual development* of all types of people.

CHRONOLOGICAL DATA OF EVENTS ACHIEVEMENTSAND SERVICES RENDERED BY THE VELEMEGNA SOCIETY

968.New Hospital in a rented tin shed started with only Rs 30/ donated by Dr. Salims mother Mrs. Tarabai alims.1969 : Registered as charitable, multipurpose voluntary society (*VELEMEGNA*)1972 : The hospital, shifted to olekJiana, Bidar at the cost of Dr. Salim's car and bank loan ....donated to velemegna society by Dr.Mrs.Salims1976 : tarted the famine- relief, rehabilitation, food for work project in and around Kadwad with maternal and child care, mmunization, nutritional relief, health education and eye care in 3 villages with the help of *WORLD VISION OF NDIA, ICCO - Netherland, and Christian Aid, London.* 1978 : Started agriculture, horticulture and sericulture rogrammes for self employment of the poor.1979 : Comprehensive *opthalmic treatment* launched in Bidar, Bhalki, asavakalyan, and Humnabad talukas.1980 : *ICCO - Netherland sponsored* a dairy farm with 40 cross breed cows to elp small farmers in'village Baridabad.1981 : At Bidar, silk reeling unit was started.1982 : Prestigious *Paul Harrison ward received* from C.M.C. Vellore to Dr.and Dr.Mrs.Salims.1985 : Navjeevan Leprosy Relief Rehabilitation centre tarted at village Chatnalli and 53 low cost HUDCO houses constructed with the help of Deputy Commissioner / BDO IDAR in 5 acres of land purchased from private party and govt. and donated back to Govt.(BDO)1987 : The 20 acres f land confiscated by the Government in 1970 regranted to *VELEMEGNA* by then Honourable Minister for revenue R Bommai after a visit of Health Minister, Shri. A. Samad to base hospital and rural centres.1989 : Rural health entre started at village Baridabad, partly sponsored by *ICCO - Netherlands.* 1990 - 91 : *Salient features*

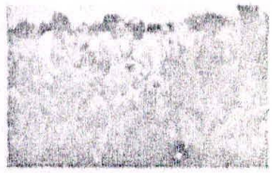
Completion of construction of Rural Health Centre at Baridabad.

Fixed tin roof for repair and remodelling of 53 houses of leprosy patients at Chatnalli sponsored by World Vision of ndia one submercible I.P set, overhead tank and pev. piping by ADRA CANADA.

3. Started Sun-Flower cultivation in 1/2 acres land at Chatnalli.

CBM project recommended in August 1991.

991 - 92 : Started comprehensive rural health and development Rajiv Gandhi-Memorial



ational Training Centre.1996-97 : *EVANGELICAL MISSION NETWORK PROGRAMME* Co-ordination with local churches to plant churches among unreached people groups.1998 : *isit of Miss. Rebeka from Burmingham, visit of Miss. Mitchel from Germany, visit of Dr. P.G. Varyis of the Indian angelical Team, from New Delhi,* to establish *Bible School* at Chickpet. He donated Rs. 15,000/- to the *Asha Kiran chool for the blind* to have spiritual training for the blind during May 1998. O.M., Y.W.A.M, IEHC - Bangalore, GFA am from Mangalore, *Bobstay of U.S.A.* visited us for spiritual revival ministry for 7 days to 6 weeks covering Bidar ty and various villages with skits, music, messages, JESUS/Dayasagar film shows. Mr. ARTHEHILL and Dr RANHAM Helped spiritual/building development programme.1999 :SOSVA RCH/ young and old couple protection sing temp/permenant F.P. methods introducing Ayurvedic medicinal, fruit/timber bearing plants. Continued MCH mmunisation, health education, antileprosy, antimelria, antiaids-awareness, Avitaminousis survey education and eatment of night blindness, (ECCE)Extra capsular Catract Extraction, IOL micro surgery-before and after IOL - ellow training at CMC VELLORE EYE HOSPITAL by Dr. Sybil M (DOMS),IOL(fellowship)and team after ompleting first floor with Two new operation theatre, general private wards, intensive care room, consultation/ office oom for two doctors, generator, overhead tank generously donated by the visit David and Ann from Scotland. 2000 .D.: We continued SOSVA RCH MCH comprehensive Community Health, Diabetic leprosy Cataract, Glaucoma, vitaminousis Survey education tracing health checkup campaings, social forestry kitchen garden agriculture, rticulture, dairy and other village cottage industry, women andchild development, self help groups with the help of , DFO, in and around Baridabad, Pankhashampur, Kuttabad and chatnalli rehef and rehabilitaiton Leprosy centre. r.Mrs Salims deputation 40 days trip to Scotland U.K. to renew our fellowship with old and new precious partners raciously made possible by David and Ann. They also sponsored Dr.Sybils One year Mse training and community phtholmology research and development at international eye health centre london and also Swarthick Ebenaiser Mse/Phd 3 years course God willing in health and administration m at (st.Andrews Scotland). With the help of Prof. iaz we could extablish computer training website and e-mail feeilities for administrative staff and volunteers as onstruction of 2000 sq feet at 2nd floor for classroom office, library, recreation,guest and storeroom, kitchen dining oomfeeilities

Genesis Of Comprehensive Community Health and Rural Development Project Of
VELEMEGNA GOODNEWS SOCIETY HOSPITAL

The Project was started by Dr.Salins of the Goodnews Society Hospital which is a Registered body called "Velemegna" (Village Evangelical Leprosy Eradication Medical and Educational Goodnews Association) under Mysore Society's Act 190, dated 15th March, 1968,S.No.5168-69 Bidar.

History-"Our Call To rural India Service"

In and around Bidar District (by Dr.A.C.Salins M.B.B.S., 1957 Batch student of C.M.C & Hospital) Dr.S.Salins BSe.,MBBS. 1958 Batch student C.M.C Vellore' . If Jesus Christ is the same yesterday, Today and forever. Pioneering Medical Missionary Evangelism has been done, and shall be done, for I can do all things through Christ who strengthened me" Ph.4.13 "Faithful is He that calleth you shall do it" I Thess.5:24.

I Our Call:

To Rural India in response to our responsibility to our generation in these last days. Ever since my conversion in 1956 at Udipi Basel Mission Hospital after an operation for an accidental bullet wound, when God spared my young life form the very jaws of death, I saw the various possibilities of Medical Missionary work through Christian Hospitals. I desired to win the lost souls for Christ in regions beyond where Christ has not been fully named. I was greatly stirred in my heart by the inspiring biographies of Dr.Hudson Taylor. William Carry, David Livingston. Brainaired, Dr.Ida Scuddar and especially that of C.T Stud who was a test Cricket Star, who save up by fortune and brit,lit future as a Sportsman. I too was aspiring, to become a test Cricketer. Since I was a popular all rounder in school and college.

ButGod, in his providence had to break all my plans and change thc course of my life through sickness, accident and disappointments in life. He enabled me to complete my studies at Christian Medical College, Vellore where I had the rare joy and privilege of fellowshipping with many devoted Medical Missionaries and like-minded believers. When the proper time came I met the proper person to be my life partner Dr. Suzy to unite with me in this glorious missionary task" to attempt great things for God and expect great things from God" My wife and I belong to south India and we were waiting upon the Lord for guidance as to the place of his choice where He could use as His prepared instruments.

II The Place:

In preparation for postgraduate studies at Vellore we were undergoing rotation, House Surgery in 1965. God prompted us to attend the mountain top Evangelical Graduate's Fellowship Missionary Conference at Kotagiri, where very direct challenging messages were given by Bro.P.T.Chandapilla form the life and character of prophet Daniel with the map of the India before us, Dr.Indra Perry who used to tour as an Ophthalmologist in Northern parts of Mysore, Maharshtra and Andhra State Boarder, challenged us about the desperate need for Doctors in Bidar District, as no other doctors were willing to face the many opposition and communal feelings in that politically disturbed area. My doctor friend who worked there had to leave the place with a loaded gin because of some party spirit and disputes in the Methodist Mission where foreign missionaries had to leave on short notice by the Government Authorities. There were many who obeyed in the waters of baptism openly and took firm stand for Christ after accepting Jesus as their Savior and Lord.

At the same time the devil was active to discourage the young babes in Christ through persecutions by jealous elders of the church. Hence the nominal Christians began persecuting the young believes.

III. Establishing A New Work

After, two years of patient service in the Bidar. Methodist Mission Hospital and churches we were forbidden to carry on our active Evangelistic work. My preacher's license was removed and some of us were placed as inactive members of the Church. But God guided us to launch out by faith to trust him for our daily needs rather than depend on a monthly salary. My mother was the first blessed donor who gave Rs.301- on the first day to start our Hospital clinics.

We rented an old haunted house in a Muslim locality, which was DDT godown. By and by patients started coming through our village contacts, in spite of the adverse propaganda of prejudiced Christians, Jana Sangh, Arya Samaj and Communist groups. We got anonymous letters defaming Jesus and threatening to kill us. Some people published false rumors in the local communist papers and dragged us to court on baseless allegations. But the more our enemies discouraged people from attending our hospital and our prayer groups, the more God blessed and encouraged us by prospering the hospital and church ministry.

Some of our enemies later apologized and became our friends and supporters. God blessed the surgical and medical work we under took. Some doctors tried indirectly to black mail us by making false accusations and instigation the landlord to harass us to vacate the building.

"When a man's ways please the Lord maketh even his enemies to be at peace with him" (Proverbs: 16:7) God has blessed the work and enabled us to build a well equipped operation theater, blood bank X-ray Laboratory and maternity section, through miraculous ways. We gradually developed good relationship in nearly fifty villages in and around Bidar, though initially people tore up many of the Christian tracts and Gospels we gave them. Now we have become friendly with them by sharing problems Several times we had to stay overnight in the village, eat their food and preach the Gospel after conducting clinics and visiting, the sick and needy. This included some Lambadi tribal colonies.

IV. The Love Christ:

Now we are looking for the right medical and paramedical workers to sacrifice with us for Jesus in this famine stricken area, demonstrating the love of Christ by living among the poor. In several places the Panchayat leaders MP's, MLAS, and rich land Lords are offering us land to start hospitals, schools and to carry on mobile clinics to under take multipurpose Rural Development Projects. Owing to the acute famine our hospital income has decreased greatly. 'Re Lord has been sustaining us, but I am not able to continue my mobile gospel clinics and charity work regularly as before. As funds permit I go by cycle, bus or rented jeep to encourage the villagers, whose morals is low due to famine.

In 1969 our Hospital was registered under the Mysore Societies Registration Act; with the name " Village Evangelical Leprosy Eradication Medical and Educational Good News Association Hospital". When our Dear Prime Minister visited our drought stricken area recently, a memorandum of our "Famine Relief and community Health Project" was handed over to her. God willing this will be timely practical service in the 2-3 percent T.B. and Leprosy in this black soil area. We undertake school health survey, feeding the poor and finding jobs for needy laborers. Gandhi said" To the hungry man, God appears in the form of Food" some leprosy patients have committed suicide in desperation. This year many have ended their life because of famine. Crime is on the increase. The only hope for India is Christ and His glorious gospel, to hasten His return through tireless compassionate "Comprehensive Community Health and Rural Development Scheme in needy villages.

V. By Word and Deed:

Some times we return home at 2 to 3 O'clock in the morning, after visiting villages to preach, teach and heal the sick. Serious emergency cases have been rushed to main hospital for surgery Thrice on such occasions I had to bring the patients by ambulance to Bidar in the night, (donate my own blood for want of any other donor and operate immediately. Once a patient from a village in the Maharashta while bringing him back to Bidar our jeep broke down and we have had to push it for nearly ten miles to the nearest police stations in the dead of night, as there are dacoits on that road. Another jeep was brought to save the situation, after day break. These ways of silent evangelism through love in action have made a great impact on our patients, who invite us to their villages inform other patients and bring them to our hospital, where Engrave opportunity to pray with and share the scripture 'Live' sermons produce lasting impression.

The Lord has provided a plot in Bidar, where we are constructing bedded hospital, with (O.P.D Gospel Clinic), prayer hall and staff quarters. Many have taken Bibles and other Christian Literate and are secret followers of Christ. If funds permit and God willing we will construct orphanage, home for the aged and rehabilitation centre for the physically and mentally handicapped, rural medical training cum demonstration centre.

Medical Missionary professional Graduates should be encouraged to undertake such ministries in other needy places. All the trouble and toil is worth the trouble for the joy of seeking precious souls enter the kingdom of God. I have no regret for choosing this profession and this place, as Jesus compensates for all the financial difficulties, misunderstandings and discouragement we undergo, by adding fruit in our own generation.

Money is not the only need. There is need for committed Missionary Nurses, Doctors and a few Para medical workers are badly needed to take care of the Central Referral Hospital at Bidar and several sub centres, with stress on comprehensive Community Health and Rural Development Project. But where are the young committed Doctors and Para medicals these days. The majority seem more drawn to western countries or attracted by glittering prospects in the larger cities rather than the challenge of serving Jesus in Rural India, where both Christ and Government of India needs them most.

VI. Come and Help us:

If Christian Medical and Para medical graduates dodge this issue the Lord is going to hold them responsible for perishing souls (Proverbs 24:11-12) We had to close down one of our clinics at Udgir in Maharashtra and Zahirabad A.P. Since we could not get another dedicated Christian doctor, we handed over that clinic to Hindu Doctors. Even now we are willing to hand over the well established clinic and hospital at Bidar to any keen like minded Christian Doctor and start form scratch, in another place, so that Christ cause may be filled and His name exalted.

If every Christian Medical or Para medical person obey Christ call with a vision and passion for lost souls, not only for the whole of India but every nook and corner of the world could be evangelized speedily. 71e preaching, teaching and healing ministry demonstrating the love of Christ can bring people to the foot of the cross and compensate for the curse of nominal Christianity which repels people form following Christ. God help us to be true to Christ, to ourselves and to our neighbors need by obeying His divine call. "A lithe one shall become a thousand, and a small one a strong nation; the Lord will hasten it in His time" (Isaiah 62:22) A promise fulfilled through small beginning, inspite of many of our, short coming, and failures through small bible study, prayer and regular cottage meetings, retreats camps and great revivals with notorious converts sparked off signs and wonders form our home to hospital, form hospital to local families, from local families to congregation in the city, slum areas and villages. Self-supporting E.U E.G.F groups working among college students and graduates. Big and small self

supporting assemblies, Churches, Bible studies groups established small and large worshipping groups with the help of local fellowship, using operation mobilization YWAM, IEHC, Vishwavani, GFA, IET and other visiting teams, church planting, Church growth movement has grown beyond our asking, thinking, or imagination. Shedding, sweat, blood and tears, doing follow-up ministry where lonely missionaries toiled sowing the seed using cycles, horses, camels. We are now reaping, rich harvest of repenting hungry precious souls even as the Lord of the harvest is giving encouraging results and compensation for our united labor of love did not go in vain. Why not all of us who love the glorious appearance of our beloved Lord are Master by joining hands in this glorious ministry by praying, giving, going, sending through your sacrificial sharing of time talent and treasure, investing for everlasting Kingdom values. We do covet your blessings by willing to become our precious, prayer, partners even as we continue to pray and strive together in this pioneering medical Mission reaching out to hither to unreached people groups. As the harvest in ripe indeed but the laborers who whole-heartedly want to involve themselves are very few, even in these last days before the second advent our Lord?

Aims & Objectives:

To totally develop low income villagers in their own communities & develop a self supporting Health Insurance through multipurpose rural Development Project in co-operation with Govt, and other like minded agencies.

Sub - Objectives:

1. To improve the Socio - Economic conditions of the low income in adopted villages.
2. To train atleast one village health worker per village to provide Primary Health Centre, through health education. 3. To reduce under five morality 4. To improve under fives malnutrition/Vit. A deficiency 5. To reduce birth rate 6. To reduce infant & morbility & mortality 7. To diagnose & undertake treatment of all cases of cancer, Malaria, AIDS Tuberculosis in different centres. 8. To diagnose & undertake treatment of all cases of skin, Dental, eye, Leprosy and other. Communicable diseases. 9. To reduce the incidents of preventable blindness, Avitaminosis and malnutrition.

Difficulties faced

1. Security for female staff & stay or go alone to the village work. 2. Unwilling local youths to dedicate their lives. 3. Backwardness of people to understand the importance of health 4. Enough Finances to solve problems to establishing a Community health programme in villages 5. Petrol Vehicle becomes too costly/repeated breakdown of lode vehicles caused by bad roads.

Problem Solved

1. All the 3 guides 2 girls & 1 boy stay together in one village as their Rural Head Quarters. 2. Two girls go together to each adopted village 3. New diesel tempo vehicle was given by Efficor agency 4. Dr. Hellen Gidean from Vhai visited and stayed here for 4 days studied the project and said this work must continue and she recommended the Christian aid to Sponsor us. They cleared the Rs 1/2lakh of our loan towards building of base Hospital

And sent a lakh to start the comprehensive community health & rural development project at Kadwad village about 16 Kms from Bidar town New staff were employed. Old staff went for training. Efficor granted a mobile van. A small unit was started with 3 community health guides. We trained 30 villages health workers by initially training, conducting seminars in the hospital premises for 1 week,later on all the village health workers were put in different villages. They have to carry out all the objectives, mentioned above. The Doctor visits 3 times to the villages to conduct village clinics and to supervise the work. Serious patients are transported to the base hospital for treatment.

In the year 1978 world vision of India come forward to start a community health programme in 4 specific villages simultaneously FFp programme (family to family programme where the poorest of the poor children are identified in each family and a total 300 children were sponsored from the age of 4 to 12 years, in their 4 villages Rs.60/- is sent for each child to cater to their education, clothing, food and spiritual nurture. One sponsoring assistant and 3 helpers employed and 1 cook, the balwadi teachers VHW stay in the respective village and supervise the children apart from these 300 balwadi children (Under5) are given Jola, Ragi, Groundnut, and jaggery in portions as laddus prepared and given to these malnourished children. All the families of these children, are taught and supplied with kitchen garden materials., Also saplings are supplied from the Horticulture & Forest department. The slogan a tree for a house and a forest for a village is practiced.

Family development programme whereby the felt needs of the family and some needing bullock cart, clearing of bank loans. In the village kadwad 100 buffalo were given to the farmers through the bank loans build their own homes.

As Baridabad is an interior village with 100 families. 7 families developed. The bank loan of Rs 40,000 is cleared and their. 10 acres of land is purchased. A deep well dug and 10 acres of lands cultivated with vegetable, sugarcane, and fodder Netherlands (ICCO) government sponsored dairy project 40, cross breed cows to start a Diary farm in the same village to help 40 poor families. The cattle shed is constructed, fodder grown, well depend. Recently Rs.60,000 was sanctioned for deepening of well and constructed at Baridabad one Govt. primary school which was 1/2 completed with society funds. The material for nutrition programme is blown in the field 7 brothers as their families, which were once in poverty, are now working in the fields and earning daily bread.

Rehabilitated People

1. Balakrishna : One a begging leprosy affected person was sent to Vellore for reconstructive hand surgery and now working as watch man in the farm.
2. Ramdas : Son of Yesudas is a 12 years old orphan boy which is working as a Junior Carpenter. Very bad osteomyelitis of mandible was cured here.

Mulberry cultivations and cocoons culture & silk reeling industry is a new venture. Above 15 workers work in the new silk reeling machine. This also we took over to relieve a man (Nagshetty of his Rs 20,000/- bank loan.

In 1979 C.B.M. come forward to help all the eye patients and there a eye hospital work with part time eye doctor, Dr.Maigur was started. Many old poor patients are treated for cataract operation and free spectacles distributed.

A free Dental unit also started in 1980. A part time dentist helps us (Dr.Edwin). The society has conducted 8 marriages, among the staff and sent them to various places like Chandigar, Goa, Bangarpet, Kolar, Khajipet and Bombay. All are happily living. Some of the workers are here for the past 32 years.

Free delivery cum tubectomy is sponsored by the CMAI

Dr. Mrs. Salins attended many conference arranged by the VHAI and CMAI.

MIRACLES HAPPENED IN THE LIFE OF MANY :

1. Narsamma W/o Thippanna in the dying stage of tetanus our Lord Jesus appeared to her and healed her. Now she believes in the Lord and witnessing for Him.
2. To Mallappa some quack doctor gave injection for external prolapsed pile, and the whole perineum got sloughed including serotum. 4 months of treatment and faith in Jesus, miraculously He got healed and able to go to his clerical job.
3. Udaya printer's wife who has no child for 13 years now. She has conceived
4. Mrs. Naseem Asgarali wife 13 years no kids Tot a child and many more sterility couple who were desperate, our good Lord opened the womb.

Staff Rehabilitated

1. Our social worker once a big drunkard through a severe attack of typhoid fever dedicated his life and turned to the Lord.
2. Broken family of ward boy Sidram restored and they are living happily
3. ANN - Navakrishna's marriage to evangelist Anand and now they are working at Govt. as nursing supt. and evangelist among slum dwelling and others.
4. Premanand married Zelena on community health and departed to Begumpet Bible school for service and further training, now have established another society called CRUIS doing community health and development projects and adoption of children. Many of our staff are given periodic training in fields and so the work of teaching, preaching, healing goes on.
5. Mr Dashrath out ophthalmic technician after dedicating his life to serve our lord has joined CRUIS to serve among isolated lambadi colonies in Bidar taluka.
6. Mr. Raghu has organize another society and aforestation and water shed projects.
7. Pr Paul Pradeep our accountant is working independently after his glorious conversion from bottle to bible.

Our main Motto is to carry Jesus in our life and present him to the world through morning devotion, evening Bible classes, cottage prayer meeting, Sunday school, village meetings are regularly going on. All these work could not be possible but for the tireless work of Dr. & Dr. Mrs. Salins and all the dedicated staff, Precious Prayer partners timely support in kind and cash.

Prayers:

1. We need dedicated doctor couple to relieve us.
2. A full time eye doctor is needed to be in charge of eye department
3. 8 staff nurse with qualification, BSc, MSc, nursing teachers
4. Evangelists / Social Workers / adrninistrator
5. Completion of rural hospital and Staff quarters / New life leprosy / Rehabilitation, complex auditorium, training, school build for nurses and multipurpose workers. Home for the aged.

All these work was only possible because of love of God will motivates us to serve the poor and needy. Since Christ has told if you have done any thing, to the least of these you have done it unto me. It is because of the sacrificial life of Dr & Mrs. Salins and many dedicated Workers / Gods mercy, all the yeomen services could be accomplished.

God is still in the throne
And he will remember his own
Though trials may press us
And burden's distresses
He never will leave us alone
God is still on the throne
His Promises are true
He will not for sake you
God is still on the throne

With warm Christian greetings, love and sincere prayers.

Yours Sincerely
Sd/-
Dr. & Mrs. Salins

BRINGING A REGENERATING, LIVING, LOVING SAVIOUR LORD JESUS CHRIST TO A DYING DEGENERATING SIN SICK SUFFERING WORLD

AND THE GOODNEWS ABOUT THE KINGDOM WILL BE PREACHED, THROUGH OUT THE WHOLE WORLD, SO THAT ALL THE NATIONS WILL HEAR IT, AND THEN, FINALLY THE END WILL COME: (Matt:24.14)

THROUGH SAVE THEM FROM THE FIRE MINISTRY **(Jude 1:23)**

AND PREPARE THEM FOR THE EVERLASTING SOON COMMING KINGDOM OF GOD. "FOR THE HARVEST IS MORE INDEED BUT SINCERE LABOURERS ARE FEW"

Prepared By: Evangelist. Jyothi Thompson and Dr. A.C. Salins.

FOR JESUS TOLD HIS DISCIPLES, "I HAVE BEEN GIVEN ALL AUTHORITY IN HAVEN AND EARTH, THEREFORE GO AND MAKE DISCIPLES IN ALL NATIONS, BAPTISING IN THE NAME OF THE FATHER, SON AND THE HOLY SPIRIT. AND TEACH THESE DISCIPLES TO OBEY ALL COMMAND-MENTS I HAVE GIVEN YOU ASSURING THAT I AM WITH YOU ALWAYS, EVEN TO THE END OF THE WORLD. (Matt. 28:18-20.)

BIDAR MINISTRY: Bidar is a district place in Karnataka State, India . It is in the north of Karnataka State, on the boundry of Maharastra State & Andhra Pradesh State. Christianity started in Bidar 100 years before through the Methodist Church. Now Christian population is 60 thousands, Now'several Denominations such as Methodist Church, Hebron or Bhakth Singh group, Penthecostal, Seventh Day Adventist,Church of Christ, Baptist Church, Roman Catholic Church, New Apostalic Churches are doing the Ministry. But yet the spiritual standard of christians is very low. Most of the villages have church buildings but no preacher to take care of the people they are sheep without shepherd. Harvest is more, but labourers are few. Christian people are under the bondage of alcohol, drugs, fighting among themselves because of denominational feelings, preachers are few, they are unable to reach the christian congregations, and other non-christian groups. There is a lot of spiritual need among christian. Rural christians are neglected therefore we have burden to reach the christians where other dënominational pastors are not going and also neglected christians groups, Bidar has six hundred villages but only 300 villages are covered by all the churches.

NARAYANKHED MINISTRY: Narayankhed is a Taluka place in Andhrd Pradesh State It is also on the boundary of Karnataka state and Maharashtra state. In Narayankhed there are 1 500 villages only in two hundred villages are evangelised yet one thousand two hundred villages need the evangelistic work, in that area Methodist Church, New Apostholic Church, Bakth Singh Group, Church of Christ, Pentecost Church are existing. Spiritual need is more as spiritual standard is very low among christians, they do not have preachers in that area, very few preachers are working, church buildings are existing but no preacher because each preacher has to work in 10 villages, faith in christ, hope of the coming of the Lord Jesus Christ, preparing souls is neglected. Every Church has its own doctrine, only doctrines are taught not the repentence, salvation, reconcilation with God. People are open to gospel, non-christians are also interested to hear the word of God, and they attend church services, people's life is just based on eating, drinking inspite of their poor socio economic condition, because of the lack of knowledge. People spend their Income in drinks drugs gambeling and other bad habits. People are hard working labourers, very few come to church, they have not learned to give to God. Adultary, Idolatory, drinking alcohol, gambling are the major problems in the families. Ministry of christ much in need.

BRIEF INTRODUCTION OF "SAVE THEM FROM THE FIRE" MINISTRY

Our God is a miracles working God. God honours our faith, Save them from the fire ministry started by Evangelist Jyothi Thompson and Dr. A.C.Salins by faith through fasting and prayers with few self supporting preachers in the month of May 1998 name being selected after seeing the burning problems in the families of all religions, especially among christians. Out of one hundred families ninety nine families have fear, depression and worries. These are the burning problems of the families, therefore many families have no

peace of mind, no good health, no spiritual development. Therefore to bring them out of these burning problems (fire)is the main aim of the ministry, Holy Spirit Inspired to few like minded self supporting preachers from various denominations came together in prayer and fasting. These preachers are serving the Lord in Bidar and Narayankbed areas. Each preachers has his own congregation for which he is responsible to conduct regular prayer meetings on every Wednesday and Sundays. Other four days in a week preacher is visiting nearby villages to extend the Lord's ministry. Preachers are getting very little offering from the congregation because his church members are agricultural labourers, their daily wages is not sufficient to maintain their family needs. In that condition church members save some money to support the ministry. Preachers have more burden to do great things for Great God. But due to lack of finance very little ministry is being done. Hope, Lord has great plans to uphold this ministry in His powerful hand.

PURPOSE OF THE MINISTRY: 1. Alcohol, Drugs, Devil, Disease First spiritual disease among christians and other community is consuming alcohol and drugs. Our team has made surveys and found that more young men at the age between 30 to 45 died due to alcohol. Now their widow wives and children are suffering badly. And those who have habit of consuming alcohol regularly at present their family condition is very bad, their wives and children are restless, No peace of mind, for them "mental tension is like.a,"fire". burning their physical and spiritual life. At the same time young boys who are addicted to drugs suffering because of physical weakness. They have no interest to work, nor to studies, they lost hope in future, these peoples family life is full of disappointments, depressed because drinks, drugs and devil is ruling their spiritual and physical life. Therefore preachers have aim and prayer to bring peace and happiness to disappointed families through the word of God. We believe God is able and great to change the lives of these mental diseased people in and through our ministry.

2. NEGLECTED CHRISTIAN CONGREGATION:-Neglected christians congregation means: Christians without preacher. There is no preacher to several congregations, When we as a team went for out reach ministry, we found that preacher are not visiting congregation since one year and in some places since three years, in some Places people are baptized but no preacer to care them till today,. This is a horrible condition of the spiritual life, Our team preacher informed the concerned village preacher about the spiritual need of those neglected christiahs and urged them to take care of the sheeps, yet many more congregation are still without preacher. As Jesus said; Harvest is more, But labourers are few therefore our team has selected some of the congregation for the continuation of the ministry, and took the challenge to train up believers out of same congregation for future leadership. This is a vital need in Bidar and Narayankhed areas God honours our faith, some day we will have trained leaders in there own villages.

III ONE VILLAGE BUT TWO CHURCHES : In a small village there will be 500 to1000 houses, in big village 1000 to 3000 houses including all religion. But Christians houses will be only 30 to 60 maximum, for that 30 to 60 houses two denominations are working in the same village. If there are 30 houses, they will be divided into two groups 15 houses one side other 15 another side. Both the denominations will build the church building just side by side. This is an existing example of many villages. Hence there is dispute, disunity, competition is developed instead of spiritual development moreover it is a bad impression to other religion people. Therefore our team has plan to teach our christian people to promote promote their spiritual standard such as unity, love and concern for others,"Be like minded". In such places we called people to common place for prayer meeting, taught about the oneness, fighting among themselves is common in such places, dispute, disunity is the burning problem (fire). Christ is not divided but we have one God, one mediator, one faith.

IV. REACH THE UNREACHED: MK : 16:15....Preach the good news to all creation. Here in Bidar and Narayankhed area there are many castes, religion, tribes who have not heard about Jesus Christ. And there some slums, leprosy colony, migrating tribes, and devadasis prostitute in the name of God or Goddesses" these are all creation of God, they too need the good news message of salvation, for God loved them, He wants them to join his flock, so our team is trying our level best to reach them with Good news.

CONCLUDING PART: Results in Ministry: The ONE who is called us to serve, He is great and faithful. God is still doing his wonderful work, as He is a living God. a.Twenty five alcohol addicted persons left drinking habit and witnessing God and his wonderful work. Now they are strong in their witness. These people were

consuming alcohol soon after raising from the bed, they were taking alcohol instead of morning tea fullday they drink, they were not at all taking their salaries to home, everything they spent for alcohol. Now they are very happy, their family members have accepted the miracle of God, Now peace and happiness restored to families. They are thankful to God and to our team for the great change in their family life. b. One Devadasi prostitute in God's name converted, now she has one boy and sent him to school. She is leading a respectful life. Eight devadasis accepted lord, when we went to Beliary for ministry.c Five leprosy families have accepted lord Jesus Christ now they are ready for the baptism. d. Six Hundred people from different villages decided to follow our Lord Jesus Christ when they have received Jesus Christ as their personal savior, their lives are changes. . e. Many sick people are healed by the will of god in prayers. Devils were castout, witchcraft or black magic possesed are healed in the name of Jesus, and through power of his precious blood. Our God is a miracle working God. f. All the denomination people are calling our team to conduct gospel meeting, praying for the sick. In many places, when we had open air preaching few non-christians have accepted christ, and attending church regularly. Within this short period our team is being used by God. We believe it is just a begining. Lord has great plans for our team. He is faithful in his promises fulfilment of promises to our self supporting team. Only budget is lacking, But God is faithful, He will meet all our needs in time, this is our faith. Kindly uphold this team of preachers in your prayers. Harvest is More.

PRESENT ACTIVITIES: 1 .Fasting and prayer. 2. Village Meetings. 3.Visiting sick., broken fmilies discouraged family. 4. Concentrating Youth by conducting youths meetings. 5.Women meetings.6. Teaching worship & praising. 7. Each preacher should take care a one congregation, moving to other surrounding villages. 8.Personal evangelism, cottage meetings, crusades, open air preaching, weekly pastors meeting. 9. Sunday School for children.

AIM: Building the kingdom of god. Reaching the unreached, caste, tribes. Unbelievers in Christian community to be motivated. Uniting the Christian. Teaching to give to god, time, treasure, talents. Preparing souls for the coming of our Lord Jesus. Increasing the faith. Prayer life, power in fasting. Love, concern for unsaved people. Conducting, Crusades. Helping the poor and needy. Pastoring and Evangelism. Sharing, Caring, Minstry. Starting new congregation where there is no church. Calling preachers for power conference. Salvation, reconcilation, with God and Man. Witnessing Chirist. Baptism, Holy Communion. Self supporting by income generation programme.

How to make future leaders of church:-Believer = 2 months Teaching, Discipleship = 4months Teaching, Workers = 2 months Teaching, Leadership = 4 months Teaching.

Adminstration: Monthly reports from the congregations through preachers. Attendance in the Church Baptism Deaths Births Marriages Migrated Offerings from each congreation

Responsibilities: Evangelist: 1)To prepare God's people for work of service and supervising the ministry of preachers in Bidar and Narayankhed area.2) Evangelist will collect monthly offerings, tithes from the preachers, for each congregations and the same amount can be deposited to Bank.3) Evangelist will collect monthly reports from the pastors, report on shown above.

Preachers: Care for God's people. Baptisms, Marriages, Burials, Holy Communion, Service, Work Extension. Thanks giving festival yearly once month November.

Deacons: Takes care of the congregation in absence of preacher and authorised to preach the gospel.

SALARY STRUCTURE:

3 Seniro Evangelists X Rs. 3000 = 3000 + 500 T.A.Total Rs.10500, 75 Preachers X Rs. 2000 = 150000, (60 Deacons for future x Rs.500) 30,000, Rent, Stationary, Telephone, Printing, Postage, Miscellenous: Rs. 9500. So the Total Amount = Rs. 2,00,000

Salary can be increased or decreased as budget permits. Pray that the Lord may open the door for financial assistance.

VELEMEGNA GOOD NEWS SOCIETY HOSPITAL,

BIDAR - 585 401 (KARNATAKA) INDIA. PHONE/FAX 08482-25467

Village Evangelical Leprosy Eradication Medical Education, Good News Association A non-Profit Charitable Multi Purpose voluntary Society, Registered under the Mysore Society Act No. 17 of 1960 date 15-3-69 at Bangalore S.No. 5-68-69. COMPLIMENTING NATIONAL AGENDA - DURING 52 YEARS OF INDIAN INDEPENDENCE While Commemorating 35 Yrs of womb to tomb and beyond the tomb yeomen services let us strive to-gether prayerfully, meeting the total needs of the sick, poverty stricken communities,deserving individuals, irrespective of cast, creed colour, race with help of God, Govt,Gods children precious prayer partners fighting dis eases, demons within/without the congregations, country for a happy healthy properous national, international peace on earth and goodwill under fatherhood of God and Brotherhood of mankind with mutual love, respect and christian concern for wholistic development during 2000 AD & New Millennium.

HELP US TO HELP THE HANDICAPED

Visit our Weg site http://www.velemagna.org e-mail;drsalins@vsnl.com

OUR STATEMENT OF FAITH-VELEMEGNA

(VILLAGE EVANGELICAL LEPROSY ERADICATION MEDICAL EDUCATIONAL GOODNEWS ASSOCIATION)
Bidar 585401 KARNATAKA, INDIA.

1. The Holy Bible, which is the fully and uniquely inspired Word of God, the infallible sufficient and authoritaive rule of faith and practice.

2. One God eternally existent in three persons: Father, Son and Holy Spirit.

3. The deity of our Lord Jesus Christ, His virgin birth, His sinless life, vicarious death and atonement through His shed blood, His bodily resurrection, His ascension, His mediatorial intercession and His personal return in power and glory He is the only Saviour of mankind.

4. The salvation of lost and sinful men through regeneration by the Holy Spirit. Salvation is by grace through faith.

5. The indwelling of the believer by the Holy Spirit, enabling the Christian to live a godly life.

6. The resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they are lost unnto the resurrection of damnation.

7. The spiritual unity of all believers in our Lord Jesus Christ, who comprise the Church, the Body of Christ.

VELEMEGNA GOODNEWS SOCIETY HOSPITAL INDIA' A.D. 2000 AND BEYOND MISSION VISION COVERING PART OF 10/40 WINDOW AMONG 95% UNREACHED PEOPLES GROUP-FOCUSING BIDAR' (KARNATAKA), NARAYANKHED. (ANDHRA PRADESH) OSMANABAD (MAHARASTRA) STATE BORDER VILLAGES, URBAN SLUMS, TOWNS WITH MORE THAN 1800 VILLAGES WITH 3800000 POPULATION BRINGING A REGENERATING, LIVING LOVING SAVIOR Lord Jesus' Christ TO A DYING, DEGENERATING, SIN, SICK, SUFFERING WORLD AND WITH THE GOODNEWS ABOUT THE SOON COMING KINGDOM WILL BE PREACHED, THROUGH OUT THE WHOLE WORLD, SO THAT ALL THE NATIONS WILL HEAR IT, AND THEN, FINALLY THE END WILL COME: (MATT 12:24) WORKING TOGETHER

I. PURPOSE: FOR EFFECTIVE POWERFUL PARTNERSHIP WORKING TOGETHER TO REACH THE UNREACHED-

Using like minded individuals, churches, agencies to jointly network, sharing resources, exploring strategies in consultation for church planting, church growth movement, avoiding duplication, saving money, time and energy using tent makers to train sustaining self sufficient church planters among 80% low income poorest of the poor including ostracized leprosy and other beggars, widows, orphans, handicapped and old and young destitute, unemployed youth in and around Bidar, Medak and osmanabad border districts, irrespective of cast, color, creed or race in a phased manner as fund's and facilities permit to work among 40% Muslims/Iranians, 40% Hindu (Lingayats, Kabbaligas), Kurubas, Holiyas, Madigas, Marathas, Gounds, Woddaru, Banjara) 10% nominal Christians remaining 10% belonging to Sikhs, Buddhist and other minorities with different religious/cultural backgrounds speaking Urdu, Kannada, Telegu, Marathi, Gurumukhi, Lamani Languages) in obedience to the commandments of our Lord and Savior Jesus Christ for holistic development by teaching, preaching, baptizing and discipling among all nations (peoples group Matt 24:14, and the good news about the kingdom will be preached through out the world so that all nations will hear it and the end will come. Matt. 28:18 Jesus told his disciples I have been given all authority in heaven and earth, therefore go and make disciples in all the nations, baptize them in the name of the Father, Son and the Holy Spirit and then teach these new disciples to obey all commands I have given you and be sure of this that I am with you always even to the end of the world. In Matt 9:37,38. For the harvest truly is plenteous but the laborers are few, Pray Ye therefore to the Lord of the harvest that he will send forth more laborers into his harvest. John 4:35. Lift up your eyes and look on the fields (un-reached people group), for they are white already to harvest. James 5:20. Let him know that He, which converteth the sinner from the error of his ways, shall save a soul from death and shall hide a multitude of sins. Prov 11:30. The fruit of the righteous is a tree of life and he that winneth souls is wise. Daniel 12:3. And they that are wise shall shine as the brightness of the firmament and they that turn many to righteousness as the stars forever and ever. Matt 4:19. Follow me and I will make you fishers of men. 1 Corinthians 9:19,20. for though I be free for all men, yet I have made myself servant unto all, that I might gain the more. And unto the Jew I became a Jew, that I may gain the Jews, to them that are under the law as under the law that I might gain them that are under the law (saint Paul). Jude 1:23. Others save with fear pulling them out of fire, hating even the garment spotted by the fire. John 9:4 Jesus said I must work the works of him that send me, while it is day. The night cometh and no man can work.

II. STRATEGY:

1) Using enclosed comprehensive community health and development relief, rehabilitation projects and save them from the Fire Ministries with the help of velemegna Society base Hospital, Golekhana, Bidar, Old City, Three mobile medical social service and evangelistic team, staff and trainees of Base Hospital, Baridabad Rural Health and development training center Chatnalli, Kadwad leprosy, multiple handicapped relief and rehabilitation complex.
2) To carry out initial stone clearing job before sowing the seed (word of God) conducting base line health socio-economic, socio-cultural household, community surveys, undertaking

relief, and rehabilitation health and development training, income generation production/ marketing/ management/leadership training programmes. Undertaking correspondence communications to contact as many likeminded individuals agencies, churches, master church planting trainers (tent makers) teachers, preachers, healers, evangelists, social workers, Christian hospitals, medical, surgical, nursing, paramedical staff and administrators/policy maters. Using radio, audio, video slides, films, cassettes, projectors literatures, TV, V.C.R., Computer, skits, drama, music, adult literacy, formal/informal education, Bible study, prayers cells, street plays, melas, exhibition, VBS for children, men and women, youth fellowship groups for effective partnership, witnessing/ worshiping groups. The role of above different forms of ministries will attract wide publicity/awareness of various projects planners partners in the adopted communities who will in turn have opportunities to unitedly and practically demonstrate the love of Jesus in action packed holistic health/development/relief, rehabilitation, research activities in word and deed, lip and life style services of Christian professionals, sharing, caring, united, living (agape) services.

III. EXPLORATION:

a) All possibilities of networking through like minded philanthropic prayer partners, among all willing individuals, churches Para church agencies in India and abroad to work together unitedly for affective building of holistic, healthy individuals, families, congregations, communities, countries, ultimately to be transformed by the love and power of Jesus sacrificial death, burial and resurrection convicting of sin, righteousness and judgment by the Holy spirit demonstrated by his redeemed children's (disciples) exemplary life style through short and long term community need based services projects with mutual consent of concerned partners who have whole heartedly and prayerfully willing to share their God given time, talent, and treasure by repeated mutual consultations, clarifications, meaningful time bound participation training the needed trainers multipurpose professionals, social workers, tent makers, church planters, planners, God enabling God willing to compliment and accomplish velemegnas A.D. 2000

b) DISTINCTIVE CONTRIBUTIONS BY- various organizations churches philanthropic individuals/agencies mobilizing men, money, materials, tent maters church planters, pioneering missionary minded professionals (skilled workers) to sacrificially share their God given resources to save perishing souls with a vision and passion for unreached peoples groups discipling them in turn to disciple their family members, friendly precious contacts, relatives by training other likeminded multipurpose workers to develop active witnessing worshiping (Koinninia) worshiping groups in Urban slums Rural community based hospitals, orphanage, old age homes for leprosy and other handicapped destitutes prostitutes (devadassis) Aids patients, schools for the blind, deaf, dumb, mentally physically handicapped children, by teaching, preaching, healing, agriculture, horticulture, sericulture, floriculture, Aforestation, pissiculture animal husbandry, beekeeping, rabbit rearing, occupation therapy workshop, income generation training, production, marketing, etc in tailoring, garment/ candle making weaving motor mechanic, motor winding, electric shop, electrical welding, carpentry for rehabilitating motivated identified deserving self help groups among unemployed weaker sections of the community using government bank loans with subsidies under low interest DIR. Schemes, co-operative movements specially meant for women and youth clubs who were in the past deceived by selfish greedy middlemen unscrupulous local politicians anti-social gunda elements are naturally fearful, suspicious, shy indifferent and apathetic because of their bitter past disappointing experiences without tasting the true love of Jesus by his sharing, caring, selfless, sincere servant leaders

(disciples of Jesus) who have already tasted victory over sinful nature, Satan sickness and even eternal death and hell by the resurrection power of salvation through Jesus Christ

IV. FORMATION OF VELEMEGNA VISION A.D.2000 AND BEYOND.

a) To avoid communication gap and needless duplication danger in delays, silly misunderstandings, between partners, consultations, correspondence, dialogue, discussions, we need to have frequent meetings/Bible based scriptural teachings, reminders, for time bound, plan of action, to obtain optimum results with minimum use of time, money, material and energy.

b) Drafting specific guidelines with timely discussions, prayerful reconsideration to organize, flexible, feasible programmes/ projects, if possible on the spot scrutiny by partners or their able representatives by prior intimation.

c) After first or second meeting timely satisfaction solutions to meet the acutely felt needs of various peoples groups for smooth uninterrupted implementation of ongoing future targets, achieving goals will certainly encourage anxious partners as well as beneficiaries, to whole heartedly and actively participate in such worthy projects.

V. EVALUATION

After completion of each project quarterly, half yearly, annually monitoring, internal external evaluation of reports, audited accounts, projects achievements and failures should be sincerely reanalyzed and revaluated for better performance using checklist for goals

VI. BUDGET

TRAVEL 600 X 20 =Rs.12000, postage, fax, e-mail, phone = Rs.12,500, printing and stationery = Rs.12,000, Boarding lodging for committee/ conference 500X20 = Rs.10,000, rent for conference hall and P.A. system = Rs.2,500. **Total expenditure = Rs.1,13,000.**

VII. CONCLUSION

Prayerfully and humbly coveting your blessings and all possible prayer/ support in kind or cash. Respectfully submitting with best compliments our enclosed projects proposals for meaningful partnership with grand success in implementing useful programmes/projects by you or any likeminded precious prayer partners by your gracious, generous if we donot act quickly and unitedly now or never to save the perishing souls who will otherwise go into a Christ less hopeless, terrible hell fire. For the king of kings business needs to be hastened through our Christ centered, Christ saturated, Christ glorifying ministries during 2000 A.D. and beyond in the millennium before our rapture or resurrection as every one of us concerned will be accountable before God almighty.

With all good wishes happy Christmas and prosperous harvest of souls during the new millennium. Thanking one and all of my precious prayer partners (true and sincere rope holders)

Yours unworthy unprofitable servant in Jesus our Lord and Master glad and glorious services among the poor and needy less fortunate unreached peoples group in these last days

Lion Dr.A.C.SALINS

THIS IS MY STORY TO GOD BE THE GLORY

From Bottle to Bible
By Mr. RP. Salins, A.M.E.

TESTIMONY

Eldest Brother of Dr. A.C. Salins for the praise of His glory

An Aircraft Maintenance engineer rescued from Alcoholism by a miracle working, God.

The moment I left School and started my career in the air force I fell victim to smoking. This was coupled with cinema going and drinking. In air force alcoholic drinks were easily available, free liquor was issued in winter in stations like Kashmir. The demon of alcoholism was nourished in me subtly under the glise of "Safe Social Drinking" only waiting for a more critical time in life when would master me.

Drifting

By now I was twenty years old, drifting through life and neglecting through life and neglecting God. However, fears of a guilty con- science, of social censure and of disease kept me from living an openly licentious life.

Instead I enjoyed the reputation of a God-fearing youth in the eyes of the people around me. I read the Bible and prayed regularly and tried to do good to others.

My air force service was nearly complete so I requested a posting to Bombay, where I worked hard and obtained the Civil Aircraft Maintenance Engineer's license. Gradually I became so engrossed in bettering my self centered life that I had no thought for the spiritual. Alas! I soon discovered that all my efforts to lead an ideal married life piety ended in evermounting resentments. This was the moment for which the demon of alcoholism was waiting" social drinking" now took a different turn and I became an alcoholic. The destroyer of life, Satan, was ready with his snare.

An alcoholic : One week-end in July 1957, when I was returning home intoxid, I fell from a moving train and half my body hung outside the compartment. But for the timely action of a railway policeman I would have fallen and perished in my sins. Later I learned that the good man who risked his life for me badly injured his shoulders in the process. I was in plaster for six weeks.

Our first child, a son, was born within seven months of my accident. Again I resolved to he food and to turn a new page in my life, and I become more religious. But alas ! my Good resolutions lasted for barely a year and a Hall and once again I ventured into social drinking,. My licart that was emptied by my earlier resolutions failed to accommodate the rightful Occupant, the Lord Jesus Christ. Hence the inevitable took place - seven worse demons entered and made their abode in me.

Now I had to face the fact that I was openly known to be a drunkard. I also resumed smoking heavily. Like the prodigal, I too found my "pig sty". I took a job with Nepal airlines in Katmandu and had my share of riotous living.

Satan's slave : I became a confirmed alcoholic, demonic in nature when drinking giving full expression to whatever drunkenness would prompt me to do. I admitted to myself I was an utter failure. Afraid to stay in Nepal any longer I returned to Bombay, resolved to turn yet another page in my life. But how can a drowning person save himself? Satan had no problem keeping me in bondage.

At this time a well-meaning relative introduced me to the Power of Positive thinking and other books by Norman VIN peale. As I applied Peale's methods I began to see results. These were moments like the free joy rides in aircraft during a test flight. But they were intermittent and no permanent cure for the spiritually sick. without these spiritual props I would revert back to my old nature. Holiness was an unattainable idealism, and there was a void inside me.

By now I was thirty-eight of age and father of three children. However, I still read my Bible and prayed and never, stopped crying to Jesus for deliverance, yet I indulged in heavy drinking daily, and would not stop until I hit my ceiling.

Warned : Out of utter despair I agreed to be treated medically. The doctor said my body had become allergic to alcohol and this would last well over twelve years, even after stopping, drinking,.

About the same time, the dear person who introduced me to books by Dr. Peale took me to a meeting, of Alcoholics Anonymous. I was encouraged by being among these good people, as it was comforting to feel some hope of deliverance. I was not, however, delivered.

My marriage now was at breaking point. God provided a regular follow-up programme for my spiritual growth: weekly Bible and biographies of Christian giants of faith. My employment with an aerial cooperative took me from state to state on aerial spray operations, affording an ideal means for distributing tracts and for personal witnessing among farmers. Students, and agricultural officers. Leading the hard way. "Therefore let any one who thinks that he stands take heed lest he fall".

Alas! with all the assurances of the gospel, it grieves me to confess that I fell. The fall came fourteen months after my conversion. During one of the aerial spraying operations I felt I could participate with the pilot and other staff members in a social drinking party, since I felt confident I had overcome the drink habit and need not be afraid of drinking any more. So I joined them in one of the evening get- together. I had absolutely no urge to drink, but was foolishly over- confident. This proved two things: (a) thinking one can stand invites a fall! and (b) how correct was the doctor's statement that the body of an alcoholic would be in an allergic state for years!

I continued to drink for almost a week. Deep wasmmy remorse. I lost my peace and labored under the fectinc, of guilt that I had denied my Lord. "I' confessed my sin, and repented, crying to tile Lord Jesus to forgive me and restore my peace. I clun to Bible promise: "If we confess our sins, he is faithful and just, and will forgive our sins and cleanse us from all our unrighteousness."

The loving Father not only forgave me and restored my peace, but made me wiser. So far as I am concerned I would stress that alcoholics must resolve strictly to leave drink alone. And they need the power of Christ to help them keep that resolve.

This is my Song : At this time my doctor brother A.C. Salins, who worked as a medical missionary in Bidar and was heavily burdened for me, wrote of his intended visit to Bombay. For the first time in my life I experienced a strange voice within telling me to he prepared for a spiritual surrender.

I was happy at the thought of meeting my brother after four years, but I was deeply agitated too. My agitation was not ordinary emotion, but a spiritual warfare. this is why I stress that drunkenness manifests itself in a demonic manner.

My brother arrived with the Rev. Anand Kumar, who was to preach during meetings at Bombay's Sushanti Church. It should have been a happy family reunion. My dear brother was afraid to confront me.

Two days before the meetings were to end my brother mustered all his courage. I was late home as usual, and drunk. Everyone had left for the meeting except my brother, who was traveling in prayer. His prayer was answered. Instead of being boisterous this time he found me completely broken. He urged me to pray. I surrendered to the Lord, praying, "Lord, I am a sinner. Break me, melt me, and mould me," soon I fell asleep. The next day my brother told me what had happened, and asked me to come to Bidar with my family. I knew something strange had taken place within me, but needed a fuller assurance of deliverance. I accepted my brother's invitation.

I thought if God would make it possible for me to get leave, then he was about to do wonders for me in Bidar. I was greatly encouraged when ten days' leave was granted, on condition that I complete a major job on an aircraft due in Bombay shortly.

Off to Bidar

The aircraft arrived the day before I was to leave for Bidar. I worked late at the hangar and completed the job by God's grace. Our train was to leave at 1 p.m. The next day.

In the morning I collected my salary, then visited the drinking place, only with the intention of paying, a debt. At that movement I was tempted to take just one bottle of beer as my final drink. ales, I took not only one bottle but a second and a third.

When I reached home my youngest brother had already taken my children and luggage to the railway station. My wife was frantically awaiting my arrival. when we got to the station we hardly had three minutes before the train was to pull out. By the time I found the compartment and met my brother

and children they were already off- loading the luggage. We just had enough time to reload our luggage and get in ourselves, when the train started.

I must reiterate ,that I went to Bidar as an act of obedience to god's command, through the instrumentation of my brother, expecting god to work a miracle in me.

The following morning as I was reading my Bible and praying my attention was drawn to a verse in psalm 23, "He restores my soul." I sensed the Lord himself speaking to me.

Deliverance at last

That evening my brother invited me to the weekly prayer meeting held in a Master Warrant Officer's quarters of the Indian Air Force station. After a few songs folk began to pray. When it was my brother's turn came a strange thing happened. He began, then stopped and said something in the room was obstructing the Spirit of God. Simultaneously I was aware of unseen hands taking hold of my body and shaking me. I knew it was not emotion causing the shudder. I felt an overpowering urge to remove the cigarettes from my pocket and place them on the floor, which I did. then I found myself crying to t he Savior, "Lord, have mercy on me. I am a sinner. Break me, melt me, mold me." Immediately an inexplicable joy took hold of me and I experienced a buoyancy within. While some sang praises, the master Warrant Officer and my brother laid their hands on my head and prayed over me, Oh, the blessed assurance! The long-awaited deliverance was mine at last', hallelujah, praise be to God!

I still had three more packs of cigarettes at home. Instead of destroying them I placed them under the little cross that was on the table, to test my deliverance and at the same time remind myself of my surrender to Jesus Christ.

From the verse "He restores my soul," I was assured my Lord Jesus had forgiven my sins and restored me. Deliverance covered both areas, smoking and drinking. It was indeed a miracle wrought in me by the absolute grace of God. I had no urge to smoke, even after food, after throwing away the packet at the prayer meeting. I had no urge even to drink.

The next day my brother encouraged me to give my testimony in the hospital chapel. It was a great surprise to me how I could testify before an audience and say what the Lord had done for me, with words flowing freely and joy bubbling over In earlier years I would have had acute stagefright.

The following week my brother carried out a minor operation on me. While I convalesced a member of a Christian youth organization, Operation Mobilization, visited me. he dwelt on the subject of being "born again," and explained the meaning of baptism He also explained the meaning of baptism as the believer's public identification with his Savior. I felt that the Lord wanted to see if I would be obedient to this message.

The 1967 Holy Convocation of the well known Christian leader brother Baklit Singh was due shortly at Hyderabad, about 90 miles from Bidar. I got well in time to attend at least the end of the Convocation. I was baptized there alone with my sister-in-law and her father.

On taking baptism my joy was enhanced. But I still had to face Bombay. Would I t)t, able to stand agains't the currents of life there ? I prayed for strength and the Lord attain encouraged me through a Bible Verse:

"He delivers and rescues, he works signs and wonders in heaven and on earth He who has saved Daniel from the power of the lions" Daniel 6:27.

I held on to this promise and from that day was able to stand firm in my faith and testify to others. Never again did I have any urge to drink or smoke. Now I yearned for fellowship with God and for prayer, and by Gods grace and power confine to live a victorious life active witnessing among non believers and growing in fellowships with like minded saints i.e. even after 30 years after deliverance only a sinner saved by grace this is my story to God be the glory I am only a sinner saved by the grace. His unprofitable unworthy servant.

Sd/-
I.P. Salins

a) Jamgi Narsamma:- Was brought to our hospital given up the Govt, hospital Doctors for Post delivery tetanus with sevre locked Jaw which has 100%. motality. Dr. Salins in dispair, commented. " Why have you brought this dying patient to our hospital Instead of taking her home to peacefully die. But what Dr. cannot do, with Jesus nothing is impossible" and left her in a dark room at night. Put early morning next day AM the Dr. Was surprisedto find her totaly heald, as she told us happly, " your Jesus apreared and put something in my mouth and I am healed instantly, praise God. Now she is still alive and selling lime in the open market. Her family members have become ardent belivers, attending our local church and actively wittnessing about the love and power of Jesus christ.

b). While preaching the gospel mesage in near by Bidar Urban slums at shagunj area, gundamma and her two daughters, Khashanna and Drowpathi accepted lord Jesus as their personal saviour. They brought their cousin Shanthamma who was imatiated and sick with teuberclausis of her right knee Joint was totaly deformed, unable to walk. Since she refused amputation, with proper anti- T.B. Drugs, and Nutritions food, orthodesis of the knee joint which was done prayerfully hoping to save the limb, which miraculously gJ healed. During her stay in the hospital she read the Bible and enjoyed the love of Jesus. Her husband and children also accepted Jesus and became active witness to the saving and healing power of Jesus. After many years while Dr. Salins traveling by car from Bidar to Gulbarga for ministry amoung students nurses with healp of local bili- evers one young gentle man got in to the car, introducing that he was the son in law of Shanthamma who passed on a bible from our hospital and was wanting to invite me to his house for prayer fellowship with gratitude for leading his mother in law to christ which in turun brought great blessing to all his family members. After a sumptuous meal and prayer he was glad to give Rs.100/ offering which was just enough for petrol to reach my destination. another cousin Mr. Pandit finds time in sharing his new found faith enjoying with family became ardent christian, and active witness to friends and relatives, Inspite of being busy syndicate bank officer Mr. Pandit finds time in sharing his overflowing Joy in witnessing about christ and His soon coming kingdam.

c) One of our local evengelist:- Took some bibles from our hospital to Bidar Jail area and distributed among the prison staff families. Mr. Anthony Das catholic family got gloriously saved after reading the holy bible and come to us for further fellowsip. After their transfer to Bangalore/ Mysore area they faithfully shared their testitnonis amoung their freind, and relatives. 20 members relatives accepted Jesus as their presonal Lord and saviour, Mr. Arul Das a notorious drunkerd gunda who murdered his own mother got thoroughly convicted and converted by the power of the gospel. Now he is actively witnessing publicly through Jeva Jala Kannada radio brodcasting ministry, playing casio, composing heart touching hymns, lyrics and choruse, Inspite of right sided paralysis he is traveling allover karnataka, with his family members and co-workers for followup ministry through corespondence coruses, seminars, revival meetings and retreates, amoung his precious contacts. I was Pleasantly surprised to listen to his story while he took trouble, to visit and thank me at Bidar, His unworthy servants for sending those bibles amd conducting cottage prayer meetings amoung his Roman catholic relatives Mr. Anthony Das, and family, Praise God d , Halleluah.

d) -Mr. Vasanthraj office manager :- Supt,of Police Bidar office got outraged because his eldest daughter comunitted sucide, along with another girl, at Methodist girls hostel Gulbarga, attempted to shoot the hospital warden, who scolded the girls for disobeying the hostel rule Later on while he came to our hospital for regular control of diabetes and treatment he heard the message of a forgiving Jesus in an unforgiving wo-ld he broke down in truly repenting for his sins and belived In the salvation only though Jesus and kept on sharing, his the saving knowledge of Jesus untill his death, reconciling with his family, friends and enemies.

e) Through reguler devotional Bible studies Prayers and cottage meetings in coopration with like minded local churches, staff, voluntiers and trainees has sparked off a mighty Holy Ghost revival with notorious sinners, alcoholics, local gundas conversions, miracles, signs and wonders, demons delivered, borken lives, homes backsliders restored, many believers fellowships, children,youth tor

and new worshiping group started mushrooming tin and around Bidar District,, some local air force and other families carried the goodnews wherever they were trinsfered, to establish active worshiping, witnessing groups. Hence whatever we and the early missionaries sowed in there, now the time has come for us to reap the rich Harvest, of precious souls with Joy of the Holy ghost in co-opration with evangelical, Indian teams, India every home crusade. EU/EGF/operation moballaztion, VISWAWANI FEBA/YWAM/JEEVA JALA RADIO Coressponendence ministry. So some body sows others add water and fartilizer,the lord of the harvest gives the in increase while reaping.

f) Rev. Jyothi Thampson our Treasurer :- Project Manager who not only ,got totally cured from chronic neuropathy with general 'weakness but was restored froze his backalidden Christian life to repenit restore and reconcile to serve His LORD and master with renewed power and dedication to carryon his first love to serve Lord Jesus christ in and through our base hospital, rural health and development leprosy relief and rehabilitation centers (unreached surrouning Urban slums and villages In karnataka, Andrah, Maharastra, District, encouraging, traning and super- vising the ministry of local worker/trainiees.

g) Pastor Amruth :- Was about to be oprated by us for his enlarged lons defficiency thyroid gland, but he got scared to get operated and went to local pastor who anointed with oil and with fasting prayers seven demons were cast out of his body. Now from the past 30 years he is able to establish by faith his own local supporting house church with parsonages casting many demon passed who came to him for prayers and deliverance from evil spirits and evil habits. God hds been using the humble servant of God to glorify Jesus, the only saviour of the world.

h) Pastor Manohar :- Was in our hospital in child hood with accidental wounds in his face. After reciving Jesus as his personal Lord and Master, he is more powerfully doing full time teaching/ preaching / healing the sick in remote needy villages Pastor Vaijinath got deliverance from denon possession through paster Amruth frevent shepherding effectively prayers, spending more than Rs. 5000/- with some medical doctor at Hyderabad and Bidar. Now he is actively full time shephered ministry amoung needy village congregations where there are no other pastor or evangelist to encourage people, to change the life life style to Jesus, and work according to his holy teaching and be his witness to their freindly contacts, and family members relatives, who are deeply involved in withch craft, idoltry, ignorance superstion, powery etc,-

i) Mr. Das Suryawanshi:- Active christian/volentry member of our society registered a guide and light society and runing Asha Kiran school for the blind starting from sratch, with 40 blind children and 10 teachers/helpers, is deeply involved in using the blind children to spread the goodnews through Braille written portions of the bible, very effectively, as most of the blind people have found great comfort, confidence to live and serve for rest of their life to glorify, worship and for the cause of Jesus soon coming kidgdom.

j) Mr. Jairaj and family:- Have committed their lives to serve and give tender/love and care to more than 100 orphanend children in the name of Jesus by faith in God, government and God children to supnort this worthy cause, Vele.megna is happy to partly pray to support this wrothy cause.

k) One of our trained christian ANN (Nurse):- After couple of years of training with us at Bidar, after arranging her marraige with full time evangilist bother Anand is now working as nursing superitendent in a private nursing home at Goa. They along with their two male childrean could establish a local beleiver's assembly to worship and servd in the name of Jesus amoung the needy hungry souls in and around Goa including somed slum areas.

VELEMEGNA GOODNEWS SOCIETY HOSPITAL,
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OUR PARTNERSHIP WITH Bible Centre Ministries for Development Bitragunta.

We are also prayerfully working together in partnership with Bible Centre Ministries for Development, Bethany, Bitragunta, Nellore District Andra Pradesh run by D.I. METHUSELA, B.Th, Founder- Director,in reaching with the gospel, and developing hither to a least UNREACHED PEOPLE GROUP called the YANADI TRIBALS. A surveyed profile of the people group, The VISION of the working agency and a minimum budget proposal for the ministry is given here under.

All the foreign contributions to BIBLE CENTRE MINISTRIES FOR DEVELOPMENT may be rooted through the VELEMEGNA GOODNEWS SOCIETY F.C.R.A. account No.9996 Canara Bank, Bidar Branch.

BIBLE CENTRE MININSTRIES FOR DEVELOPMENT
BETHANY,BITRAGUNTA,NELLORE DISTRICT A.P. INDIA 524 142.

A PROJECT FOR THE DEVELOPMENT OF YANADI TRIBALS

Background and Culture

The YANADIS are included in sheduled tribes such as yerukala, chenchu and nakkala Tribals. They live mainly in AndraPradesh and speak the Telegu Language. The population is about 4,00,000 and 2,00,000 of them live in Nellore District. They are predominantly in rural areas and outskirts of small towns and villages. They live in colonies of very small huts made of bamboo and palm leaves. A large number of them take Alcoholic drinks.The Yanadis comprise mainly of two subgroups namely MANCHI YANADI and SALLA YANADI. Their primary occupation is fishing in the lakes and canals. They fish with a small throwing round-net and other home-made devices. In some districts like Guntur, they are working as scavengers. They also work as agriculture laborors. Their women do menual labour in rich people's homes. Some of them are also woodcutters. They worship spirits and nature such as trees and bushes. They hunt poisonous snakes such as Indian Cobras. They also catch large size rats from rat-holes in the fields and eat them for food. They live among other developed people as an insignificiant community; illiterate and undeveloped. They take leaves as medicines and never go to the doctor for the medical help. They are stricken with poverty and ignorance and are struggling for existance.

In these days some of them are working as cycle rikshaw pullers. But due to illiteracy and addiction to alcohol they remain as a very poor down trodden community. Child labour is very much prevelant among Yanadi, Children below 10 years of age go begging in the nearby houses. Small children do not wear any clothes. Women wear old clothes given by some kindhearted people. Men are used to wear very limited clothing around their waist.

Poligamy is privelant among the Yanadis. They are allowed in their tribe to divorce and marry 7 times.

A small number of Yanadis have become Christians. They remain in front of our eyes as an UNREACHED PEOPLE GROUP.

pump, tanks with sanitary cattle sheds, community hall, T.V, Radio, Film, projector, adult literacy, indoor and out-door rural games and sports, gymnasium, stadium facilities as funds permit through proper government channel from time to time using your good office, making the best use of NGO volunteers. We are already indebted to you and various local, state and central government departments for your timely encouragement and assurance of all possible practical help given after on the spot visit and scrutiny of concerned officials, Vs. Deputy Commissioner, BDO., Bankers and even some officials from Lions, Rotary Clubs etc.

Though initially some people of Baridabad village were instigated by few anti-social, disgruntled elements including panchayat mandal leaders got biased that we were going to construct only leprosy hospital at the, 1/2 acre land converted for non-agricultural purpose out of the 10 acres land Sy.No. 32/A regranted by the Karnataka government to our Velemegna Society recommended by then Deputy Commissioner through then revenue minister after obtaining written permission from Kamthana Mandal, we went ahead with the construction of hospital with staff quarters as per pop lar demands and pressure by majority of the Baridabad villagers who are happy with our humanitarian services and comprehensive ophthalmic care health education and village health and development service by Deputy Commissioner, District Health Officer and your timely deputation for specif'ic programme through your able representatives.

Hence, we sincerely plead with the help of your gracious officers and ministers con- cerned to grant us the long awaited grant in aid for general hospital, staff quarters, community hall cum training centre to enable us to bring health and development to the very door step, of every villagers complementing the Arma-at a declaration atleast by 2010 AD as many handicapped and outstravised leprosy beggars and destitute as possible, in close cooperation with government and philonthrophists in India and Abroad.

For the past 32 years, starting from scratch with hound dogs tenacity and perceiverance we have been doing our utmost to help the poor and needy, low income people in rural, slum and tribal areas with the help of God, government and God's children in India and Abroad. Our sincere attempt to relieve suffering humanity and our struggle for social justice to the less fortunate fellow citizens entrusted to our care by the local government. Many times we feel like giving up all these social service activities and use our professional skills in larger cities with lucrative job opportunities. May God help our country to prosper not only in socioeconomic level, but also develop into peace loving prosperous land, serving with duty, devotion, tolerance and strivings for excellence with our sweat blood and tears, with moral and spiritual development on solid foundation on earth and good will towards mankind without any discrimination of caste, color or creed, breaking all man made barriers building bridges with our neighborhood.

Anticipating your continuous cooperation, sympathetic consideration and able practical suggestions and prompt action to enable us to fight against preventable and curable diseases, overcoming ignorance, poverty superstition and corruption on war footing jointly for a healthy prosperous and progressing model nation.

MEDICAL AND GOSPLE TEAM			
1.Doctor		Rs. 3,000	
2.Assistant		Rs. 2,000	
3. Two Evangelist		Rs. 4,000	
4. Driver		Rs. 2,000	
		Rs.11,000	Rs.1,32,000
JEEP MAINTAINANCE			
Rs.300 per day for oil and repairs/month 9000		Rs. 9,000	Rs.1,08,000
PARSONAGE CUM OFFICE			
Non recurring			
1.Single bedroom and office		Rs.2,50,000	
2.Office furniture		Rs. 4,000	
3.Computer		Rs.40,000	
4.Phone		Rs. 3,000	
		Rs.2,97,000	Rs.2,97,000
Recurring			
1.Salary/Honorarium			
a) Administrator	Rs.5,000		
b) Manager	Rs.3,000		
c)Assistant	Rs. 1,500		
d)Accountant/steno	Rs. 1,500		
e)Night watchman	Rs. 1,000		
		Rs.12,000	
2.Stationery		Rs. 100	
3.Postal		Rs. 100	
4.Phone bills		Rs. 1,000	
5.Contengencies		Rs. 3,000	
Per month		Rs. 16,200	Rs.1,94,400
TOTAL RECURRING		Rs.6,99,400	
TOTAL NON RECURRING		Rs.11,90,000	
TOTAL AMOUNT		**Rs.18,89,400**	

BUDGET PROPOSALS

DAY CARE CENTRE for 30 children.

Non recurring		
1. A Sheet Shed	Rs.25,000	
2. Cooking vessels(Utensils)	Rs. 5,000	
3. Gas connection	Rs. 7,000	
	Rs.37,000	Rs.37,000
Recurring		
1. Food per child per month Rs.150	Rs. 4,500	
2. Teachers Salary	Rs. 1,500	
3. Cook and Helper	Rs. 1,000	
	Rs. 7,000X12months	Rs.84,000
SEWING TRAINING CENTRE		
Non recurring		
6 Machines for teaching purpose	Rs.18,000	
	Rs.18,000	Rs.18,000
Recurring		
1. 12 Machines for distribution	Rs.36,000	
2. Teachers Salary Rs.1,500/month	Rs.18,000	
3. Room Rent Rs.500/month	Rs. 6,000	
	Rs.60,000	Rs.60,000
DISTRIBUTION OF CLOTHES		
1. 100 Sarees 100X120	Rs.12,000	
2. 100 Shirts and Dhotis 100X100	Rs.10,000	
3. 100 Blankets 100X90	Rs. 9,000	
	Rs.31,000	Rs31,000
DISTRIBUTION OF MEDICINES		
Rs.3000 Worth of Medicines per month		Rs36,000
OLD AGE PENSION		
For 30 people Rs.150/monthRs. 4,500 X12 =	Rs.54,000	Rs.54,000
EQUIPMENT		
Non recurring		
1. Armada Jeep with Registration	Rs.5,10,000	
2. Video Projector	Rs.3,00,000	
3. Jesus Videos	Rs. 1,000	
4. Sound System	Rs. 15,000	
5.Generator	Rs. 10,000	
6. Lighting	Rs. 2,000	
	Rs.8,38,000	Rs.8,38000
Recurring		

VISION

We wish to see that Yanadi people are developed socially, economically and spiritually. We aspire that a culturally appropriate, active, witnessing church is planted in every Yanadi colony through strategic evangelism programme. Strategic approach to ministry will help to achieve our vision because a veriety of ministries such as health, education, rehabilitation, income generating programmes and compassion through feeding, clothing and sheltering; and sharing the gosple effectively will help in their total development.

Our lord Jesus Christ also healed the sick, fed the poor and went about doing good; and he also died on the cross of calvary for the salvation of our souls, thus serving for the welfare of the body, soul and spirit. As a result of the influence of various types of services provided together the community will have a wholistic development.

STRATEGY

In communicating with Yanadi tribals the following approach to the ministry will be very effective. First of all we show Christ's compassion through various means and secondly share the gosple of salvation in appropriate methods.

SHOWING COMPASSION FOR THEIR SOCIAL AND ECONOMICAL DEVELOPMENT

We propose to takeup the following programmes in this connection.

1. DAY CARE CENTRES and INFORMAL EDUCATION for Children.
2. Sewing training centre for women.
3. Training in cottage industry for women(soap and candle making)
4. Home for the Polio children.
5. Home for the Aged.
6. Financial help in the emergency.
7. Pension for the Aged.
8. Vocational training in Skills.
9. Construction of houses.
10. Distribution of milk for children under 2 years.
11. Distribution of Clothes and Food.
12. Distribution of Medicines.
13. Distribution of Cycle Rikshaws.
14. Distribution of wheel chairs for the Handicapped.

SHARING THE GOSPLE IN APPROPRIATE METHODS

In this connection, as most of the Yanadis are illiterate we wish a combination of MEDICAL and FILM MINISTRY TEAMS to visit and minister among the Yanadi colonies which are scattered far and wide in Nellore district.

The following equipment will be necessary for the ministry

1. GOSPLE JEEP
2. VIDEO PROJECTOR
3. SOUND SYSTEM AND GENERATOR.
4. LITERATURE(Bibles and Tracts)

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Village Evangelical Leprosy Eradication Medical Education, Good News Association A non-Profit Charitable Multi Purpose voluntary Society, Registered under the Mysore Society Act No. 17 of 1960 date 15-3-69 at Bangalore S.No. 5-68-69. COMPLIMENTING NATIONAL AGENDA - DURING 52 YEARS OF INDIAN INDEPENDENCE While Commemorating 35 Yrs of womb to tomb and beyond the tomb yeomen services let us strive to-gether prayerfully, meeting the total needs of the sick, poverty stricken communities,deserving individuals, irrespective of cast, creed colour, race with help of God, Govt,Gods children precious prayer partners fighting dis eases, demons within/without the congregations, country for a happy healthy properous national, international peace on earth and goodwill under fatherhood of God and Brotherhood of mankind with mutual love, respect and christian concern for wholistic development during 2000 AD & New Millennium.

HELP US TO HELP THE HANDICAPED

Visit our Weg site http://www.velemagna.org e-mail;drsalins@vsnl.com

TO,

DEAR SIR/MADAM

BY Vice President Lion **Dr.A.C.SALINS** Founder/Director. Velemegna
and LION LADY **Dr.SYBIL MESHRAMKAR** (DOMS)
IOL, FELOW CMC VELLORE
MSc.Community opthal
With help of Lion Lady **Dr.Mrs.S.SALINS**- Medical supt./secretary

Respected Sir/Madam,

Sub: DETAILS OF PROJECT AND BUDGET NEEDED FOR PLAN OF ACTION WITH DISSERTATION-PROPOSAL DOCUMENT - 2000 - 2002

Affectionate greetings from Velemegna. For survey/early detection/diagnosis tracing, treating through training for comprehensive community ophthalmic services and quality eye care wing velemegna society hospital Bidar-585401, Karnataka India in partnership with any willing Govt./N.G.O's likeminded agencies for diabetes glaucoma and other common eye diseases with long awaited Capital/Recurrent budget needed for urgent successful implementation- god willing as per enclosed/details subject to modification after early visit by any of your able representative, for practical suggestions, quick sanction, in phased manner, for uninterrupted meaningful partnership, time bound programmes to be expanded to other areas by training more skilled Ophthalmic/PMW/Surgeons/Technicians for quality specialized eye care services as funds/facilities permit.

Respectively submitting with best complements for timely, meaningful urgent implementation/of this sight saving worthy programme through our united partnership services. Thanking one and all for your kind cooperation & timely practical help.

Yours sincerely for the course of curable blind

Lion Dr.A.C.SALINS

A CROSS SECTIONAL STUDY OF DIABETES RELATED EYE DISEASES IN *BIDAR* TOWN(WITHIN THE FORT), INDIA

INTRODUCTION: Bidar is a small district/town situated in North Karnataka, S.India. It has a population of 1.5m(40% urban). The present scenario is that there does not exist any Diabetic clinic, Laser unit or a Screening program for Diabetic retinopathy. There is a need to do a situational analysis in order to plan and implement such a program in Bidar.

RATIONALE: There is growing evidence that Diabetes in adults is now a third world problem. With increasing urbanisation and change in lifestyles the prevalence of Diabetes is on the increase in India, especially Type II DM_1. Development of Diabetes Mellitus is associated with increased mortality and high risk of developing vascular, renal, retinal and neuropathic complications leading to premature disability and death$_2$. Diabetes eye disease is the major cause of visual disability in people of working age group in economically developed societies$_2$. We also know for the last 20 - 25 years that laser photocoagulation treatment has shown to be extremely effective in preventing visual loss due to Diabetic retinopathy$_2$.
It is anticipated that the population of India will age over the next few decades resulting in an increase in the population of older people. With aging it is possible that Diabetics would live for a longer time, there by increasing the chance of visual impairment due to Diabetic retinopathy$_3$. A recent hospital based study done in Madurai found that among new patients of Diabetes 37% had DR ,majority being maculopathy; 53% had cataract in one or both eyes and 6% had glaucoma$_4$.

- The present scenario in Bidar is that Diabetics are treated by family doctors. There is no screening protocol for Diabetes, leave alone Diabetic Retinopathy. Not a single ophthalmologist (there are 10) has a **Laser** unit. From my clinical experience many Diabetics are either dying young or becoming disable due to improper treatment and complications of DM. Patients have to travel far and spend a lot of money for the treatment of Diabetic retinopathy. The nearest city being Hyderabad (120kms). There is a definite need for educating the public regarding **early detection, proper treatment and prevention of complications** due to Diabetes.
- I would like to share my study findings with the local IMA (Indian Medical Association) and hopefully be able to set up a **Diabetic clinic** and have a **screening protocol for Diabetic Retinopathy**. If there is a definite need then I hope to be able to invest in an **ARGON Laser** unit ,to provide treatment in Bidar itself.
- There is a **personal reason** too for doing this study. Both my parents are Diabetics and I am a potential Diabetic. So this subject is close to my heart. I want to be able to help the Diabetics in my area of work.

AIMS:

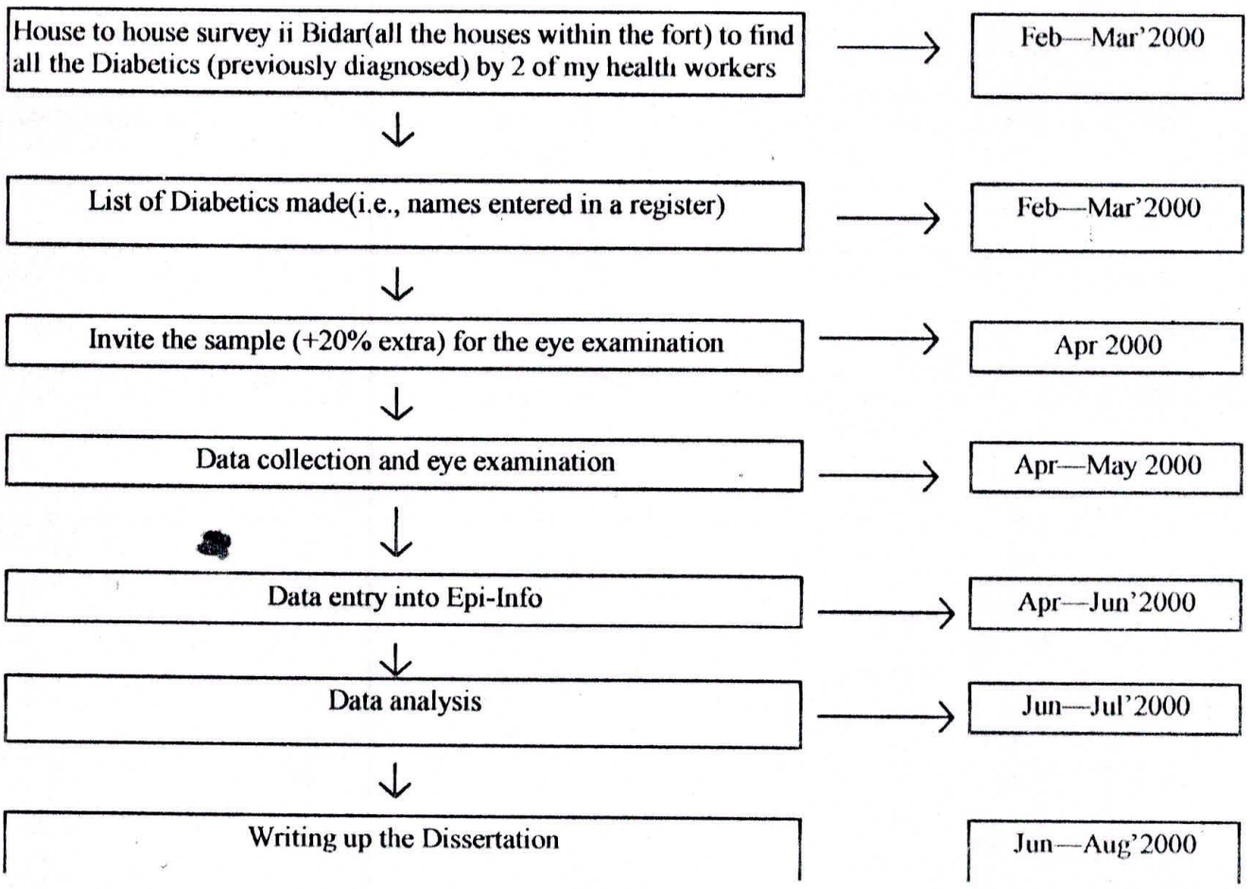
- To estimate the prevalence of Diabetes(previously diagnosed) and Diabetes related eye diseases in Bidar town in order to plan a screening program and have available treatment for Diabetic Retinopathy in Bidar.
- To establish a register for Diabetic patients in Bidar town for future screening program(s).

OBJECTIVES:

1. To estimate with reasonable precision the prevalence of Diabetes (previously diagnosed) in Bidar town(within the fort).
2. To estimate with reasonable precision the prevalence of Diabetes related eye diseases among Diabetics in Bidar town(within the fort).
3. To determine the proportion of different forms of Diabetic retinopathy in those found to have Diabetic retinopathy in Bidar town(within the fort).
4. To determine the causes of visual impairment and blindness (WHO classification) among Diabetics in Bidar town(within the fort).
5. To determine the distribution of Diabetic retinopathy according to age, sex, duration of illness & socio economic status among Diabetics in Bidar town(within the fort).
6. To determine the need for setting up a Laser clinic, screening protocol for Diabetic retinopathy and setting up of a diabetic clinic in Bidar town.

TARGET POPULATION: All the Diabetics in Bidar town.

FLOW CHART OF ACTIVITIES:



CASE DEFINITIONS:

Socio economic status	• Low—Total monthly income of the family ≥ $25 • Middle—Total monthly income of the family >$25-$150. • High—Total monthly income of the family >$150
Treatment of Hypertension	The patient either shows the antihypertensive medication or has a prescription for the same at the time of the eye examination.
Classification of Diabetic retinopathy	American Academy of Ophthalmology :Focal points→ Modified Airlie House classification
Identification of Diabetics	The person says that he/she has '*SAKARE BEEMARI*' (Local term for DM) and can show a doctor's prescription/ notes. Type of Diabetes →based on treatment and age of onset of Diabetes. • Type I- younger onset (<30 yrs of age) on Insulin • Type II- older onset (≥ 30 yrs of age) on diet only or oral hypoglycemics • Type II(with Insulin) - older onset(≥ 30yrs of age) on OHGs and/or Insulin
Education status	• Primary—Any primary education (upto std. V) • Secondary—Any secondary education (std.V-std.XII) • Graduate—Any Bachelors/Masters degree • Islamic—Any education in an Islamic school. • Uneducated—Not received any formal
Significant cataract	Blue light filter test→Pass a narrow beam of blue light through the lens. If more than 50% of the light gets absorbed by the cataractous lens, then that cataract is significant.
Glaucoma suspect	*If the patient has an IOP ≥ 24mm of Hg in one/both eye(s) and has a vertical CD ratio ≥ 0.7 , then that patient is a glaucoma suspect.
Neovascular Glaucoma	If the patient has the above findings* in addition to Iris neovascularisation in one/both eye(s) , then he/she has Neovascular glaucoma.

STUDY DESIGN:

- This is a cross sectional (population based) study. The names of the Diabetics will be entered into a register , from which the sample would be taken.

SAMPLING METHOD:

- If the number of Diabetics is less than 200 , then I will examine all of them.
- If the number is more than 200 then I would do take a **simple random sample**. In addition 20% more Diabetics from the list would be invited for the eye examination.

Sample size calculation: using a:\ sampleXS.

Population size	300-400
Estimated prevalence(%)	37*
Maximum error(%)	5
Design effect	1
Sample size	163-189

*The prevalence of DR varies between 23 and 50%. I have taken a prevalence of 37% .

DATA COLLECTION METHOD:

- Detailed questionnaire. This includes personal details, medical history, eye treatment history, visual acuity, detailed eye examination, final diagnosis & management required.

EQUIPMENT:

1. Data collection forms & stationary.
2. Snellens VA charts, trail set, pin hole & trial frame.
3. Slit lamp biomicroscope.
4. Indirect ophthalmoscope with 20D lens.
5. Perkins tonometer (loaned from ICEH).
6. 78D lens
7. Mydriatic drops & local anaesthetic drops.
8. Fluorescene strips.

REFERENCES:

1. H. King & M. Rewers Diabetes in adults is now a third World problem; *Bulletin of the World Health Organisation*,69(6): 643-648.
2. Prevention of Diabetes Mellitus; *WHO Technical Report series 844.*
3. Dandona.L Population based assessment of Diabetic retinopathy in an urban population in southern India ;*Br.J.Ophthalmology 1999*; 83:937-940.
4. Sharma.A Diabetic Eye Disease in Southern India; *Community eye health*; Vol9: 20 1996:56-58

Our long awaited capital needs for ongoing and future Master plan during 2000-2002

1. a) for completion/repair/renovation of Bidar old city base hospital building with separate eye wing, physio therapy room with equipment's, computer and multipurpose training center, dormetry dining recreation hall store room guest room and private rooms, staff quarters, auditorium, library, toilets light and daycare center for old age/ orphans and trainees	38,00,000
b) If funds permit to purchase and use Bidar international hotel to be modified to a modern referral eye hospital with staff quarters, duty rooms for secondary and tertiary eye care - as it is closer to railway and new bustand	60,00,000
2. One mini bus mobile medical, surgical with operating microscope a/c theater/generator on trailer TV/VCR/Audio, Film projectors with films audio visual aids etc.	24,00,000
3. One refrectometer, one a scan/kerotometer with optical unit setup	6,30,000
4. Micro surgical instrument, speed autoclave-mini vitractomy kit for pediatric cataract	2,00,000
5. Phaco emulsifying machine with accessories/applonotion tonometer /goneoscope	9,00,000
6. One Yaglaser/ one cautry machine	7,50,000
7. For completion of Baridabad/ Chatnali Rural new life relief rehabilitation center and mercy home for the aged , staff/ quarters, kitchen/store/guest/private rooms, office etc. Bore well, PVC pipes, sintex tank, solar water heating, submersible pump. etc.	56,00,000
TOTAL	**2,02,80,000**

Capital funds thus far received and expected from govt./other partners during 2000 -2002 62,00,000

Balance amount needed to complete our master plan at least by 2000-2002 1,40,00,000

RECURRENT BUDGET NEEDED

During 2000-2001 for salary, building/vehicle maintenance, electricity and medicines telephone, stationery, consumable and miscellaneous. (Rs1,50,000X12) 18,00,000

funds expected and available through other resources (75,000X12) 9,00,000

Balance needed (75,000X12) 9,00,000

While immensely thanking our CBMI, World vision, Leprosy Mission and all other small and big Financial precious prayer partners for all their uninterrupted timely, past and present help. We do look forward to other bigger funding partner agencies to help us substantially to accomplish our long standing dreams to met the ever growing acute felt needs of the identified neglected low income communities disabled young and old aged handicapped as time is running out for our long awaited ongoing and future programmes to render optimum services in a larger scale.

Thanks a million for all your kind co-operation and timely angelic visits of your able regional representatives and consultants for the practical help and suggestions after on the spot scrutiny encouraging us to carry on the good work. All this great achievements was made possible just because of the full and kind cooperation of all our donors and well wishers timely help in kind/cash and voluntary services .

Respectfully submitted with all good wishes for our united meaningful services during next millennium. Your sincerely in the services of suffering masses in our motherland.

Dr.A.C.Salins
Founder/Director

VELEMEGNA GOOD NEWS SOCIETY HOSPITAL,

BIDAR - 585 401 (KARNATAKA) INDIA. PHONE/FAX 08482-25467

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HELP US TO HELP THE HANDICAPED

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VELEMEGNA GOOD NEWS SOCIETY HOSPITAL

http://www.velemagna.org

e-mail : drsalins@vsnl.com

Attempting great things for God and expecting great things for God's glory serving suffering masses in rural India through ongoing and future projects God willing.

Please Pray/Support **MASTER PLAN** God willing to help us to help the poor and needy, handicapped, low income people through CCHRD(Comprehensive Community Health and Rural Development of Village Evalengical Leprosy Eradication Medical Educational Good News Association) Director/Founders Dr. A.C.Salins and Dr, Mrs. Salins.

"During the next decade let us together build healthy individuals, families, congregations, communities and nations by mobilizing people's love in action for development programs through united holistic projects. Divine willing while commemorating Velemegna Society's 32nd Anniversary, God enabling through like minded precious prayer partners (PPP) with the help of God government and God's children in India and abroad who are most gladly and generously willing to share their time, talent and treasure.

INTRODUCTION

The ministry of Velemegna right from its inception in 1969 emphasized a holistic response to the Christian lifestyle of the people, meeting their physical, mental, social and spiritual needs. Progressive expression of such convictions has led to the emergence of the project CCHRD for the total development adopted communities, which indeed is our Christian concern. Velemegna firmly believes that only by the grace of God and his enabling power it can bring about positive change in the lives of the people who would actively participate in establishing the kingdom of God by love serving one another in word and deed.

It is therefore imperative that change in individual lifestyle, the family, the community, the local churches and the nation at large would definitely negotiate not only a restoration but also the furtherance of the plan of God in building up of his people by liberating them from the shekels of sinful nature by the power of the Cross and the Holy Spirit to overcome prevailing poverty, ignorance, superstition, social injustice, communal and gender discrimination, violence, creating human dignity of labor, mutual respect for being created in the image of God.

Project CCHRD therefore concentrates on micro-level (e.g. change in individual, family, church and community life), which expands itself to larger community, national, international integration and engulfs a global unification of people and their environment at large. Since the ministry has its primary base in India, it envisages concentrating in the rural base, which comprises 80% of the population.

Most of these peoples livelihood is agro-based and therefore the project would take up program relating to aforestation, food and fodder cultivation, Horticulture, Agriculture, small-scale cottage industry. Animal husbandry, training, non-formal/adult education, multi-purpose health and socio-economic development, income generation training, production/demonstration, marketing, etc. With the help of God government and God's children in India and abroad using like minded partners/agencies in promoting national joint action, sharing resources - men, material, money, appropriate technology, practical experience under the absolute fatherhood of God and brotherhood of mankind, irrespective of cast, creed, color, helping us to help the poorest of poor, low income people including widows, orphans, old age, blind destitute, ostracized leprosy beggars and other needy handicaps.

"CCHRD PROJECT OF VELEMEGNA SOCIETY, BIDAR"

AIMS & OBJECTIVES:

1. To enable his people at the grass root level understanding the internal relationship between the prinicples laid down in the word of God and their day-to-day occupation.
2. To facilitate the growth of infrastructure at the tribal, urban, slum, rural areas so that people can develop able occupation investments in line with their talents, aptitudes and experimental background.
3. To open up new avenues of mutual collaboration between the indigenous practices and advanced technological knowledge so that there emerges a true stewardship of all resources accountable to God, his people and to the creation at large.
4. To achieve the above said aims this project envisages acquiring or leasing unexploited available govt. and private land and use the maximum available local resource (land, building, technology and people participation) to provide practical training, guidance for empowering the people's action for development.
5. To reach out the unreached people with a holistic approach that makes their life not only develop physically, economically, mentally, socially but above all spiritually, creating human dignity, equality, mutual tender love, care and respect for one-another.
6. To bring about a synthesis in between the micro and macro level development primarily based on social justice, equal human rights and accountability.

METHODOLOGY

1. Project CCHRD as a part of VELEMEGNA society ministry would assist and implement the ministry of local churches/prayer groups of like minded organizations, in introducing its various aspects of activities/programmes, funds permitting and demonstrate the actual possibilities of implementing God's principles in all occupational involvement.
2. It will take help of the highly committed and excellent professionals to work at the grass roots in search of new possibilities and avenues in making the word of God's proof and parallel of every single lesson of life.
3. The program will monitor mostly at the rural base whereby agriculture, animal husbandry and other occupational training can be imparted to all weaker section in the society.
4. Provide guidance in terms of choice of occupation/profession by way of conducting exposures/programme
5. Provide value education, use of indigenous value and adoption to new discoveries (e.g. technological) and community health services.

6. To help build local basic facilities, structural and functional, so as to provide alternative occupational opportunities and vocational training.
7. To provide assistance where necessary for building up small economical and social development projects.
8. The implementation of this programme would be participatory in nature, at the local, national and international level.

AS FUNDS AND FACILITIES PERMIT PRESENT ACTIVITIES AND FUTURE PROJECTS DEVINE WILLING

While commemorating VELEMEGNA society's 32nd anniversary to accomplish the aims and objectives of CCHRD project the organizer have launched out of the following five major activities, in sweet memories of some of our national leaders who have dedicated their lives for the upliftment of the poor and needy in our mother land through their selfless services.

i) "Mahatma Gandhi Memorial " Baridabad Village Multipurpose model farm Project
ii) "Mother Teresa Memorial" Navajeevan Income generation Leprosy and other handicapped relief research and rehabilitation program at Chatnalli New life village complex (NIGLRRRP).
iii) "Dr. Ambedkar Memorial " Budhera village Community Development and Reconstruction Project.
iv) "Indira Gandhi Memorial" Kadwad / Baridabad village comprehensive health projects.
v) "Rajeev Gandhi Memorial" Kamthana Village " Vocational Guidance and Training Centre.

BARIDABAD

(1) Health care training programme at rural health centers and Golakhana Baridabad Bidar district. Multipurpose farm project provide center based demonstration cum training
(2) VGT helps people to practical know-how of alternatives to other than agriculture as there occupation.
(3) CD and Village reconstruction CDVRDP the programme in proliferating the training to the villagers and make the programmers as an integral part of their life, initiated managed CCHP
(4) IGMCHP meet the health and total developmental needs of handicapped by developed able bodied people. Thus making rather a movement, through peoples action for development mobilization. In all these education, demonstration training and practical/technical help go hand in hand in routing the major ethos of the project "CCHRDP".

i) MAHATMA GANDHI MEMORIAL MULTI PURPOSE FARM AT BARIDABAD VILLAGE COMPLEX

PURPOSE

To build up facilities, which will ultimately lead to economically self supporting, for demonstration - cum - training to the people in farming (Agriculture and animals husbandry). This will be based on using Gods creation to be good stewards of the land and other resources sharing god given time, talent and treasure

GOALS: (1) To start a center (land + infrastructure) for demonstration and training, for rural farmers and grassroots workers (for atleast Rs. 6,000 to 10,000 per annum) in
(a) Agriculture (b) Animal husbandry 2) To provide manual and technical skill training in different trades as per the local and responding to the market demands. (3) To encourage atleast 80% of the successful trainees to be gainfully self-employed in their respective places that would be in turn sources of change agents. (4) To make the programme economically self-supporting within a period of 5 to 10 years. (5) To cater to the various needs of the poor and marginalized people and their community in terms of justice, dignity, equality and self-reliance

ACTIVITIES: 1. Agricultural demonstration and training based on bio-resources regeneration programme in a crops, pulses and horticulture 2. Nursery and plantation (vegetables, fruits and timbers) 3. (Animals husbandry): (a) Pisiculture (b) Dairy farm (c) Poultry (d) beekeeping (e) Aforestation (f) Bio - gas (g) floriculture (h) Rabbit rearing (i) Piggery. 4. Indigenous technology: (a) Wind mill (b) Water management 1 catchments dams and canals (c) Bio-gas (d) solar cooker, solar street light & powered fencing. 5. Experimental and research based programmes. (a) Computers (b) Internet/Intranet (c) Electrical and Electronic (d) Motor winding (e) Welding (f)

INFRASTRUCTURAL REQUIREMENTS: 1. Sizable land by acquiring private land or obtaining local surplus government land. 2. Water well, tube wells, ponds, and submersible pumpsets. 3. Building for training centre/workshop/ staff 'quarters, hostels, sheds for animals husbandry, store rooms. 4. Machineries and equipment, generators, tractors, agricultural tools, water storage tanks, sprinkler/drip irrigators. 5. Motor vehicles: (1) Jeep with trolley for transport of goods., production for marketing and also personal for training , 2) Motor cycle for project managers for movement between training centres and various government offices and other places related to training and management. 6. Tractor with trailer. 7. Silk rearing/reeling equipment. 8. This project of Velemegna can be initiated and established in any part of the country as per demands, need, invitation,, from like minded institutions/ organization

LOCATION: Kadwad/Baridabad/Chatnalli New life initiated this Multipurpose farm project are located at villages under Bidar Block office area and is 20 Km distances (bus road) from the city of Bidar H.Q. of Bidar Karnataka, India, Telephone -STD-08482-25467. (26695) - Baridabad

TOPOGRAPHY: To begin with size of the land granted by the government is 18 acres, and situated next to the Hyderabad-Bombay national highways No.9 with a beautiful landscape. The land is sloppy terrain hills and valleys and has a land area which can be developed into catchments portion for pisiculture it has already got an old well at the centre which needs to be deepened further, reconstructed, inserting submersible pumpset with overhead tank G.I.P. PCVP sprinkler irrigators etc.

PEOPLE: The people around this land are originally form Hindu. Muslim background situated in Deccan Plato (now Hyderabad, Maharashtra and Karnataka border area) and basically depends on

farming, daily wages, petty laborers with small industries; around 70 % of this population is landless agricultural laborers small and marginal farmers. There are about 105 villages at radius of 20 to 30 K.M. around the land. Most of these people are seasonal, temporal migrants to near by cities in search of substantial living. Most of the women and children suffer from severe anemia malnutrition. T.B. Leprosy and other gastro-intestinal disorder due to malnutrition lack of safe drinking water and nutritional food, healthy living condition.

DEMO GRAPHIC DETAILS DESCRIPTION. Bidar is a small town about 2,00,000 population in the north east of Karnataka, which is in the south- western states of India. Bidar was a capital of an Islamic Kingdom in the middle ages as many historical cities in the town can tell. Baridabad, Budhera, Kamthan, Kadwad, Chatnalli, the place of the leprosy rehabilitation project is located about 20 K.M. east of Bidar in an isolated rural spot with the climate there is semi arid The inaximum temperature in summer (March-June) is 43 C and minimum temperature is 22 C the maximum temperature in winter (November of February) is 22 C with 11 C minimum. Rainy season is from July - September. Fifty percent of the Bidar populations are Muslims. The next largest group is Hindus with Buddhist, Sikhs, Christian and Tribals in the minority. The district around Bidar has been declared as the most backward area in Karnataka. With the exception of sugarcane factories and distilleries; there are few small sick industries. Soil cultivation is the main sources of income. About 70% of the populations belong to the low-income group. As poor people living in contagious places in unhygienic conditions and with unstable diets, are less resistant against contagious diseases, the percentage of leprosy and T.B. is higher than in other areas of the state. However with the effort of voluntary organization introduction of M.T.D. (WHO) regime the percentage of leprosy and T.B. could be brought down from 0.2% to 0.01% of the population during the last 4-5 years.

BACK GROUND OF VELEMEGNA SOCIETY: Both Dr.A.C.Salins and Dr.Mrs.S.Salins graduated form Christian Medical College, Vellore, in the year 1964. Following they joined leprosy mission and underwent one year intensive service training at the SHEFLIN leprosy Research and International training Centre, and one year senior Rotation house job in various fields of medical surgical, rehabilitation departments at CMC Vellore, they served in two Christian Hospital in Karnataka state Not satisfied with their curative service and being interested in preventive medicine and deeply concerned about community development they started among poor and needy outreach work in Bidar district. During 1969 with new registered society form scratch with 20.O.M. team volunteers with just Rs. 30 - donated by Late mother of Dr. Salins Mrs.Tara.Bai. Salins. Took active part in the operation mobilization, Christian aid London, world vision of India and learning from various programme of Indian Christian voluntary organization where to improve the living conditions of the poor they engaged in primary health care leprosy rehabilitation and as poverty, ignorance, superstition, unsafe living condition, malnutrition is the prime cause for many disease. Also income generating schemes to uplift the weak and marginalized. After further community ophthalmologic training in London International Eye health centre by Dr. A.C.Salins and public health services also in London School of tropical medicines by Dr.Mrs.S.Salins. Velemegna society now runs a base general hospital with 60 beds and mobile clinic with a number of nurses and paramedical workers (some of whom are leprosy rehabilitants) searching the area for medical cases, mainly T.B. Leprosy and avitaminosis, (Night Blindness) glaucoma cataract. More than 6000 leprosy cases have been detected and cured, more than 6000 people received their eyesight through Vitamin A therapy, anti glaucoma cataract sight saving / restoring operations. During the past 30 years world vision, Christoffel Blinden Mission, The Christian Medical Association, ADRA Canada. Evangelic Fellowship of India Committee on Relief, interchurch coordination Committee Nederland's, Leprosy Mission and other agencies have been partly assisting Velemega in its comprehensive community health and rural development activities in the past. Along with its medical, social and economic concern velemegna has always been active in spreading the good news, through love in action programmes teaching, preaching

and training local people in various aspects of health and development project. Velemegna is facing a new responsibility with 63 leprosy families living on a 6 acres of land at Chatnalli which is owned by the society, after they were evicted from urban slums resettled there. Every day new poor and needy leprosy and handicapped are begging for help. The mobile clinic is visiting the Navjeevan leprosy rehabilitation centre 3 to 4 times a week to render medical services needed. The main problem now is to make the financially dependent patients and rehabilitants self sufficient and self reliant to as many poor and needy individuals /families and ostracized leprosy beggars who daily approach for help food , shelter, medical surgical care of feet, hands and eyes The NJLRP attempts to achieve this objective in a 5 to 10 years phased manner.

THE PROBLEM / PROJECT INTENTION: To begin with Velemegna Society and the project planners intends to introduce an income generating scheme for at present 63 leprosy beggars families living in colony at chatnalli. After gaining experience to gradually expand the same to at least 200 needy handicapped families by leasing or acquiring additional land. The problem is that only about 50% of the leprosy community are able bodied to work manually, and even these backlog cured patients have deformities which are beyond plastic reconstructive surgery occupation therapy, physio therapy with lack of sensation in their hands and feet. Thus any work with machines has to be excluded as heat and other possible factors. The patients causing repeated blistes, micro injuries with secondary infections, cannot feel injuries. The leprosy patient are forced to stray to isolated places and accordingly there are fewer chances for a full rehabilitation, for finding public employment in a firm or getting self- employed with trade because of social stigma against leprosy even some of the rich private patients have stopped coming to our hospital. As other income generating projects like chappals production and candle making have failed are dependent on seasonal market demand (for instance, candle for Diwali) the community members themselves and the project planners thought of agriculture as the solution to the employment problem of the colony.

Most of the leprosy patients originally came form rural areas and they have themselves feel that they would really like to work in the fields. We also have to consider that beggars families. In the past some of them habituated to the life style of beggars, particularly as they have good income. Still there is a strong urge among most of the leprosy rehabilitants to stand dignified on their own feet and improve then living condition and better status in life.

The 53 HUDCO projects huts built by the housing urban development Corporation at Chatnalli are of inferior quality as the BDO / contractors have misused funds. There is almost no air circulation inside the huts as they have no window with the roofs leaking in a deliabilated condition. Hence the justification for constructing reasonable low cost (R.C.C.) houses with one bed room, separate kitchen, toilets, Verandah cattle - shed (small..) with flowing safe drinking water for bathing, washing kitchen etc. The agricultural income-generating project is therefore not only meant for the individual benefits of the workers but for the collective benefit of the whole community in terms improving the location and rehabilitation of many more poor and needy by the profit made. It should he stated here there is no legal problem concerning the marketing of the agricultural products as the leprosy bacteria cannot be communicated by these products as most of our patients are cured. Certainly there will be social problems of marketing as people are ignorant about the nature of the disease. Hence the need for mass education with long term community based and short institutional training cum production demonstration pre-post operative physio therapy, occupation therapy with protective modified implement / chappals/foot wear for total rehabilitation, re-employment.

PROJECT DESIGN: The NJLRRRP aims a social self-reliance and economic self-sufficiency of the chatnalli leprosy community. To achieve this goal (i.e. to succeed as an independent agricultural production union), the able bodied laboring partners of the community have to understand that in the long run their effort has to be competitive within the open market structure. Actually to rehabilitate 40 to 50 needy landless families additional land (20 acres) water and tools will be provided free to the

members willing for cooperate farming but the recurring expenditure of new materials (seeds, fertilizers etc.) will be given as a loan (interest free which has to be repaid to revolve from the income generated by the marketing of the agricultural product for further development. We hope that in the fourth and fifth year the community is able to run the project on its own without external financial assistance. By that time the project manager is to be replaced or employed by council of the leprosy community by able bodies rehabilitates which is not to be detected as a cured leprosy patient without deformities will take over the marketing also. The tractor, motor vehicle for the transport of seeds, products etc., is to be replaced by one or two more bullock carts as funds permit. As the workers have three years time to get acquainted with this generated income. In this way the acquired items are earned and owned by the working community.

It has been a consensus that the project should provide benefits for those being unable to work also. Besides that a certain percentage of the income should benefits the community collectively, for instance, to improve the housing condition there. Still the incentive for the able bodies workers in terms, of their final estimation of the percentage distribution of the income is naturally dependent on the income itself i.e. on the variation of seasonal yields. On a participatory agreement we may roughly record that 60% of the generated income will benefit like able-bodied workers 20% the disabled community members and 20% will be used for collective benefit. The current monetary indictor to estimate the population below the poverty line is Rs. 70 pin. Per capital. Even if the family member per month is Rs. 87.9. Along with domestic use of the crops, the communal milk supply, free housing etc. We hope that at least these 40 - 50 families have enough to live on.

Concluding we may confirm, that even the income generated by this agricultural projects not sufficient to cover the living costs of the Navjeevan community fully. The project is not to be operated as an occupational therapy for leprosy patients but as an sincere effort of the rehabilitants themselves to stand on their own feet and grow with dignity of labor force.

In India, two or even three harvests of the same crop in a year are possible, provided there is a continuous water supply. For that reason the existing (unfinished) well has to be depend, extended and completed by boring installing submersible pump, overhead tank, P.C.V. pipes. As the area is semi arid an introduction of a sprinkling device to use the scarce water resources more efficiency is justified. As there is repeated current failure because of overload of the transformer, a 7 HP generator, windmills are absolutely essential outlined in the budget. To protect the leprosy community from their hostile social environment, and also prevent straying cattle form introducing into the neighbor's fields a fence to be built around the land. If there is adequate water supply, aforestation, silk reeling with sericulture, Beekeeping, floriculture, Pisiculture could be introduced gradually as funds permit with government subsidy and if need be Bank loans could be obtained.

Fuel for cooking is a big problem in this semi-arid area with no healthy forest in the district. A biogas plant is already under construction. The provision of 20 additional solar lights, solar cookers subsidized by the Indian Government will help the community to save cooking energy. The donation of 40 buffaloes will help to feed the biogas plant and with the buffaloes already there will be guarantee for independent and continuous milk supply for the community and the needed manure of the farm produced locally.

OBJECTIVES: The NJLRRP intends to

1 . Rehabilitate cured leprosy and other poor needy handicapped patients by providing on opportunity to realize themselves in their vocation as farmers to be dignified members of the society. 2. Train the rehabilitate to be efficient farmers within the rural market structure. 3. Raise at least 200 leprosy patients (annually atleast 40 X 5 = 200 in 5 yrs.) above the poverty line besides providing agricultural product for domestic use. 4. Provide an opportunity to strengthen the weakened and partly deformed bodies by appropriate physical labor. 5. Contribute to the general improvement of the living condition of the income generating scheme, and the provision of buffaloes for communal supply

local manure for farming, solar street lights, cookers for energy etc. 6. Socialize the leprosy rehabilitates into an independent co-operative.

The Navjeevan community members are to help themselves co-operating with each other and by cultivating a spirit of unity, love and human dignity of labor with self reliance and bright future aspired for the healthy able bodies children. Preliminary: In India 100,000 is written a 1,00,000 and is expresses in the words " One Lakh". Hence 25 lakhs would be written 25, 00,000" in India. Current exchange rate £ = Rs. 60 US $1 = 30

Twenty cross breed cows or buffaloes annually to promote an independent milk supply for the community cost Rs.40,000). Additional assets like wind mills generator, tractor, solar cookers, multi purpose workshop, cattle shed for additional land, building, road construction, sericulture, horticulture. Floriculture. Fodder, rice, sugarcane cultivation, aforestation, are needed to implement various income generation training cum production apart from giving practical experiences by researching various possibilities / methods etc.

"The Church ought to be harnessing its members as a people for the leading Society and Complementing National Agenda and Alma At a Declaration bringing total Health for all atleast by 2000 AD sharing our resources, time, talent and treasure helping the poor and needy without discrimination."

PROJECT: S.No.:1. MAHATMA GANDHI MEMORIAL BARIDABAD MULTIPURPOSE FARM BUDGET PROPOSAL PLAN OF ACTION (POA)-1ST YEAR

S.NO.	EXPENSES	AMOUNT (Rs.)
I.	GENERAL FARM DEVELOPMENT:	
a.	Demarcation, Acquisition of Land at Rs.30,000 per acre of land X 10 acres = 30,000 X 10	300,000.00
b.	Leveling, building, terracing of 10 acres of land to prevent soil erossion	30,000.00
c.	Fencing using steel/granite poles and barred wire, tree plantation	45,000.00
II.	CONSTRUCTION:	
a.	RCC building at the rate of Rs.400 per (600 sqft.) Including transportation charges. Training center	240,000.00
b.	Three staff quarters 3 X 40 X 50 = 6000 X 400 (Rs.400 per sq ft.)	2,400,000.00
c.	Store room, workshop, garage, toilets, kitchen bathroom (Rs.400 X 400 sq.ft.)	160,000.00
III.	WATER DEVELOPMENT AND ELECTRICITY FITTING:	
a.	One solar powered submersible pumpset after boring one borewell (200 ft. deep) with drip irrigation.	150,000.00
b.	One sprinkler irrigation system, separate pump house/electricity connection.	100,000.00
c.	Two Sintex Tanks (10,000 lts. For staff qrts) Training center, Workshop etc. (35,000 X 2)	70,000.00
d.	One medium sized wind mill plus one 7 HP diesel generator/solar Powered I.P. set	365,000.00
IV.	VEHICLE AND EQUIPMENT:	
a.	One Tractor with Trailer	300,000.00
b.	Implements and tools	20,000.00
c.	One pair of bulls with modified modern bullock cart	26,000.00
d.	Two Motor-cycles (Rs.45,000 X 2)	90,000.00
e.	10 solar cookers, 10 solar street lights	156,000.00
f.	One community biogas unit, with community kitchen, store-room Soakpit, toilets, kitchen garden	133,000.00
g.	Salary for tractor driver (1000 x 2)	12,000.00
h.	Repair, maintenance, telephone, electricity charges, stationery, Postage etc. (5000 X 12)	60,000.00
V.	FOOD AND FODDER CULTIVATION:	
a.	Seed, seeding, fertilizer	12,000.00
b.	Two farm laborers Rs.20 X 2 X 365 days	14,600.00
VI.	DAIRY UNIT:	
a.	Construction of shed, store room for 20 milk cows (Rs.400X400)	160,000.00
VII.	GOAT UNIT;	
a.	Shed and Store room for 50 goats	60,000.00
VIII.	POULTRY UNIT:	
a.	Shed and store room for 500 Boiler/layers	120,000.00

IX. PIGGERY UNIT:		
a.	Shed and store room for 50 pigs (Rs.400X200)	80,000.00
X. SILK REARING AND REELING UNIT:		
a.	Shed, store (Subsidized by Govt.)	160,000.00
XI. ADMINISTRATION:		
a.	Farm manager salary (1500 X2)	18,000.00
b.	Accountant cum supervisor 91500 X 12)	18,000.00
c.	Office Assistant/Typist Clerk (1000X12)	12,000.00
d.	Watchman/security (600 X 2 = 1200 X 12) salary	24,000.00
e.	Office equipment for farm: 4 tables, 20 chairs,	
	2 filling cabinets, 2 Elmira,	20,000.00
	1 type-writer,	13,500.00
	Cots and Mattresses for Trainees (Rs.1500 X 100)	150,000.00
XII. PROGRAMME FOR TRAINING:		
A. AWARENESS BUILDING TRAINING:		
a.	Training materials, audiovisual aid	30,000.00
b.	Food for Trainees (100 X 20 X 8 Programmes)	16,000.00
c.	Honorarium to Resource Persons enablers (4X100X8 programmes)	3,200.00
d.	Travel for Resource Personnel (600 X 12)	7,200.00
B. SKILL TRAINING (TECHNICAL/MANUAL):		
a.	Training materials (as available farm & other)	30,000.00
b.	Food for the trainees (100 X 20 X 30)	60,000.00
c.	Honorarium to Resource Persons enablers (100 X 3 X 4)	1,200.00
d.	Travel for Resource Enablers (100 X 3 x 4)	1,200.00
C. LEADERSHIP TRAINING:		
a.	Training Materials	1,000.00
b.	Food for the Trainees (50 X 20 X 2 Programmes)	2,000.00
c.	Honorarium for Trainees (500 X 2 Persons X 2 prg)	2,000.00
d.	Travel for trainees (500 x 2 persons X 2 prg)	2,000.00
	GRAND TOTAL IN RUPEES	5,674,900.00
INCOME DURING 1ST YEAR:		
Tractor hires 300 hrs. X Rs.40 per hr.		12,000.00
Sale of Fodder Manure		10,000.00
Sale of Silk (Coconuts)		10,000.00
		32,000.00
EXPENSES DURING 1ST YEAR:		
I. GENERAL FARM DEVELOPMENT		
Driver salary (1000 X 12)		12,000.00
Repair, Maintenance, electricity		15,000.00
		27,000.00
II. FODDER UNIT		
Food and fodder unit		14,000.00
III. DAIRY UNIT:		
a.	Purchase of 7 milk cows & calf	42,000.00
b.	Dairy Utensils and appliances	2,000.00
c.	Refrigerator (300 lts)	16,000.00
d.	Bicycles (1500 X 1)	1,500.00
e.	One care taker (500 X 120	6,000.00
f.	Feed, fodder, veterinary medicines	36,000.00
		103,500.00

IV. GOAT UNIT:

a.	50 weaned female goats (50 X 500)	25,000.00
b.	5 male weaned goats (5 X 1000	500.00
c.	Feed, Fodder etc.	23,500.00
d.	Insurance (5 X 300)	1,500.00
e.	Wages for Attendants (10 X 2 X 365)	7,300.00
		57,800.00

V. POULTRY UNIT:

a.	Cost of 500 chicks of 1 month old size (500 X 20)	10,000.00
b.	2 Poultry Utensil & appliances	10,000.00
c.	Feed for 500 Birds per year	25,000.00
d.	Cost of litter, electricity, medicines and other expenses	25,000.00
e.	Labor & ward charges (600 X 12)	7,200.00
		77,200.00

VI. PIGGERY UNIT:

a.	Cost of 20 piglets of 2 months X 2 months Rs.300 per piglet	6,000.00
b.	Feed for 20 piglets for 12 month Rs.1200 per month	14,400.00
c.	Medical Expenses	2,000.00
d.	Wages for Attender Rs.20 X 365	7,300.00
		29,700.00

EXPENDITURE FOR IIND YEAR

1. TRAINING UNIT:

a.	Food expenses for 15 trainees X 15 X 200 X 12	36,000.00
b.	Teaching Aids 15 X 50 X 12	9,000.00
c.	Slide Projector	6,000.00
d.	Tape recorder 7 Tapes	5,000.00
e.	Travel, Honorarium to outside resource person	12,000.00
f.	Salary for cook (600 X12)	7,200.00
		75,200.00

II. ADMINISTRATION:

a.	Salaries	55,200.00
b.	Postage, stationery, telephone, electricity	3,600.00
c.	Building repair, Maintenance	20,000.00
		78,800.00

INCOME IN THE IIND YEAR:

a.	Silk Reeling Unit	10,000.00
b.	Tractor Hire	15,000.00
c.	Sale of Bio gas	2,000.00
d.	Sale of Milk	81,000.00
e.	Sale of Fodder	28,000.00
f.	Sale of Goats	34,000.00
g.	Sale of Eggs, Fowls, Manure	21,000.00
h.	Sale of Piglets & pork	72,000.00
		263,000.00

EXPENDITURE FOR IIIRD YEAR:

a.	General farm development	30,000.00
b.	Fodder unit	10,000.00
c.	Dairy unit	48,000.00
d.	Goat unit	38,000.00
e.	Poultry unit	30,000.00
f.	Piggery unit	44,000.00
g.	Training unit	62,000.00
h.	Silk unit	10,000.00
I.	Administration	80,000.00
		352,000.00

INCOME DURING IIIRD YEAR:

a.	General farm development	18,000.00
b.	Fodder unit	37,000.00
c.	Dairy unit	76,000.00
d.	Goat unit	29,000.00
e.	Poultry unit	21,000.00
f.	Piggery unit	70,000.00
g.	Training unit	15,000.00
h.	Silk unit	10,000.00
		276,000.00

EXPENSES DURING IV YEAR:
TOTAL REQUIREMENT 355,000.00

INCOME DURING IVTH YEAR: 333,000.00

EXPENSES DURING THE VTH YEAR:
TOTAL REQUIREMENT 355,000.00

INCOME DURING VTH YEAR: 250,000.00

SUMMARY OF INCOME EXPENDITURE:

I	Total expenses during Ist year		341,200.00
	Income during the Ist year		32,000.00
		Total requirements Rs.	373,200.00
II	Total Expenses During II nd year		154,000.00
	Income during the IInd year		263,000.00
		Total requirements Rs.	417,000.00
III	Total Expenses During II nd year		352,000.00
	Income during the IInd year		276,000.00
		Total requirements Rs.	628,000.00
IV	Total Expenses During II nd year		355,000.00
	Income during the IInd year		333,000.00
		Total requirements Rs.	688,000.00
V	Total Expenses During II nd year		355,000.00
	Income during the IInd year		250,000.00
		Total requirements Rs.	605,000.00

Looking forward for meaningful partnership to help the poor and needy for Gods glory, expansion of His soon coming Kingdom.

P.S the above budget application is subject to modification after clarification/discussion if possible on the spot/scrutiny by any willing partner/agency by sending their able/experienced representative for meaningful point action helping us to help the determining poor and needy in achieved village communities to rebuild a healthy nation.

Dr. A.C. Salins

ii) MOTHER TERESA MEMORIAL NAVAJEEVAN INCOME GENERATION LEPROSY AND OTHER HANDICAPPED RELIEF, RESEARCH AND REHABILI TATION PROJECT (MTMNIGLRRRP) OF VELEMEGNA SOCIETY, CHATNALLI COMPLEX.

Sub: Seeking all possible help joint action through subsidies and cooperation for following worthy project complementing the national agenda and:-

(a) To help us to help the leprosy and handicapped Chatnalli Navajeevan Leprosy Rehabilitation Complex. (b) To complete the comprehensive community health rural hospital and staff quarter and multipurpose health training cum demonstration center at Baridabad in the government allotted land at Baridabad village taluks and district Bidar. (c) To extend the above service to Budhera/Chatnalli and other satellite villages through health and development programme, while commemorating our 30 years of yeomen services to the suffering masses in Bidar district.

As you are quite aware Sir, after repeated appeal and magnanimous visits of many Deputy Commissioner, Asst. Commissioners, Tahsildars, DO's Asst. Executive Engineers and other Government departmental officials and various health and development ministerial in the present and past as our Velemegna Society is deeply involved in close cooperation with like minded National and International Agencies in India and Abroad, we were made tall promises by the previous government officials, while handing over the 53 leprosy families after demolishing their huts in Sathyagudi Bidar urban slum. Even though we were least prepared, we took up the challenge by faith in God, Government and God's Children, as we had to face many uphill task, by begging for donation, borrowing loans with interest from Banks and private parties during the past 30 years to make both ends meet, mean- while solving the ever-growing problems from time to time from very inception of our above society. Hence, we humbly but sincerely seek your maximum possible practical help, suggestions and cooperation for smooth uninterrupted implementation for optimum success of the various on going and future rural health and development project complementing the 20 points programme of nation to begin with the following villages in the land allotted by the government.

AT CHATNALLI VILLAGE, BIDAR BY POPULAR REQUEST BY MAJORITY OF VILLAGERS TO:

1 . Completing 10 bedded general hospital (family welfare center) staff quarters, commu- nity hall cum health and development training center with ophthalmic wing, T.V, film and slide projector, telephone connection and other audio-visual for health and development education programmes, in the one acre N.A. converted land in Sy.No. 32/A Baridabad.

2. One bore well, solar powered immersible pump with overhead tank for flowing water facilities for hospital, staff quarters, patients, and trainees at hospital and development training centre with toilets, bio-gas plant with community kitchen, nutrition demonstration cum training centre, with suitable roads, and better electricity facility using new trans- former generator.

3. At the remaining 8 acres cultivable land at Baridabad Sy. No. 32/A to complete the agricultural, horticultural, kitchen gardening, sericulture cum production centre, milk cooperatives, animal husbandry programme, using food for work scheme for the handicapped and widows, orphans, destitute and other deserving beggars in other willing cooperative villages utilizing any available government or private waste land which is left unexploited using idle laborers by deepening old wells or digging new wells, with submersible pumpset, overhead tanks for assuring safe drinking water and tapping all possible water resources for growing more and more food and fodder to cattle to the ever growing needs of half starving, poverty stricken humanity and animals overcoming all kinds of unforeseen bottle necks because of local political factors, ignorance, superstitions and poverty to prevent migration to towns and large cities in search of suitable employment thus creating larger slums.

AT CHATNALLI NAVAJEEVAN COMPLEX, BIDAR. LEPROSY REHABILITATION VILLAGE

After suddenly demolishing the illegally erected huts in the Sathyagudi Urban slums by the city municipality authorities to build home guard office, fire station etc. thus 53 ostracized leprosy beggars families were handed over to the care of our Velemegna Society by the Deputy Commissioner Mr. K.L. Nelgi, promising us all possible help for the displaced people or orphans. hence, the beginning of Chatnalli/Baridabad Navajeevan Complex was undertaken with the help of government and God's children, our Velemegna Society has undertaken the following programmes:-

1 . Repair of old 63 HUDCO built by contractor 16 years ago which is in a deliberated condition following cyclonic rains with electricity facilities to individual houses, which at present is again in a very deliberated unlivable condition.

2. Request for one bore well with drip irrigation system, solar powered submersible pumpset and overhead tank for safe drinking water, and cultivating available land in the vicinity through floriculture, agriculture, sericulture, aforestation, fodder cultivation, through food for work programmes using the able bodied and handicapped rehabilitated ostracized leprosy beggars families to support themselves within 2-5 years time bond programme.

3. Requesting for additional 100-150 housing complex in the locally available addi- tional government land or by acquiring private land to rehabilitate the over growing number of oustercised leprosy beggars, displaced families, widows, orphans and destitute who are daily approaching us and the government authorities for food and shelter through multi- sectorial health and development projects through various government departments using voluntarily, NGO agencies in India and abroad for a more healthy self supporting progressing model communities. We need atleast 5-10 acres for seperate gautan land for burial (GRAVE YARD) ground with park, playgrounds and rural apart field, stadium, swimming pool, fis culture etc.

4. A community hall with T.V., Radio, films, slide projectors and other audio-visual aids, adult literacy facilities, through Youth clubs, Mahila Mandals.

5. A primary school with hostel for atleast 100 boys and girls to begin with h aving atleast 2-3 separate class rooms, mid-day meals centre, 4 staff quarters cum office facili- ties.

6. A multi-purpose industrial training cum production centre (work shop) with other marketing facilities for milk and other village industries, cooperative products for microcellular rubber, candle, agarbathi, tailoring, carpentary, welding, motor winding, silk reel- ing, horticulture, fish-culture, poultry farm etc.

7. Completion of 50 beded male and 25 female at Chatnalli Navajeevan Centre the only hospital in Bidar district mainly to render care for aneasthesia feet, hands, eyes, preop-postop physio-therapy and plastic reconstructive surgery to restore function through appropriate occupation therapy, with protective implements especially designed to rehabilitate the leprosy and other handicapped with seperate X-ray, lab, operation theatre, delivery, physiotherapy rooms flowing water with submersible pumpset, overhead tank, electricity, Generator and seperate transformer.

8. 3 KM road construction from Sirsi road-cross to Navajeevan Centre, sanction of available government land if possible acquire additional private land in the vicinity to the extent of 3 acres for landless leprosy families and atleast 5 acres of land to Velemegna Society for te proposal hospital cum staff quarters with fencing with wire in exchange for the 5 acres for land given back to the Velemegna Society to construct the 63 HUDCO houses by government 4 years ago.

9. Two community bio-gas plants, cookers, solar street lights, fencing etc. 3 lavatories with community kitchen .

AT PROPER CHATNALLI VILLAGE: to complete the 2 borewell Rs. 60,0001- provided by World Vision of India through Velemegna Society with submersible pumps, overhead tanks/ borewell

VELEMEGNA GOOD NEWS SOCIETY HOSPITAL,

BIDAR - 585 401 (KARNATAKA) INDIA. PHONE/FAX 08482-25467

Village Evangelical Leprosy Eradication Medical Education, Good News Association A non-Profit Charitable Multi Purpose voluntary Society, Registered under the Mysore Society Act No. 17 of 1960 date -15-3-69 at Bangalore S.No. 5-68-69. COMPLIMENTING NATIONAL AGENDA - DURING 52 YEARS OF INDIAN INDEPENDENCE While Commemorating 35 Yrs of womb to tomb and beyond the tomb yeomen services let us strive to-gether prayerfully, meeting the total needs of the sick, poverty stricken communities,deserving individuals, irrespective of cast, creed colour, race with help of God, Govt,Gods children precious prayer partners fighting dis eases, demons within/without the congregations, country for a happy healthy properous national, international peace on earth and goodwill under fatherhood of God and Brotherhood of mankind with mutual love, respect and christian concern for wholistic development during 2000 AD & New Millennium.

HELP US TO HELP THE HANDICAPED

Visit our Weg site http://www.velemagna.org e-mail;drsalins@vsnl.com

MOTHER THERESAMEMORIAL NAVJEEVAN — DAY CARE CENTRE,

MERCY HOME FOR THE AGED AND DISABLED LEPROSY CURED PATIENTS AND DESTITUTES AT CHATNALLI.

CAPITAL NEEDS:-

1.Building for Mercy Home Chatnalli----------	Rs.15,56,711
2.One Bore Well Submersible I.P. Set with ----------	Rs. 1,50,000
P.V.C. Pipe fittings, overhead tank	
3.Mahindra Minibus Ambulance [8+1 seater]----------	Rs. 6,00,000
4 One two wheeler motorcycle----------	Rs. 50,000
5.One Bicycle	Rs. 1,500
TOTAL	Rs.23,58,211
Contribution from management	Rs.2,35,821
Remaining amount requested during 2000 to 2001 A.D.	Rs.21,22,389

RECURRENT NEEDS	MONTHLY	ANNUALLY
1. Staff salaries----------	Rs.20,000----------	Rs.2,40,000
2. Medical Care/food and clothingfor the inmates--------	Rs.30,000----------	Rs.3,60,000
3.Electricity/water/building maintenance/Telephone etc.-	Rs.10,000 ----------	-----Rs.1,20,000
4.Fuel and Vehicle Maintinance----------	Rs.6,000----------	Rs.72,000
5. Stationery, Postage and Recreation----------	Rs.3,000----------	Rs.36,000
6.Miscillenous	Rs.2,000	Rs.24,000
Total	Rs.71,000	Rs.8,52,000
Contribution from management (10%)		Rs. 85,200
Monthly recurrent grant requested		Rs.7,66,800

iii) DR. AMBEDKAR MEMORIAL COMMUNITY DEVLOPMENT AND BUDHERA VILLAGE RECONSTRUCTION PROJECT

GEOGRAPHY: This project CDVR intends to cover-about 39 villages with in a radius of 35 to 40 km. around Kadwad and Baridabad villages in the Bidar Block in Bidar district. Baridabad and Kadwad approximately 20 M. South West of Bidar town. This is mostly rocky jungle area with undulating landscape with a normal rainfall every year. Mainly latrite soil not very fertile. No surface irrigation facilities connected by all weather road/trains to Hyderabad and Gulbarga 110 to 120 Km.

PEOPLE: The total population of the target is 60 thousand. The population consists mainly of the cities major categories: 6% of these are tribals, 66% Scheduled Caste and the rest 24 others.

LANGUAGE: The main language spoken are Kannada, Urdu, Lambadis, Telugu, Marathi, Kannada is the common language spoken by the people.

SOCIO-ECONOMIC STATUS: LIVELY HOOD: Majority if the people (80%) work as unskilled farm laborers. The average daily wages is about Rs.30/- per day. The other 20% meddle class and rich farmers depend on subsistence farming which is solely dependent on rain water for irrigation and few open wells and borewells with jet or submersible pumps. HEALTH Incidence of malnutrition among children and pregnant women is about 35%. Large number of people suffer from Tuberclausis, Leprosy, and other respiratory infection. Skin diseases, scabies and gastro-intestinal problems are rampant. The infant mortality rate is about 130 per 1000 births.

LITERACY: The percentage of literacy is 23%. Major factors contributing to low literacy is poverty and lack of parental motivation

ENVIRONMENT: The whole population is used to defecating in the open air. This area with more than 50% forest 20 years back is now almost barren. Soil erosion in large scale and if steps are not taken immediately it will result in loss of whatever top soil is available for supporting plants caused by degradation.

ECONOMY: The economy of the people in this region was on barter system. Now a days they use money economically though the transaction is not complete. They are still exploited by money lenders, business man. Hence, they are poor economically. Average earning per house is 21/-, rupees per day and there are 5 to 6 members per family. This leaves 50% of the people under poverty line.

PURPOSE: The main purpose of the project will be to enable the poor the needy and marginalised communities to understand their situation, analyze the who, where, why and how of it and to take decision to change/improve their own conditions by positive action and mobilizing resources available within and outside the community. The purpose is holistic development of people and thier communities a development which helps people towards placing change agents with deep commitment to Christ and the poor alter proper training and orientation in community development change will be brought about in terms of organizing motivating, enabling and empowering while most project s have clear-cut goals of what the project wants to achieve for the people within a certain tune span, this project will not have such goal to begin with, this project will aim at enabling people to set their own goals. The key elements of the project will be

1. Living with the people and relationship. 2. Building awareness. 3. Motivation and community organizing. 4. Starting with what they know and building on what they have. 5. Enabling people to analyze issues/problems, identify resources, take positive action, evaluate their own analyse effectiveness and make necessary change in course. 6. Strengthen ability of community to provide leadership, maintain and manage the process of its own development. 7. Building up self-reliance and sustainability. 8.Value change and adoption of kingdom value. 9.People's movement towards God. Project aims at achieving this in a phased manner. Primarily, three main phases are visualised.

GROUND WORK PHASE: This involves relationship building, motivation and community organizing, awareness building, information gathering, identification analysis of problems, identification of resources for most crucial stage in the project and can take atleast two years. During

this phase community also will be enabled to liaison with the Government and Non-Government agencies around it get its own development and also initiate small community efforts for common benefit. These may include formation of Youth Clubs, Women Associations, Project communities/community efforts-like small scale saving, credit unions. Success of this phase will lead to the second activity phase.

ACTIVITY PHASE: In a sense, this is the most important phase in the project. But extreme care should be taken not to hurry in this phase. If the ground work phase has been effectively implemented, the activity phase will result in change through community participation and the process of change will be substantiate. In this phase community will be enabled to address major problem, issues facing the community. Project will assist by supplementing community effort by providing training, know-how of using funds and equipments, All the activities of the first phase will have life span of 10 years appropriately and will lead to the phase when project start withdrawing from community.

WITHDRAWAL PHASE: Continuous presence of the project in the community will invariable lead to people's dependence of the project. So, care should be taken at each step to prevent building up this kind of dependence. So, this whole idea of withdrawal should be built into the project right from the point of entry into the community. This last phase will concentrate in strengthening ability of the community to maintain and manage change, beside building up infrastructures to support this process of change.

HOLISM: Will be achieved by recognizing from the thrust needed for the change in the spiritual dimension of the people and community. Project will strive to provide appropriate opportunities to people the response to the gospel of Jesus Christ and to adopt the values of kingdom of God. This will be achieved through the project leaders / key staff living an exemplary Christian lifestyle as well as by proclamation in socio-culturally appropriate ways. The project will follow the development principles which are best described by Dr.James Yen in his "Development Poem" which goes on like this;

"Go to the people, live among them, learn from them, work with them, plan with them, start with what they know-build on what they know-teach by showing - learn by doing - Not a show case, but a pattern - Not odds and ends, but a system - Not relief, but release - But the best leaders - when their work is accomplished - And their work is done - The people all remark - We have-done it activities".

The project initially will have a set of goals for the first phase. Goals for the second phase will emerge out of the people and community as the work of first phase goes on and we learn more about and from the people. There will be annual planning cycle and during the middle of each fiscal year the goals for the next fiscal year will be decided after necessary revision, change, deletion and addition. The first phase goals will be as follows. 1. Appoint and place change agents in the field. 2. Establish relationship with the people. 3. Form village committee with adequate women's participation. 4. Form Youth and Women's groups. 5. Help people gather relevant community information and document it. 6. Identify people efforts at improving community and support such activities. 7. Encourage small saving and organize credit unions. 8. Establish and build relationship with different Govt. and Non-Govt. agencies assist people relate to them without fear. 9. Set up a training center for training in leadership, village reconstruction development, health and sanitation, environment and agroforestry etc. With basic facilities safe drinking water, horticulture, sericulture, wormicultive, floriculture, animal husbandry, small scale cottage industries etc.

III BUDGET FOR AMBEDKER MEMORIAL BUDHERA VILLAGE RECONSTRUCTION PROJECT □AMBVRP□

THE COMMAUNITY DEVELOPMENT PROJECT BUDGET IS PLANNED FOR IMPLEMENTATION IN PHASED PARTICIPATION CONCEPT THOUGH THE BUDGET AND THE ESTIMATION IS ANTICIPATING, IT MAY CHANGE DRASTICALLY DEPENDING ON THE EMERGING TREND OF PEOPLE PARTICIPATION AND THEIR ACTUALLY FELT NEEDS.

PHASE I : (PERIOD :2 YEARS)

A. NON RECURRING EXPENSES (FIGURES IN RUPEES)

PARTICULARS	*UNIT*	*AMOUNT*
A small training center, library, teaching hall (50X60)	One hall, Office	1200000
(3000X400 sq.ft RCC)	Two guest room	
Quarters for Watchman	One	30000
Furniture and Equipment	8 tables, 24 chairs, carpets, almirah(4) book self(8) Slides Projector, Movie Projector, T.V., VCR, Display Boards for charts, books, magazines	200000
Two motor Cycle one for project coordinator & one for programme officer(25000X2)		50000
20 Bicycles for Community organizers	1300X20	26000
Furniture for 20 community organizers	Beds, tables, chairs	14000
TOTAL		1520000

B. Recurring Expenses (for 2 years)

1. Training materials	5000X12X2	120000
2. Salaries:		
Project coordinator (1)	20000X12X2X1	48000
Community Organizer (20 Male)	800X12X2X20	384000
Health Workers (20 Female)	800X12X2X20	384000
Watchman (1) (Security Guard)	700X12X2X1	16800
TOTAL		952800
3. Administration: A. Rental		
a. House for Project coordinator	600X12X2	14400
b. For community health Organizer	200X12X40X2	192000
c. Motor cycle maintenance & petrol	1000X12X2X2	48000
d. Bicycle maintenance	25X12X20X2	12000
e. Maintenance of Training Center	2000X2	4000
f. Stationeries and correspondence	500x12X2	12000
		282400

Total for Recurring Expenses

1	120000
2	952000
3	282400

PHASE I TOTAL		1354400
Non Recurring	1520000	
Recurring	1354400	
10% for inflation 1/4 Miscellaneous	287440	
	Rs	3161840

iv) INDIRA GANDHI MEMORIAL COMPREHENSIVE COMMUNITY HEALTH/ DEVELOPMENT PROJECT WITH EMPHASIS ON WOMEN AND CHILD CARE, FAMILY WELFARE PROGRAMME, COUNTRY AND LOCATION: INDIA OR BARIDABAD/ KADWAD VILLAGE, BIDAR - 585401. KARNATAKA PHONE / FAX 08482-25467.

Brief Description: Health Care among 60,000 Rural Population (A) Women and Child Care (Fiona + Plus). 1. Temporary and Permanent Family planning protecting eligible couples to prevent too many children (RCH), child spacing. 2. Immunization against communicable disease 3. Oral rehydration. 4. Nutrition education, demonstration rehabilitation 5. Vitamin A supplements 6. Plus multipurpose social and economic development 7. Antenatal / postnatal (MCH) care. 8. a) General surgical primary health care. b) Care of anesthetic feet's, hands & eyes of leprosy, Tuberculosis & malaria eradication. c). AIDS and environment awareness. d). Safe drinking water, sanitary living conditions. e). Health education, school health, adult and formal literacy programme

PROJECT BACKGROUND:
(a) *GEOGRAPHICAL*: Bidar is situated in the North part of Karnataka, sandwiched between A. P. and Maharashtra state. The maximum temp during summer is 33"C. Monsoon is from June to September part of the soil is fertile for sugarcane and maize cultivation
(b) *SOCIAL*: 50% of population are Muslims, 45% are Hindus and 5% are from Christians, Sikh & Buddhist background. Average literacy rate is 23%.
(c) *ECONOMIC*: 77% are living below poverty line as agricultural laborers small and marginal farmers depending on seasonal crops daily wages. They are very few industries with some sugar factories. The men hardly earn 30 rupees per day and the women Rs.15 to 20.

OTHER IMPORTANT FACTORS: The prevalence of T.B., Leprosy is 6-8 / 1000, Blindness 1.5-2 in the community. The infant mortality is 125 / 1000 live births, Maternal mortality is also very, high. Family planning work is slowly progressing with better couple protection rate.

PROJECT PLAN: To reduce the infant/maternal mortality rate (a) aims of the project. (b) To reduce the population by promoting temporary and permanent family planning methods. (c) To train village health workers to give health education, motivate their respective communities for F.P. ORT, Immunization, Nutritional, and Vit.A. Supplement, Healthy living condition with small family norm
Description of the stage by which project plan in achieved:
1. By training Middle management Male Project coordinator and village level women workers traditional birth attendants elected or selected from formal / informal leaders in the adopted communities to create awareness, motivating for active maximum community participation forming village health/dept. communities, for meaningful action for development programmes.
2. Samples baseline survey have been introduced during 1988 and 1991 in 8 villages and few satellite hamlets with the few more staff from base hospital and local volunteers which partly was supported by C.M.A.I for 3 yrs. period and, stopped for paucity of funds.

WHAT GROUP OF POPULATION WILL BENEFIT MAINLY FROM THE PROJECT: Most vulnerable group of women and children (MCH Programme). Young and old target couples to adopt FP procedures. By curing and preventing avoidable blindness. tuberculosis and leprosy by early diagnosis and regular treatment. General public, the poor and needy in the community by improving their health, sanitary, and safe drinking water condition organizing safe and healthy delivery at their own doorsteps by training the local dais.

IN WHAT WAYS WILL THE LOCAL COMMUNITY CONTRIBUTE TO THE PROJECT:
They will offer room to conduct clinics /community meetings /health education /adult- literacy/non

formal education/mass movement/action for development activities, film shows organizing co-operatives. Voluntary activities with women club, youth clubs etc.

WHEN TO START THE PROJECT: If funds and facilities permit by January 2000.

HOW LONG WILL HE PROJECT LAST: 5 years after which we hope to make the project self sufficient by locally raised funds in the meantime striving to tap state/central govt. grants in aid scheme through proper channel will be implemented in a phased manner. 1. By elected and selected health worker/project coordinator from adopted villages for proper training and motivation. 2. Interview and appoint qualified dedicated highly motivated staff on contract basis. 3. Reaching out to the villages on two wheelers/mobile units to various health development project activities. 4. As funds permit quickly, establish the newly proposed hospital and staff quarters in the locally acquired Govt. or private land. 5. Weekly meeting for trainees, evaluating on going and future schedules, reporting, up grading records, statistics and planning appropriate schedule. 6. As the proposed rural hospital with staff quarters will ultimately cut down up and down transportation expenditure for mobilizing to and fro patients and staff from Bidar town. Moreover local patients with relatives to travel back and forth to other referral hospital 20 to 30 KM. away from their villages, leaving their daily wages, which can be paid for their medical and a surgical. lab, IP/OPD treatment at this newly proposed roadside/rural hospital closed to their door step, thus saving time, money energy and even precious lives during emergencies through intensive tender, love and care.

Looking forward for meaningful partnership with like minded partner agencies in India or abroad for joint action at their earliest, in implementing this long awaited acutely felt needs of the adopted communities and among whom we have been striving to serve with hound dog tenacity with much personal sacrifice, giving up the other lucrative job opportunities for more than three decades.

BUDGET DETAILS OF CCH AND OUTREACH: PHASE I (PERIOD 5 YEARS)

a) NON RECURRING EXPENDITURE IN INDIA'N RUPEES.

1	30 Bedded rural general Hospital, OR,OPD, pharmacy, office, delivary room, X-ray room dark room, eye, dept. store room, toilets, bathroom.	150X50=7500 sq.ft.X Rs.400 per sq.ft. R.C.C.	300,000
2	6 Two bedroom staff quarters (three duplex)	60X40X62400 sq.ft. of R.C.C. 14400X400 sq.ft.R.C.C.	5,760,000
3	Training class hall cum library	5X50+250X400 per sq.ft.R.C.C.	100,000
4	Five small one bedded room qtrs. For driver, ward boy, ward aid, watchman	20X20X5=2000X400 sq.ft.R.C.C.	800,000
5	X-ray Plant(200 M.A.)	1 piece	200,000
6	Hospital equipments, lab. O.R., Fridge, cal-mimeter, surgical instruments, Autoclave, delivary table, Air conditioner		200,000
7	Furniture, Teaching Projector Video V.C.R.		150,000
8	Electricity, Water supply, overhead tank		135,000
9	1 Borewell with 5HP Submersible Pumpset		55,000
10	One Ambulance		200,000
11	Two Motor Cycle		50,000
12	40 Bicycle x 1200		48,000
	Add 10 % Infltion		1,009,800
			9,007,800

RECURRING EXPEXNSES (ANUALLY FOR 5 YEARS)

Recurring Expenses	Per Year		Five Years
Honorarium for part time 4 super specialist consultants 10000X4X12	480,000		2,400,000
One senior lady doctor 10000X12	120,000		600,000.00
One junior doctor 6000X12	72,000		360,000
One pharmacist 2000X12	24,000		120,000
One X-ray cum Lab tech 2000X12	24,000		120,000
Project coordinator/manager 3000X12	36,000		180,000
Community Organizer 3000X12	36,000		180,000
Two ANM 2X2500X12	60,000		300,000
Accountant/computer operator 3000X12	36,000		180,000
One driver 2000X12	24,000		120,000
Two ward boys 2000X2X12	48,000		240,000
Two ward aids 2000X2X12	48,000		240,000
Two Watchmen 2000X2X12	48,000		240,000
Village workers/Com.Trans. 1000X60X12	720,000		3,600,000
Vehicle maintenance/fuel 15000X12	180,000		900,000
Electricity, Telephone/fax, Printing, Stationery 10000X12	120,000		600,000
Drugs, linen, Gauze,POP, Cotton diaposable Syringes and I.V.set, Adhesive 20000X12	240,000		1,200,000
TOTAL RECURRING EXPENSES	2,316,000		11,580,000

v) RAJEEV GANDHI MEMORIAL VOCATIONAL GUIDANCE & TRAINING. PURPOSE:

The vocational guidance and carter counseling programme of Velemegna Society largely concentrates on the high school inter college job seekers and unemployed youth. However, there is much greater need to provide guidance to the adults, unemployed and rural people who are mostly dependent on agriculture as their sole occupation. Though there are varied skills and due to lack of education facilities and other occupation choice at their own place of living they either resort to over dependence on the small land holding or migrate to other towns and cities as laborers, thus creating more urban slums. This has resulted in greater mobility of labor facilitating the industrialist to have cheap labor but for those people they loose their own identity. They neither belong to their own village nor to any other places.

In such a juncture as positive approach is mostly necessary to develop village level occupational facilities, infrastructure and provide right kind of guidance to raise the employability of the people as well as make them involved in occupation not as forced upon them by the market demand but based on their own aptitudes talents, skills and meeting their socioeconomic needs. Thus these villages can be self-sub stainable and their produces can earn high bargain ability in other market places.

GOALS 1. To start the programme in rural India, to experiment its effectiveness in the lives of the people. 2. To help people find purpose and direction in their lives 3. To set up few vocational training centers as to provide skill training cum production of various types of trades depending on the people participation and local needs. 4. To help people set up their own occupational units under staff employment programme or to set up co-operatives to establish some corporate production units. 5. To help unemployed and under employed and village artisians to gain skilled training and be gainfully employed.

ACTIVITIES 1. Conduct guidance programmes by making the people aware of career opportunity with the armpit of local and regional facilities. 2. Vocational training centers to provide training in manua[illegible]ring and reeling[illegible] etc.
facilities and training
4. A team of instructors and guidance workers will visit the rural places to conduct necessary guidance sessions as well as vocational training.

INFRASTRUCTURAL REQUIREMENTS AND PERSONNEL:-

GENERAL:

1) To acquire or lease land wherever necessary in impart vocational training.
2) Building/shed for vocational training in some villages as per the availability of land or building.
3) Equipment as per the trades to be introduced.
4) A van for holding mobile Training Programme in villages where there cannot be any possibility of setting up regular training center.
5) Personals a) Programme-in-charge, b) Instructors (of various trades), c) Drivers, d) Technicians for operation and maintenance of equipments and other machinery.

DEVELOPMENT OF A FIELD PRACTICE DEMONSTRATION AREA AND ITS UTILISATION FOR FIELD TRAINING OF PARA MEDICAL PERSONNEL

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DEVELOPMENT OF A FIELD PRACTICE DEMONSTRATION AREA AND ITS UTILISATION FOR FIELD TRAINING OF PARA MEDICAL PERSONNEL:

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I. INTRODUCTION:

Ever since independence, Government have launched a series of health programmes aimed at prevention of diseases and promotion of positive health as an integral part of the country's socioeconomic development. The success of these efforts will, to a great extent, be governed by the availability of a core of well trained para medical personnel in implementing the programmes at the community level. The training responsibilities are shared by Medical Colleges, National and State Institutes and number of voluntary organizations. While designing the educational programme the following statement by John Brayant will help one to think further.

> "The more advanced nations have exported philosophies of medical care and education of health personnel that have focussed on high quality care of individual patients. The less developed countries have accepted these as standard, have been proud of their own capability to match them, and have been reluctant to deviate from them. But these philosophies have not included adequate answers for the vast numbers of peoples not reached by this excellence of individual care".

The provision of effective health services to the people call for a new commitment on the part of training institutions as these involve new roles of leadership for physicians and paramedical personnel and the training institutions must understand these roles and develop settings in which they can be learned. It involves welding the potential of students of different educational levels to effective health teams. The training institutes have to look beyond their walls and outreach into the community for providing this training. It involves new sets of professional attitudes which cannot be developed without creating a new academic atmosphere with such values. The training programmes must link the trainees with people in their natural setting and their needs in ways that will contribute to the achievement of health among people. The training institutions must realise that every para-medical worker is being prepared for work in an

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uncertain and changing settings. It will be difficult to predict the problems that will have to be solved and the resources that will be available. However, what is predictable is that there will be problems and the effectiveness of each health worker will depend on his ability to identify and solve them. The challenge to the training institutions is to see beyond the uncertainity and discern the kinds of problems that will have to be solved and the kinds of approaches that can be used to solve them and incorporate these as part of the educational and training programmes.

An essential step in designing training programmes for paramedical personnel is to develop a close understanding of their roles. The inquiry should go beyond general principles to an understanding in operational terms of the actual situations in which they will have to work, the kinds of problems they will have to solve, the kinds of tasks they will have to perform. While the training programme cannot deal with everything that the paramedical workers have to do, it cannot at the same time escape from the essentials of building into the curriculum the concepts, attitudes and skills needed for the job ahead.

There are many ingredients in training programmes directed toward achieving these objectives. This paper focuses on the development of skills for programme implementation. The majority of the personnel employed in the health and family planning programmes are concerned with basic extension education and health services activities at the community level, implementing activities aimed at generating social support for the innovation and also involve the community in planning and implementing programmes aimed at promotion of individual and community health. Their work would mostly consist in basic functions like conducting community health surveys for identifying health problems, listing out target population for the various programmes, education of the community towards acceptance of such services, providing the necessary services directly or indirectly and to work as a team in promoting these activities. The supervisory personnel at the higher level have to facilitate the work of these peripheral workers for such

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community level function in addition to providing the supervisory support and guidance. It goes without saying that such basic functions are best learned at the community level, by actually performing them and the training of such paramedical personnel will thus have to be organised largely through direct field experiences. The development of a Field Practice Demonstration Area will help in providing the training programme in real life situations. Most of the training institutions have moved beyond the thinking stage and have started establishing the FPDA.

2. OBJECTIVES OF THE FIELD PRACTICE DEMONSTRATION AREA.

As has been stated earlier, the major objective of the FPDA is to provide field experience both observation and practice, for the various categories of personnel coming to the training centre. Since the main purpose of training has been recognised as improvement of programme performance, the training of such workers will have to be mainly job-oriented. The trainees will have to acquire the necessary skills, that will enable them to perform their jobs when once they get back from the training centre to the programme situation. But the FPDA can perform a variety of other functions too. To quote an example when the Government of India reorganized the Family Planning Programme in 1961-1962, there was a great shift in emphasis from the purely clinical approach to the extension type of activities and this shift in emphasis was reflected in the job functions of the personnel too. Barring the early experiences of a few research projects here and there, there was little information available to Government both on the methodology of work that will have to be followed for programme implementation as well as related job functions of workers. The development of the FPDA attached to the training centre provides an opportunity for the training centre faculty to generate new knowledge on programme development and also to refine the job functions based on such new knowledge. Since the curriculam is based on job functions, this also meant periodic revision of curriculum and an improvement in the training programme itself. In addition, the FPDA can serve the purpose of providing a laboratory for the trainers themselves to acquire new skills, to generate knowledge through research on field problems and thus promote their own professional development. In short, the FPDA serves the needs of trainees, the needs of trainers and also the needs of programme administrators, in varying degree.

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and implementation of the programme itself. To facilitate the co-ordinated activities of these agencies, it is suggested that a planning and implementation committee consisting of (1) the head of the training centre, (2) the District Health Officer and the District Family Planning and MCH Officer of the district where the FPDA is located, (3) the Medical Officer of the Primary Health Centre, (4) the Commissioner of the Panchayat Union Council, (5) a few representatives of the general public and (6) Representatives of the Panchayatraj institution at block and district level, be formed. The head of the training centre may function as the convenor of this committee and it shall meet as often as necessary to facilitate the activities of the training and the FPDA. The State Governments concerned should sanction the formation of such committee.

3.1.1. Criteria for selection:

The training centre should be permitted to choose appropriate Primary Health Centre area for developing the FPDA. Government should be requested to agree to the recommendations of the training centre in this connection. To enable a careful selection of the FPDA, the following guidelines evolved out of the previous experiences have been found useful:-

a) The FPDA should be as close to the training centre as possible.

b) Availability of communication and wellknit road facilities, so that all units of the area are accessible throughout the year as far as possible.

c) Availability of full complement of staff as sanctioned by the Government.

d) Availability of vehicle facilities, services etc.

e) General climate for productive action.

f) It should not be the field demonstration area for any other Institute or programme.

3.1.2. Recruitment and training of faculty:

There is no uniform staffing pattern for the various training centres responsible for training paramedical personnel. They vary from state to state and from institution to institution. The staffing pattern of each training centre will have to be decided taking into

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consideration the needs of development and use of FPDA. This would automatically call for increased staffing over the conventional type of centres with no field training responsibility.

In our country, the staffing pattern for the Regional Family Planning Training Centres has been worked out, taking into consideration the additional responsibility that will be cast on the staff of the training centre in the development of the FPDA. The staff should also be provided with necessary training, so that they will be in a position to take up the responsibility for development of the programme and use it for training.

3.1.3. Vehicle facilities for training centre:

The availability of adequate transport is a necessary pre-condition for the development and use of the FPDA. It is necessary that each of the Training Centre should have at least three vehicles for use by the trainees and the staff.

3.1.4. Annual Conferences:

There should be a mechanism by which the head of the training centres in the State, and the Director/or Deputy Director of Health and Family Planning Services and Assistant Director of Health Services (Health Education Bureau) meet once in a year and exchange experiences.
A second type of annual meet will be the convening of conferences of the teaching faculty of all the training centres in the State for the purposes of sharing experiences and planning for the future.

3.1.5. Feed back into the State Health Administration:

The training centre should take responsibility for (a) feeding of the positive experiences arising out of the organization of the programme in the field practice demonstration area to the State Government, (b) redefining the job functions of various categories of health and family planning workers at the Primary Health Centre level and urban level, based on experiences and feeding them back to the State and (c) feeding back the results of small scale studies conducted in the FPDA and which have relevance to the programme implementation to the state level.

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3.2. Programme Development

3.2.1. Responsibility for programme development:

In addition to their major resppnsibility in training questions are often asked as to the extent to which the training centre staff should take responsibility for development of programmes in theFPDA. It is felt that the development of a model programme in the FPDA, utilizing the normal staff for demonstration purposes will have to be the shared responsibility between the trainers and the service staff. While the service staff of the area will be concerned with day-to-day services, the multidisciplinary training centre staff will have to take responsibility for guiding and helping the service staff in developing programmes in their area. Such responsibility may be supportive and provision of necessary help in planning, implementing and evaluating the programmes.

The major role of the training centre staff in programme development will thus be to provide leadership to the entire planning process of the health and family planning programmes in the FPDA. This planning process should consist of initial planning, allocation of responsibility, implementation of the programme, devising control procedures, and evaluation, Such planning should also be continuous, should involve people concerned with implementation, should be based on adequate data and should also take place at various levels, viz., village level, sectoral level and health centre level.

Occasionally, resources of the Primary Health Centres may have to be supplemented. These resources may be either in the form of provision of vehicle, educational materials, conducting leaders camps etc. Such supplements have to be done by the training centre in order to build close working relationship. The training centre may also give additional administrative support to the Primary Health Centre as and when indicated.

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3.2.2. Training of field staff:

The training centre will also have to identify the needs of training for various categories of workers in the demonstration area. These training programmes will have to consist of not only initial orientation training, but also job oriented training, continuing training on the job and organization of refresher courses as and when found necessary. The initial orientation training should discuss the purpose and scope of the FPDA and roles and responsibilities of the training centre staff and the demonstration area staff and coordination measures.

3.2.3. Programme aspects at the block level and village level

Since the programme to be developed in the FPDA will have to be a model one, incorporating a number of known principles which have been found to be effective in improving programme performances, the training staff will take the responsibility to help the FPDA staff in incorporating these principles into their programme methodology. The emphasis will be, however, on an action-research process because of the fact that these principles will have to be modified to suit local conditions. In particular the training centre staff will help the FPDA staff in incorporating the following into their programme:-

3.2.4. At the block level

(i) Attention will have to be paid to:

(a) proper division of area among the various categories of workers.

(b) defining relationship among the workers

(c) setting up the necessary facilities for provision of clinical services.

(d) provision of residence-cum-office type of accommodation for each of the workers within their geographical area of work, so that the workers are easily available to the villagers.

(ii) Arrange for a suitable training programme for the following categories of workers:

(a) for the staff directly involved in the health and family planning programmes.

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(b) for the supportive staff of the other sister institutions like community development department, education department etc.

(c) for Panchayat Union (Samithy) Council members.

(iii) Working out a detailed programmes for creating the necessary social climate towards acceptance of health and family planning programmes, This will include the mapping out the official and voluntary groups in the area and planning educational sessions for them in a phased manner over a period of one or two years.

(iv) Evolving methodologies for co-ordinating health and family planning programme with the activities of the community development agencies.

(v) Help in organizing regular staff meetings at the Health Centre level. The training centre staff may also participate and guide such staff meetings. The major emphasis for such staff meetings will have to be on review of the programmes, identifying difficulties, evolving methodologies to solve the difficulties and planning for the future.

(vi) Most significant and critical input at the block level is in the form of supervision. The emphasis in supervision will have to be in providing technical guidance to the field workers, helping them to prepare their work plan, paying attention to their personal problems, channelling services and supplies, providing educational materials and supply of forms, registers, stationeries etc.

(vii) Establishing contact with the nearest hospital with a view to work out a system of referal services.

(viii) The ultimate co-ordination between the training centre and service staff of the FPDA will depend upon the relationship that individual members of these agencies build up through mutual help. The training centre may set an example in this connection.

3.2.5. <u>At the Village level</u>

At the village level, the training centre staff may help the service staff in demonstrating the effectiveness of the following:

(i) Combined and co-ordinated efforts of the Health and family Planning personnel, village level worker and village pradhan for the promotion of the health and family planning activities.

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(ii) Effectiveness of an organized approach in the village by initial mapping of the village, preparing list of households, collection of information on topography, socio-economic aspects, communication facilities organizations etc., selective approach to the target population based on priority. Home visits to the target population may be based on such a list.

(iii) Involvement of interested and influential leaders for programme development have been found to be of great success in many places in India. Each of the training centres may try to encourage this principle in the planning of programmes in the FPDAs. The possibilities and effectiveness of such utilization will have to be worked out by each centre depending upon the local situation. Each centre may have to adopt the known methodologies for identification of local leaders to suit-local circumstances.

(iv) The effectiveness of training and utilizing the village leaders for promotion of health and family planning programme. Such training will have to be oriented to improve their knowledge on the need and methods for promotion of health, define their roles in programmes at the village level and also planning prggramme for the village. Since the duration of such camps vary with the places, each centre will try to work out an optimum period for such initial training.

(v) The effectiveness and utilisation of women leaders for health and family planning programmes.

(vi) It has been found that the various educational approaches like mass media, group approach and individual approach, have each a role to play in the educational programme. Emphasis on the utilization of these approaches singly or in combination depending upon the local circumstances and stage of the implementation of the programme, may have to be worked out.

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(vii) Effectiveness of involving all personnel concerned with the implementation of the programme in planning the programme itself.

(viii) Adjusting the programme within the village to suit the convenience of the local population taking into consideration factors like agricultural season, festival days etc. This has to apply to organization of education sessions, leaders training camps and service camps.

(ix) Evolving a satisfactory recording system for the work done in the village has been found to be quite crucial. Many centres have evolved typical village registers in this regard and use effectiveness of such registers will have to be demonstrated in the FPDA.

(x) Attention to evaluation of educational and service inputs at village level is also necessary. Such evaluation should be continuous and used for improving the programme. The inputs in the form of individual contacts, group meetings, mass media, and utilization of formal and informal groups, may have to form part of evaluation. Evaluation of service inputs may consist in assessing the coverage of the target population in accepting the services.

3.2.6. Special aspects of programme development in the Urban FPDA.

In addition to the demonstration of the effectiveness of the above principles which might be common to rural and urban areas, certain other broad guidelines may also have to be kept in mind in the organization of programmes in the urban areas:-

(i) Since inflow and outflow of people is an usual feature in urban communities, the target population register may need periodic revision;

(ii) The different administrative set up in the urban area and the existence of various voluntary organizations which might be already involved in the delivery of health and family planning services, may have to be taken into consideration. Special means of co-operation and co-ordination may have to be worked out for maximum utilization of services without overlap.

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(iii) To facilitate social support for the programme, educational activities may have to be initiated through and with the help of the already existing organized groups, viz. Mahila Mandal, Residents Welfare Association, Co-operative Societies, Cultural Organizations, Schools, Labour Unions, Labour Welfare Centres etc.

(iv) Since the decision-making process may be mostly at individual level in urban areas, more emphasis may have to be laid on the individual approach.

(v) The area for the urban FPDA may have to be clearly demarcated to avoid duplication of efforts and for co-ordination with other agencies.

(vi) The urban worker should have special skills in co-ordinating the work of the various agencies working in the urban area. Special skills may have to be developed in urban workers to be capable of dealing with occupational groups.

(vii) Co-ordination and rapport-building need to be developed with private medical practitioners. Both the private medical practitioners and hospitals have to be actively involved.

(viii) All efforts should be made to provide an integrated health and family planning services.

(ix) The availability of the members of the community in their houses should be kept in mind in fixing up the working hours for the urban FPDA.

3.3. Utilization of the FPDA for Training purposes:

There are different experiences on sequencing and phasing of theory and practice. Some feel that the trainee should be given an opportunity to learn by trial and error and thus facilitate creativeness and initiative among the trainees. But the main limitation is that while dealing with real life situation and people it is risky to make mistakes and learn from them.

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Another experience which is commonly found is to allot the field practicals at the end after all theory sessions are over. The idea is that the trainee get a total picture and depth information before he goes to the field. This is found very useful with a limitation that there is a time lag between theory and practice and the chances are more for trainees to forget the concept and principles since it is not reinforced with field practicals.

A third way of sequencing which is followed in Gandhigram is to have theory and practice go hand in hand. In this method the trainee is exposed to theoritical concepts and principles followed immediately with field practicals. The field practicals are carefully planned and followed by field work seminars to relate theory and practice and share experiences.

(i) This helps the trainees to test out the concepts and principles learnt and gain more insight into them. Though the values of this method are unlimited it requires careful planning and sequencing of theory and practicals and co-ordination with existing agencies to make it effective.

(ii) The field training for the different categories of workers can be organized through demonstration visits and by providing actual experiences for the various functions that the trainees are expected to perform after they get back. Details have to be worked out for each category of worker depending on their curriculum.

(iii) The major responsibility for guiding the trainees in thefield will have to be taken up by the staff of the training centre. Since training will be a continuous process at the training centre, the regular staff of the FPDA cannot be expected to provide guidance to the trainees in their field work on a continuing basis as this will affect their field programmes. While the field staff may have to set apart a certain amount of time for the demonstration visits arranged for the trainees who have to have direct field experiences have to be undertaken by the training centre staff. It is also reasonable to expect that the trainees, through their field work, will also be contributing to some extent to the service inputs in the FPDA and this, together with the continuous help that the field staff receive from the training centre staff should be

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sufficient compensation for them to set apart some time for training programmes.

(iv) Before every batch of trainees arrive at the training centre, staff should discuss with the field staff about the type of field experiences to be provided to the batch. The timing of the field experiences, especially for the demonstration visit, should be so arranged that it will fit in with the normal working pattern of thestaff of the FPDA. In cases where the trainees are to be given direct field experiences, the selection of villages or wards for the trainees' work should be done jointly. Even such selection may be so arranged that it fits in with the regular programme of work of the FPDA staff so that it might be possible for the regular staff also to be present while the trainees go to the village for their field work.

(v) To bring about better co-ordination, the training centre staff should provide opportunities for the field staff to be associated with the class room teaching to the extent possible. This can be done through a system of appointing the FPDA staff as visiting faculty in the training centre.

(vi) Before the trainees are sent to the field every time, a certain amount of preparation should be done in the class room, so that the trainees are able to derive the maximum benefit out of the field visit. Before every visit class room discussions should be held on (a) Purpose of the visit (b) what the trainees will actually be observing or carrying out in the field (c) whom to expect (d) the persons to contact in the village (e) about the type of information that they have to collect in the village and (f) the records and the forms they will use. There should be a review on the achievement of the objectives after the trainees come back.

To cite an example: Before a field visit to study the working of a Health Inspector is organized, class room discussions should be held on (a) job functions of the Health Inspector (b) area of operation; (c) methodology of work (d) targets expected of him; (e) the way in which the Health Inspector has to organize educational session and services and (f) the facilities available to him at his level.

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Apart from the preparation of trainees, the planning for every field visit should also include the preparation of the faculty and staff of the Primary Health Centre of Urban demonstration area. Such preparations are to include (a) defining the objectives of the field visit (b) preparation of a check list on what to observe or demonstrate (c) preparation of field prior to visit including selection of area, briefing the field staff etc - (d) assumption of responsibility to demonstrate various procedures in field (e) methods to observe trainees in action (f) provision for on-the-spot guidance and (g) critical analysis of field visits.

(vii) Arrangements should be made for the follow up of the work of the trainees after they leave. The staff of the training centre should check records and reports prepared by the trainees and hand them over to the regular staff of the FPDA for follow up. It will be a good practice to organize a combined session of the trainees and the field staff along with the training centre staff at the completion of each batch of the training where the trainees have been involved themselves in direct field work and made some inputs in the village.

(viii) The training centre staff will have to work out the type of field experience that each cetegory of trainees will have to receive depending upon the period of their training and the content of their curriculum. A model of field ecperiences for a long term course for Health Inspectors and short term course for Health Visitors are annexed as 1 and 2. This may serve as a broad framework for developing similar guidelines for other categories of personnel to be trained at the training centre. The items in the lists are not complete but are only suggestive.

3.4. Utilisation of the FPDA for simple studies:

Since the training centre staff is connerned with developing effective field training methods and demonstrating the effectiveness of different methodologies for programme development, the Faculty will have ample opportunities for carrying out simple studies in these respects. Apart from contributing to the training and programme aspects, such studies will help the staff in their own professional growth. While it is not possible

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to enumerate all possible studies that could be undertaken, a sample of such studies are given below. The staff will have to work out the methodology for each study.

3.4.1. Studies on Training:

- Nature, content and duration of field work for different categories of trainees.
- A study on per capita cost of training
- Duration of the utilisation of a specific field area for field practice.
- Developing evaluation procedures and mechanisms for assessing the skills acquired by the trainees during their field practice.

3.4.2. Studies on Programme:

- Extent and Nature of involvement of the Faculty of the training centre in the development of the FPDA.
- Inter-disciplinary working relationship among (a) Trainers (b) workers (c) Trainees and Workers.
- Minimum number of types of records and reports for field work in (a) rural area (b) urban area.
- Diagnostic, service and follow up studies on different programmes.
- Role perception, role expectation and role performance studies of the personnel involved in the health and family planning programme.
- Roles and expectations of leaders in the health and family planning programme.
- Feasibility of leadership approach in an urban area.
- Effectiveness of the various channels of communication for programme development.
- Identification of different sources of health and family planning information and their relative effectiveness.
- Comparative study of uni-purpose and multi-purpose workers.
- Relative effectiveness of A.V. Aids
- Estimation of the current fertility levels in selected villages.
- Estimation of the extent of vital statistics registration in the selected villages in the demonstration area.
- Estimation of minimum service facilities that have to be made available in the field demonstration area.
- Characteristics of adopters, rejectors and nonadopters of different programmes.

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4. STAFF DEVELOPMENT:

Most of the training centres are finding it difficult to recruit staff with previous experience. While each of the staff would be specialised in their own disciplines, the staff would have to develop competence in applying the basis knowledge of their disciplines to health programme development. The staff have to acquire skills in both class room as well as field training methods. Their very participation in the development and utilization of the FPDA will give them ample opportunities for applying their knowledge to health and family planning programmes and also assess the effectiveness of their teaching methods through pre and post evaluation. Thus thestaff will have opportunities to continuously improve their own skills. Since the training centre staff are multi-disciplinary in nature and are operating as a team in the promotion of programmes as well as for training of personnel, the team work will help to develop in them the concept of inter-disciplinary approach for health and family planning programme development and training. These, in addition to the simple studies that will be undertaken by them either individually or jointly, will help to promote their own professional development.

5. EVALUATION AND FEEDBACK:

Since the entire philosophy of approach in developing the FPDA will have to be on an action-research basis, continuous evaluation of both the training and field programmes should be encouraged and the results fed back to the health administrators for improving the programmes. There should be a continuous evaluation of the entry behaviour and exit behaviour of each of the categories of trainees and also their behaviour on the job after their training is over and the results of this evaluation should be utilised both for improving the curriculum and the training methods.

There should be a continuous revision of the job functions of the various categories of personnel based on the experience arising out of the working of the FPDA and this should be further utilised to improve the curriculum.

ANNEXURE - 1.

Suggested experiences to be provided in a one year Sanitary Inspector's Course:

Broad areas and Experiences	Method	Time
1. Observation and Study:		
a. Organisation, set up and function of various personnel at the PHC and Block.	Observation and discussion with PHC & Block Staff.	1 day
b. How they plan, implement and evaluate the programmes.	-Do-	1 day
c. What are the problems and how they solve such problems.		
d. Records and returns maintained by the various personnel.		
2. Survey:		
a. Preparation of map of the area selected.	Field practice in the population assigned.	10 days.
b. Collection of information for identifying various health problems and study of vital statistics.		
c. Study of the community and its characteristics		
d. Study of intergroup relationship.		
e. Identification of target population for various health programmes.		
f. Study of leadership pattern.		
g. Identification of the channels of communication.		
h. Conducting preliminary meeting for leaders to plan for leaders training camp.		
3. Analysis of data:		
a. Analysis, tabulation and interpretation.	Class room Laboratory.	3 days.
b. Preparation of charts and diagrams.		
c. Preparation of target population for different programmes.		
d. Preparation of sociogram.		

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Broad areas and experiences	Method	Time
4. Training of leaders:		
a. Preparation of agenda for training camp.	Active participation with staff.	1 day
b. Arrangements for training camp.		
c. Conducting the training camp.		
d. Fixing priorities and responsibilities.		
5. Implementation of the educational and service aspect of health programmes:		
a. Mass education through films, public meeting, etc.	Field practice in the population assigned.	1½ or 2 days in a week regularly.
b. Conducting educational session for organised groups in the community.		
c. Home visits for education.		
d. Arrangement for providing the health services such as immunisation, latrine construction, nutrition, MCH care, family planning etc.		
e. Follow-up services.		
6. Special service programmes:		
a. Mass vaccination for smallpox.	Field practice in the population assigned.	6 days for any one of the programme.
b. Mass inoculation for cholera		
c. Mass campaigning for Family Planning.		

Note: This experiences exclude observation visits to water supply, sewage, dairy, Food establishments, slaughter house etc.

ANNEXURE - 2.

Suggested experiences to be provided in a short orientation Course for Lady Health Visitors in Family Planning:

Broad area and experiences	Method	Time
1. Study of ongoing programme:		
a. Study of the function of PHC and Block personnel in Family Planning.	Observation and discussion with PHC & Block Staff.	1 day.
b. Methodology of work.		
c. Study of workplan.		
d. Study of records and reports.		
e. Study integration of Family Planning with MCH Programme.		
f. Organization of service camps.		
g. Followup procedures.		
2. Survey:		
a. Preparation of Map.	Field practice in the assigned population.	2 days.
b. Study of the community and its dimentions.		
c. Identification of women leaders and Dais.		
d. Preparation of eligible couple register.		
e. Identification of an te-natal and post-natal cases and programme aceptors.		
3. Training:		
a. Preparation of agenda for women leaders' and Dais' training camp.	Active participation with staff.	1 day.
b. Preparation of teaching points in Family Planning.		
c. Arrangements for training camp.		
d. Conducting training camp.		
e. Selecting women depot holders.		

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Broad area and experiences	Method	Time
4. Educational Activities:		
a. Conducting group discussion.	Field practice in the population assigned.	A Minimum of 3 to 4 visits.
b. Home visit for motivation.		
c. Utilisation of A.N.C. & P.N.C. for education on Family Planning.		
d. Use of A.V.Aids in such occasions.		
5. Service and follow up:		
a. Setting women depot holders.	Field practice in the population assigned.	1 day
b. Organising small IUCD camps.		
c. Providing followup for acceptors.		
6. Records and returns:		
a. Preparation of charts	Practice	Concurrent.
b. Maintenance of daily diary.		
c. Preparation of plan of work.		
d. Preparing field work report.		
7. Staff Meeting:		
= Preparing check list for review of ANM's work.	Observation	$\frac{1}{2}$ day.

/S.V.J./ 17.1.'73./

ANNEXURE: VIII

ORGANISATION - SERVICES - STAFF AND FACILITIES FOR PRIMARY HEALTH CENTRE (1,00,000 population)

1 Sub-centre for 5,000 population (: 20 subcentres)

1 Intermediate station for 4 subcentres i.e.,20,000 population at the first supervisory level (: 5 intermediate stations)

1 Supervisory team for 4 subcentres (: 5 intermediate stations)

[Based on the recommendations of the Kartar Singh Committee Report and deployment of multipurpose workers]

PRIMARY HEALTH CENTRE

Services	Staff	Facilities	Remarks
1. The basic health services will be provided 2. Act as a referral centre for the intermediate stations. 3. Special clinics will be organised based on needs 4. Mobile Dental Clinic. 5. Lab. and X-ray facilities	Senior Medical Officer (Specialist Grade) will act as overall administrator and coordinator for all activities being carried out at the Primary Health Centre. Compounder - 1 Sanitary Inspector - 1 PHN Supervisor - 1 Lab. Technician - 1 Ext. Educator (Male) - 1 Ext. Educator (female) - 1 Computor - 1 Clerk - 1 Storekeeper - 1 Driver - 1 Auxiliary - 1 Health Educator - 1 Radiographer - 1 Dental Surgeon - 1	- 1 vehicle jeep (Diesel) - 1 Mobile Dental Van - 1 Ambulance - Laboratory facilities - X-ray facilities - O.T. facilities - Building for PHC with 10 beds - Residential accommodation for staff - Garrage for vehicles - Hostel for interns	i) One of the intermediate stations will be located at the same place as the Primary Health Centre. ii) The upgraded PHC will have additional staff and facilities.

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INTERMEDIATE STATION (5)

Services	Staff		Facilities	Remarks
The intermediate station may be considered as an upgraded subcentre where besides the routine services offered by a subcentre, some additional facilities are being provided so as to bring comprehensive health care closer to the people. These additional facilties are: - Special clinics - Referral from other subcentres. - Minor operations including vasectomy. - Indoor observation of patients. - Laboratory services - School Health	@Medical Officer - 1 (Male) GDMO II - 1 (Female) Supervisor - 2 (1M+1F) O.T. Assistant - 1 Nurse - 1 Clerk - 1 Driver - 1 Dispensor - 1 Sweeper - 1 Chowkidar - 1 Lab. Assistant - 1 Ancillary - 1		- 1 vehicle jeep (Diesel) - Mopeds/cycles - to provide mobility to supervisory staff - O.T. facilities (for minor operations) and Vesectomy - Lab. facilities - Sterilization facilities - Equipment for the MCH centre. - Building for intermediate centre. - Residential accommodation for all staff posted there. - Carrage for vehicles - Residence for interns	Intermediate station will be housed in the same village as one of its subcentre.

@NOTE: The main Medical Officer will have the overall administrative charge of the intermediate centres and will act as a coordinator and will offer guidance and supervision to the interns placed at this centre and the subcentre. The Lady Medical Officer will be the overall incharge of MCH, F.P. Nutrition and school health activities.

SUBCENTRE (20)

MCH, F.P. and Nutrition Minor ailments Health Education Control of Communicable Diseases. Environmental sanitation Collection of Vital Statistics	MPW (Female) - 4 MPW (Male) - 4 Attendants (Female) (trained Dais) - 4		a) Subcentre building with a minimum of three roomsincluding one dispensing room. b) Residential accommodation for the staff stationed at the subcentre. c) Drugs and equipments. d) Nutritional supplements.

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A GUIDE FOR PATIENTS, FAMILY MEMBERS AND COMMUNITY CAREGIVERS

CAREGIVER BOOKLET

World Health Organization

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HOW TO USE THE BOOKLET

The *Caregiver Booklet* is designed to help patients, family members, and community caregivers in the home-based care of serious long term illness. Home care is best for many people with long term illnesses, including those who are close to the end of life. All patients being cared for at home should be first assessed and treated by a health worker, who will help caregivers provide high quality home care and ensure that medicines are taken correctly.

This booklet explains how to:

1. Deal with specific symptoms.
2. Provide care for terminal and bedridden patients at home.
3. Decide when to seek help from a health facility.

The booklet should be given to the patient or caregiver and its contents explained by a nurse or community worker.

The first section of the booklet covers ways to prevent problems from occuring and should be followed in all patients. The second section explains how to treat specific symptoms that may occur.

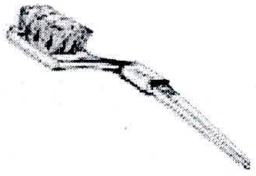
Look at the illustration and read the text, or ask someone to read it for you. If anything in the booklet is not clear, ask for further explanation from the health worker. In case of problems not explained in the booklet, seek help.

For any of the more serious problems, marked with a drum, you should seek help from a trained health worker.

PREVENTING PROBLEMS IN ALL PATIENTS

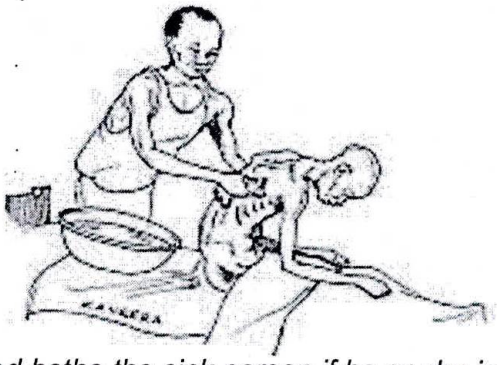
KEEPING CLEAN

- Mouth and teeth cleaning should be done after meals. The caregiver can assist if necessary.
- Use a toothbrush or stick to gently scrub teeth, tongue and gums to remove food.



A tooth cleaning stick and tooth brush

- Bathe daily with soap and water.
- Ensure privacy during bathing.



Bed bathe the sick person if he or she is unable to bathe alone

- The sick person can wash his or her own private parts while able. When this is not possible, the sick person should choose the caregiver who assists.
- Wash the sick person's clothes and beddings frequently.
- Dry the skin gently with a soft towel after bath.

- Oil the skin with cream, body oil, lanolin or vegetable oil.
- Use plastic sheets under the bed sheets to keep the bed dry in case of loss of control of urine or faeces.
- Massage the back, hips, elbows, and ankles with Vaseline.
- If there is leakage of urine or stool, protect skin with Vaseline applied around private parts and rectal area.
- Support the sick person over the container when passing urine or stool, so as to avoid soiling the bed or injury to the sick person.
- Spread beddings out regularly in the sunshine.
- Finger nails and hair should be kept short, as long nails can hold germs and damage the skin.

Caregiver cutting the nails of a patient

PREVENTING BEDSORES IN BEDRIDDEN PATIENTS

Remember that prevention is always better than cure, therefore:

- If possible, help the bedridden patient sit up in a chair from time to time.
- Lift the sick person to change position in bed – do not drag as it breaks the skin.
- Encourage the sick person to move his or her body in bed whenever possible.
- Change the sick person's position on the bed often – if possible, every one or two hours, using pillows or cushions to hold the position.
- Keep beddings clean and dry.
- Look for damaged skin (change of colour) on the back, shoulders and hips everyday.
- Put extra soft material, such as a soft cotton towel under the sick person.

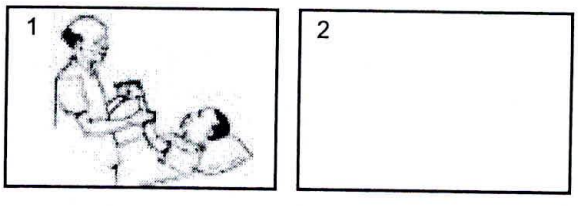
Change the position of the sick person in bed every 2 hours.

Points on the body where the patient is likely to get bedsores

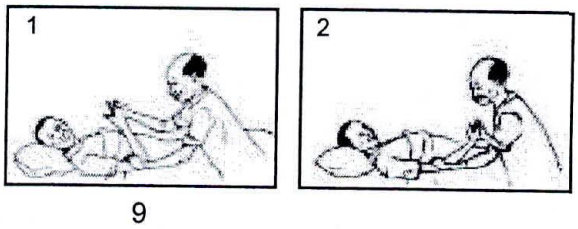
PREVENTING PAIN IN MUSCLES AND JOINTS

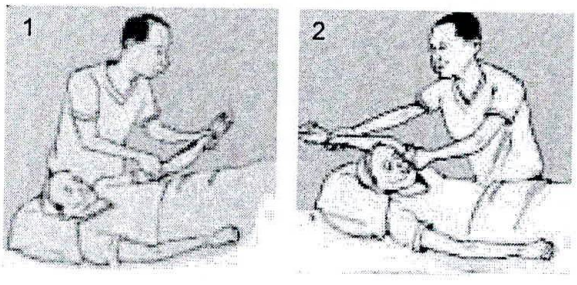
Due to long periods of inactivity and lack of exercise, the sick person may suffer stiff joints and muscle fatigue.

- Encourage the sick person to get out of bed if possible.
- Encourage the sick person to move in bed.
- Regularly massage the sick person with Vaseline or oil.
- Encourage exercise at least twice daily and help with movement of ankles, knees, hips, wrists, elbows, shoulders and neck (both sides).
- Hold the limb above and below the joint while moving it. Support as much of its weight as you can.
- Bend, straighten and move joints as far as they normally go. Be gentle and move slowly without causing pain.
- Stretch joints by holding as above but with firm steady pressure.
- **Exercise the wrists:** Bend wrists gently and slowly without causing pain. If you want to stretch, apply pressure bit by bit. Repeat the exercise several times.

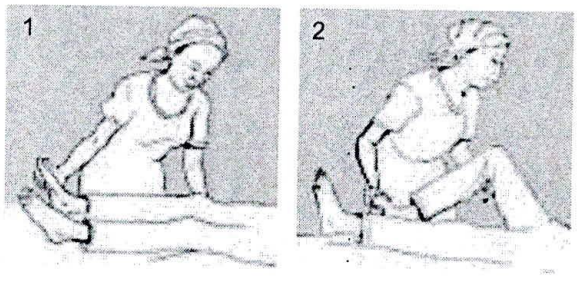


- **Exercise the elbows:** Gently lift the forearm up and down. Repeat the exercise several times.





- **Exercise the shoulders:** Gently lift the arm up and bring the hand above and behind the head. Move the arm side to side. Repeat the execise several times.



- **Exercise the knees:** Gently bring the knee up and to the side. Repeat the execise several times.

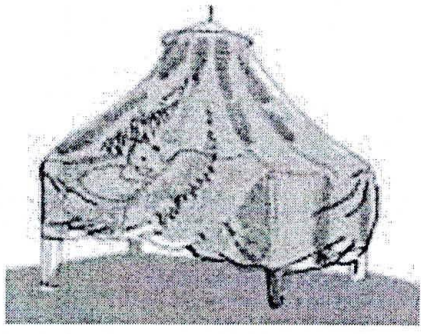
In all cases, let the sick person do as much as he/she can do. Help when the sick person can't perform the exercise on his/her own.

PREVENTING DIFFICULTY IN PASSING STOOL (CONSTIPATION)

Prevent constipation:

- Offer drinks often.
- Encourage fruits, vegetables or porridge.
- Encourage exercise if possible.

PREVENTING MALARIA



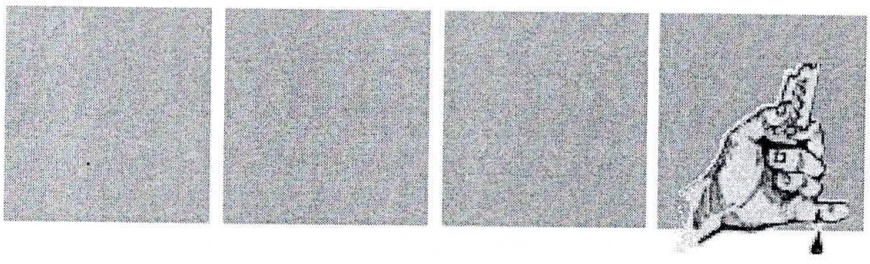
- Sleep under an insecticide treated mosquito net (for example K-O net, Smartnet).
- Close windows early in the evening.

ADVICE FOR PEOPLE WITH HIV/ AIDS

Transmission in the home

HIV/AIDS is transmitted through close contact:

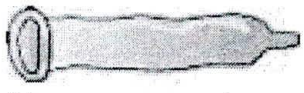
- unprotected sexual intercourse with an infected person
- from an infected mother to her child during pregnancy, delivery and breastfeeding
- direct contact with the blood or body fluids of an infected person.



How HIVspreads

Sexual transmission

- HIV can be passed on through unprotected sex with an infected person.
- However, even when you are HIV positive, having sex is OK if you and your partner agree. Remember to always use condoms even if both partners are HIV positive.



Always use condoms

- Discuss sex and condoms openly with your partner.
- Neither partner should be forced to do something he/she does not want to do.

From the mother to her child

- If you or your partner is HIV positive, your unborn baby may get infected.
- Discuss the decision to have children or not with your partner.

A Counsellor

- If it is difficult to talk to your partner alone, consider seeking help from a counsellor.

- **If you decide not to have a baby:** ask a trained health worker about family planning.

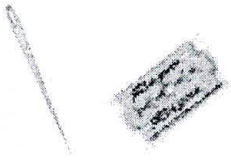
- **If you decide to have a baby or are pregnant already:** There are drugs to take that can reduce the risk of passing HIV to your baby. Discuss this with a trained health worker.

- You need to take these drugs before delivery. During pregnancy, keep using condoms every time you have sex to protect against passing on HIV.

- An HIV-infected mother can transmit the virus to her baby through breast feeding. Discuss infant feeding options with a trained health worker.

Blood and body fluid contact.

- Do not share anything sharp that can pierce the skin and come in contact with blood such as a toothbrush, razor or needle.



Be careful of sharp objects

Clean spills

- Clean up spills of blood and other body fluids, always wearing gloves or plastic bags (kaveeras) to protect hands.
- Avoid direct contact with open wounds of the sick person. If contact occurs, wash immediately with soap and water.

Cover wounds

- Keep wounds of patients AND caregivers covered with plastic, such as kaveera or gloves .
- Keep patient's laundry separate from other laundry if blood, stool or other body fluids on it. Continue to wash, hold an unstained corner, rinse off the blood, diarrhoea or other body fluids with water, then wash in soapy water.

Separate stained laundry

- Wash your hands with soap and water after contact with body fluids or laundry.
- Dispose of things used for cleaning, like cotton wool or toilet paper, in a bin with a lid. Later, burn or bury this rubbish or dispose of it in a pit latrine.

Wash your hands

Wear gloves, or two kaveeras (polythene bags) when handling body fluids or dressing wounds

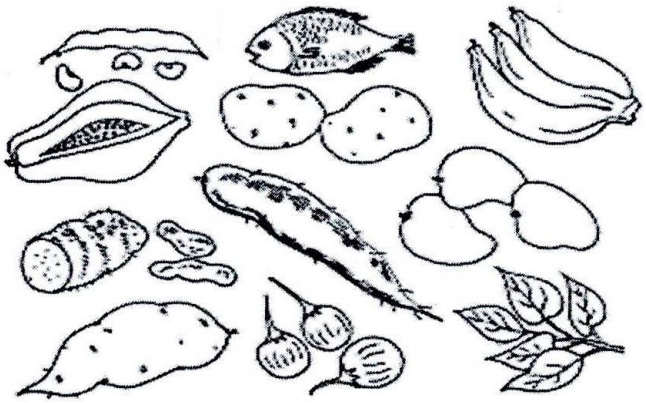
HOW TO PREVENT OTHER INFECTIONS

- Use safe drinking water–drink boiled water or tea when possible. Store water in container which prevents contamination (use spigot, do not dip hand or used cup into the water).
- Eat well-cooked food.
- Wash fruits and vegetables very well.
- Avoid people who have cold, flu, herpes zoster, or chicken pox.
- Practice good hand washing after using toilets, before preparing food, after sneezing or coughing, after touching genitals, after touching garbage or working in the fields.
- If possible, apply a local antiseptic to wounds after washing.

MANAGING SYMPTOMS

FEEDING AND MANAGING WEIGHT LOSS

- Encourage the sick person to eat, but do not use force as the sick person may not be able to accept the food and may vomit.
- Offer frequent, smaller meals of foods the sick person likes.



Commonly available foods

- Let the sick person choose the foods he or she wants to eat from what is available.

Seek help from trained health worker if you notice rapid weight loss or if the sick person consistently refuses to eat any food, or is not able to swallow.

WHEN THE SICK PERSON VOMITS OR FEELS LIKE VOMITING (NAUSEA)

If the sick persons feels like vomiting:

- Seek locally available foods that the patient likes (tastes may change with illness) and that cause less nausea.
- Offer frequent small foods such as roasted potatoes, cassava or gonja.

Give the sick person something small to eat

- Offer the drinks the sick person likes, such as water, juice or tea. Take drinks slowly and more frequently.
- There are some effective and safe local remedies like licking ash from wood.
- If possible, avoid strong odours and cooking close to the patient.

Seek help from a trained health worker for vomiting lasting more than one day, dry tongue, passing little urine or abdominal pain.

PAINFUL MOUTH ULCERS OR PAIN ON SWALLOWING

If the sick person has mouth ulcers, seek the help of a health care worker. In addition, you can try the following:

- Avoid extremely hot or cold or spicy foods.
- Remove bits of food stuck in the mouth with cotton wool, gauze or soft cloth soaked in salt water.
- Rinse the mouth with dilute salt water (a finger pinch of salt in a glass of water) after eating and at bedtime, or with a half teaspoonful of baking powder (sodium bicarbonate) in a mug of water (500 ml) if there are white patches in the mouth (thrush/candida).
- Use a soft tooth brush or stick to remove debris.
- Where available, mix 2 tablets of aspirin in water and rinse the mouth up to four times a day.

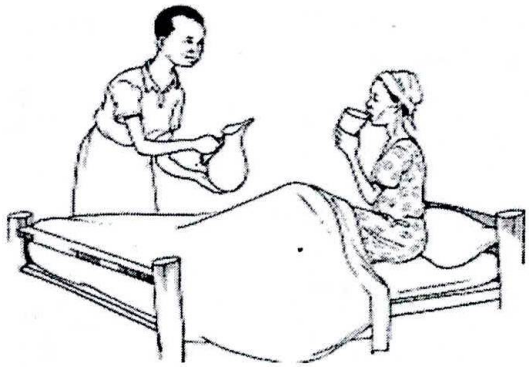
Mix two aspirin tablets in a glass of water and rinse the mouth with the solution

- Give soft foods, such as cold milk, porridge, potatoes or honey depending on what the sick person feels is helpful.
- If possible, avoid strong adours and cooking close to the patient.

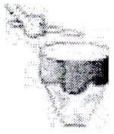
Seek help from a trained health worker if no response to home treatment, persistent sores, smelly mouth, white patches or difficulty swallowing.

DRY MOUTH

- Give frequent sips of drinks.



- Moisten mouth regularly with water.
- Let the sick person suck on fruits such as pineapple, orange or passion fruit.



Seek help from a trained health worker if dry mouth persists.

DIFFICULTLY IN PASSING STOOL (CONSTIPATION)

- Do exam for rectal impaction (always wear gloves).

Check for rectal impaction

- Encourage movement and exercise if possible.
- Use local herbal treatment: for example, crush some dried paw paw seeds and mix half a teaspoon in water and give to the sick person to drink.

Get some pawpaw seeds

Dry and crush them

Mix in water and give to drink

- Take a tablespoon of vegetable oil before breakfast.
- If stool is hard and will not come out, sit in a basin of water, or gently put Vaseline or soapy water into the rectum. The caregiver can help, always remembering to use gloves.

Seek help from a trained health worker for pain or difficulty in passing stool when home remedies do not work.

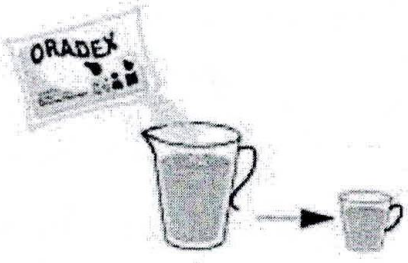
DIARRHOEA

To help someone with this condition do the following:

- Give the sick person frequent drinks in small amounts:
  - water
  - rice soup
  - other soups
  - porridges
- Encourage the sick person to drink the above fluids as much as possible.

Give the sick person frequent drinks

- Avoid very sweet drinks and alcohol.
- Make oral rehydration solution (ORS) and give as a drink frequently.



1 litre *1 cup*

- Encourage the sick person to continue eating.

Care for the rectal area:

- After the sick person has passed stool, clean rectal area with toilet paper or soft tissue paper.
- Wash the rectal area when necessary, with soap and water.
- If the sick person feels pain when passing stool, apply Vaseline around the rectal area.

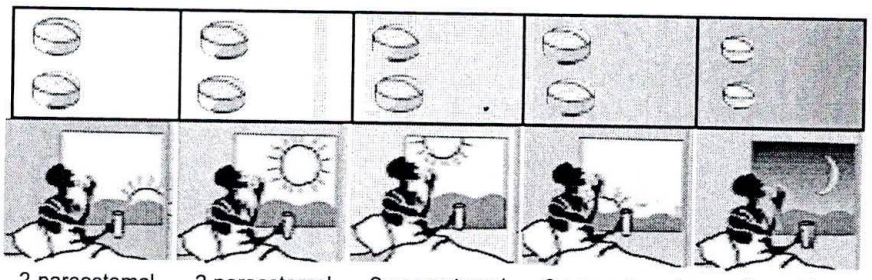
Seek help from a trained health worker for any of the following:

- **vomiting with fever**
- **blood in the stool**
- **if diarrhoea continues for more than 5 days**
- **if patient becomes even weaker**
- **if there is broken skin around the rectal area**

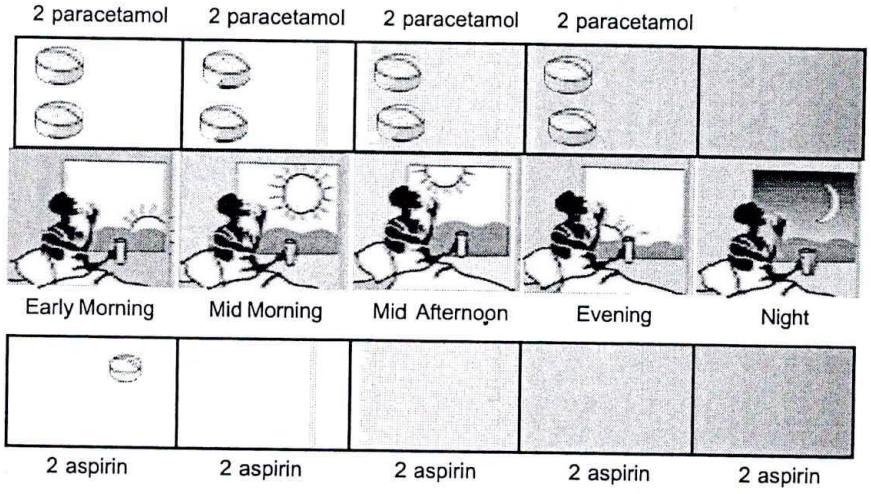
CONTROLLING PAIN OR HEADACHE

Pain is common and can be relieved:

- For mild pain in adults - use paracetamol (Panadol) 2 tablets every 4 hours, and aspirin or ibuprofen at night.



- For pain that re- occurs regularly after regular doses of paracetamol, add aspirin or ibuprofen in between doses of paracetamol and give aspirin or Ibuprofen at night.



Note: All pain killers must be given after meals or a snack.

- In addition to giving medicine, talking to sick people and playing soft music can help them relax.
- Avoid things that make pain worse; for example, if a dressing is stuck to a wound, soak it in clean water before removing.
- Move the sick person with care.

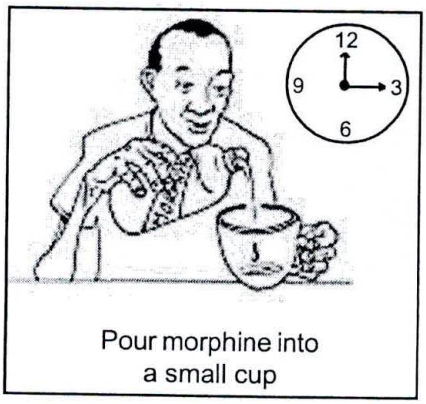
Seek help from a trained health worker for more severe pain. Pain control is possible.

ORAL MORPHINE

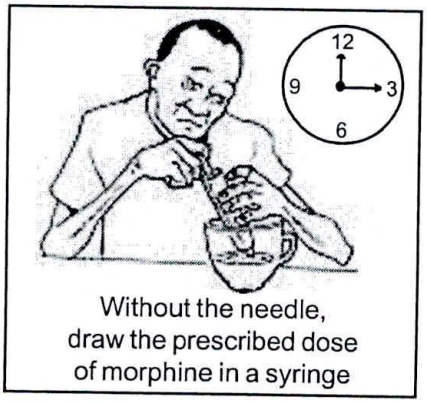
Oral morphine is a strong pain killer. If you have been prescribed oral morphine, follow these directions. Oral morphine should be taken:

- by the sick person
- by mouth
- by the clock (regularly by the sun/ moon, or radio, approximately every 4 hours).

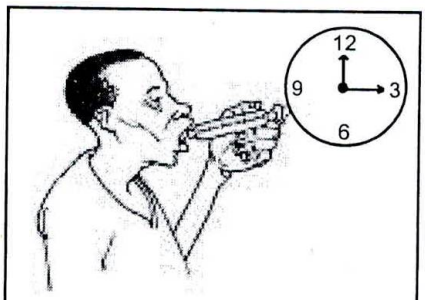
The dose should be as prescribed.



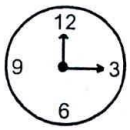
Pour morphine into a small cup



Without the needle, draw the prescribed dose of morphine in a syringe

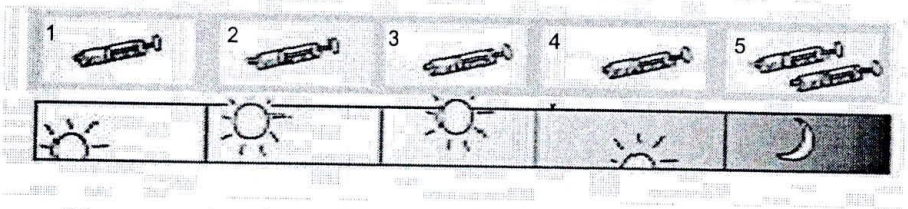


Drop the liquid from the syringe into the mouth



Pour the remaining morphine into the bottle

- Take doses regularly, every 4 hours during the day with a double dose at bedtime.



- Give an extra dose if pain comes back before the next dose is due.
- Do not stop morphine suddenly.

Side effects that may occur and simple solutions:

- **Nausea**: It usually goes after a few days of starting oral morphine and does not usually come again.
- **Constipation:** it always occurs. Always give preventive local remedies such as dried paw paw seeds or a laxative such as senna at night (see above).

Never give a laxative if the patient has diarrhoea. Morphine will help reduce diarrhoea.

- **Dry mouth may occur :** give sips of water (see above).
- **Drowsiness :** may occur in the first few days after starting oral morphine, but do not stop the morphine as the drowsiness usually goes away. If drowsiness lasts more than a few days, halve the dose.

Inform the health worker if:

- **The pain is getting worse or you gave an extra dose.**
- **Drowsiness comes back or you had to reduce the dose.**

ITCHY SKIN

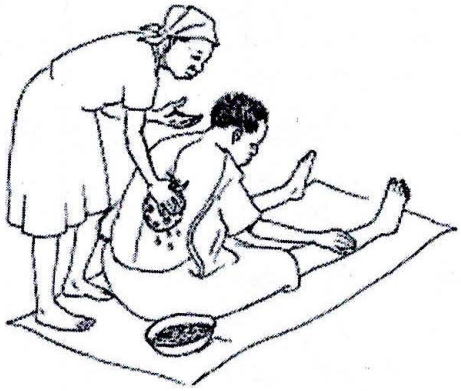
Itchy skin is very common. It can be due to infections or the body's reaction to morphine.

You can help the sick person get some relief by trying any of the following:

- Cool the skin or fan it.
- Avoid heat and hot water on the skin.
- Avoid scratching, which causes more itching and sometimes infection.

Do not scratch.

- Cut finger nails short and keep them clean to avoid infection.
- Use cool cloths soaked in water.
- Apply aqueous cream, or Vaseline on the itching part of the body after a bath before drying.
- Put one tablespoon of vegetable oil in 5 litres of water when washing the sick person.
- Rub the itchy skin with cucumber or wet tea bags (or tea leaves put in a clean piece of cloth and soaked in hot water).



Tea leaves soaked in hot water are good for itching.

Seek help from a trained health worker if itching continues or for painful blisters or extensive skin infections.

TREATMENT OF BEDSORES

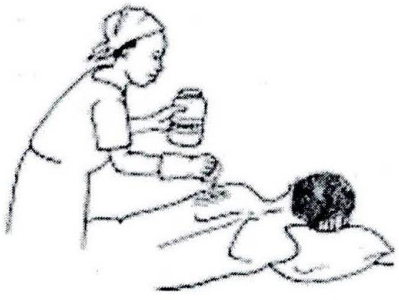
You can do the following to soothe the pain of bedsores and speed up the healing process:

- For small sores, clean gently with salty water and allow to dry.
- For bedsores that are not deep, leave the wound open to the air.
- For pain, give pain killers such as paracetamol or aspirin regularly.
- For deep or large sores, clean gently every day with salt water, fill the bedsore area with pure honey or with ripe paw paw flesh and cover with a clean light dressing to encourage healing.

Applying ripe pawpaw flesh to the bedsore may help

- For bloody or smelling sores put on enough crushed metronidazole (Flagyl) tablets to cover the area.

Treatment with honey

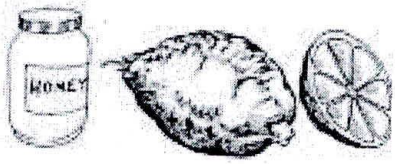


Seek help from a trained health worker for any discoloured skin or bedsores getting worse.

COUGH AND DIFFICULTY BREATHING

For simple cough, local soothing remedies such as honey and lemon can help. Make a lemon juice-lemonade sweetened with honey.

- Use local remedies e.g. steam with menthol or eucalyptus leaves.



Honey and lemon

In addition to the treatment given by health worker:

- Help the sick person into the position that eases breathing; usually sitting is best.
- Leaning slightly forward resting arms on a table may help.
- Use extra pillows or some back support.
- Open windows to allow in fresh air.
- If it is hot, you may fan with a newspaper or clean cloth.
- Give patient water frequently (it loosens sputum).
- Hit the sick person on the back and chest to loosen sputum and make it easier to cough.

Seek help from a trained health worker if the sick person has difficulty breathing, pain in the chest, cough lasting for more than 2 weeks or bloody sputum. The health worker will check for TB or other chest problems. Make sure TB sputum is sent if new cough for >2 weeks.

Safe handling and disposal of sputum

- Handle sputum with care to avoid spreading infection.
- Use a tin with ash or sand in it for the sputum, then cover it.

Use a tin for spitting and cover

- Empty container in a pit latrine and wash with detergent such as JIK or OMO or clean with boiled water.

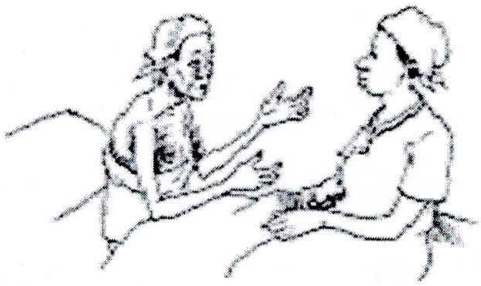
TREATMENT OF HICCUPS

Hiccups can be distressing; treat the problem by trying the following:

- Quickly drink cold water.
- Quickly eat two heaped teaspoons of sugar.
- Rub with a clean cloth inside the top of the mouth - feel towards the back, where the top of the mouth becomes soft.
- Breathe into a paper bag, stopping when you feel uncomfortable.
- Hold your breath, stopping when you feel uncomfortable.
- Pull knees to the chest and lean forward (compress the chest).

HELP WITH WORRIES AND FEARS

- Take time to listen to the sick person.
- Discuss the problem in confidence.



Take time to listen to the sick person

- Providing soft music or massaging may help the sick person to relax.
- Pray together if requested.

Seek help from a trained health worker if the sick person is abnormally sad, cannot sleep, shows loss of interest or threatens to kill themselves.

TROUBLE SLEEPING

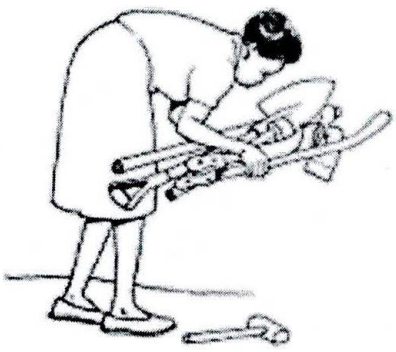
- Listen to the sick person's fears, which may be keeping them awake.
- Reduce noise where possible.
- Do not give the sick person strong tea or coffee late in the evening.
- Give treatment for pain if present.
- Give a comforting drink at night.

CARE FOR THE SICK PERSON WITH CONFUSION

Patients with confusion may show the following signs:

- forgetfulness
- lack of concentration
- trouble speaking or thinking
- frequently changing mood
- unacceptable behaviour such as going naked and using bad language

Unacceptable behaviour



Remove dangerous objects

- As far as possible, keep the patient in a familiar environment.
- Keep things in the same place– easy to reach and see.
- Keep a familiar time pattern to the day's activities.
- Remove dangerous objects.
- Speak in simple sentences, one person at a time.
- Keep other noises down (such as TV, radio).
- Make sure a familiar and trusted caregiver is present to look after the sick person.
- Take gradually more control of the medicine.
- Provide comfort for the sick person.

- Avoid confrontation (arguing).
- Do not say or do things that could upset the patient since he/she might still be able to understand.
- Use gentle reminders of place and time.

Seek help from a trained health worker if this is a new confusion or the sick person becomes violent, or for any condition not improving and causing distress.

ARV TREATMENT SUPPORT

To be adapted in countries

TB TREATMENT SUPPORT:

- TB is a disease caused by germs. It spreads most easily when it is in a person's lungs (chest).
- Patients with TB may have many different symptoms, the most frequent being coughing for more than 2 to 3 weeks.
- TB spreads to other people when someone with TB coughs or sneezes.
- It is important for a TB patient to take **all** TB drugs regularly, on schedule for the full duration of the treatment prescribed. Otherwise, the disease becomes incurable.
- **Prevent spread of TB by**:
  - Making sure patients take all treatment and are cured of TB.
  - Making sure patients cover mouth and nose when coughing or sneezing.
- As a caregiver supporting TB treatment you will:
  - Link with health worker responsible for the TB treatment.
  - Provide the support, advice and encouragement that the patient needs in order to complete the treatment.

This involves:

- **Watch** the patient swallow the right TB drugs each time.
- **Mark** the TB treatment card each time the patient takes the TB drugs.
- **Encourage** patient to continue TB treatment.

- **Make sure** there is always a supply of drugs available for the patient.
- **Refer** the patient to the health facility if there are problems. If possible, take the patient to the health centre. If patient is not able, arrange for the sputum to be taken at the health centre.
- **Make sure** the patient goes to the health facility when a follow-up sputum exam is due.

• The TB drugs may have side effects. Discuss side effects so the patient can tell you if any of these signs appear:

- If the person has nausea and no desire to eat, reassure and try giving drugs with food or porridge.
- If orange/red urine appears, reassure the patient that this is a normal effect of the drug. Nothing needs to be done.

nember that you should help avoid the spread of TB to r family and community members.

Seek the help of a trained health worker if patient has joint pain or a burning sensation in the feet. If a new skin rash, itching, yellow skin or eyes, repeated vomiting, deafness, dizziness, or eyesight problems occur, STOP treatments immediately and then seek help from a trained health worker or take the patient to the health facility .

BURN-OUT

Burn-out is caregiver exhaustion. It can cause:

- Irritability, poor sleep, fatigue, poor concentration, emotional numbing, lack of joy, alcohol or drug use.

You should:

- Discuss this problem with others caregivers, family members and friends.
- Divide care tasks into manageable parts (small acts of care).
- Find somebody who can regularly replace you for periods of time.
- Do something outside the home, such as joining social gatherings, visiting friends, going for a walk.
- Take care of your own health and take time to rest.

PROVIDING EMOTIONAL SUPPORT NEAR THE END OF LIFE

- Be aware that the sick person may go through a range of reactions from anger and fear to sadness and acceptance.
- Learn to listen, showing that you understand and feel what the sick person is going through..
- Be sensitive–the sick person may be thinking about losing family and friends soon, and may want to talk about this.
- Listen to the concerns of the sick person, counsel and give emotional support when needed.
- Encourage other family and community caregivers to do the same.
- Discuss worrying issues such as custody and support of children, school fees and funeral costs.
- Arrange for spiritual support if asked (respect the will and faith of the person, even when converted).

Pray together if requested

- Do not take the belongings of the sick person for your own benefit.

Seek counseling for the caregivers and loved ones

GRIEVING AFTER THE LOSS OF A LOVED ONE

Mourning and grief after the death of a loved one

Mourning is the natural proces of accepting a major loss:

- It may last months or years.
- It may include religious events or just being with friends and family to share feelings about loss.
- It is very important that you express grief. Feeling sadness is a part of continuing to live.

Grief may cause physical symptoms or emotional reactions:

- Stomach pain or upset.
- Loss of appetite.
- Sleep disturbances.
- Tiredness or loss of energy.
- Worsening of other illness.
- Worry or panic.
- Depression or thoughts of suicide.

Living with grief

It is natural to experience grief when a loved one dies and there are many ways to cope with pain. You might want to:

- **Seek out caring people:** Find relatives and friends who can understand your feelings. Join support groups with others who have had similar losses.
- **Express feelings**. Tell others how you are feeling.

- **Take care of your health**. You should try to stay healthy, eat properly and get plenty of rest. Be careful not to develop a dependence on medication or alcohol to deal with grief.
- **Accept that life is for the living.**
- **Hold off on major life changes**. Wait to make any major changes, such as moving, remarrying, changing jobs or having another child, until you have time to adjust to your loss.
- **Be patient**. It can take months or even years to grieve.
- **Seek help when necessary**. Getting help for grief is a sign of strength, not weakness.

Looking to the Future

With support, patience and effort, you will survive grief. The pain will lessen with time, leaving you with important memories of the person you have lost.

PREPARING FOR DEATH

Be compassionate, and be willing to talk about the concerns of the patient (see "Providing Emotional Support" above).

Provide physical contact, such as holding hands.

Provide care:

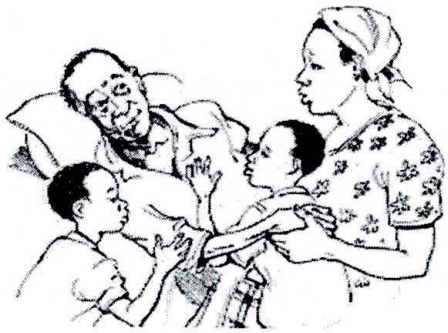
- Talk with the health worker about stopping some medicines.
- Keep giving pain killers. Make sure pain is controlled even if sick person is unconscious.
- Treat fever.
- Control symptoms to relieve suffering with diarrhoea medicine or antibiotics.
- Continue TB treatment to avoid spreading the disease to family members.
- Moisten lips, mouth and eyes.
- Keep the sick person clean and dry.
- Give skin care and turn the patient every 2 hours or more frequently.
- Eating little is OK when near death.
- Call a religious leader if the sick person asks.

If it is a child who is near the end of life:

- Be willing to talk and answer questions.
- Help the child feel loved and not alone.
- Ensure that family members are around to play when the child is able.

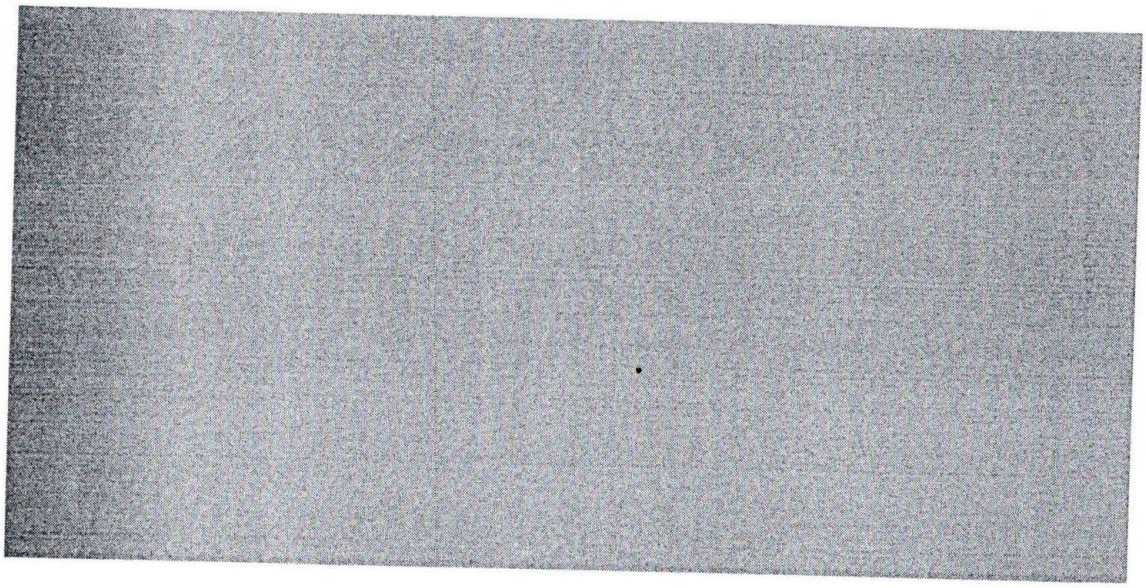
TAKING CARE OF CHILDREN WHOSE PARENT IS NEAR THE END OF LIFE

- Children need to talk about the loss of their parents. If you don't talk to them, they may suffer more later.
- Talk in a simple and direct way so that they can understand.



Children who have a parent who is near the end of life.

- Do not take children away from their dying parent as they need to be close to each other.
- Help children feel that they will still be loved and cared for, even after their parent dies.



WHO Integrated Management of Adolescent/ Adult Illness (IMAI) Project.

Field test version: This is based on the Ugandan adaptation of the IMAI Palliative Care Caregiver Education Booklet. Health workers can learn to use this booklet to educate patients and caregivers in home-based care. It should be used in conjunction with the IMAI Palliative Care module to provide clinical care.

Country adapatation is needed before use. If you wish to adapt and use this booklet please contact WHO Geneva IMAI Project. Email: imaimail@who.int